

GeoBlue® Student Member Guide



Your Guide to GeoBlue®

Welcome to GeoBlue, a program designed to keep students healthy throughout their journey. This GeoBlue® health insurance plan provides students access to global medical expertise with responsive, multi-channel service.



Getting Started

Important plan information and health tools



Getting Care

How to get care in the U.S.



Accessing Self-Service Tools

Convenient online and mobile tools



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Reviewing Plan Benefits

What is covered?



Getting Started

Important plan information and health tools



Dear Parent/Guardian:

We are happy to welcome your student to GeoBlue. In addition to valuable benefits for your student, we are pleased to provide you invaluable peace of mind; because with GeoBlue, your student's health, safety and sense of security are in good hands!

We have prepared this simple guide to help you understand this plan and its many features. You are encouraged to register on our parent/guardian web portal.

Get your student's GeoBlue ID card

Your student will need to present their ID card whenever accessing medical care. This card can be accessed from multiple sources:

- The ID card(s) will be mailed either directly to the school administrator or to the address you provided
- Customer Service can provide replacement ID cards

When you receive your student's 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

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Getting Care

Get care when in the U.S.

Finding a provider

To find a doctor or facility, visit the U.S. Provider finder under the Tools and Services section on www.geobluestudents.com.

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 student's GeoBlue ID card and tell them they 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 your student. If your student receives care from an out-of-network provider, your student may need to pay out of pocket and submit a claim for reimbursement.

Prescription benefits

Present your student's ID card at any participating pharmacy and they (you) will be charged in accordance with your student's plan benefits.*

Paying for care - Glossary of terms

In the U.S., your student's health plan typically pays their medical bills for them with the following exceptions:

- **Copay or Copayment:** The specific dollar amount they (you) will pay at the time of service.
- **Coinsurance:** The percentage of the cost they (you) are responsible for.
- **Deductible:** An amount they (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 them (you).
- *See your Certificate of Coverage for details.*



In the event of a medical emergency

If your student has an emergency, dial 911 or go to the closest Emergency Room immediately. If you're not sure whether the situation is an emergency, dial 911 and let the call-taker determine if your student needs emergency help. Once they are safe, call the Medical Assistance phone number for 24/7 care located on the back of their ID card. We will then take the appropriate action to assist and monitor their 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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Healthcare Services in the U.S.

WHERE TO GO FOR CARE

It's not always easy to know where to find care, especially when you are far from home. If you need to access care outside of what is available from your institution, there are options to consider.

Symptoms	Care Setting	Availability	Average Cost
Allergies, cold/flu, insect bites, rashes, sinusitis, urinary tract infection (UTI)	 <p>Remote Visits¹ With the Global TeleMD™ smartphone app, get the healthcare you need when you need it. Telemedicine offers a global network of doctors available for medical guidance and consultations with same-day remote appointments available.</p>	Telemedicine services are available 24/7 with multiple language options.	No Cost
Anxiety, depression, homesickness, stress	 <p>Remote Visits¹ Global Wellness Assist is a program for students, faculty and staff traveling globally on behalf of a college or university, providing access to free, confidential assistance any time, any day.</p>	Confidential assistance is available 24/7	No Cost
Colds, earaches, fever, flu, sore throat, stomach ache, wellness visits	 <p>Doctor's Office Your doctor's office should be visited when you are in need of non-emergency, routine or preventive care. Also known as a primary care physician, your doctor will have your up-to-date medical history in order to treat you more effectively.</p>	Hours vary by office and appointments are typically required.	\$
Infections, minor injuries or pain, sore and strep throat	 <p>Retail or Convenient Care Clinics For minor medical ailments, a retail clinic, also called convenient care clinics, are usually staffed by nurse practitioners² instead of doctors.</p>	Appointments are not required, but wait times and hours of operation vary by location and may include evenings and weekends.	\$
Cuts that need stitches, migraines or headaches, back pain, sprains or strains, animal bites, tolerable pain	 <p>Urgent Care Centers Urgent care centers are available for immediate, acute, non-life threatening conditions. Staffed by physicians, nurses and other medical assistants, urgent care locations can provide diagnoses and x-rays, but no surgical services.</p>	Appointments are not required and patients are typically treated in order of arrival or severity of condition. Hours vary by location, but typically include evenings, weekends and holidays. Some are open year-round.	\$\$
Heart problems, heart attack, chest pain, stroke, breathing problems, heavy bleeding, broken bones, sudden or severe pain	 <p>Hospital Emergency Room For emergency treatment of any life-threatening or disabling condition, the ER has a full staff of medical professionals trained in emergency medicine, with access to specialists.</p>	The ER is available 24/7/365. Appointments are not required and patients are treated in order of arrival or severity of condition.	\$\$\$



It is very important to always have your insurance ID card with you when visiting a provider.



