

## Not Covered (Inpatient or Outpatient)

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### 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

#### Not Covered (Inpatient or Outpatient)

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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

#### Not Covered (Inpatient or Outpatient)

- *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 in Sections 5(a) and 5(e)*
- *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*