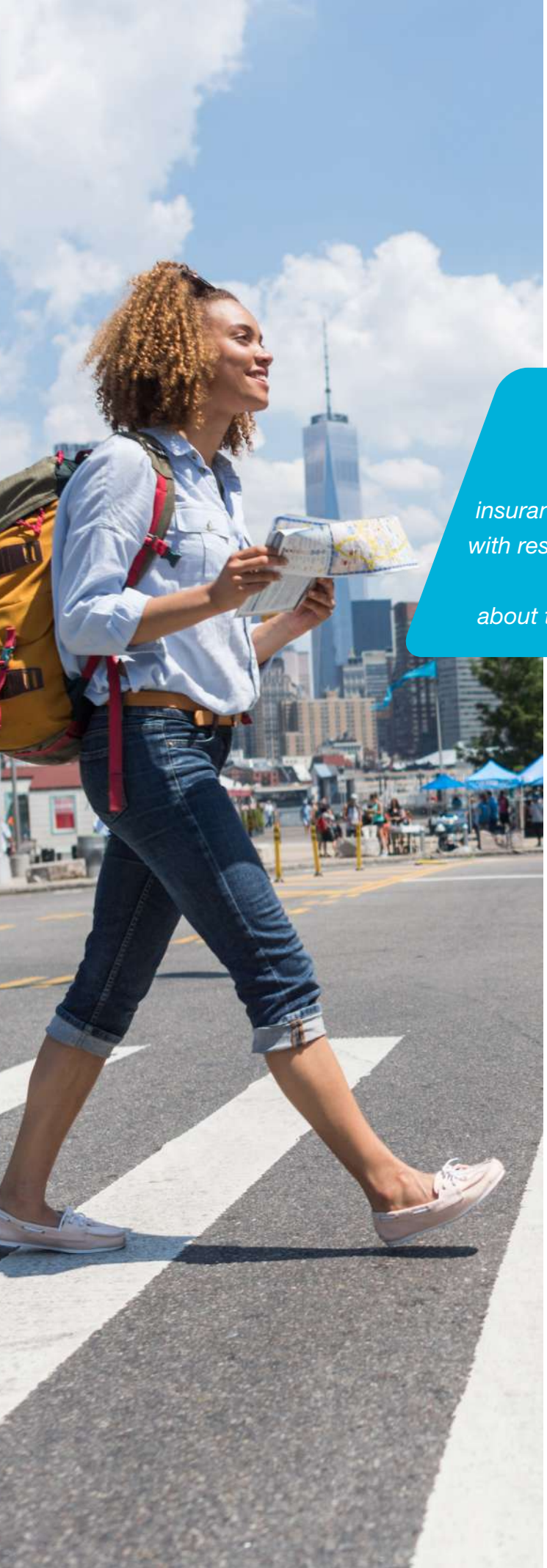
Welcome to GeoBlue®

Simplifying the international healthcare experience to keep you safe and healthy throughout your journey

Leeward Community College
2024-2025

GeoBlue



WELCOME
TO YOUR INSTITUTION'S HEALTH PLAN

Embarking on a study abroad program is an exciting venture that gives students, faculty and staff a broader, more global view of the world. Your GeoBlue health insurance plan provides you access to global medical expertise with responsive, multi-channel service. Register on the GeoBlue mobile app or online through the Member Hub to learn about the extra care you receive when you travel with GeoBlue.

INTRODUCTION TO YOUR HEALTH PLAN
Important plan information and health tools

ACCESSING CARE
How to receive care throughout your journey

SELF-SERVICE TOOLS
Convenient tools available on the GeoBlue mobile app and Member Hub

SUBMITTING A CLAIM
File a claim for reimbursement

REVIEWING PLAN BENEFITS
What is covered by your plan?

