



**BlueCross[®]
BlueShield**
Global



Welcome to Blue Cross Blue Shield Global Traveler Companion

International health coverage that goes with you
when you travel outside the U.S.

EMPLOYER: Massachusetts Bankers Association

PLAN YEAR: 2025

GROUP ACCESS CODE: QHG9999MABAN

Brought to you by the international
healthcare experts at

GeoBlue.

WELCOME TO YOUR INTERNATIONAL HEALTH PLAN

When you travel outside the U.S. for any reason, you'll have the protection and peace of mind of comprehensive international coverage, 24/7/365 support and convenient digital resources, brought to you by the international healthcare experts at GeoBlue®. GeoBlue is part of the Blue Cross® Blue Shield® family, so you can be sure that you are getting access to the right care at the right time.

BEFORE YOU TRAVEL

Prepare for your trip



DURING TRAVEL

Get care when you are traveling and learn how to use the convenient mobile tools



SUBMITTING A CLAIM

File a claim for reimbursement



YOUR BENEFITS

See what is covered under your plan



IMPORTANT CONTACTS

Phone numbers and other contact information you should know





BEFORE YOU TRAVEL

FOLLOW THESE STEPS FOR A SUCCESSFUL JOURNEY

It's important to get familiar with your plan, the key features and the digital self-service tools that can help you navigate any medical situation.

Download the Apps and Register

First, the GeoBlue mobile app



Second, the Global TeleMD app



Enter your employer's Group Access Code (on the front of this guide) when prompted on each app.

For the GeoBlue app, enter 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.

For the Global TeleMD app, only your Group Access Code is needed.

Important Tips!

- You must register for the GeoBlue mobile app before the Global TeleMD app
- Be sure to use the same email to register for both apps
- **For the GeoBlue app**, if you are registering a dependent, enter both the subscriber's and dependent's policy number

When calling GeoBlue for service, questions or assistance of any kind, please always be sure to let them know you are a BCBS Global Traveler Companion member.

Get to Know Your Plan

Your plan includes:



Coverage for employees with a Blue Cross and/or Blue Shield Plan and their covered dependents, even when dependents are traveling without the employee



Coverage for business or leisure travel outside the U.S.



Pre-departure program for health guidance before you travel



Global TeleMD™ telemedicine services available at no cost



Coverage for illness and injuries while traveling, including doctor visits, inpatient and outpatient services



Coverage for medically necessary prescription medication resulting from an illness or injury while traveling



Coverage for dental care for injuries or sudden onset of pain



Coverage for medically necessary evacuation and repatriation



Accidental death and dismemberment (AD&D) coverage



Emergency bedside visit from a family member or a loved one



Convenient digital tools and resources



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

View the benefits summary and exclusions and limitations, located on pages 6–8.



DURING TRAVEL

ACCESSING CARE

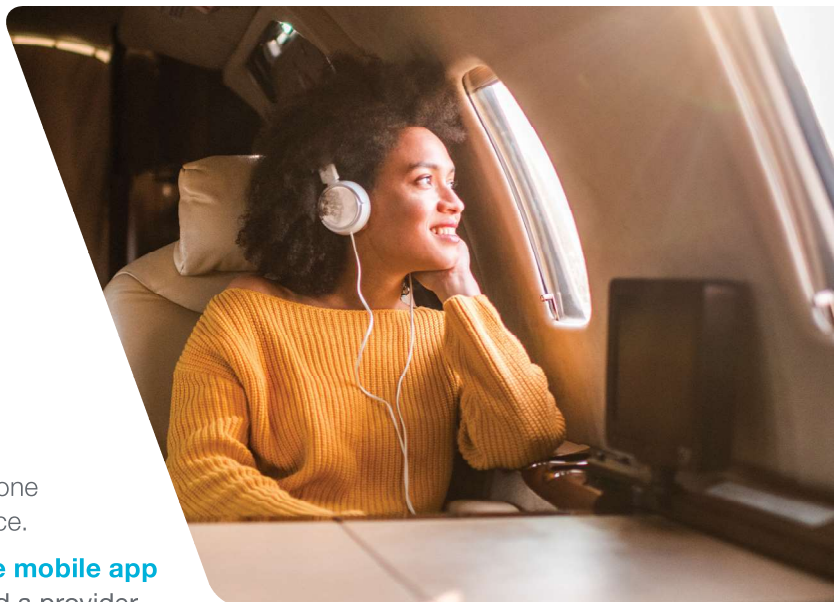
If it's a **non-emergency**, such as a sore throat, skin rash, or you are experiencing COVID-like symptoms, use the **Global TeleMD** telehealth app to speak with a doctor by phone or video from your location. There is no cost to use this service.

