



**BlueCross
BlueShield®**
Global

Welcome to Blue Cross Blue Shield Global®

Simplifying the international healthcare experience through leading networks, brand strength and personalized service

THE RESEARCH FOUNDATION FOR SUNY

Brought to you by the international
healthcare experts at

GeoBlue®



WELCOME TO YOUR COMPANY HEALTH PLAN

Healthcare providers know and trust the Blue Cross Blue Shield name in the U.S. and Bupa Global overseas. The power of those two brands gives members of Blue Cross Blue Shield Global access to one of the largest care networks in the world. That, coupled with high-touch services from GeoBlue creates a simplified, personalized international healthcare experience.

INTRODUCTION TO YOUR HEALTH PLAN



Important plan information and health tools

ACCESSING CARE



How to receive care throughout your journey

DEDICATED WELLNESS SUPPORT



Health and wellbeing services

SELF-SERVICE TOOLS



Convenient tools available on the Member Hub and mobile app

SUBMITTING A CLAIM



File a claim for reimbursement

This pamphlet contains a brief summary of the features and benefits for insured participants covered under your company health insurance. This is not a contract of insurance. Coverage is provided under an insurance policy under which your company is a participating company. The policy is underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, Illinois (policy form 54.1201/54.1205/54.1215). Complete information on the insurance is contained in the Certificate of Coverage which is on file with the company and is made available to all insured participants. If there is a difference between this program description and the certificate wording, the certificate controls.



INTRODUCTION TO YOUR HEALTH PLAN

IMPORTANT PLAN INFORMATION AND HEALTH TOOLS



Register for the GeoBlue Member Hub and mobile app to access important plan information

- Submit and track your claims
- Obtain electronic ID card(s)
- Locate providers worldwide through our global provider directory
- Access global health and safety tools including medical translations, drug equivalents and news and safety information

To register, visit www.geo-blue.com or download the GeoBlue app from the Apple or Google Play app stores. After you register you can use your log in information for both the website and app.

Two of the strongest brands in healthcare, placed right in your pocket

As a Blue Cross Blue Shield Global plan participant, you will receive two ID cards. Your Blue Cross Blue Shield Global ID card should be presented when accessing care within the U.S. and your Bupa Global ID card should be presented when accessing care outside the U.S.*

It is important to have your ID card(s) available when receiving healthcare services. Your cards can be accessed from multiple sources:

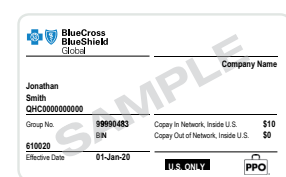
- Hardcopy ID cards will be mailed to you
- You can obtain an electronic version of your ID card on the Member Hub or mobile app
- You can request replacement ID cards through the Member Hub and mobile app. You can also contact customer service for assistance in requesting replacement ID card(s)

When you receive your ID cards, please check the information for accuracy. Please contact customer service if you find any errors.

Your ID card for use outside the U.S.



Your ID card for use within the U.S.



ID card images for illustration purposes only

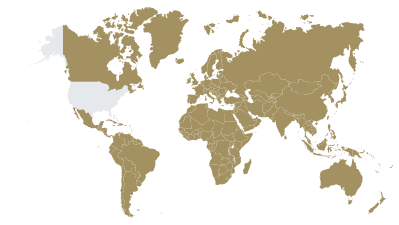
Need help?

**WE'RE AVAILABLE
24/7/365 TO ASSIST**



**Call the number on the
back of your ID card.**





ACCESSING CARE

FIND HEALTHCARE PROFESSIONALS OUTSIDE THE U.S. AND SCHEDULE APPOINTMENTS



Find a Provider

By using your Bupa Global ID card, you have access to one of the largest direct settlement networks outside the U.S.* Simply present your Bupa Global ID card at the point of treatment.

To find a nearby doctor or facility, visit the **“Find Doctors and Hospitals Outside the U.S.”** section of the Member Hub on www.geo-blue.com or select **“Provider Finder”** in the app.

Outside of the U.S., you are free to see any physician you choose without a reduction of benefits. If you see a provider outside of the preferred provider** network, you may have to pay out of pocket for treatment and submit a claim for reimbursement.



Schedule an Appointment

To schedule an appointment, choose a provider or hospital through the Member Hub or mobile app. Contact them directly using the information in their profile. Most eligible treatment is settled directly with the physician or facility behind the scenes. Preferred providers have tools at the point of service to confirm your eligibility and benefits and facilitate direct payment. Direct settlement for outpatient (office-based) services is always at the option of the preferred provider.



YOUR ID CARD FOR USE OUTSIDE THE U.S.

For illustration purposes only



FIND PROVIDER



PRESENT ID CARD



GET CARE

Global TeleMD



We know how important it is to get the healthcare you need, when you need it.

In addition to the worldwide network of healthcare professionals available through your health plan, we've teamed up with Teladoc Health to bring you Global TeleMD, a new smartphone app at no additional cost, that provides unlimited, 24/7/365 access to doctor consultations by telephone or video. Doctors are available worldwide. Prescriptions may also be provided, as appropriate (subject to local regulations).

