



Group Medical Coverage for Personal Travel

Understanding your benefits.

Travel with confidence knowing we've got your back.

Devereux Foundation

2026

Group Access Code QHG999999DEV



We'll take care of *you* while you take on *the world*.



Your plan: Group Medical Coverage for Personal Travel

- This plan was purchased for you by your employer
- For trips abroad 90 consecutive days or less
- For employees enrolled in a Blue Cross and/or Blue Shield Plan, as well as your covered dependents — even when they travel without you

Welcome to your health plan!

Wherever you travel outside the U.S., Blue Cross Blue Shield Global SolutionsSM (BCBS Global SolutionsSM) has your back. Our plans are created for the unique needs of those traveling abroad. It's healthcare that's simple, easy to access and designed for you.

What your plan includes:*

- Coverage for unexpected illness and injuries while traveling outside the U.S.
- Care for doctor visits and inpatient and outpatient services
- Medically necessary prescription medication needed in an emergency due to unforeseen illness or injury
- Pre-departure program for health guidance before you travel
- Accidental death and dismemberment benefits
- Medically necessary evacuation and repatriation
- Emergency bedside visit from a family member or a loved one
- Dental care for injuries or the sudden onset of pain

3 easy ways to connect to care.



Telemedicine services at no cost, anytime, anywhere



Easy-to-use apps and online resources for managing your care



24/7/365 support from global health and safety experts

When you travel with us, you're not just covered—*you're cared for.*

*Refer to your plan coverage for your full list of benefits.
View the benefits summary and exclusions and limitations.



Getting started with your plan.

Managing your health abroad doesn't have to be complicated. Our tools make it easy for you to access care so you can take charge of your health. Here's what you need to get started.



Register and download the apps.

Follow these steps before you travel for a successful journey.

First, you can register on the Member Portal by clicking on Login on bcbsglobalsolutions.com. Or, you can register in our mobile app.

- Enter your employer's **Group Access Code** (listed on this guide) and your subscriber **policy number** from your domestic Blue Cross and/or Blue Shield member ID card. Include both the letters and numbers exactly as they appear.



Mobile app

Second, register for the telemedicine app.

- For this one, you'll only need your **Group Access Code** (on the front of this guide).



Telemedicine app



When you call us, let us know you have Group Medical Coverage for Personal Travel (formerly Blue Cross Blue Shield Global Traveler Companion) and provide your Group Access Code.

→ Important tips:

- Your login works for both the Member Portal and mobile app.
- You only need to register once, not for every trip.
- You must register for the mobile app before the telemedicine app.
- Be sure to use the same email address to register for both our mobile app and the telemedicine app.
- For the mobile app: if you're registering a dependent, enter both the subscriber's and dependent's policy numbers from your domestic Blue Cross and/or Blue Shield member ID card.





Remote and in-person care options

Accessing care outside of the U.S.

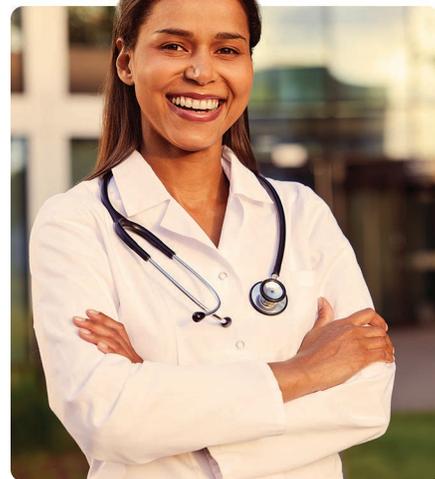
Life moves fast, and your needs can shift daily. That's why we provide care that fits *you*—not the other way around.

Want to get the care you need, when you need it? *No problem.*

With our telemedicine services, you can talk to a doctor any time—day or night. There's no limit to how often you can use it, and many doctors speak different languages. Just call or video chat for help with non-urgent health needs.

Prefer an in-person visit? *We've got you.*

You have access to the BCBS Global Solutions network outside the U.S. Providers and hospitals are located around the world, in over 190 countries.



Here's how to start accessing the care you need.



Finding a provider.

1. Go to the Member Portal on bcbsglobalsolutions.com or open the mobile app.
2. First select Provider Finder. Then select International Provider Search.
3. Once you select your provider, contact them directly using the information in their profile to schedule your appointment.

In the Provider Finder, you'll see a Preferred Provider designation. This means the provider accepts Direct Pay for medical services.

