

2026 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

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.*

Standard Option - You Pay

All charges

Basic Option - You Pay

All charges