

GeoBlue® International Travel Health Plans for Individuals: Plan Comparison



Single trip plans		GEOBLUE VOYAGER – SINGLE TRIP ESSENTIAL AND CHOICE	
Ideal for	<ul style="list-style-type: none"> Leisure traveler Missionary traveler Senior traveler 	<ul style="list-style-type: none"> Study abroad Teach abroad Trips up to 6 months outside the U.S. 	
Eligibility	<ul style="list-style-type: none"> Age 18 – 84 Dependents Available to customers under 18 years old if parent is purchasing on their behalf 	<ul style="list-style-type: none"> Children under 6 must be enrolled with a parent Guaranteed issue 	
Benefits	<ul style="list-style-type: none"> \$1 million limit Illness and accident Emergency medical transportation 	<ul style="list-style-type: none"> Lost luggage and post-departure trip interruption coverage 	
Average premium	<ul style="list-style-type: none"> \$80 		

Multiple trips plans		GEOBLUE TREKKER – MULTI-TRIP ESSENTIAL AND CHOICE	
Ideal for	<ul style="list-style-type: none"> Leisure traveler Business traveler 	<ul style="list-style-type: none"> Senior traveler Trips up to 70 days outside the U.S. 	
Eligibility	<ul style="list-style-type: none"> Age 18 – 84 Dependents Available to customers under 18 years old if parent is purchasing on their behalf 	<ul style="list-style-type: none"> Children under 6 must be enrolled with a parent Guaranteed issue Primary plan required 	
Benefits	<ul style="list-style-type: none"> Up to \$250,000 international medical limit Illness and accident Emergency medical transportation 		
Average premium	<ul style="list-style-type: none"> \$280 		

Individual expatriate plan		GEOBLUE XPLORER – ESSENTIAL, SELECT AND PREMIER	
Ideal for	<ul style="list-style-type: none"> American expatriate International business assignee 	<ul style="list-style-type: none"> Foreign worker in the U.S. Six month minimum 	
Eligibility	<ul style="list-style-type: none"> Essential and Premier ages 18 – 74 Select ages 18 – 64 	<ul style="list-style-type: none"> Persons under age 18 must be listed as a dependent of a parent or guardian to be eligible for coverage Select plan requires primary plan 	
Benefits	<ul style="list-style-type: none"> International health insurance Unlimited lifetime maximum on medical 100% coverage abroad 	<ul style="list-style-type: none"> Xplorer Premier plan includes U.S. coverage Xplorer Essential and Select do not include U.S. coverage Explorer Essential may include optional basic U.S. benefits upgrade that covers accidents and illnesses inside the U.S. for up to three visits per year, up to 21 days per visit 	
Average premium	<ul style="list-style-type: none"> Essential \$3,200/year Select \$3,500/year Premier \$7,500/year 		

Individual expatriate plan		GEOBLUE NAVIGATOR	
Ideal for	<ul style="list-style-type: none"> Missionaries Marine/crew members 	<ul style="list-style-type: none"> Student/faculty Three to six month minimum 	
Eligibility	<ul style="list-style-type: none"> Age 18 – 74 Affiliated with a mission group/church Affiliated with a vessel 	<ul style="list-style-type: none"> Full/part time association with a university Available to students between ages 14 – 18 All other primary applicants must be at least age 18 	
Benefits	<ul style="list-style-type: none"> International health insurance Unlimited lifetime maximum on medical 	<ul style="list-style-type: none"> 100% coverage abroad 	
Average premium	<ul style="list-style-type: none"> \$3,300/year 		

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 and Blue Shield Association.

NOTICE OF NONDISCRIMINATION PRACTICES
Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကညိကိတ်ဒီး, တၢ်ကဟ့ၣ်နၢကျိၣ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY
အဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າພຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមែន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béesh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jí' béesh bee hodíílnih.