



# Welcome to GeoBlue®

Simplifying the international healthcare experience to keep you safe and healthy throughout your journey





# WELCOME

## TO YOUR INSTITUTION'S HEALTH PLAN

*Embarking on a study abroad program is an exciting venture that gives students, faculty and staff a broader, more global view of the world. Your GeoBlue health insurance plan provides you access to global medical expertise with responsive, multi-channel service. Register on the GeoBlue mobile app or online through the Member Hub to learn about the extra care you receive when you travel with GeoBlue.*

### INTRODUCTION TO YOUR HEALTH PLAN



Important plan information and health tools

### ACCESSING CARE



How to receive care throughout your journey

### SELF-SERVICE TOOLS



Convenient tools available on the GeoBlue mobile app and Member Hub

### SUBMITTING A CLAIM



File a claim for reimbursement

### REVIEWING PLAN BENEFITS



What is covered by your plan?

This pamphlet contains a brief summary of the features and benefits for insured participants covered under your school health insurance. This is not a contract of insurance. Coverage is provided under an insurance policy under which your school is a participating school. Coverage is provided under insurance policies issued by 4 Ever Life International Limited, Bermuda. Complete information on the insurance is contained in the Certificate of Insurance which is on file with the school and is made available to all insured participants. If there is a difference between this program description and the certificate wording, the certificate controls.

# GLOSSARY

## of Important Terms and Phrases

**Balance Billing:** When a provider bills you for the difference between the provider's charge and the amount your health insurance plan pays. Your normal deductible and coinsurance are not counted as balance billing.

**Coinsurance:** The percentage of your healthcare costs that is not paid by the health insurance plan. Therefore, it's the percentage of the cost you are responsible for.

**Coinsurance Maximum:** The maximum amount of coinsurance a member pays during the policy year for covered expenses. Limitations may apply.

**Copay or Copayment:** The specific dollar amount you will pay at the time of service.

**Claim:** Documentation submitted for payment from a provider or you for medical services rendered.

**Certificate of Coverage:** It describes the benefit plan with specific conditions in which you and all eligible dependents have been enrolled (explains medical, dental, and vision coverage).

**Coverage Period:** The length of time that you are covered under a specific policy.

**Deductible:** An amount you are responsible to pay for eligible expenses before the health insurance plan begins to pay.

**Explanation of Benefits (EOB):** An EOB is not a bill, but a summary of how your claims were processed and what you may owe. Your healthcare professional may bill you directly for the remainder of what you owe.

**Prescription (RX):** An instruction written by a medical practitioner that authorizes you to be provided a medicine or treatment.

**Performing Provider:** The individual or group licensed to perform medical care that provided medical services to you.

**Primary Care Physician (PCP):** A physician who provides both the first contact for you with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.

**Premium:** The specific amount of money you have to pay to the health insurance company each month in exchange for the health insurance company paying a portion of your healthcare costs.

**Outpatient:** When you receive care at a medical facility but are not admitted to the facility overnight or are at the facility for 24 hours or less.

**Out-of-Network Provider:** A medical provider who is not contracted with Blue Cross Blue Shield companies. This typically results in a higher coinsurance and may result in additional costs to you.

**Out-of-Pocket Maximum:** The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount.

**Network:** The facilities, providers, and suppliers your health insurance company contracts with to provide services at discounted rates. The network you would utilize is Blue Cross Blue Shield companies.

**Medical Evacuation:** The insurer will pay the medically necessary expenses incurred for you if you become ill or injured while traveling outside your home country for transportation to the closest location of adequate care. May also be referred to as "Medical Repatriation."

**Inpatient:** When you receive care at a medical facility and are admitted overnight, or are at the facility for more than 24 hours.



# INTRODUCTION TO YOUR HEALTH PLAN

## IMPORTANT PLAN INFORMATION AND HEALTH TOOLS



### Register on the GeoBlue mobile app or Member Hub to access important plan information

- Submit and track your claims
- Obtain electronic ID card
- Locate Blue Cross® Blue Shield® providers and hospitals within the U.S.
- Access global health and safety tools including medical translations, drug equivalents and news and safety information

To register, download the GeoBlue mobile app from the Apple or Google Play app stores or visit the Member Hub on [www.geobluestudents.com](http://www.geobluestudents.com). After you register you can use your log in information for both the website and app.