This pamphlet contains a brief summary of the features and benefits for insured participants covered under your school health insurance. This is not a contract of insurance. Coverage is provided under an insurance policy under which your school is a participating school. Coverage is provided under insurance policies issued by 4 Ever Life International Limited, Bermuda. Complete information on the insurance is contained in the Certificate of Insurance which is on file with the school and is made available to all insured participants. If there is a difference between this program description and the certificate wording, the certificate controls.

GLOSSARY

of Important Terms and Phrases

Balance Billing: When a provider bills you for the difference between the provider's charge and the amount your health insurance plan pays. Your normal deductible and coinsurance are not counted as balance billing.

Coinsurance: The percentage of your healthcare costs that is not paid by the health insurance plan. Therefore, it's the percentage of the cost you are responsible for.

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

Copay or Copayment: The specific dollar amount you will pay at the time of service.

Claim: Documentation submitted for payment from a provider or you for medical services rendered.

Certificate of Coverage: It describes the benefit plan with specific conditions in which you and all eligible dependents have been enrolled (explains medical, dental, and vision coverage).

Coverage Period: The length of time that you are covered under a specific policy.

Deductible: An amount you are responsible to pay for eligible expenses before the health insurance plan begins to pay.

Explanation of Benefits (EOB): An EOB is not a bill, but a summary of how your claims were processed and what you may owe. Your healthcare professional may bill you directly for the remainder of what you owe.

Prescription (RX): An instruction written by a medical practitioner that authorizes you to be provided a medicine or treatment.

Performing Provider: The individual or group licensed to perform medical care that provided medical services to you.

Primary Care Physician (PCP): A physician who provides both the first contact for you with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.

Premium: The specific amount of money you have to pay to the health insurance company each month in exchange for the health insurance company paying a portion of your healthcare costs.

Outpatient: When you receive care at a medical facility but are not admitted to the facility overnight or are at the facility for 24 hours or less.

Out-of-Network Provider: A medical provider 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.

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.

Network: The facilities, providers, and suppliers your health insurance company contracts with to provide services at discounted rates. The network you would utilize is Blue Cross Blue Shield companies.

Medical Evacuation: The insurer will pay the medically necessary expenses incurred for you if you become ill or injured while traveling outside your home country for transportation to the closest location of adequate care. May also be referred to as "Medical Repatriation."

Inpatient: When you receive care at a medical facility and are admitted overnight, or are at the facility for more than 24 hours.

INTRODUCTION TO YOUR HEALTH PLAN

IMPORTANT PLAN INFORMATION AND HEALTH TOOLS

Your institution provides you with access to GeoBlue's international health insurance plan. You can enroll online using a credit card. Visit the Resource Center located on the right-hand side of www.geobluestudents.com and enter your self-enrollment code listed below to review plan details and pricing.

Program/Institution Name: Leeward Community College
Self-Enrollment Code: PYU-46772

Website: www.geobluestudents.com

Term rates for coverage are:

For Participants Up to Age 64	Participant	Spouse	Child	Children
Fall 8/15/24 to 12/19/24	$ 575.28	$ 1,725.24	$ 862.72	$ 1,725.44
Spring 12/20/24 to 5/19/25	$ 719.10	$ 2,156.55	$ 1,078.41	$ 2,156.80
Spring/Summer 12/20/24 to 8/14/2025	$ 1,150.56	$ 3,450.48	$ 1,725.45	$ 3,450.88
Summer 5/20/25 to 8/14/2025	$ 431.46	$ 1,293.93	$ 647.04	$ 1,294.08

Register on the GeoBlue mobile app or Member Hub to access important plan information

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

To register, download the GeoBlue mobile app from the Apple or Google Play app stores or visit the Member Hub on www.geobluestudents.com. After you register you can use your log in information for both the website and app.

Get your GeoBlue ID card

It is important to have your ID cardavailable when receiving healthcare services. Your card can be accessed from multiple sources:

- You can obtain an electronic version of your ID card on the GeoBlue mobile app and Member hub
- You can request a replacement ID card through the mobile app and Member Hub. You can also contact customer service for assistance in requesting a replacement ID card

When you receive your ID card, please check the information for accuracy. Contact customer service if you find any errors.

