

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

Understanding your benefits.

Travel with confidence knowing we've got your back.

The Hun School of Princeton

July 1, 2026

BlueCross BlueShield Global Solutions℠

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



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

- For members studying inside the U.S.
- Coverage inside the U.S.

Welcome to your health plan!

Navigating the U.S. healthcare system while studying away from home doesn't have to be complicated. Blue Cross Blue Shield Global Solutions℠ (BCBS Global Solutions℠) 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:*

- Access to the industry-leading Blue Cross® and Blue Shield® PPO network, with providers in nearly every ZIP code
- 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
- Medically necessary evacuation and repatriation
- Wellness programs to support physical and mental well-being
- Retail pharmacy and mail order prescription benefits through our partner, Universal Rx†
- Emergency bedside visit

4 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

On-campus student health centers for everyday health services‡

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.

†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**.

‡Many schools have student health centers on campus. Consult your school's resources for more specific information about facilities, the care

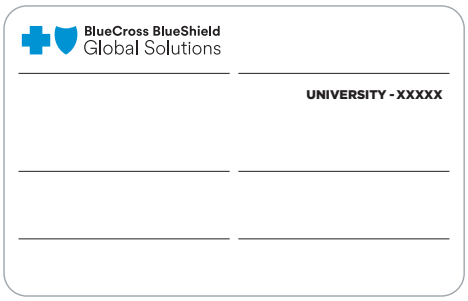
Getting started with your plan.

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 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.
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.

Getting pre-certification

Pre-certification, sometimes referred to as pre-authorization, means checking ahead of time if a procedure, treatment or service will be covered by your plan. It also helps make sure you get the right care in the right place. This can help you avoid paying too much—or paying for care you don't need.

Most of the time, an in-network provider will handle pre-certification for you. If you go to a provider who's not in our network, you'll need to start the process yourself.

- Need more information about pre-certification? See the Certification Requirements and Pre-certification section in your Certificate of Coverage, which can be found on the Member Portal and mobile app.
- Need to request pre-certification? Contact us at 800 952 3404.

Dealing with a medical emergency

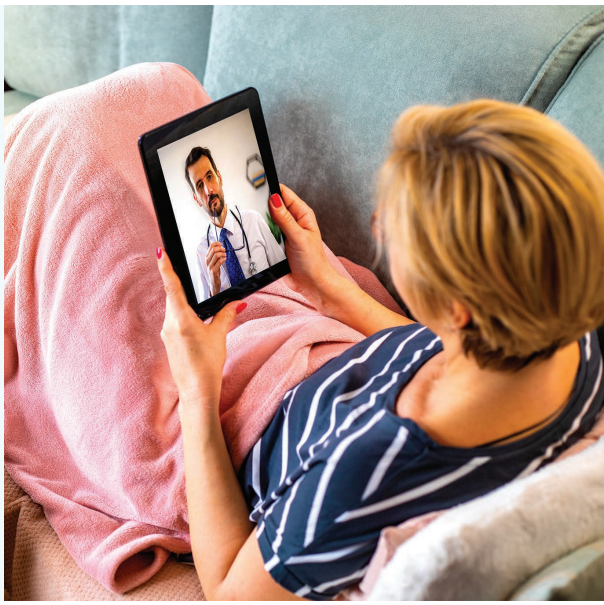
If you have a medical emergency, go to the nearest doctor or hospital right away. Once you're safe, call us using the number on the back of your ID card. We'll monitor your case closely to make sure you get the right care and that local resources are available for you.

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 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!*



Wellness services

Supporting your mental health and well-being, worldwide.

Living and studying in a new country is exciting, but it can also be a lot to deal with. Adjusting to a new place means changing your daily routine. You may face challenges you didn't expect. It's important to take care of yourself and those around you.

Our Global Counseling and Wellness Support program helps you with many different types of support and is separate from your institution. People in your institution can't see your personal information. In other words, what you share stays private.

Short-term counseling focused on finding solutions.*

Three pillars support our holistic approach to wellness.

Mental Health Support

Support for life's ups and downs. From managing stress to navigating personal challenges, we're here for you.

- Social conflicts
- Change in schoolwork
- Death of a loved one
- Traumatic event
- Holidays and gatherings
- Illness

Physical Wellness

Stay strong, stay well. Your health matters. Get personalized coaching and tips for a healthier lifestyle.

- Wellness coaching
- Health assessment
- Nutrition
- Stress management
- Fitness

Practical Support

Solutions for everyday life abroad. From planning travel to finding financial resources, we've got you covered.

- Personal growth
- Legal consultations
- Financial consultations
- Relocating/moving
- Travel

The pillars are connected and can influence each other. For example, stress from school can impact your home life. Health struggles can make it hard to focus and stay motivated. We're here to help you manage these challenges in a way that works for you.

Support is just a click away.

Here's how to get in touch with a counselor or wellness coach:

Mobile app†

- Click the telehealth icon in the app.
- Select Talk to a Counselor.
  - If you're looking for a wellness coach, just ask to speak with one.

Wellness Portal

- Go to the Member Portal on bcbsglobalsolutions.com.
- Select Wellness.
- Click the link for the portal.
- Select Connect With Us to schedule an appointment, live chat or request a counselor or wellness coach.

