

GeoBlue Voyager[®]

Health Insurance and Assistance
for Single-trip International Travel

For more information:

Visit www.eGlobalHealth.com

Email info@eGlobalHealth.com

Call (813) 540-2156



Short-term
health
insurance



For U.S.
residents
traveling
abroad





Protect Your Health Around the World

What is GeoBlue Voyager®?

Travel health insurance that helps short-term leisure, student, business or missionary travelers identify access and pay for quality healthcare.

GeoBlue Voyager fills health and safety gaps internationally:

Insurance — Even if you are already enrolled in a health plan, your coverage is limited when you travel abroad. In fact, your plan may not pay to have you safely evacuated if you are critically ill.

Information — Where do you turn to learn which hospitals and physicians meet your standards? Keep up with breaking news about health and safety threats? Translate key medical terms and brand name drugs?

Access to quality care — How do you find a western-trained, English-speaking doctor with the appropriate skills? How do you arrange a convenient appointment?

Each GeoBlue Voyager plan includes broad, deep and reliable Global Health and Safety Services easily accessed through the web or our toll-free customer service center.

How To Enroll

Online with a credit card

visit: www.eGlobalHealth.com

e-mail: info@eGlobalHealth.com

By mail with a check

Global Risk Broker & Associates

650 Cleveland St

33755

Clearwater, Florida 33755

Attn: Derek Patterson

By phone

Inside the U.S. (813) 540-2156

Why Choose GeoBlue?

Better Coverage

- Our plans do not restrict illnesses or injuries resulting from a terrorist act.
- We do not impose pre-certification penalties for hospitalization.
- We provide coverage for pre-existing conditions for emergency medical transportation. Pre-existing conditions are also covered for medical services by our Choice plan.

A Better Kind of Care

Global travelers can leave home feeling confident that a trusted source of care is available at a moment's notice - no matter what town, country or time zone. Travel anywhere knowing that if your health is a concern, getting good care is not.

Money Back Guarantee

We are so confident in our products that we offer the best guarantee in the business!

If you are not completely satisfied with your purchase, notify us in writing indicating your desire to cancel. If you have not departed on your trip before the date of the communication, you will receive a full refund.

Medical Benefits	
Maximum Benefit per Insured Person per period of coverage >	Four Options: \$50,000; \$100,000; \$500,000; \$1,000,000
Deductible per Insured Person per period of coverage >	Four Options: \$0; \$100; \$250; \$500
After the Deductible is satisfied, benefits are paid for Covered Expenses as follows up to the Medical Limit:	

Benefits	Insurer Pays **	
	Essential	Choice*
Professional Services: Surgery, anesthesia, radiation therapy, inpatient doctor visits, X-ray and lab	100%	100%
Office visits, including X-rays and lab	100%	100%
Inpatient Hospital Services: Surgery, X-rays and lab	100%	100%
Inpatient medical emergency	100%	100%
Ambulatory surgical center	100%	100%
Ambulance service	100% up to \$1,000	
Claims resulting from downhill skiing and scuba diving	Maximum Benefit up to \$10,000	
Outpatient prescription drugs outside the U.S.	50% of Expenses up to \$5,000	100% of Expenses up to \$5,000
Dental care required due to an injury	100% of Covered Expenses up to \$200 maximum per trip period	100% of Covered Expenses up to \$500 maximum per trip period
Dental care for relief of pain	100% of Covered Expenses up to \$100 maximum per trip period	100% of Covered Expenses up to \$250 maximum per trip period
Physical and Occupational Therapy	6 visits per Period of Insurance. \$100 Max payment per visit.	

Other Benefits	Insurer Pays ***	
	Essential	Choice
Accidental Death and Dismemberment	Maximum Benefit Principal Sum up to \$25,000	Maximum Benefit Principal Sum up to \$50,000
Repatriation of Mortal Remains	Maximum Benefit up to \$25,000	
Emergency Medical Transportation	Maximum Benefit per Trip Period for all Emergency Medical Transportation up to \$500,000	
Emergency Family Travel Arrangements	Maximum Benefit per Trip Period up to \$2,500 for the cost of one economy round-trip airfare ticket to the place of the Hospital Confinement for one (1) person.	
Baggage & Personal Effects Coverage	Maximum benefit of \$500 per Trip Period and limited to \$100 maximum benefit per bag or Personal Effect	
Post Departure Trip Interruption	Maximum benefit of \$500 per Trip Period	

Please note: You can only purchase GeoBlue Voyager prior to departing on your trip.

The benefits outlined in the table show the payment percentages for Covered Expenses AFTER the Insured Person has satisfied their Deductible. Covered Expenses are based on Reasonable Charges which may be less than actual billed charges. Providers can bill the Insured Person for amounts exceeding Covered Expenses. GeoBlue Contracted Providers are contracted to accept Reasonable Charges. This plan is available to U.S. residents, age 74 or younger (84 or younger for the Choice plan), if they apply from the U.S. This is a nonrenewable plan. Subsequent periods of insurance can be purchased, in which case new Deductible, Eligibility and Pre-existing Condition Exclusions will apply.

