

**2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**  
**Section 5(c). Services Provided by a Hospital or Other Facility, and Ambulance Services**  
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**Benefit Description**

**Residential Treatment Center (cont.)**

Note: RTC benefits are not available for facilities licensed as a skilled nursing facility, group home, halfway house, or similar type facility.

Note: Benefits are not available for noncovered services, including: respite care; outdoor residential programs; services provided outside of the provider's scope of licensure; recreational therapy; educational therapy; educational classes; biofeedback; Outward Bound programs; equine/hippotherapy provided during the approved stay; personal comfort items, such as guest meals and beds, phone, television, beauty and barber services; custodial or long term care (see *Definitions*); and domiciliary care provided because care in the home is not available or is unsuitable.

Note: For outpatient residential treatment center services, see Section 5(e).

**Standard Option - You Pay**

Preferred facilities: \$350 per admission copayment for unlimited days (no deductible)

Member facilities: \$450 per admission copayment for unlimited days, plus 35% of the Plan allowance (no deductible)

Non-member facilities: 35% of the Plan allowance (no deductible), and any remaining balance after our payment

**Basic Option - You Pay**

Preferred facilities: \$425 per day copayment up to \$2,975 per admission

Member/Non-member facilities: You pay all charges

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**Benefit Description**

**Extended Care Benefits/Skilled Nursing Care Facility Benefits**

**When Medicare Part A is not your primary payor:**

For members who do not have Medicare Part A, we cover skilled nursing facility (SNF) inpatient care for a maximum of 30 days annually, when the member can be expected to benefit from short-term SNF services with a goal of returning home.

Note: Precertification is required prior to admission (including overseas care).

Benefits are not available for inpatient SNF care solely for management of tube feedings, for home level dialysis treatment, as an interim transition to long-term care placement, or for any other noncovered services.

Note: Inpatient benefits (such as room and board) may not be provided if precertification is not obtained prior to admission (see Section 3).

**Standard Option - You Pay**

Preferred facilities: \$175 (no deductible) per admission

Member facilities: \$275 plus 35% of the Plan allowance (no deductible) per admission

Non-member facilities: \$275 plus 35% of the Plan allowance (no deductible), and any remaining balance after our payment, per admission

**Basic Option - You Pay**

All charges

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**Benefit Description****When Medicare Part A is your primary payor:**

When Medicare Part A is the primary payor (meaning it pays first) and has made a payment, **Standard Option** provides limited secondary benefits.

We pay the applicable Medicare Part A copayments incurred **in full** during the first through the 30th day of confinement for each benefit period (as defined by Medicare) in a qualified skilled nursing facility.

Note: See <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ge101c03.pdf> for complete Medicare benefit period definition.

**Standard Option - You Pay**

Preferred facilities: Nothing (no deductible)

Member facilities: Nothing (no deductible)

Non-member facilities: Nothing (no deductible)

Note: You pay all charges not paid by Medicare after the 30th day.

**Basic Option - You Pay**

All charges

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*Extended Care Benefits/Skilled Nursing Care Facility Benefits - continued on next page*