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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)

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