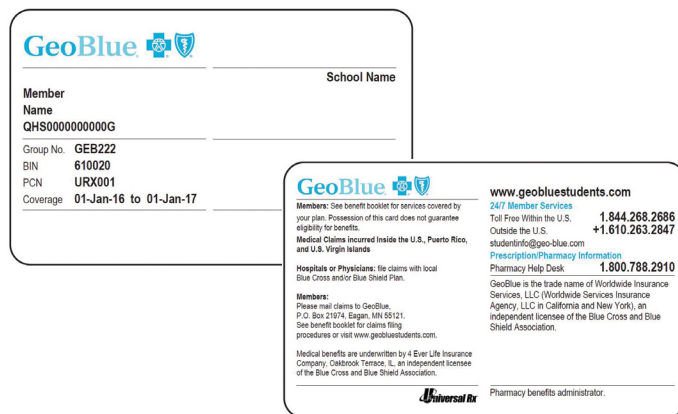
### Get your GeoBlue ID card

It is important to have your ID card available when receiving healthcare services. Your card can be accessed from multiple sources:

- You can obtain an electronic version of your ID card on the GeoBlue mobile app and Member Hub
- You can request a replacement ID card through the mobile app and Member Hub. You can also contact customer service for assistance in requesting a replacement ID card

When you receive your ID card, please check the information for accuracy. Contact customer service if you find any errors.

### Your ID card



ID card images for illustration purposes only

## Need help?

We're available to assist 24/7/365

### PHONE

1-844-268-2686



### Email

Use the contact form on the GeoBlue mobile app and Member Hub







# ACCESSING CARE

## FIND HEALTHCARE WITHIN THE U.S.



### Student Health Center

Student health centers are a convenient healthcare option for basic health services. Consult your school's resources for more specific information about the care available to you, location(s) and hours. If you choose to receive care from your student health center, copayments, coinsurance and/or deductibles may be waived.



### Find a Provider

You have access to the leading Blue Cross Blue Shield network within the U.S., Puerto Rico and U.S. Virgin Islands. To find a doctor or facility, select **"Provider Finder"** in the GeoBlue mobile app or visit the **"Doctor and Facilities Finder"** section then select **"U.S. Provider Finder"** in the Member Hub on [www.geobluestudents.com](http://www.geobluestudents.com).



### Scheduling an Appointment with a Blue Cross Blue Shield Provider

Once you select a provider, call to confirm they are in network and schedule your appointment. You will need to keep your GeoBlue ID card handy when scheduling. If you need assistance with scheduling an appointment, submit a **"Service Request"** from the Tools & Services section on the Member Hub on [www.geobluestudents.com](http://www.geobluestudents.com).

At the time of service, you will need to show the provider your ID card to confirm you are covered by Blue Cross Blue Shield. Depending on your coverage, you may be responsible for a copayment, coinsurance and/or deductible before a service is completed.



### Global TeleMD™

We know it's important to get the healthcare you need, when you need it. We've teamed up with Teladoc Health to bring you Global TeleMD, a telemedicine service that provides unlimited, 24/7/365 access to free doctor consultations by telephone or video. Doctors are available worldwide. Prescriptions may also be provided, as appropriate (subject to local regulations). To access Global TeleMD, download the Global TeleMD app or select **"Telehealth"** then **"Talk to a Doctor"** in the GeoBlue mobile app.



### Out-of-Network Providers

If you receive care from an out-of-network provider, you may need to pay out of pocket and submit a claim for reimbursement. Click **"How to File a Claim"** in the Member Hub on [www.geobluestudents.com](http://www.geobluestudents.com) to download the appropriate claim form. You can submit claims electronically using the GeoBlue mobile app or the Member Hub.



### Prescription Benefits

Present your ID card at any participating pharmacy, and you will be charged in accordance with your plan benefits.\*

*\*Certain limitations and exclusions apply to your coverage under this plan and may affect your coverage. Your Certificate of Coverage is on file with your institution and in the Member Hub on [www.geobluestudents.com](http://www.geobluestudents.com).*





# DEDICATED WELLNESS SUPPORT

## GLOBAL WELLNESS ASSIST AVAILABLE 24/7/365

We offer a variety of emotional, practical and physical support services for you helping to make transitions more comfortable and assignments more successful.



