

2026 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus

Section 5(e). Mental Health and Substance Use Disorder Benefits

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Benefit Description

Inpatient Hospital or Other Covered Facility

Inpatient services to treat mental health and/or substance use disorders provided and billed by a hospital or other covered facility (see below for residential treatment center care) includes:

- Room and board, such as semiprivate or intensive accommodations, general nursing care, meals and special diets, and other hospital services
- Diagnostic tests

Notes:

- Inpatient care to treat substance use disorders includes room and board and ancillary charges for confinements in a hospital/treatment facility for rehabilitative treatment of alcoholism or substance use disorder.
- You must get precertification of inpatient hospital stays; failure to do so will result in a \$500 penalty.

You Pay

Preferred facilities: 30% of the Plan allowance (deductible applies)

Non-preferred (Member/Non-member) facilities: You pay all charges

Benefit Description

Residential Treatment Center

Precertification prior to admission is required.

We cover inpatient care provided and billed by an RTC when the care is medically necessary for the treatment of a medical, mental health, and/or substance use disorder:

- Room and board, such as semiprivate room, nursing care, meals, special diets, ancillary charges, and covered therapy services when billed by the facility

Notes:

- RTC benefits are not available for facilities licensed as a skilled nursing facility, group home, halfway house, or similar type facility.
- Benefits are not available for noncovered services, including: respite care; outdoor residential programs; services provided outside of the provider's scope of practice; recreational therapy; educational therapy; educational classes; biofeedback; Outward Bound programs; hippotherapy/equine therapy provided during the approved stay; personal comfort items, such as guest meals and beds, phone, television, beauty and barber services; custodial or long-term care (see *Definitions*); and domiciliary care provided because care in the home is not available or is unsuitable.
- For outpatient residential treatment center services, see next page.

You Pay

Preferred facilities: 30% of the Plan allowance (deductible applies)

Non-preferred (Member/Non-member) facilities: You pay all charges

Benefit Description

Outpatient Hospital or Other Covered Facility

Outpatient services provided and billed by a covered facility

- Diagnostic tests
- Group psychotherapy
- Individual psychotherapy
- Intensive outpatient treatment
- Partial hospitalization
- Pharmacologic (medication) management
- Psychological testing

You Pay

Preferred facilities: 30% of the Plan allowance (deductible applies)

Non-preferred (Member/Non-member) facilities: You pay all charges

Outpatient Hospital or Other Covered Facility - continued on next page