**SECTION VII**

**Ambulance and Pre-Hospital Emergency Medical Services**

*{Drafting Note: Use for individual, small group, and large group coverage. See the large group checklist for mandated benefits.}*

Please refer to the Schedule of Benefits section of this [Certificate; Contract; Policy] for Cost-Sharing requirements, day or visit limits, and any Preauthorization or Referral requirements that apply to these benefits. Pre-Hospital Emergency Medical Services and ambulance services for the treatment of an Emergency Condition do not require Preauthorization.

*{Drafting Note: HMOs and gatekeeper EPO products may not impose preauthorization requirements on the member for in-network coverage.}*

**A. Emergency Ambulance Transportation.**

**1.** **Pre-Hospital Emergency Medical Services.** We Cover Pre-Hospital Emergency Medical Services [worldwide] for the treatment of an Emergency Condition when such services are provided by an ambulance service.

*{Drafting Note: The word “worldwide” must be inserted for individual and small group coverage but may be removed for large group coverage.}*

“Pre-Hospital Emergency Medical Services” means the prompt evaluation and treatment of an Emergency Condition and/or non-airborne transportation to a Hospital. The services must be provided by an ambulance service issued a certificate under the New York Public Health Law. We will, however, only Cover transportation to a Hospital provided by such an ambulance service when a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of such transportation to result in:

* Placing the health of the person afflicted with such condition or, with

respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy, or in the case of a behavioral condition, placing the health of such person or others in serious jeopardy;

* Serious impairment to such person’s bodily functions;
* Serious dysfunction of any bodily organ or part of such person; or
* Serious disfigurement of such person.

An ambulance service must hold You harmless and may not charge or seek reimbursement from You for Pre-Hospital Emergency Medical Services except for the collection of any applicable Copayment, Deductible, or Coinsurance.

In the absence of negotiated rates, We will pay a Non-Participating Provider the usual and customary charge for Pre-Hospital Emergency Medical Services, which shall not be excessive or unreasonable. The usual and customary charge for Pre-Hospital Emergency Medical Services is the [[lesser of the] FAIR Health rate at the [80]th percentile calculated using the place of pickup [or the Provider’s billed charges].]

*{Drafting Note: If plans use a source for the usual and customary charge other than FAIR Health, the name of the source should be inserted in the brackets above. Plans should also provide an explanation of how that source is the usual and customary charge, in compliance with Insurance Law §§ 3216(i)(24), 3221(l)(15) and §4303(aa).*

**2. Emergency Ambulance Transportation.** In addition to Pre-Hospital Emergency Medical Services, We also Cover emergency ambulance transportation [worldwide] by a licensed ambulance service (either ground, water or air ambulance) to the nearest Hospital where Emergency Services can be performed. This coverage includes emergency ambulance transportation to a Hospital when the originating Facility does not have the ability to treat Your Emergency Condition.

*{Drafting Note: The word “worldwide” must be inserted for individual and small group coverage but may be removed for large group coverage.}*

**B. Non-Emergency Ambulance Transportation.**

We Cover non-emergency ambulance transportation by a licensed ambulance service (either ground or air ambulance, as appropriate) between Facilities when the transport is any of the following:

* From a non-participating Hospital to a participating Hospital;
* To a Hospital that provides a higher level of care that was not available at the original Hospital;
* To a more cost-effective Acute care Facility; or
* From an Acute care Facility to a sub-Acute setting.

**C. Limitations/Terms of Coverage.**

* We do not Cover travel or transportation expenses, unless connected to an Emergency Condition or due to a Facility transfer approved by Us, even though prescribed by a Physician.
* We do not Cover non-ambulance transportation such as ambulette, van or taxi cab.
* Coverage for air ambulance related to an Emergency Condition or air ambulance related to non-emergency transportation is provided when Your medical condition is such that transportation by land ambulance is not appropriate; and Your medical condition requires immediate and rapid ambulance transportation that cannot be provided by land ambulance; and one (1) of the following is met:
* The point of pick-up is inaccessible by land vehicle; or
* Great distances or other obstacles (e.g., heavy traffic) prevent Your timely transfer to the nearest Hospital with appropriate facilities.