

**2026 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus****Section 5(c). Services Provided by a Hospital or Other Facility, and Ambulance Services  
Residential Treatment Center**

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**Note: The calendar year deductible applies to almost all benefits in this Section. We say "(No deductible)" when it does not apply.**

**Benefit Description****Residential Treatment Center**

Inpatient 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.

Notes:

- For inpatient care received overseas, refer to Section 5(i).
- For outpatient residential treatment center services, see Section 5(c).

**You Pay**

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

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

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**Benefit Description**

*Not covered services, such as:*

- *Biofeedback*
- *Custodial or long-term care (see Definitions)*

- *Domiciliary care provided because care in the home is not available or is unsuitable*
- *Educational therapy or educational classes*
- *Equine/hippotherapy provided during the approved stay*
- *Recreational therapy*
- *Respite care*
- *Outdoor residential programs*
- *Outward Bound programs*
- *Personal comfort items, such as guest meals and beds, phone, television, beauty and barber service*
- *Services provided outside of the provider's licensure/scope of practice*

*Note: Residential treatment center benefits are not available for facilities licensed as skilled nursing facilities, group home, halfway house or similar type facilities.*

**You Pay**

*All charges*