If you prefer to see a doctor in person, use the **GeoBlue mobile app** or log in to the Member Hub at www.geo-blue.com to find a provider near your location.

If it is a **true medical emergency**, go to the nearest hospital then contact GeoBlue when you are able. You can also find nearby hospitals through the GeoBlue mobile app and on the Member Hub as well.

To request direct payment to the provider so you don't have to pay upfront and claim for reimbursement

- Call **1-484-679-6770**
- You will be asked to confirm your Group Access Code or company name



Using Digital Tools

You get access to everything you need to navigate your care, right at your fingertips, from both the GeoBlue mobile app and Member Hub on www.geo-blue.com. You'll need to register to access all the features and get the full experience. Once you register for the mobile app, you are automatically registered for the Member Hub.



ID Card

Obtain an electronic copy of your ID card.



Provider Directory

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



Medical Term Translations

Translation tool for common healthcare terms and phrases.



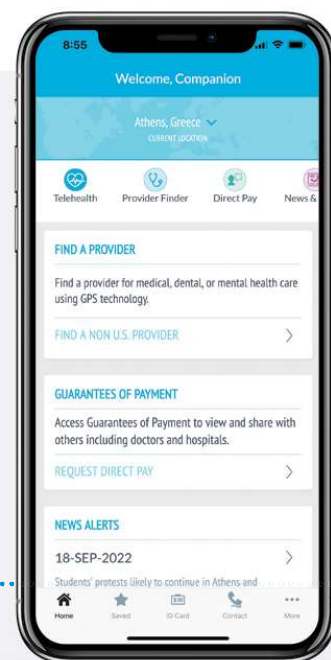
Medicine Equivalent Tool

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



News and Safety Information

Sign up for push notifications and alerts detailing the latest security and health issues based on your location.



Did you know?

You can access this member guide on your GeoBlue mobile app and on the Member Hub. Just sign in and go to *Resources & Documents* on the mobile app or *Coverage & Benefits* on the Member Hub.



SUBMITTING A CLAIM

Sometimes, it may be necessary to submit a claim instead of seeking direct payment with the provider or facility. If that's the case, you have a few options to submit your claim. Access the claim form and download it from the GeoBlue mobile app or Member Hub. **Use the claim form that reads, "Blue Cross Blue Shield Global Traveler Companion."** You should submit your claim form to GeoBlue, not your Blue Cross and/or Blue Shield Plan.

Be sure to include all supporting documentation along with the form, including any receipts from your doctor or hospital visit.

Submit your claim



By email: claims@geo-blue.com



By fax: +1-610-482-9623



By mail: GeoBlue, Attn: Claims Department,
P.O. Box 1748, Southeastern, PA 19399-1748, USA

CHECKING THE STATUS OF YOUR CLAIM

Send an email to customerservice@geo-blue.com or call

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

For optimal service, you should provide your name, group access code (located on the cover of this guide), company name, treatment date(s) and country where your treatment was provided.





YOUR BENEFITS

REVIEW THE INFORMATION BELOW TO UNDERSTAND THE BENEFITS AVAILABLE TO YOU.

If you have questions, contact GeoBlue customer service.

Outside the U.S. call **+1-610-263-2000** | Inside the U.S. call **1-833-511-4760**

*Be sure to identify yourself as a BCBS
Global Traveler Companion 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 carefully for a complete list of exclusions. A list of exclusions can also be found on pages 7-8 of this document.

EXCLUSIONS AND LIMITATIONS

Excluded Services

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.

EXCLUSIONS AND LIMITATIONS

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 is 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 non-professional 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.

FREQUENTLY ASKED QUESTIONS

Q: How do I enroll in Blue Cross Blue Shield Global Traveler Companion?

A: Your employer purchased the program for you. It also covers your dependents who are enrolled in your domestic Blue Cross Blue Shield medical plan through your employer. That means you and your covered dependents are covered by the program 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). However, the first step is to download and register for the GeoBlue and Global TeleMD mobile apps. (See page 2 of this guide for directions.) It is important to do this before you travel so your eligibility can be verified should you use your policy while traveling. Logging into the mobile app and online Member hub before you travel will also give you access to all the features of the program.

