



Reviewing Plan Benefits

What is covered by your plan?

**SCHEDULE OF BENEFITS
TABLE 1**

	Limits Individual Insured	Limits Spouse	Limits Dependent Child(ren)
MEDICAL EXPENSES			
Coverage Year Limit	\$250,000	\$250,000	\$250,000
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 \$1,500 per Coverage Year	Maximum Benefit up to \$1,500 per Coverage Year	Maximum Benefit up to \$1,500 per Coverage Year
REPATRIATION OF MORTAL REMAINS	Maximum Benefit up to \$25,000 per Coverage Year	Maximum Benefit up to \$25,000 per Coverage Year	Maximum Benefit up to \$25,000 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

**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

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

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.



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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
Outpatient treatment of mental and nervous disorders including substance abuse	Reasonable Expenses
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 up to a maximum of \$25,000 per Coverage Year, limited to a 31 day supply for initial fill or refill

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