Your ID card

ID card images for illustration purposes only

Need help?

We're available to assist 24/7/365

PHONE
1-844-268-2686

Email
Use the contact form on the GeoBlue mobile app and Member Hub

ACCESSING CARE

FIND HEALTHCARE WITHIN THE U.S.

Student Health Center

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

Find a Provider

You have access to the leading Blue Cross Blue Shield network within the U.S., Puerto Rico and U.S. Virgin Islands. To find a doctor or facility, select **"Provider Finder"** in the GeoBlue mobile app or visit the **"Doctor and Facilities Finder"** section then select **"U.S. Provider Finder"** in the Member Hub on www.geobluestudents.com.

Scheduling an Appointment with a Blue Cross Blue Shield Provider

Once you select a provider, call to confirm they are in network and schedule your appointment. You will need to keep your GeoBlue ID card handy when scheduling. If you need assistance with scheduling an appointment, submit a **"Service Request"** from the Tools & Services section on the Member Hub on www.geobluestudents.com.

At the time of service, you will need to show the provider your ID card to confirm you are covered by Blue Cross Blue Shield. Depending on your coverage, you may be responsible for a copayment, coinsurance and/or deductible before a service is completed.

Global TeleMD™

We know it's important to get the healthcare you need, when you need it. We've teamed up with Teladoc Health to bring you Global TeleMD, a telemedicine service that provides unlimited, 24/7/365 access to free doctor consultations by telephone or video. Doctors are available worldwide. Prescriptions may also be provided, as appropriate (subject to local regulations). To access Global TeleMD, download the Global TeleMD app or select **"Telehealth"** then **"Talk to a Doctor"** in the GeoBlue mobile app.

Out-of-Network Providers

If you receive care from an out-of-network provider, you may need to pay out of pocket and submit a claim for reimbursement. Click **"How to File a Claim"** in the Member Hub on www.geobluestudents.com to download the appropriate claim form. You can submit claims electronically using the GeoBlue mobile app or the Member Hub.

Prescription Benefits

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

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

DEDICATED WELLNESS SUPPORT

GLOBAL WELLNESS ASSIST AVAILABLE 24/7/365

We offer a variety of emotional, practical and physical support services for you helping to make transitions more comfortable and assignments more successful.

Emotional Support

- ✓ 24/7/365 clinical intake, message and referral service
- ✓ Harmony between academic and personal life
- ✓ Managing anxiety, depression, stress and overall life changes
- ✓ Surviving the loss of a loved one

Practical Support

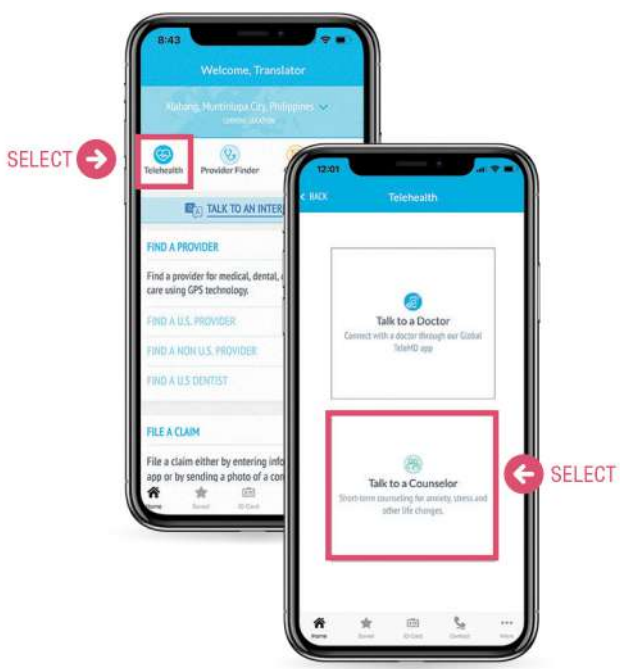
- ✓ Unlimited telephonic financial assistance from financial professionals
- ✓ Telephonic or in-person legal assistance and consultation with attorneys
- ✓ Managing academic or workplace pressure

