



# Welcome to GeoBlue®

Simplifying the international healthcare experience to keep you safe and healthy throughout your journey

**Fordham University**  
2025 - 2026

**GeoBlue.**  

# WELCOME

## TO YOUR INSTITUTION'S HEALTH PLAN

*Embarking on a study abroad program is an exciting venture that gives students, faculty and staff a broader, more global view of the world. Your GeoBlue health insurance plan provides you access to global medical expertise with responsive, multi-channel service. Register on the GeoBlue mobile app or online through the Member Hub to learn about the extra care you receive when you travel with GeoBlue.*

### INTRODUCTION TO YOUR HEALTH PLAN



Important plan information and health tools

### ACCESSING CARE



How to receive care throughout  
your journey

### SELF-SERVICE TOOLS



Convenient tools available on the GeoBlue  
mobile app and Member Hub

### SUBMITTING A CLAIM



File a claim for reimbursement

### REVIEWING PLAN BENEFITS



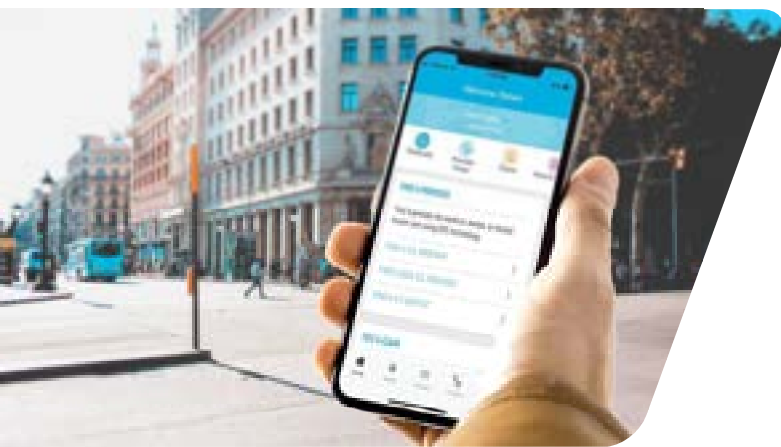
What is covered by your plan?

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.



# INTRODUCTION TO YOUR HEALTH PLAN

## IMPORTANT PLAN INFORMATION AND HEALTH TOOLS



### Register on the GeoBlue mobile app or Member Hub to access important plan information

- Submit and track your claims
- Obtain electronic ID card
- Locate carefully selected, trusted providers and hospitals outside of the U.S.
- Arrange Direct Pay to your provider
- Access global health and safety tools including medical translations, drug equivalents and news and safety information

To register, download the GeoBlue mobile app from the Apple or Google Play app stores or visit the Member Hub on [www.geobluestudents.com](http://www.geobluestudents.com). After you register you can use your log in information for both the website and app.

### Get your GeoBlue ID card

It is important to have your ID card available when receiving healthcare services.

- You can obtain an electronic version of your ID card on the GeoBlue mobile app and Member Hub

please check the information for accuracy.  
Contact customer service if you find any errors.

### Your ID card



*ID card images for illustration purposes only*

## Need help?

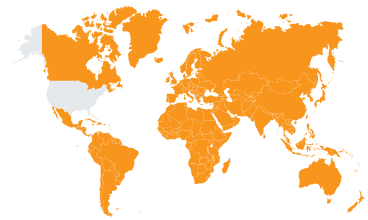
We're available to  
assist 24/7/365

**PHONE**  
+1-610-263-2847



**Email**  
Use the contact form on the GeoBlue  
mobile app and Member Hub





# ACCESSING CARE

## FIND HEALTHCARE OUTSIDE THE U.S.



### Find a Provider

You have access to leading care through the GeoBlue provider network. To find a contracted doctor or facility, select **“Provider Finder”** in the GeoBlue mobile app or visit the **“Doctor and Facilities Finder”** section in the Member Hub on [www.geobluestudents.com](http://www.geobluestudents.com).