### Emotional Support

- ✓ 24/7/365 clinical intake, message and referral service
- ✓ Harmony between academic and personal life
- ✓ Managing anxiety, depression, stress and overall life changes
- ✓ Surviving the loss of a loved one



### Practical Support

- ✓ Unlimited telephonic financial assistance from financial professionals
- ✓ Telephonic or in-person legal assistance and consultation with attorneys
- ✓ Managing academic or workplace pressure

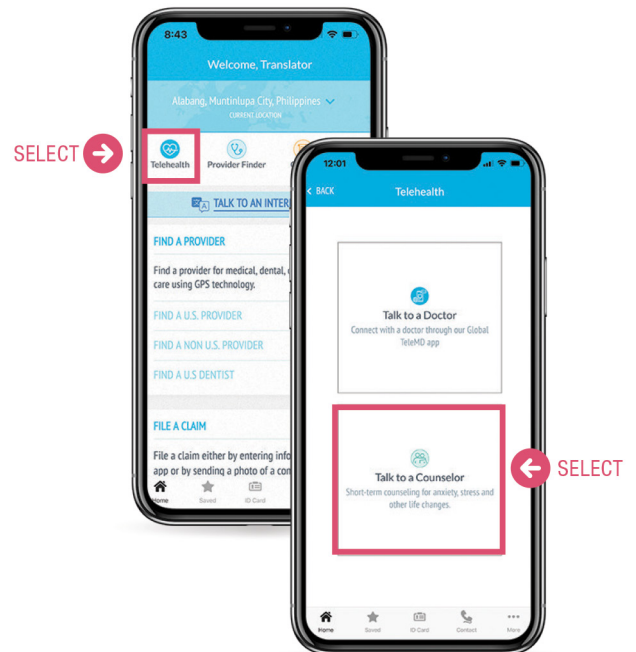


### Physical Support

- ✓ Wellness coaching and support for wellness initiatives, including weight loss, fitness, nutrition, stress management and overall lifestyle improvement
- ✓ Health risk assessment to obtain and assess individual and aggregate health data
- ✓ Support in finding assistance with substance use

## Global Wellness Assist

Global Wellness Assist is an international employee assistance program (EAP) for students, faculty and staff traveling globally on behalf of an institution, providing access to six free confidential solution-focused counseling sessions. Professionals are ready to assist with any issue, anytime, any day.



To access Global Wellness Assist's services, download the GeoBlue mobile app or visit the "Wellness" section in the Member Hub on [www.geobluestudents.com](http://www.geobluestudents.com).





# SELF-SERVICE TOOLS



Our digital tools put access to global healthcare right in your hands! There is a wide range of information available to you on the GeoBlue mobile app or Member Hub, including:



## Claim Submission and Status

Submit and track the status of your claims.



## ID Card

Obtain an electronic copy of your ID card and request replacements.



## Telehealth

Talk to a doctor through Global TeleMD and/or talk to a counselor through Global Wellness Assist—both services are free, and you do not need to leave your home.



## Provider Directory

Review profiles of preferred doctors and hospitals to find the best match, view their contact details and locate the office.



## Medical Term Translations

Use the translation tool for common healthcare terms and phrases.



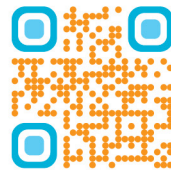
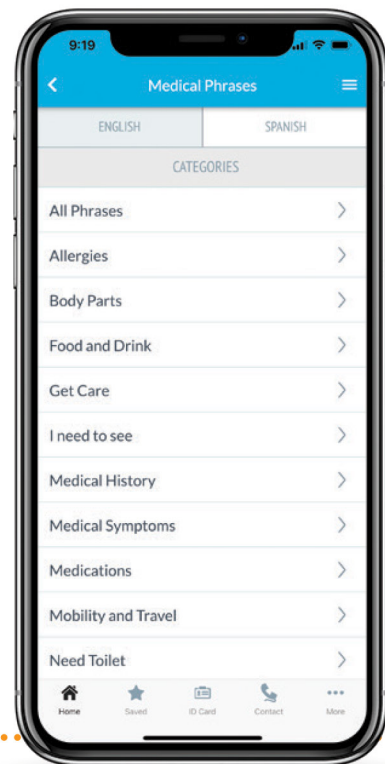
## Medicine Equivalent Tool

Find country-specific equivalents for prescription and over-the-counter medications.



