

**2023 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option  
Section 5(c). Services Provided by a Hospital or Other Facility, and Ambulance Services  
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### **Benefit Description**

#### **Residential Treatment Center (cont.)**

Note: Benefits are not available for noncovered services, including: respite care; outdoor residential programs; services provided outside of the provider's scope of licensure; recreational therapy; educational therapy; educational classes; biofeedback; Outward Bound programs; equine/hippotherapy 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.

Note: For outpatient residential treatment center services, see page [101](#).

#### **Standard Option - You Pay**

See previous page

#### **Basic Option - You Pay**

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### **Benefit Description**

#### **Extended Care Benefits/Skilled Nursing Care Facility Benefits**

##### **When Medicare Part A is not your primary payor:**

For members who do not have Medicare Part A, we cover skilled nursing facility (SNF) inpatient care for a maximum of 30 days annually, when the member can be expected to benefit from short-term SNF services with a goal of returning home.

The following criteria must also be met:

- Member is enrolled in case management prior to admission to the SNF (signed consent required), and actively participates in case management both prior to and during admission to the SNF.
- Precertification is obtained prior to admission (including overseas care).
- We approve the preliminary treatment plan prior to admission (plan must include proposed therapies and document the need for inpatient care).

- Member participates in all treatment and care planning activities, including discharge planning/transition to home.

Benefits are not available for inpatient SNF care solely for management of tube feedings, for home level dialysis treatment, as an interim transition to long term care placement, or for any other noncovered services.

Note: No inpatient benefits (such as room and board) will be provided if precertification is not obtained prior to admission (see page [21](#)). Members are responsible for enrolling in case management (see page [21](#)).

**Standard Option - You Pay**

Preferred facilities: \$175 (no deductible) per admission

Member facilities: \$275 plus 35% of the Plan allowance (no deductible) per admission

Non-member facilities: \$275 plus 35% of the Plan allowance (no deductible), and any remaining balance after our payment, per admission

**Basic Option - You Pay**

All charges

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*Extended Care Benefits/Skilled Nursing Care Facility Benefits - continued on next page*

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