* To be eligible for GeoBlue Voyager Choice, you must be enrolled in a primary health plan. See plan summary section for details.

** After Medical Benefit Deductible Is Paid

*** Without a Deductible Being Applicable



●● Cost Calculation

Rates are based on the deductible and medical limit you choose along with your age and the length of your trip. The plan pricing tables provide daily rates based on these variables.

Three easy steps to calculate your plan cost:

- Step 1 - Pick a plan deductible and medical limit from the rate tables on pages 6 and 7
- Step 2 - Find the corresponding daily rate based on the age of the enrollee
- Step 3 - Multiply the daily rate by the number of travel days required (7-day minimum)

Group Rates: 5+ travelers qualify for rates 10% lower. Contact us to sign up.

●● Cost Calculation Example

A 50-year-old traveler selecting a GeoBlue Voyager Choice plan with a \$250 deductible and a \$500,000 medical limit would pay a daily rate of \$3.65. For a 10-day trip, the plan cost would be $\$3.65 \times 10 = \36.50

Please Note:

If you purchase the GeoBlue Voyager Choice plan, you must be concurrently covered by a primary health plan (please see Plan Summary section on page 8 for a definition of a Primary Plan), and you are not subject to a Pre-existing Conditions exclusion (please see Pre-existing Conditions in the Exclusions section on page 12).



GeoBlue Voyager Essential

Daily Rate Table

Maximum Benefit >	\$50,000	\$100,000	\$500,000	\$1,000,000
Age				
\$0 Deductible				
0-18	\$ 0.93	\$ 1.00	\$ 1.05	\$ 1.07
19-29	\$ 1.29	\$ 1.37	\$ 1.44	\$ 1.46
30-39	\$ 1.65	\$ 1.74	\$ 1.84	\$ 1.86
40-49	\$ 2.35	\$ 2.49	\$ 2.61	\$ 2.66
50-59	\$ 3.17	\$ 3.36	\$ 3.53	\$ 3.59
60-64	\$ 4.69	\$ 4.99	\$ 5.23	\$ 5.32
65-69	\$ 5.88	\$ 6.24	\$ 6.54	\$ 6.66
70-74	\$ 9.40	\$ 9.98	\$ 10.46	\$ 10.64
75-84	n/a	n/a	n/a	n/a
\$100 Deductible				
0-18	\$ 0.82	\$ 0.91	\$ 0.95	\$ 0.97
19-29	\$ 1.13	\$ 1.26	\$ 1.30	\$ 1.33
30-39	\$ 1.45	\$ 1.61	\$ 1.66	\$ 1.70
40-49	\$ 2.07	\$ 2.28	\$ 2.37	\$ 2.43
50-59	\$ 2.79	\$ 3.09	\$ 3.20	\$ 3.28
60-64	\$ 4.14	\$ 4.57	\$ 4.75	\$ 4.85
65-69	\$ 5.18	\$ 5.71	\$ 5.93	\$ 6.07
70-74	\$ 8.28	\$ 9.12	\$ 9.48	\$ 9.70
75-84	n/a	n/a	n/a	n/a
\$250 Deductible				
0-18	\$ 0.76	\$ 0.84	\$ 0.88	\$ 0.90
19-29	\$ 1.04	\$ 1.14	\$ 1.22	\$ 1.24
30-39	\$ 1.31	\$ 1.46	\$ 1.54	\$ 1.56
40-49	\$ 1.88	\$ 2.08	\$ 2.21	\$ 2.25
50-59	\$ 2.54	\$ 2.80	\$ 2.97	\$ 3.03
60-64	\$ 3.76	\$ 4.16	\$ 4.41	\$ 4.49
65-69	\$ 4.70	\$ 5.21	\$ 5.51	\$ 5.62
70-74	\$ 7.53	\$ 8.33	\$ 8.82	\$ 8.99
75-84	n/a	n/a	n/a	n/a
\$500 Deductible				
0-18	\$ 0.67	\$ 0.75	\$ 0.82	\$ 0.84
19-29	\$ 0.92	\$ 1.03	\$ 1.12	\$ 1.14
30-39	\$ 1.18	\$ 1.30	\$ 1.44	\$ 1.47
40-49	\$ 1.68	\$ 1.86	\$ 2.05	\$ 2.09
50-59	\$ 2.27	\$ 2.51	\$ 2.76	\$ 2.82
60-64	\$ 3.36	\$ 3.72	\$ 4.10	\$ 4.19
65-69	\$ 4.21	\$ 4.65	\$ 5.12	\$ 5.23
70-74	\$ 6.72	\$ 7.43	\$ 8.19	\$ 8.37
75-84	n/a	n/a	n/a	n/a

Rates are based on the traveler's age and number of travel days (7-day minimum). Rates are available at the deductibles and medical limits shown.

