

Optional Basic U.S. Benefits - Available to Xplorer Essential Members

Emergency Medical Care, Illness and Accidental Injury Coverage inside the United States

Benefits are available for the services described below for Xplorer Essential members with Basic U.S. Benefits plan while temporarily visiting the United States. Temporary visits to the U.S. are limited to a combined maximum of 3 trips per calendar year with a maximum trip length of 21 days for each trip. The covered services under the Basic U.S. Benefits are intended to supplement the Xplorer Essential plan only.

For definition purposes, a "Trip" means: travel by air, land or sea from outside the U.S. to the U.S. It includes the period from the start of the trip until the covered person leaves the U.S. Any trip to the U.S. counts toward the combined maximum number of trips per calendar year, regardless if benefits are claimed under this plan upgrade or not.

Rider Maximums & Limitations	Limits per Covered Person per Calendar Year
Calendar Year Maximum Medical benefit	\$1,000,000
Calendar Year Medical Deductible	
Individual	The greater of \$1,000 or 2 times the deductible amount shown in the Confirmation of Coverage Page as selected by the Eligible Participant
Family Maximum	2.5 times the individual Deductible
Family members meet only their individual Deductible and then their claims will be covered under the Plan Coinsurance; if the family Deductible has been met prior to their individual Deductible being met, their claims will be paid at the Plan Coinsurance.	
Deductibles will cross-accumulate between U.S. Participating Provider, U.S. Non-Participating Provider and International. All other Plan maximums and service-specific maximums (dollar and occurrence) will also cross-accumulate.	
Calendar Year Coinsurance Maximum	
Individual	\$10,000 per Covered Person per Calendar Year
Family Maximum	2.5 times the individual Coinsurance Maximum
Family members meet only their individual Co-insurance Maximum and then their claims will be covered at 100%; if the family Co-insurance Maximum has been met prior to their individual Out-of-Pocket being met, their claims will be paid at 100%.	
Pre-Existing Condition Limitation*	This Rider does not pay benefits for loss due to a Pre-Existing Condition, except as follows: The Rider will pay for Covered Medical Expenses incurred in connection with a Covered Person's Pre Existing Condition, subject to a maximum benefit of \$500.

*"Pre-Existing Condition" means an illness, disease or other condition of the Covered Person, that in the 24 month period before the Trip to the United States: 1) first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a doctor or had treatment recommended by a doctor.

Available Benefits	U.S. Participating Provider	U.S. Non-Participating Provider
Emergency Medical Care, Illness and Accidental Injury Services while temporarily visiting the United States - Insurer Pays After Deductible is Met Unless Otherwise Noted		
Physician's Office Visit Services	100%, No Deductible, \$50 Copay	60%, after Deductible
Hospital Emergency Room	80% to Out-of-Pocket Maximum then 100% Additional \$250 Copay per visit – waived if admitted	60%, after Deductible Additional \$250 Copay per visit – waived if admitted
Outpatient Professional Services (radiology, pathology and ER Physician)	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Urgent Care Facility	100%, No Deductible, \$75 Copay	60% to Out-of-Pocket Maximum then 100%
X-ray and/or Lab performed at the Emergency Room or Urgent Care Facility (billed as part of the visit)	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
X-ray and/or Lab performed at the Independent facility in conjunction with the Emergency Room visit	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Ambulance	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%

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Available Benefits	U.S. Participating Provider	U.S. Non-Participating Provider
Inpatient Hospital – Facility/Professional Charges (Admissions limited to Emergency Medical Care, Illness and Accidental Injury Services while temporarily visiting the United States) Insurer Pays After Deductible is Met Unless Otherwise Noted		
Bed and Board Charges	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Physician's Visits/Consultations	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Prescription Drugs Purchased inside the United States - Insurer Waives Deductible		
Limited to Emergency Medical Care, Illness and Accidental Injury Conditions covered under this Rider.	100% of the Actual Cost Maximum benefit of \$1,000 per Calendar Year and the maximum supply of 30 days per covered prescription	
Pre-existing Condition Limitation Applies		

View the full certificate for a complete listing of general provisions related to the Basic U.S. Benefits.

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