## **Benefit Description**

## Not Covered (Inpatient or Outpatient)

• Services performed or billed by schools, halfway houses, group homes or members of their staffs

Note: We cover professional services as described in this section 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

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