GeoBlue
Cover Your World

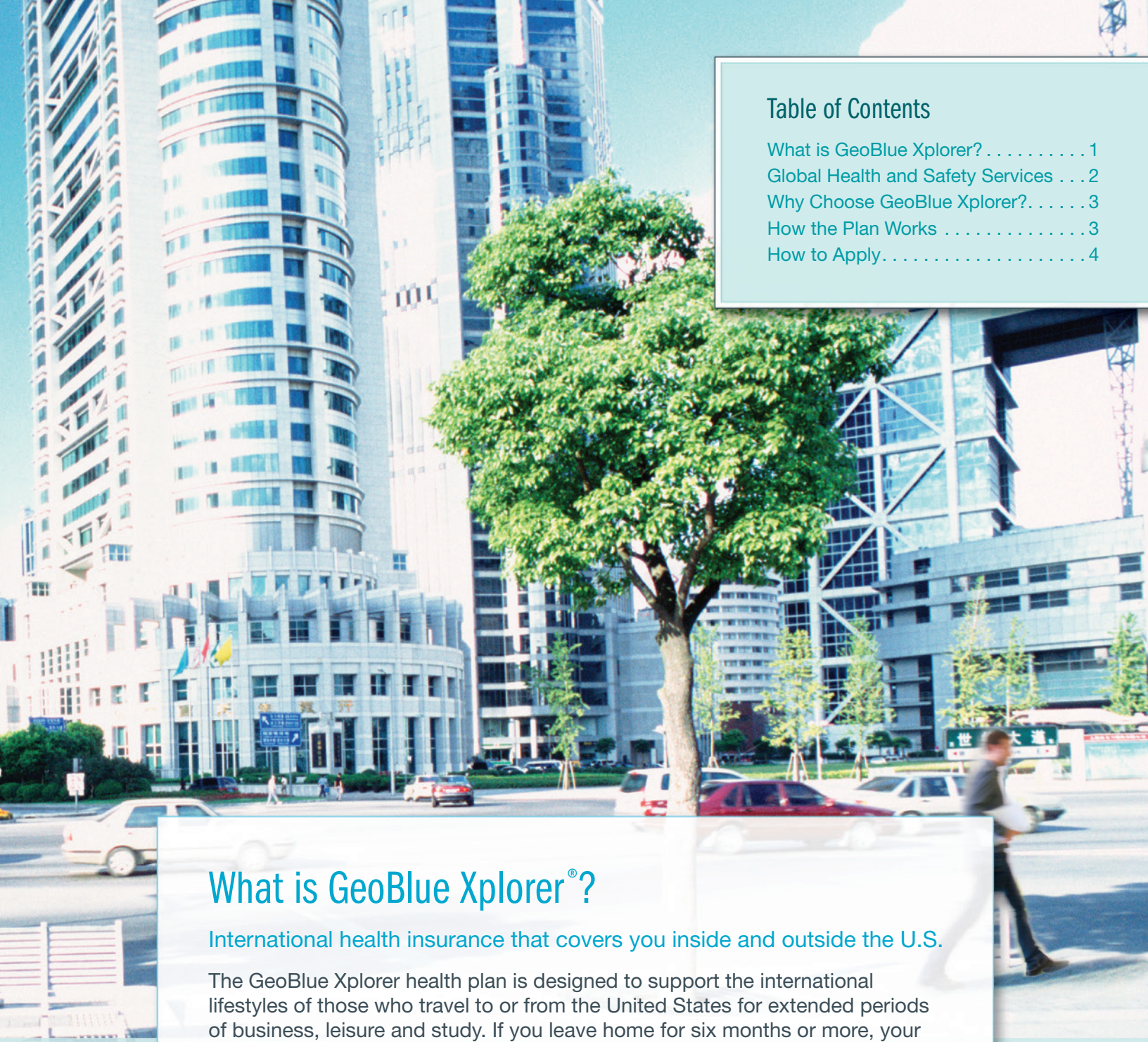
GeoBlue Xplorer Health Plans

Expatriate Health Insurance for Individuals and Families

Offered through the
Global Citizens Association,
Washington, D.C.

Global Innovator

GeoBlue is an innovator and leader in helping world travelers and expatriates stay safe and gain easy access to quality healthcare all around the world.



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What is GeoBlue Xplorer®?

International health insurance that covers you inside and outside the U.S.

The GeoBlue Xplorer health plan is designed to support the international lifestyles of those who travel to or from the United States for extended periods of business, leisure and study. If you leave home for six months or more, your health and financial security are at serious risk because of significant gaps in most available insurance coverage and services. This risk is only heightened by limited knowledge of health and safety hazards around the world, including medical treatment from unfamiliar providers.

GeoBlue Xplorer is the ultimate international health plan because it combines comprehensive worldwide benefits with a new generation of medical assistance services, which include an impressive array of online and mobile tools used to identify, access and pay for quality healthcare all around the world.

GeoBlue Xplorer gives you the freedom to access care inside and outside the U.S. If you need benefits outside the U.S. only, explore the GeoBlue Xplorer Essential plan.

GeoBlue's Global Health and Safety Services — Because Insurance Isn't Enough.

Meet GeoBlue, an experience well beyond that of traditional health insurance.

GeoBlue provides unsurpassed service and the convenience of mobile technology to access the best medical care no matter what town, country or time zone.

Easy Access to an Elite International Provider Community

GeoBlue has a network of doctors from almost every specialty in over 190 countries to see you.

Only a small fraction of doctors around the world meet GeoBlue standards – participation is by invitation only. We seek out professionals certified by the American or Royal Board of Medical Specialties who speak English, and we factor in recommendations by over 165 Physician Advisors from all over the world. Then we assemble in-depth profiles so our members can choose with confidence, and we put formal contracts in place to ensure patient access. Once they've seen you, GeoBlue doctors bill us directly so you don't have to file a claim.

In the U.S. you have cashless access to the Blue Cross and Blue Shield network in all fifty states.

Strength of the Blue Brands in the U.S.

GeoBlue members have access to the Blue Cross and Blue Shield network within the U.S.

More than 92 percent of physicians and more than 96 percent of hospitals across the U.S. are a part of the BlueCard Network.

Personal Safety Intelligence

GeoBlue maintains unsurpassed resources designed to promote personal safety by giving members convenient access to vitally important news, health and safety analysis and medical translation tools.

- Global Health and Safety news alerts published daily and delivered by email or smartphone.
- City and country level profiles on crime, terrorism and natural disasters.
- Brandname equivalents for more than 400 common over-the-counter and prescription drugs in 44 of the most frequently visited countries.
- Translation of hundreds of medical terms and phrases into the 14 most widely spoken languages.

Around-the-Clock Assistance Call Center

GeoBlue maintains a 24/7, toll-free call center to assist GeoBlue members with everything from routine requests to medical emergencies. The GeoBlue staff has years of experience with international medical assistance and has close working relationships with the best doctors around the globe.

Emergency Evacuation and Centers of Excellence

GeoBlue coordinates emergency services with a worldwide network of contracted Physician Advisors as well as air ambulance operators selected for their safety records. Members in need of life-saving medical intervention are treated in Centers of Excellence in the U.S. and around the world. whenever possible.

Personalized Member Services

Informed Choice℠

When GeoBlue Xplorer members experience an unanticipated medical problem, they can request a second opinion and referral through the Informed Choice service. A GeoBlue Regional Physician Advisor is available to discuss the member's diagnosis and treatment plan directly with the attending physician.

Personalized Recruitment

If GeoBlue Xplorer members need a physician or specialist in an area not currently covered by the GeoBlue network , GeoBlue will make every effort to recruit and contract with an appropriate, qualified doctor.

Personal Solutions

GeoBlue Xplorer members enjoy a full range of Personal Solutions. Your online and mobile tools allow you to check medical symptoms, understand your health risks and access personalized prevention and wellness recommendations.

Direct Pay

GeoBlue members can avoid paying out of pocket for care by using Direct Pay. Through this service participating providers outside the U.S. bill GeoBlue directly for covered medical treatment.

Why Choose the GeoBlue Xplorer Plan?

A Recognized Leader

GeoBlue is a recognized leader in international health insurance and medical assistance services, serving hundreds of thousands of world travelers annually.

Highest Standards of Service

GeoBlue meets the highest expectations of quality. For medical care outside the U.S., members are free to see any provider and their benefits will remain the same.

World-Class Healthcare

GeoBlue has the expertise and capability to meet any medical need efficiently and effectively. This can be a matter of support for a minor issue or help for a major issue no matter where you are.

