

GeoBlue Navigator Benefit Schedule

GeoBlue Navigator has three tiers of coinsurance: 100% outside the U.S., 80% in-network in the U.S., 60% out-of-network inside the U.S. All GeoBlue Navigator plans have an unlimited lifetime maximum and a \$250,000 maximum benefit for emergency medical evacuation. The Out-of-Pocket Maximum is calculated by adding the deductible and coinsurance maximum together. Please refer to the chart on page 3 of brochure.

Benefits	Outside the U.S.	In-Network, U.S.	Out-of-Network, U.S.
Primary and Preventative Care – Deductible is Waived			
Primary Care Office Visits - as many as 8 visits per Calendar Year	All except a \$10 copay per visit	All except a \$30 copay per visit	60% to Coinsurance Maximum then 100%
Preventative Care for Babies/Children: (Birth to Age 18) for Office Visits/Examination and Immunizations, Lab work & X-rays	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Preventative Care For Adults: (Age 19 and Older) for Routine Pap Smears, Annual Mammogram and PSA For Men	100%	80% to Coinsurance Maximum then 100%	80% to Coinsurance Maximum then 100%
Annual Physical Examination Health Screening	100% Maximum Covered Expense of \$250 and limited to one per Calendar Year.	80% to Coinsurance Maximum then 100% Maximum Covered one per Calendar Year.	60% to Coinsurance Maximum then 100% Maximum Covered Expense of \$250 and limited to one per Calendar Year.
Outpatient Services – Insurer pays after the Deductible is Met			
Outpatient Medical Care	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Inpatient Hospital Services – Insurer pays after the Deductible is Met			
Surgery, X-rays, In-hospital doctor visits, Organ/Tissue Transplant	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Inpatient Medical Emergency	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Professional Services-Surgery, Anesthesia, Radiation Therapy, In-Hospital Doctor Visits, Diagnostic X-ray and Lab Work.	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Other Services – Insurer pays after the Deductible is Met, unless noted			
Ambulatory Surgical Center	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Physical/Occupational Therapy/Medicine	Deductible is waived. Covered Expenses up to \$50 per visit, and as many as 6 visits per Calendar Year	Deductible is waived. Covered Expenses up to \$50 per visit, and as many as 6 visits per Calendar Year	Deductible is waived. Covered Expenses up to \$50 per visit, and as many as 6 visits per Calendar Year
Ambulance Service	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Durable Medical Equipment	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Mental, Emotional or Functional Nervous Disorders, Alcoholism or Drug Abuse			
Inpatient Mental Health	100% up to 60 days	80% up to 60 days	60% up to 60 days
Outpatient Mental Health	75% up to 40 visits/ 60% thereafter	75% up to 40 visits/ 60% thereafter	75% up to 40 visits/ 60% thereafter
Inpatient Substance Abuse	100% up to 60 days detox	80% up to 60 days detox	60% up to 60 days detox
Outpatient Substance Abuse	75% up to 40 visits/ 60% thereafter	75% up to 40 visits/ 60% thereafter	75% up to 40 visits/ 60% thereafter
Outpatient Prescription Drugs	100% of actual charge up to an annual maximum of \$5,000. Maximum 90 - day supply	100% of actual charge up to an annual maximum of \$5,000. Maximum 90 - day supply	100% of actual charge up to an annual maximum of \$5,000. Maximum 90 - day supply
Dental Care Required Due to an Injury	100% of Covered Expenses up to \$500 per Calendar Year maximum	100% of Covered Expenses up to \$500 per Calendar Year maximum	100% of Covered Expenses up to \$500 per Calendar Year maximum
Global Travel Benefits – Insurer Waives Deductible			
Accidental Death and Dismemberment	Deductible is waived. Maximum Benefit: Principal Sum up to \$10,000		
Repatriation of Remains	Deductible is waived. Maximum Benefit up to \$25,000		
Medical Evacuation	Deductible is waived. Maximum Lifetime Benefit for all Evacuations up to \$250,000		

This is intended to be a sample benefit schedule. Certain benefit levels may vary by state.

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