GeoBlue® Student Member Guide

Cornell University - Inbound OGSE | 2019-2020

GeoBlue
International Health Insurance for Higher Education

GeoBlue

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 throughout your journey

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?

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: made available in cooperation with Empire BlueCross BlueShield. Coverage is provided under insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, Illinois.

Getting Started

Important plan information and health tools

Your institution provides you access to GeoBlue's international health insurance plan. You can enroll online using a credit card. Visit the Resource Center on **www.geobluestudents.com** and enter your group access code listed below to review plan details and pricing.

Program Name: Cornell University - Inbound
Website: www.geobluestudents.com
Group Access Code: QFL-40682

Monthly rates for coverage are:

	Participant	Spouse	Child	Children
For Participants up to age : Any	$141.48	$	$	$

Download the GeoBlue app to register

Download our app from the Apple, Amazon or Google Play app stores to put your plan in the palm of your hand:

- Display an electronic ID card
- Locate Blue Cross and Blue Shield providers and hospitals within the U.S.
- Access global health and safety tools including translations, drug equivalents, news and safety information
- Submit and track claims

You can also register online at **www.geobluestudents.com**.

Visit the GeoBlue Member Hub

Visit the Member Hub on **www.geobluestudents.com** to view important plan information and to access convenient self-service tools. Login with the username and password you created when you registered through the app. If you have not previously registered through the app, you can register directly online.

Get your GeoBlue ID card

It is important to have your GeoBlue ID card to access healthcare services; you will need to present your ID card whenever you receive medical care. This card can be accessed from multiple sources:

- You can show, fax or email your ID card through the app
- Your ID card is available in the Member Hub on **www.geobluestudents.com**

When you receive your ID card, please check the information for accuracy. Call Customer Service if you find an error.

Need help with registration?

Contact us for assistance:

Inside the U.S. call **1.844.268.2686**
Outside the U.S. call **+1.610.263.2847**
customerservice@geo-blue.com

This pamphlet contains a brief summary of the features and benefits for insured participants covered under your school health insurance. This is not a contract of insurance. Coverage is provided under an insurance policy under which your school is a participating school. The policy is underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, Illinois (Policy form 28.1332). Complete information on the insurance is contained in the Certificate of Insurance (Certificate Form 28.1333) which is on file with the school and is made available to all insured participants. If there is a difference between this program description and the certificate wording, the certificate controls.

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: made available in cooperation with Empire BlueCross BlueShield. Coverage is provided under insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, Illinois.

Getting Care

Get care when you are abroad: find providers and schedule appointments

1. Find a provider

Outside the U.S. you have access to care through the GeoBlue provider network. To find a contracted doctor or facility, visit the "Provider Finder" section in the Member Hub on **www.geobluestudents.com** or in the app. For optimal service, request Direct Pay at least 48 hours prior to your appointment to avoid paying out-of-pocket for medical care and submitting claims.*

Outside of the U.S. you are free to see any provider you choose without a reduction of benefits. If you see a non-contracted provider, you may have to pay out of pocket for treatment and submit a claim.

2. Schedule an appointment

To schedule an appointment, choose a participating provider or hospital through the Member Hub or app. 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.

Contact us to arrange for Direct Pay:

- Use **www.geobluestudents.com** or the GeoBlue app
- Email **globalhealth@geo-blue.com**
- Call collect on +1.610.254.8771
- Call toll free inside the U.S. on 1.800.257.4823

3. Request Direct Pay

To avoid paying up front for medical care and submitting a claim, arrange for Direct Pay:*

- Use **www.geobluestudents.com** or the GeoBlue app to find a provider, view a profile and complete a request form
- Email **globalhealth@geo-blue.com** the name of your provider, the reason for your appointment and the date and time of your scheduled visit
- Call collect on +1.610.254.8771

For optimal service, request Direct Pay at least 48 hours prior to your appointment.

In the event of a medical emergency

You should go immediately to the nearest physician or hospital and then 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.

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

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Getting Care

Get care when you are abroad: prescriptions, assistance and other services

Prescription benefits

Your prescription medications are covered at 100%.* Simply pay out of pocket and submit a claim for reimbursement. Submit claims electronically using the GeoBlue app or the "File an eClaim" link on the Member Hub. If you prefer to submit a paper claim form, click "How to File a Claim" in the Member Hub on **www.geobluestudents.com** to download the appropriate claim form.

