

Frequently Asked Questions

- Am I guaranteed to be issued a GeoBlue Explorer policy if I apply?
 - No, GeoBlue Explorer is not a guaranteed issue plan. Each application is medically underwritten. Your application may be 1) accepted, 2) accepted with a rate increase due to your health status, or 3) denied.
- Is the quote I receive binding?
 - No, the quote you receive is not binding. The quote you receive may not apply if 1) you provided us with an inaccurate zip code, 2) you mis-stated a material fact on your application, or 3) we increase the rate due to your health status.
- When determining a rate while overseas, what zip code should I use?
 - Policies for U.S. citizens/permanent residents applying from overseas are issued through the Global Citizens Association office in Washington D.C. The zip code that applied is 20036. Enter "0" in the quoting tool if applying online while living overseas.
- How long will the medical underwriting process take?
 - The underwriting time frame depends on the medical history listed on the application. Turnaround can be as quick as one day or as long as one month. Our commitment is to respond to a submission in writing within 3-5 business days. This may mean that we send a request for additional information to the applicant, such as a specific medical questionnaire, or notify the applicant that he/she erroneously missed a question on the application form. Occasionally we have to obtain medical records from hospitals or providers. Our turnaround time in these situations will depend on how quickly the provider responds to our request.

If we receive the application before the requested effective date, we can honor the effective date even if the approval comes through thereafter.
- Once I'm approved for coverage do I have to go through medical underwriting again?
 - You do not need to go through medical underwriting when you renew into your current plan design without changes. You may be medically underwritten again if you decide to select different benefits (see below). Plan changes can only be requested at the time of renewal.

If a member would like to increase benefits (by lowering a deductible or adding pharmacy coverage) they must complete a new underwriting application. If a member would like to reduce their benefits, they do not need to complete a new underwriting application.
- How do I calculate out-of-pocket expenses and the annual limit?

- Out-of-pocket expenses are defined as the expenses a member incurs when satisfying the plan’s deductible and coinsurance requirements. The deductible and coinsurance level varies based on where treatment is delivered as shown in the illustration below. The total annual out-of-pocket expense limit is calculated by **adding the deductible and coinsurance maximum together**. Deductibles must be satisfied before any benefit is paid by the insurer. Note, the plan deductible is waived for office visits with physicians.

Coinsurance is applied as a percentage of the payable medical charges, after the deductible is satisfied. No coinsurance charge applies to care delivered outside the U.S. and covered benefits are insured up to 100%. Coinsurance charges do apply to care delivered in the U.S. at a rate of 20% for in network services and 40% for out of network services. Stated another way, the plan insurer covers services at 80% in network and at 60% out of network in the U.S. Members are protected by the coinsurance maximum shown below, should they incur large medical expenses. The coinsurance maximum is designed to limit a members out of pocket expenses.

In the table illustration below, the most a member would pay out of pocket, assuming all care is delivered out of network in the U.S. is \$6,000 (\$2,000 deductible and \$4,000 coinsurance). The most a member would have to pay out of pocket, assuming all care is delivered in network in the U.S., is \$5,000 (\$1,000 deductible and \$4,000 coinsurance).

Xplorer Plan	Outside U.S.	U.S. In Network	U.S. Out of Network	Coinsurance Maximum
1,000	\$500	\$1,000	\$2,000	\$4,000

Out of Pocket Expense Example

A GeoBlue Xplorer Member is covered under the Xplorer 1,000 plan and receives services from an in-network hospital in the U.S.

Incurred hospital charges are \$80,000. The \$1,000 deductible must be satisfied by the member. After the deductible is paid, a 20% coinsurance charge applies to the \$79,000 balance. The Member pays the 20% coinsurance amount OR the coinsurance maximum level, whichever is less. In this example, 20% of \$79,000 equates to \$15,800. The coinsurance maximum of \$4,000 is less than \$15,800 and would apply in this instance.

Member is responsible for \$5,000 in out-of-pocket expenses (\$1,000 deductible + \$4,000 coinsurance).

