

## Outpatient Hospital or Other Covered Facility

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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 Outpatient Hospital or Other Covered Facility

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**Note:** We state whether or not the calendar year deductible applies for each benefit listed in this section.

#### 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

Note: We cover outpatient mental health and substance use disorder services or supplies provided and billed by residential treatment centers at the levels shown here. **Prior approval is required.** Failure to obtain prior approval will result in a \$100.00 penalty. See Section 3.

#### 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

### *Not covered:*

- *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 earlier in this section and in Section 5(c)*
- *Services performed or billed by schools, halfway houses, group homes or members of their staffs*  
*Note: We cover professional services as described in Section 3 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.)*
- *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*

## You Pay

*All charges*