## News and Safety Information

Receive push notifications and alerts detailing the latest security and health issues based on your location. You can also view country or city profiles on crime, terrorism and natural disasters.



## Download the app today!

Register on the GeoBlue mobile app or online through the Member Hub. Once registered the login information will be the same whether using the app or online.





# CLAIM SUBMISSION

**IF YOU NEED TO SUBMIT A CLAIM FOR REIMBURSEMENT, YOU HAVE THE FOLLOWING OPTIONS:**



## eClaims

The quickest most convenient way to submit your claims is through the GeoBlue mobile app or Member Hub. Under **“Claims”** you can choose to submit a claim through **“File an eClaim”** or **“View My Claims”** to see saved claims.



## Email and Fax

If you prefer to submit a claim via email or fax, a printable claim form and detailed instructions are available in the Member Hub on [www.geobluestudents.com](http://www.geobluestudents.com).

Visit the **“How to File a Claim”** section of the Member Hub and click **“How do you file a claim with GeoBlue?”** to download the appropriate claim form.

**Email:** [claims@geo-blue.com](mailto:claims@geo-blue.com)  
**Fax:** 1-610-482-9623



## Postal Mail

If you prefer to submit a claim via postal mail, a printable claim form and detailed instructions are available in the Member Hub on [www.geobluestudents.com](http://www.geobluestudents.com).

Visit the **“How to File a Claim”** section of the Member Hub and click **“How do you file a claim with GeoBlue?”** to download the appropriate claim form.

**Mail to:** GeoBlue, P.O. Box 21974  
Eagan, MN 55121



## Follow these tips to speed up the claims reimbursement process:

- ✓ If you mail or fax your claim(s) make sure your claim form is filled out completely, and don't forget to sign it.
- ✓ Fill out a separate form for each doctor or office visit.
- ✓ Be sure to add a diagnosis or reason for treatment.
- ✓ Provide a detailed description and amount charged for each service.
- ✓ Clearly state how you'd like to be reimbursed.
- ✓ Make and keep handy copies of your bills, receipts and claim forms.



*Missing information on the claim form or supporting documentation may delay your claim reimbursement.*

## Need to check the status of your claim?

No problem! Simply choose **“Claims”** in the GeoBlue app or visit the **“Claims”** section of the Member Hub. If you are using the mobile app, you can elect to receive a push notification when your claim is processed. For more help, visit the **“Claims”** section of the Member Hub.







# Reviewing Plan Benefits

*What is covered by your plan?*

## ELIGIBLE CLASSES

The Classes eligible for coverage available under this Certificate are shown below. The coverages applicable to a Member's Participants are as shown in the Schedule of Benefits in the copy of the sample Individual Certificate attached to the Member's Group Certificate.

- X Class I: An international student, scholar, visiting faculty or other person with a current passport or non-immigrant visa, temporarily located outside his or her Home Country as a non-resident alien and:
- a. Is engaged in educational activities of the Member; and
  - b. Has not obtained permanent residency status in the United States; and
  - c. Is not a U.S. Citizen.

The Insurer maintains its right to investigate eligibility or student status and attendance records to verify that the eligibility requirements have been met. If the Insurer discovers that the eligibility requirements have not been met, its only obligation is to refund premium.

Persons for whom coverage is prohibited under applicable law will not be considered eligible under this plan.

Enrollment cannot exceed 12 months.

All benefits and limits are stated per Individual Insured or Eligible Dependent (Covered Person).

## COVERAGE AREA:

### Coverage Area

Benefits under this insurance are available in the following locations:

- Inside the United States
- Any country outside of the United States.

We shall not be liable for failure to provide services and/or delays caused by acts of God, strikes, or conditions beyond its control, including but not limited to, flight conditions or situations where the rendering of services is prohibited or delayed by local laws, regulators or regulatory agencies. In addition, We shall be under no obligation to provide the services described to Covered Persons located in areas that We determine present a risk of war (whether declared or undeclared, civil or other hostilities) or where political conditions make the provision of such services impossible or reasonably impracticable. We shall notify the Covered Person of any circumstance likely to cause such failure or delay as soon as reasonably practicable.

**Note:** whenever coverage provided under this Plan would be in violation of any U.S. economic or trade sanctions, such coverage shall be null and void.

