

FAQS ABOUT COVERAGE

Which ambulance company can a customer use?

We work hand-in-hand with the benefits health plan administrators and transport companies to ensure members and their families have no out-of-pocket costs** no matter which provider completes the ambulance transport within the continental United States, Alaska, Hawaii, and while traveling in Canada. Coverage extends globally for those with a plan that includes global coverage. Additionally, our coverage applies regardless of network. In an emergency, members simply call 911 and get to the hospital.

Will you pay my customer's copay or deductible?

Yes! Our goal is to leave members with complete peace of mind. We will cover out-of-pocket costs including copays and deductibles.

What do you guarantee?

No health questions
No age limits
No claim forms (bill must be submitted within 180 days)
No deductibles
No network limitations

When should my customer call you?

Members call us after they receive a bill from any emergency medical transportation ambulance provider.

Who is covered by your plans?

With our family plans, we cover your customer, their partner, and all children under the age of 26 in their household.

How much does an ambulance ride cost?

The average cost of a ground ambulance is \$2,0081. Depending on the provider, the personnel on board, and the amount of miles traveled, your employee's bill can get expensive.

Why would an ambulance be out-of-network?

There are over 27,000 ambulance companies operating in the United States.² Some companies are run by cities and states, others are run by local or national companies. Many insurance plans only cover in-network ambulance companies. Even if your employee is heading to an in-network hospital, the ground ambulance itself could be out-of-network and leave them with a "balance bill". We offer coverage for ALL ambulance companies operating within the continental United States, Alaska, Hawaii and while traveling in Canada.

Why might an employee have to pay out-of-pocket for an ambulance bill?

The ambulance that picks your employee up may be out-of-network, the reason for their trip may not be deemed a medical necessity, or your employee might still have to meet their health insurance deductible. Research shows that there's nearly an 80% chance your employee could be responsible for a large portion of their ground emergency transportation bill.³

What is medical necessity?

Medical necessity is established when any other transportation method (besides an ambulance) would endanger the patient's life. For example, let's say you're experiencing symptoms associated with a heart attack and end up taking an ambulance to the hospital. If your health insurance decides that the cause of your symptoms (perhaps indigestion, heartburn, or a panic attack) doesn't meet their requirements for an ambulance, they could deny your claim and potentially leave you on the hook for thousands of dollars.