



When you're leaving home to travel the world...
**You deserve peace of mind
that travels with you.**

GeoBlue® Individual and Family Plans

Single and Multi-Trip Travel Medical Plans
for When You Leave the U.S.





Yes, You Need Travel Medical Insurance

You may have great coverage in the U.S., but most of those benefits don't extend overseas. If you need medical attention when you're traveling, it could be difficult to find the right care—and you may have no coverage and face unexpected medical bills. Why take the chance?

INTERNATIONAL HEALTHCARE
COVERAGE
FROM GEOBLUE IS DESIGNED TO
MAKE IT EASY FOR YOU
TO ACCESS CARE WHILE TRAVELING
THE WORLD.



Powered by technology

Our mobile app helps you locate care anywhere in the world, offers access to unlimited telemedicine visits, provides medicine equivalents, alerts you to local security and health issues and more.



Personalized by people

Our in-house medical assistance team is always just a click or call away, 24/7/365.



Our health insurance plans are specifically designed for international travel. They cover important needs like medically necessary evacuations which can cost you thousands of dollars out of pocket and are typically not covered by your U.S. medical plan.



ENROLL NOW

Coverage with GeoBlue is simple, convenient, comprehensive—and more affordable than you may think. Plans start at less than \$2 a day for \$1 million in coverage. **Take us with you and travel with confidence.**

[Get a quote](#)

Single Trip: Voyager Plans

Provide coverage for:

Single trips outside of the U.S. up to 6 months in length



Our most popular plans with options that cover pre-existing medical conditions.



Individuals and families traveling for summer vacation, spring break or the holidays



Students or teachers going abroad for a semester



Business travelers taking a single trip to their work or client site



Missionaries engaged in religious, educational or service work lasting a few months

[Get a quote](#)

Multi-Trip: Trekker Plans

Provide coverage for:

Multiple trips outside of the U.S. (up to 70-day trip length) within a 12-month period



Travelers who take multiple trips throughout the year.



Leisure travelers who take multiple vacations throughout the year



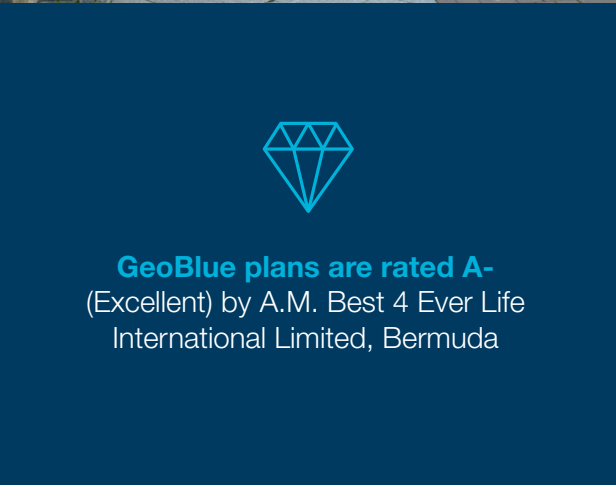
Business people who travel back and forth from the U.S. to their work or client site



Early retirees/Medicare subscribers who take multiple trips outside the U.S. in a year



We're so confident in our products that we offer the best guarantee in the business! If you have not yet departed on your trip, or if it's any date prior to your effective date of coverage, you may request a full refund of premium from GeoBlue.



Easily access quality healthcare when you leave the U.S.

From **unlimited telemedicine** to **hospitalization** to **evacuation**, all travel medical plans provide:



Essential coverage that most domestic plans don't cover outside the U.S., including medical evacuation and repatriation



Coverage of medically necessary COVID-19 testing and treatment



24/7/365 telemedicine consults from anywhere in the world, at no additional cost



Access to doctors and hospitals in 190 countries



Coverage up to age 95



Plan options that include coverage of pre-existing conditions



No medical underwriting



Discounts on 5 or more travelers



Protection for dollars a day in as little as 5 minutes

Find the plan that's right for you

First determine if you're a Voyager or a Trekker. Then see how the Choice and Essential plans compare and visit geobluetravelinsurance.com to enroll.