- You're free to see any doctor in-network or out-of-network without a reduction in benefits.
- But if you choose to see a doctor out-of-network, you'll need to request Direct Pay before your appointment. If Direct Pay cannot be arranged, you will need to pay the provider directly and submit a claim for reimbursement.



Requesting Direct Pay.

Direct Pay ensures you don't have to pay upfront and file a claim for reimbursement. To request Direct Pay:

- Call +1 484 679 6770.
- Let us know you have Group Medical Coverage for Personal Travel (formerly Blue Cross Blue Shield Global Traveler Companion) and provide your Group Access Code.

Please contact us **at least 48 hours before your appointment**. This gives us time to arrange Direct Pay with your provider.



Dealing with a medical emergency.

If you have a medical emergency, go to the nearest doctor or hospital right away. Once you're safe, call us using the number on your BCBS Global Solutions ID card. You can find your ID card by logging in to the Member Portal or mobile app. We'll monitor your case closely to make sure you get the right care and that local resources are available for you.



Using telemedicine.

With our telemedicine services, you can access care at a time and place that works for you. It's this easy:

1. Download our telemedicine app (via the Apple® App Store® or Google Play™ store).
2. Schedule a remote visit with one of our multilingual doctors for you or any family covered by your plan.
3. Providers are available around the clock for same-day appointments to address your non-emergency health needs.
4. Prescriptions may also be provided, as appropriate (subject to local regulations).

Telemedicine puts high-quality medical care in the palm of your hand. And it's *free!*

Self-service tools



We put care right in your hands.

Our digital tools connect you to the plan information, care and resources you need. Just log in to the Member Portal or our mobile app for 24/7/365 access to all these features.



Telehealth

Talk to a doctor via phone or video chat. It's free, and you don't need to leave your location!



Direct Pay

Request Direct Pay to help you avoid paying upfront for care outside the U.S.



ID Card

Get a digital copy of your ID card.



Translation Tools

It's like having your own remote healthcare interpreter! You can use the tools to translate symptoms, medical terms and medications.



Provider Finder

Review profiles of network providers and hospitals. Find the best match for your needs and view their contact information.



News & Safety

Get real-time safety and health alerts based on your location. And look up data on crime, terrorism and natural disasters in your city or country.



Need support?

No problem! Click the Contact Us page in the Member Portal or in our mobile app. You'll find answers to common FAQs. Or, just fill out a form to request help in non-emergency situations.



Submitting claims

We make the process easy.

To submit a claim.

We think you should see the right provider for your needs. So, no matter which provider you choose, we make the claim process quick and easy.

If you see an in-network provider, you don't have to submit a claim. We pay them directly. If you see an out-of-network provider, you can request Direct Pay from us before your appointment. This means you won't have to pay for services upfront or submit a claim for reimbursement. If you forget to request Direct Pay, you can always submit a claim form for reimbursement.

Here's how to do it:



Email, fax or mail

Download the Group Medical Coverage for Personal Travel claim form from the Claims section of the Member Portal or mobile app. Complete the claim form. Then send it to us by one of the following methods. You should submit your claim form to Blue Cross Blue Shield Global Solutions, not your Blue Cross and/or Blue Shield domestic plan. Be sure to include all supporting documents with the form. (For example, receipts from your doctor or hospital visit.)

- **Email:** claims@bcbsglobalsolutions.com
- **Fax:** +1 610 482 9623
- **Mail:** Blue Cross Blue Shield Global Solutions, Attn: Claims Department, P.O. Box 1748, Southeastern, PA 19399-1748, USA



Need to check the status of your claim?

Send an email to customerservice@bcbsglobalsolutions.com or call:

- Outside the U.S.: +1 610 263 2000
- Inside the U.S.: 833 511 4760

For optimal service, provide the following:

- Your name
- Group Access Code (on the cover of the guide)
- Company name
- Treatment date(s)
- Country where your treatment was provided



Understanding your benefits.

Know what your coverage includes.

It's important to read through your benefits now, before you need to use them. It gives you time to reach out to us if you have questions. Please review your benefit information below. And here's how you can contact us:



Customer service

Outside the U.S.: +1 610 263 2000

Inside the U.S.: 833 511 4760

Be sure to identify yourself as a
Group Medical Coverage for Personal Travel member.

