



An independent licensee of the Blue Cross and Blue Shield Association

Blue Valley School District

Health Benefit Plan Summary – Spira Care BlueSelect Plus EPO

This Benefit Summary provides only highlights of the services covered by Blue Cross and Blue Shield of Kansas City (Blue KC). For Additional details, exclusions and limitations refer to your member certificate available at MyBlueKC.com.

General Plan Information		
Plan Type	An Exclusive Provider Organization (EPO) Members must receive all care from in-network preferred providers except for emergency services. Non-emergency services received out-of-network will not be covered.	
Medical Network(s) A complete listing of network hospitals and physician is available on BlueKC.com.	In Area: BlueSelect Plus Out-of-Area: Blue-Card	
Embedded Deductible <i>An Individual must meet their Individual deductible before benefits are paid on that individual</i>	In-Network	Out-of-Network
	Individual: \$1,000 Family: \$3,000	Not Covered
Coinsurance Coinsurance is your share of the costs of a covered service, calculated as a percent of the allowed amount for the service. <i>Note – The amount the plan pays for covered services is based on the allowed amount.</i>	In-Network	Out-of-Network
	Member Pays: 0% Plan Pays: 100%	Not Covered
Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	In-Network	Out-of-Network
	Individual: \$1,000 Family: \$3,000	Not Covered
Applies to: All Medical and Rx Cost Sharing		
Plan Benefits - Medical	In-Network	Out-of-Network
<i>When you visit a Spira Care Clinic...</i>		
Office Visit – Routine	No Charge	Not Covered
Office Visit – Urgent/Acute	No Charge	Not Covered
Chronic Disease Care (excluding drugs & equipment)	No Charge	Not Covered
Preventive Screenings & Immunizations (Children & Adults) Blue KC health plans include routine preventive benefits that are consistent with the guidelines developed by the United States Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA), and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Services must be billed with a primary diagnosis of preventive to be covered at 100%.	No Charge	Not Covered
Outpatient Mental Health, Behavioral Health, and Substance Abuse Services	No Charge	Not Covered
Labs	No Charge	Not Covered
X-ray – Basic diagnostic x-rays for fracture and other injuries	No Charge	Not Covered
<i>When you visit another Physician's Office...</i>		
Physician Office Visit	Deductible	Not Covered
Urgent Care Telehealth Visit Blue KC members have access to the following Telehealth Providers for \$49 per online visit before deductible: American Well	Deductible	Not Covered

Plan Benefits - Medical	In-Network	Out-of-Network
Preventive Screenings & Immunizations (Children & Adults) Blue KC health plans include routine preventive benefits that are consistent with the guidelines developed by the United States Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA), and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Services must be billed with a primary diagnosis of preventive to be covered at 100%.	No Charge	Not Covered
Labs Performed in a Provider's Office/Independent Lab/Urgent Care Facility	Deductible	Not Covered
Allergy Testing, Treatment, Injections	Deductible	Not Covered
Other Services and Procedures performed in a provider's office	Deductible	Not Covered
<i>When you need radiology services...</i>		
X-Ray Reminder – X-ray services provided at your neighborhood Spire Health Clinic are available at no cost to you.	Deductible	Not Covered
Mammogram – Preventive	No Charge	Not Covered
Other Radiology Procedures (MRI, CT/PET Scans, MRA) Prior authorization is required.	Deductible	Not Covered
<i>When you have out-patient surgery...</i>		
Outpatient Surgery Facility Fees Prior authorization is required.	Deductible	Not Covered
Physician (Surgeon) Services	Deductible	Not Covered
<i>If you need immediate medical attention...</i>		
Urgent Care Center Office Visit	Deductible	Not Covered
Emergency Services – Facility	Deductible	In-Network Deductible
Emergency Services – Physician	Deductible	In-Network Deductible
Ground Ambulance	Deductible	In-Network Deductible
Air Ambulance	Deductible	In-Network Deductible
<i>If you have a hospital stay...</i>		
Hospital Facility Fees	Deductible	Not Covered
Physician (Surgeon) Services	Deductible	Not Covered
Labs Performed in a Hospital/Outpatient Facility	Deductible	Not Covered
<i>If you need help recovering or have other special health needs...</i>		
Skilled Nursing Care Prior authorization is required. Benefits are limited to a 30 day calendar year maximum.	Deductible	Not Covered
Home Health Services Benefits are limited to a 60 visit calendar year maximum.	Deductible	Not Covered
Occupational & Physical Therapy Benefits are limited to a combined 60 visit calendar year maximum (for Occupational, Physical Therapy and Skeletal Manipulations)	Deductible	Not Covered
Speech & Hearing Therapy Prior authorization is required for Hearing Therapy. Benefits are limited to a combined 20 visit calendar year maximum.	Deductible	Not Covered
Durable Medical Equipment Prior authorization is required.	Deductible	Not Covered
Inpatient Hospice Services Prior authorization is required for services received at an inpatient facility. Benefits are limited to a 14 day lifetime maximum at an inpatient facility.	Deductible	Not Covered
Home Hospice Services	Deductible	Not Covered

Plan Benefits - Medical	In-Network	Out-of-Network
<i>If you have behavioral health, or substance abuse needs...</i>		
Outpatient Mental Health, Behavioral Health, and Substance Abuse Services	Deductible	Not Covered
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services Requires Prior Authorization from New Directions.	Deductible	Not Covered
Family Planning & Pregnancy...		
Contraceptive Devices, Implants, and Injections See also pharmacy benefits.	No Charge	Not Covered
Elective Sterilization – Women	No Charge	Not Covered
Elective Sterilization – Men	No Charge	Not Covered
Prenatal and postnatal care Coverage for Dependent Daughters is not ncluded.	Deductible	Not Covered
Delivery and all inpatient services	Deductible	Not Covered
Infertility	Not Covered	Not Covered
General Pharmacy Information		
Pharmacy Network(s)	National Plus	
Prescription Drug List	National Preferred	
Exclusions & Limitations	Covers up to 34 day supply (retail) and between 35 to 102 day supply (mail order). Prescriptions for a specialty drug will need to be filled at a designated specialty pharmacy. Limited to a one month supply.	
Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7.a.m. to 7.pm CST.	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. Email: info@rxsavingsllc.com PH: 1-800-268-4476	
Specialty Pharmacy Prescriptions for a specialty medication will need to be filled throu gh a designated Specialty Pharmacy.	Designated Specialty Pharmacy: Accredo PH: 877-259-2295	
Plan Benefits – Pharmacy		
Retail (up to a 34 day supply) Tier 1 – Generic Drugs Tier 2 – Preferred Brand Drug Tier 3 – Non-preferred Brand Drug	Contraceptives (generic & brand if no generic is available): No Charge Tier 1: \$15 Copay Tier 2: \$50 Copay Tier 3: Deductible	Not Covered
Mail order drug program – up to 102 day supply	Contraceptives (generic & brand if no generic is available): No Charge Tier 1: \$15 Copay Tier 2: \$125 Copay Tier 3: Deductible	Not Covered
Specialty Pharmacy Prescriptions for a specialty medication will need to be filled throu gh a designated Specialty Pharmacy.	Designated Specialty Pharmacy: Accredo PH: 877-259-2295	

*Infertilty and Impotency Services are not covered under Spira Care.

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.

