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The Blue Cross and Blue Shield Service Benefit Plan has been serving federal employees, retirees and their families for over 60 years. One of the things that sets our coverage apart is that you can use your benefits both in the U.S. and overseas.

Here’s why federal employees choose Blue:

- Your coverage works no matter where you live or travel
- When you’re overseas, we waive your copays for inpatient care
- We waive your deductibles for overseas care
- Similar to in the U.S., preventive care is always at no cost to you
- We have dedicated 24-hour overseas assistance
- You have access to a number of wellness programs and discounts

Our network keeps growing with 14,500 providers who accept direct billing/guarantee of benefits arrangements
As with all of our members, you’ll have the option to enroll in one of our three plans:

- **FEP Blue Focus**
- **Basic Option**
- **Standard Option**

You’ll also have three levels of coverage to select from:

- **Self Only**
- **Self + One**
- **Self & Family**

Throughout this booklet, we will showcase how our benefits work overseas. While many of our benefits are the same no matter where you are, we do offer some benefits exclusively for members who live or travel outside of the U.S.

For more information on using your benefits within the U.S., please visit our website [fepblue.org](http://fepblue.org) or call **1-800-411-BLUE (2583)**.
Save time. Skip the reimbursements.

You can use any licensed provider overseas. However, before you get care, we recommend that you arrange for a guarantee of benefits so you don’t need to pay for services and then file a claim for reimbursement.

What is a guarantee of benefits?

A guarantee of benefits, or GOB, allows your provider to bill our Overseas Assistance Center (managed by GMMI) directly for your covered services, meaning you don’t need to submit a separate claim.

How can I find a provider who accepts direct billing?

GMMI has over 14,500 providers with direct billing arrangements. All of these providers are listed in our overseas provider directory located at fepblue.org/provider. You can also call 1-804-673-1678.

What if my provider isn’t listed in the directory?

Call or email our Overseas Assistance Center—they’ll be happy to work with your provider to try and get a GOB in place. You can also complete a provider nomination form and send it to GMMI.

Setting up a GOB

To get started setting up a GOB, call our Overseas Assistance Center at 1-804-673-1678 or email fepoverseas@gmmi.com.
What happens if my provider doesn’t accept a GOB?

If your provider does not accept a GOB, we will still pay for your covered services at the Preferred (in-network) level. However, you’ll need to pay for your care, and we’ll reimburse you after you submit a claim and associated itemized bills. To help avoid any claims delays, you should ask your provider to give you the medical records for your care. You’ll need these when it’s time to submit your claim.

Once you have your medical records and itemized bills, you can submit your claim online, by fax or by mail.

Submit online using our updated overseas claim submission form
Login or register for a MyBlue® account. Once you’re logged in, click “Submit Overseas Claim” under the Claims & Costs tab.

Submit by fax or mail
Download and complete your medical claim form or pharmacy claim form. Send the completed form and itemized bills to the correct location noted below.

Medical Claims
Federal Employee Program Overseas Claims
PO Box 260070, Pembroke Pines, FL 33026
001-954-308-3957

Pharmacy Claims
Blue Cross and Blue Shield Service Benefit Plan Retail Pharmacy Program
PO Box 52057, Phoenix, AZ 85072-2057
001-480-614-7674

