



Welcome to GeoBlue®

Simplifying the international healthcare experience to keep you safe and healthy throughout your journey

ACADEMIC COMPANION

2025-2026

GeoBlue® 

WELCOME

TO YOUR INSTITUTION'S HEALTH PLAN

Embarking on a study abroad program is an exciting venture that gives students, faculty and staff a broader, more global view of the world. Your GeoBlue health insurance plan provides you access to global medical expertise with responsive, multi-channel service. Register with the GeoBlue mobile app or online through the Member Hub to learn about the extra care you receive when you travel with GeoBlue.

INTRODUCTION TO YOUR HEALTH PLAN

Important plan information and health tools



ACCESSING CARE

How to receive care throughout your journey



MEDICAL EVACUATION AND REPATRIATION SERVICES

24/7/365 support in a medical emergency



SELF-SERVICE TOOLS

Convenient tools available on the Member Hub and in the mobile app



SUBMITTING A CLAIM

File a claim for reimbursement



REVIEWING PLAN BENEFITS

What is covered by your plan?



This pamphlet contains a brief summary of the features and benefits for eligible participants. This is not a contract of insurance. Coverage is provided under a Certificate of Insurance issued to Anthem Insurance Companies, Inc. ("Anthem") by 4 Ever Life International Limited, Bermuda. Coverage is available to Students and eligible Dependents validly enrolled in the Anthem's Anthem Student Advantage program, who meet the eligibility requirements specified by Anthem. Complete information on the insurance is contained in the Certificate of Insurance which is on file with Anthem and is available to all eligible participants upon request. 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 in the GeoBlue mobile app or on the Member Hub to access important plan information

- You will need to use your Group Access Code for registration:
- Obtain electronic ID card
- Locate carefully selected, trusted providers and hospitals outside of the U.S.
- Arrange Direct Pay to your provider
- Access global health and safety tools including medical translations, drug equivalents and news and safety information

To register, download the GeoBlue mobile app from the Apple or Google Play app stores or visit the Member Hub on www.geobluestudents.com. Please use your Group Access Code that's listed above to register. After you register you can use your log in information for both the website and the mobile app.

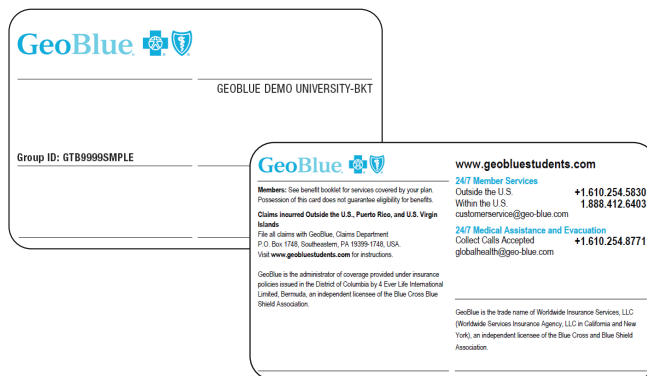
Get your GeoBlue ID card

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

- You can obtain an electronic version of your ID card in the GeoBlue mobile app and on the Member Hub
- You can request a replacement ID card through the mobile app and Member Hub. You can also contact customer service for assistance in requesting a replacement ID card
- Your name is not listed on your ID card
- Your GeoBlue electronic ID card is different than your domestic medical ID card

When you receive your ID card, please check the information for accuracy. Contact customer service if you find any errors. When contacting customer service be prepared to provide your name, date of birth, phone number, email and Group Access Code:

Your ID card



ID card images for illustration purposes only

Need help?

We're available to assist 24/7/365

PHONE

Inside the U.S.: 1-833-511-4763
Outside the U.S.: +1-484-808-5225



EMAIL

Use the contact form in the GeoBlue mobile app and on the Member Hub





ACCESSING CARE

FIND HEALTHCARE OUTSIDE THE U.S.



Find a Provider

You have access to leading care through the GeoBlue provider network. To find a contracted doctor or facility, select **"Provider Finder"** in the GeoBlue mobile app or visit the **"Doctor and Facilities Finder"** section on the Member Hub on www.geobluestudents.com.



