4 Ever Life International Limited
Wessex House
45 Reid Street, 3rd & 4th Floor
P.O. Box HM 3352
Hamilton HM, Bermuda

Administrative Office:
GeoBlue®
c/o Worldwide Insurance Services, LLC
933 First Avenue
King of Prussia, PA 19406

GeoBlue Student Overseas Plan

Individual Certificate Number:	See Identification Card
Issued Under Group Certificate Number:	4ELI-2643-A-25
Held By:	Northwestern University Study Abroad (“Member”)
Effective Date:	January 1, 2025
Coverage Year:	January 1, 2025 – December 31, 2025

This Individual Certificate describes the main features of the insurance. It does not waive or alter any of the terms of the Policy(s) or the Group Certificate issued to the Member identified above. If questions arise, the Policy(s) or, if it is silent, the Group Certificate, will govern. The Group Certificate is issued by 4 Ever Life International Limited through a Master Policy issued to the Global Citizens Association, of which the above named Member is a member.

THIS IS NOT QUALIFYING HEALTH COVERAGE (‘‘MINIMUM ESSENTIAL COVERAGE’’) THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT.

THE POLICY(S), THE GROUP CERTIFICATE, AND THIS INDIVIDUAL CERTIFICATE ARE ISSUED ON A NON-ADMITTED 20.169 0 Td( )1 17 BDC EE-4.

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	100% of the Allowed Amount
Inpatient treatment of mental and nervous disorders including substance abuse	100% of the Allowed Amount

2. Hospital Services: Inpatient Hospital services and Hospital and Physician Outpatient services consist of the following: Hospital room and board, including general nursing services; medical and surgical treatment; medical services and supplies; Outpatient nursing services provided by an RN, LPN or LVN; local, professional ground ambulance services to and from a local Hospital for Emergency Hospitalization and Emergency Medical Care; X-rays; laboratory tests; prescription medicines; artificial limbs or prosthetic appliances, including those which are functionally necessary; the rental or purchase, at the Insurer's option, of durable medical equipment for therapeutic use, including repairs and necessary maintenance of purchased equipme

8. Treatment of specified therapies, including acupuncture and physiotherapy: Charges incurred for the following rehabilitative therapies, if prescribed by a Physician to restore function loss due to an illness or injury covered under this Plan.: physical, occupational, speech, chelation, massage, hearing and cardiac/pulmonary therapy. Additionally, coverage shall also be provided for chiropractic care delivered by a currently licensed chiropractor acting within the scope of his or her practice. The coverage shall include initial diagnosis and clinically appropriate and Medically Necessary services and supplies required to treat the diagnosed disorder, subject to the terms and conditions of the Plan; Acupuncture that treats a covered illness or injury provided by Doctor of Acupuncture.

   Therapies excluded under this coverage included, but are not limited to: vocational rehabilitation, behavioral training, gym or swim therapy, dance therapy, marital counseling, legal or financial counseling, biofeedback, neuro-feedback, hypnosis, sleep therapy, employment counseling, back to school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities, developmental delays or intellectual disabilities.

9. Breast Reconstruction due to Mastectomy: If breast reconstruction is provided in connection with a covered mastectomy, benefits will also be provided for Covered Expenses for the following:
   a. Reconstruction of the breast on which the mastectomy has been performed;

SECTION 4
EMERGENCY MEDICAL EVACUATION BENEFIT

If a Covered Person is involved in an accident or suffers a sudden, unforeseen illness requiring emergency medical services during the Period of Coverage, while traveling outside of his/her home country, and adequate medical facilities are not available, the Administrator will coordinate and pay for a medically-supervised evacuation, up to the Maximum Limit shown in the Schedule of Benefits, to the nearest appropriate medical facility. This medically-supervised evacuation will be to the nearest medical facility only if the facility is capable of providing adequate care. The evacuation will only be performed if adequate care is not available locally and the Injury or Sickness requires immediate emergency medical treatment, without which there would be a significant risk of death or serious impairment. The determination of whether a medical condition constitutes an emergency and whether area facilities are capable of providing adequate medical care shall be made by physicians designated by the Administrator after consultation with the attending physician on the Covered Person's medical conditions. The decision of these designated physicians shall be conclusive in determining the need for medical evacuation services. Transportation shall not be considered medically necessary if the physician designated by the Administrator determines that the Covered Person can continue his/her trip or can use the original transportation arrangements that he/she purchased.

We will pay Reasonable Charges for escort services if the Covered Person is a minor or if the Covered Person is disabled during a trip and an escort is recommended in writing by the attending Physician and approved by the Insurer.

As part of a medical evacuation, Our Administrator shall also make all necessary arrangements for ground transportation to and from the hospital, as well as pre-admission arrangements, where possible, at the receiving hospital.

If following stabilization, when medically necessary and subject to the Administrator's prior approval, the Insurer will pay for a medically supervised return to the Covered Person's permanent residence or, if appropriate, to a health care facility nearer to their permanent residence or for one-way economy airfare to the Covered Person's point of origin, if necessary.

