GeoBlue is the trade name of Worldwide Insurance Services, LLC, an independent licensee of the Blue Cross and Blue Shield Association.

Made available in cooperation with Blue Cross and Blue Shield companies in select service areas.
Benefits Review

What does the SUNY plan cover?
SUNY Inbound Benefits

What does the plan cover?

- 100% Coverage for illness and injury up to a maximum of $400,000 per illness or injury after a $50 per injury or illness deductible (deductible waived with SHC referral)
- Medical Evacuation up to $1,000,000
- Repatriation of remains up to $50,000
- Accidental Death and Dismemberment benefit of up to $10,000
- Maternity Care
- Outpatient Prescriptions (RX card)
- Inpatient and Outpatient Mental Health Care
- Bedside Visit Benefit of up to $5,000
- Medical treatment received in the Home Country, if NOT covered by Other Plan up to $5,000
• Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury or as specifically covered under the Plan.

• Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.

• For diagnostic investigation or medical treatment for infertility, fertility, or birth control.

• Reproductive and infertility services.

• Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction’s of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.

• Loss due to war, declared or undeclared; service in the armed forces of any country or international authority and participation in a riot or civil commotion.

• Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.

SUNY Inbound Benefits

What is not covered under the plan?
GeoBlue Online Tools
Welcome to GeoBlue! As a GeoBlue member, you have the health insurance coverage and technology powered services you need to stay safe and healthy throughout your journey.

Get started by registering:

Visit GeoBlue Students and click "LOG IN OR REGISTER".

Be sure to have your Certificate Number available: QHS555222111G.

You can now take advantage of our convenient services:

- Print your ID card
- View your member guide
- Review your plan benefits
- Locate carefully selected, trusted providers and hospitals.

Upon enrollment by your campus, you will receive an e-mail from customerservice@geo.blue.com. This e-mail will contain the information you need to complete your registration.
GeoBlue offers health plans that power intellectually curious travelers in every corner of the world.

Log In As...

- For Students / Members
- For Parents / Guardians
- For Administrators

Register as a Member.
Register as a Parent.
GeoBlue Parents

You can provide your parent or guardian access to the GeoBlue tools

Parent/Guardian Registration

Please enter your student’s certificate number, first and last name, exactly as found on the Identification Card your student received from his or her Student Administrator or through the mail.

*Required

Student’s Certificate Number*

Student’s First Name*

Student’s Last Name*

Submit
Login as a Member

Login As
Parent/Guardian  Administrator

Member Registration

Please enter your certificate number and name exactly as found on the Identification Card you received from your Student Administrator or through the mail. If you don’t have a certificate number please contact your Student Advisor or call GeoBlue at +1.610.263.2847

Certificate Number*      Date of Birth* (MM/DD/YYYY)

First Name*       Last Name*

Submit
Coverage & Benefits

Coverage History

<table>
<thead>
<tr>
<th>Group</th>
<th>Coverage</th>
<th>Valid From</th>
<th>Valid Through</th>
<th>Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUNY ALBANY INBOUND</td>
<td>Participant Only</td>
<td>02/01/2016</td>
<td>07/01/2016</td>
<td></td>
</tr>
</tbody>
</table>

Showing 1 of 1

Plan Details

SUNY ALBANY INBOUND

If you have questions regarding your benefits or the information about your plan, please contact us for more information.

Certificates

2016/2017 Certificate of Insurance

Member Guides

2016/2017 Member Guide

Global Assistance Services

Plans also include medical and travel assistance services.

Learn More
Student Health Center Referral

Your SUNY plan has a deductible, but if you go to the student health center first and they refer you to an external doctor, you don’t have to pay the deductible. Use this form to submit a referral to GeoBlue so that we’ll know that you visited the health center and can give you credit.

Your referral code should be printed on the form you received from the student health center when you left. If you did not receive one, please return to the student health center and they can give you another.

Referral for Sunyi Tester1

- Certificate Number: 502193614
- Referral Code: A10546
- Date of Illness / Accident / Injury: 08/15/2016
- Enter the reason you are going to the doctor: injured foot
- Is the condition related to this referral the result of an accident/injury? Yes
- If related to an accident/injury, did the injury occur during an intercollegiate sports activity? Yes

Request Referral
Referral Submitted

Thank you for submitting your student health center referral. If you have any questions regarding your referral, please contact studentinfo@geo-blue.com
Exceptional Care

How to find an in-network provider
GeoBlue members have access to the Blue Cross Blue Shield network inside the United States

Largest Network in the U.S.