Top 10 Advantages over Competing Plans

- Provides an unlimited annual and lifetime maximum.
- No waiting periods associated with any preventive services.
- The pre-existing condition exclusion can be waived with proof of prior creditable insurance.
- Covers injuries or illnesses that are a result of a terrorist act.
- No pre-certification required for inpatient and outpatient care.
- Deductible is waived for office visits and a small copay applies.
- Generous U.S. Coverage.
- Access to our elite providers can lead to better diagnosis, treatment and medical outcomes.
- Our providers bill GeoBlue directly, which eliminates paperwork hassles.
- The strength of the Blue brand. GeoBlue is an independent licensee of the Blue Cross and Blue Shield Association.

How the Plan Works

GeoBlue Xplorer Premier and GeoBlue Xplorer Essential plans offer comprehensive benefits and a range of deductible options that allow members to select the right amount of insurance coverage for their budget and lifestyle. For detailed benefit schedules, please see inserts. To calculate your total out-of-pocket expense, add the deductible and coinsurance maximum.

For families, the deductible and coinsurance maximum is a multiple of 2.5.

After 364 days of continuous coverage, GeoBlue Xplorer members may re-enroll in a plan that matches their existing benefits.

GeoBlue Xplorer Premier Options

Plan	Deductible			Coinsurance Maximum
	Outside U.S.	U.S. In-Network	U.S. Out-of-Network	
Elite	$0	$0	$1,000	$2,000
1000	$500	$1,000	$2,000	$4,000
2000	$1,000	$2,000	$4,000	$8,000
5000	$2,500	$5,000	$10,000	$10,000

GeoBlue Xplorer Essential Options

Plan	Deductible			Coinsurance Maximum
	Outside U.S.	U.S In-Network	U.S. Out-of-Network	
Elite	$0	n/a	n/a	$2,000
1000	$1,000	n/a	n/a	$8,000
2500	$2,500	n/a	n/a	$10,000
5000	$5,000	n/a	n/a	$10,000

How to Apply

Applications are available online or may be initiated by telephone or email. See back cover for details.

A personal check, money order or credit card number must accompany the application and must be sufficient to pay for one month of standard premium. GeoBlue will hold the form of payment until an underwriting decision is made. If your application is accepted, the payment will be applied to your account. Quotes obtained online or by telephone are advisory only. Actual premium is determined by the medical underwriting process.

GeoBlue will review your medical history as provided on the application and may request an Attending Physician's Statement. GeoBlue publishes standard premium rates for non-smokers. Smokers and other applicants with certain medical histories may be offered a plan at a higher rate. Not all applicants will be accepted. Your effective date of insurance will be on the 1st or 15th day of the month following underwriting approval.

Member Welcome Kit

When your application is accepted, GeoBlue will mail you and any family members covered under the plan a Welcome Kit with identification cards, a certificate of insurance and instructions on how to register online. Procedures for filing a claim or requesting direct payment of participating providers will also be included.

About the Global Citizens Association

The Global Citizens Association is a national organization dedicated to promoting the interests of international travelers. Established more than 24 years ago, the GCA, is a not for profit affinity association located in Washington D.C., established to enhance global learning and lifestyles through safe and healthy world travel; to provide its members with useful international travel services and to make group international travel and health insurance coverages available to its members.

Visit the GCA website (https://www.gcassociation.org/) to learn about the association's programs. This insurance is available only to GCA members and by enrolling, you will become a member. Association enrollment fees are included in the amounts charged for the insurance. You are not obligated to purchase any services or products from the GCA. The GCA is not affiliated with any insurance company

Eligibility

GeoBlue Xplorer is designed for extended living abroad. You can choose to enroll in a new plan when your existing plan expires. When you do, there are no medical questions and premium rates do not change based on your individual claims history. Your new rate will be the same as all persons covered in your rating class.

How Coverage Ends

Your coverage ends on the earlier of:

1. The last day of the month after the date the Insured Person is no longer eligible;
2. The end of the last period for which premium has been paid;
3. The date the Policy terminates;
4. The date of fraud or misrepresentation of a material fact by the Insured Person, except as indicated in the Time Limit on Certain Defenses provision.

Extension of Benefits

If an Insured Person is Totally Disabled on the date of termination of the Policy, coverage will be extended until the earlier of:

1. The date payment of the maximum benefit occurs;
2. The date the Insured person ceases to be Totally Disabled; or
3. The end of 90 days following the date of termination.

Pre-existing conditions

The GeoBlue Xplorer plan does not cover services for treatment of a medical condition for which medical advice, diagnosis, care, or treatment was recommended or received during 180 days immediately preceding the member's eligibility date.

Creditable coverage

The 180-day pre-existing conditions period can be reduced or eliminated if you have been covered by a creditable group or individual health insurance plan.

For benefits, exclusions, eligibility and other important information, please see inserts.

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Contact Us:

Mail

Call

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GeoBlue Xplorer Premier Benefit Schedule

GeoBlue Xplorer Premier has three tiers of coinsurance: 100% outside the U.S.; 80% in-network inside the U.S.; 60% out-of-network inside the U.S. All plans have 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. Please refer to the chart on page 3 of the Brochure.

Benefits	Outside U.S.	U.S. (In-Network)	U.S. (Outside Network)
Preventive and Office Visits – Insurer Waives Deductible			
Physician Office Visits (Adult)	All except a $10 copay per visit	All except a $30 copay per visit	60% to Out-of-Pocket Maximum then 100%
Physician Office Visits (Children 0-18)	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Unlimited Well Baby Visits	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Child Immunizations, Lab and X-rays	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Women: (19 and Older) Routine Pap Smears, Annual Mammogram	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
PSA for Men	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
One Routine Physical Per Year	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Professional Services – Insurer Pays After Deductible is Met			
Surgery, Anesthesia, Radiation Therapy, In-hospital Doctor Visits, Diagnostic X-ray and Lab Work	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Inpatient Hospital Services - Insurer Pays After Deductible is Met			
Surgery, X-rays, In-hospital Doctor Visits, Organ/Tissue Transplant	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Inpatient Medical Emergency	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Inpatient Drugs	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Ambulatory and Therapeutic Services – Insurer Pays After Deductible is Met			
Ambulatory Surgical Center	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Ambulance Service	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Accidental Dental	$1,000 per year, $200 per tooth	$1,000 per year, $200 per tooth	$1,000 per year, $200 per tooth
Acupuncture and Chiropractic Services	100% up to $2,000	80% up to $2,000	60% up to $2,000
Durable Medical Equipment	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Infusion Therapy	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Physical/Occupational Therapy*	$50 max each visit, 12 visits per year	$50 max each visit, 12 visits per year	$50 max each visit, 12 visits per year
Inpatient Mental Health	100% up to 60 days	80% up to 60 days	60% up to 60 days
Outpatient Mental Health	75% up to 40 visits/60% thereafter	75% up to 40 visits/60% thereafter	75% up to 40 visits/60% thereafter
Inpatient Substance Abuse	100% up to 60 days detox	80% up to 60 days detox	60% up to 60 days detox
Outpatient Substance Abuse	75% up to 40 visits/60% thereafter	75% up to 40 visits/60% thereafter	75% up to 40 visits/60% thereafter
Prescription Drug Benefit Options – Insurer Waives Deductible			
Basic Prescription Drug Benefit Subject to $1000 Maximum per Insured Person per Coverage Period	100% of actual charges	Generics: 100% after $10 copay Brandname: 100% after $25 copay Injectables: 70%	Generics: 100% after $10 copay Brandname: 100% after $25 copay Injectables: 70%
Optional rider, subject to $25,000 Maximum Benefit per Insured Person per Coverage Period.	100% of actual charges	Generics: 100% after $10 copay Brandname: 100% after $25 copay Injectables: 70%	Generics: 100% after $10 copay Brandname: 100% after $25 copay Injectables: 70%
Global Travel Benefits – Insurer Waives Deductible			
Medical Evacuation	Up to $250,000	n/a	n/a
Repatriation of Remains	Up to $25,000	n/a	n/a
Accidental Death and Dismemberment	$50,000	$50,000	$50,000

Other Benefits	Limits
Home Health Care	100% Covered Expenses, as many as 30 visits per year
Skilled Nursing Facilities	100% with a maximum Covered Expense of $250 per day, as many as 50 days per year
Hospice	100% with a maximum Covered Expense of $5,000 per lifetime

See other side for GeoBlue Xplorer Essential Benefit Schedule. This is intended to be a sample benefit schedule.
*Deductible is waived for this benefit.

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GeoBlue Xplorer Essential Benefit Schedule

GeoBlue Xplorer Essential covers most services outside the U.S. at 100%. All plans have an unlimited lifetime maximum and a $250,000 maximum benefit for emergency medical evacuation.

