

## Residential Treatment Center

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### 2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option

#### Section 5. Benefits

#### Section 5(c). Services Provided by a Hospital or Other Facility, and Ambulance Services Residential Treatment Center

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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

##### 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.

Note: Benefits are not available for noncovered services, including: respite care; outdoor residential programs; services provided outside of the provider's scope of licensure; recreational therapy; educational therapy; educational classes; biofeedback; Outward Bound programs; equine/hippotherapy provided during the approved stay; personal comfort items, such as guest meals and beds, phone, television, beauty and barber services; custodial or long term care (see *Definitions*); and domiciliary care provided because care in the home is not available or is unsuitable.

Note: For outpatient residential treatment center services, see Section 5(e).

#### 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: \$250 per day copayment up to \$1,500 per admission for unlimited days

Member/Non-member facilities: You pay all charges