

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 a Blue Shield of California member, you have access to doctors, hospitals, and medical services in most countries around the world.[1] 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.

Before you leave the U.S.

- Bring an up-to-date Blue Shield of California member ID card. If you download the **Blue Shield** app, you'll have your member ID card on your phone.
- Bring any medicines you need. It's a good idea to pack extra, just in case your travels are delayed.
- See your doctor about getting necessary immunizations for where you are traveling.
- Download the Blue Cross Blue Shield Global Core app.
- If you need refills on prescriptions, call the Pharmacy Services number on your member ID card.

In an emergency

Go to the nearest hospital and contact the Blue Cross Blue Shield Global Core Service Center as quickly as possible, 24/7, by calling **804-673-1177.**

If you need care that is not urgent or an emergency

Call the Blue Cross Blue Shield Global Core Service Center, 24/7, at **804-673-1177**, before receiving care to confirm coverage and if a prior authorization is needed. **This will also let Blue Shield of California 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 Blue Shield of California for reimbursement (minus any deductible or coinsurance).

Go to bcbsglobalcore.com and enter the first three letters of the ID number on your Blue Shield of California member ID card.

They are:

- **UCD** for the **UC Care Plan**
- **UCD** for **HealthSavings+**

- Choose what you're looking for (for example, doctor or hospital).
- Enter your travel destination or the city closest to your destination.
- Choose a result to view details, such as specialties and languages spoken.

Show your Blue Shield of California ID card 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.

Use the Blue Cross Blue Shield Global Core mobile app.

You can get medical terms and phrases for many symptoms translated and use an audio feature to play the translation.[2] Plus, you can find a drug's generic name, local name, and if it's available.

Download on the App Store

GET IT ON Google Play

If you have questions and are enrolled in the UC Care, or HealthSavings+ 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

With both the **HealthSavings+** and **UC Care** plan, you can live or travel abroad, and your benefits for medical care are the same as for medical care in the U.S.

UC Care - 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.

HealthSavings+ - you can use funds in your health savings account (HSA) to pay your deductible and any 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 ucal.us/facultystaffppo, from the menu choose **Documents & Forms > Plan Name > Plan Year.**

UC non-Medicare PPO plans

Benefit	UC Care Plan	HealthSavings+
Medical services outside the U.S.	You pay 20% of the cost[4] 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: •Doctor office visits •Specialist office visits[5] •Preventive care •Pregnancy and maternity care •Outpatient X-ray, pathology, and laboratory •Hospital care (outpatient surgery in hospital) •Emergency room services •Acupuncture[4] •Chiropractic[4] •Rehabilitation (physical and occupational therapy)	You pay 30% of the costs[4] of covered services after meeting your deductible. You can use HSA funds to pay your deductible and any other eligible out-of-pocket costs.
Deductible	$500 each person or $1,000 family maximum	$2,500 individual/ $5,000 family[7]
Benefits for Infertility services outside the U.S. Prior authorization by WINFertility is required before medical treatment. Call **877-451-3077** to learn more.	**Diagnosis of cause of infertility** 20% coinsurance **IVF, ZIFT, and/or GIFT[8]** 50% coinsurance	**Diagnosis of cause of infertility** 30% coinsurance **IVF, ZIFT, and/or GIFT[8]** 50% coinsurance
Benefits for prescriptions from a foreign pharmacy Prescription drug reimbursements must be submitted to Navitus, your pharmacy benefit administrator.	Covered at the full cost[6] of the medication, less any copay. You can use FSA funds to pay for eligible healthcare costs your plan doesn't cover.	You pay 30% of the cost of covered medications, after meeting the deductible. You can use HSA funds to pay your deductible and any other eligible out-of-pocket healthcare costs.

How to make sure you get reimbursed

Medical reimbursement claim forms

- Download and complete a claim form by visiting bcbsglobalcore.com and entering the three-digit alpha prefix: **UCD** for both UC Care and HealthSavings+ plans.
- 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. 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), doctoror 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 translatedto English before submitting your claim

Store your travel documents in a safe place in case Blue Shield of California 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.

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.



1 Blue Cross Blue Shield Association website (accessed July 2025): bcbsglobal.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 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.
8 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.
9 See your Benefit Booklet for a detailed description of benefits and limitations.
10 The cost is the total amount paid by the member for the covered service.

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