GeoBlue Voyager Choice

Daily Rate Table

Maximum Benefit >	\$50,000	\$100,000	\$500,000	\$1,000,000
Age				
\$0 Deductible				
0-18	\$ 1.06	\$ 1.16	\$ 1.28	\$ 1.30
19-29	\$ 1.45	\$ 1.60	\$ 1.75	\$ 1.80
30-39	\$ 1.85	\$ 2.03	\$ 2.24	\$ 2.28
40-49	\$ 2.64	\$ 2.90	\$ 3.19	\$ 3.27
50-59	\$ 3.56	\$ 3.91	\$ 4.31	\$ 4.41
60-64	\$ 5.27	\$ 5.79	\$ 6.38	\$ 6.52
65-69	\$ 6.60	\$ 7.23	\$ 7.99	\$ 8.16
70-74	\$ 10.55	\$ 11.57	\$ 12.78	\$ 13.04
75-84	\$ 18.47	\$ 20.25	\$ 22.37	\$ 22.83
\$100 Deductible				
0-18	\$ 0.93	\$ 1.03	\$ 1.16	\$ 1.18
19-29	\$ 1.28	\$ 1.42	\$ 1.61	\$ 1.63
30-39	\$ 1.63	\$ 1.80	\$ 2.04	\$ 2.07
40-49	\$ 2.33	\$ 2.56	\$ 2.91	\$ 2.96
50-59	\$ 3.14	\$ 3.47	\$ 3.92	\$ 4.00
60-64	\$ 4.65	\$ 5.12	\$ 5.81	\$ 5.92
65-69	\$ 5.82	\$ 6.41	\$ 7.27	\$ 7.40
70-74	\$ 9.30	\$ 10.24	\$ 11.62	\$ 11.84
75-84	\$ 16.29	\$ 17.92	\$ 20.34	\$ 20.73
\$250 Deductible				
0-18	\$ 0.84	\$ 0.92	\$ 1.08	\$ 1.10
19-29	\$ 1.14	\$ 1.27	\$ 1.49	\$ 1.51
30-39	\$ 1.47	\$ 1.63	\$ 1.89	\$ 1.93
40-49	\$ 2.09	\$ 2.31	\$ 2.71	\$ 2.76
50-59	\$ 2.82	\$ 3.13	\$ 3.65	\$ 3.73
60-64	\$ 4.19	\$ 4.63	\$ 5.41	\$ 5.52
65-69	\$ 5.23	\$ 5.79	\$ 6.76	\$ 6.90
70-74	\$ 8.37	\$ 9.26	\$ 10.82	\$ 11.05
75-84	\$ 14.65	\$ 16.20	\$ 18.93	\$ 19.32
\$500 Deductible				
0-18	\$ 0.76	\$ 0.82	\$ 1.00	\$ 1.03
19-29	\$ 1.05	\$ 1.13	\$ 1.38	\$ 1.42
30-39	\$ 1.32	\$ 1.45	\$ 1.75	\$ 1.81
40-49	\$ 1.89	\$ 2.06	\$ 2.52	\$ 2.57
50-59	\$ 2.56	\$ 2.78	\$ 3.39	\$ 3.48
60-64	\$ 3.78	\$ 4.12	\$ 5.03	\$ 5.15
65-69	\$ 4.74	\$ 5.16	\$ 6.29	\$ 6.44
70-74	\$ 7.57	\$ 8.23	\$ 10.06	\$ 10.28
75-84	\$ 13.24	\$ 14.42	\$ 17.61	\$ 18.00

See the "Cost Calculation" guide on page 5 to help calculate your cost. Rates are subject to change without notice. Rates effective January 1, 2016.

Plan Summary

This **Plan description** provides a brief description of the types of benefits available under this Plan. It also contains many important terms (such as “Medically Necessary” and “Covered Expenses”) that are defined in the Certificate of Coverage. This description should be used only as a quick reference tool. The entire Certificate of Coverage sets forth, in detail, the rights and obligations of both the Insured Person and the Insurer. Therefore, it is important that the entire Certificate of Coverage be read carefully!

The **“Insurer”** of the Certificate of Coverage that funds this Plan is 4 Ever Life International Limited, Bermuda, rated A- (Excellent) by A.M. Best. 4 Ever Life International Limited, Bermuda, is an independent licensee of the Blue Cross Blue and Blue Shield Association.

The **“Administrator”** is GeoBlue, 933 First Avenue, King of Prussia, PA 19406.

The term **“Insured Person”** means the Eligible Participant who purchased the insurance plus his/her Dependents for whom coverage was purchased.

Persons Eligible for Coverage: Eligible Participants and their Eligible Dependents are the only people qualified to be covered by this Plan. An Eligible Participant is a member of a Group who has submitted an enrollment form, if applicable, and has paid the premium for the insurance. An Eligible Participant or an Eligible Dependent must also be: (a) a resident of the U.S., (b) under Age 85 and (c) enrolled in a Primary Plan. For more information on eligibility requirements for participants and dependents, please visit

www.geobluetravelinsurance.com/products/single-trip/voyager-5-eligibility.cfm.

