



Group Medical Coverage for Academic Travel: U.S. Outbound

Understanding your benefits.

Travel with confidence knowing we've got your back.

Wake Forest University
May 1, 2026 - April 30, 2027



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

Your plan: Group Medical Coverage for Academic Travel: U.S. Outbound

- For members studying outside the U.S.
- Worldwide coverage



Welcome to your health plan!

Managing your health while studying abroad doesn't have to be complicated. Blue Cross Blue Shield Global SolutionsSM (BCBS Global SolutionsSM) offers coverage and tools that make it easy for you to access care so you can take charge of your health. Here's what you need to get started.

What your plan includes:*

- Care for inpatient, outpatient and emergency visits
- Care for preventive and well visits
- 24/7/365 unlimited access to free doctor consultations by telephone or video
- Pre-departure program for health guidance before you travel
- Medically necessary evacuation and repatriation
- Assistance during political unrest or natural disasters (plan dependent)[†]
- Wellness programs to support physical and mental well-being
- Prescription benefits[‡]
- Emergency bedside visit

3 easy ways to connect to care



Telemedicine services at no cost, anytime, anywhere



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



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

When your studies involve travel, you're not just covered—*you're cared for.*

*Refer to your plan coverage for your full list of benefits.

[†]Just call the number on your ID card if support is needed. View your Certificate of Coverage for exclusions and limitations.

[‡]Certain limitations and exclusions apply to your coverage under this plan and may affect your coverage. Your Certificate of Coverage is on file with your institution and in the Member Portal on [bcbsglobalsolutions.com](https://www.bcbsglobalsolutions.com).



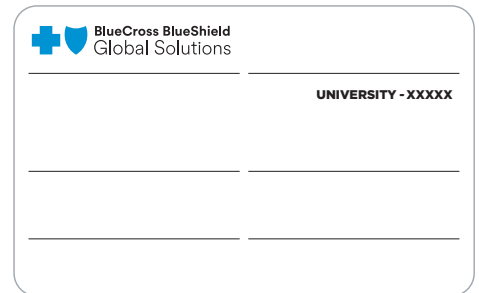
Getting started with your plan.

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

Make sure you can access your digital ID card.

As a member of a Group Medical Coverage for Academic Travel plan from BCBS Global Solutions, you'll have one ID card. You need to show your ID card when you receive healthcare services.

- Your ID card is available on the Member Portal at bcbsglobalsolutions.com. Or, you can access it in the mobile app.



Take a few simple steps now, so you're ready for the journey ahead.





Register to access our digital tools.


You can register for the Member Portal at bcbsglobalsolutions.com by clicking on Member Login. Or, you can register in our mobile app. You only need to register once, not for every trip.


Please note that you can't register the same email multiple times.


Use our digital tools to:


 Access your Certificate of Coverage for details on your benefits.

 View a digital version of your ID card anytime.

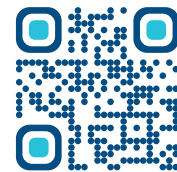
 Find and review profiles of preferred doctors and hospitals.

 Arrange direct payment to your provider for services you've received.*

 Access global health and safety tools including medical translations, medicine equivalents, and news and safety information.

 Access telemedicine services to talk to a doctor via phone or video call.†

Download our app to stay connected to care wherever you are.



Mobile app

→ Important tips:

- Be sure to use the same email address when entering information in the Member Portal or mobile app.
- For the mobile app: if you're registering a dependent, enter both the subscriber's and dependent's policy numbers.



*Direct Pay only needs to be arranged for medical care outside of the U.S.

†Prescriptions and referral letters, where legally permitted.

‡Telemedicine providers cannot prescribe controlled substances such as opioids and anti-depressants.



Remote and in-person care options

Accessing care outside of the U.S.

Getting care when you're outside the U.S. can feel a bit overwhelming. *That's why we're here.*

We understand how healthcare works in other countries. And we provide options that work within those systems—and with your travel plans.

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

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

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

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



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



Finding a provider

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

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

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



Requesting Direct Pay

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

- Use the Member Portal or mobile app to find a provider and schedule your appointment.
- Complete the Direct Pay form found in the quick links bar on the homepage.
- Call the number on the back of your ID card.