Scheduling an Appointment

To schedule an appointment, choose a participating provider or hospital through the GeoBlue mobile app or Member Hub. Contact them directly using the information in their profile. After you make your appointment, contact us to provide the doctor's office with the information required to arrange Direct Pay. For optimal service, request Direct Pay at least 48 hours prior to your appointment. This is necessary when scheduling follow-up appointments as well. In many countries providers require payment at the time of the visit unless Direct Pay has been arranged. If you need assistance with scheduling an appointment, submit a **"Service Request"** from the **"Tools & Services"** section on the Member Hub on www.geobluestudents.com.

Contact us for Direct Pay:

- Use the GeoBlue mobile app to search for a provider, view their profile and complete a request form
- Visit the Member Hub on www.geobluestudents.com
- Call GeoBlue with:
Inside the U.S.: **1-833-511-4763**
Outside the U.S.: **+1-484-808-5225**



Global TeleMD™

We know it's important to get the healthcare you need, when you need it. We've teamed up with Teladoc Health to bring you Global TeleMD, a telemedicine service that provides unlimited, 24/7/365 access to free doctor consultations by telephone or video. Doctors are available worldwide. Prescriptions may also be provided, as appropriate (subject to local regulations). To access Global TeleMD, download the Global TeleMD app or select **"Telehealth"** then **"Talk to a Doctor"** in the GeoBlue mobile app.



Out-of-Network Providers

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"** on the Member Hub on www.geobluestudents.com to download the appropriate claim form. You can submit claims by email, fax or regular mail.



Prescription Benefits

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



Political and Natural Disaster Services

Your plan includes political and natural disaster services. If you experience a political or natural disaster, please contact us immediately by calling the numbers listed below:

Inside the U.S.: **1-833-511-4763**
Outside the U.S.: **+1-484-808-5225**

*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 institution and on the Member Hub on www.geobluestudents.com.





MEDICAL EVACUATION AND REPATRIATION SERVICES

GEOBLUE PROVIDES 24/7/365 SUPPORT AND COORDINATION IN THE EVENT OF A MEDICAL EMERGENCY

GeoBlue's 24/7/365 Global Service Center is here to support members experiencing medical emergencies. GeoBlue works with emergency services and resources around the world. If a member needs urgent medical care, they will be taken to the closest suitable medical facility.

What should I do in the event of a medical emergency?



Go immediately to the nearest physician or hospital and then contact us.

- Inside the U.S.: **1-833-511-4763**
Outside the U.S.: **+1-484-808-5225**
- GeoBlue's medical assistance team will contact your treating physician and closely monitor your case to determine if a medical evacuation is necessary

When you call GeoBlue, please be prepared to provide the following information:

- The insured person's name
- The ID number located on the front of your GeoBlue Medical ID card
- The program name or school name
- Detailed information regarding the nature of the emergency
- If applicable, the name and contact details for the treating physician and/or hospital
- The insured person's specific location in the country. Utilize a GPS if available





SELF-SERVICE TOOLS

Our digital tools put access to global healthcare right in your hands! There is a wide range of information available to you in the GeoBlue mobile app or on the Member Hub, including:



Benefit Usage

View your benefit history and past payments made toward your deductible and out-of-pocket/coinsurance limits.



ID Card

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



Telehealth

Talk to a doctor for free through Global TeleMD without leaving your home.



Request Direct Pay

Arrange direct payment for future appointments to secure cashless access to care outside of the U.S.



Provider Finder

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



Medical Translations

Use the translation tool for common healthcare terms and phrases.



