

GeoBlue® Student Member Guide



Your Guide to GeoBlue®

Welcome to GeoBlue, a program designed to keep you safe and healthy throughout your journey. Your GeoBlue® health insurance plan provides you access to global medical expertise with responsive, multi-channel service. Download our app or register online to learn about the extra care you receive when you travel with GeoBlue.



Getting Started

Important plan information and health tools



Getting Care

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



Accessing Self-Service Tools

Convenient online and mobile tools



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



Download the GeoBlue app to register

Download our app from the Apple or Google Play app stores to put your plan in the palm of your hand:

- Display an electronic ID card
- Locate Blue Cross and Blue Shield providers and hospitals within the U.S.
- Arrange direct payment to your provider
- Access global health and safety tools including translations, drug equivalents, news and safety information
- Submit and track claims

You can also register online at www.geobluestudents.com.

Get your GeoBlue ID card

It is important to have your GeoBlue 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
- Your ID card is available in the Member Hub on www.geobluestudents.com
- Customer Service can provide replacement ID cards

When you receive your ID card, please check the information for accuracy. Call Customer Service if you find an error.

Visit the GeoBlue Member Hub

Visit the Member Hub on www.geobluestudents.com to view important plan information and to access convenient self-service tools. Login with the username and password you created when you registered through the app. If you have not previously registered through the app, you can register directly online.

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 you are in 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, coinsurance, copayments and/or deductibles may be waived.

Finding a provider

If you need care outside of what is available from your institution, you also have access to the Blue Cross and Blue Shield network within the U.S., Puerto Rico, and U.S. Virgin Islands. To find a doctor or facility, visit the "Provider Finder" section in the Member Hub on www.geobluestudents.com or in the app.

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 GeoBlue ID card and tell them you 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 you. 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. Submit claims electronically using the GeoBlue app or the "File an eClaim" link on the Member Hub.

Prescription benefits

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

Paying for care - Glossary of terms

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

- **Copay or Copayment:** The specific dollar amount you will pay at the time of service.
- **Coinsurance:** The percentage of the cost you are responsible for.
- **Deductible:** An amount 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 you.

See your Certificate of Coverage for details.



In the event of a medical emergency

If you have an 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 call-taker determine if you need emergency help. Once you are safe, 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.

*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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Accessing Self-Service Tools

Convenient online and mobile tools

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.

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.

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
- Consultation notes sent directly to your phone
- Prescriptions and referral letters (subject to local regulation)

Global Assistance Program

Global Wellness Assist is an international assistance program (commonly referred to as an employee assistance program or EAP) for students, faculty and staff traveling globally on behalf of a college or university, 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



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

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 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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Submitting a Claim

File a claim for reimbursement

eClaims

You can quickly and conveniently submit claims electronically, through the app or through the Member Hub on **www.geobluestudents.com**. Scanned paper documents are delivered directly to our Claims Department and your eClaims are saved in the Claims section of the Member Hub.

Choose “Claims” in the GeoBlue app or visit the “File an eClaim” section of the Member Hub on **www.geobluestudents.com**.

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 on **www.geobluestudents.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.geobluestudents.com**.

Visit the “How to File a Claim” section of the Member Hub on **www.geobluestudents.com** and click “How do you file a claim with GeoBlue?” to download the appropriate claim form.

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

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

Checking the status of your claim

To check your claim status, choose “Claims” in the GeoBlue app or visit the “View My Claims” section of the Member Hub on **www.geobluestudents.com**.



Reviewing Plan Benefits

What is covered by your plan?

SCHEDULE OF BENEFITS

Benefit Highlights	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	
The Percentage of Covered Expenses the Plan Pays	100%	70% of the Maximum Reimbursable Charge
Maximum Reimbursable Charge	Not Applicable	200% of Medicare Rates
Maximum Reimbursable Charge is determined based on the lesser of the provider's normal charge for a similar service or supply; or a percentage of charges made by providers of such service or supply in the geographic area where the service is received. These charges are compiled in a database we have selected. Note: The provider may bill you for the difference between the provider's normal charge and the Maximum Reimbursable Charge, in addition to applicable deductibles and coinsurance.		
Policy Year Deductible		
Individual	\$50	\$50
Family Maximum	2 times the Individual Deductible	2 times the Individual Deductible
Out-of-Pocket Maximum		
Individual	\$7,350	\$7,350
Family Maximum	2 times the Individual Out-of-Pocket Maximum	2 times the Individual Out-of-Pocket Maximum
Physician's Services		
Physician's Office Visit - Primary Care Physician	100%, No Deductible, \$20 copay	70% after plan deductible
Office Visit – Specialist	100%, No Deductible, \$20 copay	70% after plan deductible
Surgery Performed In the Physician's Office	100% after plan deductible	70% after plan deductible
Second Opinion Consultations (provided on a voluntary basis)	100%, No Deductible, \$20 copay	70% after plan deductible
Allergy Treatment/Injections	100%, No Deductible, \$20 copay	70% after plan deductible
Preventive Care		
Routine Preventive Care – all ages	100% not subject to plan deductible or copayments	70% after plan deductible
Immunizations – all ages	100% not subject to plan deductible or copayments	70% after plan deductible
Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings	100% not subject to plan deductible or copayments	70% after plan deductible
Lead Poisoning Screening Tests		
For Children under age 6	100% not subject to plan deductible or copayments	70% after plan deductible

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Reviewing Plan Benefits

What is covered by your plan?

