



COVERAGE AT HOME AND ABROAD.

2018 Blue Cross and Blue Shield
Service Benefit Plan Overseas Program



**BlueCross.
BlueShield.**

Federal Employee Program.

fepblue.org

USING YOUR COVERAGE OVERSEAS

Your Blue Cross and Blue Shield Service Benefit Plan coverage works in the U.S. and overseas. Here's 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 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, AXA Assistance. These providers accept our allowance as payment in full for their services. They also file your claims for you. We have nearly **9,100** hospitals and **12,000** professional providers overseas who participate in our overseas network.

We pay all other overseas 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 on or register for MyBlue® at fepblue.org/myblue.2. On the homepage, hover over the HealthTools 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 001-410-781-7637 (or 1-888-650-6525 toll free).	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 261570 Miami, FL 33126	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 (hospital stays), we'll pay for your covered care in full if you see a provider who 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 AXA for you to receive this benefit. You should call the Worldwide Assistance Center at **1-804-673-1678** or email them at fepoverseas@axa-assistance.us before you receive care. The Center can tell you if the facility has a guarantee of benefits or direct billing arrangement in place.

2018 COMPARISON OF BENEFITS

Under both options, you pay the difference between our payment and the amount billed, in addition to any applicable coinsurance, copay and/or deductible amounts unless the provider participates in a direct billing arrangement with AXA.

Benefit	Standard Option	Basic Option
Wellness Incentive Program	Contract holders and covered spouses can earn \$50 for completing the Blue Health Assessment. Then, earn up to \$120 for achieving three eligible Online Health Coach goals. Learn more at febblue.org/healthtools .	
Preventive Care	Nothing	Nothing
Physician Care	\$25 for primary care \$35 for specialists	\$30 for primary care \$40 for specialists
Lab and Diagnostic Services	15%* of our allowance	Nothing¹ for lab tests, pathology services and EKGs \$40¹ for diagnostic tests such as home sleep studies, EEGs, ultrasounds and X-rays \$100¹ for angiography, bone density tests, CT scans, MRIs, PET scans, genetic testing, nuclear medicine and sleep studies in an office setting; \$150¹ at a hospital
Hospital Care	Inpatient: You pay nothing overseas [†] Outpatient: 15%* of our allowance	Inpatient: You pay nothing overseas [†] Outpatient: \$100¹ per day per facility
Surgical Services	15%* of our allowance	\$150¹ in an office setting \$200¹ in a non-office setting
Maternity Care	You pay nothing for delivery and pre- and postnatal care	You pay nothing overseas for delivery and pre- and postnatal care [†]
Urgent Care Center	\$30 per visit	\$35 per visit
Emergency Care	Accidental Injury: You pay nothing for outpatient services within 72 hours Medical Emergency: Regular benefits for physician and hospital care*	Accidental Injury and Medical Emergency: \$125 per day for emergency room care Regular benefits for physician care
Prescription Drugs Drugs purchased outside the U.S. must be equivalent to drugs that by U.S. federal law require a prescription. See the 2018 Blue Cross and Blue Shield Service Benefit Plan brochure for information on supply and refill limits.	Overseas Retail Pharmacy: 15% of our allowance Mail Service Pharmacy:** Tier 1 (Generics): \$15 copay Tier 2 (Preferred brand): \$80 copay Tier 3 (Non-preferred brand): \$125 copay Specialty Pharmacy:** Tier 4 (Preferred specialty): \$35 copay Tier 5 (Non-preferred specialty): \$55 copay	Overseas Retail Pharmacy: 30% of our allowance Mail Service Pharmacy:** Not a benefit unless you have Medicare Part B primary Specialty Pharmacy:** Tier 4 (Preferred specialty): \$55 copay Tier 5 (Non-preferred specialty): \$80 copay
Chiropractic Care	\$25 copay per visit; up to 12 visits per year	\$30 copay per visit; up to 20 visits per year
Dental Care	The difference between the fee schedule amount and the Maximum Allowable Charge (MAC)	\$30 copay per evaluation; up to 2 per year
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

*Is subject to the 2018 Standard Option calendar year deductible: \$350 per person or \$700 in total for Self Plus One or Self and Family contracts. 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). ¹Under Basic Option 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.

[†]Your provider must be a DoD facility or have a direct billing or guarantee of benefits arrangement with AXA for you to receive this benefit.











2018 Rate Information

Standard Option Rates – Your Share				
TYPE OF ENROLLMENT	Non-Postal Premium		Postal Premium	
	BIWEEKLY	MONTHLY	BIWEEKLY Category 1	BIWEEKLY Category 2
Self Only (104)	\$113.16	\$245.18	\$106.79	\$100.43
Self + One (106)	\$257.81	\$558.59	\$244.17	\$230.53
Self & Family (105)	\$271.95	\$589.23	\$257.46	\$242.97

Basic Option Rates – Your Share				
TYPE OF ENROLLMENT	Non-Postal Premium		Postal Premium	
	BIWEEKLY	MONTHLY	BIWEEKLY Category 1	BIWEEKLY Category 2
Self Only (111)	\$73.72	\$159.74	\$67.09	\$61.19
Self + One (113)	\$171.84	\$372.32	\$158.20	\$144.56
Self & Family (112)	\$180.98	\$392.12	\$166.49	\$152.00

These rates do not apply to all Enrollees. If you are in a special 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 20,000 providers.
-  Access to overseas case management programs.
-  Receive inpatient care at no out-of-pocket cost to you.
-  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 check.
-  Talk to a U.S.-licensed healthcare professional via telephone or video chat through our Overseas Teleconsultation Program.

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

 **Worldwide 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@axa-assistance.us



STAY CONNECTED TO FEPBLUE



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This is a summary of the features of the 2018 Blue Cross and Blue Shield Service Benefit Plan. Before making a final decision, please read the Plan's Federal brochure (RI 71-005). All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochure.

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。

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