

# 2019

## MEDICAL PLAN OPTIONS



# Agenda

Introduction to your Blue KC Coverage

Networks

Plan Options

Added-Value Services

General Information

Questions

# Plan & Network Options

1

## **BlueSaver HDHP**

Preferred Care Blue Network  
with HSA

- Qualified High Deductible Health Plan
- Do not have to select a primary care physician
- In and Out of Network coverage
- National and International Coverage
- Preferred Provider Organization

2

## **BlueSelect Plus HDHP with Spira Care Centers**

BlueSelect Plus Network

- Access to Spira Care Centers
- Do not have to select a primary care physician
- PPO: In-Network coverage + Out-of-Network Coverage with higher out-of-pocket costs
- National and International Coverage
- Preferred Provider Organization

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## **Spira Care \$1,000 non-HSA**

BlueSelect Plus Network

- Access to Spira Care Centers
- Do not have to select a primary care physician
- EPO: In-Network coverage only
- Coverage with higher out-of-pocket costs
- National and International Coverage
- Exclusive Provider Organization

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## **Base PPO**

Preferred Care Blue Network

- Traditional Health Plan
- Do not have to select a primary care physician
- In and Out of Network coverage
- National and International Coverage
- Preferred Provider Organization

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## **EPO Preferred Care Blue**

Preferred Care Blue Network

- Traditional Plan
- Do not have to select a primary care physician
- In and Out of Network coverage
- National and International Coverage
- Preferred Provider Organization

# What's the Difference?

PPO vs. EPO

## PPO

Preferred Provider  
Organization

- A health plan that encourages the member to seek services from a network of participating providers.
- A PPO does not require a Primary Care Physician, referrals to specialists or other healthcare providers.
- Member can receive care from any hospital or physician but receives greater benefits when they use the Preferred Care Blue or BlueSelect Plus network.

# What's the Difference?

PPO vs. EPO

## EPO

Exclusive Provider  
Organization

- A health plan that requires the member seek services from a network of participating providers.
- An EPO does not require a Primary Care Physician, referrals to specialists or other healthcare providers.
- Members must receive all care from network preferred providers except for emergency services. Non-emergency services received from out-of-network providers will not be covered.

Hospital Name	BlueSaver HDHP and Base PPO Preferred Care Blue Network	BlueSelect Plus HDHP with Spira Care BlueSelect Plus Network with HSA	Spira Care \$1,000 Non-HSA BlueSelect Plus Network (in-network only)	EPO Preferred Care Blue Preferred Care Blue (in-network only)
Center Point Medical Center	YES	NO	NO	YES
Children's Mercy Hospitals	YES	YES	YES	YES
KU Medical Center	YES	YES	YES	YES
Lee's Summit Hospital	YES	NO	NO	YES
Liberty Hospital	YES	YES	YES	YES
Menorah Medical Center	YES	NO	NO	YES
North Kansas City Hospital	YES	YES	YES	YES
Olathe Medical Center	YES	YES	YES	YES
Overland Park Regional	YES	NO	NO	YES
Providence Medical Center	YES	NO	NO	YES
Research Medical Center	YES	NO	NO	YES
Advent Health (Formerly Shawnee Mission Medical Center)	YES	YES	YES	YES
St. Joseph Medical Center	NO	NO	NO	NO
St. Luke's (All Locations)	YES	NO	NO	YES
St. Mary's Medical Center	NO	NO	NO	NO
Truman Medical Center (Hospital Hill and Lee's Summit)	YES	YES	YES	YES

