

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:

- Your ID card(s) will be mailed to you
- 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
- Customer Service can provide replacement ID cards

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?

**SCHEDULE OF BENEFITS
TABLE 1**

	Limits Individual Insured	Limits Spouse	Limits 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 \$25,000 per Coverage Year	Maximum Benefit up to \$25,000 per Coverage Year	Maximum Benefit up to \$25,000 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

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SCHEDULE OF BENEFITS

TABLE 2

MEDICAL EXPENSE BENEFITS

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 \$50 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived	80% of 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.

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

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Reviewing Plan Benefits

What is covered by your plan?

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
Outpatient treatment of mental and nervous disorders including substance abuse	Reasonable Expenses
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 \$25,000 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

SECTION 8

GENERAL CERTIFICATE EXCLUSIONS

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

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Reviewing Plan Benefits

What is covered by your plan?

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.
9. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Certificate and performed while the Certificate is in effect.
10. For diagnostic investigation or medical treatment for reproductive services, infertility, fertility, or for male or female voluntary sterilization procedures, or the reversal male or female voluntary sterilization procedures.
11. Expenses incurred for, or related to sex change surgery.
12. Organ or tissue transplant.
13. Participating in an illegal occupation or committing or attempting to commit a felony.
14. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
15. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Certificate.
16. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.
17. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
18. Diagnosis and treatment of acne.
19. Diagnosis and treatment of sleep disorders.
20. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.
21. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
22. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
23. Expenses incurred for any services rendered by a family member or a Covered Person's immediate family or a person who lives in the Covered Person's home.
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;

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Reviewing Plan Benefits

What is covered by your plan?

- 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 a proper license in the jurisdiction where the Accident occurred.
 29. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.
 30. Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
 31. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
 32. Routine hearing tests except as provided under Preventive and Primary Care.
 33. Expense covered under any Other Plan.
 34. To the extent that such payments would be prohibited by law.

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Suite 100, Radnor, PA 19087

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