Primary Plan is a Group Health Benefit Plan, an individual health benefit plan, or certain governmental health plan (including Medicare Supplements and Medicare Advantage plans) designed to be the first payor of claims for a Covered Person prior to the responsibility of this Plan. Medicaid, state run Medicaid programs, and Veterans Administration health benefit plans are not considered a primary plan under this Certificate of Coverage.

Trip Coverage Period Start Date: For a scheduled trip to a Foreign Country, the Insured Person’s coverage starts when he/she boards a conveyance at the start of the trip.

Trip Coverage Period End Date: Coverage ends: (1) for a scheduled trip to a Foreign Country, when the Insured Person alights from a conveyance at the completion of the trip; or (2) if the Insured Person is covered under the Emergency Medical Transportation Benefit, upon the Insured Person’s Emergency Medical Transportation to his/her Home Area.

Maximum Trip Coverage Period: Coverage for any one trip may not exceed 180 days.

Trip Coverage Period Maximum Benefit: The combined total of all medical benefits paid to the Insured Person is limited to the amount shown in the Matrix during each Period of Insurance and Trip Coverage Period.

Excess Coverage: This Plan will reduce the amount payable by the amount to which the Insured Person is entitled, whether or not a claim is made for the benefits, under any Other Plan. The Coverage Area is any place that is outside the United States.

Deductible: The Deductible amount per Insured Person per Period of Insurance is shown in the Matrix. This Deductible is the amount of Covered Expenses the Insured Person must pay for any Covered Expenses incurred for services received. The Deductible is waived for medical services provided by the GeoBlue International Healthcare Community of Providers.

GeoBlue International Healthcare Community consists of physicians, dentists, mental health professionals, other allied health professionals, hospitals, health systems and medical practices in countries throughout the world, all dedicated to providing high quality medical care to international travelers, employees and students. The providers are accessed through the GeoBlue online database or through GeoBlue customer service.

The **benefits of this Plan** will be provided for each Insured person for a covered Illness or Injury and those services that are Medically Necessary and for which the Insured Person has benefits. (The fact that a Physician prescribes or orders a service does not, by itself, mean that the service is Medically Necessary or that the service is a Covered Service.) The Insured Person may telephone the Administrator at the number shown on his/her identification card if he/she has any questions about whether services are covered.

Choice of Hospital and Physician: Nothing contained in this Plan restricts or interferes with the Eligible Participant’s right to select the Hospital or Physicians of the Insured Person’s choice. Also, nothing in this Plan restricts the Insured Person’s right to receive, at his/her expense, any treatment not covered by this Plan.

Benefits: An Insured Person is eligible for benefits only during the Trip Coverage Period. The benefits purchased will be paid by this Plan for Covered Expenses after the Insured Person has satisfied any Deductible and prior to satisfaction of his/her Out-of-Pocket Maximum. Covered Expenses are based on Reasonable Charges which may be less than actual billed charges. Providers can bill the Insured Person for amounts exceeding Covered Expenses. The combined total of all medical benefits paid to the Insured Person is limited to the maximum amount purchased.

Hospitals, Physicians and Other Providers: The amount that will be treated as a Covered Expense for services provided by a Provider will not exceed the lesser of actual billed charges or a Reasonable Charge. Exception: If Medicare is the primary payer, there are special rules that apply to the payment of benefits. See the Certificate of Coverage for these rules. The Insured Person will always be responsible for any expense incurred that is not covered under this Plan.

After the Deductible (if applicable) is satisfied, benefits are paid for Medically Necessary, Covered Expenses as follows:

For These Benefits - The Plan Pays:

Limited Benefits: This Plan pays: (1) for Ambulance Service (Nonmedical Emergency Medical Transportation), 100% up to \$1,000; (2) for claims resulting from (a) downhill (alpine) skiing and (b) scuba diving (certification by the Professional Association of Diving Instructors (PADI) or the National Association of Underwater Instructors (NAUI) or diving under the supervision of a certified instructor is required), 100% up to \$10,000; (3) for Outpatient prescription drugs outside the U.S., 50% (100% for the Choice plan) of Reasonable Charges for Covered Expenses; (4) for Dental Care required due to an Injury, 100% of Covered Expenses up to \$200 (\$500 for the Choice plan) maximum per Trip Period; and (5) for Dental Care for Relief of Pain, 100% of Covered Expenses up to \$100 (\$500 for the Choice Plan) maximum per Trip Period.

Services and Supplies Provided by a Hospital: For any eligible condition other than for Mental, Emotional or Functional Nervous Conditions or Disorders, Alcoholism or Drug Abuse; this Plan will pay the indicated benefits on Covered Expenses for: (1) inpatient services and supplies provided by the Hospital except private room charges above the prevailing two-bedroom rate of the facility and (2) outpatient services and supplies including those in connection with Outpatient surgery performed at an Ambulatory Surgical Center. Payment of Inpatient Covered Expenses is subject to services that are (1) regularly provided and billed by the Hospital and (2) provided only for the number of days required to treat the Insured Person’s Illness or Injury. Note: No benefits will be provided for personal items, such as TV, radio, guest trays, etc.

