


This plan provides supplemental coverage for you and your traveling spouse and unmarried, dependent children accompanying you, while on a business trip or business sojourn (leisure trip directly connected before, after or during a business trip) when outside your home country for up to 180 consecutive days.

Your Group Access Code: QHG99999WUBT



Accessing Care Outside the U.S.

WHAT DO I DO IN THE EVENT OF A MEDICAL EMERGENCY?

 **In the event of a medical emergency** you should go to the nearest physician or hospital immediately and then call us collect at **+1-215-798-3714** (collect calls accepted). **We're available 24/7/365** and will take the appropriate action to assist and monitor your medical care until the situation is resolved.

WHAT DO I DO IF I NEED TO SEE A DOCTOR?

Find participating doctors or facilities via the provider directory on the Member Hub at **www.geo-blue.com** or through the GeoBlue app. You can view physician profiles and contact them directly to schedule an appointment.

After you make your appointment, contact us to provide the doctor's office with the information required to arrange Direct Pay. This is necessary when scheduling follow-up appointments as well.

While it's often easier to set up your own appointments, we can help when you are unsure about where to seek care.

Call us collect: +1-215-798-3714 (collect calls accepted).

PRESCRIPTION BENEFITS

Benefits are limited to emergency prescriptions that are medically necessary. You may be required to pay for any prescription medications up front and submit a claim for reimbursement.*

HOW DO I REQUEST DIRECT PAY?

- Use the GeoBlue app to search for a provider, view their profile and complete a request form
- Visit the Member Hub on **www.geo-blue.com**
- Call GeoBlue at **+1-215-798-3714** (collect calls accepted) for immediate assistance



We suggest requesting Direct Pay at least 48 hours in advance of your appointment.



Accessing Care Inside the U.S.

WHAT DO I DO 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 operator determine if you need emergency help.

FINDING A PROVIDER

You have access to the Blue Cross 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 of the Member Hub on **www.geo-blue.com** or in the app.

If you need assistance, we're available 24/7/365 at +1-610-254-5830 (collect calls accepted).

SCHEDULING AN APPOINTMENT WITH A BLUE CROSS 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 ID card and tell them you are covered by Blue Cross Blue Shield.

USING AN OUT-OF-NETWORK PROVIDER

If you receive care from an out-of-network provider, you may need to pay up front and submit a claim for reimbursement with no reduction in coverage or benefits.

PRESCRIPTION BENEFITS

Benefits are limited to emergency prescriptions that are medically necessary. You may be required to pay for any prescription medications up front and submit a claim for reimbursement.*



Using Your Plan

THE GEOBLUE MEMBER HUB AND MOBILE APP

Register for the Member Hub or mobile app for convenient access to a wide range of tools and services:

- Display electronic ID card
- Review profiles of preferred doctors and hospitals inside and outside the U.S. to find the best match, view their contact details and locate the office
- Arrange direct payment to your provider
- Access global health and safety tools including medical term translations, medicine equivalents tool, news and safety information
- You can register online at www.geo-blue.com

 Registering for the Member Hub or mobile app is not the same as enrollment. Enrollment occurs upon utilization of the insurance policy.

GLOBAL TELEMED™

We've teamed up with Teladoc Health to bring you Global TeleMD, a new smartphone app at no additional cost, that provides unlimited, 24/7/365 access to doctor consultations by telephone or video. Doctors are available worldwide. [Click here](#) to learn more.

GET YOUR 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.geo-blue.com
- Your name is not listed on your ID card because individual enrollment information is only collected if healthcare services are required. When accessing healthcare services, please refer to your group access code above.

SUBMIT CLAIMS

Claims can be submitted via email, fax or postal mail. Visit the "How to File Claims" section of the Member Hub to view detailed instructions and to download a claim form.



Download the App Today!



Download the app and login using your username and password from www.geo-blue.com or register as a new user through the app using your group access code: **QHGG99999WUBT**



Questions?