1 in 3
Americans covered by BCBS

92%
of physicians are in-network

96%
of hospitals are in-network

97%
of claims paid in-network

Blue Brand is the most recognized brand in healthcare

Source: BCBSA, GeoBlue
This is a sample of your ID Card.

You must have this with you for Doctor, Hospital and Pharmacy care.
Find a Doctor or Hospital

Search by Keyword | Search by Specialty

Already A Member? | Choose Your Network?

QHS | OR | Select a Network

Search by:

General Practice

Location:

Within 25 miles | Binghamton, NY

Go

Patient Ratings | Extended Hours

Recognitions | Affiliations

Accepting New Patients | Gender

Languages Spoken | Blue Distinction

Quality Measures
Website Review

How to file an e-claim
My Plan
Sunyi Tester2 602193615
160 Matenford Rd
Radenor, Pennsylvania 19087
United States
Tester2sunyi@suny.edu

Coverage & Benefits
Enrollment Details
Member Guide PDF
Print ID Card

My Claims
0
0
0
0
Received
Processing Claim
Processing Payment
Complete
View My Claims
View My eClaims

Get Care
Provider Finder
Locate a trusted doctor or hospital in over 190 countries.

International Provider Finder
U.S. Provider Finder
U.S. Pharmacy Finder

Start a New Direct Pay Request
View All Issued GCPs

Service Requests
We provide concierge-level service to help you manage your expected and unexpected medical situations.
Submit a Service Request

Find Dental Coverage
If you are looking for individual dental insurance, visit Delta Dental to shop for plans available in your location.
Find a Dental Plan

Contact Customer Service
+1.844.268.2686 (toll-free from the U.S.)
+1.816.263.2347 (collect, if outside the U.S.)

GeoBlue Mobile App
Global. Local. Mobile.
Learn More

My Destination
Get all the news, travel tools, and provider information for your new city in one spot.

Explore Your Destination
News & Safety
eClaims Summary

As an eligible GeoBlue Student member, you can use this website to submit an international claim online.

File a New eClaim ➔ View Previously Submitted Claims

Unsubmitted Claims

Incomplete or unfinished submissions. You may have chosen to "save your progress" at one point. You can access and finish filing your claims below.

Search: ____________________________

<table>
<thead>
<tr>
<th>Nickname</th>
<th>Claimant</th>
<th>Status</th>
<th>Date Last Saved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wizard CLM 29-Apr-2016</td>
<td>MR. SUNYI TESTER1</td>
<td>50% Completed</td>
<td>29-Apr-2016 (mobile)</td>
</tr>
</tbody>
</table>
eClaim Submission

Preliminary Information

Before we get started filing a claim, we need to determine a couple of things that will help us file your claim properly.

Who will receive the reimbursement?

- Primary Member
- Provider (ex. Doctor, Hospital, Pharmacy)

Is the patient covered under other health insurance? If GeoBlue is your only healthcare provider you may select No.

- Yes
- No

Was the patient's treatment due to an accident or work-related injury?

- Yes
- No

Was this condition or injury the result of or caused by the patient's participation in an intercollegiate sport?

- Yes
- No

[Continue]
**eClaim Submission**

1 - Basic Information

**Basic Information**

- **eClaim Description**: [Field]
- **Patient Name**: MR. SUNY TESTER1

**Primary Member’s Contact**

- **Email Address**: Testertestersunysuny.edu
- **Phone Number**: 2156000000

**Primary Member’s Contact**

- **Address**: 123 test street
- **City**: test
- **State / Province**: [Field]
- **Country**: Belgium
- **Zip / Postal Code**: 06776-507

[Buttons]: Cancel, Save Progress, Continue
**Provider / Facility Details**

<table>
<thead>
<tr>
<th>Use an Existing Provider</th>
<th>Enter a New Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider / Facility</strong></td>
<td><strong>Select a Provider/Facility</strong></td>
</tr>
</tbody>
</table>

**Type**

**Provider / Facility Name**

**City**

**Country**

---

**Charge Details**

<table>
<thead>
<tr>
<th>Charge Amount*</th>
<th>Billed Invoice Currency*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Select a Currency</strong></td>
</tr>
</tbody>
</table>

**Visit Details**

**Describe symptoms or condition that caused you to seek medical care***

Include a description of the illness or symptoms pertaining to the invoice/bill. If not applicable, enter "N/A".

