Worldwide Coverage Emergency and Urgent Care

Applies to: All Plans

Worldwide Coverage – Emergency and Urgent Care

Coverage for emergency and urgent healthcare services rendered outside of the United States or its territories.

Original Medicare

Items and services furnished outside the United States are excluded from coverage except for the following services, and certain services rendered on board a ship:

- Emergency inpatient hospital services where the emergency occurred:
  - While the beneficiary was physically present in the United States; or
  - In Canada while the beneficiary was traveling without reasonable delay and by the most direct route between Alaska and another state.
- Emergency or nonemergency inpatient hospital services furnished by a hospital located outside the United States, if the hospital was closer to, or substantially more accessible from, the beneficiary's United States residence than the nearest participating United States hospital that was adequately equipped to deal with, and available to provide treatment for the illness or injury.
- Physician and ambulance services furnished in connection with, and during a period of, covered foreign hospitalization. Program payment may not be made for any other Part B medical and other health services, including outpatient services furnished outside of the United States.
- Services rendered on board a ship in a United States port, or within 6 hours of when the ship arrived at, or departed from, a United States port, are considered to have been furnished in United States territorial waters. Services not furnished in a United States port, or within 6 hours of when the ship arrived at, or departed from, a United States port, are considered to have been furnished outside United States territorial waters, even if the ship is of United States registry (see Chapter 1, General Billing Requirements, section 10.1.4.7, for a description of claims processing procedures).

Note: Services must be provided by a physician or suppliers as defined by the Centers for Medicare& Medicaid Service.

Premera Blue Cross Medicare Advantage HMO Plans Enhanced Benefit

Premera Blue Cross Medicare Advantage HMO Plans are Medicare Advantage plans, 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 Premera Blue Cross to offer

enriched plans by using Original Medicare as the base program and adding desired benefit options.

Because Original Medicare does not include coverage of emergent or urgently needed medical items and services furnished outside of the United States and its territories, the scope of the benefit, reimbursement methodology, maximum payment amounts, and the member's cost sharing are determined by Premera Blue Cross for individual coverage.

An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Serious jeopardy to the health of the individual or, in the case of a pregnant woman, the health of woman or her unborn child.
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily or part

Urgent care is services that are not emergency services but are medically necessary and require immediate attention as a result of an unforeseen illness, injury, or condition.

Conditions for Payment

Worldwide emergency and urgent care for Premera Blue Cross Medicare Advantage HMO plans are subject to copayments and other cost shares.

Reimbursement

Premera Blue Cross Medicare Advantage HMO plans will determine reimbursement for covered services based on the reasonable charges, currency exchange when required and the applicable benefit category.

Member Cost Sharing

- The member is paid based on the service rendered minus the cost share amount. This represents payment in full. The member may be held liable for amounts in excess of our payment amount.
- If the member elects to receive a non-covered service, he or she is responsible for the entire charge associated with the non-covered service.
- To verify member eligibility, benefits, and cost share, go to the Premera Blue Cross Medicare Advantage HMO secure website at premera.com/wa/provider/medicare-advantage/. Click on the "Sign in to tools and resources" button.

Member Reimbursement

Services rendered in a foreign land, and services rendered on a cruise ship that require interpretation or currency conversion must be submitted through Blue Cross Global Core (BCBSGC). Invoices and a BCBSGC International Claim Form must be submitted to the BCGC Service Center at the address on the claim form. Claim forms may be obtained by contacting customer service at the number on the back of the member's ID card or directly from the Global Core website at https://www.bcbsglobalcore.com. You will need to complete the user agreement and click on "Login" to access the claim submission

form. Follow the directions included on the form for completing and submitting your claim.

Services rendered on a cruise ship that do not require interpretation or currency conversion may be submitted directly to Premera Blue Cross using the medical claim form available by calling Customer Service at 888-850-8526 (TTY:711).

1. The member must submit the following information along with their request form:
    - Member name
    - Member's Premera Blue Cross Medicare Advantage HMO 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
    - Descriptive Itemized list of services received
    - Charges per service
    - Paid receipts

2. The member will send the request and all supporting information to the following address:
    Premera Blue Cross Medicare Advantage Plans

    P.O. Box 211151Eagan, MN 55121
    Revision History
    Policy number: PMA-HMO 1007
    Created: 09/14/2017
    Effective: 01/01/2024