BlueCross Global

Blue Cross Global Traveler Plan

For Independence Blue Cross members



Member Guide

Independence

Brought to you by the international healthcare experts at GeoBlue

Welcome to Your Blue Cross Global Traveler Plan

As a member of Independence Blue Cross, you have access to health benefits when you or your covered dependents travel internationally for business or leisure trips lasting up to 180 days.

The Blue Cross Global Traveler Plan is provided by GeoBlue and designed to keep you safe and healthy when you are outside the U.S. 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.



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Register for important plan information

To register, visit the Member Hub at geo-blue.com or download the GeoBlue app to your smart phone. **You will need to enter this group access code**: QHG9999ACBND

After you register, you can use your log in information for both the GeoBlue website and app. Once logged in, you can:

- Display an electronic ID card
- 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 claims

Do you make contributions to a Health Savings Account (HSA?)

This plan has a $0 deductible for care while traveling outside the U.S. This could impact your ability to make the maximum HSA contribution. If you plan on adding a substantial amount to your HSA or have significant travel plans, you may wish to consult your legal or tax advisor. (The information provided above is not intended as either legal or tax advice. For guidance or questions about an HSA account, you should consult your professional advisor.)

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. You can access this card through the mobile app or on the Member Hub at www.geo-blue.com.

Need help with registration?

Contact us for assistance:

Inside the U.S. call **1-833-511-4760**
Outside the U.S. call **1-610-263-2000**
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 55.202). 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.

Getting Care

Find providers outside the U.S. and schedule appointments[1]

For optimal service, request Direct Pay at least 48 hours prior to your appointment or scheduled service to avoid paying out-of-pocket for medical care and submitting claims. See below for details.

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 **geo-blue.com** or select "Provider Finder" in the app. You are also 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.

Please note that you are only covered under this plan when outside of your home country.

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.

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.



How to request direct pay for a provider from GeoBlue

Contact us at least 48 hours prior to your appointment or service. You can:

- Access the Member Hub at geo-blue.com or GeoBlue app
- Email globalhealth@geo-blue.com with the name of your provider, the reason for your appointment, and the date and time of your scheduled visit
- Call collect on +1-610-263-2000
- Call toll free inside the U.S. on 1-833-511-4760



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 electric ID card. We will then take the appropriate action to assist and monitor your medical care until the situation is resolved.

[1]Please see your Certificate of Insurance for eligibility requirements. Your Certificate of Insurance is on file with your company and in the Member Hub on www.geo-blue.com.

Accessing Self-Service Tools

Convenient tools available on the Member Hub and GeoBlue app

Provider Finder
Search providers for medical, dental, or mental health care and map them using GPS technology.*

Medical Translations
Translate medical terms and phrases for many symptoms and situations; use the audio feature to play the translation.

Direct Pay
Arrange Direct Pay for future appointments to secure cashless access to care.

Eligibility
Display an ID Card on a smart phone and email/fax a copy directly to a provider's office.

Guarantees of Payment
Access issued guarantees of payment to view and share with doctors and hospitals.

News & Safety
View country or city profiles on crime, terrorism and natural disasters.

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

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

If you are not able to set up direct pay before your service, you may need to pay upfront and submit a claim for reimbursement. Below are several ways to submit a claim:

Email and fax

To submit a claim via email or fax, download a printable claim form and view detailed instructions 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

Contact us for assistance:

- Toll free within the U.S.: **1-888-412-6403**
- Outside the U.S.: **+1-610-254-5830**
- **customerservice@geo-blue.com**

Reviewing Plan Benefits

What is covered by your plan?

Benefit Overview

Following is a very brief description of the benefit schedule of the Plan. This should be used only as a quick reference tool. The entire Certificate ofCoverage sets forth, in detail, the rights and obligations of both the Insured Person and the Insurer. It is, therefore, important that **THE ENTIRE CERTIFICATE OF COVERAGE IS READ CAREFULLY!**

The benefits outlined in the following table show the payment percentages for Covered Expenses. **Covered Expenses are based on Reasonable Charges which may be less than actual billed charges. Providers can bill the Insured Person for amounts exceeding Covered Expenses.**

Deductible:
The Insured Person's Deductible is $0 per Insured Person per Trip Coverage Period.

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 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 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
Repatriation Of Remains	Maximum Benefit up to $25,000
Medical Evacuation	Maximum Benefit per Trip Period for all Evacuations up to $250,000
Accidental Death and Dismemberment	Up to $50,000 for each covered member
Bedside Visit	Up to $1,500 for one person

PLEASE NOTE: Coverage exclusions include, but are not limited to, routine maternity care, mental health, substance abuse, congenital conditions, self-Inflicted Injuries, injuries due to drugs and alcohol, infusion therapy, radiation therapy and hemodialysis and outpatient physical therapy. Please review your certificate carefully for a complete list of exclusions. A list of exclusions can also be found on pages 8-10 of this document.

Reviewing Plan Benefits

What is covered by your plan?

Eligibility

Employees and their covered dependents who are enrolled in a Blue Cross Blue Shield plan under the employer sponsoring the Global Traveler plan are eligible for the Global Traveler plan detailed in this document.

