

Blue Cross Blue Shield Global Expat™ Plan



Concordia Plan Services - CR & SP Member Guide

PROVIDED BY:

GeoBlue

Welcome to Your Blue Cross Blue Shield Global Expat™ Plan

With tools and services provided by GeoBlue your plan is designed to keep you safe and healthy throughout your journey. Your plan provides you access to global medical expertise with responsive, multi-channel service. Download the GeoBlue app or register online to learn about the extra care you will receive when you travel with us.



Getting Started

Important plan information and health tools



Getting Care

How to get care throughout your journey



Accessing Self-Service Tools

Convenient tools available on the Member Hub and GeoBlue app



Submitting a Claim

File a claim for reimbursement



Reviewing Plan Benefits

What is covered by your plan?



Getting Started

Important plan information and health tools



Register for important plan information

Register to access important plan information:

- Display an electronic ID card
- Locate Blue Cross and Blue Shield providers and hospitals within the U.S.
- Locate carefully selected, trusted providers and hospitals outside of the U.S.
- Arrange direct payment to your provider
- Access global health and safety tools including translations, drug equivalents, news and safety information
- Submit and track claims

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

Get your ID card

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

- Your ID card(s) will be mailed to you
- You can show, fax, email, or request a physical copy of your ID card through the app
- A temporary ID card is available in the Member Hub on www.geo-blue.com
- Customer Service can provide replacement ID cards

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

Need help with registration?



Contact us for assistance:

Inside the U.S. call **1-855-282-3517**

Outside the U.S. call **+1-610-254-5304**

customerservice@geo-blue.com

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 54.1215). Complete information on the insurance is contained in the Certificate of Insurance 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.

Blue Cross Blue Shield Global™ is a brand owned by the Blue Cross Blue Shield Association, a national federation of 36 independent, community-based and locally-operated Blue Cross and Blue Shield Companies. GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of Blue Cross Blue Shield Association and is made available in cooperation with Blue Cross and Blue Shield of Minnesota. Coverage is provided under insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, IL, NAIC #80985 under policy form series 54.1215.



Getting Care

Find providers outside the U.S. 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 “Find Doctors and Hospitals Outside the U.S.” section in the Member Hub on www.geo-blue.com or select “Provider Finder” 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.geo-blue.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.geo-blue.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
- Call toll free inside the U.S. on 1-800-257-4823

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

Prescriptions, assistance and other services outside the U.S.

Dental and vision care worldwide

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 GeoBlue 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. If Direct Pay is not an option, settle payment with the provider's office and then submit a claim to GeoBlue.

Prescription benefits outside of the U.S.

Utilize the international mail order process to fill your prescription, or pay for your prescription, complete and submit a claim form for reimbursement. To download the appropriate forms, visit **Prescription Benefits** in the **Coverage & Benefits** section of the Member Hub at www.geo-blue.com.

Chronic Care and Maternity support

Let GeoBlue arrange the best local resources outside the U.S. to manage cancer, heart disease, sports injuries, behavioral conditions and maternity. **Contact 24/7: +1-610-254-8771**

Informed Choice consultation

When unexpected medical complications affect our lives, sometimes a second opinion may confirm a diagnosis or treatment recommendation. GeoBlue members can submit an Informed Choice request for additional medical advice from any of our 160+ Regional Physician Advisors. Visit the **Informed Choice** section of the Member Hub at www.geo-blue.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.

Global Employee Assistance Program*

For confidential assistance with any work, life, personal or family issue, you can talk to professional counselors for in-the-moment support and information about local resources all 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**

Global wellness*

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. Check out the smart, timely advice on the best ways to manage diet and exercise around the world at Travel Well (www.geo-blue.com).

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**

* 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 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 the participant. GeoBlue shall have no responsibility or liability whatsoever for any aspect of the provider counseling or the counselor/participant relationship.

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Getting Care

Get care when you are in the U.S.

Finding care inside the U.S.

GeoBlue members 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 “Find Doctors and Hospitals Inside the U.S.” section in the Member Hub on www.geo-blue.com or select “Provider Finder” in the GeoBlue app.

Contact us for assistance:

- Toll free within the U.S.: **1-855-282-3517**
- Outside the U.S.: **+1-610-254-5304**
- 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. You will need to show the provider your ID card at the time of service.

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 pre-authorization, 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.

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 Claims” in the Member Hub on www.geo-blue.com to download the appropriate claim form. Submit claims electronically using the GeoBlue app or the “File an eClaim” link on the Member Hub.



