



# Access your healthcare anywhere in the world

Get the benefits and care you need outside of the United States  
with the Blue Cross Blue Shield Global Core program











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# How to access care around the world

When you are away from home and need immediate care, the Blue Cross Blue Shield Global® Core program is here for you. As an Anthem Blue Cross (Anthem) member, you have access to doctors, hospitals, and medical services in most countries around the world.<sup>1</sup> You also have the freedom to use any doctor or hospital when you travel, but you can keep your healthcare costs down by using a doctor or hospital in the Blue Cross Blue Shield Global Core network.

## If you need care outside the U.S.

	<b>Before you leave the U.S.</b> <ul style="list-style-type: none"><li>• Bring an up-to-date Anthem member ID card. If you download the <b>Sydney<sup>SM</sup> Health</b> app, you'll have your member ID card on your phone.</li><li>• Bring any medicines you need. It's a good idea to pack extra, just in case your travels are delayed.</li><li>• See your doctor about getting necessary immunizations for where you are traveling.</li><li>• Download the Blue Cross Blue Shield Global Core app.</li><li>• If you need refills on prescriptions, call the Pharmacy Services number on your member ID card.</li></ul>
	<b>In an emergency</b> <p>Go to the nearest hospital and contact the Blue Cross Blue Shield Global Core Service Center as quickly as possible, 24/7, by calling <b>804-673-1177</b>.</p>
	<b>If you need care that is not urgent or an emergency</b> <p>Call the Blue Cross Blue Shield Global Core Service Center, 24/7, at <b>804-673-1177</b>, before receiving care to confirm coverage and that the care is appropriate. This will also let Anthem seek a "Guarantee of Payment" with the doctor so you only pay a deductible or coinsurance. Otherwise, you will likely have to pay the entire bill upfront and then submit a claim to Anthem for reimbursement (minus any deductible or coinsurance).</p>
	<p>Go to <a href="https://bcbsglobalcore.com">bcbsglobalcore.com</a> and enter the first three letters of the ID number on your Anthem member ID card. They are:</p> <ul style="list-style-type: none"><li>• <b>VUC</b> for the <b>UC Care plan</b>.</li><li>• <b>QUC</b> for the <b>CORE, Health Savings Plan (HSP)</b>.</li><li>• <b>U5X</b> for the Medicare plans.</li><li>• Choose what you're looking for (for example, doctor or hospital).</li><li>• Enter your travel destination or the city closest to your destination.</li><li>• Choose a result to view details, such as specialties and languages spoken.</li></ul>
	<b>Show your Anthem ID card</b> so doctors and healthcare professionals in the Blue Cross Blue Shield Global Core network can check your benefits and send a claim for processing, if necessary.
	<b>Use the Blue Cross Blue Shield Global Core mobile app.</b> <p>You can get medical terms and phrases for many symptoms translated and use an audio feature to play the translation.<sup>2</sup> Plus, you can find a drug's generic name, local name, and if it's available.</p> <div></div>

### If you have questions and are enrolled in the Medicare Supplement plans

Call Anthem Health Guide at **844-437-0486**, Monday through Friday, 8 a.m. to 6 p.m. PT.

### If you have questions and are enrolled in the UC Care, CORE, or Health Savings Plan

Call Accolade at **866-406-1182**, Monday through Friday, 5 a.m. to 8 p.m. PT. If you are calling from outside of the U.S., please call **512-788-9735**.

# Active or non-Medicare retiree benefits when you travel or live abroad

If you're enrolled in the **UC Health Savings Plan (HSP)**, you're only covered for urgent and emergency services when you travel outside the U.S. However, you can use funds in your health savings account (HSA) to pay for eligible healthcare costs your plan doesn't cover.

If you're enrolled in the **UC Care Plan** or **CORE Plan**, you can live or travel abroad, and your benefits for medical care are the same as for medical care in the U.S.<sup>3</sup>

If you are enrolled in a **flexible spending account (FSA)** you can use those funds to pay for eligible healthcare costs your plan doesn't cover.

This is a brief overview of your benefits and is not a contract. To request copies of these documents, call Accolade toll free at **866-406-1182**. You can also visit [facultystaffppo.universityofcalifornia.edu](http://facultystaffppo.universityofcalifornia.edu), from the menu choose **Documents & Forms > Plan Name > Plan Year**.

