

2023 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option
Section 5(e). Mental Health and Substance Use Disorder Benefits
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Benefit Description

Outpatient Hospital or Other Covered Facility (cont.)

Outpatient services provided and billed by a covered facility

- Diagnostic tests
- Psychological testing

Note: A residential treatment center is a covered facility for outpatient care (see Section 10, Definitions, for more information). We cover inpatient mental health and substance use disorder services or supplies provided and billed by residential treatment centers, other than room and board and inpatient physician care, at the levels shown here.

Standard Option - You Pay

Preferred: 15% of the Plan allowance (deductible applies)

Member: 35% of the Plan allowance (deductible applies)

Non-member: 35% of the Plan allowance (deductible applies). You may also be responsible for any difference between our allowance and the billed amount.

Basic Option - You Pay

Preferred: Nothing

Member/Non-member: Nothing

Benefit Description

Not Covered (Inpatient or Outpatient)

- *Marital, family, educational, or other counseling or training services*
- *Services performed by a noncovered provider*
- *Testing for and treatment of learning disabilities and intellectual disability*

- *Inpatient services performed or billed by residential treatment centers, except as described on pages [87-88](#) and [100-101](#)*
- *Services performed or billed by schools, halfway houses, group homes or members of their staffs*

Note: We cover professional services as described on pages [99-100](#) when they are provided and billed by a covered professional provider acting within the scope of their license.

- *Psychoanalysis or psychotherapy credited toward earning a degree or furtherance of education or training regardless of diagnosis or symptoms that may be present*
- *Services performed or billed by residential therapeutic camps (e.g., wilderness camps, Outward Bound, etc.)*
- *Hippotherapy/equine therapy (exercise on horseback)*
- *Light boxes*
- *Custodial or long term care (see Definitions)*
- *Costs associated with enabling or maintaining providers' telehealth (telemedicine) technologies, non- interactive telecommunication such as email communications, or asynchronous store-and-forward telehealth services*

Standard Option - You Pay

All charges

Basic Option - You Pay

All charges

Go to page [101](#). Go to page [103](#).