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.

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 the nurse call line and disease, case and maternity 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.

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Getting Care

Get care when you are in the U.S.

Prescription benefits

Present your ID card at any participating pharmacy and you will be charged in accordance with your plan benefits.¹

Dental and vision care inside the U.S.

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 GeoBlue 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. If Direct Pay is not an option, settle payment with the provider's office and then submit a claim to GeoBlue.

Maternity management inside the U.S.

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.²

For more information, please call 1-888-206-1315. If you are already enrolled in the program, you can also text BABY to 511411. **Maternity management services are provided by AmeriHealth Administrators, Inc. on behalf of GeoBlue.**

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.
- **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.
- **Coinsurance Maximum:** The maximum amount of coinsurance a member pays during the policy year for covered expenses. Limitations may apply.
- **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.

¹Certain limitations and exclusions apply to your coverage under this plan and may affect your coverage. Your Certificate of Insurance is on file with your company and in the Member Hub on www.geo-blue.com.

²Available until your baby is six weeks old.

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Accessing Self-Service Tools

Convenient tools available on the Member Hub and GeoBlue app

Find a doctor or facility

Review detailed profiles of contracted doctors to find the best match, view contact details 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.geo-blue.com** or **download the GeoBlue app** to access self-service tools for navigating risks and finding the best care options.

Submitting a Claim

File a claim for reimbursement

eClaims

You can quickly and conveniently submit claims electronically, through the app or through the Member Hub on **www.geo-blue.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.geo-blue.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.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.

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.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.

Checking the status of your claim

To check your claim status, choose “Claims” in the GeoBlue app or visit the “Claims” section of the Member Hub on **www.geo-blue.com**. If you are using the GeoBlue app, you will receive a notification when your claim is processed.

For more help visit the Claims section of the Member Hub on **www.geo-blue.com**.

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

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Global TeleMD™

HEALTHCARE AT YOUR FINGERTIPS

We know your life can be demanding. With so much to juggle, finding the healthcare you need, when you need it, should be easy. So, in addition to giving you convenient access to a global network of doctors and facilities available on your health plan, we've teamed up with **Teladoc Health** to bring you **Global TeleMD, a smartphone app** – at no cost to enrolled members– that provides confidential* access to international doctors by telephone or secure video call.

ALL AT THE TOUCH OF A BUTTON

- ✓ A global network of doctors
- ✓ Medical guidance and consultations (for non-medical emergencies)
- ✓ Same day virtual appointments, available 24/7
- ✓ Multiple language options
- ✓ Consultation notes sent directly to your phone
- ✓ Prescriptions and referral letters (subject to local regulation)

JUST WHAT THE DOCTOR ORDERED

With **Global TeleMD**, you can speak to a doctor at a time that fits your schedule without worrying about work, holidays or personal commitments. And because your consultation notes are stored securely in the app, they're ready to share with your usual doctor next time you visit.

Let's Get Started



- 1 Download the Global TeleMD app to your phone
- 2 Create a profile
- 3 Log in
- 4 You're good to go!



Dependents age 18 and over can download Global TeleMD to their mobile device and create their own profile. Enrolled members can access the services within Global TeleMD for their minor dependents.

*Confidential and/or identifiable information which you may discuss with Teladoc Health will not be shared with GeoBlue or your employer if applicable (Teladoc Health will only share aggregated or deidentified information to help GeoBlue monitor and improve the program and for reporting purposes). However, permission may be asked to review your personal data in the event that you have made a complaint or specific query that you would like to discuss with GeoBlue. GeoBlue will never review your data without your explicit consent. For further information on how Teladoc Health processes your personal data please see Teladoc Health's privacy policy <https://www.advance-medical.net/privacy>.

All of the above services are provided by Teladoc Health, part of Teladoc Health, directly to you. 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 your health plan. To discuss the coverage under your health plan, please contact us using the number on the back of your ID card. This service is not intended to be used for emergency or urgent treatment medical questions.

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Brought to you by the international
healthcare experts at
GeoBlue



Reviewing Plan Benefits

What is covered by your plan?