## UC non-Medicare PPO plans

Benefit	UC Care Plan	CORE Plan	Health Savings Plan (HSP)
<b>Medical services outside the U.S.</b>	You pay 20% of the cost <sup>4</sup> of covered services after meeting your deductible. You can use your flex spending account (FSA) funds to pay your deductible and any other eligible out-of-pocket costs.  Covered services include: <ul style="list-style-type: none"> <li>• Doctor office visits</li> <li>• Specialist office visits<sup>5</sup></li> <li>• Preventive care</li> <li>• Pregnancy and maternity care</li> <li>• Outpatient X-ray, pathology, and laboratory</li> <li>• Hospital care (outpatient surgery in hospital)</li> <li>• Emergency room services</li> <li>• Acupuncture<sup>4</sup></li> <li>• Chiropractic<sup>4</sup></li> <li>• Rehabilitation (physical and occupational therapy)</li> </ul>		You pay 20% of the costs <sup>4</sup> of covered urgent and emergency services after meeting the deductible. You can use HSA funds to pay your deductible and any other eligible out-of-pocket costs. <sup>7</sup>
<b>Deductible</b>	\$500 each person or \$1,000 family maximum	\$3,000 each person	\$1,650 individual/ \$3,300 family <sup>8</sup>
<b>Benefits for Infertility services outside the U.S.</b> Prior authorization by WINFertility is required before medical treatment. Call <b>877-451-3077</b> to learn more.	<b>Diagnosis of cause of infertility</b> 20% coinsurance  <b>IVF, ZIFT, and/or GIFT<sup>9</sup></b> 50% coinsurance	<b>Diagnosis of cause of infertility</b> 20% coinsurance  <b>IVF, ZIFT, and/or GIFT<sup>9</sup></b> 50% coinsurance	<b>Diagnosis of cause of infertility</b> Not covered  <b>IVF, ZIFT, and/or GIFT<sup>9</sup></b> 50% coinsurance
<b>Benefits for prescriptions from a foreign pharmacy</b> Prescription drug reimbursements must be submitted to Navitus, your pharmacy benefit administrator.	Covered at the full cost <sup>6</sup> of the medication, less any copay. You can use FSA funds to pay for eligible healthcare costs your plan doesn't cover.	Covered at the full cost <sup>6</sup> of the medication, less any deductible and coinsurance. You can use FSA funds to pay for eligible healthcare costs your plan doesn't cover.	You pay 20% of the cost of covered urgent and emergency medications, after meeting the deductible. You can use HSA funds to pay your deductible and any other eligible out-of-pocket healthcare costs. <sup>7</sup>

# Medicare retiree benefits when you travel or live outside the U.S.

If you're a Medicare retiree who travels or lives outside the U.S. for **up to six months, your care is covered**. If you travel or live outside the U.S. for **more than six months**, you'll need to call the UC Retirement Administration Service Center (RASC) toll free at **800-888-8267** (in the United States) or **510-987-0200** (from outside the United States) from 8:30 a.m. to 4:30 p.m. PT, Monday through Friday. You can also visit [ucnet.universityofcalifornia.edu](https://ucnet.universityofcalifornia.edu). These services are not generally covered by Medicare, but they are covered by your UC Medicare PPO Supplement plans.<sup>12</sup>

Covered services include:<sup>10</sup>

- Doctor office visits
  - Specialist office visits
  - Preventive care
  - Outpatient X-ray, pathology, and laboratory
  - Hospital care (outpatient surgery in hospital)
- Emergency room services
  - Acupuncture
  - Chiropractic
  - Rehabilitation (physical and occupational therapy)