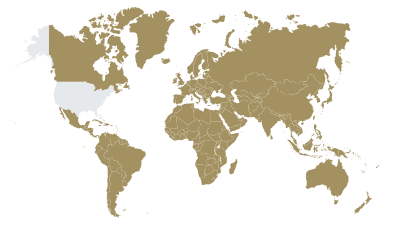
*You are required to pay any applicable copayments, coinsurance or deductibles at the time of service.

**Hospitals/facilities with this designation have agreed to accept direct settlement for inpatient services and may at their discretion accept direct settlement for outpatient services. Physicians and other non-facility providers will accept direct settlement in most instances for their services.

Medical Emergency?

In the event of a medical emergency you should go to the nearest physician or hospital immediately and present your ID card. **We're available 24/7/365** if you have any questions about your benefits or need assistance.





ACCESSING CARE

PRESCRIPTION MEDICATIONS, ASSISTANCE AND OTHER SERVICES OUTSIDE THE U.S.

Dental and Vision Services*

You are free to see any dental or vision care provider you choose. Check with your provider's office to see if they are willing to bill us directly. If so, they should send the claim form and invoice to:

GeoBlue, Attn: Claims Department, P.O. Box 1748, Southeastern, PA 19399-1748, USA.
Email: claims@geo-blue.com
Fax: +1-610-482-9623

If direct settlement is not an option, provide payment directly to the provider's office and then submit a claim for reimbursement.

Prescription Benefits

Prescription benefit coverage provided under the plan includes benefits for both retail pharmacies and a mail order prescription drug program. Use the international mail order program to fill your prescription medication(s), or pay for your prescription up front at a pharmacy and submit a claim for reimbursement. Not all members have access to all prescription drug services. Review your Certificate of Coverage for detailed benefit information. To learn more and download the appropriate forms, visit "**Prescription Benefits**" in the "**Coverage & Benefits**" section of the Member Hub at www.geo-blue.com.

Informed Choice Consultation

When unexpected medical complications affect our lives, sometimes a second opinion may confirm a diagnosis or treatment recommendation. Members can submit an Informed Choice request for additional medical advice from any of our local medical resources around the world.

Visit the "**Informed Choice**" section of the Member Hub at www.geo-blue.com.

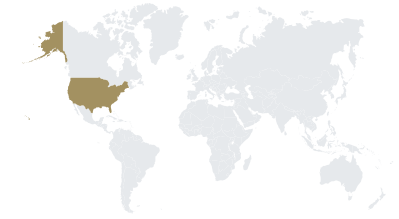
Chronic Care and Maternity Support

Let us arrange the best local resources to help manage cancer, heart disease, sports injuries, behavioral conditions and maternity.

Contact us 24/7/365 via the telephone number on the back of your ID card.

**Not all plans include benefits for dental and vision services. Please check your Certificate of Coverage which is available on the Member Hub.*





ACCESSING CARE

FIND HEALTHCARE PROFESSIONALS WITHIN THE U.S. AND SCHEDULE APPOINTMENTS



Accessing Care

You have access to the leading Blue Cross Blue Shield network within the U.S., Puerto Rico and U.S. Virgin Islands. To find a doctor or facility, visit the **“Find Doctors and Hospitals Inside the U.S.”** section in the Member Hub on www.geo-blue.com or select **“Provider Finder”** in the mobile app.

For assistance contact us 24/7/365 via the telephone number on the back of your ID card.



Scheduling an Appointment with a Blue Cross Blue Shield Provider

Call the provider to confirm they are in network and schedule your appointment. You will need to show the provider your ID card at the time of service.



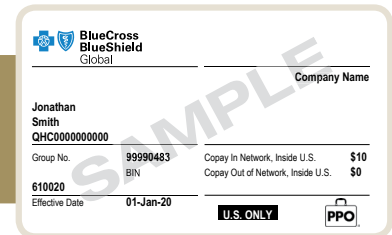
Receiving Medical Services from an Out-of-Network Provider

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 Claims”** in the Member Hub on www.geo-blue.com to download the appropriate claim form.

Submit claims electronically using the mobile app or the **“File an eClaim”** link on the Member Hub.

YOUR ID CARD FOR USE WITHIN THE U.S.

For illustration purposes only



Pre-Authorization

Pre-authorization is the process of determining in advance whether a procedure, treatment or service will be covered under your healthcare plan. It also helps ensure you get the right care in the right setting – potentially saving you from costly and unnecessary services.

For example, innovations in healthcare enable doctors to provide services that were once provided exclusively in an inpatient setting, in many different settings, such as an outpatient department of a hospital or a doctor’s office.

WHO IS RESPONSIBLE FOR GETTING THE PRE-AUTHORIZATION?

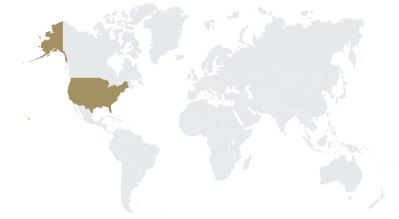
In most cases, when you seek treatment from an in-network provider, they will initiate the pre-authorization process. If you see an out-of-network provider, you are responsible for initiating the pre-authorization process. For more information regarding pre-authorization, please see the Certification Requirements and Pre-Authorization section in your Certificate of Coverage.

To request pre-authorization, please contact us at 1-800-952-3404.

