

GeoBlue® Student Member Guide



Your Guide to GeoBlue®

Welcome to GeoBlue, a program designed to keep you safe and healthy throughout your journey. Your GeoBlue® health insurance plan provides you access to global medical expertise with responsive, multi-channel service. Download our app or register online to learn about the extra care you receive when you travel with GeoBlue.



Getting Started

Important plan information and health tools



Getting Care

How to get care when you are abroad



Accessing Self-Service Tools

Convenient online and mobile tools



Submitting a Claim

File a claim for reimbursement



Reviewing Plan Benefits

What is covered by your plan?



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Download the GeoBlue app to register

Download our app from the Apple, Amazon or Google Play app stores to put your plan in the palm of your hand:

- Display an electronic ID card
- Locate carefully selected, trusted providers and hospitals outside of the U.S.
- Arrange direct payment to your provider
- Access global health and safety tools including translations, drug equivalents, news and safety information
- Submit and track claims

You can also register online at www.geobluestudents.com.

Visit the GeoBlue Member Hub

Visit the Member Hub on www.geobluestudents.com to view important plan information and to access convenient self-service tools. Login with the username and password you created when you registered through the app. If you have not previously registered through the app, you can register directly online.

Get your GeoBlue ID card

It is important to have your GeoBlue ID card to access healthcare services; you will need to present your ID card whenever you receive medical care. This card can be accessed from multiple sources:

- You can show, fax or email your ID card through the app
- Your ID card is available in the Member Hub on www.geobluestudents.com

When you receive your ID card, please check the information for accuracy. Call Customer Service if you find an error.

Need help with registration?



Contact us for assistance:

Inside the U.S. call **1.844.268.2686**

Outside the U.S. call **+1.610.263.2847**

customerservice@geo-blue.com

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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: made available in cooperation with Empire BlueCross BlueShield. Coverage is provided under insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, Illinois.



Getting Care

Get care when you are abroad: find providers and schedule appointments

1. Find a provider

Outside the U.S. you have access to care through the GeoBlue provider network. To find a contracted doctor or facility, visit the “Provider Finder” section in the Member Hub on www.geobluestudents.com or in the app. For optimal service, request Direct Pay at least 48 hours prior to your appointment to avoid paying out-of-pocket for medical care and submitting claims.*

Outside of the U.S. you are free to see any provider you choose without a reduction of benefits. If you see a non-contracted provider, you may have to pay out of pocket for treatment and submit a claim.

2. Schedule an appointment

To schedule an appointment, choose a participating provider or hospital through the Member Hub or app. Contact them directly using the information in their profile. After you make your appointment, contact us to provide the doctor’s office with the information required to arrange Direct Pay. For optimal service, request Direct Pay at least 48 hours prior to your appointment. This is necessary when scheduling follow-up appointments as well. In many countries providers require payment at the time of the visit unless Direct Pay has been arranged.

Contact us to arrange for Direct Pay:

- Use www.geobluestudents.com or the GeoBlue app
- Email globalhealth@geo-blue.com
- Call collect on +1.610.254.8771
- Call toll free inside the U.S. on 1.800.257.4823

3. Request Direct Pay

To avoid paying up front for medical care and submitting a claim, arrange for Direct Pay:*

- Use www.geobluestudents.com or the GeoBlue app to find a provider, view a profile and complete a request form
- Email globalhealth@geo-blue.com the name of your provider, the reason for your appointment and the date and time of your scheduled visit
- Call collect on +1.610.254.8771

For optimal service, request Direct Pay at least 48 hours prior to your appointment.



In the event of a medical emergency

You should go immediately to the nearest physician or hospital and then call the Medical Assistance phone number for 24/7 care located on the back of your ID card. We will then take the appropriate action to assist and monitor your medical care until the situation is resolved.

*Members are required to pay any applicable copayments, coinsurance or deductibles at the time of service.

