# 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?



## 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

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 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.



#### 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.

## 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.



## **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, P.O. Box 21974, Eagan, MN 55121

# 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.



#### **HEALTHCARE AT YOUR FINGERTIPS**

At GeoBlue, we know your life can be demanding. With so much to juggle, finding the healthcare you need, when you need it, should be easy. In addition to giving you convenient access to a global network of doctors and facilities, we've teamed up with Advance Medical, a Teladoc Health company, to bring you Global TeleMD, a new smartphone app—at no additional cost—that provides confidential access to international doctors by telephone or video call.

#### ALL AT THE TOUCH OF A BUTTON

- ✓ Global network of doctors
- ✓ Medical guidance and consultations (for non-medical emergencies)
- √ Same-day virtual appointments, available 24/7
- ✓ Multiple language options
- Consultation notes sent directly to your phone
- ✓ Prescriptions and referral letters (subject to local regulation)

#### JUST WHAT THE DOCTOR ORDERED

**With Global TeleMD**, you can speak to a doctor at a time that fits your schedule without worrying about school, work, holidays or personal commitments. And because your consultation notes are stored securely on the app, they're ready to share with your primary doctor.



### Let's get started

- 1. Download the Global TeleMD app to your phone
- 2. Create a profile
- 3. Log in
- 4. You're good to go!





\*Confidential and/or identifiable information which you may discuss with Advance Medical will not be shared with GeoBlue or your employer if applicable (Advance Medical will only share aggregated or deidentified information to help GeoBlue monitor and improve the program and for reporting purposes). However, permission may be asked to review your personal data in the event that you have made a complaint or specific query that you would like to discuss with GeoBlue. GeoBlue will never review your data without your explicit consent. For further information on how Advance Medical processes your personal data please see Advance Medical's privacy policy https://www.advance-medical.net/privacy.

All of the above services are provided by Advance Medical, part of Teladoc Health, directly to you. GeoBlue assumes no liability and accepts no responsibility for information provided by Advance Medical and the performance of the services by Advance Medical. Support and information provided through this service does not confirm that any related treatment or additional support is covered under your health plan. To discuss the coverage under your health plan, please contact us using the number on the back of your ID card. This service is not intended to be used for emergency or urgent treatment medical questions.





You've made a big move. Excitement may have given way to more complex feelings. You may feel homesick, anxious, depressed or otherwise unwell. A lack of access to your normal support system can be triggering while living in a country other than your own.

These challenges can cause you to neglect really important aspects like self-care and you may be struggling to adjust. Global Wellness Assist is here to help you for support when facing difficulties.

#### WHAT IS GLOBAL WELLNESS ASSIST?

Global Wellness Assist is an international employee assistance program (EAP) for students, faculty and staff traveling globally on behalf of a college or university, providing access to free, confidential assistance any time, any day.

Professionals are ready to assist with any issue. Topics include, but are not limited to:

- √ Harmony between academic and personal life
- √ Managing life changes
- √ Bullying and harassment
- Managing anxiety and depression
- √ Substance use
- √ Surviving the loss of a loved one
- Handling stress
- ✓ Referrals to local resources, including attorneys, financial professionals and much more
- √ Managing academic or workplace pressure

#### **CONFIDENTIAL SERVICE YOU CAN TRUST**

Global Wellness Assist is staffed by professionals who are completely independent of your program sponsor. They are bound by professional standards regarding confidentiality and do not disclose details of individuals who have contacted the service. Any information you provide will not be shared with your plan sponsor.

#### TO HAVE A COUNSELOR CONTACT YOU:

- 1. Email support@worldwideassist.co.uk or SMS text number: +44-790-934-1229 (standard text messaging rates may apply)
- 2. Include in your email or text:
  - a. Your Name
  - b. Your Country Location
  - c. Your Phone number
  - d. Reason

You can also use your GeoBlue Mobile App:

- 1. Select Telehealth
- 2. Talk to a Counselor

Or you can call the applicable phone number listed on the back of the flyer.

#### **MEMBER SUPPORT, WORLDWIDE**



Available 24/7/365



Up to 6 sessions of counseling per issue, per year (telephonic and in person)



Information, resources and counseling on any work, life, personal or family issue



Available worldwide by phone, email or web



No additional cost to use



Available in several languages



# MENTAL HEALTH ISSUES ARE COMMON

- More Generation Zers and Millennals are suffering from depression and anxiety than previous generations<sup>1</sup>. According to the National Institute of Mental Health, more than one in four young adults (18-25) have some degree of mental illness, the highest prevalence among all age groups.
- Six out of the top 10 health conditions faced by Millennials are behavioral health conditions affecting mental health and emotional wellbeing<sup>2</sup>.
- More than one-third of U.S. college students said they've felt so depressed in the past 12 months it was difficult to function<sup>3</sup>.

<sup>1</sup>American Psychological Association's report Stress in America™: Generation Z <sup>2</sup>BCBS Millennial study

<sup>3</sup> The WHO World Mental Health Surveys International College Student Project: Prevalence and Distribution of Mental Disorders. Journal of Abnormal Psychology, published Sept. 13, 2018.



#### Easy access on your terms

Free, confidential support is available by phone, email, or web, from anywhere at any time. Call or log on to get started.