- How are the deductible and coinsurance calculated for families?
 - Deductibles reflected in the Xplorer plan grid are per person deductibles. For a family, the maximum deductible and coinsurance are increased by a factor of 2.5., regardless of the size of the family. For example, a family covered under the 1000 plan pays a maximum deductible of \$2,500, calculated by multiplying

\$1,000 (per person) by 2.5. The coinsurance maximum is \$10,000, calculated by multiplying the coinsurance maximum of \$4,000 (per person) by 2.5. The family's annual out-of-pocket expenses limit is \$12,500 (\$2,500 + \$10,000).

- What is the COVID-19 coverage under this plan?
 - Click [here](#) for the latest information about plan coverage, cancellation, provider availability and other FAQs related to COVID-19.
- Will my policy automatically renew? At what rate?
 - You can renew a GeoBlue Xplorer policy up to age 84. Your policy does not renew automatically. You will be notified of your new plan rate at least 60 days prior to your policy expiration date. You must confirm your new policy rate in writing or by accepting the rate when logged in to our secure website. Plan rates are based on your age at time of renewal and are impacted by medical inflation. You will not be asked any medical questions and your personal health history will not determine your new rate. If you have any questions or need assistance in renewing, please email renewals@geo-blue.com.
- When does my coverage end?
 - We may terminate your policy if:
 - a. You no longer meet the eligibility requirements.
 - b. You fail to pay your premium.
 - c. We discover that you committed fraud or misrepresented a material fact to GeoBlue.
 - d. We terminate the plan in your geographic service area.
- Why would I want this insurance if the country I am going to offers me National Health Insurance?
 - National or Public Health Insurance can be very different to what most Americans are used to and can be of limited service for mobile citizens. Many public plans offer less in terms of medical services than what is covered under a private plan. In particular, public plans generally only cover you in your host country or region. For an expatriate that travels for business or returns home throughout the year, benefits stop at the border. When covered under a national plan you may not have access to the leading private facilities or specialists. You may experience different treatment protocols or long waiting periods for elective surgeries. It is unlikely you will be covered for medical evacuation benefits under a public health plan. With GeoBlue you are covered all around the world with comprehensive coverage and access to the best treatment options. If you select one of our plans with the US coverage area, you are free to return home for treatment and to convalesce. You can also keep the coverage for up to 9 months upon repatriation, guaranteeing future insurability.

- Will my pre-existing condition be covered under a GeoBlue Xplorer plan?

- If you were previously covered by a group or individual U.S. health plan and the carrier provides a letter verifying evidence of prior health insurance along with enrollment dates, GeoBlue will apply this prior coverage to the pre-existing conditions waiting period, provided you meet GeoBlue's medical underwriting criteria. GeoBlue will also consider (on a case-by-case basis) private health insurance issued in other countries as satisfactory. There are several reasons why coverage would not be considered creditable: 1) The medical benefit limits are too low 2) The plan is not comprehensive in nature and does not cover both inpatient and outpatient coverage 3) There is a time lapse where there was no coverage up until your effective date of your new plan.

The number of months of coverage shown on evidence of prior health insurance letter will reduce or eliminate the six-month pre-existing condition waiting period. If you have six or more months of prior creditable health insurance, your waiting period will be eliminated. If you have less than six months creditable coverage, your waiting period will be reduced by the number of months you had prior coverage. For example, if you have two months of creditable coverage, your waiting period will be reduced from six months to four months. You cannot have more than a 63 day break in health insurance coverage prior to the effective date of your GeoBlue plan.

- How do I access participating medical providers outside the U.S. and avoid claim forms?

- GeoBlue's Global Health and Safety services help members identify, access, and pay for quality healthcare all over the world. This includes a contracted community of elite providers in 190 countries. Members can access these carefully selected providers and arrange for the bills to be sent directly to GeoBlue for payment as follows: go to www.geobluetravelinsurance.com. GeoBlue will automatically arrange for direct settlement of the bill for this visit. Please note, direct billing may not be available everywhere.

Direct billing can also be requested by calling the assistance telephone number listed on your member ID card, or by emailing globalhealth@geoblue.com Please note that in the U.S. a member can simply show their ID card at time of service and participating providers will only bill the member for any required deductible or co-payment.

A claims instruction page is available online and can be accessed by visiting www.geobluetravelinsurance.com and selecting "Contact Us" from the top right navigation bar. Claim forms are downloadable from this section of the site as well.

