

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 Preventive Care – Insurer waives Deductible			
Primary Care Office Visits - as many as 8 visits per Calendar Year	All except a \$10 copay per visit ¹	All except a \$30 copay per visit	60% to Coinsurance Maximum then 100%
Preventive Care for Babies/Children: (Birth through Age 18) for Office Visits/Examination and Immunizations, Lab work & X-rays done in conjunction with an office visit	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Preventative Care For Adults: (Age 19 and Older) for Office Visits/examination, Immunizations as recommended by the Center for Disease Control (CDC), Routine Pap Smears, Annual Mammogram, PSA For Men, and Diagnostic lab work & X-rays done in conjunction with an office visit	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Travel Vaccinations, Subject to a Calendar Year Maximum of \$500	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Annual Physical Examination Health Screening, Subject to a Calendar Year Maximum of \$250 and limited to one per Calendar Year	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Urgent Care Facility	100%	All except a \$75 copay per visit	60% Coinsurance to Maximum then 100%
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 ²	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, Limited to 6 visits per Calendar Year	100%, No Deductible	100%, No Deductible	100%, No Deductible
Ambulance Service	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Acupuncture and Chiropractic Services, Subject to a \$2,000 Maximum per Calendar Year if under the care of a licensed Physician	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 - Insurer pays after the Deductible is Met, unless noted			
Inpatient Mental Health	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Outpatient Mental Health	100%, No Deductible \$10 Copayment ¹	100%, No Deductible \$30 Copayment	60% to Coinsurance Maximum then 100%
Inpatient Substance Abuse	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Outpatient Substance Abuse	100%, No Deductible \$10 Copayment ¹	100%, No Deductible \$30 Copayment	60% to Coinsurance Maximum then 100%
Outpatient Prescription Drugs - Insurer waives Deductible			
Prescription Drug Benefit, Subject to \$5,000 Maximum per Insured Person per Calendar Year, Maximum 90-day supply	100% of actual charges	100% of actual charges	100% of actual charges
Global Travel Benefits – Insurer Waives Deductible			
Accidental Death and Dismemberment	Maximum Benefit: Principal Sum up to \$10,000		
Repatriation of Mortal Remains	Maximum Benefit up to \$25,000		
Emergency Medical Transportation	Maximum Lifetime Benefit for all Evacuations up to \$250,000		

¹Copay waived when visiting a GeoBlue contracted provider outside the U.S.

²Emergency room visits that do not result in inpatient admissions will be subject to a \$100 penalty.

This is intended to be a sample benefit schedule. Changes may occur to benefits, rates and terms annually.

- 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. GeoBlue is the administrator of coverage provided under insurance policies issued by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association.