Travel Medical Plans				
	Voyager Choice	Voyager Essential	Trekker Choice	Trekker Essential
Eligibility				
Coverage for length of trip	Up to 182 days		Unlimited number of trips in a 364-day period (covers up to the first 70 days of a trip)	
Primary health plan required	Yes	No	Yes	
Discounts offered for groups of 5 or more?	Yes		No	
Age Limit				
Family coverage available	Available		Available (enrolled dependents are covered on independent travel separate from primary purchaser)	
Benefits		Medical Limits and Deductibles		
Maximum Benefit per Insured Person per policy period	Options include \$50,000; \$100,000; \$500,000; \$1,000,000		\$1,000,000 (For Individuals aged 70-95, the Maximum Medical Benefit for GeoBlue Trekker Choice is \$100,000)	\$500,000 (For Individuals aged 70-95, the Maximum Medical Benefit for GeoBlue Trekker Essential is \$100,000)
Deductible per Insured Person per policy period	Options include \$0; \$100; \$250; \$500		\$100*	\$200*
Inpatient & Outpatient Benefits		Benefits are paid for Covered Expenses as follows up to the Medical Limit Insurer Pays After Deductible is Met:		
Professional Services				
a. Surgery, anesthesia, in-hospital doctor visits, diagnostic X-ray and lab		100%		
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		100%		
b. Inpatient medical emergency		100%		
Ambulatory Surgical Center		100%		
Ambulance Service (non-Medical Evacuation)		100% up to \$1000		

*Deductible waived for physician and hospital services delivered by GeoBlue contracted providers.

Find the plan that's right for you (continued)

	Voyager Choice	Voyager Essential	Trekker Choice	Trekker Essential
Prescriptions, Dental Care, and Physical Therapy				
Insurer Pays After Deductible is Met				
Outside the U.S. Outpatient prescription drugs	100% of Reasonable charges up to \$5,000	50% of Reasonable charges up to \$5,000	100% of Reasonable Charges up to \$5,000	100% of Reasonable Charges up to \$2,500
Dental Care required due to an Injury	100% of Reasonable Charges with a maximum benefit of \$500 per Trip Period	100% of Reasonable Charges with a maximum benefit of \$300 per Trip Period	100% of Reasonable Charges up to \$300 maximum per Trip Period	100% of Reasonable Charges up to \$100 maximum per Trip Period
Dental Care for Relief of Pain	100% of Reasonable Charges with a maximum benefit of \$250 per Trip Period	100% of Reasonable Charges with a maximum benefit of \$250 per Trip Period	100% of Reasonable Charges up to \$300 per Trip Period	100% of Reasonable Charges up to \$200 per Trip Period
Physical and Occupational Therapy	6 visits per Period of Insurance, \$100 Maximum			6 visits per Period of Insurance, \$50 Maximum payment per visit
Travel Assistance Benefits				
Insurer Waives Deductible				
Accidental Death and Dismemberment	Maximum Benefit Principal Sum up to \$50,000	Maximum Benefit Principal Sum up to \$25,000	\$25,000	\$0
Repatriation of Remains	Maximum Benefit up to \$25,000		\$25,000	\$15,000
Emergency Medical Transportation	Maximum Benefit per Trip Period for all Evacuations up to \$500,000		\$500,000	\$250,000
Emergency Family Travel Arrangements	Maximum Benefit per Trip Period up to \$2,500 for the cost of one economy round trip air fare ticket to the place of the Hospital Confinement for one (1) person			
Lost Baggage & Personal Effects Coverage	Maximum benefit of \$500 per Trip Period and limited to \$100 maximum benefit per bag or Personal Effect			N/A
Post Departure Trip Interruption Transportation	Maximum benefit of \$1,000 per Trip Period		N/A	
Post Departure Trip Interruption Quarantine Coverage	Lodging & Incidentals Maximum benefit of \$50 per day, up to 10 days	Lodging & Incidentals Maximum benefit of \$25 per day, up to 10 days	N/A	
Hazardous Activities	Benefits for claims resulting from downhill (alpine) skiing and scuba diving at a depth of 20 meters or less (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) Insurer Pays After Deductible is Met			
	Maximum Benefit up to \$25,000			
Additional Services				
Included With All Plans				
Telemedicine				
24/7/365 Global Service Center Customer Support				
Digital Tools (medical translations, health & safety alerts and more)				
Global Service Center Critical Assistance Team				

Mental Health and Substance Abuse are covered up to policy max as any other benefit.
For additional plan details, view the Plan Description on geobluetravelinsurance.com.

Why Choose GeoBlue



Peace of mind — Even if you're already enrolled in a domestic health plan, your coverage is limited when you travel abroad. In fact, your plan may not pay to have you safely evacuated if you're critically ill. In addition to the administrative and logistical challenges, these situations can cost an unprotected traveler hundreds of thousands of dollars. With GeoBlue plans, you can travel with peace of mind, knowing you're covered. No matter where you go, support is just a call or click away.



Flexible plan options — We have plans to cover every international need, from leisure travel and expatriate to mission and workplace options—and you might be surprised at how affordable coverage can be.



Digital tools — The GeoBlue mobile app puts access to comprehensive coverage right in the palm of your hands. Get detailed profiles of carefully selected primary care physicians and specialists (as well as a broad range of hospitals, pharmacies and dentists), look up medical translations and medicine equivalents and get directions—all from the app.