24/7/365 multilingual support when you want it, help when you need it

CONTACT US ANYTIME FOR:

- Help locating providers
- Questions about accessing care or health concerns
- Medical evacuation/repatriation coordination
- Pre-departure assistance



ACCESSING CARE

PRESCRIPTION MEDICATIONS, ASSISTANCE AND OTHER SERVICES WITHIN THE U.S.

Prescription Benefits

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

Dental and Vision Services**

You are free to see any dental or vision care provider you choose. Check with your provider's office to see if they are willing to bill us directly. If so, they should send the claim form and invoice to:

GeoBlue, Attn: Claims Department, P.O. Box 1748, Southeastern, PA 19399-1748, USA.
Email: claims@geo-blue.com
Fax: +1-610-482-9623

If direct settlement is not an option, provide payment directly to the provider's office and then submit a claim for reimbursement.

Maternity Management

The Baby Beginnings® program can help you manage your health when you're planning, expecting and after delivery with the support of experienced nurses. You'll have access to valuable wellness, nutrition and lifestyle resources designed to help you make wise health decisions before you become pregnant. Then take advantage of educational tools and personalized resources to manage your pregnancy and when you need support after the baby is born.***

For more information, please call 1-888-206-1315. If you are already enrolled in the program, you can also text BABY to 511411.

Important Terms

- **Coinsurance:** The percentage of the cost you are responsible for.
- **Coinsurance Maximum:** The maximum amount of coinsurance a member pays during the policy year for covered expenses. Limitations may apply.
- **Copay or Copayment:** The specific dollar amount you will pay at the time of service.
- **Deductible:** An amount you are responsible to pay for eligible expenses before the plan begins to pay.
- **Explanation of Benefits (EOB):** An EOB is not a bill, but a summary of how your claims were processed and what you may owe. Your healthcare professional may bill you directly for the remainder of what you owe.
- **Out-of-Network Provider:** A medical provider who is not contracted with Blue Cross Blue Shield companies. This typically results in a higher coinsurance and may result in additional costs to you.
- **Out-of-Pocket Maximum:** The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount.

See your Certificate of Coverage for more details.



*Certain limitations and exclusions apply to your coverage under this plan and may affect your coverage. Your Certificate of Coverage is on file with your company and in the Member Hub on www.geo-blue.com.

**Not all plans include benefits for dental and vision services. Please check your Certificate of Coverage which is available on the Member Hub.

***Available until your baby is six weeks old.

Maternity management services are provided by AmeriHealth Administrators, Inc. on behalf of GeoBlue and are available inside the U.S. Services are provided by AmeriHealth Administrators, Inc., an independent company that is not affiliated with GeoBlue and does not provide Blue Cross or Blue Shield products or services. AmeriHealth Administrators, Inc. is solely responsible for case management services by providers. The evaluation and efficacy of any service delivered by a provider lies solely with the participant, spouse, dependent or other authorized party who inquires on behalf of the participant and AmeriHealth Administrators. GeoBlue shall have no responsibility or liability whatsoever for any aspect of the provider/participant relationship or the services rendered to a participant by a provider.



DEDICATED WELLNESS SUPPORT

HEALTH AND WELLBEING SERVICES

We offer a variety of emotional, practical and physical support services for you and your dependents, helping to make transitions more comfortable and assignments more successful.



Emotional Support

- ✓ 24/7/365 clinical intake, message and referral service from triage to crisis intervention
- ✓ Short-term, solution-focused telephonic counseling sessions
- ✓ Aware program for those in need of a mindfulness-based stress reduction strategy
- ✓ Virtual group counseling for participants with similar presenting issues



Practical Support

- ✓ Work-life consultation and referrals for a nearly limitless range of topics including childcare, elder care and daily living
- ✓ Unlimited telephonic financial assistance from financial professionals
- ✓ Telephonic or in-person legal assistance and consultation with attorneys



Physical Support

- ✓ Wellness coaching and support for wellness initiatives, including weight loss, fitness, nutrition, stress management and overall lifestyle improvement
- ✓ Health risk assessment to obtain and assess individual and aggregate health data

Employee Assistance Program (EAP)

For confidential assistance with any work, life, personal or family issue, you can talk to professional counselors for in-the-moment support and referrals to local resources around the world.

AVAILABLE ANY DAY, ANY TIME. CONTACT:

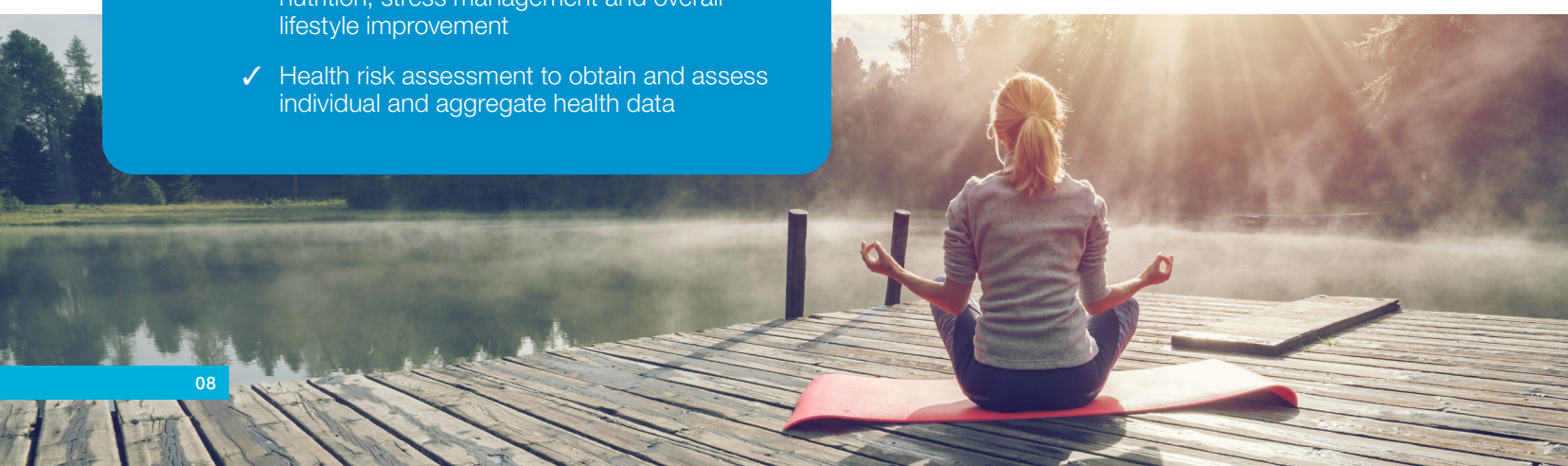
- Inside the U.S.: **1-877-249-4765**
- Outside the U.S.: **+44-208-987-6228**
- **support@worldwideassist.co.uk**

Wellness Services

Set your baseline by taking the Health Assessment and then work to improve your wellness via a one-on-one telephone relationship with a Wellness Coach or by using one of the online programs to address issues related to fitness, weight, smoking and stress.

TO CONTACT A WELLNESS COACH:

- Inside the U.S.: **1-877-249-4752**
- Outside the U.S.: **+44-208-987-6229**
- **contactacoach@wellness-assist.com**





SELF-SERVICE TOOLS

WHY USE THE GEOBLUE MEMBER HUB OR MOBILE APP?



Our digital tools put access to global healthcare right in your hands! Our hyper-personal interfaces provide relevant information based on your profile. There is a wide range of information available to you on the Member Hub, including:



Claim Submission and Status

Submit and track the status of your claims.



ID Card(s)

Obtain an electronic copy of your ID card(s) and request replacements.



Provider Directory

You can review profiles of preferred doctors and hospitals to find the best match, view their contact details and locate the office.



Medical Term Translations

Translation tool for common healthcare terms and phrases.



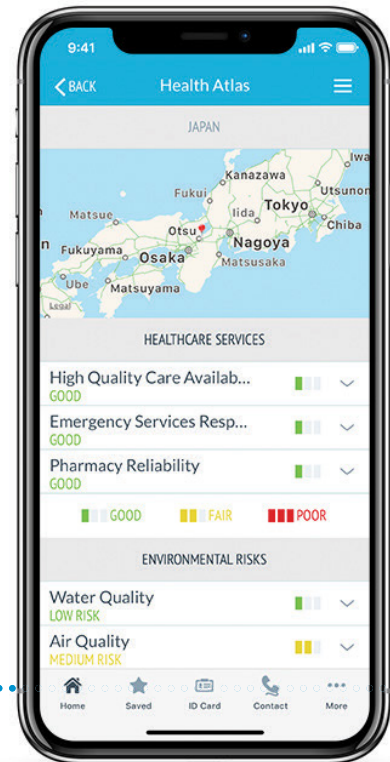
Medicine Equivalent Tool

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



News and Safety Information

Receive push notifications and alerts detailing the latest security and health issues based on your location. You can also view country or city profiles on crime, terrorism and natural disasters.



Download the app today!

Download the app and log in using your username and password from www.geo-blue.com or register as a new user through the app using information from your ID card.





CLAIM SUBMISSION

HOW TO CLAIM

Whether you choose a preferred provider that we pay directly or pay up front for services and submit a claim for reimbursement, the claim process is quick and easy. Direct settlement is easier for us to arrange if you confirm your treatment with us first, or if you use a preferred hospital or healthcare professional.

Direct Settlement

Direct settlement is where we pay the provider directly, making things easier for you.

OR

Pay and Claim

You pay up front for services and then submit a claim to us for reimbursement.

1

You should present your ID card when you receive treatment.

After you visit your treating provider, be sure to fill out a claim form in its entirety. A claim form can be found on the Member Hub.

2

We send the treating provider a verification statement.
We will also send a copy to you upon request.

Once you have received medical services and paid the treating provider, you should complete all sections of the claim form, include the original bills and receipts and send the claim to us.

3

The treating provider will ask you to review or complete paperwork, as appropriate. If you have coinsurance or a remaining deductible* on any benefit, you will need to pay this directly to the treating provider. The treating provider will then send your claim to us.

You can submit your claim online via the Member Hub or mobile app, or mail/fax it to us.

4

We pay the treating provider directly.

We reimburse you. If you have an annual deductible or a coinsurance applied to your claim we will reimburse you the cost of the claim minus the percentage of the coinsurance or the amount of the remaining annual deductible.