Service requests

If you need assistance with any non-urgent medical issue, you can submit a service request directly to our Global Health and Safety team. Common service requests include help managing prescriptions and finding specialists overseas.

To place a service request, visit the "Service Requests" section in the Member Hub on **www.geobluestudents.com**.

Assistance with appointment scheduling

While it's often easier to set up your own appointments, we can help when you are unsure about where to seek care. You may have a new diagnosis, be in a remote area with limited options, in need of translation, or struggling to adapt to your new surroundings.

To request help scheduling a convenient, cashless office visit with one of GeoBlue's trusted English-speaking doctors.
Contact us 24/7: +1.610.254.8771.

Political and natural disaster services

Your plan includes political and natural disaster evacuation services. If you experience a political event or a natural disaster, please contact us immediately:

- Call collect on +1.610.254.8771
- Call toll free inside the U.S. on 1.800.257.4823
- Email **globalhealth@geo-blue.com**

The Political, Military and Natural Disaster Evacuation Services (PEND) are provided through Drum Cussac Group Ltd. (Drum), an independent third party, non-affiliated service provider based in the UK. Drum does not supply Blue Cross or Blue Shield products or other benefits, and is therefore solely responsible for and accepts all liability for PEND and other collateral services it provides. GeoBlue makes no warranty, express or implied, and accepts no responsibility resulting from the provision or use of Drum PEND or other Drum services.

**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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Getting Care

Get care when you are in the U.S.

Student health center

Student health centers are a convenient healthcare option for basic health services. Consult your school's resources for more specific information about the care available to you, location(s) and hours. If you choose to receive care from your student health center, coinsurance, copayments and/or deductibles may be waived.

Finding a provider

If you need care outside of what is available from your institution, you also have access to the Blue Cross and Blue Shield network within the U.S., Puerto Rico, and U.S. Virgin Islands. To find a doctor or facility, visit the "Provider Finder" section in the Member Hub on **www.geobluestudents.com** or in the app.

Contact us for assistance:

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

Scheduling an appointment with a Blue Cross and Blue Shield provider

Call the provider to confirm they are in network and schedule your appointment. At the time of service, you will need to show the provider your GeoBlue ID card and tell them you are covered by Blue Cross and Blue Shield.

Using an out-of-network provider

This typically results in a higher coinsurance and may result in additional costs to you. If you receive care from an out-of-network provider, you may need to pay out of pocket and submit a claim for reimbursement. Click "How to File a Claim" in the Member Hub on **www.geobluestudents.com** to download the appropriate claim form. Submit claims electronically using the GeoBlue app or the "File an eClaim" link on the Member Hub.

Prescription benefits

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

Pre-authorization inside the U.S.

Your plan requires that certain services be pre-authorized before you receive them. Pre-authorization involves reviewing the medical necessity of certain procedures and can help determine the most appropriate setting for certain services and whether a different, equally effective treatment is available. Innovations in health care enable doctors to provide services, once provided exclusively in an inpatient setting, in many different settings, such as an outpatient department of a hospital or a doctor's office.

When you seek treatment, if your provider doesn't initiate preauthorization, you are responsible for initiating the pre-authorization process to determine whether the services are medically necessary. For more information regarding pre-authorization please see the Certification Requirements and Pre-Authorization section in your Certificate. To request pre-authorization, contact us: 1.800.952.3404.

Paying for care - Glossary of terms

In the U.S., your health plan typically pays your medical bills for you with the following exceptions:

- ***Copay or Copayment:*** The specific dollar amount you will pay at the time of service.
- ***Coinsurance:*** The percentage of the cost you are responsible for.
- ***Deductible:*** An amount you are responsible to pay for eligible expenses before the plan begins to pay.
- ***Out-of-Network Provider:*** Medical provider who is not contracted with Blue Cross and Blue Shield companies. This typically results in a higher coinsurance and may result in additional costs to you.

See your Certificate of Coverage for details.

In the event of a medical emergency

If you have an emergency, dial 911 or go to the closest Emergency Room immediately. If you're not sure whether your situation is an emergency, dial 911 and let the call-taker determine if you need emergency help. Once you are safe, call the Medical Assistance phone number for 24/7 care located on the back of your ID card. We will then take the appropriate action to assist and monitor your medical care until the situation is resolved.