# BlueSelect Plus Network

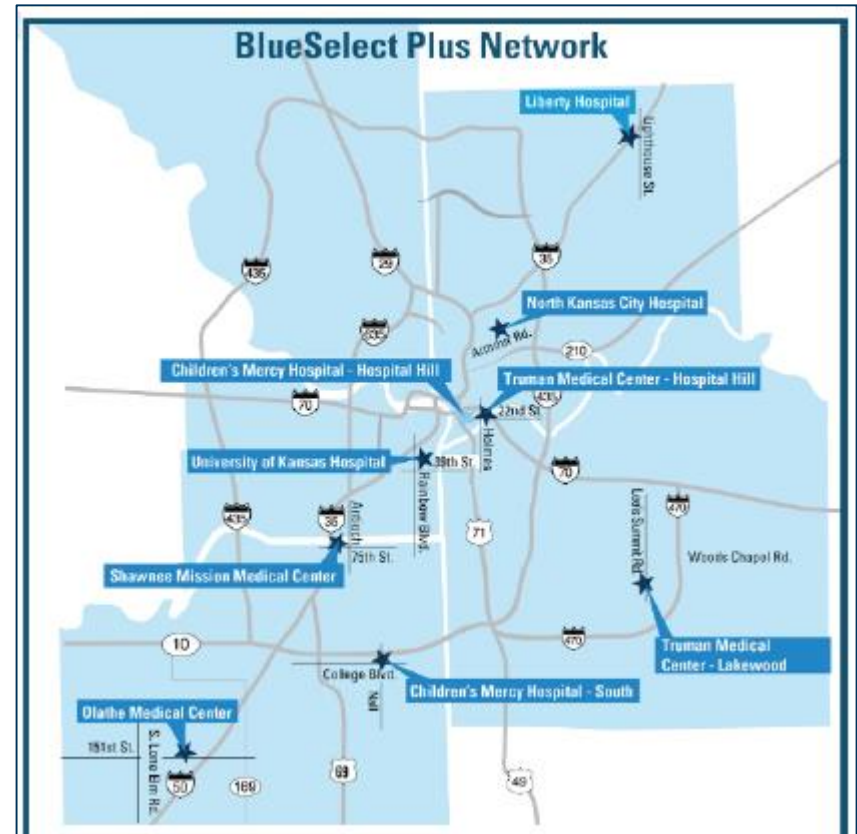
## Need to Know!

BlueSelect Plus is best for members who live in the metropolitan Kansas City area.

**Over 3,600 local providers**  
(primary care doctors and specialists)

Hospitals included in the network:

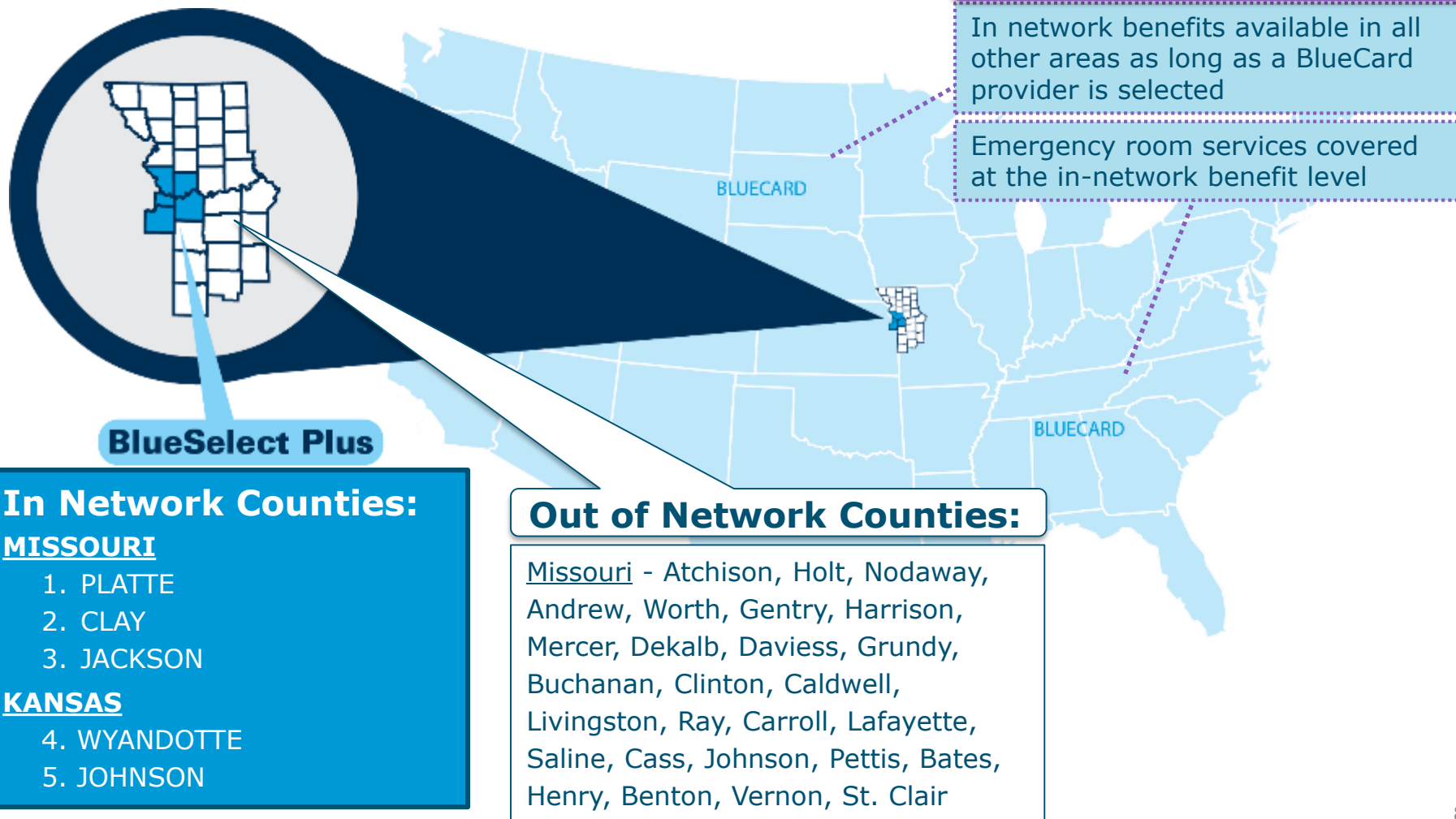
- Children's Mercy (Hospital Hill and South)
- Liberty Hospital
- North Kansas City Hospital
- Olathe Medical Center
- Shawnee Mission Medical Center
- Truman Medical Center (Hospital Hill and Lakewood)
- University of Kansas Hospital



