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Benefit Description

Outpatient Hospital or Other Covered Facility Outpatient services provided and billed by a covered facility

- Diagnostic tests
- Group psychotherapy
- Individual psychotherapy
- Intensive outpatient treatment
- Partial hospitalization
- Pharmacologic (medication) management
- Psychological testing

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. **Prior approval is required.** Failure to obtain prior approval will result in a \$100.00 penalty. See page <u>19</u>.

You Pay

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

Non-preferred (Member/Non-member) facilities: You pay all charges

Benefit Description

Not covered:

- Marital, family, 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 on pages <u>76</u> and <u>87</u>
- Services performed or billed by schools, halfway houses, group homes or members of their staffs Note: We cover professional services as described on page <u>16</u> 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.)
- 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

You Pay All charges

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