



Blue Cross Blue Shield Global Traveler™ Plan



State of North Carolina Member Guide

PROVIDED BY:
GeoBlue

Welcome to Your Blue Cross Blue Shield Global Traveler™ Plan

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

GeoBlue Traveler provides coverage for you and your traveling spouse and unmarried, dependent children, while on a business trip outside of your home country.



Getting Started

Important plan information and health tools



Getting Care

How to get care when you are outside the U.S.



Accessing Self-Service Tools

Convenient tools available on the Member Hub and GeoBlue app



Submitting a Claim

File a claim for reimbursement



Reviewing Plan Benefits

What is covered by your plan?



Getting Started

Important plan information and health tools



Register for important plan information

Register to access important plan information:

- Display an electronic ID card
- Locate 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

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

To Register, enter this Group Access Code:

QHE99999SNCU

Get your ID card

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

- You can show, fax or email your ID card through the app
- A temporary ID card is available in the Member Hub on www.geo-blue.com

When you receive your ID card, please check the information for accuracy. Your name is not listed on your ID card because this is a Blanket health insurance plan. Call Customer Service if you find an error.

Need help with registration?



Contact us for assistance:

Inside the U.S. call **1-888-412-6403**

Outside the U.S. call **+1-610-254-5830**

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 55.1102). Complete information on the insurance is contained in the Certificate of Insurance which is on file with the company and is made available to all insured participants. If there is a difference between this program description and the certificate wording, the certificate controls.

Blue Cross Blue Shield Global™ is a brand owned by the Blue Cross Blue Shield Association, a national federation of 36 independent, community-based and locally-operated Blue Cross and Blue Shield Companies. GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of Blue Cross Blue Shield Association and is made available in cooperation with Blue Cross and Blue Shield of North Carolina. Coverage is provided under insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, IL, NAIC #80985 under policy form series 55.1102.



Getting Care

geo-blue.com

Find providers outside the U.S. and schedule appointments¹

1. Find a provider

Outside the U.S., you have access to care through the GeoBlue provider network. To find a contracted doctor or facility, visit the “Find Doctors and Hospitals Outside the U.S.” section in the Member Hub on www.geo-blue.com or select “Provider Finder” in the app. For optimal service, request Direct Pay at least 48 hours prior to your appointment to avoid paying out-of-pocket for medical care and submitting claims.²

Outside of the U.S., you are free to see any provider you choose without a reduction of benefits. If you see a non-contracted provider, you may have to pay out of pocket for treatment and submit a claim.

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

2. Schedule an appointment

To schedule an appointment, choose a participating provider or hospital through the Member Hub or app. Contact them directly using the information in their profile. After you make your appointment, contact us to provide the doctor’s office with the information required to arrange Direct Pay. For optimal service, request Direct Pay at least 48 hours prior to your appointment. This is necessary when scheduling follow-up appointments as well. In many countries providers require payment at the time of the visit unless Direct Pay has been arranged.

Contact us to arrange for Direct Pay:

- Use www.geo-blue.com or the GeoBlue app
- Email globalhealth@geo-blue.com
- Call collect on +1-610-254-8771
- Call toll free inside the U.S. on 1-800-257-4823

3. Request Direct Pay

To avoid paying up front for medical care and submitting a claim, arrange for Direct Pay:²

- Use www.geo-blue.com or the GeoBlue app to find a provider, view a profile and complete a request form
- Email globalhealth@geo-blue.com the name of your provider, the reason for your appointment and the date and time of your scheduled visit
- Call collect on +1-610-254-8771
- Call toll free inside the U.S. on 1-800-257-4823

For optimal service, request Direct Pay at least 48 hours prior to your appointment.

Informed Choice consultation

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

Assistance with appointment scheduling

While it’s often easier to set up your own appointments, we can help when you are unsure about where to seek care. You may have a new diagnosis, be in a remote area with limited options, in need of translation, or struggling to adapt to your new surroundings.

To request help scheduling a convenient, cashless office visit with one of GeoBlue’s trusted English-speaking doctors.

Contact us 24/7: +1-610-254-8771.