- I am based in the U.S. Can you help me find participating doctors in my hometown?

- GeoBlue members with coverage inside the U.S. have access to the Blue network -- over 700,000 providers. You can find a doctor in the network by using the [National Doctor and Hospital Locator tool](#).

- I am trying to find a doctor in the U.S. in your network, but there is no one listed within 25 miles of where I am searching. What should I do?
 - In the U.S., if a member does not have a participating physician in an appropriate specialty available to them within 25 miles, GeoBlue will apply in-network benefits (80%) to the provider they see.

Outside the U.S., 100% coverage always applies after any applicable deductible or co-payment.
- I am a Canadian citizen planning to move to the U.S. Am I eligible for your GeoBlue Xplorer plan?
 - In order to be eligible for the GeoBlue Xplorer plan, you must be a citizen or a resident of the United States. As a Canadian, once you arrive in the U.S. you can apply for coverage. To ensure that you meet our medical underwriting standards prior to arrival in the U.S., you may wish to complete a GeoBlue pre-screening form.
- I purchased a plan, but would like to cancel my insurance prior to its expiration. Is there an enrollment minimum? Will I have to pay any cancellation fees?
 - At the time of enrollment, most GeoBlue plans have a 6-month enrollment minimum. However, customers are not locked into a contract. GeoBlue understands that life plans change, therefore we allow our members to cancel any month they choose with no cancellation fees or penalties. All cancellation requests must come from the primary insured and be received by GeoBlue in writing to C/o GeoBlue/Enrollment Dept, 933 First Ave, King of Prussia, PA 19406, via email at enrollment@geo-blue.com or fax at 610-293-3529. GeoBlue does not refund premium for a partial month. Cancellations are effective the last day of the monthly billing cycle. Retroactive cancellations are not permitted. Members are responsible for paying all premium up to their cancellation date as coverage is not contingent on claims usage.
- Are acts of terrorism covered under this plan?
 - Yes. The GeoBlue Xplorer plan does not exclude illnesses or injuries related to terrorism or a terrorist act. In order to be covered in countries where there are open hostilities, such as Iraq and Afghanistan, a member must not be engaged in hostile or combative activities. If you are moving to or are in a country with a state department travel warning, contact your agent or GeoBlue to see if you are eligible to be issued a plan. Note, once issued coverage is afforded to members in all countries.
- What is prescription prior authorization?
 - We are expanding our pharmacy review process to include **prior authorization** for prescription medications obtained in the U.S. beginning on July 1, 2023. Certain medications, generally specialty drugs, will have additional

requirements before they may be covered by your GeoBlue® plan. This helps to make sure you are receiving coverage for the right medication, at the right cost, in the proper amount and for the right situation.

There is no action you need to take. If a medication is subject to prior authorization, the pharmacy will initiate the prior authorization request. GeoBlue will review the information provided by your doctor to make sure you meet the coverage guidelines for the medication. If approved, your plan will cover the medication.

This enhancement only impacts prescriptions filled in the U.S., and there are no changes to the pharmacy benefit for prescriptions filled outside the U.S. If you have any questions, you can contact our 24/7/365 Global Service Center via the number listed on the back of your ID card.

- How does the optional pharmacy benefit work?

- The GeoBlue Xplorer plans include a basic prescription drug benefit. The basic prescription drug benefit covers inpatient drugs up to policy maximum and is subject to the plan deductible and coinsurance. It also covers outpatient drugs at 100% up to a \$2,500 annual limit.

The optional pharmacy benefit increases the base plan's \$2,500 maximum per insured person per calendar year to \$25,000. While the base plan pays 100% of actual charges worldwide, the optional plan pays 100% of actual charges outside the U.S., but within the U.S. has a \$10 copay for generic drugs and brand name medications and pays 70% of the cost of injectables.

Both plans offer members the convenience of a direct billing service inside the U.S. Most major U.S. pharmacies participate in this program administered by Universal RX. Outside the U.S., members pay the pharmacy directly and then submit a claim to GeoBlue for reimbursement. Members are also eligible to use our mail order pharmacy service.

- How are medical evacuations decisions made?

- The evacuation benefit pays for a medical evacuation to the nearest Hospital, appropriate medical facility or back to the U.S. Transportation must be by the most direct and economical route. All evacuations require written certification by the attending physician that the evacuation is medically necessary.