*All other hospitals in Blue KC's service area considered out of network*

# BlueSelect Plus Network

## Need to Know!



# BlueCard PPO Network

*Coverage No Matter Where You Work, Live or Travel*

## National Coverage



**Domestic  
Network**

**5,724**  
Hospitals

**1,006,430**  
Physicians

## International Coverage



**Access in  
more than  
200 countries**

**5,801**  
Hospitals

**59,300**  
Physicians

## Locate a BlueCard Provider



- Log into **MyBlueKC.com**
- Click **Find a Doctor**
- Your **health plan should be populated for you**  
Choose your **location** and **search type** (such as provider type)
- Click **Search**

# **BlueSaver**

High Deductible Health Plan  
+ Health Savings Account

**Preferred Care Blue**

# BlueSaver HDHP

## QHDHP Plan with HSA – Preferred Care Blue

BlueKC.com	Preferred Care Blue In-Network	Preferred Care Blue Out-of-Network
Deductible <b>Individual/Family</b>	\$2,700 / \$5,400	\$2,700 / \$5,400
Coinsurance <b>(your share)</b>	0%	20%
Inpatient or Outpatient Services	Deductible	Deductible then coinsurance
Office Visits	Deductible	Deductible then coinsurance
Urgent Care (Minute Clinics, Take Care Centers)	Deductible	Deductible then coinsurance
Emergency Room	Deductible then coinsurance	
Prescriptions	Deductible	Deductible then: Retail: \$10 / \$50 / \$70 Mail Order: \$20 / \$100 / \$140
Out-of-Pocket Maximum:** <b>Individual / Family</b>	\$2,700 / \$5,400	\$5,400 / \$10,800

\*Copay includes office charge & lab services in physician's office or independent Lab. \*\*Out-of-Pocket Maximum includes all medical and Rx copays.

# **Spira Care Centers**

BlueSelect Plus HDHP

Spira Care \$1,000 non-HSA

**BlueSelect Plus Network**



# Welcome to Spira Care



# BlueSelect Plus HDHP with Spira Care Centers

PPO (HSA ELIGIBLE) PLAN—BLUE SELECT PLUS

BlueKC.com	In-Network	Out-of-Network
Deductible: <b>Individual/Family</b>	\$2,700 / \$5,400	\$6,750 / \$13,500
Coinsurance ( <b>your share</b> ):	0%	30%
Inpatient or Outpatient Services	Deductible	Deductible, then 30% Coinsurance
Radiology	Spira Care— Included in OV BSP --Deductible	Deductible, then 30% Coinsurance
MRI, MRA, CT and PET Scans <i>Physician's Office, Imaging Center, Outpatient Setting, Hospital</i>	Deductible	Deductible, then 30% Coinsurance
Office Visits	Spira Care— \$60 BSP --Deductible	Deductible, then 30% Coinsurance
Urgent Care <i>(Minute Clinics, Take Care Centers)</i>	Spira Care— \$60 BSP --Deductible	Deductible, then 30% Coinsurance
Emergency Room	In-Network Deductible	
Prescriptions	Retail: Deductible Mail Order: Deductible	Deductible, then \$15/\$50, 50% Deductible, then \$15/\$125, 50%
Out-of-Pocket Maximum:** <b>Individual / Family</b>	\$2,700 / \$5,400	\$13,500 / \$27,000