Did you know?
We offer free translation services and currency conversion to members overseas. If you receive a bill or claim in a different language, our Overseas Assistance Center will translate it for you. You can also request to have your reimbursement paid in U.S. currency or local currency.
<table>
<thead>
<tr>
<th>Benefit</th>
<th>FEP Blue Focus</th>
<th>Basic Option</th>
<th>Standard Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care doctor</td>
<td>$10 per visit for your first 10 primary and/or specialty care visits¹</td>
<td>$30 copay¹</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Specialists</td>
<td>$40 copay¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health visits</td>
<td>$30 copay¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Global care through Teladoc®</td>
<td>$0 for first 2 visits $10 all additional visits</td>
<td>$0 for first 2 visits $15 all additional visits</td>
<td>$0 for first 2 visits $10 all additional visits</td>
</tr>
<tr>
<td>Maternity</td>
<td>$0 copay with GOB</td>
<td>$0 copay with GOB</td>
<td>$0 copay with GOB</td>
</tr>
<tr>
<td>Inpatient hospital</td>
<td>$0 copay with GOB¹</td>
<td>$0 copay with GOB</td>
<td>$0 copay with GOB</td>
</tr>
<tr>
<td>Outpatient hospital</td>
<td>30% of our allowance¹</td>
<td>$150 per day per facility¹</td>
<td>15% of our allowance</td>
</tr>
<tr>
<td>Surgery</td>
<td>30% of our allowance¹</td>
<td>$150 per surgeon in an office setting¹</td>
<td>15% of our allowance</td>
</tr>
<tr>
<td>ER (accidental injury)</td>
<td>$0 within 72 hours</td>
<td>$250 per day</td>
<td>$0 within 72 hours</td>
</tr>
<tr>
<td>ER (medical emergency)</td>
<td>30% of our allowance</td>
<td>$250 copay</td>
<td>15% of our allowance</td>
</tr>
<tr>
<td>Lab work (such as lab tests and EKGs)</td>
<td>$0 for first 10 specific lab tests²</td>
<td>15% of our allowance¹</td>
<td>15% of our allowance</td>
</tr>
<tr>
<td>Diagnostic services (such as sleep studies, X-rays, CT scans)</td>
<td>30% of our allowance¹</td>
<td>Up to $150 in an office¹ Up to $250 in a hospital¹</td>
<td>15% of our allowance</td>
</tr>
<tr>
<td>Physical, Speech and/or Occupational Therapy</td>
<td>$25 copay per visit Limited to 25 visits per person a year</td>
<td>$30 at a primary care doctor $40 at a specialist Limited to 50 visits per person a year</td>
<td>$25 at a primary care doctor $35 at a specialist Limited to 75 visits per person a year</td>
</tr>
<tr>
<td>Deductible</td>
<td>Waived overseas</td>
<td>No deductible</td>
<td>Waived overseas</td>
</tr>
<tr>
<td>Out-of-Pocket maximum</td>
<td>Self Only: $8,500 Self + One and Self &amp; Family: $17,000</td>
<td>Self Only: $6,500 Self + One and Self &amp; Family: $13,000</td>
<td>Self Only: $6,000 Self + One and Self &amp; Family: $12,000</td>
</tr>
</tbody>
</table>

¹You pay 30% of our allowance for agents, drugs and/or supplies you receive during your care.
²Please see the brochure for covered lab services.
2023 Overseas pharmacy benefits

You can use your pharmacy benefits overseas as well. Drugs purchased overseas must be equivalent to drugs that by U.S. federal law require a prescription. You can download our approved drug list (formularies) at fepblue.org/pharmacy.

Get your prescriptions mailed to you

You can use the Mail Service or Specialty Pharmacy Programs overseas as long as:

- You have a valid U.S. ZIP Code. This includes valid APO, DPO and FPO addresses.
- Your prescribing physician is licensed in the U.S., Puerto Rico or the U.S. Virgin Islands.
- The country you live in does not restrict the importation of drugs from other countries.

What you pay for a 30-day supply of drugs overseas

<table>
<thead>
<tr>
<th></th>
<th>FEP Blue Focus</th>
<th>Basic Option</th>
<th>Standard Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overseas Retail Rx</td>
<td>Tier 1: $5 copay</td>
<td>30% of our allowance ($350 max)</td>
<td>15% of our allowance</td>
</tr>
<tr>
<td></td>
<td>Tier 2: 40% of our allowance ($350 max)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail Service Rx</td>
<td>Not a benefit</td>
<td>Not a benefit unless you have Medicare Part B primary</td>
<td>Tier 1: $15 Tier 2: $90 Tier 3: $125</td>
</tr>
<tr>
<td>Specialty Rx</td>
<td>40% of our allowance ($350 max)</td>
<td>Tier 4: $85 Tier 5: $110</td>
<td>Tier 4: $65 Tier 5: $85</td>
</tr>
</tbody>
</table>

Tier levels vary between FEP Blue Focus, Basic Option and Standard Option. Visit fepblue.org/pharmacy to learn more about our drug tiers.

Did you know?

