

Frequently Asked Questions about Classic Air Medical Membership

What exactly is this membership and how does it work?

If Classic Air Medical (henceforth referred to as “Classic”) ever transports you, our membership is designed to eliminate out-of-pocket costs for air transportation. Our office will bill your insurance company first and then coordinate with the health insurance company to process your claim correctly. Any insured and/or patient cost share (after insurance payment), will be covered by the purchased membership.

How much is the membership?

- \$69 for an individual
- \$79 for a married couple
- \$89 for a family

(Family includes married couple with children under the age of 26)

Classic Air Medical reserves the right to waive the initial and annual membership fee.

When does my membership take effect?

Twenty-four hours after your payment has cleared with Classic’s payment processing center, your membership will take effect; this means any membership purchased at time of that specific transport will not be honored.

How long do these membership benefits last?

Classic membership covers an individual or family for one year. Before expiring, our office will send a notice with an option of payment if you choose to renew for another year.

Will I need to be covered by health insurance in order to apply?

Yes, a membership only applies if you are fully covered with a medical health insurance policy.

What if my spouse and I have separate insurance policies?

As long as you are both fully covered with a health insurance policy, it will suffice.

Is this considered insurance?

Classic membership is not considered health insurance. Health insurance is a specific type of policy that covers multiple types of medical care, as well as different types of providers. This is a membership, which only covers your insurance cost share for a flight that took place with Classic; it does not cover any other medical charges or any other providers

Will my insurance cover air ambulance?

Every insurance policy is different – and there are too many variables for our office to answer that question. Call your insurance company and discuss your air ambulance benefits with a customer service representative and be sure to ask about

coverage for in and out of network air ambulance benefit. Also ask if there are any restrictions or exclusions that would cause an emergent air ambulance claim to deny.

What if I have Medicare/Medicaid as my insurance?

Medicare only covers air ambulance services if you have Medicare part B; again, with all insurance companies only emergent medical necessity flights are covered. There is normally a cost share that will be patient balance owing after a claim has been processed. If you do not have a secondary insurance company, the membership would be beneficial.

Medicaid does have some very restrictive policies, and every state is different– if you have Medicaid coverage you will need to call and confirm if your policy covers air ambulance services. Also, some Medicaid policies are on a monthly basis, so if you are flown on a month you do not have Medicaid coverage then Medicaid will not cover your flight.

How much will my insurance pay if I am ever flown?

Depends on your insurance benefit for air ambulance - we cannot guarantee or quote what your insurance company will pay. That is determined at the time your insurance company processes your claim; however if you call your insurance company they can better quote you in and out of network air ambulance benefits.

If my insurance does not pay, what happens then?

A Classic membership is only valid on claims that have a remaining cost share (after your insurance company has paid their portion). If your insurance company denies the air ambulance claim for any reason, the membership will not cover the denied charges; however, please be aware our office makes every effort to help get any erroneous denied claims overturned.

What areas are covered with this membership?

Classic offers air transport across the Intermountain West. EMS helicopters typically operate within a 175-mile radius of its base, but have the capability to fly longer distances. Fixed-wing aircraft can transport patients throughout the nation.

How do I know which air transport company is called, and can I make a request to have Classic pick me up?

Each individual transport call has many variables. We do have a dispatch center, and get calls from numerous facilities, as well as emergency first responders. If you are able to request Classic, it may be honored by whoever is requesting the flight. However, if our aircraft is out on another transport or weather is a factor, the requesting agency may call another company. It is also important that you get the medical care you need as quickly as possible, regardless of who provides the transport and the requestors will take that into consideration at the time of the needed transport.