

**2023 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**  
**Section 5(e). Mental Health and Substance Use Disorder Benefits**  
**Page 86**

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## **Benefit Description**

### **Professional Services (cont.)**

Services provided by licensed professional mental health and substance use disorder practitioners when acting within the scope of their license

Outpatient professional services including:

- Individual psychotherapy
- Group psychotherapy
- Pharmacologic (medication) management
- Office visits
- Clinic visits
- Home visits
- Phone consultations and online medical evaluation and management services (telemedicine)

Notes:

10/3/22 correction (red text):

- We cover up to **4 8** visits per year in full to treat depression associated with pregnancy under maternity benefits (i.e., depression during pregnancy, postpartum depression, or both) when you use a Preferred provider. See page [45](#).
- To locate a Preferred provider, visit [www.fepblue.org/provider](http://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.
- See pages [55](#) and [98](#) for our coverage of smoking and tobacco cessation treatment.

We cover outpatient mental health and substance use disorder services or supplies provided and billed by residential treatment centers at the levels shown here. **Prior approval is required.**

**You Pay**

Preferred: \$10 copayment (no deductible) per visit up to a combined total of 10 visits per calendar year (benefits combined with visits in Section 5(a), page [39](#))

Preferred provider, visits after the 10th visit: 30% of the Plan allowance (deductible applies)

Non-preferred (Participating/Non-participating): You pay all charges

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**Benefit Description**

Telehealth professional services for:

- Behavioral health counseling
- Substance use disorder counseling

Notes:

- Refer to Section 5(h), *Wellness and Other Special Features*, for information on telehealth services and how to access our telehealth provider network.
- Copayments are waived for members with Medicare Part B primary.

**You Pay**

Preferred Telehealth Provider: Nothing (no deductible) for the first 2 visits per calendar year for any covered telehealth service received (benefits are combined with telehealth services listed in Section 5(a), page [39](#))

\$10 copayment per visit (no deductible) after the 2nd visit

Non-preferred (Participating/Non-participating): You pay all charges

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**Benefit Description**

Services provided by licensed professional mental health and substance use disorder practitioners when acting within the scope of their license:

- Inpatient professional services

- Professional charges for facility-based intensive outpatient treatment
- Professional charges for outpatient diagnostic tests to include psychological testing

**You Pay**

Preferred: 30% of the Plan allowance (deductible applies)

Non-preferred (Participating/Non-participating): You pay all charges

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Go to page [85](#). Go to page [87](#).