

Benefits schedule

Here's what your plan has to offer.

Medical Coverage for Living Abroad: Outside U.S.

This plan covers most services outside the U.S. at 100%. All plans have an unlimited lifetime maximum and a \$250,000 maximum benefit for emergency medical evacuation.

Benefits	Outside the U.S. Only
Primary and Preventive Care – Insurer Waives Deductible	
Primary Care Office Visits	All except a \$10 copay per visit*
Preventive Care for Babies/Children: (Birth through Age 18) for Office Visits/Examination and Immunizations, Lab work and X-rays done in conjunction with an office visit	100%
Preventive Care for Adults: (Age 19 and Older) for Office Visits/Examination, Immunizations as recommended by the Centers for Disease Control (CDC), Routine Pap Smears, Annual Mammogram, PSA for Men, and Diagnostic Lab Work and X-rays done in conjunction with an office visit	100%
Annual Physical Examination/Health Screening, Subject to a Calendar Year Maximum of \$1,000 and limited to one per Calendar Year	100%
Urgent Care Facility	100%
Travel Vaccinations, Subject to a \$500 Maximum per Calendar Year	100%
Professional Services – Insurer Pays After Deductible is Met	
Surgery, Anesthesia, Radiation Therapy, In-hospital Doctor Visits, Diagnostic X-ray and Lab Work	100%
Inpatient Hospital Services – Insurer Pays After Deductible is Met	
Surgery, X-rays, In-hospital Doctor Visits, Organ/Tissue Transplant	100%
Inpatient Medical Emergency	100%
Inpatient Drugs	100%
Ambulatory and Therapeutic Services – Insurer Pays After Deductible is Met, Unless Noted	
Ambulatory Surgical Center	100%
Ambulance Service	100%
Accidental Dental	\$1,000 per calendar year, \$200 per tooth
Acupuncture and Chiropractic Services, Subject to a \$2,000 Maximum per Calendar Year if under the care of a licensed Physician	100%
Durable Medical Equipment	100%
Infusion Therapy	100%
Physical/Occupational Therapy, Limited to 20 visits per Calendar Year	100%, no deductible
Inpatient Mental Health	100%
Outpatient Mental Health	100%, no deductible, \$10 Copayment*
Inpatient Substance Abuse	100%
Outpatient Substance Abuse	100%, no deductible, \$10 Copayment*
Prescription Drug Benefit Options – Insurer Waives Deductible	
Basic Prescription Drug Benefit, Subject to \$3,500 Maximum per Insured Person per Calendar Year (pay and claim benefit only) Max 90-day supply	100% of actual charges
Optional Enhanced Prescription Drug Rider, Subject to \$25,000 Maximum per Insured Person per Calendar Year (pay and claim benefit only) Max 90-day supply	100% of actual charges
Global Travel Benefits – Insurer Waives Deductible	
Emergency Medical Transportation	Up to \$250,000
Repatriation of Mortal Remains	Up to \$25,000
Accidental Death and Dismemberment	\$50,000

Benefits	Outside the U.S. Only
Other Benefits	
Home Health Care, Subject to a maximum of 30 visits per Calendar Year	100%
Skilled Nursing Facilities, Subject to a maximum of \$250 per day for a maximum of 50 days per Calendar Year	100%
Hospice, Subject to a maximum of \$5,000 per lifetime	100%
Optional Limited U.S. Benefits – Deductible Applies [†]	Inside the U.S. Only
Limited travel accident and sickness coverage inside the U.S. for short trips to the U.S. Covers incidental illness and injury. Not designed to cover preventive, elective care or extended stays in the U.S. Specific benefits may have a copay and individual benefit limits may apply. Please refer to your certificate.	100%, 80%, or 60% (depending upon services received) of actual charges up to \$1,000,000/\$500 maximum for pre-existing medical conditions

This is intended to be a sample benefit schedule. Changes may occur to benefits, rates and terms annually.

*Copay waived when visiting a Blue Cross Blue Shield Global Solutions contracted provider outside the U.S.

†Separate definitions, terms and exclusions apply to this rider. See full plan description online for details.

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