

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

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, coinsurance, copayments and/or deductibles may be waived.

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

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.



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, 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.



Reviewing Plan Benefits

What is covered by your plan?

SECTION 1 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.

- 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.

- Class II. Eligible Dependents of any of the above classes

All Eligible Participants and their Eligible Dependents must be under the age of 65

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, other than if a foreign national student, when that student is inside their Home Country.

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

	Limits Individual Insured	Limits Spouse	Limits Dependent Child(ren)
MEDICAL EXPENSES			
Coverage Year Limit	Unlimited	Unlimited	Unlimited
Maximum benefit per Injury or Sickness Limit	\$500,000	\$500,000	\$500,000
Coverage Year Deductible	\$350 per Coverage Year	\$350 per Coverage Year	\$350 per Coverage Year
Coverage Year Out-of-Pocket Limit 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 \$5,000 Out-of-pocket Limit per Coverage Year, the Insurer pays the Allowed Amount at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, Prescription Drug Copayments and amounts above the maximums do not apply toward the Out-of-pocket Limit.	After the Covered Person reaches a \$5,000 Out-of-pocket Limit per Coverage Year, the Insurer pays the Allowed Amount at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, Prescription Drug Copayments and amounts above the maximums do not apply toward the Out-of-pocket Limit.	After the Covered Person reaches a \$5,000 Out-of-pocket Limit per Coverage Year, the Insurer pays the Allowed Amount at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, Prescription Drug Copayments and amounts above the maximums do not apply toward the Out-of-pocket Limit.
EMERGENCY TRANSPORTATION SERVICES			
Emergency Medical Evacuation	100% of the Actual Cost		
Emergency Family Travel Arrangements	Up to \$2,500		
Emergency Family Reunion Arrangements	Up to \$2,500		
Repatriation of Mortal Remains	100% of the Actual Cost		
OTHER COVERAGES			
Accidental Death & Dismemberment	Maximum Benefit: Principal Sum up to \$10,000		

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Reviewing Plan Benefits

What is covered by your plan?

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

MEDICAL EXPENSES	Participating Provider+	Non-Participating Provider
Physician Office Visits*	After the Deductible is satisfied, 80% of the Allowed Amount after a \$25 Copayment per visit	After the Deductible is satisfied, 60% of the Allowed Amount after a \$50 Copayment per visit
Treatment at an Urgent Care Facility	After the Deductible is satisfied, 80% of the Allowed Amount after a \$25 Copayment per visit	After the Deductible is satisfied, 60% of the Allowed Amount after a \$50 Copayment per visit
Hospital and Physician Outpatient Services	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 after a \$250 Copayment per visit
Inpatient Hospital Services	After the Deductible is satisfied, 80% of the Allowed Amount after a \$150 Copayment per visit	After the Deductible is satisfied, 60% of the Allowed Amount after a \$250 Copayment per visit
Emergency Hospital Services	After the Deductible is satisfied, 80% of the Allowed Amount after a \$150 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived	After the Deductible is satisfied, 60% of the Allowed Amount after a \$250 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived

+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.

**SCHEDULE OF BENEFITS
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 Sickness
Complications of Pregnancy	Same as any other Sickness
Inpatient treatment of mental and nervous disorders including substance abuse	Allowed Amount for a maximum period of 30 days per Coverage Year
Outpatient treatment of mental and nervous disorders including substance abuse	Allowed Amount for a maximum period of 30 visits per Coverage Year.
Treatment of specified therapies, including acupuncture and Physiotherapy	Reasonable Expenses up to 30 visits per Coverage Year on an Outpatient basis
Outpatient back and spine treatment (including modalities)	Allowed Amount up to \$5,000 Maximum per Coverage Year

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Reviewing Plan Benefits

What is covered by your plan?

MEDICAL EXPENSES	Covered Person
Routine nursery care of a newborn child of a covered pregnancy	Allowed Amount up to \$3,000 Maximum per Coverage Year
Medical treatment arising from participation in intercollegiate, interscholastic, intramural or club sports	Allowed Amount up to \$10,000 Maximum per Injury or Sickness
Dental Treatment (including extractions) to alleviate pain	Allowed Amount up to \$2,500 per Coverage Year
Repairs to sound, natural teeth required due to an Injury	Allowed Amount up to \$2,500 per Coverage Year maximum
Outpatient prescription drugs	Prescription Drug Program with the Copayment stated below. Limited to a 31-day supply for initial fill or refill.
1. Generic Drugs	All except a \$25 Copayment per prescription
2. Brand Name Drugs	All except a \$50 Copayment per prescription

SECTION 9 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:

- Expenses incurred in excess of the Allowed Amount.
- Services or supplies that the Insurer considers to be Experimental or Investigative.
- 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.
- Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, including routine care of a newborn infant unless otherwise noted.
- Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury, unless otherwise noted.
- Vision treatment, eye exercise, equipment or surgery to correct eyesight, such as laser treatment, refractive keratotomy (RK) and photorefractive Keratotomy (PRK). We will pay for eligible treatment or surgery of a detached retina, glaucoma, cataracts or keratoconus.
- Vision exams, lenses and hardware, including eyeglasses, contact lenses and the examination for prescribing or fitting of glasses or contact lenses or for determining the refractive state of the eye. This Plan never covers non-prescription eyeglasses or contact lenses, or other special purpose vision aids (such as magnifying attachments), sunglasses or light-sensitive lenses, even if prescribed.
- 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.
- 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.
- Elective termination of pregnancy.
- Any drug, treatment or procedure that either promotes or prevents conception, pre prevents childbirth, including but not limited to: birth control medication, artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof.
- Expenses incurred for, or related to sex change surgery.
- Organ or tissue transplant.
- Participating in an illegal occupation or committing or attempting to commit a felony.
- 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.

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Reviewing Plan Benefits

What is covered by your plan?

17. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Certificate.
18. Expenses incurred within the Covered Person's Home Country.
19. 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.
20. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
21. Diagnosis and treatment of acne.
22. Diagnosis and treatment of sleep disorders.
23. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.
24. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
25. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
26. 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.
27. 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.
28. 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.
29. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
30. Loss arising from
 - a. Racing or speed contests;
 - b. SCUBA diving, sky diving, mountaineering (where ropes or other climbing gear is customarily used), ultra-light aircraft, parasailing, sailplaning/gliders, hang gliding, parachuting, travel in or on ATV's (all terrain or similar type vehicles) or bungee jumping.
31. 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.
32. 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.
33. 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.
34. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
35. Hearing aids.
36. Expense covered under any Other Plan.
37. To the extent that such payments would be prohibited by law.

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customerservice@geo-blue.com



933 First Avenue
King of Prussia, PA 19406

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