In the event of a medical emergency

You should go immediately to the nearest physician or hospital and then call the Medical Assistance phone number for 24/7 care located on the back of your ID card. We will then take the appropriate action to assist and monitor your medical care until the situation is resolved.

¹Please 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.

²Members are required to pay any applicable copayments, coinsurance or deductibles at the time of service.

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Accessing Self-Service Tools

Convenient tools available on the Member Hub and GeoBlue app

Check your symptoms*

Use the Symptom Triage tool to help determine how sick you are and then decide what your next step should be. You can decide to seek treatment in an emergency room, schedule a doctor visit or employ home remedies.

Find a doctor or facility

Review detailed profiles of contracted doctors to find the best match, view contact details and then locate the office.

Translate medications

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

Translate medical terms and phrases

Translate hundreds of key medical phrases and terms into the most widely spoken languages with audio clips and transliterations.

Understand health and security risks

Receive daily alerts detailing the latest security and health issues in your destination. View country or city profiles on crime, terrorism or natural disasters.



Visit www.geo-blue.com or **download the GeoBlue app** to access self-service tools for navigating risks and finding the best care options.

*Available on www.geo-blue.com only.

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Submitting a Claim

File a claim for reimbursement

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 MATRIX

Policy Maximums	Insurer pays up to Per Insured Person
Trip Period Maximum Benefits	\$100,000
Period of Insurance Maximum Benefits	\$100,000
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
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
Accidental Death & Dismemberment	Maximum Benefit: Principal Sum up to \$10,000 for Eligible Participant; Principal Sum up to \$10,000 for Eligible Dependent.
Repatriation Of Remains	Deductible is not applicable. Maximum Benefit up to \$25,000.
Medical Evacuation	Deductible is not applicable. Maximum Benefit per Trip Period for all Evacuations up to \$100,000.
Bedside Visit	Deductible is not applicable. Maximum Benefit per Trip Period up to \$1,500 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?

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 or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
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. 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 .**
11. 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.**
12. Inpatient or outpatient services of a private duty nurse.
13. 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.
14. 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.
15. 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.
16. Dental and orthodontic services for Temporomandibular Joint Dysfunction (TMJ).
17. Orthodontic Services, braces and other orthodontic appliances except as specifically stated under Orthodontic Dental Care .
18. 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.
19. Hearing aids.
20. Routine hearing tests.
21. Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Plan.
22. An eye surgery solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
23. Outpatient speech therapy.
24. 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.
25. Any intentionally self-inflicted Injury or Illness. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation Remains Benefit and to the Bedside Visit Benefit.



Reviewing Plan Benefits

What is covered by your plan?

26. 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.
27. 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.
28. Treatment of sexual dysfunction or inadequacy.
29. 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
30. All contraceptive services and supplies, including but not limited to, all consultations, examinations, evaluations, medications, medical, laboratory, devices, or surgical procedures.
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. 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.
41. All infusion therapy, radiation therapy and hemodialysis treatment together with any associated supplies, Drugs or professional services are excluded.
42. Growth Hormone Treatment, except as necessary to treat a congenital defect.
43. 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.
44. 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.
45. Charges for the services of a standby Physician.
46. Charges for animal to human organ transplants.
47. 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.
48. Claims arising from loss due to riding in any aircraft except one licensed for the transportation of passengers.
49. 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.
50. Treatment for or arising from sexually transmittable diseases. (This exclusion does not apply to HIV, AIDS, ARC or any derivative or variation.)



Reviewing Plan Benefits

What is covered by your plan?

51. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Insured Person's Home Country; for loss of life or dismemberment due to a Sickness, disease or infection.
52. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment resulting directly or indirectly from the discharge, explosion, or use of any device, weapon, material employing or involving fission, nuclear fusion, or radioactive force, or chemical, biological radiological or similar agents, whether in time of peace or war, and regardless of any other causes or events contribution concurrently or in any other sequence there to.
53. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment caused by or contributed by (a) an act of war; (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;
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.



For questions about your medical plan:

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



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

Collect calls accepted on +1-610-254-8771
Toll free within the U.S. call 1-800-257-4823
globalhealth@geo-blue.com

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



933 First Avenue
King of Prussia, PA 19406

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