Benefit Highlights	In-Network	Out-of-Network
Inpatient Hospital – Facility/Professional Charges Room and Board Charges Physician's Visits/Consultations Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)	100% after plan deductible 100% after plan deductible 100% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible
Inpatient Services at Other Health Care Facilities Includes Skilled Nursing Facility, Rehabilitation Hospital and Sub-Acute Facilities Policy Year Maximum of 120 day limit.	100% after plan deductible	70% after plan deductible
Ambulatory Surgical Services Operating Room, Recovery Room, Procedure Room, Treatment Room and Observation Room Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)	100% after plan deductible 100% after plan deductible	70% after plan deductible 70% after plan deductible

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Reviewing Plan Benefits

What is covered by your plan?

Benefit Highlights	In-Network	Out-of-Network
Emergency and Urgent Care Services		
Physician's Office Visit	100%, No Deductible, \$20 copay	70% after plan deductible If true emergency, the benefit will be paid at the In-Network Rate.
Hospital Emergency Room	100% after plan deductible Additional \$200 copay per visit – waived if admitted	70% after plan deductible If true emergency, the benefit will be paid at the In-Network Rate. Additional \$200 copay per visit – waived if admitted
Outpatient Professional Services (radiology, pathology and ER Physician)	100% after plan deductible	70% after plan deductible If true emergency, the benefit will be paid at the In-Network Rate.
Urgent Care Facility	100% after plan deductible	70% after plan deductible If true emergency, the benefit will be paid at the In-Network Rate.
X-ray and/or Lab performed at the Emergency Room or Urgent Care Facility (billed as part of the visit)	100% after plan deductible	70% after plan deductible If true emergency, the benefit will be paid at the In-Network Rate.
X-ray and/or Lab performed at the Independent facility in conjunction with the Emergency Room visit	100% after plan deductible	70% after plan deductible If true emergency, the benefit will be paid at the In-Network Rate.
Ambulance	100% after plan deductible	70% after plan deductible If true emergency, the benefit will be paid at the In-Network Rate.
Laboratory and Radiology Services (includes pre-admission testing)		
Inpatient Facility	100% after plan deductible	70% after plan deductible
Outpatient Facility	100% after plan deductible	70% after plan deductible
Independent X-ray and/or Lab Facility	100% after plan deductible	70% after plan deductible

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Reviewing Plan Benefits

What is covered by your plan?

Benefit Highlights	In-Network	Out-of-Network
Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans and PET Scans)		
Inpatient Facility	100% after plan deductible	70% after plan deductible
Outpatient Facility	100% after plan deductible	70% after plan deductible
Independent Facility	100% after plan deductible	70% after plan deductible
Maternity Care/Obstetrical Services		
Physician's Office visit to confirm pregnancy	100%, No Deductible, \$20 copay	70% after plan deductible
Global Maternity Fee (Prenatal, Postnatal and Physician's delivery charge)	100% after plan deductible	70% after plan deductible
Physician's Office visits in addition to the global maternity fee	100%, No Deductible, \$20 copay	70% after plan deductible
Laboratory, Radiology Services and or Advance Radiological Imaging	100% after plan deductible	70% after plan deductible
Delivery Charges – Facility (Hospital, Birthing Center)	100% after plan deductible	70% after plan deductible
Termination of Pregnancy		
Medically Necessary	100% after plan deductible	70% after plan deductible
Elective	100% after plan deductible	70% after plan deductible
Infertility Expenses – Basic		
Covered expenses include charges made by a physician to diagnose and to surgically treat the underlying medical cause of infertility.		
Physician's Office Visit	100%, No Deductible, \$20 copay	70% after plan deductible
Inpatient Facility	100% after plan deductible	70% after plan deductible
Outpatient Facility	100% after plan deductible	70% after plan deductible
Physician's Services	100% after plan deductible	70% after plan deductible

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Reviewing Plan Benefits

What is covered by your plan?

Benefit Highlights	In-Network	Out-of-Network
Family Planning/Contraception Management See benefit description for specific coverages For Women <ul style="list-style-type: none"> Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services 	100% not subject to plan deductible or copayments 100% not subject to plan deductible or copayments 100% not subject to plan deductible or copayments 100% not subject to plan deductible or copayments	70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible
For Men <ul style="list-style-type: none"> Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services 	100%, No Deductible, \$20 copay 100% after plan deductible 100% after plan deductible 100% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible
Obesity/Bariatric Surgery Subject to Medical Necessity and Clinical guidelines for someone who is Morbidly Obese. <ul style="list-style-type: none"> Inpatient Facility Outpatient Facility Physician's Services 	100% after plan deductible 100% after plan deductible 100% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible

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Reviewing Plan Benefits

What is covered by your plan?