**Certain limitations and exclusions apply to your coverage under this plan and may affect your coverage. Your Certificate of Insurance is on file with your school and in the Member Hub on www.geobluestudents.com.*

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Accessing Self-Service Tools

Convenient online and mobile tools

Find a doctor or facility

Review detailed profiles of contracted doctors to find the best match and then locate the office.

Translate medications

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

Translate medical terms and phrases

Translate hundreds of key medical phrases and terms into the most widely spoken languages with audio clips and transliterations.

Understand health and security risks

Receive daily alerts detailing the latest security and health issues in your destination. View country or city profiles on crime, terrorism or natural disasters.

Visit **www.geobluestudents.com** or **download the GeoBlue app** to access self-service tools for navigating risks and finding the best care options.

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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 Outside the U.S., Puerto Rico and U.S. Virgin Islands:

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

Claims Incurred Inside the U.S., Puerto Rico and the U.S. Virgin Islands:

GeoBlue, P.O. Box 21974, Eagan, MN 55121

Checking the status of your claim

To check your claim status, choose "Claims" in the GeoBlue app or visit the "View My Claims" section of the Member Hub on **www.geobluestudents.com**.

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Reviewing Plan Benefits

What is covered by your plan?

Schedule of Benefits

	In Network, Inside the U.S.	Out-of-Network, Inside the U.S.
Eligibility	Non-U.S. Citizens with a current passport and/or visa and are temporarily residing outside their home country or country of permanent residence, while Actively Engaged in educational activity and enrolled in classes within thirty (30) days of the coverage effective date.	
Annual/Lifetime Limit	Unlimited	Unlimited
Pre-Existing Conditions	Covered	Covered
Deductible	$100	$1,000
Out-of-Pocket Limit	$2,500	$5,000
OFFICE VISITS		
Primary Care & Specialist Office Visits (or Home Visits)	$20 Copayment and then 0% Coinsurance not subject to Deductible	20% Coinsurance, after Deductible
PREVENTIVE CARE – See benefit for description		
Well Child Visits and Immunizations	Covered in full	20% Coinsurance, after Deductible
Adult Annual Physical Examinations	Covered in full	20% Coinsurance, after Deductible
Adult Immunizations	Covered in full	20% Coinsurance, after Deductible
Routine Gynecological Services/Well Woman Exams	Covered in full	20% Coinsurance, after Deductible
Mammograms, Screening and Diagnostic Imaging for the Detection of Breast Cancer	Covered in full	20% Coinsurance, after Deductible
Sterilization Procedures for Women*	Covered in full	20% Coinsurance, after Deductible
Vasectomy	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Bone Density Testing*	Covered in full	20% Coinsurance, after Deductible
Screening for Prostate Cancer	Covered in full	20% Coinsurance, after Deductible
All other preventive services required by USPSTF and HRSA.	Covered in full	20% Coinsurance, after Deductible

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	In Network, Inside the U.S.	Out-of-Network, Inside the U.S.
EMERGENCY CARE		
Pre-Hospital Emergency Medical Services (Ambulance Services)	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Non-Emergency Ambulance Services*	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Emergency Department	$100 Copayment and then 0% Coinsurance after Deductible	$100 Copayment and then 20% Coinsurance after Deductible
Urgent Care Center	$35 Copayment and then 0% Coinsurance not subject to Deductible	20% Coinsurance, after Deductible
PROFESSIONAL SERVICES and OUTPATIENT CARE		
Acupuncture	$20 Copayment and then 0% Coinsurance not subject to Deductible	20% Coinsurance, after Deductible
Advanced Imaging Services*	$50 Copayment and then 0% Coinsurance not subject to Deductible	20% Coinsurance, after Deductible
Allergy Testing and Treatment	$20 Copayment and then 0% Coinsurance not subject to Deductible	20% Coinsurance, after Deductible
Ambulatory Surgical Center Facility Fee*	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Anesthesia Services*	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Autologous Blood Banking*	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Cardiac and Pulmonary Rehabilitation*	$20 Copayment and then 0% Coinsurance not subject to Deductible	20% Coinsurance, after Deductible
Chemotherapy*	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Chiropractic Services	$20 Copayment and then 0% Coinsurance not subject to Deductible	20% Coinsurance, after Deductible
Clinical Trials*	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Diagnostic Testing	$20 Copayment and then 0% Coinsurance not subject to Deductible	20% Coinsurance, after Deductible
Dialysis*	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Habilitation Services* (Physical Therapy, Occupational Therapy or Speech Therapy) 60 visits per condition, per Plan Year combined therapies	$20 Copayment and then 0% Coinsurance not subject to Deductible	20% Coinsurance, after Deductible
Home Health Care* 40 visits per Plan Year	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Infertility Services*	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible

	In Network, Inside the U.S.	Out-of-Network, Inside the U.S.
Infusion Therapy* Home infusion counts toward home health care visit limits	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Inpatient Medical Visits*	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Interruption of Pregnancy • Medically Necessary Abortions • Elective Abortions One (1) procedure per Plan Year	 Covered in full 0% Coinsurance, after Deductible	 20% Coinsurance, after Deductible 20% Coinsurance, after Deductible
Laboratory Procedures	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Maternity and Newborn Care* • Prenatal Care – Prenatal Care provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA – When Prenatal Care is not provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA • Inpatient Hospital Services and Birthing Center • Physician and Midwife Services for Delivery • Breastfeeding Support, Counseling and Supplies, Including Breast Pumps • Postnatal Care	 Covered in full Use Cost-Sharing for appropriate service (Primary Care Office Visit; Specialist Office Visits; Diagnostic Radiology Services; Laboratory Procedures and Diagnostic Testing. 0% Coinsurance, after Deductible 0% Coinsurance, after Deductible Covered in full Covered in full	 20% Coinsurance, after Deductible Use Cost-Sharing for appropriate service (Primary Care Office Visit; Specialist Office Visits; Diagnostic Radiology Services; Laboratory Procedures and Diagnostic Testing. 20% Coinsurance, after Deductible 20% Coinsurance, after Deductible 20% Coinsurance, after Deductible 20% Coinsurance, after Deductible
Outpatient Hospital Surgery Facility Charge *	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Preadmission Testing	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Prescription Drugs Administered in Office or Outpatient Facilities *	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Diagnostic Radiology Services	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Therapeutic Radiology Services *	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible

	In Network, Inside the U.S.	Out-of-Network, Inside the U.S.
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy) * 60 visits per condition, per Plan Year combined therapies	$20 Copayment and then 0% Coinsurance not subject to Deductible	20% Coinsurance, after Deductible
Retail Health Clinic Care	$20 Copayment and then 0% Coinsurance not subject to Deductible	20% Coinsurance, after Deductible
Second Opinions	$20 Copayment and then 0% Coinsurance not subject to Deductible	20% Coinsurance, after Deductible
Surgical Services	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
ADDITIONAL SERVICES, EQUIPMENT and DEVICES		
ABA Treatment for Autism Spectrum Disorder	$20 Copayment and then 0% Coinsurance not subject to Deductible	20% Coinsurance, after Deductible
Assistive Communication Devices for Autism Spectrum Disorder *	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Diabetic Equipment, Supplies and Self-Management Education • Insulin (Up to a 90-day supply) • Diabetic Education, Equipment and Supplies	See the Prescription Drug Cost-Sharing 0% Coinsurance, after Deductible	See the Prescription Drug Cost-Sharing 20% Coinsurance, after Deductible
Durable Medical Equipment and Braces *	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
External Hearing Aids * Single purchase once every three (3) years	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Cochlear Implants * One (1) per year per time Covered	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Hospice Care * 210 days per Plan Year	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Medical Supplies	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Prosthetic Devices * One (1) prosthetic device, per limb, per lifetime with coverage for repairs and replacements	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
INPATIENT SERVICES and FACILITIES		
Inpatient Hospital for a Continuous Confinement *	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Observation Stay	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible

	In Network, Inside the U.S.	Out-of-Network, Inside the U.S.
Skilled Nursing Facility * 200 days per Plan Year	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Inpatient Habilitation Services	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Inpatient Rehabilitation Services	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
MENTAL HEALTH and SUBSTANCE USE DISORDER SERVICES (*All mental health and substance use benefits will be paid at the same level of coinsurance as any other illness/injury)*		
Inpatient Mental Health Care including Residential Treatment *	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Outpatient Mental Health Care *	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Inpatient Substance Use Services including Residential Treatment *	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Outpatient Substance Use Services	0% Coinsurance, after Deductible	20% Coinsurance, after Deductible
PRESCRIPTION DRUGS – from a Retail Pharmacy		
Tier 1- Generic	$10 Copayment per 30-day supply, not subject to Deductible	$10 Copayment per 30-day supply, not subject to Deductible
Tier 2 – Preferred Brand	$25 Copayment per 30-day supply, not subject to Deductible	$25 Copayment per 30-day supply, not subject to Deductible
Tier 3 – Non-Preferred Brand	20% Coinsurance, not subject to Deductible	20% Coinsurance, not subject to Deductible
ENTERAL FORMULAS		
Tier 1- Generic	$10 Copayment per 30-day supply, not subject to Deductible	$10 Copayment per 30-day supply, not subject to Deductible
Tier 2 – Preferred Brand	$25 Copayment per 30-day supply, not subject to Deductible	$25 Copayment per 30-day supply, not subject to Deductible
Tier 3 – Non-Preferred Brand	20% Coinsurance, not subject to Deductible	20% Coinsurance, after Deductible

* When medical services are sought inside the United States, all in-network Preauthorization requests are the responsibility of Your Participating Provider. You will not be penalized for a Participating Provider's failure to obtain a required Preauthorization. However, if services are not covered under the Certificate, You will be responsible for the full cost of the services.

ADDITIONAL COVERAGES	Inside the U.S.
Pediatric Dental Care	
• Preventive Dental Care	20% Coinsurance, not subject to Deductible
• Routine Dental Care	20% Coinsurance, not subject to Deductible
• Major Dental Care (Oral Surgery, Endodontics, Periodontics and Prosthodontics)	50% Coinsurance, not subject to Deductible
• Orthodontics	50% Coinsurance, not subject to Deductible
Pediatric Vision Care	
• Exams – One (1) exam per Plan Year	0% Coinsurance, not subject to Deductible
• Lenses and Frames or Contact Lenses	0% Coinsurance, not subject to Deductible
Wellness Benefit • Gym Reimbursement	Up to $200 per six (6) month period
Accidental Death & Dismemberment Benefit	Maximum Benefit: Principal Sum up to $10,000 per insured Member
Emergency Medical Transportation	Maximum Benefit up to $250,000
Repatriation of Mortal Remains	Maximum Benefit up to $25,000
Emergency Family Travel Arrangements	Maximum Benefit up to $5,000

Exclusions and Limitations

No coverage is available under this Certificate for the following:

1. **Aviation.** We do not Cover services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.

2. **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.

3. **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.

4. **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.

5. **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 and Pediatric Dental Care section of this Certificate.

6. **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.

7. **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).

8. **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.

9. **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.

10. **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.

11. **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).

12. **Military Service:** We do not Cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.

13. **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.

14. **Services Not Listed:** We do not Cover services that are not listed in this Certificate as being Covered.
15. **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.
16. **Services Separately Billed by Hospital Employees:** We do not Cover services rendered and separately billed by employees of Hospitals, laboratories or other institutions.
17. **Services With No Charge:** We do not Cover services for which no charge is normally made.
18. **Vision Services:** We do not Cover the examination or fitting of eyeglasses or contact lenses, except as specifically stated in the Pediatric; Routine Vision Care section of this Certificate.
19. **War:** We do not Cover an illness, treatment or medical condition due to war, declared or undeclared.
20. **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.

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 this Plan issued by 4 Ever Life Insurance Company, and independent licensee of the Blue Cross Blue Shield Association, under insurance policy form number 28.1332 (NY) on file with the New York State Department of Financial Services.

This is only a summary of benefits. For more information about the benefits covered under this Plan, including benefit descriptions and other important information about the Plan, please see the full Certificate of Coverage. In the event of a discrepancy between this document and Certificate of Coverage, the Certificate controls

For questions about your medical plan:

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

For medical assistance,
(including Direct Pay outside the U.S.):

Collect calls accepted on +1.610.254.8771
Toll free within the U.S. call 1.800.257.4823
globalhealth@geo-blue.com

GeoBlue

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