

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

www.bluekc.com

	HMO (Base Plan)
Plan Type	A Health Maintenance Organization (HMO)
Plan Description <i>(Visit our website at www.bluekc.com to receive a complete listing of network hospitals and physicians)</i>	Members choose a primary care physician. Members may self-refer to physician specialists in the Blue-Care network. Urgent care and an exclusive network of specialists are also covered; other services must be ordered by an HMO Physician.
Deductible	N/A
Coinsurance (1)	N/A
Out-of-Pocket Maximum (2)	Individual \$4,000/Family \$10,000
Physician Office Visits	PCP office visits: \$25 copay Medical Home PCP* office visits: \$15 copay Specialists: \$50 copay
Lab Performed in Physician's Office/Independent Lab	No copay
Lab Performed in Hospital/Outpatient Facility	No copay
X-ray and Other Radiology Procedures	No copay
Routine Preventive Care <i>(Contract lists covered services)</i>	Covered at 100%
Mammograms, Pap Smears and PSA tests	Covered at 100%
Routine Vision Care (3)	Applicable copay
Routine Hearing Care	Applicable copay
Childhood Immunizations	Covered at 100%
Inpatient Hospital Services/Outpatient Surgery**	\$500 copay per day up to \$2,500 per calendar year
MRI, MRA, CT and PET scans performed in a Physician's Office, Imaging Center or Other Outpatient Setting (including a hospital)**	\$200 copay Only one copay will apply for each provider on a specified date of service even if multiple scans are performed
Emergency Room/Urgent Care <i>(Copay waived if admitted to a hospital)</i>	\$200 copay; \$50 copay if services are received in an urgent care center.
Ambulance	No copay
Durable Medical Equipment**	No copay
Allergy Testing, Treatment, Injections	No copay for injections; \$100 copay for testing
Home Health Services**	\$25 copay 60 visit calendar year maximum
Skilled Nursing Facility**	\$50 copay 30 day calendar year maximum
Outpatient Therapy** <i>(Speech, Hearing, Physical, Occupational and Skeletal Manipulations)</i>	No copay Physical, Occupational and Skeletal Manipulations: Combined 60 year calendar year maximum Speech and Hearing: Combined 20 visit calendar year maximum <i>(Evaluation and Assessment may be subject to Specialist copay)</i>

**Medical Home PCP – Participating Medical Home physicians can be found in the Provider Directory with the Blue Distinction Total Care (BDTC) designation.*

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.

³Vision Care: You may receive one vision exam per year through BCBSKC Vision Providers Plan (PCP referral not required).

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

	HMO (Base Plan)
Inpatient Mental Illness/Substance Abuse	\$500 copay per day up to \$2,500 per calendar year <i>Prior authorization required from New Directions</i>
Outpatient Mental Illness/Substance Abuse	Office Visit: \$15 copay Therapy: 100% <i>Prior authorization required from New Directions</i>
Organ Transplant**	Applicable copays Unlimited Lifetime Maximum
Inpatient Hospice Facility**	\$250 copay to \$2,500 per calendar year 14 day lifetime maximum
Women's Contraceptive devices, implants, injections and elective sterilization (includes insertion of devices)	Network: Covered at 100% Non-network: Not Covered
Prescription Drugs**	BCBSKC Rx Network \$10 copay for Tier 1 drug; Tier 1 generic contraceptives covered at 100% \$50 copay for Tier 2 brand drug; \$70 copay for Tier 3 brand drug \$10 Additional Charge for Maintenance Prescriptions filled through Retail
Prescription Drugs: Mail order drug program – 102 day supply	\$20 copay for Tier 1 drug; Tier 1 generic contraceptives covered at 100% \$100 copay for Tier 2 brand drug; \$140 copay for Tier 3 brand drug
Lifetime Maximum	Unlimited
Notice	Your coverage does include elective pregnancy termination coverage. An enrollee who is a member of a group health plan with coverage for elective abortions has the right to exclude and not pay for coverage for elective abortions if such coverage is contrary to his or her moral, ethical, or religious beliefs. Please call Customer Service to exclude coverage.
Dependent Coverage	End of the calendar year the children reach age 26 or the month they are no longer an eligible dependent, whichever is first.
Prior Authorization Penalty**	Prior authorization is the responsibility of the network provider.
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	816-395-2270 or www.bluekc.com

***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, speech and hearing therapy (including home health for speech therapy), prosthetics and appliances, mental health and chemical dependency, some outpatient prescriptions, skilled nursing 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.

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

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 أية 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 ຫຼື ອ, ມີ ອຳນາດ ມາ ກັບ Blue KC, ທ່ານ ມີ ສິດ ທ່ານ ຈະ ໄດ້ ຮັບ ການ ຊ່ວຍ ຫຼື ອ ລະ ມູ ນ ຂໍ ກວ ສານ ທ່ານ ບໍ່ ມາ ສາ ຂອງ ທ່ານ ບໍ່ ມີ ຄ່າ ໃຊ້ ຈ່າຍ. ການ ໂອ້ ນົມ ກັບ ນາຍ ພາ ສາ, ໃຫ້ ໂທ ຫາ 1-844-395-7126.

Pennsylvanian Dutch: Wann du hoscht en Froog, odder ebber, wu du helpscht, 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.