Professional and Other Services: This Plan will pay Covered Expenses for: (1) services of a Physician; (2) services of an anesthesiologist or an anesthetist; (3) outpatient diagnostic radiology and laboratory services; (4) radiation therapy and hemodialysis treatment; (5) surgical implants; (6) artificial limbs or eyes; (7) the first pair of contact lenses or the first pair of eyeglasses when

required as a result of a covered eye surgery; (8) self-administered injectable drugs; (9) syringes when dispensed with self-administered, injectable drugs (except insulin); (10) blood transfusions, including blood processing and the cost of unreplaced blood and blood products; (11) services for the detection and prevention of osteoporosis for qualified individuals; and (12) rental or purchase of medical equipment and/or supplies.

Complications of Pregnancy: Complications of Pregnancy are covered under this Plan as any other medical condition.

Treatment Received from Foreign Country Providers: Benefits for services and supplies received from Foreign Country Providers are covered. The Insured Person may seek the assistance of GeoBlue in locating a provider.

Accidental Death and Dismemberment Benefit: This Plan will pay the benefit stated below if an Insured Person sustains an Injury resulting in any of the losses stated below within 365 days after the date the Injury is sustained: Loss of life - 100% of the Principal Sum or Loss of one hand, one foot or the sight in one eye - 50% of the Principal Sum.

Loss of one hand or loss of one foot means the actual severance through or above the wrist or ankle joints. Loss of the sight of one eye means the entire and irrecoverable loss of sight in that eye.

If more than one of the losses stated above is due to the same Accident, this Plan will pay 100% of the Principal Sum. In no event will this Plan pay more than the Principal Sum for loss to the Insured Person due to any one Accident.

There is no coverage for loss of life or dismemberment for or arising from an Accident in the Insured Person's Home Country.

Repatriation of Mortal Remains Benefit: If an Covered Person dies, while traveling outside of his/her home country, the Insurer will pay the necessary expenses actually incurred, up to the Maximum Limit shown in the Benefit Overview Matrix, for the preparation of the body for burial, 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, visitation, burial or funeral expenses. Any expense for repatriation of remains requires approval in advance by the Plan Administrator.

The Insurer will not pay any claims under this provision unless the expense has been approved by the Administrator before the body is prepared for transportation.

This benefit is available only to Covered Persons who are traveling outside of their Home Country

The benefit maximum for all necessary repatriation of mortal remains services is listed in the Benefit Overview Matrix.

No benefit is payable if the death occurs after the Termination Date of this Certificate of Coverage. However, if the Covered Person dies while coverage is in effect, eligibility for this benefit continues until the earlier of the Termination Date of this Certificate of Coverage or 7 days after the Termination Date.

Emergency Medical Transportation Benefit: If a Covered Person suffers a sudden accident or unforeseen illness, resulting in a life-threatening/limb-threatening medical condition, and We, or Our designee's medical director, determines that adequate medical facilities are not available locally, We, or Our designee, will arrange for emergency medical transportation to the nearest or most appropriate provider capable of providing adequate care, without which there would be a significant risk of death or serious impairment. You must contact Us at the phone number indicated on Your identification card to begin this process.

In making our determinations, We, and/or Our designee, will consider the nature of the emergency, Your condition and ability to travel, as well as other relevant circumstances including airport availability, weather conditions, and distance to be covered.

Repatriation after Emergency Medical Transportation: Following any covered emergency medical transportation, We will pay for the following:

- If it is deemed appropriate by Our or Our designee's medical director, in consultation with the attending physician, You will be transferred to your original location, the location from which you were evacuated from, or to Your permanent residence.
- If it is Medically Necessary that Your transportation needs to be medically supervised a qualified medical attendant will escort You. Additionally, if We and/or Our designee determine a mode of transport other than economy class seating on a commercial aircraft is required, We or Our designee will arrange accordingly and such will be covered by Us.

Return of Dependent Children: If the Covered Person has minor children who are left unattended as a result of their injury, illness or medical evacuation, We or Our designee will arrange and pay for the cost of economy class one-way airfares, and an escort as may be reasonably required, for the transportation of such minor children to their Home Country or Country of Assignment.

General Limitations/ Exclusions for Emergency Medical Evacuation and Repatriation after an Emergency Medical Evacuation Benefits:

In addition to any of the general exclusions listed in Section VI. of this certificate, the following exclusions also apply to the Emergency Medical Transportation benefit:

1. Transportation shall not be considered Medically Necessary if We or Our designee's medical director determines that the Covered Person is receiving adequate care in their current location.
2. Transportation shall not be considered Medically Necessary if We or Our designee's medical director determines that the Covered Person can continue his/her trip or can use the original transportation arrangements that he/she purchased.
3. No more than one Emergency Medical Evacuation and/or Repatriation is allowed for any single medical condition of a Covered Member while covered under this Certificate.
4. No payment will be made for charges for:
 - a. services rendered without the authorization or intervention of Us or Our designee;
 - b. non-emergency, routine or minor medical problems, tests and exams where there is no clear or significant risk of death or imminent serious Injury or harm to You;
 - c. a condition which would allow for treatment at a future date convenient to You and which does not require emergency evacuation or repatriation;
 - d. expenses incurred if the original or ancillary purpose of Your trip is to obtain medical treatment;
 - e. Any expense for medical evacuation or repatriation if the Covered Member is not suffering from a Serious Medical Condition, and/or in the opinion of Our designee's medical director, the Covered Member can be adequately treated locally, or treatment can be reasonably delayed until the Covered Member returns to his/her Home Country or Country of Assignment.