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



Dealing with a medical emergency

If you have a medical emergency, go to the nearest doctor or hospital right away. Once you're safe, call us using the number on the back of your ID card. We'll monitor your case closely to make sure you get the right care and that local resources are available for you.



Using telemedicine

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

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

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

Self-service tools



We put care right in your hands.

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



Telehealth

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



Provider Finder

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



ID Card

Get a digital copy of your ID card(s). You can also request replacements of your physical ID card(s).



Direct Pay

Request Direct Pay for future appointments. This helps you avoid paying upfront for care outside the U.S.



Claims

Submit claims to request payment for expenses related to care you've received. You can also track the status of your claims.



Translation Tools

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



My Benefits

View your benefit history. You can also see what you've paid toward your deductible and other costs your plan doesn't fully cover.



News & Safety

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



Need support?

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



Submitting claims

We make the process easy.

To submit a claim

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

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



eClaims

This is the quickest and most convenient way to submit claims. Pick the method that's best for you.

- **Do it all online.** Submit an eClaim through our Member Portal or mobile app. You can easily find it on the quick links bar on the homepage.
- **Fill out our paper form.** Download the claim form from the Claims section of the Member Portal or mobile app. Print it, fill it out and take a photo of the completed form. Then upload your photo through the Member Portal or mobile app.

Email, fax or mail

Download the claim form from the Claims section of the Member Portal or mobile app. Complete the form. Then send it to us by one of the following methods. Be sure to include all supporting documents with the form. (For example, receipts from your doctor or hospital visit.)

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



Need to check the status of your claim?

Just go to the Claims section of the Member Portal or mobile app. If you have questions, call the number on the back of your ID card.



Insurance glossary

What we mean when we say...

Certificate of Coverage: It explains the benefit plan that covers you and your dependents. For example, it may describe your medical, dental and vision coverage. It lists the rules for your benefits.

Claim: A request for payment from your healthcare provider or you for care you received.

Coinsurance: The percentage of your healthcare costs that isn't paid by the health insurance plan. In other words, it's the percentage of the cost you're responsible for.

Coinsurance Maximum: The most you have to pay for coinsurance during the policy year for covered expenses. Some limits may apply.

Copay or Copayment: The set amount of money you pay at the time of service.

Coverage Period: The length of time your policy covers you.

Deductible: The amount you have to pay for care before your insurance begins to pay.

Direct Pay: The provider submits an invoice for payment directly to BCBS Global Solutions. This means you don't have to pay upfront. But you may still have to pay the deductible, coinsurance or copays. The health insurance contract defines what you'll have to pay.

Explanation of Benefits (EOB): An EOB is not a bill. It's a summary of how your claims were processed and what you may owe. Your healthcare provider may bill you directly for the remainder of what you owe.

Guarantee Letter: A legal document from BCBS Global Solutions that promises we'll pay your provider. It shows the benefits that apply. The guarantee is based on your coverage at the time of service. It's also called a Guarantee of Payment (GOP).

Inpatient: When a facility keeps you overnight or for more than 24 hours.

Medical Evacuation: This applies if you get sick or hurt outside your home country. Your insurance will pay to take you to the nearest facility that can provide proper care.

Network: Doctors, hospitals and other providers that work with your health insurance company. They sign contracts agreeing to discounted rates and/or to directly bill the insurer for services received by insured members.

Out-of-Network Provider: A provider who doesn't work with your health insurance company. Higher coinsurance usually applies. You may end up paying more than if you used an in-network provider.

Out-of-Pocket Maximum: The most you'll have to pay in a policy period before your health plan pays all covered costs. Most policy periods are one year.

Outpatient: When you get care at a facility but leave the same day or stay 24 hours or less.

Performing Provider: The licensed person or group that provided medical services to you.

Premium: The amount paid each month for your health insurance coverage. This is in exchange for the health insurance company paying a portion of your healthcare costs.

Prescription (Rx): A prescription is an instruction from a healthcare provider that tells you what medicine or treatment to take, how much to take and how often and how long to take it.