We're available 24/7/365 at **+1-610-254-5830** (collect calls accepted)

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

Telemedicine services are provided by Teladoc Health, directly to you. GeoBlue assumes no liability and accepts no responsibility for information provided by Teladoc Health and the performance of their services. 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 above. This service is not intended to be used for emergency or urgent treatment medical questions.

Blue Cross Blue Shield Global is a brand owned by Blue Cross Blue Shield Association. 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 and Blue Shield Association and is made available in cooperation with Anthem Blue Cross and Blue Shield Missouri. Coverage is provided under insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, IL, NAIC #80985 under policy form series 55.202.

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GeoBlue



Reviewing Plan Benefits

What is covered by your plan?

BENEFIT OVERVIEW MATRIX

Policy Maximums	Insurer pays up to Per Insured Person
Trip Period Maximum Benefits	\$250,000
Period of Insurance Maximum Benefits	\$250,000
Benefits	Insurer pays
Professional Services	
a. Surgery, anesthesia, radiation therapy, in-hospital doctor visits, diagnostic X-ray and lab	100%
b. Office Visits: including X-rays and lab work billed by the attending physician.	100%
Inpatient Hospital Services	
a. Surgery, X-rays, In-hospital doctor visits	100%
b. In-patient medical emergency	100%
Ambulatory Surgical Center	100%
Ambulance Service (non-Medical Evacuation)	100% up to \$1,000
Benefits for claims resulting from downhill (alpine) skiing and scuba diving (certification by the Professional Association of Diving Instructors (PADI) or the National Association of Underwater Instructors (NAUI) required or diving under the supervision of a certified instructor)	Limited to Trip Period Maximum or \$10,000 whichever is less.
Outside Home Country Outpatient prescription drugs	100% of Covered Expenses
Dental Care required due to an Injury	100% of Covered Expenses up to \$200 with maximum per Trip Period
Dental Care for Relief of Pain	100% of Covered Expenses up to \$100 per Trip Period
Physical and/or Occupational Therapy/Medicine	Maximum payment of \$50 per visit and maximum of 24 visits per Period of Insurance.
Repatriation Of Remains	Deductible is not applicable. Maximum Benefit up to \$50,000.
Medical Evacuation	Deductible is not applicable. Maximum Benefit per Trip Period for all Evacuations up to \$250,000.
Bedside Visit	Deductible is not applicable. Maximum Benefit per Trip Period up to \$5,000 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person.



Reviewing Plan Benefits

What is covered by your plan?

Exclusions and Limitations: What the Plan does not pay for

Excluded Services

The Plan does not provide any benefits for:

1. Any amounts in excess of maximum amounts of Covered Expenses stated in this Plan.
2. Services **not specifically listed** in this Plan as Covered Services.
3. Services or supplies that are **not Medically Necessary** as defined by the Insurer.
4. Services or supplies that the Insurer considers to be **Experimental or Investigative**.
5. Services received **before the Effective Date** of coverage or during an inpatient stay that began before that Effective Date of Coverage.
6. Services received **after coverage ends** unless an extension of benefits applies as specifically stated under Extension of Benefits in the 'Who is Eligible for Coverage' section of this Plan.
7. Services for which the Insured Person has **no legal obligation to pay** or for which no charge would be made if he/she did not have a health policy or insurance coverage.
8. Services for any condition **for which benefits are recovered or can be recovered**, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.
9. Treatment or medical services required **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.
10. Services related to **pregnancy or maternity** care other than for complications of pregnancy that may arise during a Trip Coverage Period.
11. Conditions caused by or contributed by (a) The inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (b) An Insured Person participating in the **military service** of any country; (c) An Insured Person participating in an **insurrection, rebellion, or riot**; (d) Services received for any condition caused by an Insured Person's commission of, or attempt to commit a **felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation**; (e) An Insured Person, age 19 or older, being under the **influence of alcohol or intoxicants or of illegal narcotics** or non-prescribed controlled substances unless administered on the advice of a Physician.
12. Professional services received or supplies purchased from the Insured Person, a person who lives in the Insured Person's home or who is **related to the Insured Person** by blood, marriage or adoption, or the Insured Person's employer.
13. Inpatient or outpatient services of a **private duty nurse**.
14. Inpatient room and board charges in connection with a **Hospital stay primarily for environmental change, physical therapy or treatment of chronic pain**; Custodial Care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
15. 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.
16. **Dental services**, dentures, bridges, crowns, caps or other dental prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically stated under Dental Care and/or Dental Care for Accidental Injury in the Benefits section of this Plan.
17. Dental and orthodontic services for Temporomandibular Joint Dysfunction (**TMJ**).
18. **Orthodontic Services**, braces and other orthodontic appliances except as specifically stated under Orthodontic Dental Care.
19. **Dental Implants**: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
20. **Hearing aids**.
21. Routine **hearing tests**.
22. **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Plan.
23. An **eye surgery** solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
24. Outpatient **speech therapy**.
25. Any **Drugs**, medications, or other substances dispensed or administered in any outpatient setting except as specifically stated in this Plan. This includes, but is not limited to, items dispensed by a Physician.



