

**2025 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**

**Professional Services (cont.)**

- Inpatient professional services

**Standard Option - You Pay**

Preferred: Nothing (no deductible)

Participating: 35% of the Plan allowance (no deductible)

Non-participating: 35% of the Plan allowance (no deductible), plus the difference between our allowance and the billed amount

**Basic Option - You Pay**

Preferred: Nothing

Participating/Non-participating: You pay all charges

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**Benefit Description**

- Professional charges for facility-based intensive outpatient treatment
- Professional charges for outpatient diagnostic tests

**Standard Option - You Pay**

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

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

Non-participating: 35% of the Plan allowance (deductible applies), plus the difference between our allowance and the billed amount

**Basic Option - You Pay**

Preferred: Nothing

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Participating/Non-participating: You pay all charges

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## **Benefit Description**

### **Inpatient Hospital or Other Covered Facility**

Inpatient services provided and billed by a hospital or other covered facility

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

Note: Inpatient care to treat substance use disorder includes room and board and ancillary charges for confinements in a hospital/treatment facility for rehabilitative treatment of alcoholism or substance use disorder.

Note: You must get precertification of inpatient hospital stays; failure to do so will result in a \$500 penalty.

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

Preferred facilities: \$350 per admission copayment for unlimited days (no deductible)

Member facilities: \$450 per admission copayment for unlimited days, plus 35% of the Plan allowance (no deductible)

Non-member facilities: 35% of the Plan allowance for unlimited days (no deductible), and any remaining balance after our payment

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

Preferred facilities: \$350 per day copayment up to \$1,750 per admission for unlimited days

Member/Non-member facilities: You pay all charges

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## **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

Note: RTC benefits are not available for facilities licensed as a skilled nursing facility, group home, halfway house, or similar type facility.

**Standard Option - You Pay**

Preferred facilities: \$350 per admission copayment for unlimited days (no deductible)

Member facilities: \$450 per admission copayment for unlimited days, plus 35% of the Plan allowance (no deductible)

Non-member facilities: 35% of the Plan allowance (no deductible), and any remaining balance after our payment

**Basic Option - You Pay**

Preferred facilities: \$350 per day copayment up to \$1,750 per admission for unlimited days

Member/Non-member facilities: You pay all charges

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*Residential Treatment Center - continued on next page*

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