

# Here's what your plan has to offer.

## Medical Coverage for Living Abroad: Worldwide Crew, Non-Profit, and Education

This plan has 3 tiers of coinsurance: 100% outside the U.S., 80% in-network inside the U.S., 60% out-of-network inside the U.S. Additionally, the plan has 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.

Benefits	Outside the U.S.	In-Network, U.S.	Out-of-Network, U.S.
<b>Primary and Preventive Care – Insurer waives Deductible</b>			
Primary Care Office Visits – as many as 8 visits per Calendar Year	All except a \$10 copay per visit*	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%
Preventive Care for Adults: (Age 19 and Older) for Office Visits/Examination, Immunizations as recommended by the Centers 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%
<b>Outpatient Services – Insurer pays after the Deductible is Met</b>			
Outpatient Medical Care	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
<b>Inpatient Hospital Services – Insurer pays after the Deductible is Met</b>			
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†	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%
<b>Other Services – Insurer pays after the Deductible is Met, unless noted</b>			
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%

Benefits	Outside the U.S.	In-Network, U.S.	Out-of-Network, U.S.
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 copay*	100%, No Deductible \$30 copay	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 copay*	100%, No Deductible \$30 copay	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		
Other Benefits – Insurer pays after the Deductible is Met			
Home Health Care, Subject to a maximum of 30 visits per Calendar Year	100%		
Skilled Nursing Facilities, Subject to a maximum of \$250 per day for a maximum of 50 days per Calendar Year	100%		
Hospice, Subject to a maximum of \$5,000 per lifetime	100%		

\*Copay waived when visiting a Blue Cross Blue Shield Global Solutions contracted provider outside the U.S.

†Emergency 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.

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