### Scheduling an Appointment

To schedule an appointment, choose a participating provider or hospital through the GeoBlue mobile app or Member Hub. Contact them directly using the information in their profile. After you make your appointment, contact us to provide the doctor's office with the information required to arrange Direct Pay. For optimal service, request Direct Pay at least 48 hours prior to your appointment. This is necessary when scheduling follow-up appointments as well. In many countries providers require payment at the time of the visit unless Direct Pay has been arranged. If you need assistance with scheduling an appointment, submit a **“Service Request”** from the Tools & Services section on the Member Hub on [www.geobluestudents.com](http://www.geobluestudents.com).

#### Contact us for Direct Pay:

- Use the GeoBlue mobile app to search for a provider, view their profile and complete a request form
- Visit the Member Hub on [www.geobluestudents.com](http://www.geobluestudents.com)
- Call GeoBlue at +1-610-254-8771



### Global TeleMD™

**We know it's important to get the healthcare you need, when you need it.** We've teamed up with Teladoc Health to bring you Global TeleMD, a telemedicine service that provides unlimited, 24/7/365 access to free doctor consultations by telephone or video. Doctors are available worldwide. Prescriptions may also be provided, as appropriate (subject to local regulations). To access Global TeleMD, download the Global TeleMD app or select **“Telehealth”** then **“Talk to a Doctor”** in the GeoBlue mobile app.



### Out-of-Network Providers

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](http://www.geobluestudents.com) to download the appropriate claim form. You can submit claims electronically using the GeoBlue mobile app or the Member Hub.



### Prescription Benefits

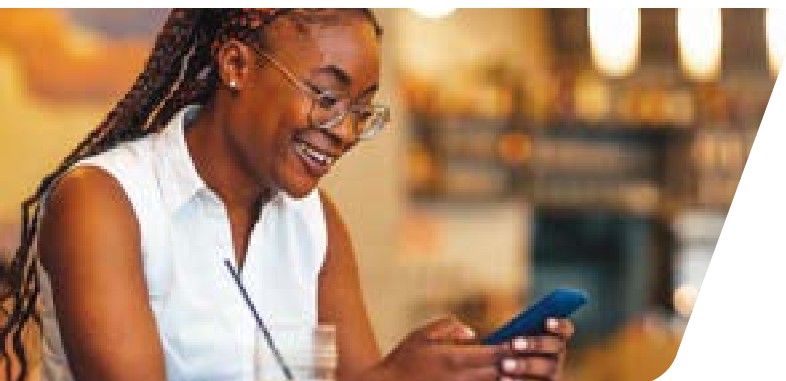
Present your ID card at any participating pharmacy, and you will be charged in accordance with your plan benefits.\*

\*Certain limitations and exclusions apply to your coverage under this plan and may affect your coverage. Your Certificate of Coverage is on file with your institution and in the Member Hub on [www.geobluestudents.com](http://www.geobluestudents.com).



### Political and Natural Disaster Services

Your plan includes political and natural disaster services. If you experience a political or natural disaster, please contact us immediately at +1-610-254-8771.





# DEDICATED WELLNESS SUPPORT

## GLOBAL WELLNESS ASSIST AVAILABLE 24/7/365

We offer a variety of emotional, practical and physical support services for you helping to make transitions more comfortable and assignments more successful.



### Emotional Support

- ✓ 24/7/365 clinical intake, message and referral service
- ✓ Harmony between academic and personal life
- ✓ Managing anxiety, depression, stress and overall life changes
- ✓ Surviving the loss of a loved one



### Practical Support

- ✓ Unlimited telephonic financial assistance from financial professionals
- ✓ Telephonic or in-person legal assistance and consultation with attorneys
- ✓ Managing academic or workplace pressure