**Service Description***

For examples of service descriptions [click here](#).

**Start of Service***

FIRST date of service listed on bill/invoice

**End of Service***

LAST date of service listed on bill/invoice

---

[Save Charge]

[Back]
### Charges Summary

| Number of Charges | 1 |

### Invoiced Charges

Please enter each invoice/bill as a separate charge.

<table>
<thead>
<tr>
<th>Provider Facility</th>
<th>Date(s) of Service</th>
<th>Amount Charged</th>
</tr>
</thead>
<tbody>
<tr>
<td>test hospital</td>
<td>17-Aug-2016 - 17-Aug-2016</td>
<td>135.00 USD</td>
</tr>
</tbody>
</table>

[Back] [Add New Charge] [Continue]
Supporting Documents

Upload invoice documents, receipts, and all other reimbursement information. All supporting documents from every doctor(s) and/or facility(s) must be uploaded in order to process the eClaim.

Accepted File Types: PDF, JPG, JPEG, TIF, TIFF, PNG, DOCX, DOC, BMP, RTF
Maximum File Size: 100MB

File Description*  

Upload File*  
Choose File  
No file chosen

Back  Upload File

---

Supporting Documents

Upload invoice documents, receipts, and all other reimbursement information. All supporting documents from every doctor(s) and/or facility(s) must be uploaded in order to process the eClaim.

receipt

Delete  View

Back  Upload a New File  Continue
eClaim Submission

Authorization

I certify the information submitted is complete and correct and that I am claiming benefits only for charges incurred by the patient named in the submission. Authorization is hereby given to any provider of service, that participated in any way in the patient's care, to release to Worldwide Insurance Services and its business associates in any country any medical or other personal information that they deem necessary to provide service or adjudicate this claim, recognizing that applicable law concerning personal information may differ among countries.

Agreement of Terms

- [ ] I Agree

Full Name: SUNY Tested

Today's Date: 17-Aug-2016

*Required
eClaims Summary

Your eClaim has been successfully submitted
You will receive an email verifying our receipt of your submission shortly.

As an eligible GeoBlue Student member, you can use this website to submit an international claim online.

File a New eClaim  View Previously Submitted Claims

Unsubmitted Claims

Incomplete or unfinished submissions. You may have chosen to "save your progress" at one point. You can access and finish filing your claims below.

Search:
GeoBlue Member Guide

International Students and Scholars
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, Amazon 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.

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 this app. If you have not previously registered through this app, you can register directly online.

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 share, fax or email your ID card through the app
- Your ID card is available in the Member Hub on www.geobluestudents.com

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

Need help with registration?
Contact us for assistance:
Inside the U.S. call 1.844.266.2686
Outside the U.S. call +1.819.263.2847
customerservice@geo-blue.com

This pamphlet contains a brief summary of the features and benefits for insured participants enrolled under your school health insurance. This is not a contract of insurance. Coverage is provided under an insurance policy issued by your school's participating school. The policy is underwritten by A-Peer Life Insurance Company, Danville, Illinois (Policy Form #03962-032). Complete information on the insurance contained in the Certificate of Insurance which can be filed with the periodical and is made available to enrolled participants. If there is a difference between this program description and the certificate wording, the certificate controls.

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Service Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association, and available in cooperation with Empire BlueCross BlueShield. Coverage is provided under insurance policies underwritten by A-Peer Life Insurance Company, Danville, Illinois.
Getting Care
Get care when you are in the U.S.

Student health center
Many schools have student health centers on campus that can conveniently provide everyday health services. Consult your school’s resources for more specific information about facilities, the care available, and the coverage accepted.

Finding a provider
If you need care outside of what is available on 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 1-844-289-2696
• Outside the U.S., call 1-610-283-2547
• 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 online electronically using the GeoBlue app or the “File a Claim” 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 Coverage is on file with your school and in the Member Hub on www.geobluestudents.com.

