

Frequently Asked Questions

- Am I guaranteed to be issued a GeoBlue Xplorer policy if I apply?
 - No, GeoBlue Xplorer Essential is not a guaranteed issue plan. Each application is medically underwritten. Your application may be 1) accepted, 2) denied, or 3) (for Essential only) accepted with a rate increase due to your health status.
- 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 Citizen 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 2-3 business days. This may mean that we notify the applicant that he/she erroneously missed a question on the application form. For the Essential plan, we may send a request for additional information to the applicant, such as a specific medical questionnaire, or 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. Please see renewal process below.

If you would like to make changes to your plan benefits during your plan period, you must send a request to retentionteam@geo-blue.com.

If you would like to decrease your benefits, full medical underwriting is not required but you cannot have submitted a claim or claims against the benefit you are trying to reduce (example: removing the prescription upgrade after you have submitted a prescription claim).

If you would like to increase benefits (by lowering a deductible or adding pharmacy coverage) you must complete a new application and go through

medical underwriting. You are subject to all provisions of the application including the right for the underwriters to deny your request. Cancelling and re-enrolling on your own is discouraged.

*Any plan changes are at the discretion of underwriting.

- 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 plans deductible and coinsurance requirements. The total annual out-of-pocket expense limit is calculated by adding the deductible and coinsurance maximum together. Deductibles must be satisfied before most benefits are paid.
- How are the deductible and coinsurance calculated for families?
 - Deductibles are per person deductibles. For a family, the maximum deductible is increased by a factor of 2.5., regardless of the size of the family.
- 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 Explorer 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. **IF YOU SELECT THE BASIC U.S. BENEFITS RIDER, PRE-EXISTING CONDITIONS ARE NOT COVERED FOR CARE RECEIVED IN THE UNITED STATES, EXCEPT FOR A WAIVER AMOUNT OF \$500 PER YEAR.**
- 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. 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 GeoBlue.

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 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 plans do 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. Please 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. Members are also eligible to use our mail order pharmacy service.

If you purchase the optional Basic U.S. Benefits Rider, you add coverage for some prescription drugs purchased inside the U.S. This is limited to emergency medical care, illness, and accidental injury conditions covered under the plan. The pre-existing condition limitations apply, and there is a maximum benefit of \$1,000 per calendar year per person with a maximum supply of 30 days per covered prescription.

- 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 medical benefits does the Xplorer Essential with Basic U.S. Benefits cover?

- A rider is a provision of an insurance policy that adds to or amends the coverage or terms. The Xplorer Essential with Basic U.S. Benefits is intended to provide temporary medical coverage for illnesses or medical emergencies that may occur while a member is travelling temporarily in the United States. Temporary visits to the U.S. are limited to a combined maximum of 3 Trips per Calendar Year with a maximum trip length of 21 days for each Trip. For a full list of available benefits, [view here](#).

- What is the difference between the Xplorer Essential with Basic U.S. Benefits and Xplorer Premier plan?

- The Xplorer Premier plan is a comprehensive plan that covers your medical needs inside and outside of the United States. The Xplorer Essential with Basic

U.S. benefits is intended to provide temporary medical coverage for illnesses or medical emergencies that may occur while member is travelling temporarily in the U.S. Temporary visits to the U.S. are limited to a combined maximum of 3 Trips per Calendar Year with a maximum trip length of 21 days for each Trip.

- Is there a maximum medical deductible per year for the Xplorer Essential with Basic U.S. Benefits?
 - For an individual, the medical deductible allotted per calendar year is whichever is the greater amount - either \$1,000 or 2 times the deductible amount shown in the Xplorer Essential Confirmation of Coverage Page as selected by the Eligible Participant. The family maximum is 2.5 times the individual deductible.
- What is considered a temporary visit to the U.S.?
 - Temporary visits to the U.S. can be covered if the Basic U.S. Benefits rider is selected. Travel is limited to a combined maximum of 3 trips per calendar year with a maximum trip length of 21 days for each trip.
- What is considered an "illness" versus a "pre-existing condition" as it relates to the Xplorer Essential with Basic U.S. Benefits?
 - The terms "illness" and "pre-existing condition" have specific meanings under the Xplorer Essential with Basic U.S. Benefits.

