

Health Benefit Plan Summary

This Benefit Summary provides only a highlight of the services covered by Blue Cross and Blue Shield of Kansas City. www.BlueKc.com

	BlueSaver Base – BlueSelect Plus	BlueSaver Premium – Preferred-Care Blue
Plan Type	A Preferred Provider Organization (PPO)	A Preferred Provider Organization (PPO)
Plan Description <i>(Visit our website at www.BlueKc.com to receive a complete listing of network hospitals and physicians)</i>	Members can receive services from any hospital or physician but receive greater benefits when they use the BlueSelect Plus PPO network.	Members can receive services from any hospital or physician but receive greater benefits when they use the Preferred-Care Blue PPO network.
Embedded Deductible	Network: \$2,600 per individual/\$5,200 per family Non-network: \$5,200 per individual/\$10,400 per family	\$2,600 per individual/\$5,000 per family (Network & Non-network combined)
Coinsurance (1)	Network: 100% Non-network: 70%	Network: 100% Non-network: 80%
Out-of-Pocket Maximum (2)	Network: \$2,600 individual/\$5,200 family; Non-network: \$13,000 individual/\$26,000 family	Network: \$2,600 individual/\$5,200 family; Non-network: \$5,200 individual/\$10,400 family
Physician Office Visits	Deductible then coinsurance	Deductible then coinsurance
Routine Preventive Care <i>(Contract lists covered services)</i>	Network: 100% Non-network: Deductible then coinsurance	Network: 100% Non-network: Deductible then coinsurance
Mammograms, Pap Smears and PSA tests	Network: 100% Non-network: Deductible then coinsurance	Network: 100% Non-network: Deductible then coinsurance
Childhood Immunizations	100%	100%
Inpatient Hospital Services/Outpatient Surgery*	Deductible then coinsurance (3)	Deductible then coinsurance (3)
Emergency Room	Deductible then 100%	Deductible then 100%
Ambulance	Deductible then 100%	Deductible then 100%
Durable Medical Equipment*	Deductible then coinsurance	Deductible then coinsurance
Allergy Testing, Treatment, Injections	Deductible then coinsurance	Deductible then coinsurance
Home Health Services*	Deductible then coinsurance 60 visit calendar year maximum	Deductible then coinsurance 60 visit calendar year maximum
Skilled Nursing Facility*	Deductible then coinsurance 30 day calendar year maximum	Deductible then coinsurance 30 day calendar year maximum
Outpatient Therapy (Speech, Hearing, Physical and Occupational)*	Deductible then coinsurance Physical and Occupational: Combined 60 visit calendar year maximum Speech and Hearing: Combined 20 visit calendar year maximum	Deductible then coinsurance Physical and Occupational: Combined 60 visit calendar year maximum Speech and Hearing: Combined 20 visit calendar year maximum
Chiropractic Services*	Deductible then coinsurance	Deductible then coinsurance
Inpatient Mental Illness/Substance Abuse**	Deductible then coinsurance (3) <i>Prior authorization required from New Directions</i>	Deductible then coinsurance (3) <i>Prior authorization required from New Directions</i>
Outpatient Mental Illness/Substance Abuse**	Deductible then coinsurance (3)	Deductible then coinsurance (3)

¹Portion of covered charges paid by BCBSKC after you satisfy your deductible and required copayments.

²Total of deductible, coinsurance and copays members pay each year toward covered charges before BCBSKC pays 100% of benefits.

³Diagnostic services performed at a Non-Participating Imaging Center inside Our Service Area are limited to \$200 per day. Inpatient hospital services in a Non-Participating Hospital inside our service area are limited to a \$200 maximum per day. Outpatient services at a Non-Participating Provider Hospital or at a Non-Participating Provider outpatient facility (including an ambulatory surgical center) inside our service area are limited to \$200 per day.

Log on to www.BlueKc.com for Provider Directories, claims status and much more!