5

We will send you an EOB*.
When we settle your claim, your benefits are paid in line with the limits shown in your Certificate of Coverage.

*Please see definitions on page 7.

**IF YOU NEED ASSISTANCE WITH A CLAIM,
WE'RE AVAILABLE TO HELP 24/7/365.**



**Call the number on the
back of your ID card.**



CLAIM SUBMISSION

IF YOU NEED TO SUBMIT A CLAIM FOR REIMBURSEMENT, YOU HAVE THE FOLLOWING OPTIONS:



eClaims

We recommend submitting your claims through the Member Hub or mobile app which are the quickest and most convenient ways. 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.

Email and Fax

If you prefer to submit a claim via email or fax, a printable claim form and detailed instructions are available on the Member Hub.

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

Postal Mail

If you prefer to submit a claim via postal mail, a printable claim form and detailed instructions are available on the Member Hub on www.geo-blue.com.

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

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

Follow these tips to speed up the claims reimbursement process:

- ✓ If you mail or fax your claim(s) make sure your claim form is filled out completely, and don't forget to sign it.
- ✓ Fill out a separate form for each doctor or office visit.
- ✓ Be sure to add a diagnosis or reason for treatment.
- ✓ Provide a detailed description and amount charged for each service.
- ✓ Clearly state how you'd like to be reimbursed.
- ✓ Make and keep handy copies of your bills, receipts and claim forms.



Missing information on the claim form or supporting documentation may delay your claim reimbursement.

Need to Check the Status of your Claim?

No problem! Simply choose **“Claims”** in the GeoBlue app or visit the **“Claims”** section of the Member Hub. If you are using the mobile app, you can elect to receive a push notification when your claim is processed. For more help, visit the **“Claims”** section of the Member Hub.



Overview of Benefits

Schedule of Benefits

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
The Percentage of Covered Expenses the Covered Person Pays	10% Coinsurance	10% Coinsurance	10% Coinsurance of the Maximum Reimbursable Charge
Maximum Reimbursable Charge	Not Applicable	Not Applicable	150% of Medicare Rates
Maximum Reimbursable Charge is determined based on the lesser of the Provider's normal charge for a similar service or supply; or a percentage of Charges made by Providers of such service or supply in the geographic area where the service is received. These Charges are compiled in a database We have selected. Note: The Provider may bill You for the difference between the Provider's normal charge and the Maximum Reimbursable Charge, in addition to applicable Deductibles and Coinsurance.			
Policy Year Deductible			
Individual	\$0	\$0	\$0
Family Maximum	\$0	\$0	\$0
Family members meet only their individual Deductible and then their claims will be covered under the Plan Coinsurance; if the family Deductible has been met prior to their individual Deductible being met, their claims will be paid at the Plan Coinsurance.			
Out-of-Pocket Maximum			
Individual	\$1,000	\$1,000	\$1,000
Family Maximum	2.5 times the individual Out-of-Pocket Maximum	2.5 times the individual Out-of-Pocket Maximum	2.5 times the individual Out-of-Pocket Maximum
Family members meet only their individual Out-of-Pocket and then their claims will be covered at 100%; if the family Out-of-Pocket has been met prior to their individual Out-of-Pocket being met, their claims will be paid at 100%.			
Physician's Services			
Physician's Office Visit - Primary Care Physician	10% Coinsurance	10% Coinsurance	10% Coinsurance
Office Visit – Specialist	10% Coinsurance	10% Coinsurance	10% Coinsurance
Surgery Performed In the Physician's Office	10% Coinsurance	10% Coinsurance	10% Coinsurance

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
Second Opinion Consultations (provided on a voluntary basis)	10% Coinsurance	10% Coinsurance	10% Coinsurance
Allergy Treatment/Injections	10% Coinsurance	10% Coinsurance	10% Coinsurance
Preventive Care	You Pay 0% Coinsurance not subject to Plan Deductible or Copayments	You Pay 0% Coinsurance not subject to Plan Deductible or Copayments	You Pay 10% Coinsurance, No Copay
Routine Preventive Care – all ages	You Pay 0% Coinsurance not subject to Plan Deductible or Copayments	You Pay 0% Coinsurance not subject to Plan Deductible or Copayments	You Pay 10% Coinsurance, No Copay
Immunizations – all ages	You Pay 0% Coinsurance not subject to Plan Deductible or Copayments	You Pay 0% Coinsurance not subject to Plan Deductible or Copayments	You Pay 10% Coinsurance, No Copay
Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings	You Pay 0% Coinsurance not subject to Plan Deductible or Copayments	You Pay 0% Coinsurance not subject to Plan Deductible or Copayments	You Pay 10% Coinsurance, No Copay
Lead Poisoning Screening Tests For Children under age 6	You Pay 0% Coinsurance not subject to Plan Deductible or Copayments	You Pay 0% Coinsurance not subject to Plan Deductible or Copayments	You Pay 10% Coinsurance, No Copay
Inpatient Hospital – Facility/Professional Charges			
Bed and Board Charges	10% Coinsurance	10% Coinsurance	10% Coinsurance
Physician's Visits/Consultations	10% Coinsurance	10% Coinsurance	10% Coinsurance
Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)	10% Coinsurance	10% Coinsurance	10% Coinsurance