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Getting Care

Get care when you are abroad: prescriptions, assistance and other services

Prescription benefits

Your prescription medications are covered at 100%.* Simply pay out of pocket and submit a claim for reimbursement. Submit claims electronically using the GeoBlue app or the “File an eClaim” link on the Member Hub. If you prefer to submit a paper claim form, click “How to File a Claim” in the Member Hub on www.geobluestudents.com to download the appropriate claim form.

Service requests

If you need assistance with any non-urgent medical issue, you can submit a service request directly to our Global Health and Safety team. Common service requests include help managing prescriptions and finding specialists overseas.

To place a service request, visit the “Service Requests” section in the Member Hub on www.geobluestudents.com.

Assistance with appointment scheduling

While it's often easier to set up your own appointments, we can help when you are unsure about where to seek care. You may have a new diagnosis, be in a remote area with limited options, in need of translation, or struggling to adapt to your new surroundings.

To request help scheduling a convenient, cashless office visit with one of GeoBlue's trusted English-speaking doctors. Contact us 24/7: +1.610.254.8771.

Political and natural disaster services

Your plan includes political and natural disaster evacuation services. If you experience a political event or a natural disaster, please contact us immediately:

- Call collect on +1.610.254.8771
- Call toll free inside the U.S. on 1.800.257.4823
- Email globalhealth@geo-blue.com



The Political, Military and Natural Disaster Evacuation Services (PEND) are provided through Drum Cussac Group Ltd. (Drum), an independent third party, non-affiliated service provider based in the UK. Drum does not supply Blue Cross or Blue Shield products or other benefits, and is therefore solely responsible for and accepts all liability for PEND and other collateral services it provides. GeoBlue makes no warranty, express or implied, and accepts no responsibility resulting from the provision or use of Drum PEND or other Drum services.

**Certain limitations and exclusions apply to your coverage under this plan and may affect your coverage. Your Certificate of Insurance is on file with your school and in the Member Hub on www.geobluestudents.com.*

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Accessing Self-Service Tools

Convenient online and mobile tools

Check your symptoms*

Translate symptoms into action with this authoritative triage tool. You can decide to seek treatment in an emergency room, schedule a doctor visit or employ home remedies.

Find a doctor or facility

Review detailed profiles of contracted doctors to find the best match and then locate the office.

Translate medications

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

Translate medical terms and phrases

Translate hundreds of key medical phrases and terms into the most widely spoken languages with audio clips and transliterations.

Understand health and security risks

Receive daily alerts detailing the latest security and health issues in your destination. View country or city profiles on crime, terrorism or natural disasters.



Visit www.geobluestudents.com or **download the GeoBlue app** to access self-service tools for navigating risks and finding the best care options.

*Available on www.geobluestudents.com only.

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Submitting a Claim

File a claim for reimbursement

eClaims

You can quickly and conveniently submit claims electronically, through the app or through the Member Hub on www.geobluestudents.com. Scanned paper documents are delivered directly to our Claims Department and your eClaims are saved in the Claims section of the Member Hub.

Choose “Claims” in the GeoBlue app or visit the “File an eClaim” section of the Member Hub on www.geobluestudents.com.

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.

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

Email: 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.

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

Claims Incurred Outside the U.S., Puerto Rico and U.S. Virgin Islands:

GeoBlue, Attn: Claims, 100 Matsonford Road, One Radnor Corporate Center, Suite 100, Radnor, PA 19087

Checking the status of your claim

To check your claim status, choose “Claims” in the GeoBlue app or visit the “View My Claims” section of the Member Hub on www.geobluestudents.com.



Reviewing Plan Benefits

What is covered by your plan?