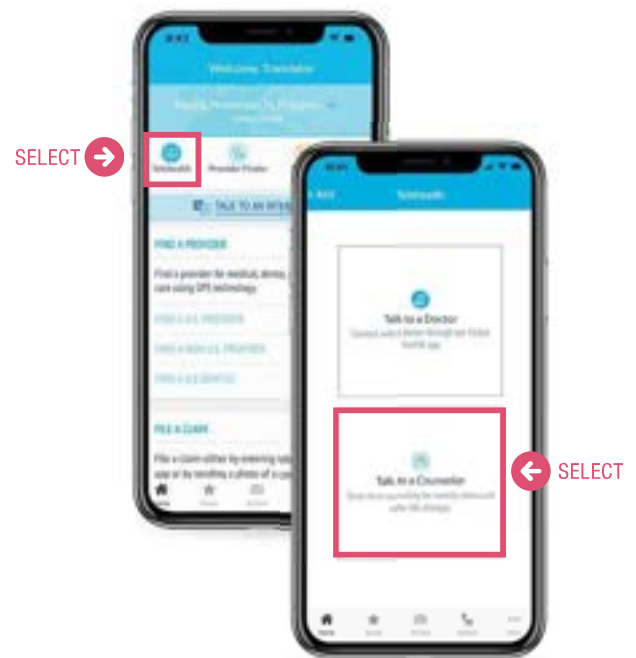


### Physical Support

- ✓ Wellness coaching and support for wellness initiatives, including weight loss, fitness, nutrition, stress management and overall lifestyle improvement
- ✓ Health risk assessment to obtain and assess individual and aggregate health data
- ✓ Support in finding assistance with substance use

### Global Wellness Assist

Global Wellness Assist is an international employee assistance program (EAP) for students, faculty and staff traveling globally on behalf of an institution, providing access to six free confidential solution-focused counseling sessions. Professionals are ready to assist with any issue, anytime, any day.



To access Global Wellness Assist's services, download the GeoBlue mobile app or visit the "Wellness" section in the Member Hub on [www.geobluestudents.com](http://www.geobluestudents.com).







# SELF-SERVICE TOOLS

Our digital tools put access to global healthcare right in your hands! There is a wide range of information available to you on the GeoBlue mobile app or Member Hub, including:



## Claims

Submit and track the status of your claims.



## Benefit Usage

View your benefit history and past payments made toward your deductible and out-of-pocket/coinsurance limits.



## ID Card

Obtain an electronic copy of your ID card and request replacements.



## Telehealth

Talk to a doctor through Global TeleMD and/or talk to a counselor through Global Wellness Assist—both services are free, and you do not need to leave your home.



## Request Direct Pay

Arrange direct payment for future appointments to secure cashless access to care outside of the U.S.



## Provider Finder

Review profiles of preferred doctors and hospitals to find the best match, view their contact details and locate the office.



## Medical Translations

Use the translation tool for common healthcare terms and phrases.



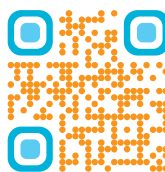
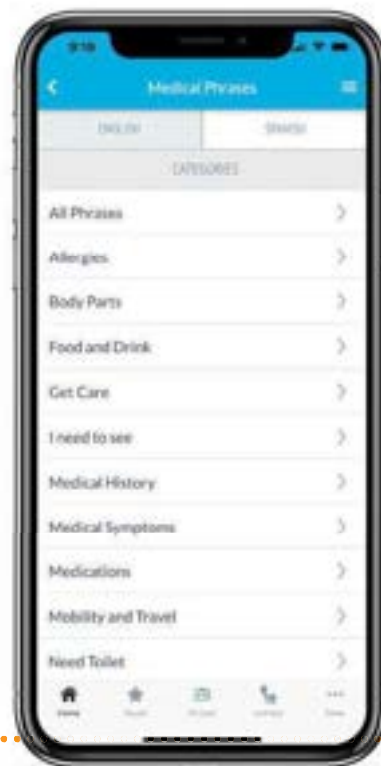
## Medicine Equivalents

Find country-specific equivalents for prescription and over-the-counter medications.



## News and Safety

Receive push notifications and alerts detailing the latest security and health issues based on your location. You can also view country or city profiles on crime, terrorism and natural disasters.



## Download the app today!

Register on the GeoBlue mobile app or online through the Member Hub. Once registered, the login information will be the same whether using the app or online.





# CLAIM SUBMISSION

**IF YOU NEED TO SUBMIT A CLAIM  
FOR REIMBURSEMENT, YOU HAVE  
THE FOLLOWING OPTIONS:**



## eClaims

The quickest most convenient way to submit your claims is through the GeoBlue mobile app or Member Hub. Under **"Claims"** you can choose to submit a claim through **"File an eClaim"** or **"View My Claims"** to see saved claims.



## 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](http://www.geobluestudents.com).

Visit the **"How to File a Claim"** section of the Member Hub and click **"How do you file a claim with GeoBlue?"** to download the appropriate claim form.

**Email:** [claims@geo-blue.com](mailto: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](http://www.geobluestudents.com).

