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

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.

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 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 per 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

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

Standard Option - You Pay
Preferred Telehealth provider: Nothing (no deductible)

Participating/Non-participating: You pay all charges

Basic Option - You Pay
Preferred Telehealth provider: Nothing

Participating/Non-participating: You pay all charges

Benefit Description

- Inpatient professional services

Standard Option - You Pay
Preferred: Nothing (no deductible)

Participating: 35% of the Plan allowance (no deductible)

Non-participating: 35% of the Plan allowance (no deductible), plus the difference between our allowance and the billed amount

Basic Option - You Pay
Preferred: Nothing

Participating/Non-participating: You pay all charges

Benefit Description

- Professional charges for facility-based intensive outpatient treatment
- Professional charges for outpatient diagnostic tests

Standard Option - You Pay
Preferred: 15% of the Plan allowance (deductible applies)

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: Nothing

Participating/Non-participating: You pay all charges