WHAT TO DO IN AN EMERGENCY?

If you have a medical 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. The operator will alert your local police, fire department or ambulance and tell you what to do until help arrives. In the U.S. ambulances are staffed with Emergency Medical Technicians, or EMTs.



How to Find a Doctor or Hospital

You have access to the **Blue Cross Blue Shield network** within the U.S., Puerto Rico and U.S. Virgin Islands. More than 95% of doctors and 96% of hospitals participate in the Blue Cross Blue Shield network.

To find a doctor or facility, click on the U.S. Provider Finder in the Tools and Services section of www.geobluestudents.com. After you launch the U.S. Provider Search, be sure to enter your location and your plan prefix (the first 3 letters of your ID number).



Paying for Care

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

- **Deductible:** The amount you are responsible to pay for eligible expenses each calendar year before the plan begins to pay.
- **Copay or copayment:** The specific dollar amount you will pay at the time of service.
- **Coinsurance:** The percentage of costs you are responsible for.
- **Out-of-network provider:** A healthcare professional who is not contracted with Blue Cross Blue Shield companies. This typically results in a higher coinsurance and may result in additional costs to you.

See your Certificate of Coverage for details. For questions about GeoBlue plan benefits or services, please contact us: **GeoBlue Customer Service Toll free within the U.S.: 1.844.268.2686 Outside the U.S.: +1.610.263.2847 customerservice@geo-blue.com**.



Need help deciding where to go for care?

We're available 24/7/365 to assist. Call the number on the back of your member ID card.

¹This service is not intended to be used for emergency or urgent treatment medical questions.

²Unlike registered nurses (RNs), nurse practitioners (NPs) are trained to assess patients, order and interpret diagnostic tests, make diagnoses, plans, and initiates and manage treatment— including prescribing medications (<http://www.aanp.org/all-about-nps>).

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. This service is not intended to be used for emergency or urgent treatment medical questions.

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Accessing Self-Service Tools

Convenient online and mobile tools

Online tools for parents (guardians)

Visit the GeoBlue **parent portal** for access to tools for parents and/or guardians.

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.

Telehealth

Members have anytime access to remotely delivered care through Global TeleMD™, a new smartphone app—at no additional cost— which provides confidential access to international doctors by telephone or video call.

Features include:

- Global network of doctors
- Medical guidance and consultations (for non-medical emergencies)
- Same-day virtual appointments, available 24/7
- Multiple language options

Global Assistance Program

Global Wellness Assist is an international assistance program providing access to free, confidential assistance any time, any day. Professionals are ready to assist with any issue.

Features include:

- Available 24/7/365
- Up to 6 sessions of counseling per issue, per year (telephonic and in person)
- Information, resources and counseling on any work, life, personal or family issue
- Available worldwide by phone, email or web
- No additional cost to use
- Available in several languages

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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Submitting a Claim

File a claim for reimbursement

Email and fax

To submit a claim via email or fax, a printable claim form can be provided by your student's school administrator.

Email: claims@geo-blue.com

Fax: +1.610.482.9623

Postal mail

You also have the option to submit a claim via the post.

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

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

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Reviewing Plan Benefits

What is covered by your plan?

ALL PLANS - ELIGIBLE CLASSES

The Classes eligible for coverage available under this Certificate are shown below. The coverages applicable to a Member's Participants are as shown in the Schedule of Benefits in the copy of the sample Individual Certificate attached to the Member's Group Certificate.

An international student, scholar, visiting faculty or other person with a current passport or non-immigrant visa, temporarily located outside his or her Home Country as a non-resident alien and:

- a. Is engaged in educational activities of the Member; and
- b. Has not obtained permanent residency status in the United States; and
- c. Is not a U.S. Citizen.

The Insurer maintains its right to investigate eligibility or student status and attendance records to verify that the eligibility requirements have been met. If the Insurer discovers that the eligibility requirements have not been met, its only obligation is to refund premium. Persons for whom coverage is prohibited under applicable law will not be considered eligible under this plan.

Enrollment cannot exceed 12 months. All Eligible Participants must be under the age of 21.