Benefits	Outside U.S. Only
Preventive and Office Visits – Insurer Waives Deductible	
Physician Office Visits (Adult)	All except a $10 copay per visit
Physician Office Visits (Children 0-18)	100%
Unlimited Well Baby Visits	100%
Child Immunizations, Lab and X-rays	100%
Women (19 and Older) Routine Pap Smears, Annual Mammogram	100%
PSA for Men	100%
One Routine Physical Per Year	100%
Professional Services – Insurer Pays After Deductible is Met	
Surgery, Anesthesia, Radiation Therapy, In-hospital Doctor Visits, Diagnostic X-ray and Lab Work.	100%
Inpatient Hospital Services – Insurer Pays After Deductible is Met	
Surgery, X-rays, In-hospital Doctor Visits, Organ/Tissue Transplant	100%
Inpatient Medical Emergency	100%
Inpatient Drugs	100%
Ambulatory and Therapeutic Services – Insurer Pays After Deductible is Met	
Ambulatory Surgical Center	100%
Ambulance Service	100%
Accidental Dental	$1,000 per year, $200 per tooth
Acupuncture and Chiropractic Services	100% up to $2,000
Durable Medical Equipment	100%
Infusion Therapy	100%
Physical/Occupational Therapy*	$50 max each visit, 12 visits per year
Inpatient Mental Health	100% up to 60 days
Outpatient Mental Health	75% up to 40 visits/60% thereafter
Inpatient Substance Abuse	100% up to 60 days detox
Outpatient Substance Abuse	75% up to 40 visits/60% thereafter
Prescription Drug Benefit Options – Insurer Waives Deductible	
Basic Prescription Drug Benefit	100% of actual charges up to $1000
Optional Rider, subject to $25,000 maximum per Insured Person per Coverage Period.	Maximum Benefit 100% of actual charges
Global Travel Benefits – Insurer Waives Deductible	
Emergency Medical Transportation	Up to $250,000
Repatriation of Mortal Remains	Up to $25,000
Accidental Death and Dismemberment	$50,000

Other Benefits	Limits
Home Health Care	100% Covered Expenses, as many as 30 visits per year
Skilled Nursing Facilities	100% with a maximum Covered Expense of $250 per day, as many as 50 days per year
Hospice	100% with a maximum Covered Expense of $5,000 per lifetime

See other side for GeoBlue Xplorer Premier Benefit Schedule.
This is intended to be a sample benefit schedule.
*Deductible is waived for this benefit.

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GeoBlue Xplorer
Frequently Asked Questions

1. Who is eligible to buy an Xplorer® plan?

All U.S. citizens living abroad who are 74 or younger at the time of application are eligible to apply for coverage or; All legal residents of the U.S. (citizens and foreign nationals) who are age 74 or younger at the time of application are eligible if they live in the U.S. or; An employee of a U.S. company, whereby the company is domiciled in the U.S. and the company pays the insurance premium.

2. How do I qualify for maternity benefits?

After 364 days of continuous coverage, Xplorer members may apply for a new plan that covers maternity costs in the same way as all other medical conditions.

3. Do all eligible family members have to apply for Xplorer?

Yes. The Xplorer plan is available to individuals and their dependents. All eligible family members must apply for coverage.

4. Will my policy automatically renew? At what rate?

You can enroll in a Xplorer plan up to age 84. The policy does not automatically renew upon your request. You will be notified of your new plan rate at least 30 days prior to your policy expiration date. You must confirm your new policy rate in writing or by accepting the rate when logged in to our secure website. Plan rates are based on age at time of enrollment and are impacted by medical inflation. You will not be asked any medical questions and your personal health history will not determine your new rate. Xplorer rates are standard rates for all members re-enrolling.

5. When does my coverage end?

We may terminate your coverage if:

a. You no longer meet the eligibility requirements
b. You fail to pay your premium
c. We discover that you committed fraud or misrepresented a material fact to us, except as indicated in the time limit of certain defenses provision
d. We terminate the plan in your geographic service area

6. Who is the insurer?

GeoBlue Xplorer is underwritten by 4 Ever Life International Limited (4ELI). 4ELI is an independent licensee of the Blue Cross and Blue Shield Association and a wholly owned subsidiary of BCS Financial Corporation. BCS is owned by a consortium of Blue Cross and Blue Shield plans and the Blue Cross Blue Shield Association. 4 Ever Life International Limited is an A.M. Best “A-” rated (Excellent) carrier.

7. Does my plan deductible apply to all services?

No. Your deductible is waived for office visits. You simply pay a small copay at time of service with the contracted provider. For non-contracted providers, you pay the provider directly and submit a claim for reimbursement.

continued…

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GeoBlue Xplorer FAQs (continued)

8. Will my pre-existing condition be covered under an Xplorer plan?

If you were previously covered by a U.S. health plan that issues you a Certificate of Creditable Coverage, GeoBlue will credit you for this prior coverage. The number of months of coverage shown on the Certificate will reduce or eliminate the six-month pre-existing condition waiting period. If you have six or more months of creditable coverage, your waiting period will be eliminated. If you have less than six months creditable coverage, your waiting period will be reduced by the number of months you had creditable coverage. For example, if you have two months of creditable coverage, your waiting period will be reduced from six months to four months.

9. Am I guaranteed to be issued Xplorer coverage if I apply?

No, Xplorer is not a guaranteed issue plan. Each application is medically underwritten. Your application may be 1) accepted, 2) accepted with a rate increase due to your health status, or 3) denied.

10. Is the quote I receive binding?

No. The quote you receive may not apply if 1) you provided us with an inaccurate zip code, 2) you misstated a material fact on your application, or 3) we increase the rate due to your health status.

11. When determining a rate while overseas, what zip code should I use?

Policies for U.S. citizens residing overseas are issued through the Global Citizens Association office in Washington D.C. The zip code that applies is 20036.

12. What is the Global Citizens Association?

The Global Citizens Association (GCA) is a non-profit association located in Washington, D.C. serving the needs of the globally mobile with the goal of helping its members successfully pursue international living experiences through safe and healthy world travel that increase cross-cultural understanding.

Founded in 1994 to serve international students, the GCA has grown to encompass world travelers and expatriates in all corners of the globe. The Association has sponsored GeoBlue and affiliated insurance programs for travelers for more than 25 years and is organized as a not-for-profit corporation under the laws of the District of Columbia. More information can be found here: http://www.gcassociation.org.

13. Does this plan meet the Affordable Care Acts requirement for Minimum Essential Coverage?

This plan does not provide Minimum Essential Coverage and therefore does not meet the requirements of the Affordable Care Act (ACA). Coverage by the insurer can be 1) accepted, 2) accepted with a rate increase, or 3) denied based on the health history of the applicant(s). A waiting period for pre-existing conditions applies unless you have 6 months of prior creditable coverage. There is no tax penalty for purchasing this policy if you are outside the U.S. for 330 days or more in a calendar year.

14. What about accessing participating providers?

GeoBlue's Global Health and Safety services help members identify, access and pay for quality healthcare all over the world, including a contracted community of elite providers in 180 countries. Members can access these carefully selected providers and arrange for the bills to be sent directly to GeoBlue. Please note that in the U.S. a member can simply show his/her ID card at time of service and participating providers will only bill the member for any applicable deductible or copayment. Members have access to the Blue Cross and Blue Shield Network. Whether overseas or in the U.S., members can choose to use any doctor or hospital. Members are never restricted to a network. Please see the benefit schedules to see how coinsurance may apply.