# Spira Care \$1,000 non-HSA

## EPO PLAN—BLUE SELECT PLUS

BlueKC.com	In-Network	Out-of-Network
Deductible: <b>Individual/Family</b>	\$1,000 / \$3,000	Not Covered
Coinsurance <b>(your share):</b>	0%	Not Covered
Inpatient or Outpatient Services	Deductible	Not Covered
MRI, MRA, CT and PET Scans <i>Physician's Office, Imaging Center, Outpatient Setting, Hospital</i>	Deductible	Not Covered
Office Visits	Spira Care— No Cost BSP --Deductible	Not Covered
Urgent Care <i>(Minute Clinics, Take Care Centers)</i>	Spira Care— No Cost BSP --Deductible	Not Covered
Emergency Room	In-Network Deductible	
Prescriptions	Retail: \$15/\$50/Deductible Mail Order: \$15/\$125/Deductible	Not Covered
Out-of-Pocket Maximum:** <b>Individual / Family</b>	\$1,000 / \$3,000	Not Covered

\*Copay includes office charge & lab services in physician's office or independent Lab.

\*\*Out-of-Pocket Maximum includes all medical and Rx copays.

# Extended Benefits at the Care Centers

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## COMPREHENSIVE SERVICES



Routine  
Preventative Care



Adult & Pediatric  
Primary Care



Chronic Condition  
Management



Behavioral Health  
Services



Digital  
X-Rays<sup>+</sup>



Lab  
Draws

## CONVENIENT BENEFITS



Common Prescriptions  
Filled On-Site<sup>\*</sup>



Specialist Referrals  
& Scheduling



Patient Wellness  
Follow-Ups



Outside-of-Care  
Center Support



Extended Full-  
Service Hours



Access to A Healthier  
You Platform

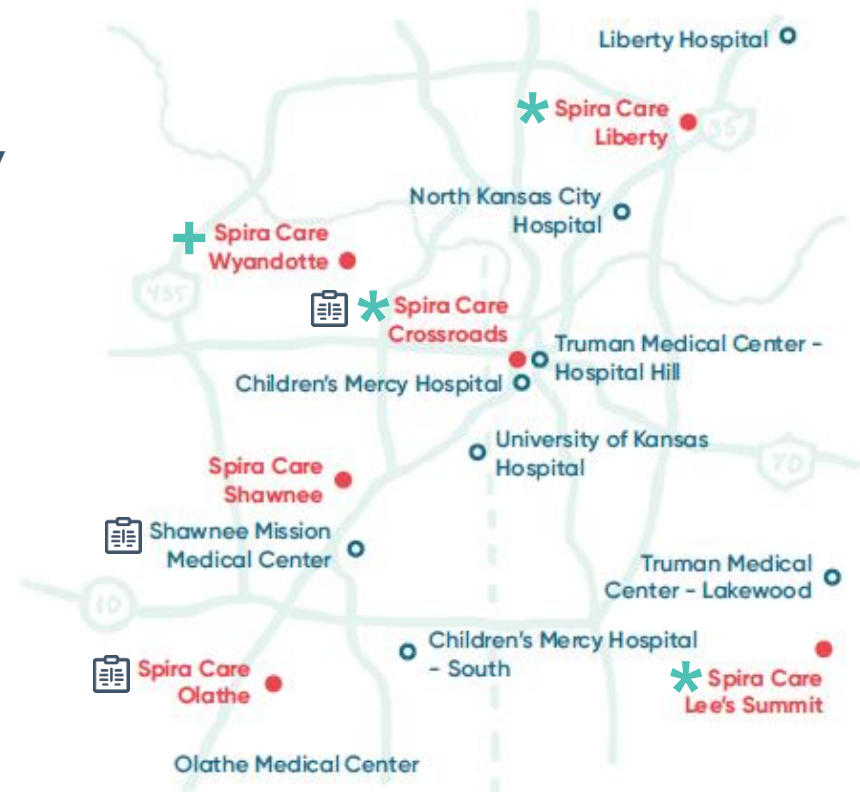
<sup>+</sup> X-rays are available at select locations only, but are at no additional cost to members.