GeoBlue is the trade name of Worldwide Insurance Services, LLC, Worldwide Services Insurance Agency, LLC in California and New York, an independent licensee of the Blue Cross and Blue Shield Association. Issued under insurance policies underwritten by 4 Ever Life Insurance Company, Cordova, Tennessee.
Accessing Self-Service Tools
Convenient online and mobile tools

Check your symptoms*
Translate symptoms into action with this authoritative triage tool. You can decide to seek treatment in an emergency room, schedule a doctor visit or employ home remedies.

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 translations.

Understand health and security risks
Receive daily alerts detailing the latest security and health issues in your destination. View country or city profiles on online, terrorism or natural disasters.

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

*Available on www.geobluestudents.com only.
Geoblue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. Plans marketed in cooperation with EnCam ExecClinic BlueField. Coverage is provided under insurance policies underwritten by 4 Ever Life Insurance Company, Columbus, Ohio.
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: +1-810-482-9523

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 20874, 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.
All benefits and limits are stated per Covered Person.

### SCHEDULE OF BENEFITS

<table>
<thead>
<tr>
<th>COVERAGE A – MEDICAL EXPENSES</th>
<th>Limits Eligible Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Period of Coverage</strong></td>
<td>$400,000</td>
</tr>
<tr>
<td><strong>Maximum Benefit per Injury or Sickness</strong></td>
<td>$400,000</td>
</tr>
<tr>
<td><strong>Period of Coverage Deductible</strong></td>
<td>$50 per Injury or Sickness</td>
</tr>
<tr>
<td>(Deductible is waived if treatment is received at a Recognized Student Health Center or if initial treatment is received at a Recognized Student Health Center. Deductible is not waived for EPT)</td>
<td></td>
</tr>
</tbody>
</table>

**COVERAGE B – ACCIDENTAL DEATH AND DISMEMBERMENT**

Maximum Benefit: Principal Sum up to $10,000

**COVERAGE C – REPATRIATION OF REMAINS**

Maximum Benefit up to $50,000

**COVERAGE D – MEDICAL EVACUATION**

Maximum Lifetime Benefit for all Evacuations up to $1,000,000

**COVERAGE E – BEDSIDE VISIT**

Up to a maximum benefit of $5,000 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person.

### COVERAGE A – MEDICAL EXPENSES

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Plan Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Office Visit*</td>
<td>After Deductible, 100% of Reasonable Expenses</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>After Deductible, 100% of Reasonable Expenses</td>
</tr>
<tr>
<td>Hospital and Physician Outpatient Services</td>
<td>After Deductible, 100% of Reasonable Expenses</td>
</tr>
<tr>
<td>Emergency Hospital Services</td>
<td>After Deductible, 100% of Reasonable Expenses</td>
</tr>
</tbody>
</table>

*Payment atCovered Medical Expenses for Preferred Providers is based on the Insurer’s negotiated rates. Preferred Providers have agreed to accept the negotiated rate as payment in full.

*All Physician Visit Copayments for an Injury or Sickness are waived if treatment is received at a Recognized Student Health Center or if the initial treatment for an Injury or Sickness is received at a Recognized Student Health Center.

This pamphlet contains a brief summary of the features and benefits for insured participants covered under your school's health insurance. This is not a contract of insurance. Coverage is provided under an insurance policy under which your school is a participating school. The policy is underwritten by 4 Ever Life Insurance Company, Cebulows, WI. 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.

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# SCHEDULE OF BENEFITS

**BENEFITS LISTED BELOW ARE SUBJECT TO**
1. **TABLE 1, PERIOD OF COVERAGE MAXIMUMS, MAXIMUMS PER INJURY AND SICKNESS, DEDUCTIBLES, COINSURANCE, OUT-OF-POCKET MAXIMUMS:**
2. **TABLE 2 PLAN TYPE LIMITS (PPO)**

