

**2024 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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**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**

**Professional Services**

We cover professional services by licensed professional mental health and substance use disorder practitioners when acting within the scope of their license.

**Standard Option - You Pay**

Your cost-sharing responsibilities are no greater than for other illnesses or conditions.

**Basic Option - You Pay**

Your cost-sharing responsibilities are no greater than for other illnesses or conditions.

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**Benefit Description**

Services provided by licensed professional mental health and substance use disorder practitioners when acting within the scope of their license

- Individual psychotherapy
- Group psychotherapy
- Pharmacologic (medication) management
- Psychological testing
- Office visits

- Clinic visits
- Home visits
- Phone consultations and online medical evaluation and management services (telemedicine)

Note: To locate a Preferred provider, visit [www.fepblue.org/provider](http://www.fepblue.org/provider) to use our National Doctor & Hospital Finder, or contact your Local Plan at the mental health and substance use disorder phone number on the back of your ID card.

Note: See Sections 5(a) and 5(f) for our coverage of smoking and tobacco cessation treatment.

Note: See Section 5(a) for our coverage of mental health visits to treat postpartum depression and depression during pregnancy.

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.

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

Preferred: \$30 copayment for the visit (no deductible)

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: \$35 copayment per visit

Participating/Non-participating: You pay all charges

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### **Benefit Description**

Telehealth professional services for:

- Behavioral health counseling
- Substance use disorder counseling

Note: Refer to Section 5(h), *Wellness and Other Special Features*, for information on telehealth services and how to access our telehealth provider network.

Note: Benefits are combined with telehealth services listed in Section 5(a).

Note: Copayments are waived for members with Medicare Part B primary.

**Standard Option - You Pay**

Preferred Telehealth provider: Nothing (no deductible) for the first 2 visits per calendar year for any covered telehealth service

\$10 copayment per visit (no deductible) after the 2<sup>nd</sup> visit

Participating/Non-participating: You pay all charges

**Basic Option - You Pay**

Preferred Telehealth provider: Nothing for the first 2 visits per calendar year for any covered telehealth service

\$15 copayment per visit after the 2<sup>nd</sup> visit

Participating/Non-participating: You pay all charges

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*Professional Services - continued on next page*

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