Access to quality care — With GeoBlue, leaving the U.S. doesn't mean leaving behind familiar medical care if you need it. While our global medical network includes hand-selected providers in 190 countries, many of whom are Western-trained and English-speaking, you also have the freedom to choose any international doctor or facility for services. You can also talk with a doctor from anywhere in the world from your mobile phone or tablet through unlimited telemedicine services. And our Global Service Center is available 24/7/365 to answer questions about accessing care or health concerns or coordinate medication evacuation/repatriation.



Exclusions

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.
6. Expenses incurred for elective treatment or elective surgery which can safely be done after the Covered Person returns to their Home Country.
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 Covered 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.
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 Covered 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) A Covered Person participating in the military service of any country; (c) A Covered Person participating in an insurrection, rebellion, or riot; (d) Services received for any condition caused by a Covered Person's commission of, or attempt to commit a felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation; (e) A Covered 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 Covered Person, a person who lives in the Covered Person's home or who is related to the Covered Person by blood, marriage or adoption, or the Covered 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. Treatment of Mental, Emotional or Functional Nervous Conditions or Disorders. – not applicable to Voyager Choice and Voyager Essential plans
20. Treatment of Substance Abuse including drug and alcohol abuse or addiction. – not applicable to Voyager Choice and Voyager Essential plans
21. 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 for Relief of Pain and/or Dental Care for Accidental Injury in the Benefits section of this Plan.
22. Dental and orthodontic services for Temporomandibular Joint Dysfunction (TMJ).
23. Orthodontic Services, braces and other orthodontic appliances.
24. 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.
25. Routine hearing tests or hearing aids.
26. Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Plan.
27. An eye surgery solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
28. Outpatient speech therapy.
29. 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.
30. Any intentionally self-inflicted Injury or Illness. This exclusion does not apply to the Emergency Medical Evacuation Benefit, to the Repatriation of Mortal Remains Benefit and to the Bedside Visit Benefit.
31. 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.
32. 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.
33. Treatment of sexual dysfunction or inadequacy.

Exclusions (continued)

34. 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.
35. Cryopreservation of sperm or eggs.
36. All contraceptive services and supplies, including but not limited to, all consultations, examinations, evaluations, medications, medical, laboratory, devices, or surgical procedures.
37. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
38. 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.
39. Routine physical exams or tests that do not directly treat an actual illness, injury or condition, including those required by employment or government authority.
40. Charges by a provider for telephone consultations.
41. 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.).
42. Educational services except as specifically provided or arranged by the Insurer.
43. Nutritional counseling or food supplements.
44. 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.
45. All infusion therapy, chemotherapy, radiation therapy, hemodialysis together with any associated supplies, Drugs or professional services are excluded.
46. Joint replacement or arthroplasty surgery of any kind.
47. 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.
48. Growth Hormone Treatment.
49. 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.
50. Charges for which the Insurer are unable to determine the Insurer's liability because the Eligible Participant or a Covered 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.
51. Charges for the services of a standby Physician.
52. Charges for animal to human organ transplants.
53. Under the medical treatment benefits, for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
54. 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. SCUBA diving in excess of 20 meters in depth;
 - h. sky diving, mountaineering (where ropes or climbing gear are customarily used), ultra-light aircraft, parasailing, sailplaning, hang gliding, bungee cord jumping, spelunking, or extreme skiing.
55. Claims arising from loss due to riding in any aircraft except one licensed for the transportation of passengers.
56. Treatment for or arising from sexually transmittable diseases. (This exclusion does not apply to HIV, AIDS, ARC or any derivative or variation.)
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 Covered Person's Home Country.
58. 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. – not applicable to Trekker Essential plans
59. Treatment of Congenital Conditions.
60. 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.

Disclaimer - This is intended to be a sample benefit schedule. Changes may occur to benefits, rates and terms annually.
If there is a difference between this brochure and the Certificate of Coverage, the Certificate is the controlling document.



“Every time we call with a problem, your staff is so pleasant and helpful. It relieves much stress from living overseas knowing that you won’t have a problem with insurance issues.”

- Carrie T.



“Everything works fast and perfectly. I received all the information on my app. It is amazing how you managed all the paperwork and process.”

- Fabiola H.



“Great product for families who live abroad, but are also back in the U.S./ have other children in the U.S. [It’s] hard to find products which provide excellent service in both the U.S. and abroad. Great network coverage as well.”

- Susan N.



“You’re great—I have not had a single customer service experience that was below amazing, sympathetic, and helpful — you are absolutely and without a doubt incredible and wonderful!”

- Patrick T.

Wherever your travels outside the world take you, we’re there for you.

Contact Us:

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[Email](#)
[Call](#)

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 by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association.

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