15. Where can I read the fine print?

To see plan definitions, limitations or to review a sample certificate, visit: geobluetravelinsurance.com/products/longterm/xplorer-certs.cfm

Xplorer Excluded Services

The plan does not provide benefits for:

1. Hospitalization, services and supplies that are not Medically Necessary.
2. Services or supplies that are not specifically mentioned in this Certificate.
3. Services or supplies for any illness or injury arising out of or in the course of employment for which benefits are available under any Workers' Compensation Law or other similar laws whether or not you make a claim for such compensation or receive such benefits.
4. Services or supplies that are furnished to you by the local, state or federal government and for any services or supplies to the extent payment or benefits are provided or available from the local, state or federal government whether or not that payment or benefits are received.
5. Conditions caused by or contributed by: (a) An act of war; (b) The inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) An Insured Person participating in the military service of any country; (d) An Insured Person participating in an insurrection, rebellion, or riot; (e) Services received for any condition caused by an Insured Person's commission of, or attempt to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation; (f) An Insured Person voluntarily using illegal drugs; intentionally taking over the counter medication not in accordance with recommended dosage and warning instructions; and intentionally misusing prescription drugs.
6. Services or supplies that do not meet accepted standards of medical and/or dental practice.
7. Investigational Services and Supplies and all related services and supplies.
8. Custodial Care Service.
9. Routine physical examinations, unless otherwise specified in this Certificate.
10. Services or supplies received during an Inpatient stay when the stay is primarily related to behavioral, social maladjustment, lack of discipline or other antisocial actions that are not specifically the result of Mental Illness.
11. Cosmetic Surgery and related services and supplies, whether or not for psychological purposes, except for the correction of congenital deformities or for conditions resulting from accidental injuries, scars, tumors or diseases that occur after your Coverage Date.
12. Services or supplies for which you are not required to make payment or would have no legal obligation to pay if you did not have this or similar coverage.
13. Charges for failure to keep a scheduled visit or charges for completion of a Claim form.
14. Personal hygiene, comfort or convenience items commonly used for other than medical purposes, such as air conditioners, humidifiers, physical fitness equipment, televisions and telephones.
15. Special braces, splints, specialized equipment, appliances, ambulatory apparatus, battery implants, except as specifically mentioned in this Certificate.
16. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
17. Blood derivatives that are not classified as drugs in the official formularies.
18. Eyeglasses, contact lenses or cataract lenses and the examination for prescribing or fitting of glasses or contact lenses or for determining the refractive state of the eye, except as specifically mentioned in this Certificate.
19. Treatment to change the refraction of one or both eyes (laser eye correction), including refractive keratectomy (RK) and photorefractive keratectomy (PRK).
20. Vision care services unless elected by your Group
21. Treatment of flat foot conditions and the prescription of supportive devices for such conditions and the treatment of subluxations of the foot.
22. Routine foot care, except for persons diagnosed with diabetes, including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized Illness, Injury or symptoms involving the feet.
23. Immunizations, unless otherwise specified in this Certificate.
24. Maintenance Occupational Therapy, Maintenance Physical Therapy and Maintenance Speech Therapy.

25. Hearing aids or examinations for the prescription or fitting of hearing aids unless otherwise specified in this Certificate.

26. Services and supplies to the extent benefits are duplicated because the spouse, parent and/or child are employees of the Group and each is covered separately under this Certificate.

27. Diagnostic Service as part of routine physical examinations or check-ups, premarital examinations, determination of the refractive errors of the eyes, auditory problems, surveys, casefinding, research studies, screening, or similar procedures and studies, or tests which are Investigational unless otherwise specified in this Certificate.

28. Procurement or use of prosthetic devices, special appliances and surgical implants which are for cosmetic purposes, the comfort and convenience of the patient, or unrelated to the treatment of a disease or injury.

29. Services and supplies rendered or provided for human organ or tissue transplants other than those specifically named in this Certificate.

30. Investigational or experimental organ transplantation including animal to human organ transplants.

31. Consultations performed by you, your spouse, parents or children.

32. Charges for the services of a standby Physician.

33. Treatment for overweight conditions other than for morbid obesity.

34. Treatment for hair loss.

35. Growth Hormone treatment.

36. Dental treatment, dental surgery, dental prostheses and orthodontic treatment unless otherwise specified in this Certificate.

37. Dental Implants: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.

38. Medical aids unless otherwise specified in this Certificate.

39. Services and treatment related to elective abortions.

40. Sterilization or the reversal of sterilization, unless otherwise specified in this Certificate.

41. All services related to the evaluation or treatment of fertility and/or Infertility, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and In vitro fertilization.

42. Cryopreservation of sperm or eggs.

43. Sex change operations.

44. Treatment of sexual dysfunction or inadequacy.

45. Non-prescription drugs.

46. Educational services except as specifically provided or arranged by the Insurer.

47. Nutritional counseling or food supplements, except for treatment of Phenylketonuria (PKU) and other inherited metabolic diseases and diabetes.

48. Charges by a provider for telephone consultations.

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GeoBlue Xplorer Health Plans

Application Instructions

Thank you for applying with GeoBlue®.

- **GeoBlue Xplorer is specially designed for members of the Global Citizens Association.**
- **Coverage is not guaranteed until approved in writing by GeoBlue. Do not cancel your current insurance coverage until you have been notified of approval by GeoBlue that your GeoBlue Xplorer coverage is effective.**

Instructions

Do not complete this application until you have read the current product brochure or website.

Please follow these instructions to allow us to better process your application.

- **For your own protection, you, the applicant, must complete this application. You are solely responsible for its accuracy and completeness.**
- All information must be stated accurately.
- All questions must be answered in full or the application may be returned to you resulting in a delay in processing.
- For additional information or explanations attach extra sheets, if necessary. **All attachments must be signed and dated.**
- Print clearly using blue or black ink. No correction fluid, please. **Sorry, but typed applications will not be accepted.**
- This application must be received by GeoBlue within thirty (30) days from the signature date.
- Even if this application is approved, any intentional misstatements or omissions may result in future claims being denied and the plan being rescinded.
- Your insurance will become effective only if this application is approved as applied for, the appropriate premium is enclosed, and other specific conditions are met. **(See details under Section 7 – Conditions of Application).**
- Please return this application and your check to your agent OR mail to the address listed.

Payment Information

Please see page 7.

Most common causes for delay in underwriting

- Missing, inaccurate or incomplete information such as:
  - Weight AND Height
  - Spouse's social security, visa, or passport number
  - Dependent's social security, visa, or passport number
  - Date of birth
  - Date of last pelvic examination
  - Results of last pelvic examination
  - Physician's address, phone number and fax number
- Incomplete or illegible information such as the mailing address does not include city, state and ZIP code.
- ALL questions are not answered in Sections 4 and 6. If it does not apply to you, the answer should be "No." Do not leave any answers blank.
- The application is not signed and dated by the applicant and/or all dependents over age 18.
- Additional documentation or information is required.

Mailing Address

- **Applicant:** Please return this application to the address below or to your agent.

GeoBlue
Attn: Individual Underwriting Department
One Radnor Corporate Center
Suite 100
Radnor, PA 19087

Expediting an Application

- To expedite underwriting please fax to 610.482.9953 or email underwriting@geo-blue.com.

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association.

GeoBlue
Cover Your World

Applicant's Social Security No.
Visa/ Passport No.
Agent I.D. No.

GeoBlue Xplorer Individual Enrollment Application

Application must be completed by the applicant in blue or black ink.

Reason for Application (Check one)

- ❑ New Enrollment(s)
- ❑ Add dependent(s) to I.D. No: _____

To change existing plan, please enter I.D. No:

1. Applicant Information (Please Print)

Primary Applicant's Last Name	First Name	M.I.

Address Outside the US

Street	Apt No.	(P.O. Box or Personal Mail Box No.)	
City		Postal Code	Country

Address Inside the US

Street	Apt No.	(P.O. Box or Personal Mail Box No.)	
City		State	ZIP Code

Mailing Address (In Care Of)

In Care Of:			
Street	Apt No.	(P.O. Box or Personal Mail Box No.)	
City	State	Postal Code	Country

Home Phone No. ( )	Daytime Phone No. ( )	Marital Status ❑ Single ❑ Married
Business Phone No. ( )	Fax No. ( )	Spouse's Social Security/ Visa/ Passport No.
Email Address		Maiden Name of Applicant/Spouse (If applicable)

2. Time and Location Status

How much time in the next 12 months will you be outside of your home country? _____ What locations? _____

How did you hear about GeoBlue? _____

3. Choice of Plan

GeoBlue Xplorer Premier (Includes Benefits in the U.S.)

❑ Elite ❑ 1000 ❑ 2000 ❑ 5000

GeoBlue Xplorer Essential (Excludes Benefits in the U.S.)

❑ Elite ❑ 1000 ❑ 2500 ❑ 5000

Prescription Drug Rider ❑ Yes ❑ No

Dental and Vision Rider (Elite and 1000 Plans only) ❑ Yes ❑ No

4. Applicants for Coverage

Relation	Last Name First Name M.I.	MUST BE ACCURATE Height	MUST BE ACCURATE Weight	Date of Birth	Social Security/ Visa/ Passport No.
❑ Male ❑ Female	Yourself				
❑ Husband ❑ Wife	Spouse				
❑ Son ❑ Daughter					
❑ Son ❑ Daughter					
❑ Son ❑ Daughter					
❑ Son ❑ Daughter					

Applicant's Social Security No.

Visa/ Passport No.

4. Applicants for Coverage continued

Applies to couples or families:
All family members must apply for coverage to be eligible. If extenuating circumstances prevent all family members from applying, please attach detail and a determination will be made by the company whether or not the application can be considered.

