2027 Blue Cross and Blue Shield Service Benefit Plan
FEP Blue Standard and FEP Blue Basic
Section 5(e). Mental Health and Substance Use Disorder Benefits

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