<sup>\*</sup> Select prescriptions will be offered on-site at your regular co-pay or deductible level.

# Building on the BlueSelect Plus Network

Spira Care is a combined care and insurance offering developed by Blue KC. In addition to Spira Care Centers, members will have access to their plan's network - EPO or PPO - within the KC metro area.

- 3,600+ Physicians & Specialists
- 11,000 Access Points
- Lower Overall Cost
- In- & Out-of-Network Emergency Room Coverage
- Higher Quality Care



\* Opening January 2019 + Coming 2019

# THERE'S A CARE CENTER NEAR YOU

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## Crossroads

*Opening January 2019*

### **Spira Care Crossroads**

1916 Grand Boulevard  
Kansas City, MO 64108

## Lee's Summit

*Opening January 2019*

### **Spira Care Lee's Summit**

760 NW Blue Parkway  
Lee's Summit, MO 64086

## Liberty

*Opening January 2019*

### **Spira Care Liberty**

8350 N Church Road  
Kansas City, MO 64158

## Olathe

### **Spira Care Olathe**

15710 W 135th Street, Suite 200  
Olathe, KS 66062

## Shawnee

### **Spira Care Shawnee**

10824 Shawnee Mission Parkway  
Shawnee, KS 66203

## Wyandotte

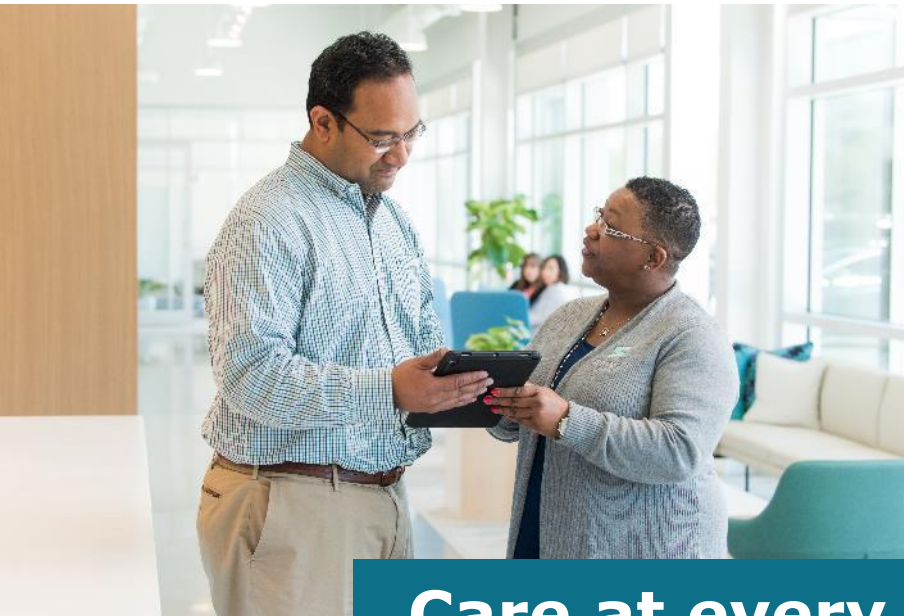
*Coming in 2019*

Keep an eye out for more information  
on our Wyandotte location!



Take a virtual tour at  
[SpiraCareKC.com](https://www.SpiraCareKC.com)

# The Care Team



**Care at every step**



A Care Team, including your physicians and nursing staff, with a passion for family care and a dedication to wellness.



Access to a team of Care Guides

- Coordinate care
- Answer questions
- Explain benefits

# JOIN US FOR AN OPEN HOUSE

To RSVP visit

**[BlueKC.com/SpiraCareOpenHouse](https://BlueKC.com/SpiraCareOpenHouse)**

## **SPIRA CARE SHAWNEE**

10824 Shawnee Mission Parkway  
Shawnee, KS 66203

- Tuesday, October 23, 5:30 – 7 PM
- Tuesday, November 13, 5:30 – 7 PM

## **SPIRA CARE OLATHE**

15710 West 135<sup>th</sup> Street, Suite 200  
Olathe, Kansas 66062

- Wednesday, October 24, 6 – 7:30 PM
- Wednesday, November 14, 5:30 – 7 PM

**Can't attend in person?**

Take a virtual tour at:

**[SpiraCareKC.com](https://SpiraCareKC.com)**





Join us for  
an Open  
House

You are invited to a Spira Care Open House to tour the Care Center, get to know the Care Team, learn more about the member experience and ask questions. Feel free to come and go as you please, we will have fun giveaways and light refreshments throughout. We look forward to seeing you!