Visit the **"How to File a Claim"** section of the Member Hub and click **"How do you file a claim with GeoBlue?"** to download the appropriate claim form.

**Mail to:** GeoBlue

Attn: Claims Dept

PO Box 1748

Southeastern, PA 19399-1748 USA

## Follow these tips to speed up the claims reimbursement process:

- ✓ If you mail or fax your claim(s) make sure your claim form is filled out completely, and don't forget to sign it.
- ✓ Fill out a separate form for each doctor or office visit.
- ✓ Be sure to add a diagnosis or reason for treatment.
- ✓ Provide a detailed description and amount charged for each service.
- ✓ Clearly state how you'd like to be reimbursed.
- ✓ Make and keep handy copies of your bills, receipts and claim forms.



*Missing information on the claim form  
or supporting documentation may delay  
your claim reimbursement.*

## Need to check the status of your claim?

No problem! Simply choose **"Claims"** in the GeoBlue app or visit the **"Claims"** section of the Member Hub. If you are using the mobile app, you can elect to receive a push notification when your claim is processed. For more help, visit the **"Claims"** section of the Member Hub.



# GLOSSARY

## of Important Terms and Phrases

**Balance Billing:** When a provider bills you for the difference between the provider's charge and the amount your health insurance plan pays. Your normal deductible and coinsurance are not counted as balance billing.

**Coinsurance:** The percentage of your healthcare costs that is not paid by the health insurance plan. Therefore, it's the percentage of the cost you are responsible for.

**Coinsurance Maximum:** The maximum amount of coinsurance a member pays during the policy year for covered expenses. Limitations may apply.

**Copay or Copayment:** The specific dollar amount you will pay at the time of service.

**Claim:** Documentation submitted for payment from a provider or you for medical services rendered.

**Certificate of Coverage:** It describes the benefit plan with specific conditions in which you and all eligible dependents have been enrolled (explains medical, dental, and vision coverage).

**Coverage Period:** The length of time that you are covered under a specific policy.

**Deductible:** An amount you are responsible to pay for eligible expenses before the health insurance plan begins to pay.

**Direct Pay:** The provider submits an invoice for payment directly to GeoBlue, instead of asking for payment from you up front. You may still be responsible for any deductible, coinsurance, or copays as defined on their health insurance contract.

**Explanation of Benefits (EOB):** An EOB is not a bill, but a summary of how your claims were processed and what you may owe. Your healthcare professional may bill you directly for the remainder of what you owe.

**Guarantee of Payment (GOP):** A legal document guaranteeing payment to a provider from GeoBlue based on specifically listed policy benefits on the document. This guarantee is based on your eligibility at the time of service. Also known as a Direct Pay Letter.

**Prescription (RX):** An instruction written by a medical practitioner that authorizes you to be provided a medicine or treatment.

**Performing Provider:** The individual or group licensed to perform medical care that provided medical services to you.

**Primary Care Physician (PCP):** A physician who provides both the first contact for you with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.

**Premium:** The specific amount of money you have to pay to the health insurance company each month in exchange for the health insurance company paying a portion of your healthcare costs.

**Outpatient:** When you receive care at a medical facility but are not admitted to the facility overnight or are at the facility for 24 hours or less.

**Out-of-Network Provider:** A medical provider who is not contracted with Blue Cross Blue Shield companies. This typically results in a higher coinsurance and may result in additional costs to you.

**Out-of-Pocket Maximum:** The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount.

**Network:** The facilities, providers, and suppliers your health insurance company contracts with to provide services at discounted rates. The network you would utilize is Blue Cross Blue Shield companies.

**Medical Evacuation:** The insurer will pay the medically necessary expenses incurred for you if you become ill or injured while traveling outside your home country for transportation to the closest location of adequate care. May also be referred to as "Medical Repatriation."

**Inpatient:** When you receive care at a medical facility and are admitted overnight, or are at the facility for more than 24 hours.