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# Reviewing Plan Benefits

*What is covered by your plan?*

**SCHEDULE OF BENEFITS – TABLE 1**

		<b>Limits Individual Insured</b>
<b>MEDICAL EXPENSES</b>		
<b>Coverage Year Limit</b>		\$500,000
<b>Coverage Year Deductible</b>		\$250 per Coverage Year
<b>Coverage Year Out-of-Pocket Limit</b> The most You pay during a Plan Year in Cost-Sharing before We begin to pay 100% of the Allowed Amount for Covered Services, subject to the limits and provisions of this Certificate	After the Covered Person reaches a \$2,500 Out-of-pocket Limit per Coverage Year, the Insurer pays the Allowed Amount at 100% and up to the applicable maximums in Tables 2 and 3. Deductibles, Copayments, Prescription Drug Copayments and amounts above the maximums do not apply toward the Out-of-pocket Limit.	
<b>EMERGENCY TRANSPORTATION SERVICES</b>		
<b>Emergency Medical Evacuation</b>	Maximum Benefit up to \$100,000 per Coverage Year	
<b>Emergency Family Travel Arrangements</b>	Maximum Benefit up to \$1,500 per Coverage Year	
<b>Repatriation of Mortal Remains</b>	Maximum Benefit up to \$50,000 per Coverage Year	
<b>OTHER COVERAGES</b>		
<b>Accidental Death &amp; Dismemberment</b>	Maximum Benefit: Principal Sum up to \$10,000	

**SCHEDULE OF BENEFITS – TABLE 2  
MEDICAL EXPENSE BENEFITS**

<b>MEDICAL EXPENSES</b>	<b>Participating Provider+</b>	<b>Non-Participating Provider</b>
<b>Physician Office Visits</b>	After the Deductible is satisfied, 80% of the Allowed Amount after a \$20 Copayment per visit	After the Deductible is satisfied, 60% of the Allowed Amount
<b>Treatment at an Urgent Care Facility</b>	After the Deductible is satisfied, 80% of the Allowed Amount after a \$35 Copayment per visit	After the Deductible is satisfied, 60% of the Allowed Amount
<b>Hospital and Physician Outpatient Services</b>	After the Deductible is satisfied, 80% of the Allowed Amount after a \$50 Copayment per visit	After the Deductible is satisfied, 60% of the Allowed Amount
<b>Inpatient Hospital Services</b>	After the Deductible is satisfied, 80% of the Allowed Amount after a \$50 Copayment per visit	After the Deductible is satisfied, 60% of the Allowed Amount
<b>Emergency Hospital Services</b>	After the Deductible is satisfied, 80% of the Allowed Amount after a \$100 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived	After the Deductible is satisfied, 60% of the Allowed Amount

+Payment of Covered Medical Expenses for Participating Providers is based on the Allowed Amount. Participating Providers have agreed to accept the Allowed Amount as payment in full.

If a Covered Person requires emergency treatment of an Injury or Sickness and incurs covered expenses at a non-Preferred Provider, Covered Medical Expenses for the Emergency Medical Care rendered during the course of the emergency will be treated as if they had been incurred at a Preferred Provider.

If a Covered Person incurs Covered Medical Expenses for services or supplies that are not of the type provided by any Preferred Provider, these Covered Medical Expenses will be treated as if they had been incurred at a Preferred Provider.