## OPEN HOUSE

MONDAY, OCTOBER 29  
5:30 p.m. to 7 p.m.

Spira Care Olathe  
15710 West 135th Street  
Olathe, KS 66062

Hosted by



# **Traditional Plans**

**Base PPO**

**EPO Preferred Care Blue**

**Preferred Care Blue Network**

# Base PPO

## PPO Plan – Preferred Care Blue

BlueKC.com	In-Network	Out-of-Network
Deductible: <b>Individual/Family</b>	\$1,500 / \$4,000	\$1,500 / \$4,000
Coinsurance <i>(your share)</i> :	20%	40%
Inpatient or Outpatient Services	Deductible then 20%	Deductible then 40%
MRI, MRA, CT and PET Scans <i>Physician's Office, Imaging Center, Outpatient Setting, Hospital</i>	Deductible then 20%	Deductible then 40%
Office Visits	PCP office visit: \$30 copay* Specialist office visit: \$60 copay*	Deductible then 40%
Urgent Care <i>(Minute Clinics, Take Care Centers)</i>	\$60 copay	Deductible then 40%
Emergency Room	\$100 copay, then deductible then 20% <i>(copay waived if admitted)</i>	
Out-of-Pocket Maximum:** <b>Individual / Family</b>	\$5,000 / \$12,250	\$15,000 / \$36,750

\*Copay includes office charge & lab services in physician's office or independent Lab.

\*\*Out-of-Pocket Maximum includes all medical and Rx copays.

# EPO Preferred Care Blue

## EPO Plan – Preferred Care Blue

BlueKC.com	In-Network	Out-of-Network
Deductible: <b>Individual/Family</b>	\$0	Not Covered
Coinsurance <i>(your share)</i> :	0%	Not Covered
Inpatient or Outpatient Services	\$500 Copay/Day Limited to Inpatient/Outpatient \$2,500 Copay Max per Calendar Year	Not Covered
MRI, MRA, CT and PET Scans <i>Physician's Office, Imaging Center, Outpatient Setting, Hospital</i>	\$200 Copay/Provider per Day	Not Covered
Office Visits	PCP office visit: \$25 copay* Specialist office visit: \$50 copay*	Not Covered
Urgent Care <i>(Minute Clinics, Take Care Centers)</i>	\$50 copay	Not Covered
Emergency Room	\$200 copay, then deductible then 20% <i>(copay waived if admitted)</i>	
Out-of-Pocket Maximum:** <b>Individual / Family</b>	\$4,000 / \$10,000	Not Covered

\*Copay includes office charge & lab services in physician's office or independent Lab.

\*\*Out-of-Pocket Maximum includes all medical and Rx copays.

# Prescription Drug Coverage

## Traditional Plans

Certain drugs may require prior authorization, have quantity limitations or require step therapy (Generics First). Refer to **BlueKC.com** for additional details.



