

Medical Benefits	
Maximum Benefit per Insured Person per period of coverage >	Four Options: \$50,000; \$100,000; \$500,000; \$1,000,000
Deductible per Insured Person per period of coverage >	Four Options: \$0; \$100; \$250; \$500
After the Deductible is satisfied, benefits are paid for Covered Expenses as follows up to the Medical Limit:	

Benefits	Insurer Pays **	
	Essential	Choice*
Professional Services: Surgery, anesthesia, radiation therapy, inpatient doctor visits, X-ray and lab	100%	100%
Office visits, including X-rays and lab	100%	100%
Inpatient Hospital Services: Surgery, X-rays and lab	100%	100%
Inpatient medical emergency	100%	100%
Ambulatory surgical center	100%	100%
Ambulance service	100% up to \$1,000	
Claims resulting from downhill skiing and scuba diving	Maximum Benefit up to \$10,000	Maximum Benefit up to \$25,000
Outpatient prescription drugs outside the U.S.	50% of Expenses up to \$5,000	100% of Expenses up to \$5,000
Dental care required due to an injury	100% of Covered Expenses up to \$300 maximum per trip period	100% of Covered Expenses up to \$500 maximum per trip period
Dental care for relief of pain	100% of Covered Expenses up to \$250 maximum per trip period	100% of Covered Expenses up to \$500 maximum per trip period
Physical and Occupational Therapy	6 visits per Period of Insurance. \$100 Max payment per visit.	

Other Benefits	Insurer Pays ***	
	Essential	Choice
Accidental Death and Dismemberment	Maximum Benefit Principal Sum up to \$25,000	Maximum Benefit Principal Sum up to \$50,000
Repatriation of Mortal Remains	Maximum Benefit up to \$25,000	
Emergency Medical Transportation	Maximum Benefit per Trip Period for all Emergency Medical Transportation up to \$500,000	
Emergency Family Travel Arrangements	Maximum Benefit per Trip Period up to \$2,500 for the cost of one economy round-trip airfare ticket to the place of the Hospital Confinement for one (1) person.	
Baggage & Personal Effects Coverage	Maximum benefit of \$500 per Trip Period and limited to \$100 maximum benefit per bag or Personal Effect	
Post Departure Trip Interruption	Maximum benefit of \$500 per Trip Period	

Please note: You can only purchase GeoBlue Voyager prior to departing on your trip.

The benefits outlined in the table show the payment percentages for Covered Expenses AFTER the Insured Person has satisfied their Deductible. Covered Expenses are based on Reasonable Charges which may be less than actual billed charges. Providers can bill the Insured Person for amounts exceeding Covered Expenses. GeoBlue Contracted Providers are contracted to accept Reasonable Charges. This plan is available to U.S. residents, age 95 or younger, if they apply from the U.S. This is a nonrenewable plan. Subsequent periods of insurance can be purchased, in which case new Deductible, Eligibility and Pre-existing Condition Exclusions will apply.

* To be eligible for GeoBlue Voyager Choice, you must be enrolled in a primary health plan. See plan summary section for details.

** After Medical Benefit Deductible Is Paid

*** Without a Deductible Being Applicable



●● Cost Calculation

Rates are based on the deductible and medical limit you choose along with your age and the length of your trip. The plan pricing tables provide daily rates based on these variables.

Three easy steps to calculate your plan cost:

- Step 1 - Pick a plan deductible and medical limit from the rate tables on pages 6 and 7
- Step 2 - Find the corresponding daily rate based on the age of the enrollee
- Step 3 - Multiply the daily rate by the number of travel days required (7-day minimum)

Group Rates: 5+ travelers qualify for rates 10% lower. Contact us to sign up.

●● Cost Calculation Example

A 50-year-old traveler selecting a GeoBlue Voyager Choice plan with a \$250 deductible and a \$500,000 medical limit would pay a daily rate of \$3.83.

For a 10-day trip, the plan cost would be $\$3.83 \times 10 = \38.30

Please Note:

If you purchase the GeoBlue Voyager Choice plan, you must be concurrently covered by a primary health plan (please see Plan Summary section on page 8 for a definition of a Primary Plan), and you are not subject to a Pre-existing Conditions exclusion (please see Pre-existing Conditions in the Exclusions section on page 12).