Physical Support

- ✓ Wellness coaching and support for wellness initiatives, including weight loss, fitness, nutrition, stress management and overall lifestyle improvement
- ✓ Health risk assessment to obtain and assess individual and aggregate health data
- ✓ Support in finding assistance with substance use

Global Wellness Assist

Global Wellness Assist is an international employee assistance program (EAP) for students, faculty and staff traveling globally on behalf of an institution, providing access to six free confidential solution-focused counseling sessions. Professionals are ready to assist with any issue, anytime, any day.



To access Global Wellness Assist's services, download the GeoBlue mobile app or visit the "Wellness" section in the Member Hub on www.geobluestudents.com.

SELF-SERVICE TOOLS

Our digital tools put access to global healthcare right in your hands! There is a wide range of information available to you on the GeoBlue mobile app or Member Hub, including:

Claim Submission and Status
Submit and track the status of your claims.

ID Card
Obtain an electronic copy of your ID card and request replacements.

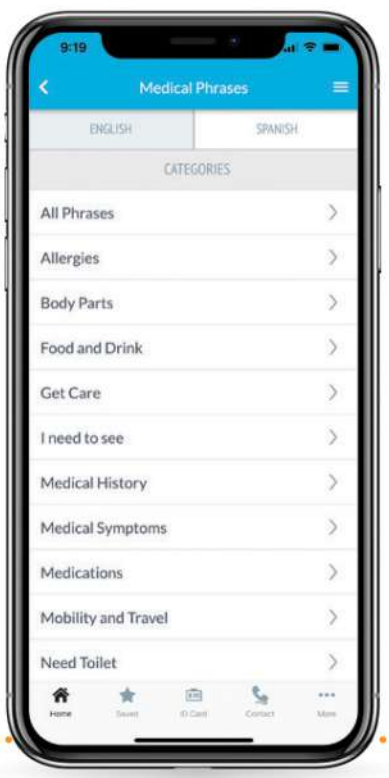
Telehealth
Talk to a doctor through Global TeleMD and/or talk to a counselor through Global Wellness Assist—both services are free, and you do not need to leave your home.

Provider Directory
Review profiles of preferred doctors and hospitals to find the best match, view their contact details and locate the office.

Medical Term Translations
USe the translation tool for common healthcare terms and phrases.

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

News and Safety Information
Receive push notifications and alerts detailing the latest security and health issues based on your location. You can also view country or city profiles on crime, terrorism and natural disasters.



Download the app today!

Register on the GeoBlue mobile app or online through the Member Hub. Once registered the login information will be the same whether using the app or online.

GeoBlue | Download on the App Store | GET IT ON Google Play

CLAIM SUBMISSION

IF YOU NEED TO SUBMIT A CLAIM FOR REIMBURSEMENT, YOU HAVE THE FOLLOWING OPTIONS:

eClaims

The quickest most convenient way to submit your claims is through the GeoBlue mobile app or Member Hub. Under **"Claims"** you can chose to submit a claim through **"File an eClaim"** or **"View My Claims"** to see saved claims.

Email and Fax

If you prefer to submit a claim via email or fax, a printable claim form and detailed instructions are available in the Member Hub on www.geobluestudents.com.

Visit the **"How to File a Claim"** section of the Member Hub and click **"How do you file a claim with GeoBlue?"** to download the appropriate claim form.

Email: claims@geo-blue.com
Fax: 1-610-482-9623

Postal Mail

If you prefer to submit a claim via postal mail, a printable claim form and detailed instructions are available in the Member Hub on www.geobluestudents.com.

Visit the **"How to File a Claim"** section of the Member Hub and click **"How do you file a claim with GeoBlue?"** to download the appropriate claim form.

