

Benefits coverage for international travel



What you need to know about traveling outside the United States

When you are traveling, your plan will cover emergency treatments only. Your routine physicals, immunizations and preventive screenings, such as mammograms or colonoscopies, are only covered within the United States. Note that this exclusion does not apply to expatriates who are living abroad.

Due to the difference in provider systems, your plan identification (ID) card only serves as evidence that you have a plan. It cannot be used to bill the plan directly for any services or supplies obtained.

If you or one of your covered dependents incur a claim while traveling outside of the U.S., follow the steps below to file your claim with UMR:

STEP 1 You are responsible for ensuring the provider is paid. If the provider will not coordinate payment directly with the plan, you will need to pay the claim up front by presenting your credit card or cash.

STEP 2 Request a detailed bill in English from the provider, enumerating all services and supplies that you have been asked to pay for. A summary statement will not be accepted by the plan (or any other insurance for that matter). A complete claim must be submitted in writing and should include the following information:

- » Your name/patient name, sex, date of birth, address and relationship to you
- » A description of the emergency type (i.e., broken bones, laceration, heart palpitation, etc.)
- » Date of service
- » Place of service, provider billing name, address, telephone number
- » Procedures, services or supplies (narrative description)
- » Charges for each listed service
- » Number of days or units
- » Total billed charges
- » Signature of provider

STEP 3 When you return to the U.S., submit the bill to UMR, noting your plan number and your employee ID number (or with a copy of your plan ID card):

UMR - Claims Unit
PO Box 30541
Salt Lake City, UT 84130-0541
Fax: 855-405-2189

STEP 4 After your claim has been submitted and reviewed, you will receive an explanation of benefits (EOB) and a reimbursement check for eligible services you (or your dependent) received for any covered amount in U.S. currency. The reimbursed amount will be based on the U.S. equivalency rate that is in effect on the date you paid the claim, or on the date of service if the paid date is not known.

If you have any other questions, please call an Accolade Health Assistant from 7 a.m. to 10 p.m. Central time using the customer service number on the back of your medical ID card – 833-346-3929 (833-FIND-WAY).



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