



Reviewing Plan Benefits

What is covered by your plan?

**SCHEDULE OF BENEFITS
TABLE 1**

	Limits Per Covered Person
MEDICAL EXPENSES	
Maximum benefit per Coverage Year	\$250,000
Per Coverage Year Deductible	\$0
TRANSPORTATION BENEFITS	
Emergency Medical Evacuation	Maximum Benefit up to \$250,000 per Coverage Year
Emergency Family Travel Arrangements	Maximum Benefit up to \$5,000 per Coverage Year
Emergency Family Reunion Arrangements	Maximum Benefit up to \$1,500 per Coverage Year
Repatriation of Mortal Remains	Maximum Benefit up to \$50,000 per Coverage Year
ADDITIONAL COVERAGES	
Accidental Death & Dismemberment	Maximum Benefit: Principal Sum up to \$10,000 for the Participant; Up to \$5,000 for a Spouse; Up to \$1,000 per Child(ren)
Post Departure Trip Interruption Transportation Benefit Lodging & Incidentals Benefit	Deductible does not Apply. Maximum Benefit up to \$1,500 per Coverage Year Deductible does not Apply. Maximum Benefit up to \$2,000 per Coverage Year and limited to \$200 per day per for a Maximum of 10 calendar days.

**SCHEDULE OF BENEFITS
TABLE 2
MEDICAL EXPENSE BENEFITS**

COVERAGE A – MEDICAL EXPENSES	Certificate Limits
Physician Office Visits	100% of the Allowed Amount
Inpatient Hospital Services	100% of the Allowed Amount
Hospital and Physician Outpatient Services	100% of the Allowed Amount
Emergency Hospital Services	100% of the Allowed Amount

**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.

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.

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.



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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. Elective termination of pregnancy.
11. 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.
12. Expenses incurred for, or related to gender reassignment surgery.
13. Organ or tissue transplant.
14. Participating in an illegal occupation or committing or attempting to commit a felony.
15. 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.
16. Expenses incurred within the Covered Person's Home Country.
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 of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.
19. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
20. Diagnosis and treatment of acne.
21. Diagnosis and treatment of sleep disorders.
22. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.
23. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
24. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
25. 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.
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. Claims arising from loss due to riding in any aircraft except one licensed for the transportation of passengers.
28. Loss arising from
 - a. participating in any professional sport, contest or competition;
 - b. while participating in any practice or condition program for such sport, contest or competition;
 - c. SCUBA diving, sky diving, mountaineering (where ropes and climbing equipment are 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. Telephone, e-mail, and Internet consultations unless specifically approved by the Administrator due to limited resources while located in a country outside of the United States. This exclusion does not apply to services provided via GeoBlue's Telemedicine Services and the Global TeleMD™ smartphone app.
33. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
34. To the extent that such payments would be prohibited by law.

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THANK YOU!



Political Emergency and Natural Disaster Evacuation (PEND) services are provided under a contract with Crisis24. Full terms, conditions and exclusions are contained in the Crisis24 agreement. GeoBlue assumes no liability and accepts no responsibility for information provided by Crisis24 and the performance of the services by Crisis24. Support and information provided through this service does not confirm that any related support is covered under a health plan.

Global Wellness Assist 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.

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.

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