

Your institution provides you access to GeoBlue's international health insurance plan. You can enroll online using a credit card. Visit the Resource Center on www.geobluestudents.com and enter your group access code listed below to review plan details and pricing.

Program Name: Dakota State University - Basic

Website: www.geobluestudents.com

Group Access Code: PCS-44605

Using Your Plan

Download the GeoBlue app to register

Download our app from the Apple, Amazon or Google Play app stores to put your plan in the palm of your hand:

- Display an electronic ID card
- Locate Blue Cross and Blue Shield providers and hospitals within the U.S.
- Access global health and safety tools including translations, drug equivalents, news and safety information
- Submit and track claims

You can also register online at www.geobluestudents.com.

Visit the Member Hub

Visit the Member Hub on www.geobluestudents.com to view important plan information, submit claims and access convenient self-service tools.

Get your ID card

It is important to have your GeoBlue ID card to access healthcare services; you will need to present your ID card whenever you receive medical care. This card can be accessed from multiple sources:

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

Submit claims

Submit claims electronically through the app or through the Member Hub on www.geobluestudents.com. If you prefer to submit a claim via postal mail, click "How to File a Claim" in the Member Hub on www.geobluestudents.com to download the appropriate claim form.

Questions?

Contact us for assistance:

Inside the U.S. call **1-844-268-2686**

Outside the U.S. call **+1-610-263-2847**

customerservice@geo-blue.com

Getting Care

What do I do in the event of a medical emergency?

If you have an emergency, dial 911 or go to the closest Emergency Room immediately. If you're not sure whether your situation is an emergency, dial 911 and let the call-taker determine if you need emergency help.

Once you are safe, contact us toll free within the U.S. 1-800-257-4823.

Student health center

Student health centers are a convenient healthcare option for basic health services. Consult your school's resources for more specific information about the care available to you, location(s) and hours. If you choose to receive care from your student health center, coinsurance, copayments and/or deductibles may be waived.

Finding a provider

If you need care outside of what is available from your institution, you also have access to the Blue Cross and Blue Shield network within the U.S., Puerto Rico, and U.S. Virgin Islands. To find a doctor or facility, visit the "Provider Finder" section in the Member Hub on www.geobluestudents.com or in the app.

Contact us for assistance:

- Toll free within the U.S. call 1-844-268-2686
- customerservice@geo-blue.com

Scheduling an appointment with a Blue Cross and Blue Shield provider

Call the provider to confirm they are in network and schedule your appointment. At the time of service, you will need to show the provider your GeoBlue ID card and tell them you are covered by Blue Cross and Blue Shield.

Using an out-of-network provider

This typically results in a higher coinsurance and may result in additional costs to you. If you receive care from an out-of-network provider, you may need to pay out-of-pocket and submit a claim for reimbursement.

Prescription benefits

Present your ID card at any participating pharmacy and you will be charged in accordance with your plan benefits.*

*Certain limitations and exclusions apply to your coverage under this plan and may affect your coverage. Your Certificate of Insurance is on file with your school and in the Member Hub on www.geobluestudents.com.

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued in the District of Columbia by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association.

This coverage is offered to the members of the Global Citizens Association, Washington, D.C.

Your Quick Guide to GeoBlue®

Dakota State University-Inbound 2019-2020

	ANNUAL: 8/1/19 - 7/31/20		FALL: 8/1/19-12/31/19		SPRING/SUMMER: 1/1/20-7/31/20	
	BASIC PLAN Group Rate	ENHANCED PLAN Group Rate	BASIC PLAN Group Rate	ENHANCED PLAN Group Rate	BASIC PLAN Group Rate	ENHANCED PLAN Group Rate
14 to 24	\$757.20	\$927.00	\$315.50	\$386.25	\$441.70	\$540.75
25 to 30	\$922.80	\$1,130.40	\$384.50	\$471.00	\$538.30	\$659.40
31 to 40	\$1,246.20	\$1,526.40	\$519.25	\$636.00	\$726.95	\$890.40
41 to 50	\$2,491.80	\$3,052.20	\$1,038.25	\$1,271.75	\$1,453.55	\$1,780.45
51 to 64	\$3,691.20	\$4,521.60	\$1,538.00	\$1,884.00	\$2,153.20	\$2,637.60
65 +	\$6,367.80	\$7,800.00	\$2,653.25	\$3,250.00	\$3,714.55	\$4,550.00
Spouse	\$4,153.20	\$4,344.00	\$1,730.50	\$1,810.00	\$2,422.70	\$2,534.00
Child	\$2076.60	\$2,443.80	\$865.25	\$1,018.25	\$1,211.35	\$1,425.55

BASIC and ENHANCED PLAN Benefits†

Coverages	BASIC PLAN Limits- Covered Person		ENHANCED PLAN Limits- Covered Person	
Medical Benefit				
Coverage Year Limit	\$500,000		\$1,000,000	
Coverage Year Deductible	\$500 per Coverage Year		\$500 per Coverage Year	
Coverage Year Out-of-Pocket Limit: Deductibles, Copayments, and amounts above the maximums do not apply toward the Out-of-Pocket Limit.	After a \$5,000 Out-of-pocket Limit per Coverage Year, Insurer pays the Reasonable Expenses at 100%		After the Covered Person reaches a \$2,500 Out-of-pocket Limit per Coverage Year, the Insurer pays the Reasonable Expenses at 100%	
	In- Network Limits	Out-of-Network Limits	In-Network Limits	Out-of-Network Limit
Physician Office Visits	80% of the Negotiated Rate after a \$20 Copayment per visit	60% of Reasonable Expenses	100% of Negotiated Rate after a \$20 copayment per visit	80% of Reasonable Expenses
Hospital and Physician Outpatient Services/ Inpatient Hospital Services	80% of the Negotiated Rate after a \$250 Copayment per visit	60% of Reasonable Expenses	100% of Negotiated Rate after a \$50 copayment per visit	80% of Reasonable Expenses
Emergency Hospital Services If admitted to Hospital, then 100% of Copayment waived	80% of the Negotiated Rate after a \$250 Copayment per visit	60% of Reasonable Expenses	100% of Negotiated Rate after a \$250 copayment per visit	80% of Reasonable Expenses
Outpatient prescription Drugs	Limited to a 31-day supply for initial fill or refill.		80% of the Actual Charge. Limited to a 31-day supply for initial fill or refill.	
Generic Drugs/Brand Name Copays	All except a \$10/\$20 Copayment		No Co-pay	
Other Included Services				
Global Assistance Services	Emergency Medical and Travel Assistance services provided, including coordination of all evacuations and repatriations if needed		Emergency Medical and Travel Assistance services provided, including coordination of all evacuations and repatriations if needed	
Pre-existing Condition Limitation	The Insurer does not pay benefits for loss due to a Pre-existing condition during the first 6 months of coverage		The Insurer does pay benefits for loss due to a Pre-existing condition	

† This is an abbreviated benefit description. A complete table of benefits is available on the enrollment portals.

¹ If there is a charge for visits to, or medical services, treatments and supplies received from, a Recognized Student Health Center for an Injury or a Sickness, benefits for those visits, medical services, treatments and supplies will be paid at 100% of Reasonable Expenses with no Copayment.

² Pre Existing Condition means any Injury or Sickness for which a Physician was consulted or for which treatment or a medication was recommended or received up to 6 months prior to the Covered Person's effective date of coverage.

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