# Reviewing Plan Benefits

*What is covered by your plan?*

## Fordham University

### SCHEDULE OF BENEFITS

**Metal Value: Platinum / Actuarial Value: 100.00%**

**Note:** Medically Necessary Treatment in the United States is only covered for medical emergencies while covered under the Plan. If covered, expenses are covered at 100% of the Allowed Amount

Benefit Description	Cost Sharing Outside the U.S.	Notes/ Limits
<b>Medical Limit</b>	Unlimited	
<b>Deductible</b>	\$0	
<b>Out-of-Pocket Limit</b>	n/a	
<b>OFFICE VISITS</b>		
<b>Primary Care Office Visits (or Home Visits)</b>	Covered in full	See benefit for description
<b>Specialist Office Visits (or Home Visits)</b>	Covered in full	See benefit for description
<b>PREVENTIVE CARE – See benefit for description</b>		
<b>Well Child Visits and Immunizations</b>	Covered in full	
<b>Adult Annual Physical Examinations</b>	Covered in full	
<b>Adult Immunizations</b>	Covered in full	
<b>Routine Gynecological Services/Well Woman Exams</b>	Covered in full	
<b>Mammograms, Screening and Diagnostic Imaging for the Detection of Breast Cancer</b>	Covered in full	
<b>Sterilization Procedures for Women</b>	Covered in full	
<b>Colon Cancer Screening</b>	Covered in full	
<b>Vasectomy</b>	Covered in full	
<b>Bone Density Testing</b>	Covered in full	
<b>Prostate Cancer Screening</b>	Covered in full	
<b>All other preventive services required by USPSTF and HRSA.</b>	Covered in full	
<b>EMERGENCY CARE</b>		
<b>Emergency Ambulance Transportation</b> (Pre-Hospital Emergency Medical Services and Emergency Transportation including Air Ambulance)	Covered in full	See benefit for description
<b>Non-Emergency Ambulance Services</b> (Ground and Air Ambulance)	Covered in full	See benefit for description
<b>Emergency Department</b>	Covered in full	Health care forensic examinations performed under Public Health Law §2805-l are not subject to Cost-Sharing
<b>Urgent Care Center</b>	Covered in full	See benefit for description

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# Reviewing Plan Benefits

*What is covered by your plan?*

Benefit Description	Cost Sharing Outside the U.S.	Notes/ Limits
<b>PROFESSIONAL SERVICES and OUTPATIENT CARE</b>		
Acupuncture	Covered in full	See benefit for description
Advanced Imaging Services	Covered in full	See benefit for description
Allergy Testing and Treatment	Covered in full	See benefit for description
Ambulatory Surgical Center Facility Fee	Covered in full	See benefit for description
Anesthesia Services (all settings)	Covered in full	See benefit for description
Cardiac and Pulmonary Rehabilitation	Covered in full	See benefit for description
Chemotherapy and Immunotherapy	Covered in full	See benefit for description
Chiropractic Services	Covered in full	See benefit for description
Clinical Trials	Covered in full	See benefit for description
Diagnostic Testing	Covered in full	See benefit for description
Dialysis	Covered in full	See benefit for description
<b>Habilitation Services</b> (Physical Therapy, Occupational Therapy or Speech Therapy)	Covered in full	60 visits per condition, per Plan Year combined therapies
Home Health Care	Covered in full	40 visits per Plan Year
Infertility Services	Covered in full	See benefit for description
Infusion Therapy	Covered in full	Home infusion counts toward home health care visit limits
Inpatient Medical Visits	Covered in full	See benefit for description
<b>Interruption of Pregnancy</b> • Abortion Services	Covered in full	See benefit for description
Laboratory Procedures	Covered in full	See benefit for description
<b>Maternity and Newborn Care</b> • Prenatal Care • Inpatient Hospital Services and Birthing Center  • Physician and Midwife Services for Delivery  • Breastfeeding Support, Counseling and Supplies, Including Breast Pumps • Postnatal Care	Covered in full Covered in full  Covered in full  Covered in full Covered in full	See benefit for description   One (1) home care visit is covered at no Cost-Sharing if mother is discharged from Hospital early  Covered for duration of breast feeding
Outpatient Hospital Surgery Facility Charge	Covered in full	See benefit for description
Preadmission Testing	Covered in full	See benefit for description