	BlueSaver Base – BlueSelect Plus	BlueSaver Premium – Preferred-Care Blue
Organ Transplant*	Deductible then coinsurance Unlimited Organ Transplant lifetime maximum	
Inpatient Hospice Facility*	Deductible then coinsurance 14 day lifetime maximum	
Women’s Contraceptive devices, implants, injections and elective sterilization (includes insertion of devices)	Network: Covered at 100% Non-network: Deductible then coinsurance	
Prescription Drugs*	BCBSKC Rx Network Network: Deductible; Tier 1 generic contraceptives covered at 100% Non-network: Deductible, then 50% after: \$12 copay for Tier 1 drug; \$35 copay for Tier 2 brand drug; \$60 copay for Tier 3 brand drug <i>(Copays apply to out-of-pocket maximum)</i>	
Prescription Drugs* Mail order drug program – 102 day supply	Deductible, then 100%; Tier 1 generic contraceptives covered at 100%	
Lifetime Maximum	Unlimited	
Dependent Coverage	End of the year the children reach age 26	
Prior Authorization Penalty*	You are responsible for prior authorization for services received from non-network and out-of-area providers. If prior authorization is not obtained for services which require prior authorization, you are responsible for the cost of the services.	
Late Enrollees	For employees or dependents applying after the eligibility period and not within a special enrollment period, coverage will become effective only on the group’s anniversary date.	
Detailed Benefit Information Exclusions and Limitations	Call a Customer Service Representative or consult your booklet/certificate. The certificate will govern in all cases.	
Customer Service	816-395-2969; 800-422-7318 or www.BlueKc.com	
Blue KC 24 Hour Nurse Line	877-852-5422 24 hours a day ... 365 days a year!	

Prior Authorization will be required for elective inpatient admissions, durable medical equipment (DME), infusion therapy and self injectables, organ and tissue transplants, some outpatient surgeries and services, hi-tech scans, hearing therapy, prosthetics and appliances, mental health and chemical dependency, some outpatient prescriptions, skilled nursing facility,, inpatient hospice facility, dental implants and bone grafts. This list of services is subject to change. Please refer to your contract for the current list of services, which require Prior Authorization.

The covered services described in the Benefit Schedule are subject to the conditions, limitations and exclusions of the contract.

Discrimination is Against the Law

Blue KC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue KC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue KC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service, 844-395-7126 (Toll free), languagehelp@bluekc.com.

If you believe that Blue KC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Appeals Department, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, APPEALS@bluekc.com. You can file a grievance in person or by mail, or email. If you need help filing a grievance, the Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you, or someone you're helping, has questions about Blue KC, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-395-7126.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-395-7126.

Chinese: 如果您，或是您正在協助的對象，有關於 Blue KC 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 1-844-395-7126。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-395-7126.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-395-7126 an.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 [Blue KC]에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-395-7126 로 전화하십시오.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue KC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-844-395-7126.

Arabic: إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue KC ، ف لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-395-7126.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue KC, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-844-395-7126.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue KC, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-395-7126.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue KC, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-395-7126.

Laotian: ຖ້າ ທ່ານ, ຫຼື ຄົນ ທ່ານ ກຳລັງ ຊ່ວຍ ເຫຼືອ, ມີ ຄຳ ຖາມ ກ່ຽວ ກັບ Blue KC, ທ່ານ ມີ ສິດ ທີ່ ຈະ ໄດ້ ຮັບ ການ ຊ່ວຍ ເຫຼືອ ອະ ລະ ຄິດ ມູ ນ ຂໍ ຈາກ ສານ ທີ່ ບໍ່ ມາ ສາ ຂອງ ທ່ານ ບໍ່ ມີ ຄ່າ ຈ້າ ຈ່ າຍ. ການ ໂອ້ ນຶມ ກັບ ນາຍ ພາ ສາ, ໃຫ້ ໂທ ຫາ 1-844-395-7126.

Pennsylvanian Dutch: Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-844-395-7126 uffrufe.

Persian: اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Blue KC، داشته باشید حق این را دارید که کمک اطلاعات به زبان خود را به طور رایگان دریافت نمایید 1-844-395-7126. تماس حاصل نمایید.

Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-844-395-7126 tiin bilbilaa.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-395-7126.

For TTY services, please call 1-816-842-5607.



Kansas City

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