

**2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**  
**Section 5(d). Emergency Services/Accidents**  
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**Note: For Standard Option, we state whether or not the calendar year deductible applies for each benefit listed in this Section. There is no calendar year deductible under Basic Option.**

**Benefit Description**

**Accidental Injury**

- **Professional provider services** in the emergency room, hospital outpatient department, including professional care, diagnostic studies, radiology services, laboratory tests, and pathology services, when billed by a professional provider

**Standard Option - You Pay**

Preferred: Nothing (no deductible)

Participating: Nothing (no deductible)

Non-participating: Nothing (no deductible)

**Basic Option - You Pay**

Preferred: Nothing

Participating: Nothing

Non-participating: Nothing

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**Benefit Description**

- **Professional provider services** in the provider's office, including diagnostic studies, radiology services, laboratory tests, and pathology services, when billed by a professional provider

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

Preferred: Nothing (no deductible)

Participating: Nothing (no deductible)

Non-participating: Any difference between our allowance and the billed amount (no deductible)

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

Regular benefit levels apply to covered services provided in this setting. See Sections 5(a) and 5(b).

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### **Benefit Description**

- Outpatient **hospital services** and supplies, including professional provider services, diagnostic studies, radiology services, laboratory tests, and pathology services, when billed by the hospital

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

Preferred: Nothing (no deductible)

Member: Nothing (no deductible)

Non-member: Nothing (no deductible)

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

Preferred emergency room: \$250 copayment per day per facility

Member emergency room: \$250 copayment per day per facility

Non-member emergency room: \$250 copayment per day per facility

Note: If you are admitted directly to the hospital from the emergency room, you do not have to pay the \$250 emergency room copayment. However, the \$250 per day copayment for Preferred inpatient care still applies.

### Benefit Description

- 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.

#### Standard Option - You Pay

Preferred urgent care center: Nothing (no deductible)

Participating urgent care center: Nothing (no deductible)

Non-participating urgent care center: Nothing (no deductible)

#### Basic Option - You Pay

Preferred urgent care center: \$35 copayment per visit

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

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### 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

#### Standard Option - You Pay

Preferred urgent care center: Nothing (no deductible)

Participating urgent care center: Nothing (no deductible)

Non-participating urgent care center: Any difference between our allowance and the billed amount (no deductible)

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**Basic Option - You Pay**

Preferred urgent care center: \$35 copayment per visit

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

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*Accidental Injury - continued on next page*

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