

**2023 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**  
**Section 5(c). Services Provided by a Hospital or Other Facility, and Ambulance Services**  
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**Benefit Description**

**Hospice Care (cont.)**

*Not covered:*

- *Advanced care planning, except when provided as part of a covered hospice care treatment plan (see page [90](#))*
- *Homemaker services*
- *Home hospice care (e.g., care given by a home health aide) that is provided and billed for by other than the approved home hospice agency when the same type of care is already being provided by the home hospice agency*

**Standard Option - You Pay**

*All charges*

**Basic Option - You Pay**

*All charges*

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**Benefit Description**

**Ambulance**

Professional ambulance **transport services** to or from the nearest hospital equipped to adequately treat your condition, when medically necessary, and:

- Associated with covered hospital inpatient care
- Related to medical emergency
- Associated with covered hospice care

Note: We also cover medically necessary emergency care provided at the scene when transport services are not required.

**Standard Option - You Pay**

\$100 copayment per day for ground ambulance transport services (no deductible)

\$150 copayment per day for air or sea ambulance transport services

**Basic Option - You Pay**

\$100 copayment per day for ground ambulance transport services

\$150 copayment per day for air or sea ambulance transport services

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**Benefit Description**

Professional ambulance **transport services** to or from the nearest hospital equipped to adequately treat your condition, when medically necessary, and when related to accidental injury

Note: We also cover medically necessary emergency care provided at the scene when transport services are not required.

Note: Prior approval is required for all non-emergent air ambulance transport.

**Standard Option - You Pay**

Nothing (no deductible)

Note: These benefit levels apply only if you receive care in connection with, and within 72 hours after, an accidental injury. For services received after 72 hours, see above.

**Basic Option - You Pay**

\$100 copayment per day for ground ambulance transport services

\$150 copayment per day for air or sea ambulance transport services

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**Benefit Description**

Medically necessary emergency ground, air and sea ambulance transport services to the nearest hospital equipped to adequately treat your condition if you travel outside the United States, Puerto Rico and the U.S. Virgin Islands

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 GMMI) by calling 804-673-1678. See page [130](#) for more information.

**Standard Option - You Pay**

\$100 copayment per day for ground ambulance transport services (no deductible)

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\$150 copayment per day for air or sea ambulance transport services

**Basic Option - You Pay**

\$100 copayment per day for ground ambulance transport services

\$150 copayment per day for air or sea ambulance transport services

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**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*

**Standard Option - You Pay**

*All charges*

**Basic Option - You Pay**

*All charges*

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*Ambulance - continued on next page*

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