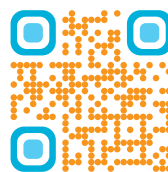
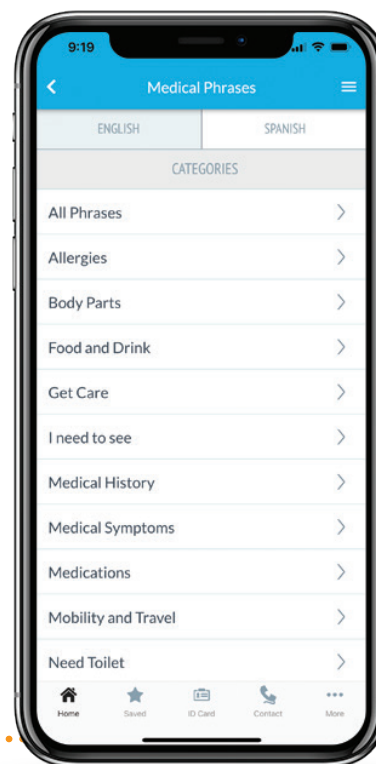
Medicine Equivalents

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



News and Safety

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!

Register in the GeoBlue mobile app or online through the Member Hub. Once registered, the login information will be the same whether using the app or online.





CLAIM SUBMISSION

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



Email and Fax

To submit a claim via email or fax, a printable claim form and detailed instructions are available on the Member Hub on www.geobluestudents.com.

Visit the **“How to File a Claim”** section of the Member Hub 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

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 and click **“How do you file a claim with GeoBlue?”** to download the appropriate claim form.

Mail to: GeoBlue

Attn: Claims Dept

PO 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?

We're available to assist 24/7/365

PHONE

Inside the U.S.: 1-833-511-4763

Outside the U.S.: +1-484-808-5225



EMAIL

Use the contact form in the GeoBlue mobile app and on the Member Hub



GLOSSARY

OF IMPORTANT TERMS AND PHRASES

Balance Billing: When a provider bills you for the difference between the provider's charge and the amount your health insurance plan pays. Your normal deductible and coinsurance are not counted as balance billing.

Coinsurance: The percentage of your healthcare costs that is not paid by the health insurance plan. Therefore, it's 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.

Claim: Documentation submitted for payment from a provider or you for medical services rendered.

Certificate of Coverage: It describes the benefit plan with specific conditions in which you and all eligible dependents have been enrolled (explains medical, dental and vision coverage).

Coverage Period: The length of time that you are covered under a specific policy.

Deductible: An amount you are responsible to pay for eligible expenses before the health insurance plan begins to pay.

Direct Pay: The provider submits an invoice for payment directly to GeoBlue, instead of asking for payment from you up front. You may still be responsible for any deductible, coinsurance or copays as defined on their health insurance contract.

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.

Guarantee of Payment (GOP): A legal document guaranteeing payment to a provider from GeoBlue based on specifically listed policy benefits on the document. This guarantee is based on your eligibility at the time of service. Also known as a Direct Pay Letter.

Prescription (Rx): An instruction written by a medical practitioner that authorizes you to be provided a medicine or treatment.

Performing Provider: The individual or group licensed to perform medical care that provided medical services to you.

Primary Care Physician (PCP): A physician who provides both the first contact for you with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system or diagnosis.

Premium: The specific amount of money you have to pay to the health insurance company each month in exchange for the health insurance company paying a portion of your healthcare costs.

Outpatient: When you receive care at a medical facility but are not admitted to the facility overnight or are at the facility for 24 hours or less.

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.

Network: The facilities, providers and suppliers your health insurance company contracts with to provide services at discounted rates. The network you would utilize is Blue Cross Blue Shield companies.

Medical Evacuation: The insurer will pay the medically necessary expenses incurred for you if you become ill or injured while traveling outside your home country for transportation to the closest location of adequate care. May also be referred to as "Medical Repatriation."

Inpatient: When you receive care at a medical facility and are admitted overnight, or are at the facility for more than 24 hours.



REVIEWING PLAN BENEFITS

SCHEDULE OF BENEFITS

All benefits and limits are stated per Covered Person unless otherwise noted and are subject to the General Certificate Exclusions.

