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### 2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option Section 5(c). Services Provided by a Hospital or Other Facility, and Ambulance Services Page 82

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#### Benefit Description

##### Blue Distinction<sup>®</sup> Specialty Care (cont.)

Note: Members are responsible for regular cost-sharing amounts for the surgery and related professional services as described in Section 5(b).

Note: These benefit levels do not apply to inpatient facility care related to other services or procedures, or to outpatient facility care, even if the services are performed at a Blue Distinction Center.

Note: See Section 3 for more information about Blue Distinction Centers.

##### Standard Option - You Pay

Blue Distinction Center: \$150 per admission copayment for unlimited days (no deductible)

##### Basic Option - You Pay

Blue Distinction Center: \$100 per day copayment up to \$500 per admission for unlimited days

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#### Benefit Description

Outpatient facility services related to specific covered bariatric surgical procedures, when the surgery is performed at a designated Blue Distinction Center for Bariatric Surgery.

Outpatient facility services related to specific covered hip and knee replacement or revision surgeries and certain spine surgery procedures, when performed at a designated Blue Distinction Center for hip/knee/spine surgery.

Note: You must meet the pre-surgical requirements listed in our medical policies for bariatric surgeries.

Note: In addition, you must obtain prior approval and verify the facility's designation as a Blue Distinction Center for the type of surgery being scheduled. Contact us prior to the procedure at the

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customer service phone number listed on the back of your ID card for assistance.

Note: Members are responsible for regular cost-sharing amounts for the surgery and related professional services as described in Section 5(b).

Note: These benefits do not apply to other types of outpatient surgical services, even when performed at a Blue Distinction Center.

Note: See Section 3 for more information about Blue Distinction Centers.

**Standard Option - You Pay**

Blue Distinction Center: \$100 per day per facility (no deductible)

**Basic Option - You Pay**

Blue Distinction Center: \$25 per day per facility

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**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.

**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

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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

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*Residential Treatment Center - continued on next page*

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