Phone

- Inside the U.S. toll free: 877 249 4765
- Outside the U.S.: +44 2089876228



The Wellness Portal has something for everyone!

You get access to:

- Wellness articles
- Webinars
- Recipes
- And more!

Wherever you are, we're here for ***your well-being.***

*Up to six sessions of counseling per issue, per year.

†Allow Blue Cross Blue Shield Global Solutions to access your location while you use the app. This enables the appropriate toll-free number to appear if one is assigned to your location.

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).

Translation Tools

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

Claims

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

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.

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.

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 always pay for services upfront and 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
MEDICAL EXPENSES	
Coverage Year Limit	$250,000
Coverage Deductible	$0 per Coverage Year
EMERGENCY MEDICAL EVACUATION	Maximum Benefit up to $100,000 per Coverage Year
EMERGENCY FAMILY TRAVEL ARRANGEMENTS	Maximum Benefit up to $1,500 per Coverage Year
REPATRIATION OF MORTAL REMAINS	Maximum Benefit up to $50,000 per Coverage Year
ACCIDENTAL DEATH & DISMEMBERMENT	Maximum Benefit: Principal Sum up to $10,000

SCHEDULE OF BENEFITS – TABLE 2
MEDICAL EXPENSE BENEFITS

MEDICAL EXPENSES	PPO Plan In PPO Limits+	PPO Plan Outside PPO Limits
Physician Office Visits	100% of the Negotiated Rate after a $20 Copayment per visit	100% of Reasonable Expenses after a $20 Copayment per visit
Treatment at an Urgent Care Facility	100% of the Negotiated Rate after a $35 Copayment per visit	100% of Reasonable Expenses after a $35 Copayment per visit
Hospital and Physician Outpatient Services Pre-Certification May be Required	100% of the Negotiated Rate after a $50 Copayment per visit	100% of Reasonable Expenses after a $50 Copayment per visit
Inpatient Hospital Services Pre-Certification May be Required	100% of the Negotiated Rate after a $50 Copayment per visit	100% of Reasonable Expenses after a $50 Copayment per visit
Emergency Hospital Services	100% of the Negotiated Rate after a $100 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived	100% of Reasonable Expenses after a $100 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived

+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.

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. This coverage is offered to the members of the Global Citizens Association, Washington, D.C.

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 Pre-Certification May be Required	Reasonable Expenses
Complications of Pregnancy	Reasonable Expenses
Inpatient treatment of mental and nervous disorders including substance abuse Pre-Certification May be Required	Reasonable Expenses up to $2,500 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 $1,000 Maximum per Coverage Year
Outpatient back and spine treatment (including modalities)	Reasonable Expenses up to 20 visits per Coverage Year on an Outpatient basis
Treatment of specified therapies, including acupuncture and Physiotherapy Pre-Certification May be Required	Reasonable Expenses up to 20 visits per Coverage Year on an Outpatient basis
Annual cervical cytology screening for women 18 and older	Reasonable Expenses
Low dose mammography screening, one baseline mammogram and one mammogram per year	Reasonable Expenses
Colorectal cancer screenings	Reasonable Expenses
Diabetic Supplies/Education	Reasonable Expenses
Prostate screening tests	Reasonable Expenses
Breast Reconstruction due to Mastectomy	Reasonable Expenses
Medical treatment arising from participation in interscholastic, intramural or club sports	Reasonable Expenses up to $10,000 per Coverage Year maximum. Injuries from participation in intramural sports are covered the same as any other injury.
Dental Treatment (including extractions) to alleviate pain	Reasonable Expenses up to $500 per Coverage Year maximum
Repairs to sound, natural teeth required due to an Injury	Reasonable Expenses up to $750 per Coverage Year maximum
Outpatient prescription drugs including oral contraceptives and devices	80% of the actual charge up to a $500 maximum per Coverage Year

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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 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 sleep disorders.
20. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.
21. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
22. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
23. 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 an person employed by the Member, including team Doctor and trainers or any other service performed at no cost.
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. 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.
26. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
27. Loss arising from

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a. participating in any professional sports, contest or competition;
b. Racing or speed contests;
c. 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.

28. 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.
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. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
32. Expense covered under any Other Plan.
33. To the extent that such payments would be prohibited by law.

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.

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Say *"yes"* to the journey.

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

Phone

Inside the U.S.: 844 268 2686

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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Global Counseling and Wellness Support are provided by WorkPlace Options, an independent company that is not affiliated with Blue Cross Blue Shield Global Solutions and does not provide Blue Cross or Blue Shield products or services. WorkPlace Options is solely responsible for referring participants for counseling, coaching and work-life services and health assessments by providers who are appropriately licensed by local authorities. The evaluation and efficacy of any service delivered by a provider lies solely with the employee, spouse, dependent or other authorized party who inquires on behalf of those or other participants. Blue Cross Blue Shield Global Solutions shall have no responsibility or liability whatsoever for any aspect of the provider counseling, coaching, work-life services and health assessments or other similar services, or the counselor/participant relationship.

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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.

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.

SCHL302450-MEM-2/26