MEDICAL EXPENSES BENEFITS	
Maximum benefit per Coverage Year	\$250,000
Per Coverage Year Deductible	\$0
Physician Office Visits	100% of the Allowed Amount
Inpatient Hospital Services	100% of the Allowed Amount
Hospital and Physician Outpatient Services	100% of the Allowed Amount
Emergency Hospital Services	100% of the Allowed Amount
ADDITIONAL GENERAL MEDICAL EXPENSES AND LIMITATIONS	
The benefits listed below are subject to coverage maximums, Deductible, Coinsurance, and Copayments listed above	
Maternity Care for a Covered Pregnancy	100% of the Allowed Amount
Inpatient treatment of mental and nervous disorders including substance abuse	100% of the Allowed Amount for a maximum period of 45 days per Coverage Year
Outpatient treatment of mental and nervous disorders including substance abuse	100% of the Allowed Amount for a maximum period of 45 visits per Coverage Year
Treatment of specified therapies, including acupuncture and Physiotherapy	100% of the Allowed Amount up to 20 visits per Coverage Year on an Outpatient basis
Annual cervical cytology screening for women 18 and older	100% of the Allowed Amount
Low dose mammography screening, one baseline mammogram and one mammogram per year	100% of the Allowed Amount
Colorectal cancer screenings	100% of the Allowed Amount
Diabetic Supplies/Education	100% of the Allowed Amount
Prostate screening tests	100% of the Allowed Amount
Child Preventive and Primary Care Services	100% of the Allowed Amount
Breast Reconstruction due to Mastectomy	100% of the Allowed Amount
Elective termination of pregnancy	100% of the Allowed Amount
Repairs to sound, natural teeth required due to an Injury	100% of the Allowed Amount up to \$500 per Coverage Year maximum
Dental Treatment (including extractions) to alleviate pain	100% of the Allowed Amount up to \$500 per Coverage Year maximum
Outpatient prescription drugs including oral contraceptives and devices	100% of the Allowed Amount. Limited to a 31-day supply for initial fill or refill

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 amount charged for, any of the following:

1. Expenses incurred in excess of Allowed Amount.
2. Services or supplies that the Insurer considers to be Experimental or Investigative.

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GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued in the District of Columbia by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association. This coverage is offered to the members of the Global Citizens Association, Washington, D.C.



REVIEWING PLAN BENEFITS

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. 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.
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. Organ or tissue transplant.
12. Participating in an illegal occupation or committing or attempting to commit a felony.
13. 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.
14. Expenses incurred within the Covered Person's Home Country.
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. 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.
23. For loss due to a Covered Person participating in the military service of any country or due a Covered Person participating in an Act of Terrorism or their Participation in Riot or Civil Commotion.
24. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
25. Loss arising from
 - a. participating in any professional sport, contest or competition;
 - b. while participating in any practice or condition program for such sport, contest or competition;
 - c. SCUBA diving, sky diving, mountaineering (where ropes and climbing equipment are customarily used), ultra-light aircraft, parasailing, sailplaning/gliders, hang gliding, parachuting, or bungee jumping.
26. 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.
27. 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.
28. Telephone, e-mail, and Internet consultations unless specifically approved by the Administrator due to limited resources while located in a country outside of the United States. This exclusion does not apply to services provided via GeoBlue's Telemedicine Services and the Global TeleMD™

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REVIEWING PLAN BENEFITS

smartphone app.

29. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
30. To the extent that such payments would be prohibited by law.

A. SECTION 3, SCHEDULE OF BENEFITS, is amended as follows:

The Schedule of Benefits is modified to include the following benefits:

EMERGENCY MEDICAL TRANSPORTATION SERVICES	COVERAGE LIMITATIONS
MEDICAL EVACUATION & REPATRIATION	Actual Cost of the Evacuation & Repatriation
REPATRIATION OF MORTAL REMAINS	Actual Cost of the Repatriation of Mortal Remains
OTHER ASSISTANCE SERVICES	COVERAGE LIMITATIONS
EMERGENCY FAMILY TRAVEL ARRANGEMENTS	Up to \$5,000 per Coverage Year
EMERGENCY REUNION	Up to \$1,500 per Coverage Year
ACCIDENTAL DEATH & DISMEMBERMENT	
Maximum Limit per Covered Person	Principle Sum Up to: \$10,000

Special Limitations/Expenses Not Covered Applied to the Emergency Medical Transportation Services

