

Group Medical Coverage for Business Travel

Understanding your benefits.

Travel with confidence knowing we've got your back.

Affirm, Inc.

8/1/2026

BlueCross BlueShield Global Solutions℠

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



Your plan: Group Medical Coverage for Business Travel

- For trips abroad 180 consecutive days or less
- Coverage for You and your traveling spouse and unmarried, dependent children

Welcome to your health plan!

Wherever the assignment takes you, Blue Cross Blue Shield Global Solutions℠ (BCBS Global Solutions℠) has your back. Our plans are created for the unique needs of those traveling and working abroad. It's healthcare that's simple, easy to access and designed for you.

What your plan includes:*

- Coverage for unexpected illness and injuries while traveling
- Care for doctor visits and inpatient and outpatient services
- Medically necessary prescription medication in an emergency due to unforeseen illness or injury
- Pre-departure program for health guidance before you travel
- Medically necessary evacuation and repatriation
- Assistance during political unrest or natural disasters (plan dependent)†

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 you travel with us, 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.

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.

Coverage for: You and your traveling spouse and unmarried, dependent children

Trip type: Business trip or business sojourn (leisure trip directly connected before, after or during a business trip)
For trips outside your home country for up to 180 consecutive days.

Group Access Code: QHG99999AFFI

You'll need the Group Access Code for the Member Portal and mobile app.
You'll also need it for telemedicine and pre-departure services.

Make sure you can access your digital ID card.

As a member of a Group Medical Coverage for Business 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.
- Your name isn't listed on your ID card. This is because your personal enrollment information is only collected if healthcare services are needed. When accessing services, please refer to your Group Access Code.



Register to access our digital tools.

You can register for the Member Portal at **bcbsglobalsolutions.com** by clicking on 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. Also, registering for the Member Portal or mobile app isn't the same as enrollment. Enrollment happens when you submit a claim.

Use our digital tools to:

- Access your Certificate of Coverage for details on your benefits.
- View digital versions of your ID cards 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.

Download these apps to stay connected to care wherever you are.

Mobile app

Telemedicine app

Enter your employer's Group Access Code when prompted on each app.

Important tips:

- You must register for the mobile app before the telemedicine app.
- Be sure to use the same email address to register for both apps.
- 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.

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 you 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 telemedicine 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!*

*Hospitals/facilities with the Preferred Provider designation in their profile have agreed to accept Direct Pay for inpatient services. At their discretion, they may accept Direct Pay for outpatient services. Physicians and other non-facility providers will accept Direct Pay in most instances for their services.

Remote and in-person care options

Accessing care in the U.S.

Life is busy, and your needs can change day to day. That's why we provide *care that fits you*—not the other way around.



Want to see a provider in person? *No problem.*

You have access to the leading Blue Cross® and Blue Shield® network within the U.S., Puerto Rico and U.S. Virgin Islands. Providers are located across all areas including cities, suburbs and rural areas.

Prefer a remote visit? *We've got you.*

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.

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 U.S. Provider Search. To select a preferred language as part of your provider search criteria, select Advanced Search and then Languages Spoken by Provider.
3. Choose your provider. Then contact them using the information in their profile to schedule your appointment.

For most covered care, we pay the doctor or facility directly. In-network providers can check your plan details at the time of your visit. They'll confirm your benefits and arrange for direct payment. For outpatient (office-based) care, direct payment is offered at the provider's choice.

- You're free to see any doctor, but if you choose to see a doctor out-of-network, this typically results in a higher coinsurance and may result in additional costs to you. You will need to pay out of pocket and submit a claim for reimbursement

Dealing with a medical emergency

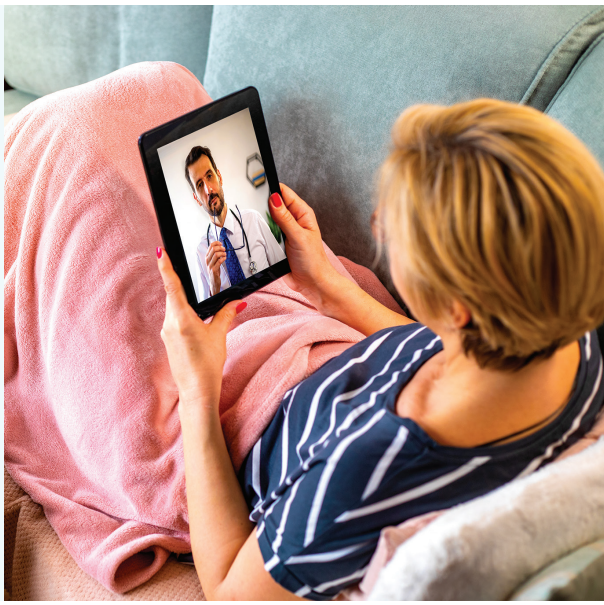
If you have a medical emergency, go to the nearest doctor or hospital right away. Once you're safe, call us using the number on the back of your ID card. We'll monitor your case closely to make sure you get the right care and that local resources are available for you.

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 telemedicine app (via the Apple® App Store® or Google Play™ store).
2. Schedule a remote visit with one of our multilingual doctors for anyone in your family.
3. Providers are available around the clock for same-day appointments to address your non-emergency health needs.

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

Direct Pay

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

ID Card

Get a digital copy of your ID card.

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.

Provider Finder

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

Need support?

No problem! Click the Contact Us page in 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 will need to submit a claim for reimbursement.

Outside of the U.S., 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.

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.

