



# OVERSEAS PROGRAM

2020 Blue Cross and Blue Shield  
Service Benefit Plan

More healthy benefits to help you  
wherever you are.



**BlueCross  
BlueShield**

Federal Employee Program.

[fepblue.org](https://fepblue.org)

# USING YOUR COVERAGE OVERSEAS

Your Blue Cross and Blue Shield Service Benefit Plan coverage works in the U.S. and overseas. This pamphlet can help you understand how to use your benefits outside of the U.S., Puerto Rico or the U.S. Virgin Islands.



## Locate Overseas Providers

When you're outside of the U.S., you can use any covered provider. To locate a provider overseas, visit [fepblue.org/provider](https://fepblue.org/provider) and click "Overseas Providers" or call **1-804-673-1678**.

## UNDERSTANDING OUR OVERSEAS NETWORK

We have a network of participating providers who agree to a direct billing arrangement with our overseas vendor, GMMI. These providers accept our allowance as payment in full for their services. They also file your claims for you. We have over 11,000 providers who participate in our overseas network. This includes hospitals, clinics, doctors and specialists.

You can also see providers who are not in GMMI's network. We pay these providers based on our Plan allowance. You'll pay any deductibles and other out-of-pocket amounts for your care. You may also pay the difference between our allowance and the provider's billed charge. Additionally, you will need to submit a claim. Here's how:

	Overseas Medical Claims	Overseas Pharmacy Claims
Online	<ol style="list-style-type: none"><li>1. Log in or register for MyBlue® at <a href="https://fepblue.org/myblue">fepblue.org/myblue</a>.</li><li>2. On the homepage, hover over the Claims &amp; Costs tab and click "Submit Overseas Claim."</li><li>3. Follow the instructions to submit the claim and upload your itemized bills.</li></ol>	
Fax	Fax your completed claim form and itemized bills to <b>001-954-308-3957</b> .	Fax your completed claim form and itemized bills to <b>001-480-614-7674</b> .
Mail	Send your completed claim form and itemized bills to: <b>Federal Employee Program Overseas Claims</b> PO Box 260070 Pembroke Pines, FL 33026	Send your completed claim form and itemized bills to: <b>Blue Cross and Blue Shield Service Benefit Plan Retail Pharmacy Program</b> PO Box 52057 Phoenix, AZ 85072-2057

## GETTING INPATIENT CARE

For overseas services, we pay for your care at the Preferred benefit level. In most cases, your copay and coinsurance amounts are the same as they would be in the U.S.

For inpatient care, we'll cover Standard Option members' care in full at any inpatient facility. For Basic Option and FEP Blue Focus members, we'll cover inpatient care in full if you go to a provider that has a direct billing arrangement or if you visit a Department of Defense facility.

You should call the Overseas Assistance Center at **1-804-673-1678** or email them at [fepoverseas@gmmi.com](mailto:fepoverseas@gmmi.com) before you receive care. The Center can tell you if the facility has a guarantee of benefits or direct billing arrangement in place.

# 2020 COMPARISON OF BENEFITS

You have three coverage options to choose from. Under all three, you pay the difference between our payment and the amount billed, in addition to your cost share amounts unless the provider participates in a direct billing arrangement.

Benefit	Standard Option	Basic Option	FEP Blue Focus
<b>Primary care doctor</b>	\$25 copay	\$30 copay	\$10 per visit for your first 10 primary and/or specialist visits
<b>Specialists</b>	\$35 copay	\$40 copay	
<b>Maternity</b>	\$0 copay	You pay nothing overseas <sup>†</sup>	You pay nothing overseas <sup>†</sup>
<b>Inpatient hospital<sup>†</sup></b>	\$0 copay	\$0 copay	\$0 copay
<b>Outpatient hospital</b>	15% of our allowance	\$100 per day per facility	30% of our allowance <sup>2</sup>
<b>Surgery</b>	15% of our allowance	\$150 in an office <sup>1</sup> \$200 in a non-office setting <sup>1</sup>	30% of our allowance <sup>2</sup>
<b>ER – accidental injury</b>	\$0 within 72 hours	\$125 per day + cost of doctor care	\$0 within 72 hours
<b>ER – medical emergency</b>	15% of our allowance	\$125 per day + cost of doctor care	30% of our allowance <sup>*</sup>
<b>Lab work (such as lab tests and EKGs)</b>	15% of our allowance	\$0 copay <sup>1</sup>	\$0 for the first 10 specific lab tests <sup>3</sup>
<b>Diagnostic services (such as sleep studies, X-rays, CT scans)</b>	15% of our allowance	Up to \$100 in an office <sup>1</sup> Up to \$150 in a hospital <sup>1</sup>	30% of our allowance <sup>2</sup>
<b>Prescription drugs</b> Drugs purchased outside the U.S. must be equivalent to drugs that by U.S. federal law require a prescription. Visit <a href="http://fepblue.org/pharmacy">fepblue.org/pharmacy</a> to download the current approved drug lists (formularies) for each coverage type and to learn more about supply and refill limits.	<b>Overseas Retail Pharmacy</b> 15% of our allowance  <b>Mail Service Pharmacy<sup>**</sup></b> Tier 1: \$15 Tier 2: \$90 Tier 3: \$125  <b>Specialty Pharmacy<sup>**</sup></b> Tier 4: \$50 Tier 5: \$70	<b>Overseas Retail Pharmacy</b> 30% of our allowance  <b>Mail Service Pharmacy<sup>**</sup></b> Not a benefit unless you have Medicare Part B primary  <b>Specialty Pharmacy<sup>**</sup></b> Tier 4: \$70 Tier 5: \$95	<b>Overseas Retail Pharmacy</b> Tier 1: \$5 copay Tier 2: 40% of our allowance (\$350 maximum)  <b>Mail Service Pharmacy<sup>**</sup></b> Not a benefit  <b>Specialty Pharmacy<sup>**</sup></b> 40% of our allowance (\$350 maximum)
<b>Out-of-pocket maximum</b>	<b>Self Only: \$5,000</b> <b>Self + One and Self &amp; Family: \$10,000</b>	<b>Self Only: \$5,500</b> <b>Self + One and Self &amp; Family: \$11,000</b>	<b>Self Only: \$6,500</b> <b>Self + One and Self &amp; Family: \$13,000</b>

