GeoBlue International Inbound Plan Renewal

Duke University

September 1, 2020
**Schedule of Benefits: GeoBlue International Inbound**

**Policy Year: 09/01/2020 – 08/31/2021**

### Medical Expense Benefits

**SCHEDULE OF BENEFITS**

**TABLE 1**

<table>
<thead>
<tr>
<th></th>
<th>Limits Individual Insured</th>
<th>Limits Spouse</th>
<th>Limits Dependent Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICAL EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coverage Year Limit</td>
<td>$100,000</td>
<td>$100,000</td>
<td>$100,000</td>
</tr>
<tr>
<td>Coverage Deductible</td>
<td>$250 per Coverage Year</td>
<td>$250 per Coverage Year</td>
<td>$250 per Coverage Year</td>
</tr>
<tr>
<td><strong>Coverage Year Out-of-Pocket Limit</strong></td>
<td>After the Covered Person reaches a $5,000 Out-of-pocket Limit per Coverage Year, the Insurer pays the Reasonable Expenses at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, and amounts above the maximums do not apply toward the Out-of-pocket Limit.</td>
<td>After the Covered Person reaches a $5,000 Out-of-pocket Limit per Coverage Year, the Insurer pays the Reasonable Expenses at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, and amounts above the maximums do not apply toward the Out-of-pocket Limit.</td>
<td>After the Covered Person reaches a $5,000 Out-of-pocket Limit per Coverage Year, the Insurer pays the Reasonable Expenses at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, and amounts above the maximums do not apply toward the Out-of-pocket Limit.</td>
</tr>
<tr>
<td><strong>EMERGENCY MEDICAL EVACUATION</strong></td>
<td>Maximum Benefit up to $100,000 per Coverage Year</td>
<td>Maximum Benefit up to $100,000 per Coverage Year</td>
<td>Maximum Benefit up to $100,000 per Coverage Year</td>
</tr>
<tr>
<td><strong>EMERGENCY FAMILY TRAVEL ARRANGEMENTS</strong></td>
<td>Maximum Benefit up to $1,500 per Coverage Year</td>
<td>Maximum Benefit up to $1,500 per Coverage Year</td>
<td>Maximum Benefit up to $1,500 per Coverage Year</td>
</tr>
<tr>
<td><strong>REPATRIATION OF MORTAL REMAINS</strong></td>
<td>Maximum Benefit up to $50,000 per Coverage Year</td>
<td>Maximum Benefit up to $50,000 per Coverage Year</td>
<td>Maximum Benefit up to $50,000 per Coverage Year</td>
</tr>
<tr>
<td><strong>ACCIDENTAL DEATH &amp; DISMEMBERMENT</strong></td>
<td>Maximum Benefit: Principal Sum up to $10,000</td>
<td>Maximum Benefit: Principal Sum up to $5,000</td>
<td>Maximum Benefit: Principal Sum up to $1,000</td>
</tr>
</tbody>
</table>
### MEDICAL EXPENSE BENEFITS

#### Table 2

<table>
<thead>
<tr>
<th>MEDICAL EXPENSES</th>
<th>PPO Plan In PPO Limits+</th>
<th>PPO Plan Outside PPO Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Office Visits</td>
<td>100% of the Negotiated Rate after a $50 Copayment per visit</td>
<td>80% of Reasonable Expenses</td>
</tr>
<tr>
<td>Treatment at an Urgent Care Facility</td>
<td>100% of the Negotiated Rate after a $75 Copayment per visit</td>
<td>80% of Reasonable Expenses</td>
</tr>
<tr>
<td>Hospital and Physician Outpatient Services</td>
<td>100% of the Negotiated Rate after a $250 Copayment per visit</td>
<td>80% of Reasonable Expenses</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>100% of the Negotiated Rate after a $250 Copayment per visit</td>
<td>80% of Reasonable Expenses</td>
</tr>
<tr>
<td>Emergency Hospital Services</td>
<td>100% of the Negotiated Rate after a $250 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived</td>
<td>80% of Reasonable Expenses</td>
</tr>
</tbody>
</table>

*+Payment of Covered Medical Expenses for Preferred Providers is based on the Insurer’s Negotiated Rate. Preferred Providers have agreed to accept the Negotiated Rate as payment in full.

If a Covered Person requires emergency treatment of an Injury or Sickness and incurs covered expenses at a non-Preferred Provider, Covered Medical Expenses for the Emergency Medical Care rendered during the course of the emergency will be treated as if they had been incurred at a Preferred Provider.

If a Covered Person incurs Covered Medical Expenses for services or supplies that are not of the type provided by any Preferred Provider, these Covered Medical Expenses will be treated as if they had been incurred at a Preferred Provider.

### Table 3

The benefits listed below are subject to coverage maximums, Deductible, Coinsurance, and Copayments listed in Tables 1 & 2 above.