"Illness" is a sickness, disease, or condition that occurs after the plan's start date and is likely to significantly worsen during the member's time in the U.S., such that treatment is needed before the member concludes their scheduled trip or leaves the U.S.

"Pre-Existing Condition" means an illness, disease or other condition of the member, that in the 24 month period before the trip to the U.S.:

 - 1) first appeared, worsened, became acute or presented symptoms causing the member to seek diagnosis, care or treatment; or
 - 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
 - 3) was treated by a doctor or had treatment recommended by a doctor.
- Does the Xplorer Essential with Basic U.S. Benefits pay for benefits related to pre-existing conditions?
 - The Xplorer Essential with Basic U.S. Benefits will pay for covered medical expenses incurred in connection with the member's pre-existing condition up to a maximum benefit of only \$500.
- Are prescription drugs purchased while in the U.S. covered under the Xplorer Essential with Basic U.S. Benefits?
 - Prescription drugs related to emergency medical care, illness and accidental injury conditions are covered 100% of the actual cost (no deductible) with a

maximum benefit of \$1,000 per calendar year and maximum supply of 30 days per covered prescription. For pre-existing conditions, a limitation does apply.

- If I opt into the Xplorer Essential with Basic U.S. Benefits and I need to seek medical treatment while temporarily in the U.S, what do I need to bring with me to the hospital or doctor? Will the facility recognize my GeoBlue member card?

- In the event of illness during a temporary visit to the U.S., members with the Xplorer Essential with Basic U.S. Benefits are encouraged to have their GeoBlue member ID card and government-issued identification on hand.

- Is there additional documentation needed to file a claim for benefits under the Xplorer Essential with Basic U.S. Benefits?

- To complete claims processing, additional documentation may be requested to file a claim for benefits:

- 1) Trip itinerary showing the length of trip which may include but is not limited to:

- a) Copies of transportation tickets
- b) Copies of visa or passport stamps showing entry and exit to/from the U.S.
- c) Any other documentation requested to validate the maximum number of trips taken to the U.S. and/or the maximum length of any one specific Trip

- 2) Medical records if covered medical treatment is related to a pre-existing condition as requested

- 3) A complete claim form

The requested materials may be sent to underwriting@geo-blue.com

- The Xplorer Select plan requires a U.S. primary health plan. What constitutes a U.S. primary health plan?

- A Primary Plan is a Group Health Benefit Plan, an individual health benefit plan, or a governmental health plan designed to be the first payor of claims for an Insured Person prior to the responsibility of this Plan. The plan needs to be a renewable, major medical plan that is ACA compliant. (Medicare and Medicaid do not constitute primary health care for the Select plan.) Note: Most individual health insurance policies explicitly require that you meet the ongoing eligibility criteria for the policy. Eligibility sometimes hinges upon being a resident or living in the plan service area. Definitions can vary but if you no longer reside, live or work in the service area your coverage may terminate after 60 days or based on the last billing cycle in which your eligibility changed. It is recommended that you thoroughly review your primary plans certificate of coverage to fully understand the type of coverage offered when you are out of your service area.

- 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.

- Do these plans meet the Affordable Care Act's requirement for Minimum Essential Coverage?

- Xplorer Essential plans are designed for international living and do not provide Minimum Essential Coverage under the Affordable Care Act (ACA). Starting with the 2019 plan year (for which you'll file taxes by April 2020), the federal penalty if you do not have a qualifying MEC plan no longer applies. If you don't maintain MEC coverage during 2019 or later, you no longer need to meet an exemption to avoid the penalty. This is a January 1st, 2019 change to federal law, not individual state laws.

These plans can be 1) accepted, 2) (Essential Plan only) 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.

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 [how to apply for Schengen Visa and what is needed for travel 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 Essential Certificate](#)
[Xplorer Essential w/Basic U.S. Benefits Rider Certificate](#)

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