Mail to: GeoBlue, P.O. Box 21974
Eagan, MN 55121

Follow these tips to speed up the claims reimbursement process:

- ✓ If you mail or fax your claim(s) make sure your claim form is filled out completely, and don't forget to sign it.
- ✓ Fill out a separate form for each doctor or office visit.
- ✓ Be sure to add a diagnosis or reason for treatment.
- ✓ Provide a detailed description and amount charged for each service.
- ✓ Clearly state how you'd like to be reimbursed.
- ✓ Make and keep handy copies of your bills, receipts and claim forms.

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

Need to check the status of your claim?

No problem! Simply choose **"Claims"** in the GeoBlue app or visit the **"Claims"** section of the Member Hub. If you are using the mobile app, you can elect to receive a push notification when your claim is processed. For more help, visit the **"Claims"** section of the Member Hub.

REVIEWING PLAN BENEFITS

SCHEDULE OF BENEFITS
TABLE 1

	Limits Individual Insured	Limits Spouse	Limits Dependent Child(ren)
MEDICAL EXPENSES			
Coverage Year Limit	$250,000	$250,000	$250,000
Coverage Deductible	$100 per Coverage Year	$100 per Coverage Year	$100 per Coverage Year
Coverage Year Out-of-Pocket Limit Out-of-pocket Limit means the amount of Reasonable Expenses for which the Covered Person is responsible after which the Insurer pays 100% of the Reasonable Expenses, 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 Reasonable Expenses at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, and amounts above the maximums do not apply toward the Out-of-pocket Limit.	After the Covered Person reaches a $5,000 Out-of-pocket Limit per Coverage Year, the Insurer pays the Reasonable Expenses at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, and amounts above the maximums do not apply toward the Out-of-pocket Limit.	After the Covered Person reaches a $5,000 Out-of-pocket Limit per Coverage Year, the Insurer pays the Reasonable Expenses at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, and amounts above the maximums do not apply toward the Out-of-pocket Limit.
EMERGENCY MEDICAL EVACUATION	Maximum Benefit up to $100,000 per Coverage Year	Maximum Benefit up to $100,000 per Coverage Year	Maximum Benefit up to $100,000 per Coverage Year
EMERGENCY FAMILY TRAVEL ARRANGEMENTS	Maximum Benefit up to $1,500 per Coverage Year	Maximum Benefit up to $1,500 per Coverage Year	Maximum Benefit up to $1,500 per Coverage Year
REPATRIATION OF MORTAL REMAINS	Maximum Benefit up to $50,000 per Coverage Year	Maximum Benefit up to $50,000 per Coverage Year	Maximum Benefit up to $50,000 per Coverage Year
ACCIDENTAL DEATH & DISMEMBERMENT	Maximum Benefit: Principal Sum up to $10,000	Maximum Benefit: Principal Sum up to $5,000	Maximum Benefit: Principal Sum up to $1,000

SCHEDULE OF BENEFITS
TABLE 2
MEDICAL EXPENSE BENEFITS

MEDICAL EXPENSES	PPO Plan In PPO Limits+	PPO Plan Outside PPO Limits
Physician Office Visits*	After the Deductible is satisfied, 100% of the Negotiated Rate after a $20 Copayment per visit	After the Deductible is satisfied, 80% of Reasonable Expenses
Treatment at an Urgent Care Facility	After the Deductible is satisfied, 100% of the Negotiated Rate after a $35 Copayment per visit	After the Deductible is satisfied, 80% of Reasonable Expenses
Hospital and Physician Outpatient Services	After the Deductible is satisfied, 100% of the Negotiated Rate after a $50 Copayment per visit	After the Deductible is satisfied, 80% of Reasonable Expenses
Inpatient Hospital Services	After the Deductible is satisfied, 100% of the Negotiated Rate after a $50 Copayment per visit	After the Deductible is satisfied, 80% of Reasonable Expenses
Emergency Hospital Services	After the Deductible is satisfied, 100% of the Negotiated Rate after a $100 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived	After the Deductible is satisfied, 80% of Reasonable Expenses

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REVIEWING PLAN BENEFITS

+Payment of Covered Medical Expenses for Preferred Providers is based on the Insurer's Negotiated Rate. Preferred Providers have agreed to accept the Negotiated Rate as payment in full.

