GeoBlue Expat Benefit Summary

US Sailing: 2017-2018

OVERVIEW MATRIX

Benefits	Limits Outside the U.S.	Limits U.S., In Network	Limits U.S., Out-of-Network
MEDICAL EXPENSES			
Deductible Any deductible paid for one column will be applied towards the deductible in another column; all deductibles are per Insured Person per Policy Year; Family deductible is limited to 2.5 times the individual.	$1,000 per Insured Person per Policy Year and limited to $2,500 per Family per Policy Year	$1,000 per Insured Person per Policy Year and limited to $2,500 per Family per Policy Year	$1,500 per Insured Person per Policy Year and limited to $3,750 per Family per Policy Year
Payment Level One	The Insurer will pay 100% of the Usual and Customary Fee.	Until the Coinsurance Maximum is satisfied, the Insurer will pay 80% of the Negotiated Rate.	Until the Coinsurance Maximum is satisfied, the Insurer will pay 60% of the Usual and Customary Fee.
Payment Level Two (After Coinsurance Maximum is satisfied)		Once the Coinsurance Maximum is satisfied the Insurer will pay 100% of the Negotiated Rate	Once the Coinsurance Maximum is satisfied the Insurer will pay 100% of the Usual and Customary Fee
Coinsurance Maximum All coinsurance limits are per Insured Person per Policy Year; family maximum is limited to 2.5 times the individual.		$5,000 per Insured Person per Policy Year and limited to $12,500 per Family per Policy Year	
Accidental Death and Dismemberment	Maximum Benefit: Principal Sum up to $10,000		
Repatriation of Remains	Maximum Benefit up to $25,000		
Medical Evacuation	Maximum Lifetime Benefit for all Evacuations up to $250,000		
Bedside Visit	Up to a maximum benefit of $2,500 for the cost of one economy round trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person		
Pre-Existing Condition**	6 months, waived for creditable coverage		

*GeoBlue reserves the right to change underwriters (licensed by BCBSA) and to modify benefits to comply with state and federal regulations.

Pre-existing Condition means a medical condition for which medical advice, diagnosis, care, or treatment was recommended or received during the 6 months immediately preceding the Insured Person's Effective Date of Coverage. Waived for creditable coverage.

GeoBlue Expat Benefit Summary

US Sailing: 2017-2018

SCHEDULE OF BENEFITS

(Subject to Maximums, Coinsurance, and Deductibles in Overview Matrix)

Benefits	Outside the U.S.	U.S., In Network	U.S., Out-of-Network
Preventive Care	Deductible is not applicable 100%	Deductible is not applicable 100%	Deductible is not applicable 60%
Services Provided by a Physician or Provider – Copayments and Deductible apply if applicable, unless specifically noted			
Physician Office Visits	Deductible is not applicable 100%	Deductible is not applicable After a $30 Copayment,100%	Deductible is not applicable 60%
Surgical Care	100%	80%	60%
Medical Care	100%	80%	60%
Emergency Care	100%	80%	60%
Other Physician Services	100%	80%	60%
Annual Physical Examination/Health Screening *(for services not covered by Preventative Care)*	Deductible is not applicable 100%, up to a Maximum of $500 and limited to one per Policy Year	Deductible is not applicable 80%, up to a Maximum of $500 and limited to one per Policy Year	Deductible is not applicable 60%, up to a Maximum of $500 and limited to one per Policy Year
Services and Supplies Provided by a Hospital – Copayments and Deductible apply if applicable			
Inpatient Hospital Care	100%	80%	60%
Outpatient Hospital Care	100%	80%	60%
Emergency Care[1]	100%	80%	60%
Other Services and Special Conditions – Copayments and Deductible apply if applicable, unless specifically noted			
Ambulance Transportation	100%	80%	60%
Ambulatory Surgical Facility	100%	80%	60%
Dental Care for an Accidental Injury	100% of Covered Expenses up to $1,000 per Policy Year and limited to $200 per tooth		
Maternity	100%	80%	60%
Mental Illnesses – Inpatient Treatment	100%	80%	60%
Serious Mental Illness – Outpatient Treatment	Deductible is not applicable. 100%	Deductible is not applicable. After a $30 Copayment, 100%	Deductible is not applicable. 60%
Mental Illness – Outpatient Treatment	Deductible is not applicable. 100%	Deductible is not applicable. After a $30 Copayment, 100%	Deductible is not applicable. 60%
Substance Abuse rehabilitation – Inpatient Treatment	100%	80%	60%
Substance Abuse rehabilitation – Outpatient Treatment	Deductible is not applicable. 100%	Deductible is not applicable. After a $30 Copayment, 100%	Deductible is not applicable. 60%
Chiropractic Care Limited to 20 visits per Policy Year	Deductible is not applicable. 100%	Deductible is not applicable. After a $30 Copayment, 100%	Deductible is not applicable. 60%

GeoBlue Expat Benefit Summary

US Sailing: 2017-2018

SCHEDULE OF BENEFITS cont.

(Subject to Maximums, Coinsurance, and Deductibles in Overview Matrix)

Benefits	Outside the U.S.	U.S., In Network	U.S., Out-of-Network
Other Services and Special Conditions – Copayments and Deductible apply if applicable, unless specifically noted			
Physical/Occupational/Speech Therapy/Medicine Limited to 50 visits per Policy Year	Deductible is not applicable. 100%	Deductible is not applicable. After a $30 Copayment, 100%	Deductible is not applicable. 60%
Infusion Therapy/Radiation Therapy/Chemotherapy	The Insurer will pay 100% of the Usual and Customary Fee.	80% of the Negotiated Rate, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Negotiated Rate.	Until the Coinsurance Maximum is satisfied, the Insurer will pay 60% of the Usual and Customary Fee. After the Coinsurance Maximum is satisfied, the Insurer will pay 100% of the Usual and Customary Fee.
Human Organ Transplants	100%	80%	60%
Home Health Care Limited to 120 visits per Policy Year	100%	80%	60%
Skilled Nursing Facilities Limited to 120 visits per Policy Year	100%	80%	60%
Hospice	100%	80%	60%
Hearing Services and Hearing Aids	No Deductible. 100% of Covered Expenses per Policy Year up to a maximum of $500 for Hearing Services that are not the result of an Injury or Illness. In addition, for a Covered Person who is a Dependent Child under age 24. No Deductible. 100% of Covered Expenses up to a maximum of $1,000 per Hearing Aid every three years.		
Pharmacy Benefits			
Pharmacy – Outside the US Maximum 180 day supply	the Copayment stated below		
1. Prescription Drugs	All except a $10 Copayment per prescription, per 30 day supply		
2. Injectables	All except a 30% Copayment per Prescription, per 30 day supply		
Pharmacy – Inside the US Maximum 180 day supply	the Copayment stated below		
1. Generic Drugs	All except a $10 Copayment per prescription, per 30 day supply		
2. Brand name Drugs	All except a $25 Copayment per prescription, per 30 day supply		
3. Injectables	All except a 30% Copayment per Prescription, per 30 day supply		

[1] If an Insured Person requires emergency treatment of an Injury or Sickness and incurs covered expenses at a non-Preferred Provider, Covered Medical Expenses for the Emergency Medical Care rendered during the course of the emergency will be treated as if they had been incurred at a Preferred Provider.