Schedule of Benefits

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
Lifetime Maximum	Unlimited	Unlimited	Unlimited
The Percentage of Covered Expenses the Plan Pays	100%	85%	60% 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.			
Calendar Year Medical Deductible			
Individual	\$0	\$350	\$700
Family Maximum	\$0	2 times the individual Deductible	2 times the individual Deductible
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	n/a	\$1,750	\$4,650
Family Maximum	n/a	2 times the individual Out-of-Pocket Maximum	2 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	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Office Visit – Specialist	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Surgery Performed In the Physician's Office	100%	85%, After Deductible	60%, After Deductible
Second Opinion Consultations (provided on a voluntary basis)	100%	100%, No Deductible, \$25 Copay	60%, No Deductible



Reviewing Plan Benefits

What is covered by your plan?

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
Allergy Treatment/Injections	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Preventive Care Routine Preventive Care – all ages Immunizations – all ages	100% not subject to Plan Deductible or Copayments 100% not subject to Plan Deductible or Copayments	100% not subject to Plan Deductible or Copayments 100% not subject to Plan Deductible or Copayments	60%, No Deductible 60%, No Deductible
Travel Immunization Calendar Year Maximum \$500	100%	100%, No Deductible	100%, No Deductible
Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings	100% not subject to Plan Deductible or Copayments	100% not subject to Plan Deductible or Copayments	60%, No Deductible
Lead Poisoning Screening Tests For Children under age 6	100% not subject to Plan Deductible or Copayments	100% not subject to Plan Deductible or Copayments	60%, No Deductible
Inpatient Hospital – Facility/Professional Charges Bed and Board Charges Physician's Visits/Consultations Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)	100% 100% 100%	85%, After Deductible 85%, After Deductible 85%, After Deductible	60%, After Deductible 60%, After Deductible 60%, After Deductible
Inpatient Services at Other Health Care Facilities Includes Skilled Nursing Facility, Rehabilitation Hospital and Sub-Acute Facilities Calendar Year Maximum of 120 day limit.	100%	85%, After Deductible	60%, After Deductible
Ambulatory Surgical Services			



Reviewing Plan Benefits

What is covered by your plan?

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
Operating Room, Recovery Room, Procedure Room, Treatment Room and Observation Room	100%	85%, After Deductible	60%, After Deductible
Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)	100%	85%, After Deductible	60%, After Deductible
Emergency and Urgent Care Services			If You have a true Emergency Medical Condition, the benefits will be paid at the U.S. Participating Provider Rate
Hospital Emergency Room	100%	85%, After Deductible	60%, After Deductible
Outpatient Professional Services (radiology, pathology and ER Physician)	100%	85%, After Deductible	60%, After Deductible
Urgent Care Facility	100%	85%, After Deductible	60%, After Deductible
X-ray and/or Lab performed at the Emergency Room or Urgent Care Facility (billed as part of the visit)	100%	85%, After Deductible	60%, After Deductible
X-ray and/or Lab performed at the Independent facility in conjunction with the Emergency Room visit	100%	85%, After Deductible	60%, After Deductible
Ambulance	100%	85%, After Deductible	60%, After Deductible
Laboratory and Radiology Services (includes pre-admission testing)			
Inpatient Facility	100%	85%, After Deductible	60%, After Deductible
Outpatient Facility	100%	85%, After Deductible	60%, After Deductible
Independent X-ray and/or Lab Facility	100%	85%, After Deductible	60%, After Deductible



Reviewing Plan Benefits

What is covered by your plan?

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans and PET Scans)			
Inpatient Facility	100%	85%, After Deductible	60%, After Deductible
Outpatient Facility	100%	85%, After Deductible	60%, After Deductible
Independent Facility	100%	85%, After Deductible	60%, After Deductible
Maternity Care/Obstetrical Services			
Physician's Office visit to confirm pregnancy	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Global Maternity Fee (Prenatal, Postnatal and Physician's delivery charge)	100%	85%, After Deductible	60%, After Deductible
Physician's Office visits in addition to the global maternity fee	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Laboratory, Radiology Services and or Advance Radiological Imaging	100%	85%, After Deductible	60%, After Deductible
Delivery Charges – Facility (Hospital, Birthing Center)	100%	85%, After Deductible	60%, After Deductible
Services of a Doula In home or facility up to 10 visits (pre and post-natal combined)	100%	Not Covered	Not Covered
Termination of Pregnancy			
Medically Necessary	100%	85%, After Deductible	60%, After Deductible
Elective	Not covered	Not covered	Not covered



Reviewing Plan Benefits

What is covered by your plan?