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
<p>Inpatient Services at Other Health Care Facilities</p> <p>Includes Skilled Nursing Facility, Rehabilitation Hospital and Sub-Acute Facilities</p>	10% Coinsurance	10% Coinsurance	10% Coinsurance
<p>Ambulatory Surgical Services</p> <p>Operating Room, Recovery Room, Procedure Room, Treatment Room and Observation Room</p> <p>Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)</p>	10% Coinsurance	10% Coinsurance	10% Coinsurance
<p>Emergency and Urgent Care Services</p> <p>Hospital Emergency Room</p> <p>Outpatient Professional Services (radiology, pathology and ER Physician)</p> <p>Urgent Care Facility</p>	10% Coinsurance	10% Coinsurance	<p>If true emergency, the benefit will be paid at the U.S. Participating Provider Rate.</p> <p>10% Coinsurance</p> <p>10% Coinsurance</p> <p>10% Coinsurance</p>

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
X-ray and/or Lab performed at the Emergency Room or Urgent Care Facility (billed as part of the visit)	10% Coinsurance	10% Coinsurance	10% Coinsurance
X-ray and/or Lab performed at the Independent facility in conjunction with the Emergency Room visit	10% Coinsurance	10% Coinsurance	10% Coinsurance
Ambulance	10% Coinsurance	10% Coinsurance	10% Coinsurance
Laboratory and Radiology Services (includes Pre-Admission Testing)			
Inpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
Outpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
Independent X-ray and/or Lab Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans and PET Scans)			
Inpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
Outpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
Independent Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
Maternity Care/Obstetrical Services			
Physician's Office visit to confirm pregnancy	10% Coinsurance	10% Coinsurance	10% Coinsurance
Global Maternity Fee (Prenatal, Postnatal and Physician's delivery charge)	10% Coinsurance	10% Coinsurance	10% Coinsurance
Physician's Office visits in addition to the global maternity fee	10% Coinsurance	10% Coinsurance	10% Coinsurance
Laboratory, Radiology Services and or Advance Radiological Imaging	10% Coinsurance	10% Coinsurance	10% Coinsurance
Delivery Charges – Facility (Hospital, Birthing Center)	10% Coinsurance	10% Coinsurance	10% Coinsurance
Services of a Doula	10% Coinsurance	Not Covered	Not Covered
Termination of Pregnancy			
Medically Necessary	10% Coinsurance	10% Coinsurance	10% Coinsurance
Elective	10% Coinsurance	10% Coinsurance	10% Coinsurance
Infertility Expenses – Basic			
Covered Expenses include Charges made by a Physician to diagnose and to surgically treat the underlying medical cause of Infertility.			
Physician's Office Visit	10% Coinsurance	10% Coinsurance	10% Coinsurance
Inpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
Outpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
Physician's Services	10% Coinsurance	10% Coinsurance	10% Coinsurance

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
<p>Infertility Expenses – Comprehensive</p> <p>Limited Benefit – See benefit description for specific coverages and exclusions. Pre-authorization is required</p>			
Physician’s Office Visit	10% Coinsurance	10% Coinsurance	10% Coinsurance
Outpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
Physician’s Services	10% Coinsurance	10% Coinsurance	10% Coinsurance
<p>Family Planning /Reproductive Health Services</p> <p>See benefit description for specific coverages</p> <p>For Women</p>			
Physician’s Office Visit	You Pay 10% Coinsurance not subject to Plan Deductible or Copayments	You Pay 10% Coinsurance not subject to Plan Deductible or Copayments	10% Coinsurance
Inpatient Facility	You Pay 10% Coinsurance not subject to Plan Deductible or Copayments	You Pay 10% Coinsurance not subject to Plan Deductible or Copayments	10% Coinsurance
Outpatient Facility	You Pay 10% Coinsurance not subject to Plan Deductible or Copayments	You Pay 10% Coinsurance not subject to Plan Deductible or Copayments	10% Coinsurance
Physician’s Services	You Pay 10% Coinsurance not subject to Plan Deductible or Copayments	You Pay 10% Coinsurance not subject to Plan Deductible or Copayments	10% Coinsurance
For Men			
Physician’s Office Visit	10% Coinsurance	10% Coinsurance	10% Coinsurance
Inpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
Outpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
Physician's Services	10% Coinsurance	10% Coinsurance	10% Coinsurance
Obesity/Bariatric Surgery Subject to Medical Necessity and Clinical guidelines for someone who is Morbidly Obese. Pre-authorization is required			
Physician's Office Visit	10% Coinsurance	10% Coinsurance	10% Coinsurance
Inpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
Outpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
Physician's Services	10% Coinsurance	10% Coinsurance	10% Coinsurance
Organ Transplant Services Includes all medically appropriate, non-Experimental transplants. Pre-authorization is required			
Physician's Office Visit	10% Coinsurance	10% Coinsurance	10% Coinsurance
Inpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
Physician's Services	10% Coinsurance	10% Coinsurance	10% Coinsurance
Transgender Services See benefit description for covered services. Pre-authorization is required			
Physician's Office Visit	10% Coinsurance	10% Coinsurance	10% Coinsurance
Inpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
Outpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
Physician's Services	10% Coinsurance	10% Coinsurance	10% Coinsurance
Nutritional Evaluation			
Physician's Office Visit	10% Coinsurance	10% Coinsurance	10% Coinsurance

