

GeoBlue Navigator Plan Comparison

| Comparison Highlights | GeoBlue Navigator Missionary | Competing Plan |
|--|---|---|
| Underwriting & Policy Information | | |
| A.M. Best Rating | Excellent | Excellent |
| Creditable Coverage | Yes | No |
| Pre-existing Conditions | | |
| Pre-existing condition exclusion period | 12 months - exclusion waived if prior creditable coverage | 24 months |
| Pre-existing condition look back period | 6 months | Any time prior to effective date |
| Pre-existing annual maximum once covered | Unlimited | \$5,000 |
| Pre-existing lifetime maximum once covered | Unlimited | \$50,000 |
| Benefit Information | | |
| Medical Maximum | Unlimited | \$5,000,000 |
| Overseas co-insurance | 100% | 100% |
| U.S. in network co-insurance | 80% to coinsurance maximum (100% thereafter) | 100% |
| U.S. out of network co-insurance | 60% to coinsurance maximum (100% thereafter) | 80% to \$5,000 then 100% thereafter |
| Coverage for U.S. citizens inside the U.S. | Capped at 9 months; Blue Card Network Access and direct pay | Capped at 6 months; ChoiceCare PPO Access and direct pay |
| Deductible Waiver | Waived for all physician office visits and preventive care | Waived for female preventative exams & mammograms |
| Deductible Discount | Reduced by 50% if you access treatment outside U.S. | Waived 50% within PPO |
| Transplants | Unlimited | Up to \$1,000,000 per insured person for first three policy periods, then \$500,000. |
| Lab work / X-ray | Unlimited | \$5,000 |
| Screening / Prevention Availability | No Waiting Period | 180-day waiting period |
| Mental Health Benefit | Inpatient: Subject to coinsurance up to 60 days per policy year Outpatient: 75% up to 40 visits/60% thereafter | Inpatient: \$30,000 lifetime maximum Outpatient: 40 visits per policy period; 70% of eligible expenses. Lifetime maximum \$30,000. |
| Speech Therapy | 6 visits per calendar year, deductible waived, up to \$50 per visit | Excluded |
| Nursing Home Expenses | As many as 50 days per Calendar Year under skilled nursing services benefit | Excluded |
| Inpatient Prescription Drugs | Unlimited | \$5,000,000 |
| Outpatient Prescription Drugs | \$5,000 annual maximum | \$5,000 limit per coverage period |
| Life Support | Unlimited | Excluded |
| Medical Evacuation | \$250,000 per person per policy period | \$250,000 per person per policy period |
| Repatriation of Remains | \$25,000 per person per policy period | \$250,000 per person per policy period |
| AD&D | \$10,000 | \$10,000 for insured & spouse, \$2,000 for dependent children |
| Emergency Dental | \$500 per Calendar Year | \$500 per policy period |

GeoBlue Navigator Plan Comparison Continued

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|--|---|--|
| Newborn Care | | |
| Routine Nursery Care of a Newborn Child of a Covered Pregnancy | Unlimited | After first continuous policy period, \$1,000 maximum for newborn care. If added to plan after second continuous policy period, \$2,000 maximum. |
| Children born as a result of fertility treatment (such as IVF or surrogacy) | May be added to plan just like a naturally conceived child | May be added to plan just like a naturally conceived child |
| Neonatal Intensive Care Unit | Newborn is automatically covered; Unlimited | Available for covered pregnancies; up to \$5,000,000 |
| Hazardous Activities | | |
| Treatment necessary as result of terrorism | Unlimited | Excluded |
| Organized Sports | Unlimited | Excluded |
| Claims and Network Access | | |
| U.S. Network | Blue Card PPO Network | ChoiceCare PPO Network |
| Outside the U.S. Network | Contracted physicians in over 180 countries with guarantees of payment for inpatient and outpatient services. | Outpatient direct pay, no contracted physicians. |
| Claims Complaints | Submitted to third party-State Department of Insurance | Submitted to the Insurer. Located in Europe. |

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