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
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	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Inpatient Facility	100%	85%, After Deductible	60%, After Deductible
Outpatient Facility	100%	85%, After Deductible	60%, After Deductible
Physician's Services	100%	85%, After Deductible	60%, After Deductible
Family Planning/Contraception Management See benefit description for specific coverages For Women			
Physician's Office Visit	100% not subject to Plan Deductible or Copayments	100% not subject to Plan Deductible or Copayments	60%, No Deductible
Inpatient Facility	100% not subject to Plan Deductible or Copayments	100% not subject to Plan Deductible or Copayments	60%, No Deductible
Outpatient Facility	100% not subject to Plan Deductible or Copayments	100% not subject to Plan Deductible or Copayments	60%, No Deductible
Physician's Services	100% not subject to Plan Deductible or Copayments	100% not subject to Plan Deductible or Copayments	60%, No Deductible
For Men			
Physician's Office Visit	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Inpatient Facility	100%	85%, After Deductible	60%, After Deductible
Outpatient Facility	100%	85%, After Deductible	60%, After Deductible
Physician's Services	100%	85%, After Deductible	60%, After Deductible
Obesity/Bariatric Surgery			



Reviewing Plan Benefits

What is covered by your plan?

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
Subject to Medical Necessity and Clinical guidelines for someone who is Morbidly Obese. Pre-authorization is required			
Physician's Office Visit	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Inpatient Facility	100%	85%, After Deductible	60%, After Deductible
Outpatient Facility	100%	85%, After Deductible	60%, After Deductible
Physician's Services	100%	85%, After Deductible	60%, After Deductible
Organ Transplant Services			
Includes all medically appropriate, non-Experimental transplants. Pre-authorization is required			
Physician's Office Visit	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Inpatient Facility	100%	85%, After Deductible	60%, After Deductible
Physician's Services	100%	85%, After Deductible	60%, After Deductible
Lifetime Travel Maximum: \$10,000 per transplant	100% of Reasonable Expenses	100% of Reasonable Expenses after Plan Deductible	Not Covered
Nutritional Evaluation			
Calendar Year Maximum of 3 visit limit. Limit does not apply to treatment of diabetes or for services due to a mental health or substance abuse diagnosis.			
Physician's Office Visit	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Nutritional Formulas	100%	85%, After Deductible	60%, After Deductible
Acupuncture			
Physician's office visit	100%	100%, No Deductible, \$25 Copay	60%, No Deductible



Reviewing Plan Benefits

What is covered by your plan?

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
Chiropractic Care/Spinal Manipulations Physician's office visit Calendar Year Maximum of 50 visit limit.	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Telehealth	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
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	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Inpatient Facility	100%	85%, After Deductible	60%, After Deductible
Outpatient Facility	100%	85%, After Deductible	60%, After Deductible
Physician's Services	100%	85%, After Deductible	60%, After Deductible
TMJ Treatment	100%	85%, After Deductible	60%, After Deductible
Diabetic Equipment	100%	85%, After Deductible	60%, After Deductible
Durable Medical Equipment	100%	85%, After Deductible	60%, After Deductible
External Prosthetic Appliances	100%	85%, After Deductible	60%, After Deductible
Wigs (for hair loss due to alopecia areata or cancer treatment) Calendar Year Maximum of \$500	100%	85%, After Deductible	60%, After Deductible
Mental Health Inpatient Facility Outpatient (Includes Individual, Group and Intensive Outpatient)	100%	85%, After Deductible	60%, After Deductible



Reviewing Plan Benefits

What is covered by your plan?

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
Physician's Office Visit	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Outpatient Facility	100%	85%, After Deductible	60%, After Deductible
Psycho-Educational Testing	100%	85%, After Deductible	60%, After Deductible
Substance Abuse Health			
Inpatient Facility	100%	85%, After Deductible	60%, After Deductible
Outpatient (Includes Individual, Group and Intensive Outpatient)			
Physician's Office Visit	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Outpatient Facility	100%	85%, After Deductible	60%, After Deductible
Hearing Benefit			
One Examination per 12 month period	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Hearing Aid Benefit			
Up to \$1,000 per hearing aid unit necessary for each hearing impaired ear every 36 months	100%	85%, After Deductible	60%, After Deductible
Home Health Care Services			
Calendar Year Maximum of 120 visit limit.	100%	85%, After Deductible	60%, After Deductible
Private Duty Nursing			
Calendar Year Maximum of 120 visit limit.	100%	85%, After Deductible	60%, After Deductible
Hospice Care Services	100%	85%, After Deductible	60%, After Deductible
Infusion Therapy			
Outpatient Facility	100%	85%, After Deductible	60%, After Deductible
Physician's Services	100%	85%, After Deductible	60%, After Deductible



Reviewing Plan Benefits

What is covered by your plan?