<sup>\*</sup>Is subject to the calendar year deductible. The deductible for FEP Blue Focus is \$500 per person or \$1,000 in total per family. Basic Option does not have a calendar year deductible. Certain out-of-pocket costs do not apply if Medicare is your primary coverage for medical services (it pays first).

<sup>†</sup>Under Basic Option you pay 30% of our allowance for agents, drugs and/or supplies you receive during your care.

<sup>2</sup>Deductible applies. In addition, you pay 30% of our allowance for agents, drugs and/or supplies you receive during your care.

<sup>3</sup>Please see the brochure for covered lab services.

<sup>\*\*</sup>In order to receive prescriptions through the Mail Service or Specialty Pharmacy Program, your address must have a U.S. zip code and the prescribing physician must be licensed within the U.S., Puerto Rico or the U.S. Virgin Islands. For countries with laws restricting the importation of prescription drugs from any other country, we cannot ship drugs from our Mail Service Pharmacy Program, or from our Specialty Pharmacy Program to members living overseas, even when you have a valid APO or FPO address. You may continue to receive your prescription drugs from a local overseas pharmacy and submit a claim to us for reimbursement.











<sup>††</sup>We waive the \$350 Standard Option copay, \$175 per day Basic Option copay, and 30% FEP Blue Focus coinsurance for inpatient care you receive overseas. For Basic Option and FEP Blue Focus, your provider must be a DoD facility or have a direct billing or guarantee of benefits arrangement with GMMI for you to receive this benefit.

## 2020 PREMIUMS


	Standard Option			Basic Option			FEP Blue Focus		
	Enrollment Code	BI-WEEKLY	MONTHLY	Enrollment Code	BI-WEEKLY	MONTHLY	Enrollment Code	BI-WEEKLY	MONTHLY
<b>Self Only</b>	104	\$116.91	\$253.30	111	\$75.94	\$164.55	131	\$53.14	\$115.15
<b>Self + One</b>	106	\$267.15	\$578.83	113	\$178.61	\$386.99	133	\$114.25	\$247.55
<b>Self &amp; Family</b>	105	\$286.74	\$621.27	112	\$191.22	\$414.31	132	\$125.67	\$272.29

These rates don't apply to all enrollees. If you are in a specific enrollment category, please contact the agency or Tribal employer that maintains your health benefits enrollment.


## WE MAKE IT EASY FOR YOU TO USE YOUR BENEFITS OVERSEAS:

-  Use any covered provider overseas.
-  Access our overseas network of over 11,000 providers.
-  Access to case management services overseas.
-  We waive your copays for inpatient care.
-  Receive emergency evacuation services to the nearest facility equipped to treat your condition.
-  Receive free translation services.
-  Submit your claims by mail, fax or online.
-  Get reimbursed for your claims in local currency or in U.S. dollars.
-  Receive your payment by secure bank wire or as a USD check.
-  We waive the Standard Option calendar year deductible for all covered services overseas.

You can visit [fepblue.org/overseas](https://fepblue.org/overseas) to learn more about your benefits overseas.

 **24/7 Nurse Line**  
1-888-258-3432

 **Retail Pharmacy**  
1-800-624-5060

 **Overseas Customer Service**  
1-888-999-9862  
Weekdays 5 a.m. to 6 p.m. Eastern time

 **Overseas Assistance Center**  
1-800-699-4337 (U.S., Puerto Rico or the U.S. Virgin Islands)  
1-804-673-1678 (Outside the U.S.)  
Email: [fepoverseas@gmml.com](mailto:fepoverseas@gmml.com)



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This is a summary of the features of the Blue Cross and Blue Shield Service Benefit Plan. Before making a final decision, please read the Plan's Federal brochures (Standard Option and Basic Option: RI 71-005; FEP Blue Focus: RI 71-017). All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochures.

The Blue Cross® and Blue Shield® words and symbols, Federal Employee Program®, MyBlue® and FEP® are all trademarks owned by Blue Cross Blue Shield Association.

The Blue Cross and Blue Shield Service Benefit Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.

請撥打您ID卡上的客服號碼以尋求中文協助。

SBPOVSBK2020