Maximum Benefit >	\$50,000	\$100,000	\$500,000	\$1,000,000
Voyager Essential Daily Rates \$0 Deductible				
0-18	\$ 0.98	\$ 1.05	\$ 1.10	\$ 1.12
19-29	\$ 1.35	\$ 1.44	\$ 1.51	\$ 1.53
30-39	\$ 1.73	\$ 1.83	\$ 1.94	\$ 1.95
40-49	\$ 2.47	\$ 2.61	\$ 2.74	\$ 2.79
50-59	\$ 3.33	\$ 3.53	\$ 3.71	\$ 3.77
60-64	\$ 4.92	\$ 5.24	\$ 5.49	\$ 5.59
65-69	\$ 6.17	\$ 6.55	\$ 6.87	\$ 6.99
70-74	\$ 9.87	\$ 10.48	\$ 10.98	\$ 11.17
75-84	\$ 15.79	\$ 16.77	\$ 17.57	\$ 17.87
85-95	\$ 17.38	\$ 19.16	\$ 19.90	\$ 20.38
Voyager Essential Daily Rates \$100 Deductible				
0-18	\$ 0.86	\$ 0.96	\$ 1.00	\$ 1.02
19-29	\$ 1.19	\$ 1.32	\$ 1.37	\$ 1.40
30-39	\$ 1.52	\$ 1.69	\$ 1.74	\$ 1.79
40-49	\$ 2.17	\$ 2.39	\$ 2.49	\$ 2.55
50-59	\$ 2.93	\$ 3.24	\$ 3.36	\$ 3.44
60-64	\$ 4.35	\$ 4.80	\$ 4.99	\$ 5.09
65-69	\$ 5.44	\$ 6.00	\$ 6.23	\$ 6.37
70-74	\$ 8.69	\$ 9.58	\$ 9.95	\$ 10.19
75-84	\$ 13.90	\$ 15.33	\$ 15.92	\$ 16.30
85-95	\$ 17.38	\$ 19.16	\$ 19.90	\$ 20.38
Voyager Essential Daily Rates \$250 Deductible				
0-18	\$ 0.80	\$ 0.88	\$ 0.92	\$ 0.95
19-29	\$ 1.09	\$ 1.20	\$ 1.28	\$ 1.30
30-39	\$ 1.38	\$ 1.53	\$ 1.62	\$ 1.64
40-49	\$ 1.97	\$ 2.18	\$ 2.32	\$ 2.36
50-59	\$ 2.67	\$ 2.94	\$ 3.12	\$ 3.18
60-64	\$ 3.95	\$ 4.37	\$ 4.63	\$ 4.71
65-69	\$ 4.94	\$ 5.47	\$ 5.79	\$ 5.90
70-74	\$ 7.91	\$ 8.75	\$ 9.26	\$ 9.44
75-84	\$ 12.66	\$ 14.00	\$ 14.82	\$ 15.10
85-95	\$ 15.83	\$ 17.50	\$ 18.53	\$ 18.88
Voyager Essential Daily Rates \$500 Deductible				
0-18	\$ 0.70	\$ 0.79	\$ 0.86	\$ 0.88
19-29	\$ 0.97	\$ 1.08	\$ 1.18	\$ 1.20
30-39	\$ 1.24	\$ 1.37	\$ 1.51	\$ 1.54
40-49	\$ 1.76	\$ 1.95	\$ 2.15	\$ 2.19
50-59	\$ 2.38	\$ 2.64	\$ 2.90	\$ 2.96
60-64	\$ 3.53	\$ 3.91	\$ 4.31	\$ 4.40
65-69	\$ 4.42	\$ 4.88	\$ 5.38	\$ 5.49
70-74	\$ 7.06	\$ 7.80	\$ 8.60	\$ 8.79
75-84	\$ 11.30	\$ 12.48	\$ 13.76	\$ 14.06
85-95	\$ 14.13	\$ 15.60	\$ 17.20	\$ 17.58

Rates are based on the traveler's age and number of travel days (7-day minimum). Rates are available at the deductibles and medical limits shown.