### 34 day supply In-network pharmacy

Tier 1: \$10  
Tier 2: \$50  
Tier 3: \$70

Value Base Rx: \$0/\$0/\$35



### 102-day supply Express Scripts mail-order

Tier 1: \$20  
Tier 2: \$100  
Tier 3: \$140

Value Base Rx: \$0/\$0/\$70



**Rx copays help satisfy out-of-pocket maximum.**

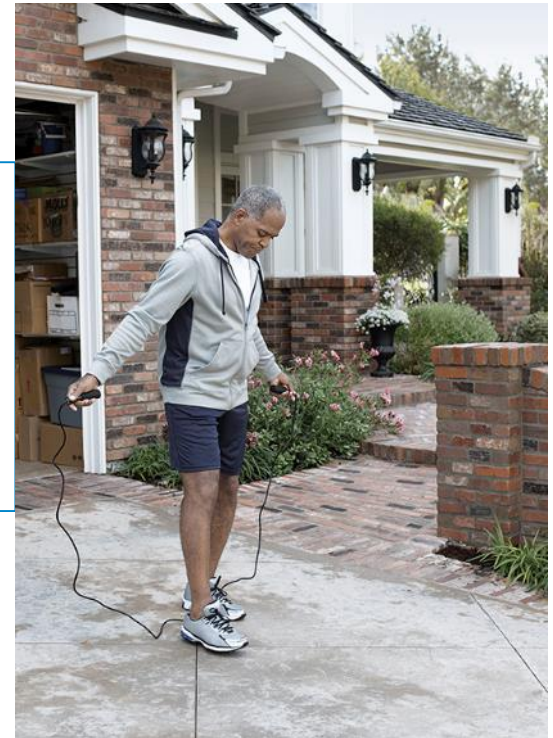
# Value-Based Incentive Program

Blue KC offers a unique Value Based Incentive Program for members with Diabetes and Coronary Artery Disease

## How do I participate in the Value-Based Incentive Program?

1. You must be willing to participate in the Healthy Companion disease management program.
2. You must actively obtain screenings for your condition.
3. You must agree to online or telephonic assessment with a Healthy Companion nurse.

By participating in the program you can receive waived or reduced copays for selected medications or supplies specifically related to these conditions.



**TO ENROLL,** call the customer service number on your member ID card

# Claim Flow Example

- Full cost of a doctor visit is **\$140**
- BlueKC has negotiated a fee of **\$65** using Preferred-Care Blue Doctors.
- **You pay nothing at the visit\***
- Your doctor sends a bill for **\$140** to your home, but you don't pay it.
- You receive the Explanation of Benefits (EOB) from BCBSKC indicating that you owe **\$65**.
- You pay your doctor **\$65 (this amount goes towards your deductible)**.

**\*At your physician's discretion**

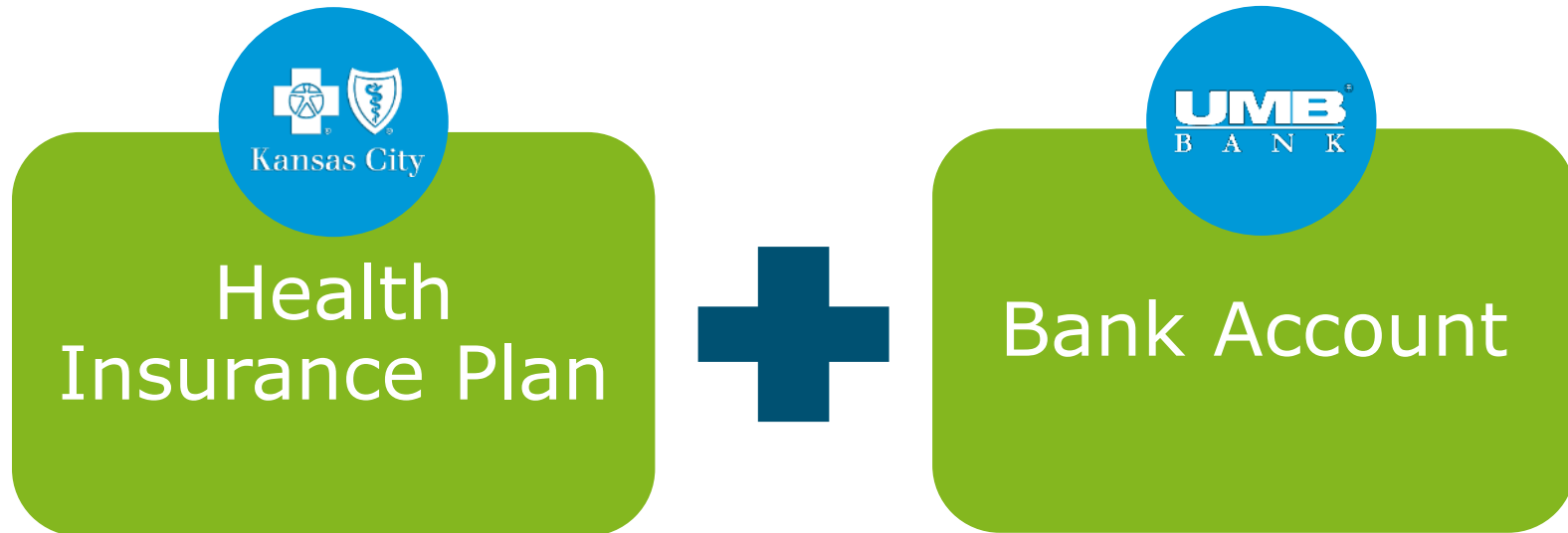


# Prescription Drug Claim Flow Example

- 1 Doctor writes prescription
- 2 Show ID card at time of transaction
- 3 Receive Blue KC discounts by using network pharmacies
  - Prescriptions are priced immediately
  - You pay the discounted amount of the prescription drug at the time of purchase.
  - Discounted amount of prescription drugs is automatically applied to the deductible.