Q: What if my dependent (spouse, domestic partner, child) is on a different domestic medical plan than me? How do they get coverage under Blue Cross Blue Shield Global Traveler Companion?

A: In this case, your spouse, domestic partner or child who may be on a different domestic medical plan can purchase international coverage directly from GeoBlue before traveling internationally. Depending on the plan they purchase, the benefits may not be exactly the same, but certain important benefits, such as coverage for medically necessary evacuations and global telemedicine services, will be included.

Q: How do I access my ID card?

A: You have an electronic ID card for Blue Cross Blue Shield Global Traveler Companion. It can be accessed through the Member Hub and/or GeoBlue mobile app. Your electronic ID card displays your employer's name and group access code. It is not necessary to print your card but be sure to always present your ID card when you receive healthcare services. Please note that your Blue Cross Blue Shield Global Traveler Companion electronic 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 enables GeoBlue to know which employer you belong to. It also enables you to create your profile on the GeoBlue mobile app and Member Hub 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 GeoBlue mobile app and the Global TeleMD app?

A: The **GeoBlue mobile app** is like your personal travel guru. It helps you find pre-qualified local doctors and hospitals, translate medications into the local language, get alerts on local security conditions and more. The **Global TeleMD app** is your telemedicine service and puts you in touch with local doctors, 24/7/365, through your mobile phone or tablet. You can use the Global TeleMD app to seek care right from your location for non-emergencies such as a sore throat or if you are experiencing COVID-like symptoms. You also won't have to worry about payment or filing a claim when using the Global TeleMD app.

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

A: Yes. You can visit any doctor, hospital or medical facility. If you can, before you go it's best to use the provider finder on the GeoBlue mobile app or the Member Hub to find a local provider. Providers with profiles in our provider finder are typically more familiar with GeoBlue and often accept a guarantee of payment and direct payment from GeoBlue so you won't have to pay out of pocket and submit a claim later. Of course, if it is a medical emergency, go to the nearest medical facility immediately and contact GeoBlue as soon as you are able so they can assist you.

Q: Is Blue Cross Blue Shield Global Traveler Companion compatible with a high deductible health plan?

A: This program has a \$0 deductible for care while traveling outside the U.S. and could impact your ability to make the maximum HSA contribution. If you or your dependents plan on adding a substantial amount to your HSA or have significant travel plans, you should consult your tax advisor. This information is provided for informational purposes only and is not intended to be legal or tax advice. Should you need guidance with any questions or concerns about an HSA account, you should 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 when the itinerary includes a non-U.S. destination or if treatment was requested on land outside of the U.S. Services received by a medical provider on a cruise ship in international waters will be reimbursed via a claim with proper receipts and documentation with codes. Please note: 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: If my child, who is a covered dependent, travels on a study abroad or foreign exchange program, are they covered under this program?

A: Your covered child dependent is covered with the benefits outlined in the Blue Cross Blue Shield Global Traveler Companion program (for up to 90 days per trip). However, it's important to note that the Blue Cross Blue Shield Global Traveler Companion program does not cover certain benefits such as mental health services, which may be included in health plans offered by the school or exchange program. It's important to check with the school or exchange program to find out what coverage is offered.

Q: Is COVID-19 testing and treatment covered under Blue Cross Blue Shield Global Traveler Companion?

A: COVID-19 is covered the same as any other illness under your policy. However, there are certain services related to COVID-19 that are not 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](#) to find out the latest guidance and possible restrictions before you travel.

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

A: Yes. Please call GeoBlue at 1-833-511-4760 (inside the U.S.) or +1-610-263-2000 (outside the U.S.) to receive a letter showing proof of health coverage. Please note it can take up to two days for you to receive an email with proof of health coverage.



IMPORTANT CONTACT INFORMATION

Contact us *anytime, anywhere!*

REACH US WORLDWIDE 24/7/365:

Be sure to identify yourself as a Global Traveler Companion member when you contact us.

GeoBlue Customer Service



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



Inside the U.S.
1-833-511-4760



Email
customerservice@geo-blue.com



Medical Assistance
+1-484-679-6770



This benefit 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 geobluetravelinsurance.com.

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healthcare experts at

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