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**2025 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

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**Benefit Description**

**Residential Treatment Center**

**Precertification prior to admission is required.**

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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

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**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

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