

Your Emergency Benefits

It's good to know your coverage will pay for your health care when you need it most — in an emergency. But, to avoid unexpected expenses, you need to know what qualifies as an emergency, and the scope of your particular emergency coverage.

The following definitions, questions, and answers will give you a good idea of when, and to what extent, your emergency benefits come into play.

WHAT IS COVERED

Covered services fall into two categories:
Treatment for accidental injury and
Treatment for medical emergency.

Accidental Injury

Accidental injury is an injury caused by an external action, object, or chemical agent. Treatment for such injuries is a “built in” benefit of all Blue Cross and Blue Shield of Michigan (BCBSM) health care contracts.

Examples of accidental injuries are:

- sprains or cuts requiring prompt treatment by a physician
- the swallowing of poisons
- overdoses of medication
- allergic reactions caused by bee stings or insect bites
- inhalation of smoke
- burns
- frostbite
- attempted suicide



Medical Emergency

Medical emergency is an internal condition that threatens life or bodily functions, or one that could result in serious bodily harm unless treated promptly. Treatment for medical emergency is a benefit of many BCBSM contracts, but is not a “built in” benefit of all contracts.

Examples of medical emergency are:

- severe chest pain
- loss of consciousness
- severe bleeding (not a result of injury)
- convulsions

BCBSM will pay for the treatment of such serious symptoms only when:

- the condition (or its symptoms) occurs suddenly and unexpectedly
- the physician agrees that when the patient arrived in the emergency room, a threat to life and bodily functions appeared to exist, and
- treatment is given within 72 hours of the onset of the condition

WHAT IS NOT COVERED

Routine medical care given in a hospital emergency room. “Routine” means care normally provided in a physician’s office for conditions such as common cold, headache, back pain, and slight fever.

Treatment of chronic (long lasting) conditions requiring repeated visits to the hospital, unless there is a sudden life-threatening change in the condition, or symptoms that the attending physician agrees appeared life-threatening.

Follow-up visits after treatment for the original emergency.

Physicians and hospitals use our guidelines to determine what services qualify as medical emergencies. The guidelines ensure that you are covered in an emergency, but minimize health care costs by authorizing payment for treatment in emergency situations only.

QUESTIONS AND ANSWERS

The following questions and answers use specific cases to help you understand your emergency benefits.

Q. I have a cough and sore throat that won't go away, and have been unable to get an appointment with my physician. Will my emergency care benefits cover such treatment in a hospital emergency room?

A. No. Even though you had difficulty getting an appointment to see your doctor, treatment for such symptoms is considered routine medical care, not an emergency.

Q. I had been running a high fever for four days prior to receiving care in the hospital emergency room. My doctor and hospital claims were denied. Why?

A. A condition is not considered a medical emergency if medical treatment is not secured within 72 hours of the onset of the condition.

Q. I have chronic asthma. Two days ago I had a severe asthma attack. I was taken to the hospital emergency room, treated and admitted as an inpatient. My coverage includes medical emergency benefits. Will my hospital emergency room claims be paid?

A. Yes. Your emergency coverage pays for treatment of chronic conditions when symptoms occur suddenly and unexpectedly, and the condition could result in serious bodily harm unless treated promptly.

Q. My nine-month-old son and I were both treated in the hospital emergency room for throat infections. My son's claims were paid, mine were not. Why?

A. Certain conditions (such as acute respiratory infections) are considered emergencies for infants, but not for adults.

Q. I was having severe chest pains and thought I was having a heart attack. My doctor thought so too. **After** my medical examination in the hospital emergency room, my doctor discovered it was a false alarm. Will my doctor and hospital bills be paid?

A. Yes. Your symptoms, confirmed by the physician, were similar to those displayed during a heart attack. Your emergency coverage pays according to the signs or symptoms at the **beginning** of treatment, not on the basis of the final diagnosis. The signs and symptoms displayed at the initiation of treatment were verified by the physician.

If you have additional questions, please contact the nearest BCBSM office.



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