*All Physician Visit Copayments and Deductibles for an Injury or Sickness are waived for treatment received at Recognized Student Health Center

If a Covered Person requires emergency treatment of an Injury or Sickness and incurs covered expenses at a non-Preferred Provider, Covered Medical Expenses for the Emergency Medical Care rendered during the course of the emergency will be treated as if they had been incurred at a Preferred Provider.

If a Covered Person incurs Covered Medical Expenses for services or supplies that are not of the type provided by any Preferred Provider, these Covered Medical Expenses will be treated as if they had been incurred at a Preferred Provider.

SCHEDULE OF BENEFITS
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
Maternity Care for a Covered Pregnancy	Reasonable Expenses
Complications of Pregnancy	Reasonable Expenses
Inpatient treatment of mental and nervous disorders including substance abuse	Reasonable Expenses up to $10,000 Maximum per Coverage Year for a maximum period of 30 days per Coverage Year
Outpatient treatment of mental and nervous disorders including substance abuse	Reasonable Expenses up to $1,000 Maximum per Coverage Year for a maximum period of 30 visits per Coverage Year
Treatment of specified therapies, including acupuncture and Physiotherapy	Reasonable Expenses up to 20 visits per Coverage Year on an Outpatient basis
Annual cervical cytology screening for women 18 and older	Reasonable Expenses
Low dose mammography screening, one baseline mammogram and one mammogram per year	Reasonable Expenses
Colorectal cancer screenings	Reasonable Expenses
Diabetic Supplies/Education	Reasonable Expenses
Prostate screening tests	Reasonable Expenses
Child Preventive and Primary Care Services	Reasonable Expenses
Breast Reconstruction due to Mastectomy	Reasonable Expenses
Repairs to sound, natural teeth required due to an Injury	Reasonable Expenses up to $500 per Coverage Year maximum
Outpatient prescription drugs including oral contraceptives and devices	50% of actual charge. Limited to a 31 day supply for initial fill or refill.

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 Reasonable Expenses.
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.

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REVIEWING PLAN BENEFITS

6. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
7. 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.
8. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided for in the Certificate.
9. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Certificate and performed while the Certificate is in effect.
10. 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.
11. Expenses incurred for, or related to sex change surgery.
12. Organ or tissue transplant.
13. Participating in an illegal occupation or committing or attempting to commit a felony.
14. 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.
15. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Certificate.
16. Expenses incurred within the Covered Person's Home Country.
17. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extractions of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.
18. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
19. Diagnosis and treatment of acne.
20. Diagnosis and treatment of sleep disorders.
21. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.
22. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
23. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
24. 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.
25. 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.
26. 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.
27. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
28. Loss arising from
    a. participating in any intercollegiate/interscholastic or professional sports, contest or competition;
    b. participating in any club sport competition, contest or competition;
    c. Racing or speed contests;
    d. 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.
29. 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.
30. 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.
31. 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.
32. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
33. Routine hearing tests except as provided under Preventive and Primary Care.
34. Expense covered under any Other Plan.
35. To the extent that such payments would be prohibited by law.

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IMPORTANT CONTACT INFORMATION

*Contact us **anytime, anywhere!***

REACH US WORLDWIDE 24/7/365:

Toll-free within the U.S.
1-844-268-2686

Contact us through the **GeoBlue mobile app** or **Member Hub**

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Telemedicine services are provided by Teladoc Health, directly to members. 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 a member's health plan. This service is not intended to be used for emergency or urgent treatment medical questions.

SCHL2406-MEM-11/22

GeoBlue