SCHEDULE OF BENEFITS

| | Limits Eligible Participant | Limits Spouse | Limits Child |
|--|--|--|--|
| COVERAGE A – MEDICAL EXPENSES | | | |
| Period of Coverage Maximum Benefits | \$100,000 | \$100,000 | \$100,000 |
| Maximum Benefit per Injury or Sicknesses | \$100,000 | \$100,000 | \$100,000 |
| Period of Coverage Deductible | \$0 per Injury or Sickness | \$0 per Injury or Sickness | \$0 per Injury or Sickness |
| COVERAGE B – ACCIDENTAL DEATH AND DISMEMBERMENT | Maximum Benefit: Principal Sum up to \$25,000 | Maximum Benefit: Principal Sum up to \$5,000 | Maximum Benefit: Principal Sum up to \$1,000 |
| COVERAGE C – REPATRIATION OF REMAINS | Maximum Benefit up to \$100,000 | Maximum Benefit up to \$100,000 | Maximum Benefit up to \$100,000 |
| COVERAGE D – MEDICAL EVACUATION | Maximum Lifetime Benefit for all Evacuations up to \$250,000 | Maximum Lifetime Benefit for all Evacuations up to \$250,000 | Maximum Lifetime Benefit for all Evacuations up to \$250,000 |
| COVERAGE E – BEDSIDE VISIT | Up to a maximum benefit of \$5,000 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person | Up to a maximum benefit of \$5,000 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person | Up to a maximum benefit of \$5,000 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person |

| COVERAGE A – MEDICAL EXPENSES | Plan Limits |
|--|-----------------------------|
| Physician Office Visits | 100% of Reasonable Expenses |
| Inpatient Hospital Services | 100% of Reasonable Expenses |
| Hospital and Physician Outpatient Services | 100% of Reasonable Expenses |
| Emergency Hospital Services | 100% of Reasonable Expenses |

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Reviewing Plan Benefits

What is covered by your plan?

SCHEDULE OF BENEFITS

| BENEFITS LISTED BELOW ARE SUBJECT TO | |
|--|---|
| 1. | TABLE 1 PERIOD OF COVERAGE MAXIMUMS, MAXIMUMS PER INJURY AND SICKNESS, DEDUCTIBLES, COINSURANCE, OUT-OF-POCKET MAXIMUMS; |
| 2. | TABLE 2 PLAN TYPE LIMITS |
| MEDICAL EXPENSES | Covered Person |
| Maternity Care for a Covered Pregnancy | Reasonable Expenses |
| Inpatient treatment of mental and nervous disorders including drug or alcohol abuse | Reasonable Expenses for a maximum period of 30 days per Period of Coverage |
| Outpatient treatment of mental and nervous disorders including drug or alcohol abuse | Reasonable Expenses up to \$5,000 Maximum per Period of Coverage for a maximum number of 30 visits per Period of Coverage |
| Treatment of specified therapies, including acupuncture and Physiotherapy | Reasonable Expenses up to a Maximum of 20 visits on an Outpatient basis |
| Repairs to sound, natural teeth required due to an Injury | 100% of Reasonable Expenses up to \$500 per Period of Coverage maximum |
| Outpatient prescription drugs including oral contraceptives and devices | 100% of actual charge |
| Hearing Services | 100% of Reasonable Expenses up to \$1,000 per individual hearing aid per ear every 3 years for covered Dependent Children under age 24. |
| Scalp Prosthesis | 100% of Reasonable Expenses for scalp hair prosthesis for up to \$500 per Period of Coverage |
| Lead Poisoning | 100% of Reasonable Expenses |
| Low Protein Food Products | 100% of Reasonable Expenses |

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Reviewing Plan Benefits

What is covered by your plan?

REPATRIATION OF REMAINS BENEFIT

If a Covered Person dies while traveling outside of his/her home country during the Period of Coverage, the Insurer will pay the necessary expenses actually incurred, up to the Maximum Limit shown in the Schedule of Benefits, for the preparation of the body for burial, or the cremation, and for the transportation of the remains to his/her Home Country. This benefit covers the legal minimum requirements for the transportation of the remains. It does not include the transportation of anyone accompanying the body, urns, caskets, coffins, visitation, burial or funeral expenses. Any expense for repatriation of remains requires approval in advance by the Plan Administrator.

