



Benefits For Plan Members When Receiving Services Outside The United States

Your plan deductible and benefits are based upon the plan in which you are enrolled. The chart below explains the percentage of benefits paid by the plan (non-Medicare and Medicare) for comparison purposes only. For benefit details, see the appropriate insurance booklet for your plan--with or without Medicare. Benefits would be the same whether you reside permanently or you are traveling temporarily outside of the United States. Generally, a member pays for medical treatment and/or prescription drugs and then submits a claim for reimbursement.

UC requires that Medicare members in these plans transfer to the non-Medicare plan if you permanently move or you will be traveling outside of the United States for more than six months. If a High Option member permanently moves or travels outside of the United States for more than six months, the member must transfer to the non-Medicare PPO plan. Such transfer means that your monthly cost, plan deductible, and/or benefits could change.

From anywhere in the world you can reach Anthem customer service by calling toll-free 800-810-2583 (may not be available in some countries) or by calling collect 804-673-1177.

Services from Foreign Providers	Anthem Blue Cross PLUS	Anthem Blue Cross PPO *	Core	High Option **
Plan Deductibles				
Non-Medicare	\$500/member, \$1,500 family	\$250/member, \$750 family	\$3,000/member	N/A
Medicare	\$500/member, \$1,500 family	\$100/member	\$100/member	\$50/member
Medical benefits for plan members (e.g. Subscriber, Spouse, Child)	Emergency - Paid at 100%, less appropriate copay Non-Emergency - After plan deductible, medical benefits will be reimbursed at the 70% benefit level. Members are responsible for 30% of billed charges.	Emergency or Non-Emergency - After plan deductible, medical benefits will be reimbursed at the 80% benefit level. Members are responsible for 20% of billed charges.	Emergency or Non-Emergency - After plan deductible, medical benefits will be reimbursed at the 80% benefit level. Members are responsible for 20% of billed charges.	Emergency or Non-Emergency - After plan deductible, medical benefits will be reimbursed at 100%, except for Acupuncture, TMJ, Immunizations, and Special Duty Nurse, which will be reimbursed at 80%. Members are responsible for 20% of billed charges, when applicable.
Prescription Drug Coverage for plan members	Prescriptions from a foreign pharmacy will be reimbursed at the full cost of the medication less the appropriate copay. Mail order drugs may not be mailed to an address outside of the US.	Prescriptions from a foreign pharmacy will be reimbursed at the full cost of the medication less the appropriate copay. Mail order drugs may not be mailed to an address outside of the US.	Prescriptions from a foreign pharmacy will be reimbursed at the full cost of the medication less the appropriate copay. Mail order drugs may not be mailed to an address outside of the US.	Prescriptions from a foreign pharmacy will be reimbursed at the full cost of the medication less the appropriate copay. Mail order drugs may not be mailed to an address outside of the US.
Treatment/Surgical Preauthorization Requirements	Not required	Not required	Not required	Not required
Hospitalization Notification Requirements	Not required	Not required	Not required	Not required
Preventive Care		***** Benefits vary by plan. See your plan booklet for details. *****		

* Prescription drugs are not covered in the PPO for Retirees with Medicare without Prescription Drugs plan. Other benefits apply.

** The High Option plan is closed to new non-Medicare members.