If you are married or have children, are all family members applying for coverage? ❑ Yes ❑ No ❑ N/A

If No, Why? _____

Are you a U.S. Citizen? ❑ Yes ❑ No	Are you a foreign national residing legally in the U.S.? ❑ Yes ❑ No

Please list your occupation and duties.

Please provide the name of your employer.

Please provide your employers address.

5. Other Coverage - Please answer **all** of the following questions.

A. Do you currently have or has anyone to be insured had coverage in the last 18 months? . . . . . ❑ Yes ❑ No

If Yes, please provide the following information and attach the Certificate of Creditable Coverage from your prior health insurance carrier.

Name of insured(s)	Insurance carrier(s)	Effective date	End date

Do you agree to discontinue your current coverage if this application is accepted? . . . . . ❑ Yes ❑ No

If No, please explain:

B. Has anyone identified on this application ever been declined, postponed, had a waiver applied, or charged an extra premium for life, disability, or health insurance, or had such insurance rescinded? . . . . . ❑ Yes ❑ No

If Yes, please provide the following information.

1. Name of applicant	Name of Insurance Company	Explain
2. Name of applicant	Name of Insurance Company	Explain
3. Name of applicant	Name of Insurance Company	Explain

C. Are any persons applying for coverage on this application eligible for Medicare or Medicaid benefits? . . . . . ❑ Yes ❑ No

If Yes, please list all eligible person(s). Note: Any applicant eligible for Medicare Part A or B is **not** eligible for GeoBlue Xplorer Premier but may be eligible for GeoBlue Xplorer Essential.

Eligible person(s)

D. Has anyone applying for coverage on this application filed a claim for disability or Workers' Compensation within the past 18 months? . . . . . ❑ Yes ❑ No

If Yes, please provide the following information.

Name of applicant	Effective date	End date

Applicant's Social Security No.

Visa/ Passport No.

6. Health History – Include information on all family members you wish to enroll.

6A. Health History Questionnaire – ALL **QUESTIONS MUST BE ANSWERED OR THE APPLICATION MAY BE RETURNED AND/OR REJECTED. If you answer "Yes" to any question in Section 6A, you must give complete details in Section 6B.**

Has any person listed on this application received medical advice, diagnosis or treatment, or had treatment or consultation recommended, received treatment, or been hospitalized for any of the following conditions listed in questions 1 through 24 **within the last 10 years?**

1. Frequent and/or severe headaches, migraines, seizures, epilepsy, multiple sclerosis or any other neurological or central nervous system disorder(s) ❑ Yes ❑ No
2. Dizziness, weakness, fainting, numbness/ tingling, head injury, paralysis, stroke, confusion, memory loss, loss of consciousness, narcolepsy or any similar symptoms ❑ Yes ❑ No
3. Chest pain, high or low blood pressure, heart disease, heart attack, heart murmur, palpitations, pacemaker, or any other heart disorder or condition ❑ Yes ❑ No
4. Poor circulation, blood clot, varicose veins, enlarged lymph nodes, blood/bleeding disorder, anemia, rheumatic fever or any other circulatory condition ❑ Yes ❑ No
5. Allergies, difficulty breathing, shortness of breath, asthma, chronic cough, spitting/coughing up blood, respiratory/lung infections, sinusitis, bronchitis, pneumonia, reactive airway disease (RAD), pneumocystis carinii pneumonia (PCP), tuberculosis, emphysema, or any other respiratory disorder or condition ❑ Yes ❑ No
6. Diseases or problems of the nose, nosebleeds, polyps, deviated nasal septum, excessive snoring or use of a sleep monitoring device ❑ Yes ❑ No
7. Diseases or problems of the mouth/gums, throat/swallowing, tonsils, adenoids, jaw/chewing problems or TMJ (Temporomandibular Joint Dysfunction) ❑ Yes ❑ No
8. Gastric reflux, ulcers, hernia, intestinal problems, diverticulitis, colitis, diarrhea, rectal problems/ bleeding, polyps, hemorrhoids or any other digestive disorder or condition ❑ Yes ❑ No
9. Gallbladder, spleen, pancreatitis, liver disease, jaundice, unexplained weight loss/gain or hepatitis (indicate type:_____) ❑ Yes ❑ No
10. Kidney/bladder/urinary tract infections, stones, incontinence, blood in urine or any other disease or disorders of the kidneys or urinary system ❑ Yes ❑ No
11. Bone, joint and/or muscle pain, injury or disorder of joint/tendon/ligament/disc, weakness of back/spine/neck/joint, fracture, sprain/strain, fibromyalgia, arthritis, gout, polio or any other musculoskeletal disorder ❑ Yes ❑ No
12. Physical handicap, joint replacement, hardware (pins, plates, screws, etc.), amputation or prosthesis ❑ Yes ❑ No
13. Diabetes, thyroid, pituitary, adrenal or any other endocrine disorders ❑ Yes ❑ No
14. Immune disorders, lupus, scleroderma, mononucleosis, chronic fatigue syndrome ❑ Yes ❑ No
15. Is any applicant a candidate for or a recipient of an organ or bone marrow transplant? ❑ Yes ❑ No
16. Skin infections, cancer, melanoma, lesion, psoriasis, keratosis, warts, ulcers, birthmarks, severe burns, acne, fungal infections, Kaposi's sarcoma, eczema, dermatitis, hyperhidrosis, herpes, scars/keloids, cosmetic or reconstructive surgery or any other skin conditions ❑ Yes ❑ No
17. Sexually transmitted disease, such as herpes, genital warts, etc. ❑ Yes ❑ No
18. Prostate, undescended testes, infertility, low sperm count, impotence, sexual dysfunction or penile implant ❑ Yes ❑ No
19. a) Breast disorder/cyst, lump, fibroid tumors, silicone injections or implants ❑ Yes ❑ No

    b) Pelvic pain, menstruation disorders, abnormal pelvic exam/PAP smear, endometriosis, uterine fibroids, ovarian cysts, infertility or miscarriages ❑ Yes ❑ No

    c) Date and result of last pelvic exam/Pap smear for each female over 16:

    Name:_____ Mo/Day/Yr:_____ ❑ Normal ❑ Abnormal

    Name:_____ Mo/Day/Yr:_____ ❑ Normal ❑ Abnormal

    Name:_____ Mo/Day/Yr:_____ ❑ Normal ❑ Abnormal

    ❑ N/A I have not had a pelvic exam/Pap smear.

    d) Is the applicant, spouse or any dependent, whether or not listed on the application, currently pregnant, or in the process of adoption or surrogate pregnancy? ❑ Yes ❑ No

    e) Are you intending to become pregnant in the next 18 months? ❑ Yes ❑ No
20. Diseases or problems of the eyes or sight, crossed eyes, glaucoma, cataracts, detached retina or blurred vision ❑ Yes ❑ No
21. Diseases or problems of the ears or hearing, implant or hearing aid ❑ Yes ❑ No
22. Eating disorder, depression, anxiety, counseling, member of a support group, bi-polar, chemical imbalance, attention deficit disorder, schizophrenia, obsessive-compulsive, panic disorder, etc. ❑ Yes ❑ No
23. Mental or physical impairment or deformity, congenital abnormalities or birth defects Specify:_____ ❑ Yes ❑ No
24. Has any applicant consulted a provider for any condition or symptom(s) for which a diagnosis has not been established? ❑ Yes ❑ No

Has any person listed on this application **ever:**

25. Had cancer, tumor/growth, leukemia or cyst? ❑ Yes ❑ No
26. Had an abnormal physical exam, laboratory results, x-rays, EKG, MRI, CT scan or been advised to undergo further testing surgery or treatment? ❑ Yes ❑ No
27. Seen, been a patient in a hospital, clinic, or other medical facility, received treatment from or consulted any doctor or other person providing health care services for any other condition or symptom(s) (excluding childbirth) not listed on this application? ❑ Yes ❑ No
28. Been diagnosed as having or received treatment by a physician or health care professional for AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or tested positive for HIV (Human Immunodeficiency Virus)? ❑ Yes ❑ No

IMPORTANT: Applicant's medical conditions, which occur after the signature date and before the approval date that come to GeoBlue's attention, may be considered in the final underwriting decision.

Applicant's Social Security No.

Visa/ Passport No.

6B. Professional Services

Give COMPLETE details of any "Yes" answers to the questions in 6A. (Use additional sheets if necessary.)

