

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 in the U.S.



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 Blue Cross and Blue Shield providers and hospitals within the U.S.
- 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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Getting Care

Get care when you are in the U.S.

Student health center

Many schools have student health centers on campus that can conveniently provide everyday health services. Consult your school's resources for more specific information about facilities, the care available and the coverage accepted.

Finding a provider

If you need care outside of what is available from your institution, you also have access to the Blue Cross and Blue Shield network within the U.S., Puerto Rico, and U.S. Virgin Islands. To find a doctor or facility, visit the "Provider Finder" section in the Member Hub on www.geobluestudents.com or in the app.

Contact us for assistance:

- Toll free within the U.S. call 1.844.268.2686
- Outside the U.S. call +1.610.263.2847
- customerservice@geo-blue.com

Scheduling an appointment with a Blue Cross and Blue Shield provider

Call the provider to confirm they are in network and schedule your appointment. At the time of service, you will need to show the provider your GeoBlue ID card and tell them you are covered by Blue Cross and Blue Shield.

Using an out-of-network provider

This typically results in a higher coinsurance and may result in additional costs to you. 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 to download the appropriate claim form. Submit claims electronically using the GeoBlue app or the "File an eClaim" link on the Member Hub.

Prescription benefits

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

Paying for care - Glossary of terms

In the U.S., your health plan typically pays your medical bills for you with the following exceptions:

- **Copay or Copayment:** The specific dollar amount you will pay at the time of service.
- **Coinsurance:** The percentage of the cost you are responsible for.
- **Deductible:** An amount you are responsible to pay for eligible expenses before the plan begins to pay.
- **Out-of-Network Provider:** Medical provider who is not contracted with Blue Cross and Blue Shield companies. This typically results in a higher coinsurance and may result in additional costs to you.

See your Certificate of Coverage for details.



In the event of a medical emergency

If you have an emergency, dial 911 or go to the closest Emergency Room immediately. If you're not sure whether your situation is an emergency, dial 911 and let the call-taker determine if you need emergency help. Once you are safe, 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.

*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 Inside the U.S., Puerto Rico and the U.S. Virgin Islands:

GeoBlue, Attn: Claims Department, P.O. Box 1748, Southeastern, PA 19399-1748, USA.

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?

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

**SCHEDULE OF BENEFITS
TABLE 1**

| | Limits Individual Insured |
|---|---|
| MEDICAL EXPENSES | |
| Maximum benefit per Injury or Sickness | \$100,000 |
| Per Injury or Sickness Deductible | \$50 per Injury or Sickness |
| EMERGENCY MEDICAL EVACUATION | Maximum Benefit up to \$1,000,000 per Coverage Year |
| EMERGENCY FAMILY TRAVEL ARRANGEMENTS | Maximum Benefit up to \$5,000 per Coverage Year |
| REPATRIATION OF MORTAL REMAINS | Maximum Benefit up to \$50,000 per Coverage Year |
| ACCIDENTAL DEATH & DISMEMBERMENT | Maximum Benefit: Principal Sum up to \$5,000 |

**TABLE 2
MEDICAL EXPENSE BENEFITS**

| COVERAGE A – MEDICAL EXPENSES | Certificate Limits+ |
|--|---|
| Physician Office Visits | After Deductible, 100% of the Reasonable Expenses |
| Treatment at an Urgent Care Facility | After Deductible, 100% of the Reasonable Expenses |
| Hospital and Physician Outpatient Services | After Deductible, 100% of the Reasonable Expenses |
| Inpatient Hospital Services | After Deductible, 100% of the Reasonable Expenses |
| Emergency Hospital Services | After Deductible, 100% of the Reasonable Expenses |

+Payment of Covered Medical Expenses for Preferred Providers is based on the Insurer’s Negotiated Rate. Preferred Providers have agreed to accept the Negotiated Rate as payment in full.

**TABLE 3
MEDICAL EXPENSE BENEFITS**

| The benefits listed below are subject to coverage maximums, Deductible, Coinsurance, and Copayments listed in Tables 1 & 2 above. | |
|---|---|
| MEDICAL EXPENSES | Covered Person |
| Maternity Care for a Covered Pregnancy | Same as any other illness |
| Complications of Pregnancy | Same as any other illness |
| Inpatient treatment of mental and nervous disorders including substance abuse | Reasonable Expenses up to a maximum period of 60 days per Coverage Year |

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| MEDICAL EXPENSES | Covered Person |
|---|--|
| Outpatient treatment of mental and nervous disorders including substance abuse | Reasonable Expenses up to a maximum period of 40 visits per Coverage Year |
| Treatment of specified therapies, including acupuncture and Physiotherapy | Reasonable Expenses |
| Annual cervical cytology screening for women 18 and older | Reasonable Expenses |
| Low dose mammography screening, one baseline mammogram and one mammogram per year | Reasonable Expenses |
| Colorectal cancer screenings | Reasonable Expenses |
| Diabetic Supplies/Education | Reasonable Expenses |
| Prostate screening tests | Reasonable Expenses |
| Child Preventive and Primary Care Services | Reasonable Expenses |
| Breast Reconstruction due to Mastectomy | Reasonable Expenses |
| Medical treatment arising from participation in intercollegiate or interscholastic sports | Reasonable Expenses up to \$1,500 Maximum per Coverage Year |
| Vaccinations and Immunizations as required by the sponsoring organization* | Reasonable Expenses |
| Repairs to sound, natural teeth required due to an Injury | Reasonable Expenses |
| Outpatient prescription drugs including oral contraceptives and devices | Prescription Drug Program with the Copayment stated below |
| 1. Generic Drugs | All except a \$10 Copayment per prescription |
| 2. Brand Drugs | All except a \$20 Copayment per prescription |
| 3. Injectibles | All except a \$10 Copayment per prescription |
| Medical treatment received in the Home Country, if NOT covered by Other Certificate | 100% of Reasonable Expenses up to \$5,000 Coverage Year |
| Scalp Prosthesis | Reasonable Expenses for scalp hair prosthesis for up to \$500 per Period of Coverage |
| Lead Screening | Reasonable Expenses |
| Low Protein Food Products | Reasonable Expenses |