MEDICAL EVACUATION BENEFIT

If a Covered Person is involved in an accident or suffers a sudden, unforeseen illness requiring emergency medical services during the Period of Coverage, while traveling outside of his/her home country, and adequate medical facilities are not available, the Administrator will coordinate and pay for a medically-supervised evacuation, up to the Maximum Limit shown in the Schedule of Benefits, to the nearest appropriate medical facility. This medically-supervised evacuation will be to the nearest medical facility only if the facility is capable of providing adequate care. The evacuation will only be performed if adequate care is not available locally and the Injury or Sickness requires immediate emergency medical treatment, without which there would be a significant risk of death or serious impairment. The determination of whether a medical condition constitutes an emergency and whether area facilities are capable of providing adequate medical care shall be made by physicians designated by the Administrator after consultation with the attending physician on the Covered Person's medical conditions. The decision of these designated physicians shall be conclusive in determining the need for medical evacuation services. Transportation shall not be considered medically necessary if the physician designated by the Administrator determines that the Covered Person can continue his/her trip or can use the original transportation arrangements that he/she purchased.

The Insurer will pay Reasonable Charges for escort services if the Covered Person is a minor or if the Covered Person is disabled during a trip and an escort is recommended in writing by the attending Physician and approved by the Insurer.

As part of a medical evacuation, the Administrator shall also make all necessary arrangements for ground transportation to and from the hospital, as well as pre-admission arrangements, where possible, at the receiving hospital.

If following stabilization, when medically necessary and subject to the Administrator's prior approval, the Insurer will pay for a medically supervised return to the Covered Person's permanent residence or, if appropriate, to a health care facility nearer to their permanent residence or for one-way economy airfare to the Covered Person's point of origin, if necessary.

All evacuations must be approved and coordinated by Administrator designated physicians. Transportation must be by the most direct and economical route. No more than one Emergency Medical Evacuation and/or repatriation is allowed for any single medical condition of a Covered Member during the Period of Coverage.

BEDSIDE VISIT BENEFIT

If a Covered Person is Hospital Confined due to an Injury or Sickness for more than 3 days, is likely to be hospitalized for more than 3 days or is in critical condition, while traveling outside of his/her home country, the Insurer will pay up to the maximum benefit as listed in Table 1 of the Schedule of Benefits for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one person designated by the Covered Person. Payment for meals, ground transportation and other incidentals are the responsibility of the family member or friend. **With respect to any one trip, this benefit is payable only once for that trip, regardless of the number of Covered Persons on that trip.** The determination of whether the Covered Member will be hospitalized for more than 3 days or is in critical condition shall be made by the Administrator after consultation with the attending physician. No more than one (1) visit may be made during any Period of Coverage. No benefits are payable unless the trip is approved in advance by the Plan Administrator.

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Reviewing Plan Benefits

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GENERAL PLAN EXCLUSIONS

1. Unless specifically provided for elsewhere under the Plan, the Plan does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:
2. Expenses incurred in excess of Reasonable Expenses.
3. Services or supplies that the Insurer considers to be Experimental or Investigative.
4. 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.
5. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, unless otherwise noted.
6. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury, unless otherwise noted.
7. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
8. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.
9. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided for in the Plan.
10. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Plan and performed while the Plan is in effect.
11. Organ or tissue transplant.
12. Participating in an illegal occupation or committing or attempting to commit a felony.
13. 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.
14. Expenses incurred within the Covered Person's Home Country.
15. 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.
16. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
17. Diagnosis and treatment of sleep disorders.
18. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.
19. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
20. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
21. 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.
22. 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.
23. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
24. 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.
25. 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.
26. 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.
27. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.

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Suite 100, Radnor, PA 19087

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