

Foreign Travel: Non-emergency and non-urgent care

Applies to:

Medicare Plus BlueSM PPO Medicare Plus BlueSM Group PPO Both



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Foreign travel: non-emergency, non-urgent

Health care services rendered outside of the United States or its territories for non-emergency and non-urgent medical care.

Original Medicare

Original Medicare doesn't cover medical costs incurred during foreign travel unless the services are for emergency or urgent care.

Medicare Plus BlueSM Group PPO enhanced benefit

Medicare Plus BlueSM Group PPO is a Medicare Advantage plan, which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Because Original Medicare doesn't cover these services, the scope of the benefit, reimbursement methodology, maximum payment amounts and the member's cost sharing are determined by the group. Select Medicare Plus Blue Group PPO plans that elected this benefit include coverage of medical items and services outside of the United States and its territories when the need is not an emergency or urgent.

Reimbursement

Medicare Plus Blue Group PPO plans will reimburse members for covered services based on reasonable charges, minus the member cost sharing amount. The currency exchange rate, when required, will be applied to the reimbursement amount.

Member cost sharing

- Medicare Plus Blue Group PPO member in-network cost sharing will be applied to foreign travel health care services obtained outside of the United States or its territories, if the services are covered and payable in the United States.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with that service.

To verify benefits and cost sharing, providers may use our provider portal or call 1-866-309-1719.

**Blue Cross Blue Shield of
Michigan**

Member reimbursement

To be reimbursed for covered services, members must submit their request along with the following information:

- Member name
- Member's Medicare Plus Blue contract and group numbers
- Member address
- Bills or itemized statements that include:
 - Name and address of treating hospital and/or physician
 - Specific dates of service
 - Diagnosis
 - Itemized list of services received
 - Description of services
 - Charges per service
- Paid receipts

The member will send the request and all supporting information to the following address.

Blue Cross Blue Shield of Michigan
Mail Code 0010
600 E. Lafayette Blvd.
Detroit, MI 48226-2927

Revision history

Policy number: MAPPO 1012

Reviewed: 08/30/2023, 08/31/2022, 08/25/2021, 11/20/2020, 09/10/2019, 07/23/2018

Revised: 07/27/2015, 06/2013

07/27/2015: updated formatting, removed reference to CAREN, added revision history section