Emergency Family Travel Arrangements Benefit: If the Insured Person is Hospital Confined due to an Injury or Sickness for more than 7 days while traveling outside the U.S., this Plan will pay up to a maximum benefit of \$2,500 for the cost of one economy round-trip airfare ticket to the place of the Hospital Confinement for one person designated by the Insured Person. This benefit is payable only once for a trip, regardless of the number of Insured Persons on that trip. No more than one visit may be made during any 12-month period. No benefits are payable prior to the end of the 7-day Hospital Confinement. No benefits are payable unless the trip is approved in advance by the Administrator.

Plan Summary (continued)

Lost Baggage and Personal Effects: Coverage is secondary to any coverage provided by a Common Carrier.

If Baggage or Personal Effects are lost, damaged or stolen, the Company will pay the loss, up to the maximum amount indicated on the Schedule of Benefits, provided You have taken all reasonable measures to protect, save and/or recover Your property at all times.

You must notify the appropriate local authorities at the place the loss occurred and inform them of the value and description of Your property within 24 hours after the loss. Finally, You must file written proof of loss with the Company within 90 days from the date of loss, except as otherwise prohibited by law, attaching copies of airline, cruise line or Common Carrier claims forms, original police reports, passport/visa reissuance receipts, an itemization and description of lost items and their estimated value, and all receipts, credit card statements, canceled checks, photos, or other appropriate documentation as may be required.

The baggage and personal effects must be owned by and accompany You at all times.

Property or losses not covered:

- Animals;
- Property used in trade, business or for the production of income, household furniture, musical instruments, prattle or fragile articles, or sporting equipment if the loss results from the use thereof;
- Boats, motors, motorcycles, motor vehicles, aircraft and other conveyances or equipment, or parts for such conveyances;
- Bicycles, skis, snowboards (except when checked with a Common Carrier);
- Eyeglasses, sunglasses, contact lenses, hearing aids, artificial teeth and limbs;
- Keys, money, securities, bullion, stamps, credit cards, and deeds;
- Documents or tickets, except for the administrative fees required to reissue tickets or documents;
- Property shipped as freight or shipped prior to Your Trip departure date;
- Rugs or carpets of any type;
- Perishables, medicines, perfumes, cosmetics and consumables;
- Property that is left in or on a car trailer;
- Property that is left in a vehicle if the vehicle is not properly secured;
- Damage due to electrical current, including electric arcing that damages or destroys electrical devices or appliances;
- Damage to the property resulting from defective materials or workmanship, ordinary wear and tear, and normal deterioration.

The plan will pay the lesser of:

- The maximum coverage available under the plan; or
- The actual purchase price of a similar item; or
- The cost to repair or replace the item.

No coverage will be provided for loss(es) due to any General Exclusion.

Please refer to the Schedule of Benefits for the maximum coverage amount available under Your plan.

For the purposes of this coverage, the following definitions apply:

Baggage means luggage and personal possessions, whether owned, borrowed or rented, taken by You on the Trip.

Personal Effects are items carried on your person while traveling and include items in a brief case, purse, pocketbook or backpack. Personal effects reimbursement includes, but is not limited to: items of clothing worn on your person, jewelry, passport, computer equipment, cameras and mobile devices.

Common Carrier means an entity licensed to carry passengers for hire on land, water or air, excluding vehicle rental companies.

Post Departure Trip Interruption: Post Departure Trip Interruption coverage provides a benefit up to the maximum shown amount shown on the Schedule of Benefits or Your Letter of Confirmation, if your trip is interrupted or must be discontinued for any of the following reasons:

- If, due to a covered Illness or Injury, which is so disabling as to cause a reasonable person to delay, cancel, or interrupt their Trip, We will pay for additional transportation expenses needed to reach the scheduled termination point of Your Trip or to travel from the place Your Trip was interrupted to the place where You can rejoin Your Trip. In the event You cannot continue your trip or if an academic program, cannot continue your program, We will pay for Your and Your Traveling Companion's return home from Your current location outside of the United States.
- If You are the victim of a Felonious Assault during Your Period of Coverage and You no longer can complete Your trip or program, We will pay up for You to return home from Your current location outside of the United States.
- If, due to a terrorist event or an imminent threat to personal safety, which is documented by a U.S. State Department Travel Warning, or a pandemic disease warning, which is document by the U.S. State Department or the Center for Disease Control, We will pay for additional transportation expenses needed to reach the scheduled termination point of Your Trip or to travel from the place Your Trip was interrupted to the place where You can rejoin Your Trip. In the event You cannot continue your trip or if an academic program, cannot continue your program, We will pay for Your return home from Your current location outside of the United States.

