

**Blue Valley Unified School District #229
Qualified High Deductible Health Plan Summary**

Effective Date: 1/1/18

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

www.bluekc.com

BlueSaver HDHP Preferred-Care Blue Network	
Plan Type	A Preferred Provider Organization (PPO)
Plan Description <i>(Visit our website at www.bcbskc.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 Preferred-Care Blue PPO network.
Deductible	\$2,700 per single/\$5,400 per family <i>An Individual must meet their INDIVIDUAL deductible before benefits are paid on that individual</i>
Coinsurance (1)	Network: 100% / Non-network: 80%
Out-of-Pocket Maximum (2)	Network: \$2,700 single/\$5,400 family; Non-network: \$5,400 single/\$10,800 family
Physician Office Visits	Deductible then coinsurance
Lab Performed in a Physician's Office/Independent Lab	Network: Deductible then 100% Non-network: Deductible then 80%
Lab Performed in a Hospital/Outpatient Facility	Network: Deductible then 100% Non-network: Deductible then 80%
X-ray and Other Radiology Procedures	Network: Deductible then 100% Non-network: Deductible then 80%
Routine Preventive Care <i>(Contract lists covered services)</i>	Network: 100% Non-network: Deductible then coinsurance Mandated Routine Services Covered at 100% (No Calendar Year Maximum) PSA Tests, Pelvic Exams and Pap Smears, Mammograms, Colorectal Cancer Exams, Newborn Hearing Screening, Childhood Immunizations, Lead Testing Expanded Routine Services Covered at 100% (No Calendar Year Maximum) Physician Examinations, Additional Examinations, Testing and Services, Urinalysis, Glucose Screening, Thyroid Stimulating Hormone Screening, Lipid Cholesterol Panel, HPV Screening, HIV Screening, EKG, Chest X-ray
Inpatient Hospital Services/Outpatient Surgery*	Deductible then coinsurance (3)
Emergency Room/Urgent Care	ER: Deductible then 100% Urgent Care: Deductible then coinsurance
Ambulance	Deductible then 100%
Durable Medical Equipment*	Deductible then coinsurance
Allergy Testing, Treatment, Injections	Deductible then coinsurance
Home Health Services*	Deductible then coinsurance 60 visit calendar year maximum
Outpatient Therapy** <i>(Speech, Hearing, Physical, Occupational and Skeletal Manipulations)</i>	Deductible then coinsurance Physical, Occupational and Skeletal Manipulations: Combined 60 year calendar year maximum Speech and Hearing: Combined 20 visit calendar year maximum
Inpatient Mental Illness/Substance Abuse	Deductible then coinsurance <i>Prior authorization required from New Directions</i>
Outpatient Mental Illness/Substance Abuse	Deductible then coinsurance

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 a \$200 per visit/service. 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 a \$200 per visit/service.

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

BlueSaver HDHP Preferred-Care Blue Network	
Skilled Nursing Facility*	Deductible then coinsurance 30 day calendar year maximum
Inpatient Hospice Facility*	Deductible then coinsurance 14 day lifetime maximum
Organ Transplant*	Deductible then coinsurance Unlimited Lifetime Maximum
Women's Contraceptive devices, implants, injections and elective sterilization (includes insertion of devices)	Network: Covered at 100% Non-network: Deductible then 80%
Prescription Drugs*	BCBSKC Rx Network: Annual Deductible then 100%; Tier 1 generic contraceptives covered at 100% (not subject to deductible) Non-network: Deductible, then 50% after: \$10 copay for Type 1 drug; \$50 copay for Type 2 brand drug; \$70 copay for Type 3 brand drug
Prescription Drugs* Mail order drug program – 102 day supply Lifetime Maximum	Annual Deductible then 100%; Tier 1 generic contraceptives covered at 100% (not subject to deductible) 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*	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	816-395-2270 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, speech and hearing therapy (including home health for speech therapy), prosthetics and appliances, mental health and chemical dependency, some outpatient prescriptions, hi-tech scans, skilled nursing facility, dental implants and bone grafts, and chiropractic services received from a non-network chiropractor.

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 ، فليك 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: ຖ້າທ່ານ, ຫຼື ຄົນ ອື່ນ ທ່ານ ກໍ່ ຈຶ່ງ ຈ່ວຍ ຫຼື ອ, ມ່ ອໍ ຕາ ຖາ ມ ກໍ່ ງ ຈ ັບ Blue KC, ທ່ານ ມ່ ື ສ ັດ ອໍ ທ ຈ ລ ໄດ້ ຮັບ ການ ຈ່ວຍ ຫຼື ອ ຈ ີ ມ ັ ຂໍ ມູ ນ ຂໍ າ ອ ສາ ນ ອໍ ທ ຈ ັບ ນ ພ າ ສາ ຂ ອ ງ ທ່ານ ອໍ ມ ອໍ າ ຈ ັ້ ຈ ອ າຍ. ການ ອໍ ັ ນ ມ ກ ັ ບ ນ າ ຍ ພ າ 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.



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