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# Reviewing Plan Benefits

*What is covered by your plan?*

**SCHEDULE OF BENEFITS – TABLE 3  
MEDICAL EXPENSE BENEFITS**

<b>The benefits listed below are subject to coverage maximums, Deductible, Coinsurance, and Copayments listed in Tables 1 &amp; 2 above.</b>	
<b>MEDICAL EXPENSES</b>	<b>Covered Person</b>
<b>Maternity Care for a Covered Pregnancy</b>	Allowed Amount
<b>Complications of Pregnancy</b>	Allowed Amount
<b>Inpatient treatment of mental and nervous disorders including substance abuse</b>	Allowed Amount up to \$25,000 Maximum per Coverage Year for a maximum period of 30 days per Coverage Year
<b>Outpatient treatment of mental and nervous disorders including substance abuse</b>	Allowed Amount up to \$5,000 Maximum per Coverage Year for a maximum period of 30 visits per Coverage Year.
<b>Treatment of specified therapies, including acupuncture and Physiotherapy</b>	Allowed Amount up to 20 visits per Coverage Year on an Outpatient basis
<b>Routine Preventive Care Services</b>	Allowed Amount up to a Coverage Year Maximum of \$250
<b>Annual cervical cytology screening for women 18 and older</b>	Allowed Amount
<b>Low dose mammography screening, one baseline mammogram and one mammogram per year</b>	Allowed Amount
<b>Colorectal cancer screenings</b>	Allowed Amount
<b>Diabetic Supplies/Education</b>	Allowed Amount
<b>Prostate screening tests</b>	Allowed Amount
<b>Breast Reconstruction due to Mastectomy</b>	Allowed Amount
<b>Repairs to sound, natural teeth required due to an Injury</b>	Allowed Amount up to \$500 per Coverage Year maximum
<b>Outpatient prescription drugs including oral contraceptives and devices</b>	Prescription Drug Program with the Copayment stated below. Limited to a 31-day supply for initial fill or refill.
1. Generic Drugs	50% Copayment per prescription
2. Preferred Brand Name Drugs	50% Copayment per prescription
3. Non-Preferred Brand Name Drugs	50% Copayment per prescription

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# Reviewing Plan Benefits

*What is covered by your plan?*

## PRE-EXISTING CONDITION LIMITATION

There is no limitation for Pre-Existing Conditions as defined under this Certificate.

## SECTION 8 GENERAL CERTIFICATE EXCLUSIONS

Unless specifically provided for elsewhere under the Certificate, the Certificate does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Expenses incurred in excess of Reasonable Expenses.
2. Services or supplies that the Insurer considers to be Experimental or Investigative.
3. Expenses incurred prior to the beginning of the current Period of Coverage or after the end of the current Period of Coverage except as described in Covered General Medical Expenses and Limitations and Extension of Benefits.
4. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, unless otherwise noted.
5. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury, unless otherwise noted.
6. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eyeglasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
7. Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
8. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided for in the Certificate.
9. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Certificate and performed while the Certificate is in effect.
10. For diagnostic investigation or medical treatment for reproductive services, infertility, fertility, or for male or female voluntary sterilization procedures, or the reversal male or female voluntary sterilization procedures.
11. Expenses incurred for, or related to, sex change surgery.
12. Organ or tissue transplant.
13. Participating in an illegal occupation or committing or attempting to commit a felony.
14. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
15. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Certificate.
16. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.
17. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
18. Diagnosis and treatment of acne.
19. Diagnosis and treatment of sleep disorders.
20. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.
21. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
22. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
23. Expenses incurred for any services rendered by a family member or a Covered Person's immediate family or a person who lives in the Covered Person's home.

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# Reviewing Plan Benefits

*What is covered by your plan?*

24. Unless specifically provided for elsewhere under the Certificate, the cost of treatment or services that are provided normally without charge by the Member's Student Health Center, covered or provided by the student health fee, rendered by a person employed by the Member, including team Doctor and trainers or any other service performed at no cost.
25. Loss due to an act of war; service in the armed forces of any country or international authority and Participation in a Riot or Civil Commotion.
26. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
27. Loss arising from
  - a. participating in any intercollegiate/interscholastic or professional sports, contest or competition;
  - b. participating in any club sport competition, contest or competition;
  - c. Racing or speed contests;
  - d. SCUBA diving, sky diving, mountaineering (where ropes or other climbing gear is customarily used), ultra-light aircraft, parasailing, sailplaning/gliders, hang gliding, parachuting, or bungee jumping.
28. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
29. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.
30. Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
31. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
32. Routine hearing tests except as provided under Preventive and Primary Care.
33. Expense covered under any Other Plan.
34. To the extent that such payments would be prohibited by law.

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# IMPORTANT CONTACT INFORMATION

Contact us *anytime, anywhere!*

**REACH US WORLDWIDE 24/7/365:**



Toll-free within the U.S.  
**1-844-268-2686**



Contact us through the **GeoBlue mobile app**  
or **Member Hub**



*This pamphlet contains a brief summary of the features and benefits for insured participants covered under your school health insurance. This is not a contract of insurance. Coverage is provided under an insurance policy under which your school is a participating school. Coverage is provided under insurance policies issued by 4 Ever Life International Limited, Bermuda. Complete information on the insurance is contained in the Certificate of Insurance which is on file with the school and is made available to all insured participants. If there is a difference between this program description and the certificate wording, the certificate controls.*

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