Benefit Highlights	In-Network	Out-of-Network
Organ Transplant Services Includes all medically appropriate, non-experimental transplants. Inpatient Facility Physician's Services Lifetime Travel Maximum: \$10,000 per transplant	100% after plan deductible 100% after plan deductible 100% after plan deductible	70% after plan deductible 70% after plan deductible Not Covered
Transgender Services See benefit description for covered services. Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	100%, No Deductible, \$20 copay 100% after plan deductible 100% after plan deductible 100% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible
Nutritional Evaluation Policy Year Maximum of 3 visit limit. Limit does not apply to treatment of diabetes or for services due to a mental health or substance abuse diagnosis. Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	100%, No Deductible, \$20 copay 100% after plan deductible 100% after plan deductible 100% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible
Nutritional Formulas	100% after plan deductible	70% after plan deductible
Acupuncture Physician's office visit	100%, No Deductible, \$20 copay	70% after plan deductible
Chiropractic Care/Spinal Manipulations Physician's office visit	100%, No Deductible, \$20 copay	70% after plan deductible
Telehealth	100%, No Deductible, \$20 copay	70% after plan deductible

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Reviewing Plan Benefits

What is covered by your plan?

Benefit Highlights	In-Network	Out-of-Network
Dental Services due to an Injury and Oral and Maxillofacial Treatment (Mouth, Jaws and Teeth) Limited Benefits – please see the benefit description for limitation on Dental Services due to an injury Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	100%, No Deductible, \$20 copay 100% after plan deductible 100% after plan deductible 100% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible
TMJ Treatment	100% after plan deductible	70% after plan deductible
Diabetic Equipment	100% after plan deductible	70% after plan deductible
Durable Medical Equipment	100% after plan deductible	70% after plan deductible
External Prosthetic Appliances	100% after plan deductible	70% after plan deductible
Wigs (for hair loss due to alopecia areata or cancer treatment) Policy Year Maximum of \$500	100% after plan deductible	70% after plan deductible
Mental Health Inpatient Facility Outpatient (Includes Individual, Group and Intensive Outpatient) Physician's Office Visit Outpatient Facility	100% after plan deductible 100%, No Deductible, \$20 copay 100% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible
Substance Abuse Health Inpatient Facility Outpatient (Includes Individual, Group and Intensive Outpatient) Physician's Office Visit Outpatient Facility	100% after plan deductible 100%, No Deductible, \$20 copay 100% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible

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Reviewing Plan Benefits

What is covered by your plan?

Benefit Highlights	In-Network	Out-of-Network
Hearing Benefit One Examination per 24 month period	100%, No Deductible, \$20 copay	70% after plan deductible
Hearing Aid Benefit Up to \$1,000 per hearing aid unit necessary for each hearing impaired ear every 24 months	100% after plan deductible	70% after plan deductible
Home Health Care Services Policy Year Maximum of 120 visit limit	100% after plan deductible	70% after plan deductible
Private Duty Nursing Policy Year Maximum of 120 visit limit	100% after plan deductible	70% after plan deductible
Hospice Care Services	100% after plan deductible	70% after plan deductible
Infusion Therapy Outpatient Facility Physician's Services	100% after plan deductible 100% after plan deductible	70% after plan deductible 70% after plan deductible
Short Term Rehabilitative Therapy Physician's Office Visit Outpatient Hospital Facility Note: The Short Term Rehabilitative Therapy maximum does not apply to the treatment of autism.	100%, No Deductible, \$20 copay 100% after plan deductible	70% after plan deductible 70% after plan deductible

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Reviewing Plan Benefits

What is covered by your plan?

Prescription Drugs Schedule of Benefits

The below section describes the coverage for Prescriptions Drugs for all Eligible Subscribers. The plan provides Prescription Drug benefits for Prescription Drugs and Related Supplies provided by Pharmacies as shown in the schedule and as described in the Prescription Drug Coverage section of this certificate. To receive Prescription Drug Benefits, the Eligible Subscriber may be required to pay a portion of the Covered Expenses. That portion includes any applicable Deductible and/or Copayments as may be applicable. Benefits are limited as described in the Prescription Drug section of this certificate and are subject to the Medical "Exclusions" section of this certificate.

Benefit Highlights	Participating Pharmacy	Non-Participating Pharmacy
Retail Prescription Drugs	Cost per 30-day Supply	Cost per 30-day Supply
	Certain medications as part of preventive care services are covered at 100% with no cost sharing either through a retail drug store. Detailed information is available at www.healthcare.gov	
Generic*	\$5 Copayment, deductible does not apply	\$5 Copayment, after plan deductible
Brand-Name*	\$10 Copayment, deductible does not apply	\$10 Copayment, after plan deductible
* Designated as per generally-accepted industry sources and adopted by the Insurance Company		

Sacramento State University Plan Year 2022 – 2023 Rates

Monthly Participant Rate:	\$129.16
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customerservice@geo-blue.com



933 First Avenue
King of Prussia, PA 194067

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