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# Reviewing Plan Benefits

*What is covered by your plan?*

Benefit Description	Cost Sharing Outside the U.S.	Notes/ Limits
<b>Prescription Drugs Administered in Office or Outpatient Facilities</b>	Covered in full	See benefit for description
<b>Diagnostic Radiology Services</b>	Covered in full	See benefit for description
<b>Therapeutic Radiology Services</b>	Covered in full	See benefit for description
<b>Rehabilitation Services</b> (Physical Therapy, Occupational Therapy or Speech Therapy)	Covered in full	60 visits per condition, per Plan Year combined therapies
<b>Retail Health Clinic Care</b>	Covered in full	
<b>Second Opinions on the Diagnosis of Cancer, Surgery and Other</b>	Covered in full	See benefit for description
<b>Surgical Services</b> (including Oral Surgery; Reconstructive Breast Surgery; Other Reconstructive and Corrective Surgery; and Transplants)	Covered in full	See benefit for description
<b>ADDITIONAL SERVICES, EQUIPMENT and DEVICES</b>		
<b>Diabetic Equipment, Supplies and Self-Management Education</b> <ul style="list-style-type: none"> <li>Diabetic Equipment and Supplies</li> <li>Diabetic Insulin (30-day supply)</li> <li>Diabetic Education</li> </ul>	Covered in full Covered in full Covered in full	See benefit for description
<b>Durable Medical Equipment and Braces</b>	Covered in full	See benefit for description
<b>External Hearing Aids/Prescription Hearing Aids</b>	Covered in full	Single purchase once every three (3) years
<b>Cochlear Implants</b>	Covered in full	One (1) per year per time Covered
<b>Hospice Care</b> <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	Covered in full Covered in full	210 days per Plan Year Five (5) visits for family bereavement counseling
<b>Medical Supplies</b>	Covered in full	See benefit for description
<b>Prosthetic Devices</b> <ul style="list-style-type: none"> <li>External</li> <li>Internal</li> </ul>	Covered in full Covered in full	One (1) prosthetic device, per limb, per lifetime with coverage for repairs and replacements Unlimited; See benefit for description

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Benefit Description	Cost Sharing Outside the U.S.	Notes/ Limits
<b>INPATIENT SERVICES and FACILITIES</b>		
<b>Autologous Blood Banking</b>	Covered in full	See benefit for description
<b>Inpatient Hospital for a Continuous Confinement</b> (including an Inpatient Stay for Mastectomy Care, Cardiac and Pulmonary Rehabilitation, and End of Life Care)	Covered in full	See benefit for description
<b>Observation Stay</b>	Covered in full	See benefit for description
<b>Skilled Nursing Facility</b> (including Cardiac and Pulmonary Rehabilitation)	Covered in full	200 days per Plan Year
<b>Inpatient Habilitation Services</b> (Physical, Speech and Occupational Therapy)	Covered in full	
<b>Inpatient Rehabilitation Services</b> (Physical, Speech and Occupational Therapy)	Covered in full	
<b>MENTAL HEALTH and SUBSTANCE USE DISORDER SERVICES</b> (All mental health and substance use benefits will be paid at the same level of coinsurance as any other illness/injury)		
<b>Inpatient Mental Health Care for a continuous confinement when in a Hospital or Residential Treatment</b>	Covered in full	See benefit for description
<b>Outpatient Mental Health Care</b> (including Partial Hospitalization and Intensive Outpatient Program Services)	Covered in full	See benefit for description
<b>ABA Treatment for Autism Spectrum Disorder</b>	Covered in full	See benefit for description
<b>Assistive Communication Devices for Autism Spectrum Disorder</b>	Covered in full	See benefit for description
<b>Inpatient Substance Use Services for a continuous confinement when in a Hospital</b> (including Residential Treatment)	Covered in full	See benefit for description
<b>Outpatient Substance Use Services</b> (including Partial Hospitalization, Intensive Outpatient Program Services, and Medication Assisted Treatment)	Covered in full	Unlimited; Up to 20 visits per Plan Year may be used for family counseling
<b>Opioid Treatment Programs</b>	Covered in full	