Benefit Highlights	International	U.S. Participating Provider	U.S. Non-Participating Provider
Short Term Rehabilitative Therapy			
Calendar Year Maximum of 30 visit limit for all therapies combined.			
Physician's Office Visit	100%	100%, No Deductible, \$25 Copay	60%, No Deductible
Outpatient Hospital Facility	100%	85%, After Deductible	60%, After Deductible

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



Reviewing Plan Benefits

What is covered by your plan?

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		
Tier 1 Prescription Drugs – Generic	\$10 Copayment per Prescription or refill. Deductible does not apply.	
Tier 2 Prescription Drugs – Preferred Brand	\$10 Copayment per Prescription or refill. Deductible does not apply.	
Tier 3 Prescription Drugs – non Preferred Brand	\$10 Copayment per Prescription or refill. Deductible does not apply.	
Mail Order Prescription Drugs using the Insurer’s mail order Prescription Drug vendor – Copayments based on a three (3) month supply		
Tier 1 Prescription Drugs – Generic	\$30 Copayment per Prescription or refill. Deductible does not apply.	
Tier 2 Prescription Drugs – Preferred Brand	\$30 Copayment per Prescription or refill. Deductible does not apply.	
Tier 3 Prescription Drugs – non Preferred Brand	\$30 Copayment per Prescription or refill. Deductible does not apply.	

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
Tier 1 Prescription Drugs – Generic	\$10 Copayment per Prescription or refill. Deductible does not apply.	\$10 Copayment per Prescription or refill. Deductible does not apply.
Tier 2 Prescription Drugs – Preferred Brand	\$30 Copayment per Prescription or refill. Deductible does not apply.	\$30 Copayment per Prescription or refill. Deductible does not apply.
Tier 3 Prescription Drugs – non Preferred Brand	30% Copayment per Prescription or refill. Deductible does not apply. The Maximum Copayment per 1 month supply is \$150.	30% Copayment per Prescription or refill. Deductible does not apply. The Maximum Copayment per 1 month supply is \$150.
Mail Order Prescription Drugs using the Insurer’s mail order Prescription Drug vendor – Copayments based on a three (3) month supply		
	Participating Provider Mail Order Pharmacy	Non-Participating Mail Order Pharmacy
Tier 1 Prescription Drugs – Generic	\$30 Copayment per Prescription or refill. Deductible does not apply.	Not Covered
Tier 2 Prescription Drugs – Preferred Brand	\$90 Copayment per Prescription or refill. Deductible does not apply.	Not Covered
Tier 3 Prescription Drugs – non Preferred Brand	30% Copayment per Prescription or refill. Deductible does not apply. The Maximum Copayment per 3 month supply is \$450.	Not Covered



Reviewing Plan Benefits

What is covered by your plan?

Dental Services Rider

<ul style="list-style-type: none"> Calendar Year Maximum Combined Benefit for Diagnostic and Preventive Service, Basic Services and Major Services 	\$3,000
<ul style="list-style-type: none"> Orthodontic Lifetime Maximum <i>Limited to Covered Persons under age 19</i> 	\$1,500
<ul style="list-style-type: none"> Per Person Calendar Year Dental Deductible <i>Not applicable to Diagnostic and Preventive Services</i> Family Maximum 	\$0
<ul style="list-style-type: none"> Per Person Calendar Year Orthodontic Deductible 	\$0
<ul style="list-style-type: none"> Diagnostic and Preventive Services 	0%
<ul style="list-style-type: none"> Basic Services 	20%
<ul style="list-style-type: none"> Major Services 	20%
<ul style="list-style-type: none"> Orthodontic Services <i>Limited to Covered Persons under age 19</i> 	50%

Vision Care Rider

Examinations One Eye Exam every 12 Consecutive months	100% coverage, not subject to any Deductible
Lenses & Frames One pair of glasses or contact lenses per 12 Consecutive months	100% coverage, not subject to any Deductible, up to a Maximum Benefit of \$250



For questions about your medical plan:

Outside the U.S. call +1-610-254-5304
Toll free within the U.S. call 1-855-282-3517
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

Local phone numbers are available in some countries. Visit the Contact section of www.geo-blue.com for details.



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