Question #	Name of Family Member	Date of Onset	Name of Physician/Hospital/Other Facility			Date of Visit
Name of Condition/Illness		Date Ended	Address			Phone No.
Treatment (X-ray, lab, surgery, etc.)		Degree of Recovery	City	State	ZIP	Fax No.
Results ❑ Normal ❑ Abnormal	❑ Still under treatment		Medications			Frequency
If abnormal, please explain:			Dosage	Date Prescribed		Date Discontinued

Question #	Name of Family Member	Date of Onset	Name of Physician/Hospital/Other Facility			Date of Visit
Name of Condition/Illness		Date Ended	Address			Phone No.
Treatment (X-ray, lab, surgery, etc.)		Degree of Recovery	City	State	ZIP	Fax No.
Results ❑ Normal ❑ Abnormal	❑ Still under treatment		Medications			Frequency
If abnormal, please explain:			Dosage	Date Prescribed		Date Discontinued

Question #	Name of Family Member	Date of Onset	Name of Physician/Hospital/Other Facility			Date of Visit
Name of Condition/Illness		Date Ended	Address			Phone No.
Treatment (X-ray, lab, surgery, etc.)		Degree of Recovery	City	State	ZIP	Fax No.
Results ❑ Normal ❑ Abnormal	❑ Still under treatment		Medications			Frequency
If abnormal, please explain:			Dosage	Date Prescribed		Date Discontinued

6C. Prescription Medications –

List all medications not noted above taken within the last 12 months by any family member listed on this application.

Family Member	Medication and Dosage	Illness for which Medication is Prescribed	Date Prescribed	Date Discontinued	Name, Phone No. & FAX No. of Physician or Hospital Address/City/State/ZIP Code

6D. Other Health Questions

1. Has any applicant ever smoked or used any tobacco products such as: cigarettes, cigars, pipe, snuff or chewing tobacco? ❑ Yes ❑ No	1. Family member	Amount per day	2. Family member	Amount per day
	Type of product	Date Discontinued	Type of product	Date Discontinued
2. Has any applicant used illegal or controlled drugs or substances such as marijuana, cocaine, methamphetamines, in the last 10 years, or been diagnosed as chemically or alcohol dependent? ❑ Yes ❑ No	1. Family member		2. Family member	
	Type of product	Date Discontinued	Type of product	Date Discontinued
3. Has any applicant ever used any illegal or controlled I.V. drugs? ❑ Yes ❑ No	1. Family member		2. Family member	
	Type of product	Date Discontinued	Type of product	Date Discontinued
4. Has any applicant consumed any alcoholic beverages in the last 6 months? ❑ Yes ❑ No Amount: A drink is 12 oz. of beer, 6 oz. of wine, or 1 oz. of liquor.	1. Family member		2. Family member	
	Amount _____ per ❑ day ❑ week ❑ month		Amount _____ per ❑ day ❑ week ❑ month	
	Type of Product		Type of Product	
5. Has any applicant been advised to reduce alcohol intake within the past 10 years? ❑ Yes ❑ No	1. Family member	Date Discontinued	2. Family member	Date Discontinued

To provide further information, please use additional sheets if necessary. List the page number, section name, and question number you are explaining. Also, please identify the applicable family member. All additional sheets must be signed by the applicant. ☐ No. of sheets attached

Applicant's Social Security No.

Visa/ Passport No.

7. Conditions of Application

It is important that you carefully read and fully understand the following.

I, the undersigned, understand that, under the GeoBlue Xplorer for which I am applying, I may be entitled to lesser benefits if I use a nonparticipating hospital, physician, or other provider, than if I use a participating hospital, physician or other provider.

All applicants age 18 and over must personally read, agree to, and sign the following. If an applicant does not read English, the translator must sign and submit the Statement of Accountability, Section 9, for translating this entire application.

Effective Date

If you currently have health coverage, we strongly recommend that you maintain your current coverage, and allow us to assign your effective date FOLLOWING APPROVAL. If, however, you would like to request a specific effective date, we strongly recommend you allow 30-60 days for underwriting. This will help ensure that your application is processed before you surrender your present insurance and will prevent you from being required to pay for two policies.

NOTE: If a child is born to the participant the child has to be registered within 31 days. All other children including adopted children must go through underwriting.

❑ I request that GeoBlue Xplorer assign my effective date if my application is approved. My effective date will be assigned as either the 1st or the 15th of the month following the approval date of my application.

❑ If GeoBlue Xplorer approves my application, please assign an effective date of the

- ❑ 1st of the month following approval.
- ❑ 15th of the month following approval.
- ❑ 1st of _____ 15th of _____.

This date must be AFTER the signature date but not greater than 75 days from the signature date on this application.

REQUESTING AN EFFECTIVE DATE **DOES NOT GUARANTEE** UNDERWRITING TO BE COMPLETED BEFORE THE DATE REQUESTED. I UNDERSTAND THAT IF I SELECT AN EFFECTIVE DATE, ONLY GEOBLUE CAN CHANGE THIS DATE, HOWEVER, GEOBLUE CANNOT CHANGE THIS DATE UNDER ANY CIRCUMSTANCES ONCE THE PLAN IS ISSUED.

Initial X_____

Initial Term

Please issue coverage for the initial term of:

☐ 6 months ☐ 7 months ☐ 8 months ☐ 9 months
☐ 10 months ☐ 11 months ☐ 364 days
(Minimum of six months required.)

Billing Date

Charged on the 1st or 15th of the month (depending on your plan effective date).

Agreement (All applicants)

I, the undersigned, agree to the following:

1. I understand and agree to pay the premium amount required with this application. If my application is denied, GeoBlue will return the premium payment. If my application is accepted, this premium amount will be applied to the premium charges.
2. I agree to become a member of the Global Citizens Association and acknowledge that membership is subject to the terms and conditions set forth in the Membership Agreement which will be mailed to me with my welcome packet. Prices include a membership fee for the Global Citizens Association (GCA). If you are already a member, your membership will be extended for 12 months. Members may request a pro-rated adjustment of current membership fees. Please contact GCA at admin@gcassociation.org.
3. If my application for GeoBlue Xplorer coverage is accepted as applied for, the coverage date will be as specified above, but I agree I have no coverage under this application until I am notified in writing by GeoBlue that my application is approved.
4. I understand that GeoBlue has the right to deny my application and if it does so, I will be notified in writing and the premium I submitted will be returned.
5. MINOR CHILDREN: I represent that I have made such investigations as are necessary to assure the truth and accuracy of all statements made in this application regarding minor children.
6. CONCERNING DEPENDENTS AGE 18 AND OVER: I represent that my dependents age 18 and over (1) have read this application and have provided such full and accurate information necessary to complete this application, (2) I have discussed all provisions of this application, especially Sections 6A, 6B, 6C and 6D with them and (3) all information contained in this application regarding them is complete and accurate.
7. I understand and agree that if GeoBlue rejects my application, under no circumstance will any benefits be payable for any person listed on this application. Receipt of money, and/or cashing of my premium check or charging this amount to my credit card by GeoBlue does not constitute approval of my application or create GeoBlue Xplorer coverage.
8. If I am accepted, this application will become part of the agreement between the insurance carrier and myself.
9. GeoBlue may request additional information, and this may delay processing of this application. If the health care provider charges a fee for these services, GeoBlue will determine payment, and I will be responsible for any difference.
10. The selling agent has no authority to promise me coverage or to modify underwriting policy or terms of any GeoBlue Xplorer coverage.
11. I have personally read and completed this application. Nothing has been left off regarding the past or present health of anyone listed on this application. I understand that no one listed is eligible for benefits if any information on this application is false, incomplete or omitted. GeoBlue may void all coverage from the original effective date of the agreement for such material intentional misstatements or omissions.

    If the family member is a minor, I accept full legal and financial responsibility for the coverage and information provided on this application.

    PLEASE NOTE: If the listed minor dependent does not reside with the applicant purchasing this plan, the custodial parent or guardian must complete the Health History Section and sign the Conditions of Application accepting legal responsibility for full and complete disclosure of the minor applicant, including any history of substance abuse. Also, if the responsible adult is not the natural parent, please submit court papers authorizing guardianship.

Yes. I Agree X_____

Signature

FRAUD NOTICE Please read carefully

Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may by subject to civil or criminal penalties, depending upon state law.

District of Columbia It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Authorization/Disclosure Statement

I hereby authorize any health care facility, physician, surgeon, counselor, therapist or insurance company to provide GeoBlue's authorized underwriters or Medical Directors, all information, pertaining to me or any of my dependents who are also applying for coverage, regarding past or present medical or mental conditions, any examination or treatment, including treatment for alcohol abuse, substance abuse, mental or emotional disorders (other than psychotherapy notes), AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex), and to any illness, injury or condition that I or my dependents have had at any time in the past or in the future up until the expiration of this Authorization. I understand this information is collected in connection with the evaluation and processing of an application for coverage or change in benefits, or to determine eligibility for benefits. The Authorization is valid from the date listed below through thirty (30) months. A photocopy of this Authorization is as valid as the original. My authorized representative, or I am entitled to receive a copy of this form. I understand any request for psychotherapy notes will require separate authorization.