Maximum Benefit >	\$50,000	\$100,000	\$500,000	\$1,000,000
Voyager Choice Daily Rates \$0 Deductible				
0-18	\$ 1.11	\$ 1.22	\$ 1.34	\$ 1.37
19-29	\$ 1.52	\$ 1.68	\$ 1.84	\$ 1.89
30-39	\$ 1.94	\$ 2.13	\$ 2.35	\$ 2.39
40-49	\$ 2.77	\$ 3.05	\$ 3.35	\$ 3.43
50-59	\$ 3.74	\$ 4.11	\$ 4.53	\$ 4.63
60-64	\$ 5.53	\$ 6.08	\$ 6.70	\$ 6.85
65-69	\$ 6.93	\$ 7.59	\$ 8.39	\$ 8.57
70-74	\$ 11.08	\$ 12.15	\$ 13.42	\$ 13.69
75-84	\$ 19.39	\$ 21.26	\$ 23.49	\$ 23.97
85-95	\$ 24.24	\$ 26.58	\$ 29.36	\$ 29.96
Voyager Choice Daily Rates \$100 Deductible				
0-18	\$ 0.98	\$ 1.08	\$ 1.22	\$ 1.24
19-29	\$ 1.34	\$ 1.49	\$ 1.69	\$ 1.71
30-39	\$ 1.71	\$ 1.89	\$ 2.14	\$ 2.17
40-49	\$ 2.45	\$ 2.69	\$ 3.06	\$ 3.11
50-59	\$ 3.30	\$ 3.64	\$ 4.12	\$ 4.20
60-64	\$ 4.88	\$ 5.38	\$ 6.10	\$ 6.22
65-69	\$ 6.11	\$ 6.73	\$ 7.63	\$ 7.77
70-74	\$ 9.77	\$ 10.75	\$ 12.20	\$ 12.43
75-84	\$ 17.10	\$ 18.82	\$ 21.36	\$ 21.77
85-95	\$ 21.38	\$ 23.53	\$ 26.70	\$ 27.21
Voyager Choice Daily Rates \$250 Deductible				
0-18	\$ 0.88	\$ 0.97	\$ 1.13	\$ 1.16
19-29	\$ 1.20	\$ 1.33	\$ 1.56	\$ 1.59
30-39	\$ 1.54	\$ 1.71	\$ 1.98	\$ 2.03
40-49	\$ 2.19	\$ 2.43	\$ 2.85	\$ 2.90
50-59	\$ 2.96	\$ 3.29	\$ 3.83	\$ 3.92
60-64	\$ 4.40	\$ 4.86	\$ 5.68	\$ 5.80
65-69	\$ 5.94	\$ 6.08	\$ 7.10	\$ 7.25
70-74	\$ 8.79	\$ 9.72	\$ 11.36	\$ 11.60
75-84	\$ 15.38	\$ 17.01	\$ 19.88	\$ 20.29
85-95	\$ 19.23	\$ 21.26	\$ 24.85	\$ 25.36
Voyager Choice Daily Rates \$500 Deductible				
0-18	\$ 0.80	\$ 0.86	\$ 1.05	\$ 1.08
19-29	\$ 1.10	\$ 1.19	\$ 1.45	\$ 1.49
30-39	\$ 1.39	\$ 1.52	\$ 1.84	\$ 1.90
40-49	\$ 1.98	\$ 2.16	\$ 2.65	\$ 2.70
50-59	\$ 2.69	\$ 2.92	\$ 3.56	\$ 3.65
60-64	\$ 3.97	\$ 4.33	\$ 5.28	\$ 5.41
65-69	\$ 4.98	\$ 5.42	\$ 6.60	\$ 6.76
70-74	\$ 7.95	\$ 8.64	\$ 10.56	\$ 10.79
75-84	\$ 13.90	\$ 15.14	\$ 18.49	\$ 18.90
85-95	\$ 17.38	\$ 18.93	\$ 23.11	\$ 23.63

See the "Cost Calculation" guide on page 5 to help calculate your cost. Rates are subject to change without notice. Rates effective 9/15/2020.