#### TOLL-FREE PHONE NUMBER ACCESS IN MANY COUNTRIES

Call +44 20 8987 6228 if a toll-free number is not available in your area. Reverse charges can be requested.

Argentina	0800 666 0749
Australia	1 800 023 289
Austria	0800 802 007
Bahamas	1800 389 0597
Bahrain	800 19 909
Belarus	8 820 0011 0259
	0800 819 05
Bermuda	1 877 353 0635
Brazil	0800 892 3919
Canada	877 847 4525
Chile	800 395 011
China	400 920 3300
Colombia	01800 913 3823
Costa Rica	0800 044 0122
Czech Republic	800 488 404
Denmark	808 20 036
Dominican Rep.	1 888 751 9004
Ecuador	1800 000 154
Estonia	800 0100 432
France	0800 914 821
Germany	0800 180 2587
Greece	00 800 1809 204 555

> 001 800 852 8403 00 800 1420 77474

0 800 501027

Thailand

Turkey

Ukraine

 UAE
 800 0357 04 696

 UK
 0800 243 458

 Uruguay
 000 405 4492

 USA
 1 888 851 7032

 Venezuela
 0 800 100 9097



	Limits	Limits	Limits
	Individual Insured	Spouse	Dependent Child(ren)
MEDICAL EXPENSES			
Coverage Year Limit	\$250,000	\$250,000	\$250,000
Coverage Deductible	\$0 per Coverage Year	\$0 per Coverage Year	\$0 per Coverage Year
Coverage Year Out-of-Pocket Limit Out-of-pocket Limit means the amount of Reasonable Expenses for which the Covered Person is responsible after which the Insurer pays 100% of the Reasonable Expenses, 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 Reasonable Expenses at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, and amounts above the maximums do not apply toward the Out-of-pocket Limit.	After the Covered Person reaches a \$2,500 Out-of-pocket Limit per Coverage Year, the Insurer pays the Reasonable Expenses at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, and amounts above the maximums do not apply toward the Out-of-pocket Limit.	After the Covered Person reaches a \$2,500 Out-of-pocket Limit per Coverage Year, the Insurer pays the Reasonable Expenses at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, and amounts above the maximums do not apply toward the Out-of-pocket Limit.
EMERGENCY MEDICAL EVACUATION	Maximum Benefit up to \$100,000 per Coverage Year	Maximum Benefit up to \$100,000 per Coverage Year	Maximum Benefit up to \$100,000 per Coverage Year
EMERGENCY FAMILY TRAVEL ARRANGEMENTS	Maximum Benefit up to \$1,500 per Coverage Year	Maximum Benefit up to \$1,500 per Coverage Year	Maximum Benefit up to \$1,500 per Coverage Year
REPATRIATION OF MORTAL REMAINS	Maximum Benefit up to \$50,000 per Coverage Year	Maximum Benefit up to \$50,000 per Coverage Year	Maximum Benefit up to \$50,000 per Coverage Year
ACCIDENTAL DEATH & DISMEMBERMENT	Maximum Benefit: Principal Sum up to \$10,000	Maximum Benefit: Principal Sum up to \$5,000	Maximum Benefit: Principal Sum up to \$1,000

MEDICAL EXPENSES	PPO Plan In PPO Limits+	PPO Plan Outside PPO Limits
Physician Office Visits	100% of the Negotiated Rate after a \$20 Copayment per visit	80% of Reasonable Expenses
Treatment at an Urgent Care Facility	100% of the Negotiated Rate after a \$35 Copayment per visit	80% of Reasonable Expenses
Hospital and Physician Outpatient Services	100% of the Negotiated Rate after a \$50 Copayment per visit	80% of Reasonable Expenses
Inpatient Hospital Services	100% of the Negotiated Rate after a \$50 Copayment per visit	80% of Reasonable Expenses
Emergency Hospital Services	100% of the Negotiated Rate after a \$100 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived	80% of Reasonable Expenses

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.

+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.

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.

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	Reasonable Expenses	
Complications of Pregnancy	Reasonable Expenses	
Inpatient treatment of mental and nervous disorders including substance abuse	Reasonable Expenses for a maximum period of 45 days per Coverage Year	
Outpatient treatment of mental and nervous disorders including substance abuse	Reasonable Expenses for a maximum period of 60 visits per Coverage Year	
Treatment of specified therapies, including acupuncture and Physiotherapy	Reasonable Expenses up to 20 visits per Coverage Year on an Outpatient basis	
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, interscholastic or club sports	Reasonable Expenses up to \$10,000 Maximum per Coverage Year. Injuries from participation in intramural sports are covered the same as any other injury.	
Repairs to sound, natural teeth required due to an Injury	Reasonable Expenses up to \$500 per Coverage Year maximum	
Outpatient prescription drugs including oral contraceptives and devices	50% of actual charge. Limited to a 31 day supply for initial fill or refill	
Medical treatment received in the Home Country, if NOT covered by Other Certificate	100% of Reasonable Expenses up to \$1,000 per Coverage Year maximum	

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.

#### 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, eye glasses 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.
- 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.
- 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 professional sport competition, contest or competition;
  - b. Racing or speed contests;
  - c. 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

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.

- 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.

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.



# For questions about your medical plan:

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



933 First Avenue King of Prussia, PA 19406

©2019 GeoBlue