I understand and agree to all the Conditions of Application (Section 7). I understand that coverage is subject to the provisions in the Conditional Receipt (Section 10). I have read and understand this Application in its entirety. I certify that I have received an outline of coverage.

Important details about this plan and the Affordable Care Act:

THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENTS OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

If at any time during its term, this policy coverage is in conflict with any laws, statutes or regulations of the U.S. federal government or any of its agencies, the insurer shall have the right to exchange this policy with a substitute plan.

To see if you are required to purchase Minimum Essential Coverage and to learn more details, please visit our Affordable Care Act page: https://www.geobluetravelinsurance.com/marketing/AHA.cfm.

Signatures (Required) – All applicants over age 18 must sign and date.

1. Applicant/parent or legal guardian	Today's date
2. Applicant's Spouse (required if applying for coverage)	Today's date
3. Applicant age 18 or over	Today's date
4. Applicant age 18 or over	Today's date
5. Applicant age 18 or over	Today's date

Notice of Information Practices

If you apply for or are covered by an GeoBlue health care plan, GeoBlue may collect personal information about you in order to evaluate your application or to administer benefits. This information is normally limited to the condition of your health. For example, GeoBlue may provide information to a hospital in order to verify benefits. Upon your request, GeoBlue will provide details of the nature of personal information that may be collected, the circumstances under which it may be disclosed without authorization, and your right to access and correction if you believe it to be inaccurate. GeoBlue can choose to furnish the medical record information either directly to you or to a medical professional designated by you.

ATTACH INITIAL PREMIUM CHECK HERE.
DO NOT TAPE.

Applicant's Social Security No.

Visa/ Passport No.

8. Payment Method – Submit initial premium with application (required).

8A. Initial Deposit

1 month premium $ _____
- ❑ I am attaching a check/money order for the above amount
- ❑ Please charge my credit card for the above amount

3 month premium $ _____
- ❑ I am attaching a check/money order for the above amount
- ❑ Please charge my credit card for the above amount

6 month premium $ _____
- ❑ I am attaching a check/money order for the above amount
- ❑ Please charge my credit card for the above amount

364 days premium $ _____
- ❑ I am attaching a check/money order for the above amount
- ❑ Please charge my credit card for the above amount

All checks should be made payable to Worldwide Insurance Services.

Credit Card information (only if applicable) ❑ VISA ❑ MasterCard ❑ American Express ❑ Discover		Credit Card No.	Security Code*	Expiration Date
Cardholder's Name	Cardholder's ZIP Code	Authorized Signature (as it appears on the credit card) **X**		Today's Date

* **For Visa/Mastercard/Discover:** The security code is the last three digits of the code in in the signature panel on the back of the card.
For American Express: The security code is the 4 digits printed just above and to the right of the embossed credit card number on the front of the card.

8B. Payment Type (First payment will be credited to approved applicants only.)

Monthly Deduction	**Quarterly Deduction**	**Semi-Annual Deduction**	**Annual Deduction**
❑ From Checking Account	❑ From Checking Account	❑ From Checking Account	❑ Charge to Credit Card
❑ Charge to Credit Card	❑ Charge to Credit Card	❑ Charge to Credit Card	

Checking Account and credit card deductions are done on the first or the 15th of the month depending on the effective date of the plan.

8C. Checking Account Deduction Authorization

Attach a check for one (1) month's premium above where indicated or if paying initial premium by credit card, attach a voided check. If the account listed below is a joint account, both account holders' signatures are required. **GeoBlue must be notified of any changes to your bank account no later than the 20th of the month preceding the change.**

AUTHORIZATION: As a convenience to me, I request and authorize you to pay and charge to my account checks drawn on that account by and payable to the order of GeoBlue provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights with respect to each debit will be the same as if it were a check drawn on you and signed personally by me. I authorize GeoBlue to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my GeoBlue Xplorer premium. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debit. I further agree that if any such debit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance.

NOTE: Should your withdrawal not be honored by your bank, you will automatically be removed from Monthly Checking Account Deduction and be billed quarterly. After 364 days, you may re-apply for the monthly checking account deduction option.

Applicant Name	Applicant Social Security No.	Name on Checking Account		
Name of Bank or Financial Institution	Address	City	State	ZIP Code
Checking Account No.	Bank Routing No.	Federal Credit Union Routing No.		
Authorized Signature (as it appears in the financial institution's records)	Date	Authorized Signature (as it appears in the financial institution's records)		Date

(Continued on reverse)

DO NOT WRITE BELOW

The coverage requested may not be available.

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association.

Applicant's Social Security No.

Visa/ Passport No.

9. Statement of Accountability – To be completed when the applicant cannot complete the application.

I, _____, personally read and completed this Individual Enrollment Application for the applicant named below because:

❑ Applicant does not read English ❑ Applicant does not speak English

❑ Applicant does not write English ❑ Other (explain):_____

I translated the contents of this form and to the best of my knowledge, obtained and listed all the requested personal and medical history disclosed by: _____

I also translated and fully explained the "Conditions of Application (Section 7)."

By X_____ _____

Signature of Translator — Today's Date (Required)

10. Conditional Receipt – To be completed by the agent and given to the applicant.

Received from _____ $ _____ as a premium, payable to Worldwide Insurance Services.

Subject to the following:

IN NO EVENT SHALL GEOBLUE HAVE ANY LIABILITY TO THE APPLICANT IF THE APPLICATION IS NOT APPROVED, EXCEPT FOR THE OBLIGATION TO RETURN THE PREMIUM SUBMITTED WITH THIS APPLICATION IF THIS APPLICATION IS NOT APPROVED, AND NEITHER SHALL ANY COVERAGE EXIST NOR SHALL THE APPLICANT BE ENTITLED TO ANY BENEFITS UNLESS AND UNTIL THIS APPLICATION IS APPROVED BY GEOBLUE.

Dated this _____ **day of** _____ , **20** _____**.**

Agent acknowledges receipt of money and delivery of Conditional Receipt.

By X_____ 80847

Signature of Agent — Agent I.D. Number

Xplorer Premier Maternity Health Plan

Premium Estimates

Effective July 1, 2017

The estimated premium information below is for internal use only and should not be shared with consumers.

Optional Rx Plan premium is in addition to Medical Plan premium.

	Elite	1000	2000	5000	Rx Plan Optional
Male/Female					
29 and Younger	**$584**	**$410**	**$366**	**$303**	**$93**
30-34	**$799**	**$560**	**$490**	**$403**	**$120**
35-39	**$1,043**	**$722**	**$636**	**$518**	**$147**
40-44	**$1,168**	**$809**	**$712**	**$580**	**$180**
45-49	**$1,323**	**$898**	**$791**	**$638**	**$226**
50-54	**$1,686**	**$1,143**	**$998**	**$807**	**$269**
55-59	**$2,084**	**$1,407**	**$1,227**	**$988**	**$325**
60-64	**$2,565**	**$1,723**	**$1,505**	**$1,205**	**$401**
65-69	**$4,546**	**$3,036**	**$2,636**	**$2,099**	**$724**
70-74	**$6,530**	**$4,347**	**$3,773**	**$3,000**	**$1,048**
Child (when insured with parent)					
One Child under Age 1	**$494**	**$350**	**$314**	**$261**	**$106**
One Child 1-25	**$328**	**$238**	**$215**	**$184**	**$65**
2 Children	**$571**	**$400**	**$356**	**$296**	**$123**
3 Children	**$786**	**$546**	**$485**	**$397**	**$178**

Prices are subject to change

All coverage and premium decisions are subject to medical underwriting.

See over for Essential rates ►

Xplorer Essential Maternity Health Plan

Premium Estimates

Effective July 1, 2017

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Optional Rx Plan premium is in addition to Medical Plan premium.