Coverage Area

Benefits under this insurance are available in the following locations:

- Any country outside of the United States, including the eligible Participant's Home Country, subject to the Home Country Coverage limitation.
- Inside the United States

Note: whenever coverage provided under this Plan would be in violation of any U.S. economic or trade sanctions, such coverage shall be null and void.

GOLD PLAN

TABLE 1 - SCHEDULE OF BENEFITS

Limits – Individual Insured	
MEDICAL EXPENSES	
Coverage Year Limit	\$500,000
Coverage Year Deductible	\$0 per Coverage Year
EMERGENCY TRANSPORTATION SERVICES	
Emergency Medical Evacuation	100% of the Actual Cost
Emergency Family Travel Arrangements	Maximum Benefit up to \$1,000 per Coverage Year
Repatriation of Mortal Remains	100% of the Actual Cost
OTHER COVERAGES	
Accidental Death & Dismemberment	Maximum Benefit: Principal Sum up to \$10,000

TABLE 2 - MEDICAL EXPENSE BENEFITS

MEDICAL EXPENSES	Participating Provider+	Non-Participating Provider
Physician Office Visits	100% of the Allowed Amount	100% of the Allowed Amount
Treatment at an Urgent Care Facility	100% of the Allowed Amount	100% of the Allowed Amount
Hospital and Physician Outpatient Services	100% of the Allowed Amount	100% of the Allowed Amount
Inpatient Hospital Services	100% of the Allowed Amount	100% of the Allowed Amount
Emergency Hospital Services	100% of the Allowed Amount	100% of the Allowed Amount.

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Reviewing Plan Benefits

What is covered by your plan?

SILVER PLAN
TABLE 1 - SCHEDULE OF BENEFITS

Limits – Individual Insured	
MEDICAL EXPENSES	
Coverage Year Limit	\$250,000
Coverage Year Deductible	\$0 per Coverage Year
EMERGENCY TRANSPORTATION SERVICES	
Emergency Medical Evacuation	100% of the Actual Cost
Emergency Family Travel Arrangements	Maximum Benefit up to \$1,000 per Coverage Year
Repatriation of Mortal Remains	100% of the Actual Cost
OTHER COVERAGES	
Accidental Death & Dismemberment	Maximum Benefit: Principal Sum up to \$10,000

TABLE 2 - MEDICAL EXPENSE BENEFITS

MEDICAL EXPENSES	Participating Provider+	Non-Participating Provider
Physician Office Visits	100% of the Allowed Amount after a \$25 Copayment per visit.	100% of the Allowed Amount after a \$25 Copayment per visit.
Treatment at an Urgent Care Facility	100% of the Allowed Amount	100% of the Allowed Amount
Hospital and Physician Outpatient Services	100% of the Allowed Amount	100% of the Allowed Amount
Inpatient Hospital Services	100% of the Allowed Amount	100% of the Allowed Amount
Emergency Hospital Services	100% of the Allowed Amount after a \$75 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived.	100% of the Allowed Amount. after a \$75 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived.

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Reviewing Plan Benefits

What is covered by your plan?

BRONZE PLAN
TABLE 1 - SCHEDULE OF BENEFITS

Limits – Individual Insured	
MEDICAL EXPENSES	
Coverage Year Limit	\$250,000
Coverage Year Deductible	\$200 per Coverage Year
Coverage Year Out-of-Pocket Limit The most You pay during a Plan Year in Cost-Sharing before We begin to pay 100% of the Allowed Amount for Covered Services, subject to the limits and provisions of this Certificate	After the Covered Person reaches a \$5,000 Out-of-pocket Limit per Coverage Year, the Insurer pays the Allowed Amount at 100% and up to the applicable maximums in the Tables 2 and 3.
EMERGENCY TRANSPORTATION SERVICES	
Emergency Medical Evacuation	100% of the Actual Cost
Emergency Family Travel Arrangements	Maximum Benefit up to \$1,000 per Coverage Year
Repatriation of Mortal Remains	100% of the Actual Cost
OTHER COVERAGES	
Accidental Death & Dismemberment	Maximum Benefit: Principal Sum up to \$10,000