For all instances named above, We will pay up to the amount shown on the Schedule of Benefits for the cost of one economy round trip air fare ticket for You and Your Travel Companion to reach your destination. Amounts paid will not exceed the Maximum Benefit as stated in the Schedule of Benefits or the cost of economy airfare by the most direct route on the next available carrier, less any Refunds or credits paid to You for unused tickets.

Post Departure Trip Interruption benefits do not cover loss(es) due to:

1. You or a Traveling Companion: a) making changes to personal plans; b) having a business or contractual obligation; c) being unable to obtain necessary travel documents; or d) being detained or having property confiscated by any Customs authority;
2. Carrier caused delays (including bad weather);
3. Prohibition or regulation by any government; or travel arrangements canceled by the airline, cruise line or tour operator.

Please refer to the Schedule of Benefits for the maximum coverage amount available under Your plan.

For the purposes of this coverage, the following definitions apply:

Felonious Assault is an act of violence against You requiring medical treatment in a Hospital.

Traveling Companion is a person traveling with You and who shares the same accommodations and itinerary as You.

Exclusions: The Plan does not provide 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. Expenses incurred in the Home Country.
4. Services or supplies that are not Medically Necessary as defined by the Insurer.
5. Services or supplies that the Insurer considers to be Experimental or Investigative.

Plan Summary (continued)

6. Expenses incurred for elective treatment or elective surgery.
7. Services received before the Effective Date of coverage or during an inpatient stay that began before that Effective Date of Coverage.
8. 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.
9. 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 plan or insurance coverage.
10. 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.
11. 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.
12. Services related to pregnancy or maternity care other than for complications of pregnancy that may arise during a Trip Coverage Period.
13. 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 voluntarily using illegal drugs; intentionally taking over the counter medication not in accordance with recommended dosage and warning instructions; and intentionally misusing prescription drugs.
14. Any services provided by a local, state or federal government agency except when payment under this Plan is expressly required by federal or state law.
15. 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.
16. Inpatient or outpatient services of a private duty nurse.
17. 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.
18. 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.
19. 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.
20. Dental and orthodontic services for Temporomandibular Joint Dysfunction (TMJ).
21. Orthodontic Services, braces and other orthodontic appliances.
22. 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.
23. Routine hearing tests or hearing aids.
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 Emergency Medical Transportation Benefit, to the Repatriation of Mortal Remains Benefit and to the Emergency Family Travel Arrangements 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. All infusion therapy, chemotherapy, hemodialysis together with any associated supplies, Drugs or professional services are excluded.
44. Joint replacement or arthroplasty surgery of any kind.

Plan Summary (continued)

45. Surgical treatment to the spine, back, or discs of the spine, unless it is the result of an accident that occurred during the Trip Period.
46. Growth Hormone Treatment.
47. 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.
48. Charges for which the Insurer are unable to determine the Insurer's liability because the Eligible Participant or an Insured Person failed, within 90 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.
49. Charges for the services of a standby Physician.
50. Charges for animal to human organ transplants.
51. 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.
52. Loss arising from
 - a. participating in any intercollegiate/interscholastic sport, contest or competition;
 - b. participating in any intramural sport competition, contest or competition;
 - c. participating in any club sport competition, contest or competition;
 - d. participating in any professional sport, contest or competition;
 - e. while participating in any practice or condition program for such sport, contest or competition;
 - f. Racing or speed contests;
 - g. sky diving, mountaineering (where ropes are customarily used), ultra light aircraft, parasailing, sail planning, hang gliding, bungee cord jumping, spelunking, extreme skiing.
53. Claims arising from loss due to riding in any aircraft except one licensed for the transportation of passengers.
54. Treatment for or arising from sexually transmittable diseases. (This exclusion does not apply to HIV, AIDS, ARC or any derivative or variation.)
55. 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.
56. Under the Repatriation of Mortal Remains Benefit and the Emergency Medical Transportation Benefit provision, for repatriation of mortal remains or medical evacuation of the Covered Accident in the Covered Person's Home Country.
57. Treatment of Congenital Conditions.
58. Whenever coverage provided by this Certificate would be in violation of any U.S. economic or trade sanctions, such coverage shall be null and void.

Please note: You can only purchase this coverage prior to departing on your trip.

Pre-existing Conditions: Benefits are not available for any services received on or within 6 months (0 months for the GeoBlue Voyager Choice plan) after the Insured Person became insured if those services are related to a Pre-existing Condition. Pre-existing Condition means a medical condition for which medical advice, diagnosis, care, or treatment was recommended or received during the 6 months (0 months for the GeoBlue Voyager Choice plan) immediately preceding the Insured Person's Effective Date of Coverage. This exclusion does not apply to a Newborn who is enrolled within 31 days of birth or a newly adopted child who is enrolled within 31 days from either the date of placement of the child in the home or the date of the final decree of adoption. This exclusion does not apply to the Emergency Medical Transportation,

Repatriation of Mortal Remains and Emergency Family Travel Arrangements Benefits.