	Elite	1000	2500	5000	Rx Plan Optional
Male/Female					
29 and Younger	**$251**	**$179**	**$151**	**$133**	**$51**
30-34	**$352**	**$247**	**$204**	**$181**	**$63**
35-39	**$467**	**$332**	**$277**	**$245**	**$80**
40-44	**$479**	**$343**	**$284**	**$249**	**$99**
45-49	**$609**	**$435**	**$357**	**$317**	**$123**
50-54	**$783**	**$555**	**$455**	**$402**	**$145**
55-59	**$968**	**$693**	**$571**	**$502**	**$175**
60-64	**$1,205**	**$857**	**$705**	**$620**	**$218**
65-69	**$2,162**	**$1,542**	**$1,264**	**$1,110**	**$328**
70-74	**$3,122**	**$2,219**	**$1,826**	**$1,603**	**$472**
Child (when insured with parent)					
One Child under Age 1	**$215**	**$154**	**$129**	**$117**	**$56**
One Child 1-25	**$137**	**$98**	**$83**	**$73**	**$38**
2 Children	**$250**	**$183**	**$153**	**$138**	**$69**
3 Children	**$355**	**$260**	**$215**	**$192**	**$95**

Xplorer Essential

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See over for Premier rates ►

Xplorer Premier Maternity Health Plan

Premium Estimates

Effective July 1, 2017

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3 Children	**$786**	**$546**	**$485**	**$397**	**$178**

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See over for Essential rates ►

Dental and Vision Rider

Optional Dental and Vision Rider for Xplorer Elite and Xplorer 1000 plans

Dental and Vision Benefits - Rates effective July 1, 2017

Dental and Vision	Premium per Month
Subscriber only	$56.00
Subs + spouse	$110.00
Subs + children	$104.00
Family	$185.00

Dental Benefits	Worldwide
Annual Max	$1,500
Preventive Dental	100%
Primary Dental	80%
Major Dental	50%
Orthodontic Dental	50% up to $1000 Lifetime Max

Vision Benefits	Worldwide
Annual Max	$250
Vision Examination	70%
Frames or Lenses	70%

Dental Care

The expenses described in the 3 classes below are reimbursed subject to a Yearly maximum indicated in the Benefits Overview Matrix. The deductible is waived.

Preventative Dental Services

The Insurer pays the percentage of Covered Expenses shown in the Schedule of Benefits for preventative treatment and necessary diagnostic examinations. Your Preventive Dental Services are as follows:

1. Oral Examinations
2. Prophylaxis
3. Topical Fluoride Application
4. Dental X-rays
5. Space Maintainers
6. Emergency oral examinations and palliative emergency treatment for the temporary relief of pain.

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association.

Primary Dental Services

The Insurer pays the percentage of Covered Expenses shown in the Schedule of Benefits for Primary Dental Services. Covered Expenses include:

1. Fillings
2. Extractions
3. Oral Surgery
5. Pulp Vitality Tests
6. Apicoectomies
7. Hemisection
8. Biopsies of Oral Tissue
9. Periodontics/Periodontal Therapy
10. Periodontal examination
11. Periodontal maintenance procedures
12. Stainless Steel Crowns
13. Repair of Removable Dentures
14. Recementing of Crowns, Inlays, Onlays and Bridges
15. General Anesthesia/Intravenous Sedation
16. Home Visits

Major Dental Services

The Insurer pays the percentage of Covered Expenses shown in the Benefits Overview Matrix for major restorative and prosthodontics (installation) services. Covered Expenses include:

1. Inlays, Onlays and Crowns (other than temporary crowns and stainless steel crowns)
2. Fixed Bridgework
3. Bridge Repairs
4. Full and Partial Dentures
5. Denture Adjustments, Rebasing and Relining

Orthodontic Dental Care

The Insurer pays the percentage of Covered Expenses indicated in the Schedule of Benefits for necessary orthodontic treatment subject to a specific lifetime maximum also shown in the Schedule. Once this lifetime limit is reached, the Insured Person has no right to any further orthodontic treatment benefits.
Orthodontic expenses are not covered during the initial period the Insured Person is insured as stated in the Schedule of Benefits.

Vision Care

The Insurer will pay for Covered Expenses per Policy Year as stated in the Schedule of Benefits for routine Vision Care that is not the result of an Injury or Illness. The Deductible is waived. Your coverage includes benefits for vision care when you receive such care from a Physician, Optometrist or Optician. For vision care benefits to be available such care must be Medically Necessary and rendered and billed for by a Physician, Optometrist or Optician, and you must receive such care on or after your Coverage Date.

Covered Services

Benefits may be provided under this Benefit for the following:
1. Vision Examination
2. Single Vision Lenses
3. Bifocal Single Lenses
4. Bifocal Double Lenses
5. Trifocal Lenses
6. Lenticular Lenses
7. Contact Lenses
8. Frames

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Xplorer Essential Maternity Health Plan

Premium Estimates

Effective July 1, 2017

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Optional Rx Plan premium is in addition to Medical Plan premium.

	Elite	1000	2500	5000	Rx Plan Optional
Male/Female					
29 and Younger	**$251**	**$179**	**$151**	**$133**	**$51**
30-34	**$352**	**$247**	**$204**	**$181**	**$63**
35-39	**$467**	**$332**	**$277**	**$245**	**$80**
40-44	**$479**	**$343**	**$284**	**$249**	**$99**
45-49	**$609**	**$435**	**$357**	**$317**	**$123**
50-54	**$783**	**$555**	**$455**	**$402**	**$145**
55-59	**$968**	**$693**	**$571**	**$502**	**$175**
60-64	**$1,205**	**$857**	**$705**	**$620**	**$218**
65-69	**$2,162**	**$1,542**	**$1,264**	**$1,110**	**$328**
70-74	**$3,122**	**$2,219**	**$1,826**	**$1,603**	**$472**
Child (when insured with parent)					
One Child under Age 1	**$215**	**$154**	**$129**	**$117**	**$56**
One Child 1-25	**$137**	**$98**	**$83**	**$73**	**$38**
2 Children	**$250**	**$183**	**$153**	**$138**	**$69**
3 Children	**$355**	**$260**	**$215**	**$192**	**$95**

Xplorer Essential

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See over for Premier rates ►

Xplorer Essential Health Plan

Premium Estimates

Effective July 1, 2017

The estimated premium information below is for internal use only and should not be shared with consumers.

Optional Rx Plan premium is in addition to Medical Plan premium.

	Elite	1000	2500	5000	Rx Plan Optional
Male/Female					
29 and Younger	**$174**	**$124**	**$105**	**$93**	**$51**
30-34	**$243**	**$170**	**$142**	**$125**	**$63**
35-39	**$320**	**$229**	**$190**	**$168**	**$80**
40-44	**$328**	**$235**	**$196**	**$172**	**$99**
45-49	**$417**	**$300**	**$247**	**$216**	**$123**
50-54	**$537**	**$382**	**$315**	**$278**	**$145**
55-59	**$664**	**$476**	**$391**	**$345**	**$175**
60-64	**$826**	**$589**	**$485**	**$424**	**$218**
65-69	**$1,482**	**$1,058**	**$868**	**$763**	**$328**
70-74	**$2,141**	**$1,520**	**$1,252**	**$1,099**	**$472**
Child (when insured with parent)					
One Child under Age 1	**$208**	**$149**	**$125**	**$112**	**$56**
One Child 1-25	**$132**	**$95**	**$80**	**$71**	**$38**
2 Children	**$242**	**$175**	**$148**	**$133**	**$69**
3 Children	**$342**	**$250**	**$208**	**$185**	**$95**

Xplorer Essential

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4EL-XPR12/XMP-54370

See over for Premier rates ►

Xplorer Premier Health Plan

Premium Estimates

Effective July 1, 2017

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Optional Rx Plan premium is in addition to Medical Plan premium.

	Elite	1000	2000	5000	Rx Plan Optional
Male/Female					
29 and Younger	**$400**	**$284**	**$250**	**$208**	**$93**
30-34	**$549**	**$384**	**$336**	**$278**	**$120**
35-39	**$715**	**$496**	**$438**	**$356**	**$147**
40-44	**$724**	**$495**	**$434**	**$354**	**$180**
45-49	**$906**	**$617**	**$545**	**$439**	**$226**
50-54	**$1,156**	**$783**	**$685**	**$553**	**$269**
55-59	**$1,428**	**$964**	**$842**	**$677**	**$325**
60-64	**$1,758**	**$1,182**	**$1,033**	**$826**	**$401**
65-69	**$3,116**	**$2,080**	**$1,808**	**$1,440**	**$724**
70-74	**$4,474**	**$2,980**	**$2,585**	**$2,057**	**$1,048**
Child (when insured with parent)					
One Child under Age 1	**$476**	**$337**	**$302**	**$251**	**$106**
One Child 1-25	**$317**	**$229**	**$208**	**$177**	**$65**
2 Children	**$550**	**$385**	**$343**	**$286**	**$123**
3 Children	**$758**	**$526**	**$468**	**$382**	**$178**

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