<table>
<thead>
<tr>
<th>MEDICAL EXPENSES</th>
<th>Limits per Covered Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity Care for a Covered Pregnancy</td>
<td>Reasonable Expenses</td>
</tr>
<tr>
<td>Inpatient treatment of mental and nervous disorders including drug or alcohol abuse</td>
<td>Reasonable Expenses for a maximum period of 90 days per Period of Coverage</td>
</tr>
<tr>
<td>Outpatient treatment of mental and nervous disorders including drug or alcohol abuse</td>
<td>Reasonable Expenses for a maximum period of 40 visits per Period of Coverage</td>
</tr>
<tr>
<td>Treatment of specified therapies, including acupuncture and Physiotherapy</td>
<td>Reasonable Expenses</td>
</tr>
<tr>
<td>Annual cervical cytology screening for women 18 and older</td>
<td>Reasonable Expenses</td>
</tr>
<tr>
<td>Low dose mammography screening, one baseline mammogram and one mammogram per year</td>
<td>Reasonable Expenses</td>
</tr>
<tr>
<td>Medical treatment arising from participation in intercollegiate or interscholastic sports</td>
<td>Reasonable Expenses up to $1,500 Maximum per Period of Coverage</td>
</tr>
<tr>
<td>Vaccinations required by Participating Organization or Institution*</td>
<td>Reasonable Expenses</td>
</tr>
<tr>
<td>Repairs to sound, natural teeth required due to an Injury</td>
<td>Reasonable Expenses</td>
</tr>
<tr>
<td>Outpatient prescription drugs including oral contraceptives and devices</td>
<td>Prescription Drug Program with the Copayment stated below</td>
</tr>
<tr>
<td>1. Generic Drugs</td>
<td>All except a $10 Copayment per prescription</td>
</tr>
<tr>
<td>2. Brand Name Drugs</td>
<td>All except a $20 Copayment per prescription</td>
</tr>
<tr>
<td>3. Injectable</td>
<td>All except a $50 Copayment per prescription</td>
</tr>
<tr>
<td>Medical treatment received in the Home Country, if NOT covered by Other Plan</td>
<td>100% of Reasonable Expenses up to $5,000 Period of Coverage maximum</td>
</tr>
<tr>
<td>Scalp Prosthesis</td>
<td>Reasonable Expenses</td>
</tr>
<tr>
<td>Lead Screening</td>
<td>Reasonable Expenses</td>
</tr>
<tr>
<td>Low Protein Food Products</td>
<td>Reasonable Expenses</td>
</tr>
</tbody>
</table>

* Vaccinations required: Measles, mumps, rubella (MMR), Human papillomavirus (HPV), Meningococcal and Influenza (B)
Reviewing Plan Benefits
What is covered by your plan?

Repatriation of Remains Benefit
If a Covered Person dies, while traveling outside of his/her home country during the School Year, the insurer will pay the necessary expenses actually incurred, up to the Maximum Limit shown in the Schedule of Benefits, for the preparation of the body for burial, cremation, or the cremation, and for the transportation of the remains to his/her Home Country. This benefit covers the legal minimum requirements for the transportation of the remains. It does not include the transportation of anyone accompanying the body, urns, caskets, coffins, obituary, burial or funeral expenses. Any expense for repatriation of remains requires approval in advance by the Plan Administrator.

No benefit is payable if the death occurs after the Termination Date of the Plan. However, if the Covered Person is Hospital Confined on the Termination Date, eligibility for this benefit continues until the earlier of the date the Covered Person’s confinement ends or 31 days after the Termination Date. The Insurer will not pay any claims under this provision unless the expense has been approved by the Plan Administrator before the body is prepared for transportation. This benefit is available only to Covered Persons who are living outside of their Home Country while engaged in educational activities.

Medical Evacuation Benefit
If a Covered Person is involved in an accident or suffers a sudden, unforeseen illness requiring emergency medical services while traveling outside of his/her home country, and adequate medical facilities are not available, the Administrator will coordinate and pay for a medically-supervised evacuation, up to the Maximum Limit shown in the Schedule of Benefits, to the nearest appropriate medical facility. This medically-supervised evacuation will be to the nearest medical facility only if the facility is capable of providing adequate care. The evacuation will only be performed if adequate care is not available locally and the injury or sickness requires immediate emergency medical treatment, without which there would be a significant risk of death or serious impairment. The determination of whether a medical condition constitutes an emergency and whether medical facilities are capable of providing adequate medical care shall be made by physicians designated by the Administrator after consultation with the attending physician on the Covered Person’s medical condition. The decision of these designated physicians shall be conclusive in determining the need for medical evacuation services. Transportation shall not be considered medically necessary if the physician designated by the Administrator determines that the Covered Person can continue his/her trip or can use the original transportation arrangements that he/she purchased. The Insurer will pay Reasonable Charges for emergency services if the Covered Person is a minor or if the Covered Person is disabled during a trip and an escort is recommended in writing by the attending Physician and approved by the Insurer. All evacuations must be approved and coordinated by the Administrator designated physicians. Transportation must be by the most direct and economical route.