TABLE 2 - MEDICAL EXPENSE BENEFITS

MEDICAL EXPENSES	Participating Provider+	Non-Participating Provider
Physician Office Visits	After the Deductible is satisfied, 80% of the Allowed Amount	After the Deductible is satisfied, 80% of the Allowed Amount
Treatment at an Urgent Care Facility	After the Deductible is satisfied, 80% of the Allowed Amount	After the Deductible is satisfied, 80% of the Allowed Amount
Hospital and Physician Outpatient Services	After the Deductible is satisfied, 80% of the Allowed Amount	After the Deductible is satisfied, 80% of the Allowed Amount
Inpatient Hospital Services	After the Deductible is satisfied, 80% of the Allowed Amount	After the Deductible is satisfied, 80% of the Allowed Amount
Emergency Hospital Services	After the Deductible is satisfied, 80% of the Allowed Amount	After the Deductible is satisfied, 80% of the Allowed Amount

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Reviewing Plan Benefits

What is covered by your plan?

ALL PLANS
TABLE 3 - MEDICAL EXPENSE BENEFITS

The benefits listed below are subject to coverage maximums, Deductible, Coinsurance, and Copayments listed in Tables 1 & 2 above.	
MEDICAL EXPENSES	Covered Person
Routine Preventive Care Services	Allowed Amount
Vaccinations as required by the Member	Allowed Amount
Routine testing/screening for Tuberculosis	Allowed Amount
Inpatient treatment of mental and nervous disorders including substance abuse	Allowed Amount up to \$10,000 Maximum per Coverage Year
Outpatient treatment of mental and nervous disorders including substance abuse	Allowed Amount up to \$5,000 Maximum per Coverage Year
Outpatient back and spine treatment (including modalities)	Allowed Amount up to 20 visits per Coverage Year on an Outpatient basis
Treatment of specified therapies, including acupuncture and Physiotherapy	Allowed Amount up to 40 visits per Coverage Year on an Outpatient basis
Complications of Pregnancy	Allowed Amount
Professional ground service to nearest hospital	Allowed Amount up to \$1,000 per Injury or Sickness.
Medical treatment arising from participation in interscholastic sports	Allowed Amount up to \$25,000 per Injury or Sickness. Injuries from participation in intramural sports are covered the same as any other injury
Repairs to sound, natural teeth required due to an Injury	Allowed Amount up to \$500 per Coverage Year maximum
Medical treatment received in the Home Country, if NOT covered by Other Certificate	Allowed Amount up to \$1,000 per Coverage year maximum
Outpatient prescription drugs	100% of the Allowed Amount up to a \$2,000 maximum per Coverage Year. Limited to a 31-day supply for initial fill or refill

Vaccination Coverage: The following vaccinations are covered as indicated in the Schedule of Benefits if received while covered under the Certificate: Hepatitis A (HepA), Hepatitis B (HepB), Rotavirus (RV), DTaP, Haemophilus influenzae (Hib), Inactivated Poliovirus vaccine (IPV), Pneumococcal Vaccines (PCV - PPSV), Influenza vaccines (TIV - LAIV), Measles Mumps Rubella (MMR), Varicella (VAR) vaccine, Meningococcal conjugate vaccines (MCV4), Human Papillomviurs (HPV, HPV4, HPV2), Tetanus, diptheria pertussis (Td/Tdap).

PRE-EXISTING CONDITION LIMITATION

The Certificate does not pay benefits for loss due to a Pre-Existing Condition during the first 6 months of coverage, except as follows: The Certificate will pay for Covered Medical Expenses incurred in connection with a Covered Person's Pre-Existing Condition during the first 6 months of coverage, subject to a maximum benefit of \$2,000. After the Covered Person has been covered under the Certificate for 6 months, Pre-Existing Conditions will be covered the same as any other Injury or Sickness; however, a Pre-Existing Injury or Sickness covered after the Pre-Existing waiting period, will be subject to the same limitations and exclusions as an Injury or Sickness incurred during Coverage under this Certificate. The origin, cause, or nature of the Pre-Existing Injury or Sickness will be used to determine the applicable Coverage, limitations, and exclusions.

Exception: The Insurer will credit time a Covered Person was covered by Creditable Coverage, that was approved by us, and that was in effect up to a date not more than 100 days before the Effective Date of Coverage under this Plan, excluding the Waiting Period. This limitation does not apply to the Emergency Medical Evacuation, the Repatriation of Mortal Remains and to the Emergency Family Travel Arrangements Benefits.

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Reviewing Plan Benefits

What is covered by your plan?

VISION CARE

We will pay for Covered Services as stated below for routine Vision Care that is not the result of an Injury or Sickness. The Deductible is not applicable.

