

2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**Section 5. Benefits****Section 5(e). Mental Health and Substance Use Disorder Benefits****Inpatient Hospital or Other Covered Facility**

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**Inpatient Hospital or Other Covered Facility**

Inpatient services provided and billed by a hospital or other covered facility

- Room and board, such as semiprivate or intensive accommodations, general nursing care, meals and special diets, and other hospital services
- Diagnostic tests

Note: Inpatient care to treat substance use disorder includes room and board and ancillary charges for confinements in a hospital/treatment facility for rehabilitative treatment of alcoholism or substance use disorder.

Note: You must get precertification of inpatient hospital stays; failure to do so will result in a \$500 penalty.

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 for unlimited days (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