

**2026 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**  
**Section 5(d). Emergency Services/Accidents**  
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**Benefit Description**

**Accidental Injury (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.

**You Pay**

Preferred urgent care center: Nothing (no deductible)

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

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**Benefit Description**

*Not covered:*

- *Oral surgery except as shown in Section 5(b)*
- *Injury to the teeth while eating*
- *Emergency room professional charges for shift differentials*

**You Pay**

*All charges*

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**Benefit Description**

**Medical Emergency**

Outpatient medical or surgical services and supplies related to a medical emergency to include:

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

a professional provider

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

Notes:

- All follow-up care must be performed and billed for by Preferred providers to be eligible for benefits.
- If you are treated by a non-PPO professional provider in a PPO facility your liability for the difference between our allowance and the billed amount may be limited under the NSA. See Section 4 for more information.
- We pay inpatient benefits if you are admitted as a result of a medical emergency. See Section 5(c).
- Regular benefit levels apply to covered services provided in settings other than the emergency room. See Section 5(c) for those benefits.

**You Pay**

Preferred: 30% of the Plan allowance (deductible applies)

Non-preferred professional providers (Participating and Non-participating):

- Participating: 30% of the Plan allowance (deductible applies)
- Non-participating: 30% of the Plan allowance (deductible applies)

Non-preferred facilities (Member/Non-member):

- Member: 30% of the Plan allowance (deductible applies)
- Non-member: 30% of the Plan allowance (deductible applies)

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**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 regardless of the providers network status

Notes:

- 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.
- 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**

\$25 copayment per visit (no deductible)

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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

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

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*Medical Emergency - continued on next page*