- How do I qualify for maternity benefits?

- After 364 days of continuous coverage, GeoBlue Xplorer members are eligible to enroll in a new plan that covers maternity costs in the same way as all other conditions. Members do not need to submit a new health statement.

- What is the Global Citizens Association?

- The Global Citizens Association (GCA) is a non-profit association located in Washington, D.C. serving the needs of the globally mobile with the goal of helping its members successfully pursue international living experiences

through safe and healthy world travel that increase cross-cultural understanding.

Founded in 1994 to serve international students, the GCA has grown to encompass world travelers and expatriates in all corners of the globe. The Association has sponsored GeoBlue and affiliated insurance programs for travelers for more than 25 years and is organized as a not-for-profit corporation under the laws of the District of Columbia. More information can be found here: <http://www.gcassociation.org>.

- Who is the insurer?

- GeoBlue Xplorer is underwritten by 4 Ever Life International Limited. 4 Ever Life International Limited enhances protection with unique underwriting solutions nationwide for brokers, agents, administrators, employers, employees and individuals. 4 Ever Life International Limited is an independent licensee of the Blue Cross and Blue Shield Association and a wholly owned subsidiary of BCS Financial Corporation. BCS Financial has been GeoBlue's insurance partner since inception. BCS is owned by a consortium of Blue Cross and Blue Shield plans and the Blue Cross Blue Shield Association. 4 Ever Life International Limited is Rated A- (excellent) by AM Best Company.

- Does this plan meet the Affordable Care Act's requirement?

- This plan does not provide Minimum Essential Coverage and therefore does not meet the requirements of the Affordable Care Act (ACA). Coverage by the insurer can be 1) accepted, 2) accepted with a rate increase, or 3) denied based on the health history of the applicant(s). A waiting period for pre-existing conditions applies unless you have 6 months of prior creditable coverage. There is no tax penalty for purchasing this policy if you are outside the U.S. for 330 days or more in a calendar year.

Visit [GeoBlue Affordable Care Act FAQ's](#) for more information.

- Does this plan meet all Schengen Visa requirements?

- Yes, GeoBlue plans meet all of the Schengen Visa requirements. If you will be traveling to any of the countries within the Schengen area and depending on your nationality, you may be required to show proof that your insurance plan has certain benefits. GeoBlue can provide you with a **Visa letter** that you can use as proof to show the consulate that your policy meets all the Schengen visa requirements. The Visa letter contains all the specific wording the consulate is looking for.

The countries within the Schengen area requiring a short-stay visa and proof of insurance include Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France and Monaco, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland. See the most current

list of [countries within the Schengen area](#) and find out which [nationalities require a visa and Schengen travel health insurance](#).

- Who is the provider for rendering the telemedicine service?

- We have partnered with the global telemedicine leader, Teladoc Health, to provide our members with compliant remote doctor consultations.

[Learn more on our telemedicine service](#)

- What services are provided under the telemedicine offering?

- Members can receive medical guidance, diagnosis (if the necessary medical information is provided), and a treatment/prescription (when legally possible and available). They can also inquire with the doctor about a suggested treatment. Diagnosis and treatment will require that the provider receive the appropriate clinical information.

Additionally, it should be noted there may be limitations regarding the type of care that can be provided through telemedicine as opposed to a traditional face to face visit. Furthermore, there may be local governmental restrictions regarding prescriptions and the ability to prescribe medication will depend on the local laws and the licensure of the medical practitioner.

Telemedicine is not appropriate for emergency situations and should only be used for minor acute medical conditions.

[Learn more on our telemedicine service](#)

- What is the size of the telemedicine network?

- Teladoc Health has over 3,500 doctors in their network located worldwide. There are approximately 450 doctors licensed around the globe and over 3,100 healthcare professionals covering all 50 states in the US. All doctors are actively practicing medicine in a traditional office setting as well as remotely. In some countries, the doctors are employed by Teladoc Health and some countries they are contracted, but all have gone thru Teladoc Health's training process and protocols.

[Learn more on our telemedicine service](#)

- Where can I read the fine print?

- To see plan definitions, limitations or to review a sample certificate, visit:

[Xplorer Premier Certificate](#)

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