## UC Medicare PPO supplement plans

Benefit	High Option Supplement to Medicare plan	Medicare PPO plan (with prescription drug benefits)	Medicare PPO plan (without prescription drug benefits)
Medical services outside the U.S.	You pay 20% of the costs of covered services after meeting your deductible.		
Deductible	\$50 each person	\$100 each person	\$100 each person
Benefits for prescriptions from a foreign pharmacy outside the U.S. Prescription drug reimbursements must be submitted to Navitus, your pharmacy benefit administrator.	Prescriptions from a foreign pharmacy will be reimbursed at the full cost <sup>11</sup> of the medication, less any applicable plan copay. Although outpatient prescription drugs are not covered by Medicare Part D plans when they are filled by pharmacies, your plan provides coverage for outpatient prescription drugs when all the following apply: <ol style="list-style-type: none"><li>1. You are outside the 50 United States, District of Columbia, and all U.S. territories, other than the U.S. Virgin Islands, for less than six months.</li><li>2. You remain a permanent resident of the United States while you are out of the country.</li><li>3. The drug is approved by the Food and Drug Administration (FDA).</li><li>4. The drug would be covered by your plan if it was filled by a pharmacy located within the United States.</li><li>5. When you receive coverage for outpatient prescription drugs, you will need to pay the full cost of the drug and request that we reimburse you for our share. Your share of a covered outpatient drug will be your coinsurance or copay amount. Please see "How to make sure you get reimbursed" for detailed instructions.</li></ol>		Not covered

# How to make sure you get reimbursed

## Medical reimbursement claim forms

- Download and complete a claim form by visiting [bcbsglobalcore.com](https://bcbsglobalcore.com) and entering the three-digit alpha prefix. Use the following prefixes to help you search:
  - UC Care: **VUC**
  - CORE/HSP: **QUC**
  - Medicare plans: **U5X**
- You can also get a form by calling the Blue Cross Blue Shield Global Core Service Center at **800-810-2583**, 24/7.

## Pharmacy reimbursement claim forms

Download and complete a claim form by visiting [navitus.com](https://navitus.com). Hover over **Resources** at the top toolbar, then choose **Forms**, and then select **Foreign Claim Form**.

**You will need to include all the items listed below on the claim form. Please note that the reimbursement process can take up to 45 business days from the date all required documents are received.**

- Diagnosis
- Description of service(s), doctor or hospital name and address, and the country where you received services
- Itemized bill (date, description, and charge for each service billed)
- Billed amounts in foreign currency or U.S. dollars
- Proof of payment, such as a credit card receipt
- Medical reports in English, including ambulance trip report, emergency room report, admitting history, and surgical procedure, or get the forms translated to English before submitting your claim

Store your travel documents in a safe place in case Anthem requires proof of travel. Claims over \$10,000 may require additional processing time (over the 45 business days mentioned above).

**Submit the completed UC International Claim Form with all supporting documents to:**

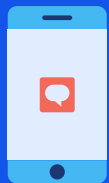
### Service Center

P.O. Box 2048  
Southeastern, PA 19399

You can also email them to [claims@bcbsglobalcore.com](mailto:claims@bcbsglobalcore.com).

**Remember to keep photocopies of all documents for your personal records.**





## We are here to help

If you need help finding a doctor or hospital, or have questions about getting care abroad, call the Blue Cross Blue Shield Global Core Service Center, 24/7:

- Toll free at **800-810-BLUE (2583)**.
- Collect at **804-673-1177**, if outside of the United States.

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1 Blue Cross Blue Shield Association website (accessed July 2025): [bcbglobal.com](https://www.bcbglobal.com).

2 Using the Blue Cross Blue Shield Global Core app itself does not require an Internet connection. However, using GPS for mapping or downloading an audio translation requires an Internet connection.

3 For UC Care members, only Tier 2 benefits apply for services obtained outside the U.S.

4 See your Benefit Booklet for a detailed description of benefits and limitations.

5 UC Care members pay a \$30 copay for behavioral health visits.

6 The cost is the total amount paid by the member for the covered service or prescription drug.

7 Prescriptions not related to urgent or emergency services are not covered, but you may use HSA funds to pay for these and other eligible healthcare costs.

8 For family coverage, the full family deductible must be paid before the enrollee or covered dependents can receive plan benefits for covered services. Family coverage includes employee and spouse, domestic partner, adult dependent relative, employee and child(ren), and employee and family.

9 A cycle is defined by this plan as ovarian stimulation with egg(s) retrieval. Members have coverage for two (2) egg retrieval cycles with fertilization of eggs and embryo transfer for all embryos created from a covered cycle.

10 See your Benefit Booklet for a detailed description of benefits and limitations.

11 The cost is the total amount paid by the member for the covered service.

12 Please refer to the Medicare Coverage Outside the United States fact sheet found at [medicare.gov](https://www.medicare.gov).

Sydney Health is offered through an arrangement with Cerebral Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

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102775CAMEABC Rev. 06/25