Health insurance benefits are provided to retirees who are traveling away from home for covered services. The benefits vary according to the plan in which you are enrolled. Below is a brief summary of the benefits provided by each plan. If you have questions or need more detailed information, please contact the insurance carrier directly.

**Telemedicine with MDLIVE:** Excellus BCBS partnering with MDLIVE, a leader in telemedicine, is providing an easy-to-use platform offering the convenience of an in-person doctor visit without the hassle of leaving home, waiting a long time in a crowded ER or urgent care office, or paying a high copay for those services.

Telemedicine does not take the place of your primary care physician. It’s a practical alternative when you can’t see him or her immediately. Using your phone or computer, you can call or video conference with a U.S. Board-certified physician 24 hours-a-day, seven days-a-week, 365 days-a-year.

Telemedicine is an affordable avenue to receive care. Your copay will be less than you would pay for an office visit and a lot less than for an urgent care visit or trip to the emergency room. Your cost for a visit is $0 copay for acute care.

Registering is easy! If you register yourself and your family members in advance it will make it easier for you to use telemedicine when you or a family member needs it for a minor illness like a headache, nausea, earache, allergies, cold or flu. Plus, MDLIVE U.S. Board-certified doctors can write prescriptions, if warranted, and electronically transmit them to a pharmacy near you. It only takes a few minutes to register: Visit [https://www.excellusbcbs.com/telemedicine](https://www.excellusbcbs.com/telemedicine) or call 1-866-692-5045.

**BLUE PPO (1-800-499-1275):** Under this plan, there is no distinction between emergency and non-emergency care in determining whether the benefit is treated as “in-network” or “out-of-network.” The level of coverage under the Blue PPO depends solely on whether a subscriber receives care from a participating or non-participating Blue PPO provider. Benefits for covered services received from a participating Blue PPO provider are paid at the in-network level; benefits for covered services received from a non-participating provider are paid at the out-of-network level. Out-of-network charges to BCBS are based on the 90th percentile of the Usual, Customary and Reasonable (“UCR”) rate or charge. Providers may balance bill members the difference between the total amount billed and the amount paid by the plan.

The Plan pays 80% after a 20% coinsurance is applied for emergency room services whether you are “in-network” or “out-of-network.”

**PLEASE NOTE:** Certain non-emergency benefits require preauthorization.

**BLUECARD PROGRAM:** Outside your Blue PPO’s area, call BlueCard Access at 1-800-676-BLUE (2583) (found on the back of your ID card) for information on the nearest participating Blue Cross Blue Shield PPO doctors and hospitals* in the area where you are traveling or living. You can visit BCBS’s website [https://www.bcbs.com](https://www.bcbs.com). All participating Blue Cross Blue Shield PPO doctors and hospitals are paid directly. You will only need to pay for out-of-pocket expenses (non-covered services, coinsurance).

College students can use BlueCard Access to locate a Blue PPO doctor and hospital* in the area where they are attending school should they need medical attention for covered services.

**BLUECROSS BLUESHIELD GLOBAL CORE:** Today, BlueCross BlueShield Global Core currently encompasses 132 countries and 706 hospitals. For more information call 1-800-676-BLUE (2583) or visit BCBS’s website [https://bcbsglobalcore.com](https://bcbsglobalcore.com).
Benefits for covered services rendered outside the country will be paid at the in-network level under your Blue PPO contract.

*Preauthorization required for all in-patient admissions excluding maternity, durable medical equipment over $200, home health care, infusion therapy, MRI, CAT and PET scans.

**HOW TO FILE AN OUT-OF-COUNTRY CLAIM FROM BCBS:** For all outpatient and professional medical care, you pay the provider and submit a claim. You may also have to pay the hospital (and submit a claim) for inpatient care obtained from a non-BlueCross BlueShield Global Core hospital or when inpatient care was not pre-arranged. To submit a claim, you complete an International Claim Form (attached) and send it to the address listed on the form. All charges will have to be converted to U.S. currency.

**PRESCRIPTION DRUG COVERAGE:** Most national pharmacies participate. Simply present your card at the pharmacy to receive in-network benefits. No coverage available at a non-participating pharmacy. Prescription Drug coverage is not available outside of the United States unless it is deemed an emergency situation. If you are traveling outside of the U.S. be sure to bring enough of your maintenance medications to cover your time out of the country. Participants may receive an extended supply of medication from your prescription drug provider as long as it is indicated on their prescription. Members will be responsible for the copayment associated with the corresponding supply. For more information, call Relph Benefit Advisors at 1-800-836-0026 ext. 7400.

**DENTAL COVERAGE:** Same benefits apply as described in the Delta Dental summary for out-of-network services. If you are out of the area, and need to see a dentist, you should pay the dentist in full and submit your claim form and detailed receipt, which should be translated into English, to Delta Dental for reimbursement. The claim will be processed as an out-of-network benefit.

Updated 09/19/2023