Policy Maximums	Insurer Pays up to Per Insured Person
Trip Period Maximum Benefits	\$250,000
Period of Insurance Maximum Benefits	\$250,000
Benefits	Insurer Pays
Professional Services a. Surgery, anesthesia, radiation therapy, in-hospital doctor visits, diagnostic X-ray and lab b. Office visits: including X-rays and lab work billed by the attending physician	100%
Inpatient Hospital Services a. Surgery, X-rays, in-hospital doctor visits b. In-patient medical emergency	100%
Ambulatory Surgical Center	100%
Ambulance Service (non medical evacuation)	100% up to \$1,000
Benefits for Claims Resulting From Downhill (Alpine) Skiing and Scuba Diving (certification by the Professional Association of Diving Instructors [PADI] or the National Association of Underwater Instructors [NAUI] required or diving under the supervision of a certified instructor)	Limited to Trip Period Maximum or \$10,000, whichever is less
Outside Home Country Outpatient Prescription Drugs	100% of Covered Expenses
Dental Care Required Due to an Injury	100% of Covered Expenses up to \$200 with maximum per Trip Period
Dental Care for Relief of Pain	100% of Covered Expenses up to \$100 per Trip Period
Repatriation of Remains	Maximum Benefit up to \$25,000
Medical Evacuation	Maximum Benefit per Trip Period for all Evacuations up to \$250,000
Accidental Death and Dismemberment	Up to \$50,000 for each covered member
Bedside Visit	Up to \$1,500 for one person

Please note: Coverage exclusions include, but are not limited to: routine maternity care, mental health, substance abuse, congenital conditions, self-inflicted injuries, injuries due to drugs and alcohol, infusion therapy, radiation therapy and hemodialysis and outpatient physical therapy.

Please review your Certificate of Coverage carefully for a complete list of exclusions. A list of exclusions can also be found in this document.



Excluded services

Exclusions and limitations.

The Plan does not provide any benefits for:

1. Any amounts in excess of maximum amounts of Covered Expenses stated in this Plan.
2. Services not specifically listed in this Plan as Covered Services.
3. Services or supplies that are not Medically Necessary as defined by the Insurer.
4. Services or supplies that the Insurer considers to be Experimental or Investigative.
5. Services received before the Effective Date of coverage or during an inpatient stay that began before that Effective Date of Coverage.
6. Services received after coverage ends unless an extension of benefits applies as specifically stated under Extension of Benefits in the 'Who is Eligible for Coverage' section of this Plan.
7. Services for which the Insured Person has no legal obligation to pay or for which no charge would be made if he/she did not have a health policy or insurance coverage.
8. Services for any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.
9. Treatment or medical services required 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.
10. Services related to pregnancy or maternity care other than for complications of pregnancy that may arise during a Trip Coverage Period.
11. Conditions caused by or contributed by:
 - (a) The inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy;
 - (b) An Insured Person participating in the military service of any country;
 - (c) An Insured Person participating in an insurrection, rebellion, or riot;
 - (d) Services received for any condition caused by an Insured Person's commission of, or attempt to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation;
 - (e) An Insured Person, age 19 or older, being under the influence of alcohol or intoxicants or of illegal narcotics or non-prescribed controlled substances unless administered on the advice of a Physician.
12. Professional services received or supplies purchased from the Insured Person, a person who lives in the Insured Person's home or who is related to the Insured Person by blood, marriage or adoption, or the Insured Person's employer.
13. Inpatient or outpatient services of a private duty nurse.
14. Inpatient room and board charges in connection with a Hospital stay primarily for environmental change, physical therapy or treatment of chronic pain; Custodial Care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
15. 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.
16. Treatment of Mental, Emotional or Functional Nervous Conditions or Disorders.
17. Treatment of Drug, alcohol, or other substance addiction or abuse.
18. Dental services, dentures, bridges, crowns, caps or other dental prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically stated under Dental Care and/or Dental Care for Accidental Injury in the Benefits section of this Plan.
19. Dental and orthodontic services for Temporomandibular Joint Dysfunction (TMJ).
20. Orthodontic Services, braces and other orthodontic appliances.

