

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

**Section 5(c). Services Provided by a Hospital or Other Facility, and Ambulance Services**

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**BenefitDescription**

**Ambulance (cont.)**

Note: If you are traveling overseas and need assistance with emergency evacuation services to the nearest facility equipped to adequately treat your condition, please contact the Overseas Assistance Center (provided by GeoBlue) by calling 804-673-1678. See Section 5(i) for more information.

**You Pay**

30% of the Plan allowance (deductible applies)

**Benefit Description**

*Not covered:*

- *Wheelchair van services and gurney van services*
- *Ambulance and any other modes of transportation to or from services including but not limited to physician appointments, dialysis, or diagnostic tests not associated with covered inpatient hospital care*
- *Ambulance transport that is requested, beyond the nearest facility adequately equipped to treat the member's condition, by patient or physician for continuity of care or other reason*
- *Commercial air flights*
- *Repatriation from an international location back to the United States. See definition of repatriation in Section 10. Members traveling overseas should consider purchasing a travel insurance policy that covers repatriation to your home country.*
- *Costs associated with overseas air or sea transportation to other than the closest hospital equipped to adequately treat your condition*

**You Pay**

*All charges*