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
Inpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
Outpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
Physician's Services	10% Coinsurance	10% Coinsurance	10% Coinsurance
Nutritional Formulas	10% Coinsurance	10% Coinsurance	10% Coinsurance
Acupuncture Physician's office visit	10% Coinsurance	10% Coinsurance	10% Coinsurance
Chiropractic Care/Spinal Manipulations Physician's office visit	10% Coinsurance	10% Coinsurance	10% Coinsurance
Annual Physical /Executive Health Screening for Services not covered as Preventive Care	10% Coinsurance	10% Coinsurance	10% Coinsurance
Telehealth	10% Coinsurance	10% Coinsurance	10% Coinsurance
Dental Services due to an Injury and Oral and Maxillofacial Treatment (Mouth, Jaws and Teeth) Limited Benefits – please see the benefit description for limitation on Dental Services due to an Injury Physician's Office Visit	10% Coinsurance	10% Coinsurance	10% Coinsurance
Inpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
Outpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
Physician's Services	10% Coinsurance	10% Coinsurance	10% Coinsurance
TMJ Treatment	10% Coinsurance	10% Coinsurance	10% Coinsurance
Diabetic Equipment, Supplies and Self- Management and Education	10% Coinsurance	10% Coinsurance	10% Coinsurance

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
Durable Medical Equipment	10% Coinsurance	10% Coinsurance	10% Coinsurance
External Prosthetic Appliances	10% Coinsurance	10% Coinsurance	10% Coinsurance
Wigs (for hair loss due to alopecia areata or cancer treatment)	10% Coinsurance	10% Coinsurance	10% Coinsurance
Mental Health (will be paid at the same level of coinsurance as any other illness/injury)			
Inpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
Outpatient (Includes Individual, Group and Intensive Outpatient)			
Physician's Office Visit	10% Coinsurance	10% Coinsurance	10% Coinsurance
Outpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
ABA Treatment for Autism Spectrum Disorder (Pre-authorization required)	10% Coinsurance	10% Coinsurance	10% Coinsurance
Assistive Communication Devices for Autism Spectrum Disorder (Pre-authorization required)	10% Coinsurance	10% Coinsurance	10% Coinsurance
Psycho-Educational Testing	10% Coinsurance	10% Coinsurance	10% Coinsurance
Substance Use Health (will be paid at the same level of coinsurance as any other illness/injury)			
Inpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
Outpatient (Includes Individual, Group and Intensive Outpatient)			
Physician's Office Visit	10% Coinsurance	10% Coinsurance	10% Coinsurance
Outpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
Hearing Benefit			
One Examination per 12 month period	10% Coinsurance	10% Coinsurance	10% Coinsurance
Hearing Aid Benefit			
A necessary hearing aid unit for each hearing impaired ear every 36 months	10% Coinsurance	10% Coinsurance	10% Coinsurance
Home Health Care Services	10% Coinsurance	10% Coinsurance	10% Coinsurance
Private Duty Nursing (40 visits per calendar year or continuous twelve-month period).	10% Coinsurance	10% Coinsurance	10% Coinsurance
Hospice Care Services	10% Coinsurance	10% Coinsurance	10% Coinsurance
Infusion Therapy			
Outpatient Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance
Physician's Services	10% Coinsurance	10% Coinsurance	10% Coinsurance
Short Term Rehabilitative Therapy			
Physician's Office Visit	10% Coinsurance	10% Coinsurance	10% Coinsurance
Outpatient Hospital Facility	10% Coinsurance	10% Coinsurance	10% Coinsurance

Prescription Drugs - Schedule of Benefits

Prescription Drugs Purchased Outside of the United States

Retail Pharmacies or Drugs dispensed by a Physician or medical facility on an Outpatient basis – Copayments based on a one (1) month supply

Generic Drugs	10% Copayment per Prescription or refill.
Preferred Brand Drugs	10% Copayment per Prescription or refill.
non-Preferred Brand Drugs	10% Copayment per Prescription or refill.
Mail Order Prescription Drugs using Our mail order Prescription Drug vendor – Copayments based on a one (3) month supply	
Generic Drugs	10% Copayment per Prescription or refill.
Preferred Brand Drugs	10% Copayment per Prescription or refill.
non-Preferred Brand Drugs	10% Copayment per Prescription or refill.

Prescription Drugs Purchased Inside of the United States

Retail Pharmacies or Drugs dispensed by a Physician or medical facility on an Outpatient basis – Copayments based on a one (1) month supply

	Participating Retail Pharmacy	Non-Participating Retail Pharmacy
Generic Drugs	10% Copayment per Prescription or refill.	10% Copayment per Prescription or refill.
Preferred Brand Drugs	10% Copayment per Prescription or refill.	10% Copayment per Prescription or refill.
non-Preferred Brand Drugs	30% Coinsurance per Prescription or refill. The Maximum Copayment per 1 month supply is \$150.	30% Coinsurance per Prescription or refill. The Maximum Copayment per 1 month supply is \$150.
Mail Order Prescription Drugs using Our mail order Prescription Drug vendor – Copayments based on a one (3) month supply		
	Participating Provider Mail Order Pharmacy	Non-Participating Mail Order Pharmacy
Generic Drugs	10% Copayment per Prescription or refill.	Not Covered
Preferred Brand Drugs	10% Copayment per Prescription or refill.	Not Covered
non-Preferred Brand Drugs	30% Coinsurance per Prescription or refill. The Maximum Copayment per 3-month supply is \$450.	Not Covered