* **Vaccination and Immunization Coverage:** The following vaccinations/immunizations are covered as indicated in the Schedule of Benefits if received while covered under the Certificate: Influenza vaccines (TIV - LAIV), Measles Mumps Rubella (MMR), Meningococcal conjugate vaccines (MCV4), Human Papillomviurs (HPV, HPV4, HPV2).

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EMERGENCY 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.

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.

We 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.

Transportation will be provided by medically equipped specialty aircraft, commercial airline, train or ambulance depending upon the medical needs and available transportation specific to each case. Transportation must be by the most direct and economical route.

As part of a medical evacuation, Our 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.

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.

Repatriation

Following any covered emergency evacuation, or at the if deemed appropriate by Our or Our designee's medical director, We will pay for one of the following:

1. If it is deemed Medically Necessary and appropriate by Our or Our designee's medical director, You will be transferred to your permanent residence via a one-way economy airfare or;
2. You will be transferred back to your original location or the location from which you were evacuated via a one-way economy airfare.

If Your transportation needs to be medically supervised a qualified medical attendant will escort you. Additionally, if We and/or Our designee, determines a mode of transport other than economy class seating on a commercial aircraft is required, We or Our designee will arrange accordingly and such will be covered by Us. Transportation shall not be considered Medically Necessary if We or Our designee's medical director determines that the Covered Person can continue his/her trip or can use the original transportation arrangements that he/she purchased.

Transportation due to Felonious Assault: If You are the victim of a Felonious Assault during Your Period of Coverage and You no longer can complete Your trip or program, subject to verification by the Administrator, We will pay for You to return home from Your current location to your Home Country. Felonious Assault is an act of violence against You. Your return home will be via the most direct and economical means possible, less any refundable return ticket fees available to You.

Return of Dependent Children: If the Covered Person has minor children who are left unattended as a result of your injury, illness or medical evacuation, We or Our designee will arrange and pay for the cost of economy class one-way airfares for the transportation of such minor children to Your Home Country or Country of Assignment.

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With respect to this provision only, the following is in lieu of the Certificate's Extension of Benefits provision: No benefits are payable for Covered Expenses incurred after the date the Covered Person's insurance under the Certificate terminates. However, if on the date of termination the Covered Person is Hospital Confined, then coverage under this benefit provision continues until the earlier of the date the Hospital Confinement ends or the end of the 31st day after the date of termination.

EMERGENCY FAMILY TRAVEL ARRANGEMENTS

If We determine that You are expected to require hospitalization in excess of 3 days at the location to which You are to be evacuated, an economy round-trip airfare will be provided to the place of hospitalization for an individual chosen by You. If Your Dependent Child is evacuated, one economy round-trip airfare will be provided to a parent or legal guardian regardless of the number of days that the Dependent child is hospitalized.

If We determine that You are expected to require hospitalization due to an Injury or Sickness for more than 3 days or are in critical condition while traveling outside of Your Home country, the Insurer will pay up to the maximum benefit as listed above for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the location of Your hospital confinement for one person designated by You. 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.

REPATRIATION OF MORTAL REMAINS BENEFIT

If a Covered Person dies while covered under this Certificate, We 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 the Covered Person's 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 Us or Our designee.

No benefit is payable if the death occurs after the Termination Date of the Certificate. We will not pay any claims under this provision unless the expense has been approved by the Administrator before the body is prepared for transportation.

PRE-EXISTING CONDITION LIMITATION

Pre-existing Condition Limitation

The Insurer does not pay benefits for loss due to a Pre-existing Condition during the first 6 months of coverage. Pre-existing Conditions will be covered after the Covered Person's coverage has been in force for 6 months, a Pre-Existing Injury or Sickness covered after the Pre-Existing waiting period, will be subject to the same limitations and exclusions as an Injury or Sickness incurred during Coverage under this Plan. The origin, cause, or nature of the Pre-Existing Injury or Sickness will be used to determine the applicable Coverage, limitations, and exclusions.

Note: The Pre-Existing Condition Limitation will be waived if a written request/application for dependent coverage is submitted within 30 days following the date on which the Dependent becomes eligible for coverage starting on the Eligible Participant's effective date of coverage.

This limitation does not apply to the Medical Evacuation Benefit, the Repatriation of Remains Benefit and to the Bedside Visit Benefit.

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Reviewing Plan Benefits

What is covered by your plan?

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. 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.
2. 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.
3. 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.
4. Expenses incurred for, or related to gender reassignment surgery.
5. Infertility, Assisted Reproduction And Sterilization Reversal
 - a. Treatment of infertility, including procedures, supplies and drugs;
 - b. Any assisted reproduction techniques, regardless of reason or origin of condition, including but not limited to, artificial insemination, in-vitro fertilization, and gamete intra-fallopian transplant (GIFT) and any direct or indirect complications thereof;

Please Note: This exclusion does not apply to the diagnosis of infertility or the surgical correction of a condition causing infertility. This would be treated the same as any other medical condition.

6. 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.
7. 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.
8. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.

To the extent that such payments would be prohibited by law

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Outside the U.S. call +1.610.263.2847

customerservice@geo-blue.com



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