Bedside Visit Benefit
If a Covered Person is Hospital Confined due to an Injury or Sickness for more than 3 days, is likely to be hospitalized for more than 3 days or is in critical condition, while traveling outside of his/her home country, the Insurer will pay up to the maximum benefit as listed in Table 1 of the Schedule of Benefits for the cost of one economy round-trip air fare ticket to, and the and hotel accommodations in, the place of the Hospital Confined for one person designated by the Covered Person. Payment for meals, ground transportation and other incidentals are the responsibility of the family member or friend. No benefits are payable unless the trip is approved in advance by the Plan Administrator.

Political, Military or Natural Disaster Evacuation Services
In the event that DRUM considers an occurrence in a Host Country an emergency situation, and upon the direction of an Appropriate Authority (officials of the embassy of a person’s Home Country or a similar official of a Host Country), to leave that country, or a person is considered to be a “person in distress” in that country, DRUM will, on a best efforts basis, arrange and pay for an evacuation to a safe haven and then back to the appropriate Home Country.

This portion 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. The policy is underwritten by 41 Ever Life Insurance Company, Carlsbad Terrace, Illinois. 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 contains the definitive information.

Blue Cross and Blue Shield are registered marks of the Blue Cross and Blue Shield Association made available in cooperation with Blue Cross and Blue Shield companies in select service areas. Coverage is provided under insurance policies underwritten by 41 Ever Life Insurance Company, Carlsbad Terrace, Illinois.
DRUM will provide up to 10 days of meals and lodging where the individual is delayed at a safe departure point prior to returning to the appropriate Home Country. Upon agreement of DRUM, the individual may return to:

a. The Country of permanent residence,
b. Where the program sponsor is located (in the US),
c. Back to the Host Country, or
d. To another program location of the program sponsor.

DRUM will arrange for evacuation transportation as it seems appropriate, and unless otherwise necessary, only at economy rates. If an emergency situation the individual is able to leave the Host Country by normal means, DRUM will assist in re-booking flights or other transportation at the cost of the individual.

If an evacuation must be delayed due to the level of hostilities, DRUM will keep in contact with the individual and the program sponsor about when and how an evacuation will take place.

DRUM’s obligation to pay for the individual’s Political, Military or Natural Disaster Evacuation services will be limited to a maximum of $100,000 per person for an emergency occurrence. Under the circumstances where DRUM does not consider a circumstance to be an emergency situation, and the individual nonetheless feels that their personal safety is threatened, DRUM will assist on a best effort basis in coordinating an evacuation. The individual or program sponsor will be responsible to Pay DRUM for any services provided.

Worldwide Insurance Services, LLC offers Political, Military and Natural Disaster Evacuation Services through Drom Cossac Group Limited (DRUM), an independent third party service provider based in the UK. This brochure contains only a summary of DRUM’s evacuation services. A comprehensive review of all DRUM political and natural disaster evacuation services can be found in the DRUM “Description of Covered Services” on file at SUNY Central. If there are any inconsistencies between the DRUM evacuation services described in this brochure and those listed in the “Description of Covered Services” at SUNY Central, the SUNY Central documentation shall control.

GENERAL POLICY EXCLUSIONS

Unless specifically provided for elsewhere under the Plan, the Plan does not cover loss caused by or resulting from, nor any premium charged for:

1. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when medically necessary for the treatment of an injury or as specifically covered under the Plan.
2. Plastic or cosmetic surgery, unless they result directly from an injury which necessitated medical treatment within 24 hours of the Accident.
3. For diagnostic investigation or medical treatment for infertility, fertility, or birth control.
4. Reproductive and infertility services.
5. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathic and mandibular osteotomy, unless otherwise noted.
6. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority or participation in a riot or civil commotion.
7. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
Questions?