<table>
<thead>
<tr>
<th>MEDICAL EXPENSES</th>
<th>Covered Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity Care for a Covered Pregnancy</td>
<td>$1,000 Maternity Copay</td>
</tr>
<tr>
<td>Complications of Pregnancy</td>
<td>Reasonable Expenses</td>
</tr>
<tr>
<td>Inpatient treatment of mental and nervous disorders including substance abuse</td>
<td>Reasonable Expenses up to $10,000 Maximum per Coverage Year for a maximum period of 30 days per Coverage Year</td>
</tr>
<tr>
<td>Outpatient treatment of mental and nervous disorders including substance abuse</td>
<td>Reasonable Expenses up to $1,000 Maximum per Coverage Year for a maximum period of 30 visits per Coverage Year</td>
</tr>
<tr>
<td>Treatment of specified therapies, including acupuncture and Physiotherapy</td>
<td>Reasonable Expenses up to 20 visits per Coverage Year on an Outpatient basis</td>
</tr>
<tr>
<td>Annual cervical cytology screening for women 18 and older</td>
<td>Reasonable Expenses</td>
</tr>
<tr>
<td>Low dose mammography screening, one baseline mammogram and one mammogram per year</td>
<td>Reasonable Expenses</td>
</tr>
<tr>
<td>Colorectal cancer screenings</td>
<td>Reasonable Expenses</td>
</tr>
<tr>
<td>Diabetic Supplies/Education</td>
<td>Reasonable Expenses</td>
</tr>
<tr>
<td>Prostate screening tests</td>
<td>Reasonable Expenses</td>
</tr>
<tr>
<td>Child Preventive and Primary Care Services</td>
<td>Reasonable Expenses</td>
</tr>
<tr>
<td>Breast Reconstruction due to Mastectomy</td>
<td>Reasonable Expenses</td>
</tr>
</tbody>
</table>
Exclusions

Unless specifically provided for elsewhere under the Certificate, the Certificate does not cover loss caused by or resulting from, nor is any premium 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, 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. 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.
11. Expenses incurred for, or related to sex change surgery.
12. Organ or tissue transplant.
13. Participating in an illegal occupation or committing or attempting to commit a felony.
14. 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.
15. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Certificate.
16. Expenses incurred within the Covered Person’s Home Country.
17. 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.
18. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
19. Diagnosis and treatment of acne.
20. Diagnosis and treatment of sleep disorders.
21. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.
22. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
23. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
24. 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.
25. Unless specifically provided for elsewhere under the Certificate, the cost of treatment or services that are provided normally without charge by the Member’s Student Health Center, covered or provided by the student health fee, rendered by a person employed by the Member, including team Doctor and trainers or any other service performed at no cost.
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.
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 intercollegiate/interscholastic or professional sports, contest or competition;
   b. participating in any club sport competition, contest or competition;
   c. Racing or speed contests;
   d. SCUBA diving, sky diving, mountaineering (where ropes or other climbing gear is customarily used), ultra-light aircraft, parasailing, sailplaning/gliders, hang gliding, parachuting, or bungee jumping.

29. Medical Treatment Benefits provision 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.

30. 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.

31. 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.

32. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.

33. Routine hearing tests except as provided under Preventive and Primary Care.

34. Expense covered under any Other Plan.

35. To the extent that such payments would be prohibited by law.
GeoBlue Inbound International Policy Overview

Policy Dates: 9/1/2020 - 8/31/2021

Increase in net medical rates due to trend, adjusting for taxes and administrative costs: 4.25%

Rates:

<table>
<thead>
<tr>
<th></th>
<th>Current Monthly Rates Up To Age 64</th>
<th>Renewal Monthly Rates Up To Age 64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Only</td>
<td>$254.45</td>
<td>Participant Only</td>
</tr>
<tr>
<td>Spouse</td>
<td>$999.90</td>
<td>Spouse</td>
</tr>
<tr>
<td>Child</td>
<td>$374.70</td>
<td>Child</td>
</tr>
<tr>
<td>Children</td>
<td>$749.40</td>
<td>Children</td>
</tr>
</tbody>
</table>

GeoBlue requires written acceptance of the rates and the terms and conditions of the policy within the Acceptance Period, which is 60 days. If such signed acceptance is not received within the Acceptance Period, the offer to renew shall be withdrawn. Also, should outstanding invoices for the current policy period be unpaid as of the renewal date, coverage will be suspended until all account receivables have been cleared.

The coverage referenced herein shall be issued through certificates issued under a master policy of insurance (the “Master Policy”) issued by 4 Ever Life International Limited, a Bermuda insurance company and an independent licensee of the Blue Cross Blue Shield Association. Coverage under the Master Policy is provided to the Global Citizens Association (“GCA”), for the exclusive benefit of its members and their participants, on a surplus lines basis, under the laws of Washington, D.C. Membership in the GCA is a necessary condition to the coverage referenced herein; your GCA Program fee identified above includes insurance premium and all other charges. Additional information about the GCA, expenses and other member benefits can be viewed on the GCA’s website - www.gcassociation.org.

