



**BlueCross.
BlueShield.**

Federal Employee Program.

fepblue.org

A man and a woman are standing on a snowy mountain slope, smiling. The man is wearing a blue and white ski jacket and a blue beanie. The woman is wearing a red ski jacket and a white beanie. They are both holding ski poles. The background shows a snowy mountain with evergreen trees.

2019 BLUE CROSS AND BLUE SHIELD SERVICE BENEFIT PLAN
OVERSEAS PROGRAM

Get more out of life with a plan that keeps you covered
at home and abroad.

In 2019, we're happy to introduce you to our new overseas partner, GMMI, Inc.

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://www.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 14,400 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">1. Log in or register for MyBlue® at fepblue.org/myblue.2. On the homepage, hover over the Claims & Costs tab and click "Submit Overseas Claim."3. Follow the instructions to submit the claim and upload your itemized bills.	
Fax	Fax your completed claim form and itemized bills to 001-954-308-3957 .	Fax your completed claim form and itemized bills to 001-480-614-7674 .
Mail	Send your completed claim form and itemized bills to: Federal Employee Program Overseas Claims PO Box 260070 Pembroke Pines, FL 33026	Send your completed claim form and itemized bills to: Blue Cross and Blue Shield Service Benefit Plan Retail Pharmacy Program 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 pay for your covered care in full if you go to a facility that participates in our overseas network or if you visit an overseas Department of Defense (DoD) facility.

For non-DoD facilities, the facility must have a guarantee of benefits or direct billing arrangement with GMMI for you to receive this benefit. You should call the Overseas Assistance Center at **1-804-673-1678** or email them at 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.

2019 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
Primary care doctor	\$25 copay	\$30 copay	\$10 per visit for your first 10 primary and/or specialist visits
Specialists	\$35 copay	\$40 copay	
Maternity	\$0 copay	You pay nothing overseas [†]	You pay nothing overseas [†]
Inpatient hospital[†]	\$0 copay	\$0 copay	\$0 copay
Outpatient hospital	15% of our allowance*	\$100 per day per facility	30% of our allowance ²
Surgery	15% of our allowance*	\$150 in an office ¹ \$200 in a non-office setting ¹	30% of our allowance ²
ER – accidental injury	\$0 within 72 hours	\$125 per day + cost of doctor care	\$0 within 72 hours
ER – medical emergency	15% of our allowance*	\$125 per day + cost of doctor care	30% of our allowance*
Lab work (such as lab tests and EKGs)	15% of our allowance*	\$0 copay ¹	30% of our allowance ²
Diagnostic services (such as sleep studies, X-rays, CT scans)	15% of our allowance*	Up to \$100 in an office ¹ Up to \$150 in a hospital ¹	30% of our allowance ²
Prescription drugs Drugs purchased outside the U.S. must be equivalent to drugs that by U.S. federal law require a prescription. Visit fepblue.org/pharmacy to download the current approved drug lists (formularies) for each coverage type and to learn more about supply and refill limits.	Overseas Retail Pharmacy 15% of our allowance Mail Service Pharmacy** Tier 1: \$15 Tier 2: \$90 Tier 3: \$125 Specialty Pharmacy** Tier 4: \$50 Tier 5: \$70	Overseas Retail Pharmacy 30% of our allowance Mail Service Pharmacy** Not a benefit unless you have Medicare Part B primary Specialty Pharmacy** Tier 4: \$70 Tier 5: \$95	Overseas Retail Pharmacy Tier 1: \$5 copay Tier 2: 40% of our allowance (\$350 maximum) Mail Service Pharmacy** Not a benefit Specialty Pharmacy** 40% of our allowance (\$350 maximum)
Out-of-pocket maximum	Self Only: \$5,000 Self + One and Self & Family: \$10,000	Self Only: \$5,500 Self + One and Self & Family: \$11,000	Self Only: \$6,500 Self + One and Self & Family: \$13,000

*Is subject to the calendar year deductible. The deductible for Standard Option is \$350 per person or \$700 in total per family. 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).

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

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

**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.










[†]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. 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.

2019 PREMIUMS


	Standard Option			Basic Option			FEP Blue Focus		
	Enrollment Code	BI-WEEKLY	MONTHLY	Enrollment Code	BI-WEEKLY	MONTHLY	Enrollment Code	BI-WEEKLY	MONTHLY
Self Only	104	\$112.23	\$243.17	111	\$73.72	\$159.74	131	\$53.14	\$115.15
Self + One	106	\$256.54	\$555.83	113	\$170.57	\$369.56	133	\$114.25	\$247.55
Self & Family	105	\$268.21	\$581.13	112	\$177.24	\$384.02	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 14,400 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.

You can visit 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 3 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@gmgi.com



Stay connected to fepblue



Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc., registered in the U.S. and other countries. Google Play and the Google Play logo are trademarks of Google LLC.

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。