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

DENTAL BENEFITS

The maximum amount of dental benefits available to any one Covered Person is shown below.

Combined Benefit for Diagnostic and Preventive Service	0% Coinsurance; \$1,000 Coverage Year Maximum
Per Person Coverage Year Dental Deductible	\$0

EMERGENCY MEDICAL EVACUATION BENEFIT

If a Covered Person is involved in an accident or suffers a sudden, unforeseen illness requiring emergency medical services during the Period of Coverage, while traveling outside of his/her home country, and adequate medical facilities are not available, the Administrator will coordinate and pay for a medically-supervised evacuation, up to the Maximum Limit shown in the Schedule of Benefits, to the nearest appropriate medical facility. This medically-supervised evacuation will be to the nearest medical facility only if the facility is capable of providing adequate care. The evacuation will only be performed if adequate care is not available locally and the Injury or Sickness requires immediate emergency medical treatment, without which there would be a significant risk of death or serious impairment. The determination of whether a medical condition constitutes an emergency and whether area facilities are capable of providing adequate medical care shall be made by physicians designated by the Administrator after consultation with the attending physician on the Covered Person's medical conditions. The decision of these designated physicians shall be conclusive in determining the need for medical evacuation services. Transportation shall not be considered medically necessary if the physician designated by the Administrator determines that the Covered Person can continue his/her trip or can use the original transportation arrangements that he/she purchased.

EMERGENCY FAMILY TRAVEL ARRANGEMENTS

If We determine that You are expected to require hospitalization due to an Injury or Sickness in excess of 3 days, or are in critical condition, or the victim of a Felonious Assault, an economy round-trip airfare will be provided to the place of hospitalization for an individual chosen by You.

We will pay up to the maximum benefit as listed in Schedule of Benefit for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the location of Your hospital confinement for one person designated by You.

The determination of whether the Covered Person will be hospitalized for more than 6 days or is in critical condition shall be made by the Us or Our designee after consultation with the attending physician. No more than one (1) visit may be made during any medical event. No benefits are payable unless the trip is approved in advance by Us or Our designee.

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Reviewing Plan Benefits

What is covered by your plan?

GENERAL CERTIFICATE EXCLUSIONS

Unless specifically provided for elsewhere under the Certificate, the Certificate does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Expenses incurred in excess of the Allowed Amount.
2. Services or supplies that the Insurer considers to be Experimental or Investigative.
3. Expenses incurred prior to the beginning of the current Period of Coverage or after the end of the current Period of Coverage except as described in Covered General Medical Expenses and Limitations and Extension of Benefits.
4. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, unless otherwise noted.
5. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury, unless otherwise noted.
6. Self-inflicted Injuries while sane or insane; suicide, or any attempt thereof while sane or insane. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Emergency Family Travel Benefit.
7. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eyeglasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
8. Elective termination of pregnancy.
9. Expenses incurred as a result of a pregnancy.
10. Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
11. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided for in the Certificate.
12. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Certificate and performed while the Certificate is in effect.
13. For diagnostic investigation or medical treatment for reproductive services, infertility, fertility, or for male or female voluntary sterilization procedures, or the reversal male or female voluntary sterilization procedures.
14. Organ or tissue transplant.
15. Participating in an illegal occupation or committing or attempting to commit a felony.
16. 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.
17. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Certificate.
18. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.
19. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.
20. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
21. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
22. Expenses incurred for any services rendered by a family member or a Covered Person's immediate family or a person who lives in the Covered Person's home.
23. Unless specifically provided for elsewhere under the Certificate, the cost of treatment or services that are provided normally without charge by the Member's Student Health Center, covered or provided by the student health fee, rendered by a person employed by the Member, including team Doctor and trainers or any other service performed at no cost.
24. Loss due to an act of war; service in the armed forces of any country or international authority and Participation in a Riot or Civil Commotion.
25. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.

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

This coverage is offered to the members of the Global Citizens Association, Washington, D.C.



Reviewing Plan Benefits

What is covered by your plan?

26. Loss arising from
 - a. participating in any professional sports, contest, or competition.
 - b. Racing or speed contests.
 - c. SCUBA diving, sky diving, mountaineering (where ropes or other climbing gear is customarily used), ultra-light aircraft, parasailing, sailplaning/gliders, hang gliding, parachuting, or bungee jumping.
27. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
28. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.
29. 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.
30. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
31. Expense covered under any Other Plan.
32. To the extent that such payments would be prohibited by law.

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