

**2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**  
**Section 5(i). Services, Drugs, and Supplies Provided Overseas**  
**Page 134**

---

**Section 5(i). Services, Drugs, and Supplies Provided Overseas**

---

If you travel or live outside the United States, Puerto Rico, and the U.S. Virgin Islands, you are still entitled to the benefits described in this brochure. Unless otherwise noted in this Section, the same definitions, limitations, and exclusions also apply. Costs associated with repatriation from an international location back to the United States are not covered. See Section 10 for a definition of repatriation. See below and later in this section for the claims information we need to process overseas claims. We may request that you provide complete medical records from your provider to support your claim. If you plan to receive healthcare services in a country sanctioned by the Office of Foreign Assets Control (OFAC) of the U.S. Department of the Treasury, your claim must include documentation of a government exemption under OFAC authorizing care in that country.

**Please note that the requirements to obtain precertification for inpatient care and prior approval for those services listed in Section 3 do not apply when you receive care overseas, with the exception of admissions to residential treatment centers and skilled nursing facilities. Prior approval is required for all non-emergent air ambulance transport services for overseas members (refer to Section 5(c)). Protections offered under the NSA (see Section 4) do not apply to overseas claims. Members enrolled in the FEP Medicare Prescription Drug Program have no coverage for drugs obtained and/or purchased overseas. Please visit [www.fepblue.org/overseas-coverage](http://www.fepblue.org/overseas-coverage) for additional information.**

---

**Overseas Assistance Center**

We have a network of participating hospitals overseas that will file your claims for inpatient facility care for you – without an advance payment for the covered services you receive. We also have a network of professional providers who have agreed to accept a negotiated amount as payment in full for their services. The Overseas Assistance Center can help you locate a hospital or physician in our network near where you are staying. You may also view a list of our network providers on our website, [www.fepblue.org](http://www.fepblue.org). You will have to file a claim to us for reimbursement for professional services unless you or your provider contacts the Overseas Assistance Center in advance to arrange direct billing and payment to the provider.

**Corrections, 11/23/25**

If you are overseas and need assistance locating providers (whether in or out of our network), contact the Overseas Assistance Center (provided by GeoBlue), by calling ~~804-673-1678~~ 484-776-1200. Members in the United States, Puerto Rico, or the U.S. Virgin Islands should call ~~800-699-4337~~ 833-840-0024 or email the Overseas Assistance Center at [fepoverseas@geo-blue.com](mailto:fepoverseas@geo-blue.com). GeoBlue also offers emergency evacuation services to the nearest facility equipped to adequately treat your condition, translation services, and conversion of foreign medical bills to U.S. currency. You may contact one of their multilingual operators 24 hours a day, 365 days a year.

**Hospital and professional provider benefits**

For **professional care** you receive overseas, we provide benefits at Preferred benefit levels using either our Overseas Fee Schedule, a customary percentage of the billed charge, or a provider-negotiated discount as our Plan allowance. **The Basic Option requirement to use Preferred providers in order to receive benefits does not apply when you receive overseas care. Standard Option members have no deductible for overseas services. Under both options, we waive the primary care provider and specialist per visit copayments described in Sections 5(a) and 5(e).**

**Under both Standard and Basic Options**, when the Plan allowance is based on the Overseas Fee Schedule, you pay any difference between our payment and the amount billed, in addition to any applicable coinsurance and/or copayment amounts. When the Plan allowance is a provider-negotiated discount, you are only responsible for your coinsurance and/or copayment amounts. You must also pay any charges for noncovered services.

For **inpatient facility care** you receive overseas, we provide benefits at the Preferred level **under both Standard and Basic Options. For Basic Option, there is no member cost-share** for admissions to a DoD facility, or when the Overseas Assistance Center (provided by GeoBlue) has arranged direct billing or acceptance of a guarantee of benefits with the facility. For all other inpatient facility care, Basic Option members are responsible for the per admission copayment. Standard Option members have no cost-share for inpatient facility care.

For **outpatient facility care** you receive overseas, we provide benefits at the Preferred level **under both Standard and Basic Options** after you pay the applicable copayment or coinsurance. Standard Option members have no deductible for overseas services. **Under both options**, we waive the facility and professional cost-shares associated with the emergency services provided in an emergency room as described in Section 5(d).