Exclusions

Exclusions and Expenses Not Covered

No coverage is available under this Certificate for the following:

- 1. Convalescent and Custodial Care:** We do not Cover services related to rest cures, custodial care or transportation. "Custodial care" means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered Services determined to be Medically Necessary.
- 2. Conversion Therapy.** We do not Cover conversion therapy. Conversion therapy is any practice by a mental health professional that seeks to change the sexual orientation or gender identity of a Member under 18 years of age, including efforts to change behaviors, gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include counseling or therapy for any individual who is seeking to undergo a gender transition or who is in the process of undergoing a gender transition, that provides acceptance, support and understanding of an individual or the facilitation of an individual's coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, provided that the counseling or therapy does not seek to change sexual orientation or gender identity.
- 3. Cosmetic Services:** We do not Cover cosmetic services, Prescription Drugs, or surgery, unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Child which has resulted in a functional defect. We also Cover services in connection with reconstructive surgery following a mastectomy, as provided elsewhere in this Certificate. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process in the Utilization Review and External Appeal sections of this Certificate unless medical information is submitted.
- 4. Dental Services:** We do not Cover dental services except for: care or treatment due to accidental injury to sound natural teeth within 12 months of the accident; dental care or treatment necessary due to congenital disease or anomaly; or dental care or treatment specifically stated in the Outpatient and Professional Services section of this Certificate, or any attached Riders.
- 5. Experimental or Investigational Treatment:** We do not Cover any health care service, procedure, treatment, device or Prescription Drug that is experimental or investigational. However, We will Cover experimental or investigational treatments, including treatment for Your rare disease or patient costs for Your participation in a clinical trial as described in the Outpatient and Professional Services section of this Certificate, when Our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, We will not Cover the costs of any investigational drugs or devices, non-health services required for You to receive the treatment, the costs of managing the research, or costs that would not be Covered under this Certificate for non-investigational treatments. See the Utilization Review and External Appeal sections of this Certificate for a further explanation of Your Appeal rights.

6. **Felony Participation:** We do not Cover any illness, treatment or medical condition due to Your participation in a felony, riot or insurrection. This exclusion does not apply to Coverage for services involving injuries suffered by a victim of an act of domestic violence or for services as a result of Your medical condition (including both physical and mental health conditions).
7. **Foot Care:** We do not Cover routine foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet. However, we will Cover foot care when You have a specific medical condition or disease resulting in circulatory deficits or areas of decreased sensation in Your legs or feet.
8. **Government Facility:** We do not Cover care or treatment provided in a Hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law unless You are taken to the Hospital because it is close to the place where You were injured or became ill and Emergency Services are provided to treat Your Emergency Condition.
9. **Medically Necessary:** In general, We will not Cover any health care service, procedure, treatment, test, device or Prescription Drug that We determine is not Medically Necessary. If an External Appeal Agent certified by the State overturns Our denial, however, We will Cover the service, procedure, treatment, test, device or Prescription Drug for which coverage has been denied, to the extent that such service, procedure, treatment, test, device or Prescription Drug is otherwise Covered under the terms of this Certificate.
10. **Medicare or Other Governmental Program:** We do not Cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).
11. **Military Service:** We do not Cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.
12. **No-Fault Automobile Insurance:** We do not Cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if You do not make a proper or timely claim for the benefits available to You under a mandatory no-fault policy.
13. **Services Not Listed:** We do not Cover services that are not listed in this Certificate as being Covered.
14. **Services Provided by a Family Member:** We do not Cover services performed by a member of the covered person's immediate family. "Immediate family" shall mean a child, spouse, mother, father, sister or brother of You or Your Spouse.
15. **Services Separately Billed by Hospital Employees:** We do not Cover services rendered and separately billed by employees of Hospitals, laboratories or other institutions.
16. **Services With No Charge:** We do not Cover services for which no charge is normally made.
17. **Vision Services:** We do not Cover the examination or fitting of eyeglasses or contact lenses, unless services are provided by attached Rider.
18. **War:** We do not Cover an illness, treatment or medical condition due to war, declared or undeclared, if Your were an active participant in the war.
19. **Workers' Compensation:** We do not Cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.

Accidental Death & Dismemberment Rider

Maximum Benefit	Principal Sum up to \$50,000 per Covered Person
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Medical Assistance Rider

EMERGENCY MEDICAL EVACUATION	Maximum Benefit up to \$250,000
REPATRIATION OF MORTAL REMAINS	Maximum Benefit up to \$25,000
EMERGENCY FAMILY TRAVEL ARRANGEMENTS	Maximum Benefit up to \$2,500

IMPORTANT CONTACT INFORMATION

Contact us *anytime, anywhere!*

REACH US WORLDWIDE 24/7/365:



Outside the U.S.
+1-610-230-2406



Toll-free within the U.S.
1-888-304-8898



Email us through the **Member Hub**
or **mobile app**



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