As this is surplus lines coverage, the plan may not be required to comply with every state’s insurance regulations governing admitted insurers, including guarantee fund requirements. The coverage is not qualifying health coverage (“Minimum Essential Coverage”) for purposes of satisfying the health coverage requirement of the Affordable Care Act. If you are required by law to maintain Minimum Essential Coverage, you could owe additional federal tax.

The organization named above accepts membership in the GCA and the Program fees outlined in this Proposal.

Accepted by:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Company Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature

Contact Information Update

This is the contact information we currently have on file for your organization. Please indicate any updates and return this form to your Account Manager.

Main Contact: Lola Yelverton
P: +1.919.613.5095
E: lola.yelverton@duke.edu

Billing/Finance Contact: Lola Yelverton
P: +1.919.613.5095
E: lola.yelverton@duke.edu
Founded in 1994 to serve international students, the Global Citizens Association (GCA) has grown to encompass world travelers and expatriates in all corners of the globe. A not-for-profit membership organization chartered under the laws of the District of Columbia, the GCA is proud to support our members’ efforts to enhance their global awareness and promote increased cross-cultural understanding.

GCA Members Never Travel Alone

GCA provides information and services designed to enhance members’ global experiences through safe and healthy world travel. With access to the GCA’s deep and broad resources such as the Health Atlas database and Healthy Travel blog, members are prepared to pursue extended episodes of healthy and productive international living. The GCA also provides members with access to essential medical services and health insurance coverage to support their international lifestyles. Memberships are available for individual as well as groups and organizations engaged in global education, service and commerce.

As part of a community of travel enthusiasts, globally-minded members have access to useful international health and safety information.

Health Atlas provides ratings on these attributes for 190 global destinations:
- Medical care available
- Emergency service responsiveness
- Pharmacy reliability
- Water quality
- Air quality
- Infectious disease
... and additional destination-specific advice on these topics:
- Vaccines
- News and safety alerts
- Security conditions

Created by the GCA, the award-winning Healthy Travel blog provides:
- Individual members with an outlet to share content with those who share their passion
- Group members with a captive audience to whom to market and access to custom articles, campaigns and/or content marketing resources

Blog recognition includes:
- eCollege Finder’s Top 75 Study Abroad Ambassadors Award (2011)
- Top 30 Public Health Blogs by Master’s in Public Health Degrees (2012)
- Must Read Blog by Health Express (2013)
- Trip180 Travelers Award (2014)

In partnership with GeoBlue and 4 Ever Life International, GCA members also have access to international health insurance coverage and services including:
- Group coverage for study abroad programs
- Group coverage for international education programs
- Individual coverage for expats, students and leisure travelers
- Individual coverage for short and long-term trips

Visit us at www.gcassociation.org or contact us at admin@gcassociation.org for further information.
International Health Plans for Outbound University-Sponsored Travel

Comprehensive coverage from a name you trust

Fueling a global mindset through outbound programs is important to staying competitive in a dynamic higher education market. Providing the right protection so your students, faculty, staff and university affiliates can explore the world confidently is just as important.

That’s where GeoBlue comes in. Part of the Blue Cross Blue Shield family, GeoBlue is an international health insurance leader trusted by over 400 of the nation’s top institutions with thoughtful plan designs and exceptional service for members and administrators.

With GeoBlue outbound scholastic plans, members get everything they need to feel safe, secure and in control in any situation.

One-call solution for any issue
24/7/365 concierge-level support to help coordinate care, provide solutions and help members feel at ease.

Access to elite doctors and hospitals
Members can count on care from more than 151,000 direct settlement providers outside the U.S.¹, all of whom accept direct pay arrangements to limit member out-of-pocket expenses.

Critical information at your fingertips
Convenient, on-the-go mobile access helps members effortlessly find care, translate medications, arrange direct payment, display their ID card and more.

Evacuation services
Our plans cover medically-necessary evacuation services to the nearest center of medical excellence, expertly coordinated to ensure the highest level of care.

Global safety intelligence
No matter where their travels take them, members can feel more secure with personalized advice and alerts, such as environmental and security risks, right at their fingertips.

¹ Includes third-party network providers.
Comprehensive plans provide the right amount of coverage
Let us help you design the right plan for your needs.

Benefit options include:

- Flexible annual medical coverage limits and deductibles
- Office visits, inpatient, outpatient and emergency hospital services
- Inpatient and outpatient treatment for mental and nervous disorders
- Inpatient and outpatient treatment for drug or alcohol abuse
- Maternity care
- Preventive screenings
- Dental treatment due to an injury or to alleviate pain
- Outpatient prescription medication
- Medical evacuation and repatriation of mortal remains
- Global assistance services

Think global, think GeoBlue
Find out why over half a million members rely on GeoBlue to help them travel fearlessly, anywhere in the world.

studentsales@geo-blue.com
1-833-532-6894
www.geobluestudents.com