BENEFIT OVERVIEW MATRIX

Policy Maximums	Insurer pays up to Per Insured Person
Trip Period Maximum Benefits	$350,000
Period of Insurance Maximum Benefits	$350,000
Benefits	**Insurer pays**
Professional Services Surgery, anesthesia, radiation therapy, 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. In-patient medical emergency	100%
Ambulatory Surgical Center	100%
Ambulance Service (non Medical Evacuation)	100% up to $1,000
Benefits for claims resulting from downhill (alpine) skiing and scuba diving (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)	Limited to Trip Period Maximum or $10,000 whichever is less.
Outside Home Country Outpatient prescription drugs	100% of Covered Expenses
Dental Care required due to an Injury	100% of Covered Expenses up to $1,000 with maximum per Trip Period
Dental Care for Relief of Pain	100% of Covered Expenses up to $1,000 per Trip Period
Medical Evacuation	Deductible is not applicable. Maximum Benefit per Trip Period for all Evacuations up to $250,000.
Bedside Visit	Deductible is not applicable. Maximum Benefit per Trip Period up to $1,500 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person.

Exclusions and Limitations: What the Plan does not pay for

Excluded Services

The Plan does not provide any benefits for:

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. Services or supplies that are **not Medically Necessary** as defined by the Insurer.
4. Services or supplies that the Insurer considers to be **Experimental or Investigative.**
5. Services received **before the Effective Date** of coverage or during an inpatient stay that began before that Effective Date of Coverage.
6. 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.
7. Services for which the Insured 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.
8. 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 Insured Person does not claim those benefits.
9. 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.
10. Services related to **pregnancy or maternity** care other than for complications of pregnancy that may arise during a Trip Coverage Period.
11. 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) An Insured Person participating in the **military service** of any country; (c) An Insured Person participating in an **insurrection, rebellion, or riot**; (d) Services received for any condition caused by an Insured Person's commission of, or attempt to commit a **felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation;** (e) An Insured Person, age 19 or older, being under the **influence of alcohol or intoxicants or of illegal narcotics** or non-prescribed controlled substances unless administered on the advice of a Physician.
12. Professional services received or supplies purchased from the Insured Person, a person who lives in the Insured Person's home or who is **related to the Insured Person** by blood, marriage or adoption, or the Insured Person's employer.
13. Inpatient or outpatient services of a **private duty nurse.**
14. 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.
15. 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.
16. Treatment of **Mental, Emotional or Functional Nervous Conditions or Disorders.**
17. Treatment of **Drug, alcohol, or other substance addiction or abuse**.
18. **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 and/or Dental Care for Accidental Injury in the Benefits section of this Plan.
19. Dental and orthodontic services for Temporomandibular Joint Dysfunction (**TMJ**).
20. **Orthodontic Services,** braces and other orthodontic appliances except as specifically stated under Orthodontic Dental Care.
21. **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.
22. **Hearing aids.**
23. Routine **hearing tests.**
24. **Optometric services,** eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Plan.
25. An **eye surgery** solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
26. Outpatient **speech therapy**.
27. 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.
28. Any intentionally **self-inflicted Injury or Illness**. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
29. **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.

30. 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**.
31. Treatment of **sexual dysfunction** or inadequacy.
32. 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
33. All **contraceptive** services and supplies, including but not limited to, all consultations, examinations, evaluations, medications, medical, laboratory, devices, or surgical procedures.
34. **Cryopreservation** of sperm or eggs.
35. **Orthopedic shoes** (except when joined to braces) or shoe inserts, including orthotics.
36. 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.
37. **Routine physical exams** or tests that do not directly treat an actual Illness, Injury or condition, including those required by employment or government authority.
38. Charges by a provider for **telephone consultations.**
39. 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.).
40. **Educational services** except as specifically provided or arranged by the Insurer.
41. **Nutritional counseling** or food supplements.
42. **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.
43. **Physical and/or Occupational Therapy/Medicine,** except when provided during an inpatient Hospital confinement or as specifically provided under the benefits for Physical and/or Occupational Therapy/Medicine.
44. All **infusion therapy, radiation therapy and hemodialysis treatment** together with any associated supplies, Drugs or professional services are excluded.
45. **Growth Hormone Treatment.**
46. 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.
47. **Charges for which the Insurer are unable to determine the Insurer's liability** because the Eligible Participant or an Insured Person failed, within 60 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.
48. Charges for the services of a **standby Physician.**
49. Charges for **animal to human organ transplants.**
50. Under the medical treatment benefits, for loss due to or arising from a motor vehicle Accident if the Insured Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
51. Claims arising from loss due to riding in any **aircraft** except one licensed for the transportation of passengers.
52. Claims arising from participation in interscholastic or professional and/or non-professional club **sports or sports event** or participation in mountaineering, motor racing, speed contests, skydiving, hang gliding, parachuting, spelunking, heliskiing, extreme skiing or bungee cord jumping.
53. Treatment for or arising from **sexually transmittable diseases**. (This exclusion does not apply to HIV, AIDS, ARC or any derivative or variation.)
54. 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 Insured Person's Home Country without the prior approval of the Administrator.
55. Treatment of **Congenital Conditions**.

Say *"yes"* to the journey.

We're with you every step of the way.
→ **bcbsglobalsolutions.com**

Phone

Outside the U.S.: +1 610 254 5830
Inside the U.S.: 1 888 412 6403

Email

Submit an inquiry through the Contact Us 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 an insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, IL (policy form series 55.202). Complete information on the insurance is contained in the Certificate of Insurance which is on file with the company and is made available to all insured participants. If there is a difference between this program description and the certificate wording, the certificate controls.

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Political Emergency and Natural Disaster Evacuation (PEND) services are provided under a contract with Crisis24. Full terms, conditions and exclusions are contained in the Crisis24 agreement. Blue Cross Blue Shield Global Solutions assumes no liability and accepts no responsibility for information provided by Crisis24 and the performance of the services by Crisis24. Support and information provided through this service does not confirm that any related support is covered under a health plan.

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.

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