

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

**Section 5(d). Emergency Services/Accidents**

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**Benefit Description**

**Medical Emergency (cont.)**

- 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*.

**You Pay**

Preferred urgent care center: \$25 copayment per visit (no deductible)

Non-preferred (Participating/Non-participating): You pay all charges

**Benefit Description**

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

**You Pay**

*All charges*

**Benefit Description**

**Ambulance**

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

**You Pay**

See Section 5(c)