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Benefit Description	Cost Sharing Outside the U.S.	Notes/ Limits
PRESCRIPTION DRUGS		Limits
*Prescription Drugs are not subject to Cost-Sharing when provided in accordance with the comprehensive guidelines supported by HRSA or if the item or service has an “A” or “B” rating from the USPSTF and obtained at a participating pharmacy. Insulin drugs shall be covered in full, regardless of the amount or type of insulin that is needed to fill such member’s prescription.		
Retail Pharmacy		
Tier 1- Generic	\$0 Copayment per 30-day supply	See benefit for description
Tier 2 – Preferred Brand	\$0 Copayment per 30-day supply	
Tier 3 – Non-Preferred Brand	\$0 Copayment per 30-day supply	
Up to a 90-day supply for Maintenance Drugs are available at retail level – copays apply for each 30-day supply		
Mail Order Pharmacy		
Up to a 90-day supply		See benefit for description
Tier 1 – Generic	\$0 Copayment per 30-day supply	
Tier 2 – Preferred Brand	\$0 Copayment per 30-day supply	
Tier 3 – Non-Preferred Brand	\$0 Copayment per 30-day supply	
Enteral Formulas		
Tier 1 – Generic	\$0 Copayment per 30-day supply	See benefit for description
Tier 2 – Preferred Brand	\$0 Copayment per 30-day supply	
Tier 3 – Non-Preferred Brand	\$0 Copayment per 30-day supply	
WELLNESS BENEFITS		
Gym Reimbursement	Up to \$200 per six (6) month period	
PEDIATRIC DENTAL and VISION CARE		
Pediatric Dental Care		
Benefits are the same for Participating or Non-Participating Providers		
• Preventive Dental Care	20% Coinsurance	One (1) dental exam and cleaning per six (6)-month period
• Routine Dental Care	20% Coinsurance	
• Major Dental Care (Oral Surgery, Endodontics, Periodontics and Prosthodontics)	50% Coinsurance	Full mouth x-rays or panoramic x-rays at 36-month intervals and bitewing x-rays at six (6) month intervals
• Orthodontics	50% Coinsurance	

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Benefit Description	Cost Sharing Outside the U.S.	Notes/ Limits
<b>Pediatric Vision Care</b> Benefits are the same for Participating or Non-Participating Providers <ul style="list-style-type: none"> <li>Exams</li> <li>Lenses and Frames</li> <li>Contact Lenses</li> </ul>	0% Coinsurance 0% Coinsurance 0% Coinsurance	One (1) exam per Plan Year; One (1) prescribed lenses and frames per Plan Year or One-year supply of Contact lenses per Plan Year
<b>OTHER ADDITIONAL BENEFITS</b>		
<b>Emergency Medical Transportation</b>	Maximum Benefit up to \$250,000	See benefit for description
<b>Repatriation of Mortal Remains</b>	Maximum Benefit up to \$50,000	
<b>Emergency Family Travel Arrangements</b>	Maximum Benefit up to \$5,000	
<b>Accidental Death &amp; Dismemberment Benefit</b>	Maximum Benefit: Principal Sum up to \$10,000 per insured Member	See benefit for description

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# Reviewing Plan Benefits

*What is covered by your plan?*

## Exclusions and Limitations

No coverage is available under this Certificate for the following:

- A. **Aviation.** We do not Cover services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.
- B. **Convalescent and Custodial Care:** We do not Cover services related to rest cures, custodial care or transportation. "Custodial care" means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered Services determined to be Medically Necessary.
- C. **Conversion Therapy.** We do not Cover conversion therapy. Conversion therapy is any practice by a mental health professional that seeks to change the sexual orientation or gender identity of a Member under 18 years of age, including efforts to change behaviors, gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include counseling or therapy for an individual who is seeking to undergo a gender transition or who is in the process of undergoing a gender transition, that provides acceptance, support and understanding of an individual or the facilitation of an individual's coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, provided that the counseling or therapy does not seek to change sexual orientation or gender identity.
- D. **Cosmetic Services:** We do not Cover cosmetic services, Prescription Drugs, or surgery, unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Child which has resulted in a functional defect. We also Cover services in connection with reconstructive surgery following a mastectomy, as provided elsewhere in this Certificate. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process in the Utilization Review and External Appeal sections of this Certificate unless medical information is submitted.
- E. **Coverage Inside the United States**  
We do not Cover care or treatment provided inside the United States or its possessions except for Emergency Services, Pre-Hospital Emergency Medical Services and ambulance services to treat Your Emergency Condition.
- F. **Dental Services:** We do not Cover dental services except for: care or treatment due to accidental injury to sound natural teeth within 12 months of the accident; dental care or treatment necessary due to congenital disease or anomaly; or dental care or treatment specifically stated in the Outpatient and Professional Services and Pediatric Dental Care section of this Certificate.
- G. **Experimental or Investigational Treatment:** We do not Cover any health care service, procedure, treatment, device or Prescription Drug that is experimental or investigational. However, We will Cover experimental or investigational treatments, including treatment for Your rare disease or patient costs for Your participation in a clinical trial as described in the Outpatient and Professional Services section of this Certificate, when Our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, We will not Cover the costs of any investigational drugs or devices, non-health services required for You to receive the treatment, the costs of managing the research, or costs that would not be Covered under this Certificate for non-investigational treatments. See the Utilization Review and External Appeal sections of this Certificate for a further explanation of Your Appeal rights.
- H. **Felony Participation:** We do not Cover any illness, treatment or medical condition due to Your participation in a felony, riot or insurrection. This exclusion does not apply to Coverage for services involving injuries suffered by a victim of an act of domestic violence or for services as a result of Your medical condition (including both physical and mental health conditions).
- I. **Foot Care:** We do not Cover routine foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet. However, we will Cover foot care when You have a specific medical condition or disease resulting in circulatory deficits or areas of decreased sensation in Your legs or feet.