If you take a maintenance medication and you are about to go overseas for an extended period of time, you can request up to a 12-month supply of your prescription before you leave the U.S. Contact our Pharmacy Program at 1-800-624-5060 to learn more.
Care overseas

Members overseas can visit with providers in person and, if applicable, virtually or on the phone. Call **1-804-673-1678** to get assistance finding in-person care overseas.

**Inpatient care**

We waive the cost of covered inpatient care received overseas. For Standard Option, you can go to any inpatient care provider (we still recommend you get a GOB first, so you don’t have to submit a claim). For FEP Blue Focus and Basic Option, you **must** visit a Department of Defense facility or a provider that accepts a GOB arrangement. Call **1-804-673-1678** or email **fepoverseas@gmmi.com** to set up a GOB.

**Teladoc Global Care**

Members living overseas can get 24/7 virtual care through Teladoc Global Care. Through this program, you can speak to experienced doctors by phone, tablet or computer—anytime, anywhere.

With this benefit, you can get care for non-emergency health issues like:

- Cold and flu symptoms
- Sore throat
- Stomachache
- Allergies

Get started today by downloading the Teladoc Global Care app. You must have an international address to register.

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**Using telemedicine services through a local provider**

All members, regardless of where you live, can receive virtual care from local providers outside of our Teladoc network. We cover online or phone telemedicine consults provided by primary care physicians and specialists. You’ll pay the same copay for these visits that you would pay if you visited the provider in person (see our benefit chart on page 5).

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**Emergency evacuation services**

We provide emergency evacuation services for members overseas. If there’s an emergency, we’ll transfer you to the nearest facility that can treat your condition. If you need these services, please call **1-804-673-1678** **before** you receive services. This will help prevent you from getting overcharged for the transport.
Health and wellness programs

As a Service Benefit Plan member, you have access to a number of health and wellness programs. Learn more about our programs at fepblue.org/healthwellness.

**Blue Health Assessment**
Get a health action plan you can use to live healthier. Basic and Standard Option members may also earn $50 for completing the BHA each year.

**Online Health Coach**
Get support and actionable steps you can take to reach your health goals or manage certain chronic conditions. Basic and Standard Option members may earn up to $120 for completing up to three eligible goals.

**Routine Annual Physical Incentive Program**
FEP Blue Focus members can get rewarded for getting their annual physical each year.

**Pregnancy Care Incentive Program**
Pregnant members can get support and incentives throughout their pregnancy. Basic and Standard Option members can earn $75 for getting prenatal care in their first trimester. You can also earn a Pregnancy Care Box with items to support you during and after your pregnancy.

**Diabetes Programs**
If you have diabetes, keeping it in check is important. Basic and Standard Option members can receive a free digital glucose monitor and unlimited lancets through our Diabetes Management Program by Livongo®. They can also earn up to $100 for managing their A1c through our Diabetes Management Incentive Program.

**Hypertension Management Program**
Members with high blood pressure may be eligible to receive a free blood pressure monitor if you have a claim that supports you have high blood pressure.

**Case Management**
Members with certain conditions can choose to enroll in case management. Through this program, you can work with licensed health care professionals to help you navigate your health needs.

**MyBlue**
Sign up for MyBlue and get notified about important benefits and programs exclusive to overseas members.

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Please note: For certain programs, you need a valid APO, FPO or DPO address to participate or receive rewards. In addition, overseas members can use the MyBlue® Wellness Card to make qualified medical expense purchases outside the U.S. at approved health care merchants, but it is more likely that you will be asked to send in your receipts to authorize the use of funds on your card for those purchases.
CONTACT US
We’re here to assist you if you need help overseas.

**Overseas Customer Service (weekdays from 5 a.m. to 6 p.m. Eastern Time)**
Do you need help with things like claims filing, enrollment questions, obtaining a Certificate of Coverage and U.S. dollar check reimbursements? Call our dedicated Overseas Customer Service at **1-888-999-9862**.

**Overseas Assistance Center (available 24/7)**
Need help with finding a provider overseas, direct billing or guarantee of benefits arrangements, emergency medical evacuations, translation services and more? Call our Overseas Assistance Center at **1-804-673-1678** or email them at **fepoverseas@gmmi.com**.

**Overseas Pharmacy Questions (available 24/7)**
**1-888-624-5060**

Learn more at [fepblue.org/overseas](http://fepblue.org/overseas)