The Global Traveler plan covers you when you travel outside the U.S. (not including the U.S. Virgin Islands or Puerto Rico, which are U.S. territories). Coverage for any one trip may not exceed 180 days.

For complete details regarding coverage, refer to your certificate by logging into **www.geo-blue.com** (Coverage & Benefits section).

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. Treatment of **Mental, Emotional or Functional Nervous Conditions or Disorders**.
17. Treatment of **Drug, alcohol, or other substance addiction or abuse**.
18. **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.
19. Dental and orthodontic services for Temporomandibular Joint Dysfunction (**TMJ**).
20. **Orthodontic Services**, braces and other orthodontic appliances except as specifically stated under Orthodontic Dental Care.
21. **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.
22. **Hearing aids.**
23. Routine **hearing tests.**

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24. **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Plan.
25. An **eye surgery** solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
26. Outpatient **speech therapy.**
27. 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.
28. 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.
29. **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.
30. 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**.
31. Treatment of **sexual dysfunction** or inadequacy.
32. 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.
33. All **contraceptive** services and supplies, including but not limited to, all consultations, examinations, evaluations, medications, medical, laboratory, devices, or surgical procedures.
34. **Cryopreservation** of sperm or eggs.
35. **Orthopedic shoes** (except when joined to braces) or shoe inserts, including orthotics.
36. 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.
37. **Routine physical exams** or tests that do not directly treat an actual Illness, Injury or condition, including those required by employment or government authority.
38. Charges by a provider for **telephone consultations**.
39. 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.).
40. **Educational services** except as specifically provided or arranged by the Insurer.
41. **Nutritional counseling** or food supplements.
42. **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.
43. **Physical and/or Occupational Therapy/Medicine**, except when provided during an inpatient Hospital confinement or as specifically provided under the benefits for Physical and/or Occupational Therapy/Medicine.
44. **All infusion therapy, radiation therapy and hemodialysis treatment** together with any associated supplies, Drugs or professional services are excluded.
45. **Growth Hormone Treatment.**
46. 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.
47. **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.
48. Charges for the services of a **standby Physician**.
49. Charges for **animal to human organ transplants**.
50. 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.
51. Claims arising from loss due to riding in any **aircraft** except one licensed for the transportation of passengers.

Reviewing Plan Benefits

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52. 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.
53. Treatment for or arising from **sexually transmittable diseases**. (This exclusion does not apply to HIV, AIDS, ARC or any derivative or variation.)
54. 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.
55. Treatment of **Congenital Conditions**.

Prescription Drug Exclusions and Limitations

Prescription Drug reimbursement is subject to and treated as part of any benefit maximums, limitations on Pre-existing Conditions or any other exclusionsor limitations contained in this entire Plan. In addition, reimbursement will not be provided for:

1. Drugs and medications not requiring a Prescription, except insulin.
2. Non-medical substances or items.
3. Drugs and medications used to induce non-spontaneous abortions.
4. Contraceptive Drugs and devices prescribed for birth control.
5. Drugs and medications used for the purposes of sexual stimulation.
6. Dietary supplements, cosmetics, health or beauty aids.
7. Any vitamin, mineral, herb or botanical product, which is believed to have health benefits, but does not have Food and Drug Administration (FDA) approved indication to treat, diagnose or cure a medical condition.
8. Drugs taken while the Eligible Participant are in a Hospital, Skilled Nursing Facility, rest home, sanitarium, convalescent hospital or similar facility.
9. Any Drug labeled "Caution, limited by federal law to investigational use" or Non-FDA approved investigational Drugs, any Drug or medication prescribed for experimental indications (such as progesterone suppositories).
10. Syringes and/or needles, except those dispensed for use with insulin.
11. Durable medical equipment, devices, appliances and supplies.
12. Immunizing agent, biological sera, blood, blood products or blood plasma.
13. Oxygen.
14. Professional charges in connection with administering, injecting or dispensing of Drugs.
15. Drugs and medications dispensed or administered in an outpatient setting, including but not limited to outpatient hospital facilities and doctor's offices.
16. Drugs used for cosmetic purposes.
17. Drugs used for the primary purpose of treating infertility.
18. Drugs used for the purpose of treating hair loss.
19. Anorexiants or Drugs associated with weight loss.
20. Allergy desensitization products, allergy serum.
21. All Infusion Therapy is excluded under this Plan except as specifically stated in the Covered Services section.
22. Drugs for treatment of a condition, Illness, or Injury for which benefits are excluded or limited by a Preexisting Condition, or other contract limitation.
23. Growth Hormone Treatment.
24. Over the counter medications and Prescription Drugs with a non-prescription (over the counter) chemical and dose equivalent.
25. The replacement of lost or stolen Prescription Drugs.
26. Antihistamines.

For questions about your travel plan:

Outside the U.S. call +1-610-263-2000
Toll free within the U.S. call 1-833-511-4760
customerservice@geo-blue.com

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

Collect calls accepted on +1-610-263-2000
Toll free within the U.S. call 1-833-511-4760
globalhealth@geo-blue.com

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

933 First Avenue,
King of Prussia, PA 19406, USA

Independence

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