



## Benefit Summary

### GeoBlue Student Overseas Gold

Coverages	Limits – Covered Person	
MEDICAL BENEFITS		
Coverage Year Limit	\$250,000	
Coverage Year Deductible	Options 1 & 3 \$100	Options 2 & 4 \$0
Physician Office Visits	After the deductible is satisfied, 100% of Reasonable Expenses	100% of Reasonable Expenses
Inpatient Hospital Services	After the deductible is satisfied, 100% of Reasonable Expenses	100% of Reasonable Expenses
Hospital and Physician Outpatient Services	After the deductible is satisfied, 100% of Reasonable Expenses	100% of Reasonable Expenses
Emergency Hospital Services	After the deductible is satisfied, 100% of Reasonable Expenses	100% of Reasonable Expenses
MEDICAL BENEFIT LIMITATIONS		
Maternity Care for a Covered Pregnancy	Reasonable Expenses	
Inpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses	
Outpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses	
Annual cervical cytology screening for women 18 and older	100% of Reasonable Expenses	
Low dose mammography screening, one baseline mammogram and one mammogram per year	100% of Reasonable Expenses	
Colorectal cancer screenings	100% of Reasonable Expenses	
Prostate screening tests	100% of Reasonable Expenses	
Diabetic Supplies/Education	100% of Reasonable Expenses	
Child Preventive and Primary Care Services	100% of Reasonable Expenses	
Breast Reconstruction due to Mastectomy	100% of Reasonable Expenses	
Treatment of specified therapies, including acupuncture and Physiotherapy	Reasonable Expenses up to a Maximum of 20 visits on an Outpatient basis	
Repairs to sound, natural teeth required due to an Injury	100% of Reasonable Expenses up to \$1,000 per Coverage Year maximum	
Outpatient prescription drugs including oral contraceptives and devices	100% of actual charge up to a maximum of \$25,000 per Period of Coverage. Limited to a 31 day supply for initial fill or refill.	
OTHER COVERAGES		
Emergency Medical Evacuation	Unlimited	
Emergency Family Travel Arrangements	Maximum benefit up to \$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. 3 day wait period	
Repatriation of Mortal Remains	100% of Reasonable Expenses	
Accidental Death & Dismemberment	Maximum Benefit: Principal Sum up to \$50,000 for Eligible Participant; \$10,000 for Spouse; and \$10,000 for Child(ren)	
OTHER INCLUDED SERVICES		
Global Assistance Services	Emergency Medical and Travel Assistance services provided, including coordination of all evacuations and repatriations if needed	
PRE-EXISTING CONDITIONS		
Political Evacuation/Natural Disaster	Per Person/Per Event Limit: \$100,000 per person/per event subject to aggregate per event and annual limits. Aggregate Per Event Limit: \$5,000,000 aggregate limit per any one covered event for all groups covered under the blanket Drum plan.	
Coverage and Services provided through a separate agreement with Drum Cussac	Aggregate Annual Limit: \$10,000,000 aggregate limit for all events in preceding 12-month period for all groups covered under the blanket Drum plan.	



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### EXCLUSIONS

Unless specifically provided for elsewhere under the Certificate, the Certificate does not cover loss caused by or resulting from, nor is any amount charged for, any of the following:

1. Expenses incurred in excess of Reasonable Expenses.
2. Services or supplies that the Insurer considers to be Experimental or Investigative.
3. Expenses incurred prior to the beginning of the current Period of Coverage or after the end of the current Period of Coverage except as described in Covered General Medical Expenses and Limitations and Extension of Benefits.
4. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, including routine care of a newborn infant, unless otherwise noted.
5. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury, unless otherwise noted.
6. 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.
7. Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
8. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided for in the Certificate.
9. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Certificate and performed while the Certificate is in effect.
10. Elective termination of pregnancy.
11. For diagnostic investigation or medical treatment for reproductive services, infertility, fertility, or for male or female voluntary sterilization procedures, or the reversal male or female voluntary sterilization procedures.
12. Expenses incurred for, or related to gender reassignment surgery.
13. Organ or tissue transplant.
14. Participating in an illegal occupation or committing or attempting to commit a felony.
15. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
16. Expenses incurred within the Covered Person's Home Country.
17. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Certificate.
18. 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.
19. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
20. Diagnosis and treatment of acne.
21. Diagnosis and treatment of sleep disorders.
22. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.
23. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
24. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
25. Expenses incurred for any services rendered by a family member or a Covered Person's immediate family or a person who lives in the Covered Person's home.
26. Loss due to an act of war; service in the armed forces of any country or international authority and Participation in a Riot or Civil Commotion.
27. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
28. Loss arising from
  - a. participating in any professional sport, contest or competition;
  - b. while participating in any practice or condition program for such sport, contest or competition;
  - c. SCUBA diving, sky diving, mountaineering (where ropes and climbing equipment are customarily used), ultra-light aircraft, parasailing, sailplaning/gliders, hang gliding, parachuting, or bungee jumping.
29. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.
30. Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
31. Telephone, e-mail, and Internet consultations unless specifically approved by the Administrator due to limited resources while located in a country outside of the United States.
32. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
33. To the extent that such payments would be prohibited by law.