21. Dental Implants: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
22. Hearing aids.
23. Routine hearing tests.
24. Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Plan.
25. An eye surgery solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
26. Outpatient speech therapy.
27. Any Drugs, medications, or other substances dispensed or administered in any outpatient setting except as specifically stated in this Plan. This includes, but is not limited to, items dispensed by a Physician.
28. Any intentionally self-inflicted Injury or Illness. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
29. Cosmetic surgery or other services for beautification, including any medical complications that are generally predictable and associated with such services by the organized medical community. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a newborn child, or to Medically Necessary reconstructive surgery performed to restore symmetry incident to a mastectomy.
30. Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical or psychiatric treatment or study related to sex change.
31. Treatment of sexual dysfunction or inadequacy.
32. All services related to the evaluation or treatment of fertility and/or Infertility, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and In vitro fertilization
33. All contraceptive services and supplies, including but not limited to, all consultations, examinations, evaluations, medications, medical, laboratory, devices, or surgical procedures.
34. Cryopreservation of sperm or eggs.
35. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
36. Services primarily for weight reduction or treatment of obesity including morbid obesity, or any care which involves weight reduction as a main method of treatment.
37. Routine physical exams or tests that do not directly treat an actual Illness, Injury or condition, including those required by employment or government authority.
38. Charges by a provider for telephone consultations.
39. Items which are furnished primarily for the Eligible Participant's personal comfort or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, etc.).
40. Educational services except as specifically provided or arranged by the Insurer.
41. Nutritional counseling or food supplements.
42. Durable medical equipment not specifically listed as Covered Services in the Covered Services section of this Plan. Excluded durable medical equipment includes, but is not limited to: orthopedic shoes or shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings.
43. Physical and/or Occupational Therapy/Medicine, except when provided during an inpatient Hospital confinement or as specifically provided under the benefits for Physical and/or Occupational Therapy/ Medicine.
44. All infusion therapy, radiation therapy and hemodialysis treatment together with any associated supplies, Drugs or professional services are excluded.
45. Growth Hormone Treatment.
46. Routine foot care including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized Illness, Injury or symptoms involving the feet.

47. Charges for which the Insurer are unable to determine the Insurer's liability because the Eligible Participant or an Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize the Insurer to receive all the medical records and information the Insurer requested; or (b) provide the Insurer with information the Insurer requested regarding the circumstances of the claim or other insurance coverage.
48. Charges for the services of a standby Physician.
49. Charges for animal to human organ transplants.
50. Under the medical treatment benefits, for loss due to or arising from a motor vehicle Accident if the Insured Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
51. Claims arising from loss due to riding in any aircraft except one licensed for the transportation of passengers.
52. Claims arising from participation in interscholastic or professional and/or nonprofessional club sports or sports event or participation in mountaineering, motor racing, speed contests, skydiving, hang gliding, parachuting, spelunking, heliskiing, extreme skiing or bungee cord jumping.
53. Treatment for or arising from sexually transmittable diseases. (This exclusion does not apply to HIV, AIDS, ARC or any derivative or variation.)
54. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Insured Person's Home Country; for loss of life or dismemberment due to a Sickness, disease or infection.
55. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment resulting directly or indirectly from the discharge, explosion, or use of any device, weapon, material employing or involving fission, nuclear fusion, or radioactive force, or chemical, biological radiological or similar agents, whether in time of peace or war, and regardless of any other causes or events contribution concurrently or in any other sequence there to.
56. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment caused by or contributed by (a) an act of war; (b) An Insured Person participating in the military service of any country; (c) An Insured Person participating in an insurrection, rebellion, or riot; (d) Services received

for any condition caused by an Insured Person's commission of, or attempt to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation;

57. Under the Repatriation of Remains Benefit and the Medical Evacuation Benefit provision, for repatriation of remains or medical evacuation of the Covered Accident in the U.S.
58. Treatment of Congenital Conditions.

Prescription drug exclusions and limitations.

Prescription Drug reimbursement is subject to and treated as part of any benefit maximums, limitations on Pre-existing Conditions or any other exclusions or limitations contained in this entire Plan. In addition, reimbursement will not be provided for:

1. Drugs and medications not requiring a Prescription, except insulin.
2. Non-medical substances or items.
3. Drugs and medications used to induce non-spontaneous abortions.
4. Contraceptive Drugs and devices prescribed for birth control.
5. Drugs and medications used for the purposes of sexual stimulation.
6. Dietary supplements, cosmetics, health or beauty aids.
7. Any vitamin, mineral, herb or botanical product, which is believed to have health benefits, but does not have Food and Drug Administration (FDA) approved indication to treat, diagnose or cure a medical condition.
8. Drugs taken while the Eligible Participant are in a Hospital, Skilled Nursing Facility, rest home, sanitarium, convalescent hospital or similar facility.
9. Any Drug labeled "Caution, limited by federal law to investigational use" or Non-FDA approved investigational Drugs, any Drug or medication prescribed for experimental indications (such as progesterone suppositories).
10. Syringes and/or needles, except those dispensed for use with insulin.

