

---

**2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**  
**Section 5(d). Emergency Services/Accidents**  
**Page 92**

---

**Benefit Description**

**Medical Emergency (cont.)**

- Urgent care centers, licensed as and permitted to provide emergency services and supplies, including professional providers' services, diagnostic studies, radiology services, laboratory tests and pathology services, when billed by the provider

Note: The urgent care center must be licensed as and permitted to provide emergency services in order to receive protections under the NSA. See Section 4 for more information.

Note: Benefits for crutches, splints, braces, etc. when billed by a provider other than the urgent care center are stated in Section 5(a), *DME*.

**Standard Option - You Pay**

Preferred urgent care center: \$30 copayment per visit (no deductible)

Participating urgent care center: \$30 copayment per visit (no deductible)

Non-participating urgent care center: \$30 copayment per visit (no deductible)

**Basic Option - You Pay**

Preferred urgent care center: \$35 copayment per visit

Participating/Non-participating urgent care center: \$35 copayment per visit

---

**Benefit Description**

- Urgent care centers, not licensed as or permitted to provide emergency services and supplies, including professional providers' services, diagnostic studies, radiology services, laboratory tests and pathology services, when billed by the provider

Note: Benefits for crutches, splints, braces, etc. when billed by a provider other than the urgent care center are stated in Section 5(a), *DME*.

### **Standard Option - You Pay**

Preferred urgent care center: \$30 copayment per visit (no deductible)

Participating urgent care center: 35% of the Plan allowance (deductible applies)

Non-participating urgent care center: 35% of the Plan allowance (deductible applies), plus any difference between our allowance and the billed amount

### **Basic Option - You Pay**

Preferred urgent care center: \$35 copayment per visit

Participating/Non-participating urgent care center: You pay all charges

---

### **Benefit Description**

*Not covered: Emergency room professional charges for shift differentials*

### **Standard Option - You Pay**

*All charges*

### **Basic Option - You Pay**

*All charges*

---

### **Benefit Description**

#### **Ambulance**

See Section 5(c) for complete ambulance benefit and coverage information.

### **Standard Option - You Pay**

---

See Section 5(c)

### **Basic Option - You Pay**

See Section 5(c)

---

Go to page [91](#). Go to page [93](#).