

## Preferred-Care Blue Network - Blue Valley Unified School District #229 Health Benefit 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](http://www.bluekc.com)

	<b>PPO (Base Plan)</b>
<b>Plan Type</b>	A Preferred Provider Organization (PPO)
<b>Plan Description</b> <i>(Visit our website at <a href="http://www.bluekc.com">www.bluekc.com</a> 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 Blue-Card PPO network.
<b>Deductible</b>	\$1,000 per individual/\$3,000 per family
<b>Coinsurance (1)</b>	Network: 80%; Non-network: 60%
<b>Out-of-Pocket Maximum (2)</b>	Network: \$4,500 individual/\$11,250 family; Non-network: \$13,500 individual/\$33,750 family
<b>Physician Office Visits</b>	Network: \$30 copay (3) Medical Home PCP*: \$20 copay (3) Specialist: \$60 copay (3) Non-network: Deductible then coinsurance
<b>Lab Performed in Physician's Office/Independent Lab</b>	Network: Included in office visit copay Non-network: Deductible then coinsurance
<b>Lab Performed in Hospital/Outpatient Facility</b>	Network: Deductible then coinsurance Non-network: Deductible then coinsurance
<b>X-ray and Other Radiology Procedures</b>	Network: Deductible then coinsurance (4) Non-network: Deductible then coinsurance
<b>Routine Preventive Care</b> <i>(Contract lists covered services)</i>	Routine Services: 100% (not subject to deductible) Related OV: 100% Non-network: Deductible then coinsurance Unlimited calendar year maximum
<b>Mammograms, Pap Smears and PSA tests</b>	Network: 100% Non-network: Deductible then coinsurance
<b>Routine Hearing Care</b>	Newborn Hearing Screening Only – Deductible then coinsurance
<b>Childhood Immunizations</b>	100%
<b>Inpatient Hospital Services/Outpatient Surgery**</b>	Deductible then coinsurance (4)
<b>Emergency Room</b> <i>(Copay waived if admitted to a hospital)</i>	\$100 copay then Deductible then 80%
<b>Urgent Care</b>	Network: \$60 copay (office visit and lab only) (5) Non-network: Deductible then coinsurance
<b>Ambulance</b>	Deductible then 80%
<b>Durable Medical Equipment**</b>	Deductible then coinsurance
<b>Allergy Testing, Treatment, Injections</b>	Deductible then coinsurance
<b>Home Health Services**</b>	Deductible then coinsurance 60 visit calendar year maximum
<b>Skilled Nursing Facility**</b>	Deductible then coinsurance 30 day calendar year maximum
<b>Outpatient Therapy (Speech, Hearing, Physical, Occupational and Skeletal Manipulations)**</b>	Deductible then coinsurance Physical, Occupational and Skeletal Manipulations: Combined 60 year calendar year maximum Speech and Hearing: Combined 20 visit calendar year maximum

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

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

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

<sup>3</sup>Other services/procedures not specified on this benefit schedule that are performed in a physician's office are subject to the Network Deductible and Coinsurance level.

<sup>4</sup>Diagnostic 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.

<sup>5</sup>Other services/procedures performed by an urgent care provider are subject to the Network Deductible and Coinsurance level.

	<b>PPO (Base Plan)</b>
<b>Inpatient Mental Illness/Substance Abuse</b>	Deductible then coinsurance <i>Prior authorization required from New Directions</i>
<b>Outpatient Mental Illness/Substance Abuse</b>	Network: Office Visit: \$20 copay(3) Therapy: Deductible then coinsurance Non-Network: Deductible the coinsurance
<b>Organ Transplant**</b>	Deductible then coinsurance Unlimited Lifetime Maximum
<b>Inpatient Hospice Facility**</b>	Deductible then coinsurance 14 day lifetime maximum
<b>Women's Contraceptive devices, implants, injections and elective sterilization (includes insertion of devices)</b>	Network: Covered at 100% Non-network: Deductible then 60%
<b>Prescription Drugs**</b>	<b>BCBSKC Rx Network</b> \$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 <b>\$10 Additional Charge for Maintenance Prescriptions filled through Retail</b>
<b>Prescription Drugs: Mail order drug program – 102 day supply</b>	\$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
<b>Lifetime Maximum</b>	Unlimited
<b>Notice</b>	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.
<b>Dependent Coverage</b>	End of the calendar year the children reach age 26 or the month they are no longer an eligible dependent, whichever is first.
<b>Prior Authorization Penalty (Prior Authorization is required for selected services. See your certificate for a listing of services requiring Prior Authorization).</b>	You are responsible for prior authorization for services received. If prior authorization is not obtained for services which require prior authorization, you are responsible for the cost of the services.
<b>Late Enrollees</b>	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.
<b>Detailed Benefit Information Exclusions and Limitations</b>	Call a Customer Service Representative or consult your booklet/certificate. The certificate will govern in all cases.
<b>Customer Service</b>	<b>816-395-2270 or <a href="http://www.bluekc.com">www.bluekc.com</a></b>

\*\*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](http://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](mailto: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](mailto: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 ກຳ ລັງ ຊ່ວຍ ຫຼື ອ, ມີ ອຳ ກາ ຖາ ມາ ກ່ ງ ກ ັ ບ Blue KC, ທ່ານ ມີ ສິ ດ ທີ່ ຈະ ໄດ້ ຮັ ບ ການ ຊ່ວຍ ຫຼື ອ ລະ ນ ັ ມ ມູ ນ ຂໍ ກ ອ ສາ ນ ທີ່ ບໍ ຕ້ ັ ນ ພາ ສາ ຂອງ ທ່ານ ບໍ ມີ ຄ່ ຳ ໃ ຊ້ ຈ່ ຳ ຍ. ການ ໂ ອ້ ມ ກ ັ ບ ນ າ ຍ ພາ ສາ, ໃ ທ້ ໂ ຫ 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.