Notice of Claim: Within 20 days after an Insured Person receives Covered Services, or as soon as reasonably possible, he/she or someone on his/her behalf must notify the Administrator in writing of the claim.

Proof of Loss: Within 90 days after the Insured Person receives Covered Services, he/she must send the Administrator written proof of loss. If it is not reasonably possible to give written proof in the time required, the Administrator will not reduce or deny the claim for being late if the proof is filed as soon as reasonably possible. Unless the Insured Person is not legally capable, the required proof must always be given to the Administrator no later than one year from the date otherwise required.

Time Payment of Claims: Benefits for a loss covered under this Plan will be paid as soon as the Administrator receives proper written proof of such loss. Any benefits payable to the Insured Participant and unpaid at the Insured Participant's death will be paid to the Insured Person's estate.

Assignment of Claim Payments: The Administrator will recognize any assignment made under this Plan if it is duly executed on a form acceptable to the Administrator and a copy is on file with the Administrator. The Administrator assumes no responsibility for the validity or effect of an assignment.

This is a summary of the benefits provided in the certificate of coverage.

Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law. If you are a resident of California, Florida, Kentucky, New Jersey, New York, Ohio, Oklahoma or Pennsylvania see the FRAUD NOTICE at [geobluetravelinsurance.com/purchase/fraudAgreement.cfm](https://www.geobluetravelinsurance.com/purchase/fraudAgreement.cfm) for additional information.

About the Global Citizens Association: The Global Citizens Association is a national organization dedicated to promoting the interests of international travelers. Established more than 24 years ago, the GCA, is a not for profit affinity association located in Washington D.C., established to enhance global learning and lifestyles through safe and healthy world travel; to provide its members with useful international travel services and to make group international travel and health insurance coverages available to its members. Visit the GCA website (<https://www.gcassociation.org/>) to learn about the association's programs. This insurance is available only to GCA members and by enrolling, you will become a member. Association enrollment fees are included in the amounts charged for the insurance. You are not obligated to purchase any services or products from the GCA. The GCA is not affiliated with any insurance company.



The Administrator is **GeoBlue**
933 First Avenue
King of Prussia, PA 19406

Phone 1.855.481.6647

Visit www.geobluetravelinsurance.com

GeoBlue Voyager Enrollment Form

To pay by personal check, cashier's check or money order complete this form, otherwise sign up online at geobluetravelinsurance.com.

Insured Traveler Information

Please enroll me in the following plan: Essential Choice

Do you have a primary health plan*?: Yes No

\$ _____ \$ _____
Deductible Choice Medical Limit Choice

Enrollee's Name

Enrollee's Name \$ _____
Enrollee's DOB (mm/dd/yyyy) Plan Cost

Spouse's Name

Spouse's Name \$ _____
Spouse's DOB (mm/dd/yyyy) Plan Cost

Child's Name

Child's Name \$ _____
Child's DOB (mm/dd/yyyy) Plan Cost

Child's Name

Child's Name \$ _____
Child's DOB (mm/dd/yyyy) Plan Cost

TOTAL PLAN COST \$ _____
(see pricing tables on pages 6 and 7)

For additional children, please attach detailed sheet.
Price includes membership fee for the Global Citizens Association.

Please send fulfillment packet to:

First, Middle, Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail Address (optional) _____

*This is a requirement to be eligible for Voyager Choice. **Note:** VA and Medicaid do not satisfy the primary health plan requirement for Voyager Choice.

Trip Information

Departure Date _____ Return Date _____ Number of Days _____

Make check payable to Worldwide Insurance Services and return this form to

GeoBlue
933 First Avenue
King of Prussia, PA 19406

I understand that certain medical conditions are not covered. For details, refer to the "Exclusions" section of this brochure. I certify that the ages of insureds listed in this enrollment form are true and correct. I understand that failure to provide correct ages may affect my coverage. I acknowledge that I have read the fraud statements found in this brochure (if applicable). For Choice purchasers: I agree that all Travelers are currently covered by a primary health plan.

Beneficiary _____

Beneficiary's Relationship _____

Signature of Enrollee

Please read and sign below:

I declare to the best of my knowledge and believe that the information given in this enrollment form is true and complete. By signing and returning this form, I agree to become a member of the Global Citizens Association and acknowledge that any use of the Global Health and Safety Resources is subject to the terms and conditions set forth in the Membership Agreement which will be mailed to me with my welcome packet.

Signature of Enrollee

To find a doctor or healthcare information for your destination, please visit geobluetravelinsurance.com. Click on member login, click on register here, enter your certificate number and other details. Your certificate number will be included in your welcome packet.

Agent I.D. No. **24874** _____