Primary Care Physician (PCP): A doctor you see for your routine and preventive health needs. You would go to your PCP first when you're sick, need a check-up or have questions about your health. PCPs also provide ongoing care for many kinds of medical conditions. But they don't provide care for specialized conditions.

REVIEWING PLAN BENEFITS

**SCHEDULE OF BENEFITS
TABLE 1**

	Limits Individual Insured	Limits Spouse	Limits Dependent Child(ren)
MEDICAL EXPENSES			
Coverage Year Limit	\$500,000	\$500,000	\$500,000
Coverage Year Deductible	\$0 per Coverage Year	\$0 per Coverage Year	\$0 per Coverage Year
EMERGENCY MEDICAL EVACUATION	Maximum Benefit up to \$250,000 per Coverage Year	Maximum Benefit up to \$250,000 per Coverage Year	Maximum Benefit up to \$250,000 per Coverage Year
EMERGENCY FAMILY TRAVEL ARRANGEMENTS	Maximum Benefit up to \$5,000 per Coverage Year	Maximum Benefit up to \$5,000 per Coverage Year	Maximum Benefit up to \$5,000 per Coverage Year
REPATRIATION OF MORTAL REMAINS	Maximum Benefit up to \$50,000 per Coverage Year	Maximum Benefit up to \$50,000 per Coverage Year	Maximum Benefit up to \$50,000 per Coverage Year
ACCIDENTAL DEATH & DISMEMBERMENT	Maximum Benefit: Principal Sum up to \$10,000	Maximum Benefit: Principal Sum up to \$5,000	Maximum Benefit: Principal Sum up to \$1,000
POST DEPARTURE TRIP INTERRUPTION			
Transportation Benefit	Deductible does not Apply. Maximum Benefit up to \$1,500 per Coverage Year		
Lodging & Incidentals Benefit	Deductible does not Apply. Maximum Benefit up to \$2,000 per Coverage Year and limited to \$200 per day per for a Maximum of 10 calendar days.		

**SCHEDULE OF BENEFITS
TABLE 2
MEDICAL EXPENSE BENEFITS**

COVERAGE A – MEDICAL EXPENSES	Certificate Limits
Physician Office Visits	100% of Reasonable Expenses
Inpatient Hospital Services	100% of Reasonable Expenses
Hospital and Physician Outpatient Services	100% of Reasonable Expenses
Emergency Hospital Services	100% of Reasonable Expenses

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REVIEWING PLAN BENEFITS

**SCHEDULE OF BENEFITS
TABLE 3
MEDICAL EXPENSE BENEFITS**

The benefits listed below are subject to coverage maximums, Deductible, Coinsurance, and Copayments listed in Tables 1 & 2 above.	
MEDICAL EXPENSES	Covered Person
Maternity Care for a Covered Pregnancy	Reasonable Expenses
Inpatient treatment of mental and nervous disorders including substance abuse	Reasonable Expenses up to \$25,000 Maximum per Coverage Year for a maximum period of 30 days per Coverage Year
Outpatient treatment of mental and nervous disorders including substance abuse	Reasonable Expenses up to \$10,000 Maximum per Coverage Year
Treatment of specified therapies, including acupuncture and Physiotherapy	Reasonable Expenses up to 20 visits per Coverage Year on an Outpatient basis
Annual cervical cytology screening for women 18 and older	100% of Reasonable Expenses
Low dose mammography screening, one baseline mammogram and one mammogram per year	100% of Reasonable Expenses
Colorectal cancer screenings	100% of Reasonable Expenses
Diabetic Supplies/Education	100% of Reasonable Expenses
Prostate screening tests	100% of Reasonable Expenses
Child Preventive and Primary Care Services	100% of Reasonable Expenses
Breast Reconstruction due to Mastectomy	100% of Reasonable Expenses
Repairs to sound, natural teeth required due to an Injury	100% of Reasonable Expenses up to \$500 per Coverage Year maximum
Outpatient prescription drugs including oral contraceptives and devices	100% of actual charge

POST DEPARTURE TRIP INTERRUPTION

Post Departure Trip Interruption coverage provides a benefit up to the maximum shown in the Schedule of Benefits 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.
- If You are diagnosed with or receive a positive test for an infectious disease that delays Your return to Your home destination due to restrictions placed on travel due to a possible exposure or Quarantine, and as a result, are unable to use Your previously booked return travel to Your home location, 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 a one-way economy class air fare ticket to reach your destination. Amounts paid will not exceed 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.

