

**2026 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**

**Section 4. Your Costs for Covered Services**

**Your costs for other care**

---

**Your costs for other care**

**Overseas care:** Services provided outside the United States, Puerto Rico, and the U.S. Virgin Islands are considered overseas care. We pay overseas claims at Preferred benefit levels, so the requirement to use Preferred providers in order to receive benefits does not apply. See Section 5(i) for specific information about our overseas benefits.

**Inpatient facility care:** You must use **Preferred** facilities in order to receive benefits. See Section 3 for the exceptions to this requirement.