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# Reviewing Plan Benefits

*What is covered by your plan?*

- J. **Government Facility:** We do not Cover care or treatment provided in a Hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law unless You are taken to the Hospital because it is close to the place where You were injured or became ill and Emergency Services are provided to treat Your Emergency Condition.
- K. **Medically Necessary:** In general, We will not Cover any health care service, procedure, treatment, test, device or Prescription Drug that We determine is not Medically Necessary. If an External Appeal Agent certified by the State overturns Our denial, however, We will Cover the service, procedure, treatment, test, device or Prescription Drug for which coverage has been denied, to the extent that such service, procedure, treatment, test, device or Prescription Drug is otherwise Covered under the terms of this Certificate.
- L. **Medicare or Other Governmental Program:** We do not Cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid). When You are enrolled in Medicare, We will reduce Our benefits by the amount Medicare pays for Covered Services. Benefits for Covered Services will not be reduced if We are required by federal law to pay first or if You are not enrolled in premium-free Medicare.
- M. **Military Service:** We do not Cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.
- N. **No-Fault Automobile Insurance:** We do not Cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if You do not make a proper or timely claim for the benefits available to You under a mandatory no-fault policy.
- O. **Services Not Listed:** We do not Cover services that are not listed in this Certificate as being Covered.
- P. **Services Provided by a Family Member:** We do not Cover services performed by a covered person's immediate family. "Immediate family" member means a child, stepchild, spouse, parent, stepparent, sibling, stepsibling, parent-in-law, child-in-law, sibling-in-law, grandparent, grandparent's spouse, grandchild, or grandchild's spouse.
- Q. **Services Separately Billed by Hospital Employees:** We do not Cover services rendered and separately billed by employees of Hospitals, laboratories or other institutions.
- R. **Services With No Charge:** We do not Cover services for which no charge is normally made.
- S. **Vision Services:** We do not Cover the examination or fitting of eyeglasses or contact lenses, except as specifically stated in the Pediatric Vision Care section of this Certificate.
- T. **Workers' Compensation:** We do not Cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.

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*This is only a summary of benefits. For more information about the benefits covered under this Plan, including benefit descriptions and other important information about the Plan, please see the full Certificate of Coverage. In the event of a discrepancy between this document and Certificate of Coverage, the Certificate controls.*

Fordham University Plan Year 2025 - 2026		
Monthly Participant Rate:	\$3.30 PEND	\$85.05 Medical

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# IMPORTANT CONTACT INFORMATION

Contact us **anytime, anywhere!**

**REACH US WORLDWIDE 24/7/365:**



Collect calls outside the U.S.  
**+1-610-263-2847**



Contact us through the **GeoBlue mobile app**  
or **Member Hub**



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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.

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 and health assessments 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 those or other participants. GeoBlue shall have no responsibility or liability whatsoever for any aspect of the provider counseling, coaching, work-life services and health assessments or other similar services, 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.

SCHL89944-MEM-8/23