- If You must Quarantine while covered under this Certificate because You are diagnosed with or receive a positive test for an infectious disease,

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REVIEWING PLAN BENEFITS

coverage for the reasonable expenses of lodging and meals necessarily incurred as a result of a Quarantine, will be covered up to the amount shown on the Schedule of Benefits under the Post Departure Trip Interruption/Lodging & Incidentals Benefit.

Alcohol and Tobacco products are not reimbursable expenses.

For the purposes of this benefit, Quarantine means Your strict isolation imposed by a Government authority or Physician to prevent the spread of an infectious disease. An embargo preventing You from entering a country is not a Quarantine.

GENERAL CERTIFICATE EXCLUSIONS

Unless specifically provided for elsewhere under the Certificate, the Certificate does not cover loss caused by or resulting from, nor is any amount charged for, any of the following:

1. Expenses incurred in excess of Reasonable Expenses.
2. Services or supplies that the Insurer considers to be Experimental or Investigative.
3. Expenses incurred prior to the beginning of the current Period of Coverage or after the end of the current Period of Coverage except as described in Covered General Medical Expenses and Limitations and Extension of Benefits.
4. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, including routine care of a newborn infant, unless otherwise noted.
5. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury, unless otherwise noted.
6. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
7. Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
8. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided for in the Certificate.
9. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Certificate and performed while the Certificate is in effect.
10. Elective termination of pregnancy.
11. For diagnostic investigation or medical treatment for reproductive services, infertility, fertility, or for male or female voluntary sterilization procedures, or the reversal male or female voluntary sterilization procedures.
12. Expenses incurred for, or related to gender reassignment surgery.
13. Organ or tissue transplant.
14. Participating in an illegal occupation or committing or attempting to commit a felony.
15. 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.
16. Expenses incurred within the Covered Person's Home Country.
17. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Certificate.
18. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.
19. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
20. Diagnosis and treatment of acne.
21. Diagnosis and treatment of sleep disorders.
22. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.
23. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
24. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
25. Expenses incurred for any services rendered by a family member or a Covered Person's immediate family or a person who lives in the Covered Person's home.
26. Loss due to an act of war; service in the armed forces of any country or international authority and Participation in a Riot or Civil Commotion.

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REVIEWING PLAN BENEFITS

27. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
28. Loss arising from
 - a. participating in any professional sport, contest or competition;
 - b. while participating in any practice or condition program for such sport, contest or competition;
29. 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.
30. 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.
31. Telephone, e-mail, and Internet consultations unless specifically approved by the Administrator due to limited resources while located in a country outside of the United States. This exclusion does not apply to services provided via BCBS Global Solutions' Telemedicine Services and the Global TeleMD™ smartphone app.
32. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
33. To the extent that such payments would be prohibited by law.

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Say “yes” to the journey.

We’re with you every step of the way.

→ bcbsglobalsolutions.com



Phone

Outside the U.S.: +1 610 263 2847



Email

Submit an inquiry through the Support page on the Member Portal or in the mobile app.

This pamphlet contains a brief summary of the features and benefits for insured participants covered under this health insurance plan. This is not a contract of insurance. Coverage is provided under insurance policies issued in the District of Columbia by 4 Ever Life International Limited, Bermuda. Complete information on the insurance is contained in the Certificate of Insurance which is made available to all insured participants through their member portal. If there is a difference between this program description and the certificate wording, the certificate controls.

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Telemedicine services are provided by Teladoc Health, directly to members. Blue Cross Blue Shield Global Solutions assumes no liability and accepts no responsibility for information provided by Teladoc Health and the performance of the services by Teladoc Health. Support and information provided through this service does not confirm that any related treatment or additional support is covered under a member’s health plan. This service is not intended to be used for emergency or urgent treatment medical questions.

Universal Rx is an independent Prescription Benefit Management company that does not provide Blue Cross or Blue Shield services. Universal Rx is solely responsible for the services they provide.