No payment will be made for charges for:

1. Services rendered without the authorization or intervention of Us or Our designee.
2. Expenses incurred if the original or ancillary purpose of Your trip is to obtain medical treatment.
3. Services provided for which no charge is normally made.
4. Hospital or medical expenses of any kind or nature.
5. More than one Emergency Medical Evacuation and/or repatriation for any single medical condition of a Covered Person during the term of the Program.
6. Initial transportation to local facilities, including ground, water or air ambulance fees, unless otherwise specified in this Plan.
7. Any expense for medical evacuation or repatriation if the Covered Person is not suffering from a Serious Medical Condition, and/or in the opinion of the Our physician, the Covered Person can be adequately treated locally, or treatment can be reasonably delayed until the Covered Person returns to his/her Home Country or Country of Assignment.
8. Any expense for Emergency Evacuation where the Covered Person, in the opinion of Our physician, can travel as an ordinary passenger without a medical escort.
9. A Covered Person who is medically discharged from the hospital, or leaves against medical advice and is physically able to travel on his or her own, is not eligible for medical transport services.
10. Medical Evacuation from a marine vessel, ship or watercraft of any kind.
11. Any treatment or expense related to childbirth, miscarriage or pregnancy. This exception shall not apply to any abnormal pregnancy or vital complication of pregnancy which endangers the life of the mother and/or unborn child during the first twenty-four (24) weeks of pregnancy.
12. Any expense related to the Covered Person engaging in the commission of, or the attempt to commit, an unlawful act.
13. Any expense incurred as a result of the Covered Person engaging in active service in the armed forces or police of any nation; active participation in war (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion, riot, revolution or insurrection.
14. Medical transport services will not be provided to a Covered Person who has a diagnosis of, or is suspected of having, a Biosafety Class Level 3 (and above) pathogen as classified by either the Centers for Disease Control and Prevention (CDC) or the National Institutes of Health (NIH).

Note: For the purposes of this limitation[/exclusion], Coronavirus disease (COVID-19) and Severe Acute Respiratory Syndrome coronavirus

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REVIEWING PLAN BENEFITS

- 2 (SARS-CoV-2), are not considered a Biosafety Class Level 3 (and above) pathogen.
15. Services not otherwise shown as covered.
 16. To the extent that such payments would be prohibited by law.

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24/7 IMPORTANT CONTACT INFORMATION

Contact us **anytime, anywhere!**

REACH US WORLDWIDE 24/7/365:



Inside the U.S.: **1-833-511-4763**
Outside the U.S.: **+1-484-808-5225**



Contact us through the **GeoBlue mobile app**
or **Member Hub**



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Apple and iTunes are trademarks of Apple Inc., registered in the U.S. and other countries. Google Play and the Google Play logo are trademarks of Google Inc.

Political Emergency and Natural Disaster Evacuation (PEND) services are provided under a contract with Crisis24. Full terms, conditions and exclusions are contained in the Crisis24 agreement. GeoBlue assumes no liability and accepts no responsibility for information provided by Crisis24 and the performance of the services by Crisis24. Support and information provided through this service does not confirm that any related support is covered under a health plan.

Services are provided by WorkPlace Options, an independent company that is not affiliated with GeoBlue and does not provide Blue Cross or Blue Shield products or services. WorkPlace Options is solely responsible for referring participants for counseling, coaching and work-life services and health assessments by providers who are appropriately licensed by local authorities. The evaluation and efficacy of any service delivered by a provider lies solely with the employee, spouse, dependent or other authorized party who inquires on behalf of those or other participants. GeoBlue shall have no responsibility or liability whatsoever for any aspect of the provider counseling, coaching, work-life services and health assessments or other similar services, or the counselor/participant relationship.

Telemedicine services are provided by Teladoc Health, directly to members. GeoBlue assumes no liability and accepts no responsibility for information provided by Teladoc Health and the performance of the services by Teladoc Health. Support and information provided through this service does not confirm that any related treatment or additional support is covered under a member's health plan. This service is not intended to be used for emergency or urgent treatment medical questions.

SCHL191100-MEM-12/24