Reviewing Plan Benefits

What is covered by your plan?

26. Any intentionally **self-inflicted Injury or Illness**. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
27. **Cosmetic surgery** or other services for beautification, including any medical complications that are generally predictable and associated with such services by the organized medical community. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a newborn child, or to Medically Necessary reconstructive surgery performed to restore symmetry incident to a mastectomy.
28. Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical or psychiatric treatment or study related to **sex change**.
29. Treatment of **sexual dysfunction** or inadequacy.
30. All services related to the evaluation or treatment of **fertility and/or Infertility**, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and In vitro fertilization
31. **Cryopreservation** of sperm or eggs.
32. **Orthopedic shoes** (except when joined to braces) or shoe inserts, including orthotics.
33. Services primarily for **weight reduction** or treatment of obesity including morbid obesity, or any care which involves weight reduction as a main method of treatment.
34. **Routine physical exams** or tests that do not directly treat an actual Illness, Injury or condition, including those required by employment or government authority.
35. Charges by a provider for **telephone consultations**.
36. Items which are furnished primarily for the Eligible Participant's **personal comfort** or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, etc.).
37. **Educational services** except as specifically provided or arranged by the Insurer.
38. **Nutritional counseling** or food supplements.
39. **Durable medical equipment** not specifically listed as Covered Services in the Covered Services section of this Plan. Excluded durable medical equipment includes, but is not limited to: orthopedic shoes or shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings.
40. All **infusion therapy, radiation therapy and hemodialysis treatment** together with any associated supplies, Drugs or professional services are excluded.
41. **Growth Hormone Treatment**.
42. Routine **foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized Illness, Injury or symptoms involving the feet.
43. **Charges for which the Insurer are unable to determine the Insurer's liability** because the Eligible Participant or an Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize the Insurer to receive all the medical records and information the Insurer requested; or (b) provide the Insurer with information the Insurer requested regarding the circumstances of the claim or other insurance coverage.
44. Charges for the services of a **standby Physician**.
45. Charges for **animal to human organ transplants**.
46. Under the medical treatment benefits, for loss due to or arising from a motor vehicle Accident if the Insured Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
47. Claims arising from loss due to riding in any **aircraft** except one licensed for the transportation of passengers.
48. Claims arising from participation in interscholastic or professional and/or non-professional club **sports or sports event** or participation in mountaineering, motor racing, speed contests, skydiving, hang gliding, parachuting, spelunking, heliskiing, extreme skiing or bungee cord jumping.
49. Treatment for or arising from **sexually transmittable diseases**. (This exclusion does not apply to HIV, AIDS, ARC or any derivative or variation.)
50. Under the **Repatriation of Remains Benefit and the Medical Evacuation Benefit provision**, for repatriation of remains or medical evacuation of the Covered Accident in the Insured Person's Home Country without the prior approval of the Administrator.
51. Treatment of **Congenital Conditions**.