

GeoBlue Xplorer Premier Benefit Schedule

GeoBlue Xplorer Premier has three tiers of coinsurance: 100% outside the U.S.; 80% in-network inside the U.S.; 60% out-of-network inside the U.S. All 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 the Brochure.

Benefits	Outside U.S.	U.S. (In-Network)	U.S. (Outside Network)
Preventive and Office Visits – Insurer Waives Deductible			
Physician Office Visits (Adult)	All except a \$10 copay per visit	All except a \$30 copay per visit	60% to Out-of-Pocket Maximum then 100%
Physician Office Visits (Children 0-18)	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Unlimited Well Baby Visits	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Child Immunizations, Lab and X-rays	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Women: (19 and Older) Routine Pap Smears, Annual Mammogram	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
PSA for Men	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
One Routine Physical Per Year	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Professional Services – Insurer Pays After Deductible is Met			
Surgery, Anesthesia, Radiation Therapy, In-hospital Doctor Visits, Diagnostic X-ray and Lab Work	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Inpatient Hospital Services - Insurer Pays After Deductible is Met			
Surgery, X-rays, In-hospital Doctor Visits, Organ/Tissue Transplant	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Inpatient Medical Emergency	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Inpatient Drugs	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Ambulatory and Therapeutic Services – Insurer Pays After Deductible is Met			
Ambulatory Surgical Center	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Ambulance Service	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Accidental Dental	\$1,000 per year, \$200 per tooth	\$1,000 per year, \$200 per tooth	\$1,000 per year, \$200 per tooth
Acupuncture and Chiropractic Services	100% up to \$2,000	80% up to \$2,000	60% up to \$2,000
Durable Medical Equipment	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Infusion Therapy	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Physical/Occupational Therapy*	\$50 max each visit, 12 visits per year	\$50 max each visit, 12 visits per year	\$50 max each visit, 12 visits per year
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
Prescription Drug Benefit Options – Insurer Waives Deductible			
Basic Prescription Drug Benefit Subject to \$1000 Maximum per Insured Person per Policy Period	100% of actual charges	Generics: 100% after \$10 copay Brandname: 100% after \$25 copay Injectables: 70%	Generics: 100% after \$10 copay Brandname: 100% after \$25 copay Injectables: 70%
Optional rider, subject to \$25,000 Maximum Benefit per Insured Person per Policy Period.	100% of actual charges	Generics: 100% after \$10 copay Brandname: 100% after \$25 copay Injectables: 70%	Generics: 100% after \$10 copay Brandname: 100% after \$25 copay Injectables: 70%
Global Travel Benefits – Insurer Waives Deductible			
Medical Evacuation	Up to \$250,000	n/a	n/a
Repatriation of Remains	Up to \$25,000	n/a	n/a
Accidental Death and Dismemberment	\$50,000	\$50,000	\$50,000
Other Benefits		Limits	
Home Health Care		100% Covered Expenses, as many as 30 visits per year	
Skilled Nursing Facilities		100% with a maximum Covered Expense of \$250 per day, as many as 50 days per year	
Hospice		100% with a maximum Covered Expense of \$5,000 per lifetime	

See other side for GeoBlue Xplorer Essential Benefit Schedule. This is intended to be a sample benefit schedule. Certain benefit levels may vary by state.

*Deductible is waived for this benefit.

- GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association: made available in cooperation with Blue Cross and Blue Shield companies in select service areas. Coverage is provided under insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, Illinois, NAIC #80985 under policy form series 54.1401.