Outpatient Hospital or Other Covered Facility

2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option
Section 5. Benefits
Section 5(e). Mental Health and Substance Use Disorder Benefits
Outpatient Hospital or Other Covered Facility

Note: For Standard Option, we state whether or not the calendar year deductible applies for each benefit listed in this Section. There is no calendar year deductible under Basic Option.

Benefit Description

Outpatient Hospital or Other Covered Facility
Outpatient services provided and billed by a covered facility

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.

- Individual psychotherapy
- Group psychotherapy
- Pharmacologic (medication) management
- Partial hospitalization
- Intensive outpatient treatment

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: $35 copayment per day per facility

Member/Non-member: You pay all charges

Benefit Description
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