

# GeoBlue Expat Coverage Options in the U.S.

## Summary of benefit levels available within the U.S. geographical area

Please see Complete Benefit schedule on the product pages for coverage levels outside the U.S.

Comparison Highlights	Comprehensive Coverage inside the U.S. Available with the Xplorer Premier Plan	Basic U.S. Benefits Upgrade Available with the Xplorer Essential Plan
<b>U.S. Coverage Options Overview</b>		
<b>Coverage Area</b>	Inside the U.S.	Inside the U.S.
<b>Description of U.S. Coverage Options</b>	Major medical coverage allowing members the freedom to seek care in the U.S. for up to 9 months per year. Comprehensive U.S. benefits for emergent, urgent, routine, preventive and elective care.	Basic travel accident and sickness coverage inside the U.S. for short trips to the U.S. Covers incidental illness and injury. Not designed to cover preventive, elective care or extended stays in the U.S.
<b>Benefit Information</b>		
<b>Medical Maximum</b>	Unlimited	\$1,000,000
<b>U.S. In-Network Coinsurance</b>	80% to coinsurance maximum (100% thereafter)	80% to coinsurance maximum (100% thereafter)
<b>U.S. Out-of-Network Coinsurance</b>	60% to coinsurance maximum (100% thereafter)	60% to coinsurance maximum (100% thereafter)
<b>Coverage for U.S. Citizens Inside the U.S.</b>	Capped at 9 months	21 days per trip, three trips maximum per calendar year
<b>Deductible Waiver</b>	Waived for all physician office visits and preventative care	Waived for all physician office visits
<b>Preventative Care</b>	Unlimited	Not covered
<b>Patient Responsibility For In-Network Physician Office Visits</b>	\$30 copay per visit	\$50 copay per visit
<b>Ability to Travel to the U.S. for Treatment</b>	Yes	No
<b>Elective Care In The U.S. Including Cancer Treatment, Heart Surgery, Orthopedic Surgery, and Other Elective Care</b>	Covered	Not covered
<b>Mental Health Benefit</b>	Inpatient: 100% up to 60 days Outpatient: 75% up to 40 visits (60% thereafter)	Not covered
<b>Speech Therapy</b>	12 visits per calendar year, deductible waived, up to \$30 per visit	Not covered
<b>Acupuncture</b>	In-Network: 80% up to \$2,000 Out-of-Network: 60% up to \$2,000	Not covered
<b>Chiropractic Care</b>	In-Network: 80% up to \$2,000 Out-of-Network: 60% up to \$2,000	Not covered
<b>Nursing Home Expenses</b>	As many as 50 days per calendar year under skilled nursing services benefit	Not covered
<b>Substance Abuse</b>	Inpatient 100% up to 60 days detox / Outpatient 75% up to 40 visits and 60% thereafter	Not covered
<b>Inpatient Prescription Drugs</b>	Unlimited	\$1,000,000
<b>Outpatient Prescription Drugs</b>	\$1,000 Basic Prescription Benefit Enhanced Prescription Upgrade available: \$25,000	\$1,000

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<b>Benefit Information</b>		
Injectables	70% to coinsurance maximum (100% thereafter)	Not covered
Birth Control	Up to outpatient prescription drug limit	Not covered
AD&D	\$50,000	Not covered
<b>Newborn Care</b>		
Routine Nurse Care of a Newborn Child of a Covered Pregnancy	Unlimited	Not covered
Neonatal Intensive Care Unit	Newborn is automatically covered; Unlimited	Covered due to complications of pregnancy only
<b>Pre-existing Conditions</b>		
Pre-existing Condition Exclusion Period	180 days Exclusion waived with evidence of prior health insurance	180 days Any evidence of prior health insurance does not apply to pre-existing condition wait period.
Pre-existing Condition Look Back Period	180 Days	2 years
Pre-existing Annual Maximum Once Covered	Unlimited	\$500
Network	Comprehensive U.S. Benefits	Basic U.S. Benefits Upgrade
Network Inside the U.S.	Blue Cross Blue Shield PPO Network	Blue Cross Blue Shield PPO Network

Monthly Rider Rates 1,000 Plan	Additive Optional Cost for U.S. Benefits*	Additive Optional Cost for Basic U.S. Benefits Upgrade*
20 years old	\$225	\$16
30 years old	\$319	\$22
40 years old	\$403	\$31
50 years old	\$576	\$50
60 years old	\$823	\$78

\*Reflects the cost of the US benefit only. For a complete premium rate, including the overseas premium portion, visit our online quoting tool.

DISCLAIMER: This is meant to be an illustration only. Benefits, terms, definitions and rates are subject to change without notice.

Visit: <https://www.internationalinsurance.com/geoblue/xplorer/>