



Participants in IU-administered education abroad programs are enrolled in a group health insurance plan administered by GeoBlue offered by Worldwide Insurance Services (WIS). The primary policy is underwritten by 4 Ever Life International Limited. Coverage within the U.S. (if you return briefly for a holiday, vacation, or family crisis) is limited to \$5,000, but when you are abroad during the period of the program, the policy provides coverage for up to \$250,000 for accident or illness anywhere worldwide. There is \$0 deductible per injury or sickness, you may be required to pay the physician or hospital at the time of treatment and then file a claim for reimbursement directly with GeoBlue.

**MEDICAL BENEFITS**

The policy will pay 100% of the Eligible Medical Expenses (limited to the Reasonable Expenses) incurred within 52 weeks from the date of an accident or the commencement of a sickness, up to a maximum limit of \$250,000 per accident or sickness.

**ELIGIBLE EXPENSES**

Physician Office Visits	100% of Reasonable Expenses
Inpatient Hospital Services	100% of Reasonable Expenses
Hospital and Physician Outpatient Services	100% of Reasonable Expenses
Emergency Hospital Services	100% of Reasonable Expenses
Maternity Care for a Covered Pregnancy	Reasonable Expenses
Inpatient treatment of mental and nervous disorders including substance abuse	Reasonable Expenses
Outpatient treatment of mental and nervous disorders including substance abuse	Reasonable Expenses
Treatment of specified therapies, including acupuncture and Physiotherapy	Reasonable expenses up to a maximum of 20 visits on an outpatient basis
Repairs to sound, natural teeth required due to an injury	100% of Reasonable Expenses up to \$500 per coverage year maximum
Outpatient prescription drugs including oral contraceptives and devices	100% of actual charge up to a maximum of \$25,000 per coverage, year, limited to a 31 day supply for initial fill or refill
Diabetic supplies/education	100% of Reasonable Expenses
Medical treatment of injuries sustained as a result of a covered motor vehicle accident	Reasonable expense up to \$25,000 maximum per coverage year

**EXPENSES NOT COVERED**

- Expenses incurred in excess of Reasonable Expenses.
- Experimental or investigative supplies or services.
- Expenses incurred prior to the beginning of the current period of coverage or after the current period of coverage.
- Routine physical or health examination and preventative medicines.
- Services and supplies not medically necessary for diagnosis or treatment.
- Surgery for the correction or refractive error and services, eye examinations, eye glasses or contact lenses or hearing aids, except when medically necessary of the treatment of an injury.
- Cosmetic surgery and therapies.
- Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided for in the schedule.
- Expenses incurred for elective treatment or elective surgery.
- Elective termination of pregnancy.
- Services related to the diagnosis or treatment of infertility, fertility, voluntary sterilization or the voluntary reversal of sterilization procedures.

12. Expenses incurred for or related to gender reassignment surgery.
13. Organ or tissue transplants.
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. Diagnosis or treatment of congenital conditions.
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.
18. Treatment of weak, strained or flat feet, corns or calluses.
19. Diagnosis and treatment of acne.
20. Diagnosis and treatment of sleep disorders,
21. Expense incurred for the repair or replacement of existing artificial limbs, orthopedic braces or orthotic devices.
22. Deviated nasal septum, including submucous resection and/or surgical correction, unless due to an injury.
23. Expenses incurred for any service rendered by a family member.
24. Loss due to act of war; service in the Armed Forces of any country; participation in a riot, civil commotion, or acts of terrorism.
25. Riding in an aircraft, except as a passenger on a regularly scheduled airline or charter flight.
26. Loss arising from:
  - a. participating in professional sports, contest or competition; participating in practice or conditioning for such sport
  - b. SCUBA diving, sky diving, mountaineering, ultra-light aircraft, parasailing, hang gliding, parachuting or bungee jumping.
27. To the extent that such payments would be prohibited by law.

This is a simplified summary of policy coverage. For a complete description of all benefits and exclusions, go to [geobluestudents.com](http://geobluestudents.com).

### **INTERNATIONAL PROVIDERS**

Please contact the Global Health and Safety Department (GHS) to request assistance in finding a provider in the GeoBlue network. They can be reached 24 hours a day, 7 days a week. The e-mail is [globalhealth@geo-blue.com](mailto:globalhealth@geo-blue.com) or call toll free 1-610-254-8771. You can also view the network providers and request Direct Pay by downloading the GeoBlue mobile app.

### **EMERGENCY FAMILY TRAVEL**

If a Covered Member is hospitalized for three (3) or more consecutive days or is in critical condition, GeoBlue shall arrange and pay for the cost for one economy round-trip airfare ticket to, and the hotel accommodations in the place of the Hospital Confinement for one person designated by the Covered Member up to a maximum benefit of \$3,000. Payment for meals, ground transportation and other incidentals are the responsibility of the family member or friend. Determination of whether the Covered Member will be hospitalized for three (3) or more days or if the Covered Member is in critical condition shall be made by GeoBlue, after consultation with the attending physician. No more than one (1) visit may be made during any 12 month period.

### **MEDICAL EVACUATION**

The Company will pay, as a result, of a covered injury or sickness, and upon the written certification of the attending physician, for air evacuation of the insured, including physician or nurse accompaniment, up to \$250,000. Evacuation may be to his/her natural country or to a hospital elsewhere. Any expenses in respect to Medical Evacuation require prior approval by GeoBlue. Call one of the two numbers listed below.

### **REPATRIATION**

In event of the death of the covered person, the Company will pay for those expenses as may reasonably be incurred up to \$50,000 in connection with the preparation and transportation of the body to the person's place of residence in his/her home country. This benefit does not include the transportation of anyone accompanying the body, visitation or funeral expenses. Any expenses in respect to repatriation require prior approval by GeoBlue.

#### Contacts for evacuation or repatriation

For prior approval of and assistance with medical evacuation or repatriation.

Outside the US 1-610-254-8771 (call collect)

From within the U.S. 1-800-257-4823 [globalhealth@geo-blue.com](mailto:globalhealth@geo-blue.com)

**POST DEPARTURE TRIP INTERRUPTION**

This coverage provides a transportation benefit of up to \$1,500 per coverage year and up to \$2,000 for lodging and incidentals if your trip is interrupted or must be discontinued for the following reasons: A covered illness or injury which is so disabling to cause a reasonable person to delay, cancel or interrupt their trip. If the covered person is diagnosed with or receives a positive test for an infectious disease that delays travel to your home due to restrictions placed on travel due to exposure of quarantine.

**REIMBURSEMENT OF EXPENSES**

To file for reimbursement, send claim forms and appropriate documentation from physician or hospital directly to:

**GeoBlue Attn: Claims Department PO Box 1748 Southeastern, PA  
19399 USA Fax: 610.482.9623 [claims@geo-blue.com](mailto:claims@geo-blue.com)**