- You are the victim of a Felonious Assault during Your Period of Coverage and You no longer can complete Your trip or program, subject to verification by the Administrator, We will pay for You to return home from Your current location outside of the United States. Felonious Assault is an act of violence against You. Your return home will be via the most direct and economical means possible, less any refundable return ticket fees available to You.
- If, due to a covered Illness or Injury, which is so disabling as to cause a reasonable person to determine that they cannot continue their trip or if an academic program, cannot continue Your program, We will pay for Your return home from Your current location outside of the United States. Your return home will be via the most direct and economical means possible, less any refundable return ticket fees available to You.
- If the Covered Person has minor children who are left unattended as a result of your injury, illness or medical evacuation, We or Our designee will arrange and pay for the cost of economy class one-way airfares for the transportation of such minor children to Your Home Country or Country of Assignment.

The combined benefit for all necessary Emergency Medical Evacuation services is listed in the Schedule of Benefits.

No more than one Emergency Medical Evacuation and/or repatriation is allowed for any single medical condition of a Covered Member during the Period of Coverage.

All services under this benefit must be approved and coordinated by Administrator designated physicians.

With respect to this provision only, the following is in lieu of the Certificate's Extension of Benefits provision: No benefits are payable for Covered Expenses incurred after the date the Covered Person's insurance under the Certificate terminates. However, if on the date of termination the Covered Person is Hospital Confined, then coverage under this benefit provision continues until the earlier of the date the Hospital Confinement ends or the end of the 31st day after the date of termination.

SECTION 5
EMERGENCY FAMILY TRAVEL ARRANGEMENTS

If We determine that You are expected to require hospitalization in excess of 3 days at the location to which You are to be evacuated, an economy round-trip airfare will be provided to the place of hospitalization for an individual chosen by You. If Your Dependent Child is evacuated, one economy round-trip airfare will be provided to a parent or legal guardian regardless of the number of days that the Dependent child is hospitalized.

If We determine that You are expected to require hospitalization due to an Injury or Sickness for more than 3 days or are in critical condition while traveling outside of Your Home country, the Insurer will pay up to the maximum benefit as listed above for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the location of Your hospital confinement for one person designated by You. Payment for meals, ground transportation and other incidentals are the responsibility of the family member or friend.

Coverage is also provided under this benefit following a Felonious Assault for victims needing the support of a family member or friend. Felonious Assault is an act of violence against You.

Disappearance. If the body of a Covered Person has not been found within one year of the disappearance, forced landing, stranding, sinking, or wrecking of a conveyance in which such Eligible Participant was an occupant, then it shall be deemed, subject to all other terms and provisions of the Certificate, that such Covered Person shall have suffered Loss of life within the meaning of the Certificate.

There is no coverage for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country or from loss of life or dismemberment due to a sickness, disease or infection.

SECTION 8
PRE-EXISTING CONDITION LIMITATION

There is no limitation for Pre-Existing Conditions as defined under this Certificate.

SECTION 9
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. 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 ap

27. 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.
28. 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.
29. 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.
30. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
31. To the extent that such payments would be prohibited by law.

SECTION 10
DEFINITIONS

Unless specifically defined elsewhere, wherever used in the Certificate, the following terms have the meanings given below.

Durable Medical Equipment means medical equipment which:

1. Is prescribed by the Physician who documents the necessity for the item including the expected duration of its use;
2. Can withstand long term repeated use without replacement;
3. Is not useful in the absence of Injury or Sickness; and
4. Can be used in the home without medical supervision.

The Insurer will cover charges for the purchase of such equipment when the purchase price is expected to be less costly than rental.

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

Eligible Dependent: An Eligible Dependent may be the Individual Insured's la0 0 9.9ncay be (r)-2.2 (epe8 (ngs)9ts9.96 36 (ur)-2.1 y)2.3 pati (er)-n; -0 0 6

Participant means a person who:

1. Is engaged in international education or cultural activities; and
2. Is temporarily traveling outside his/her Home Country as a non-resident alien; and
3. Has not obtained permanent residency status in the country th1 48C-0.W1f0.00T1 1 Tf9b6 5633.3 (n t;)1.123 2.1 (y)28t3 (dent)1.1 (al)3.3 (i)3.(and)]TJ0 T

SECTION 15
CLAIM PROVISIONS

Notice of Claim: Written notice of any event which may lead to a claim under the Certificate

Grievances

For the purposes of this section, any reference to “You”, “Your” or “Covered Person” also refers to a representative or Provided by You to act on Your behalf, unless otherwise noted.

We want you to be completely satisfied with the care you receive. That is why we have established a process for addressing your concerns and solving your problems with the services provided.

Start with Customer Services

We are here to listen and help. If You have a concern regarding a person, a service, the quality of care, or contractual benefits, You can call Our toll-free number shown on your identification card and explain concerns to one of our Customer Service representatives. You o one LC e T A1.9 (ra)-2.1 ( )Tj0.

Privacy Statement

4 Ever Life International Limited wants You to know how We protect the confidentiality of you non-public personal information. We want You to know how and why We use and disclose the information that We have about you. The following describes our policies and practices for securing the privacy of our current and former customers.

Information We Collect