11. Durable medical equipment, devices, appliances and supplies.
12. Immunizing agent, biological sera, blood, blood products or blood plasma.
13. Oxygen.
14. Professional charges in connection with administering, injecting or dispensing of Drugs.
15. Drugs and medications dispensed or administered in an outpatient setting, including but not limited to outpatient hospital facilities and doctor's offices.
16. Drugs used for cosmetic purposes.
17. Drugs used for the primary purpose of treating infertility.
18. Drugs used for the purpose of treating hair loss.
19. Anorexiant or Drugs associated with weight loss.
20. Allergy desensitization products, allergy serum.
21. All Infusion Therapy is excluded under this Plan except as specifically stated in the Covered Services section.
22. Drugs for treatment of a condition, Illness, or Injury for which benefits are excluded or limited by a Preexisting Condition, or other contract limitation.
23. Growth Hormone Treatment.
24. Over the counter medications and Prescription Drugs with a non-prescription (over the counter) chemical and dose equivalent.
25. The replacement of lost or stolen Prescription Drugs.
26. Antihistamines.

Exception to Exclusions and Limitations for certain Cancer Drug treatment.

An exception is made to the Exclusions and Limitations for certain cancer drug treatment. If a drug has not yet received formal FDA approval for use in treating a specific cancer, but is recognized for treatment of that specific cancer in one of the following references, it will be covered; AMA Drug Evaluations, American Hospital Formulary Service Drug Information, U.S. Pharmacopoeia Drug Information, or recommended by review article or editorial comment in a major peer-reviewed professional journal. In addition, a service will not be considered experimental or investigational if it is part of a clinic trial program.



FAQs

You've got questions. We've got answers.

Q: How do I enroll in BCBS Global Solutions Group Medical Coverage for Personal Travel?

A: Your employer bought the plan for you. So, you're already covered! It also covers your dependents who are enrolled in your domestic Blue Cross and Blue Shield medical plan through your employer.

That means you and your covered dependents are covered by the plan whenever you travel outside the U.S. for up to 90 days per trip. This does not include any U.S. territory such as Puerto Rico or the U.S. Virgin Islands.

But there are some things for you to do to make sure you're all set up. The first step is to download and register for our mobile app and then the telemedicine app. It's important to do this before you travel. That way we can verify your eligibility before you use your policy while traveling. You'll also be able to access all the features of the apps. You'll find a lot of info that's helpful before you travel!

Q: Is there anything I should do before I travel?

A: Yes, the first step is to download and register for our mobile app and then the telemedicine app. It's important to do this before you travel. That way we can verify your eligibility before you use your policy while traveling. You'll also be able to access all the features of the apps. You'll find a lot of info that's helpful before you travel!

Q: What if my dependent (spouse, domestic partner, child) is on a different domestic medical plan than me? How do they get coverage under the Group Medical Coverage for Personal Travel plan from BCBS Global Solutions?

A: A dependent who's on a different domestic medical plan can buy international coverage directly from us. They should buy their plan before traveling. Visit bcbsglobalsolutions.com/individuals-and-families.

Depending on the plan they buy, the benefits may not be exactly the same as yours. But the plan will include certain important benefits. Like coverage for medically necessary evacuations and telemedicine services.

Q: How do I access my ID card?

A: You have a digital ID card for your plan. You can access it through the Member Portal and our mobile app. Your digital ID card shows your employer's name and Group Access Code.

You don't have to print your card. But be sure to always present your ID card when you receive healthcare services.

Please note: Your digital ID card is different than your Blue Cross and/or Blue Shield medical ID card.

Q: What is a Group Access Code and where do I find it?

A: Your Group Access Code is an identifier that tells BCBS Global Solutions which employer you belong to. You need it to create your profile on our Member Portal and mobile app so you can access your benefits. You can find the Group Access Code on the cover of this guide and other materials provided to you by your employer.

Q: What is the difference between the BCBS Global Solutions mobile app and the telemedicine app?

A: Our mobile app is like your personal travel guide. It helps you find pre-qualified licensed doctors and hospitals, translate medications into the local language, get alerts on local security conditions and more.

The telemedicine app is your telemedicine service. It puts you in touch with licensed doctors, 24/7/365, through your mobile phone or tablet. You can use the telemedicine app to find care without leaving your location. Rely on the app for non-emergencies such as a sore throat or flu-like symptoms. And there's another great feature. You don't have to worry about payment or filing a claim when you use the telemedicine app!

Q: Can I go to any doctor, hospital or medical facility if I need in-person medical care outside the U.S.?

A: Yes. You can visit any doctor, hospital or medical facility. You can use the provider finder on our Member Portal or mobile app to find a local provider. Providers with profiles in our provider finder are usually more familiar with BCBS Global Solutions. They often agree to bill us directly. That means you won't have to pay upfront and submit a claim later.

Of course, if it's a medical emergency, don't wait. Go to the nearest medical facility immediately and contact us as soon as you can so we can help you.

Q: Is my plan compatible with a high-deductible health plan?

A: This plan has a \$0 deductible for care while traveling outside the U.S. It could impact your ability to make the maximum HSA contribution. If you or your dependents plan on adding a large amount to your HSA or have big travel plans, you should consult your tax advisor.

Note: We provide the answer above for informational purposes only. It isn't intended to be legal or tax advice. If you have questions or concerns about an HSA account, please consult a professional advisor.

Q: Am I covered if I go on a cruise and I need to seek medical attention?

A: Yes, but only if your trip includes a stop outside the U.S. or if you get care on land outside the U.S. If you get medical care on a cruise ship in international waters, you need to file a claim for reimbursement. Make sure you include proper receipts and documentation with codes when you submit your claim.

Please note that the U.S. Virgin Islands and Puerto Rico are considered U.S. territories.

Examples:

- **Covered:** Cruise from U.S. to non-U.S. location: Miami to the Bahamas.
- **Not covered:** Cruise from U.S. to an onshore U.S. location: Miami to NYC.
- **Not covered:** Cruise from U.S. to another U.S. location offshore: Miami to U.S. Virgin Islands.

Q: My child is a covered dependent. If they travel on a study abroad or foreign exchange program, are they covered under this plan?

A: Your covered child dependent is covered with the benefits outlined in your plan. They're covered for up to 90 days per trip.

Please note that your plan doesn't cover certain benefits such as mental health services. But the health plans from the school or exchange program may include these services. So be sure to check what coverage they offer.

Q: Is COVID-19 testing and treatment covered under my plan?

A: COVID-19 is covered the same as any other illness under your policy. But there are certain services related to COVID-19 that aren't covered.

Covered:

- Medically prescribed testing.
- Medically necessary treatment.
- Medically appropriate evacuation and repatriation.

Not covered:

- COVID-19 vaccine.
- Non-medically necessary transportation costs due to COVID-19.
- Lodging and meal expenses for quarantining (e.g., in a hotel room or a medical facility).
- COVID-19 test as a requirement for travel (e.g., before flying).

It's a good idea to consult resources such as the U.S. State Department and Test for Travel. They can help you find out the latest guidance and possible restrictions before you travel.

Q: Can I obtain proof of health coverage if the country I am traveling to requires it?

A: Yes. Please call us at 833 511 4760 (inside the U.S.) or +1 610 263 2000 (outside the U.S.) to request a letter showing proof of health coverage.

Tip: Don't wait until the last minute! It can take up to two days for you to receive an email with proof of health coverage.



Say “yes”
to the
journey.

We’re with you every step of the way.
→ bcbsglobalsolutions.com



Phone

Outside the U.S.: +1 610 263 2000

Inside the U.S.: 833 511 4760



Email

Submit an inquiry through the Contact Us page on the Member Portal or mobile app.



Medical assistance

+1 484 679 6770

This plan is available to you and your dependents if you are enrolled in medical coverage with a Blue Cross and/or Blue Shield plan through your employer. If you or one of your dependents does not have Blue Cross and/or Blue Shield medical coverage, you can purchase an individual travel medical policy at bcbsglobalsolutions.com.

This pamphlet contains a brief summary of the features and benefits for insured participants covered under this health insurance plan. This is not a contract of insurance. Coverage is provided under an insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, IL (policy form series 54.1215). Complete information on the insurance is contained in the Certificate of Insurance which is on file with the company and is made available to all insured participants. If there is a difference between this program description and the certificate wording, the certificate controls.

Blue Cross Blue Shield Global Solutions 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 and is made available in cooperation with Independence Blue Cross. Blue Cross Blue Shield Global Solutions is a Brand owned by the Blue Cross and Blue Shield Association. Coverage is provided under insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, IL, NAIC #80985 under policy form series 54.1215. 4 Ever Life Insurance Company is an independent licensee of the Blue Cross and Blue Shield Association.

Apple and the App Store are trademarks of Apple, Inc., registered in the U.S. and other countries and regions. Google Play and the Google Play logo are trademarks of Google LLC.

Telemedicine services are provided by Teladoc Health, directly to members. Blue Cross Blue Shield Global Solutions 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.