# Understanding Health Savings Accounts



- HSA Qualified High Deductible Health Plan
  - BlueSaver HDHP
  - BlueSelect Plus HDHP with Spira Care Centers
- Individually owned
- Tax Advantaged
- Used to pay for eligible medical, dental and vision out of pocket expenses
- HSA administered by **UMB**

# Health Savings Accounts (HSAs)

## Your Responsibilities as the HSA Accountholder

### Meet Eligibility Requirements

- Enrolled on the QHDHP
- Cannot have “other coverage”
- Cannot have access to medical FSA
- Cannot be enrolled in Medicare or Medicaid

### Contribute only to Annual IRS Maximum

- 2018: \$3,450 individual / \$6,900 family
- 2019: \$3,500 individual / \$7,000 family

### Keep your Itemized Receipts

- Monitored by **You** and the **IRS**
- Under the age of 65 non-qualified expenses subject to: 20% penalty and normal income tax
- After 65 non-qualified expenses subject to normal income tax

### Only use for Qualified Expenses

- Medical
- Prescription Drugs (OTC if physician prescribes)
- Dental
- Vision
- Medicare premiums
- Complete list on IRS publication 502

# **Added-Value Services**

# MyBlueKC.com

Desktop and Mobile

## Your Secure Portal

Claims and Benefits

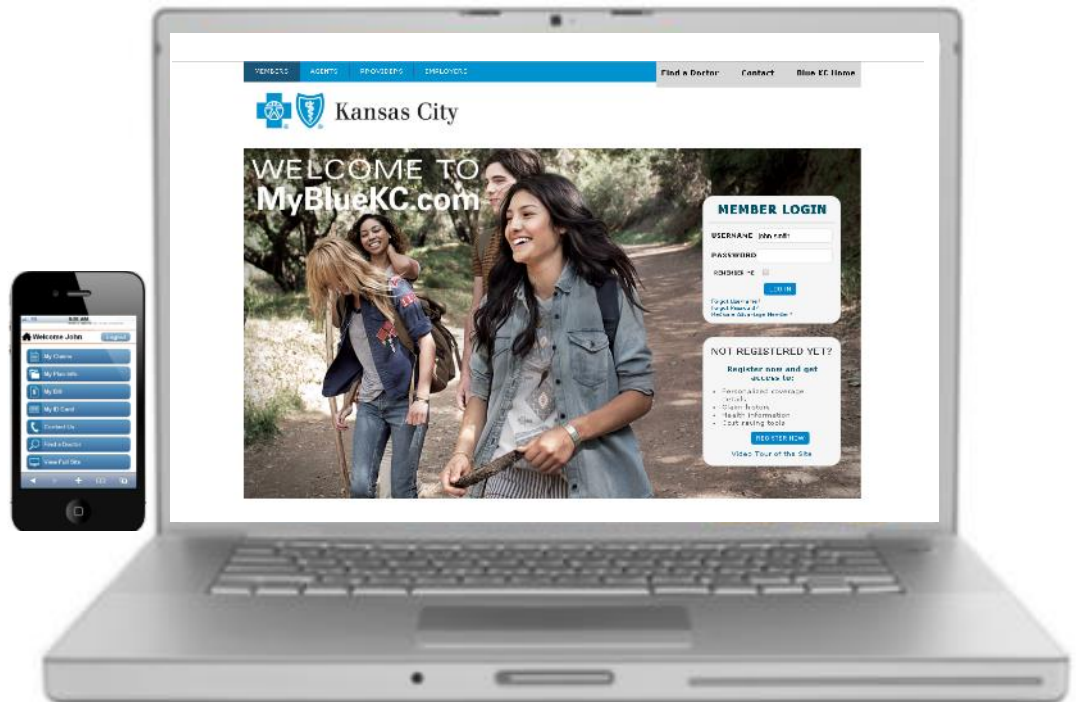
Doctor and Hospital  
Finder

Wellness

Pharmacy

Quality and Cost  
Transparency Tools

ID Card

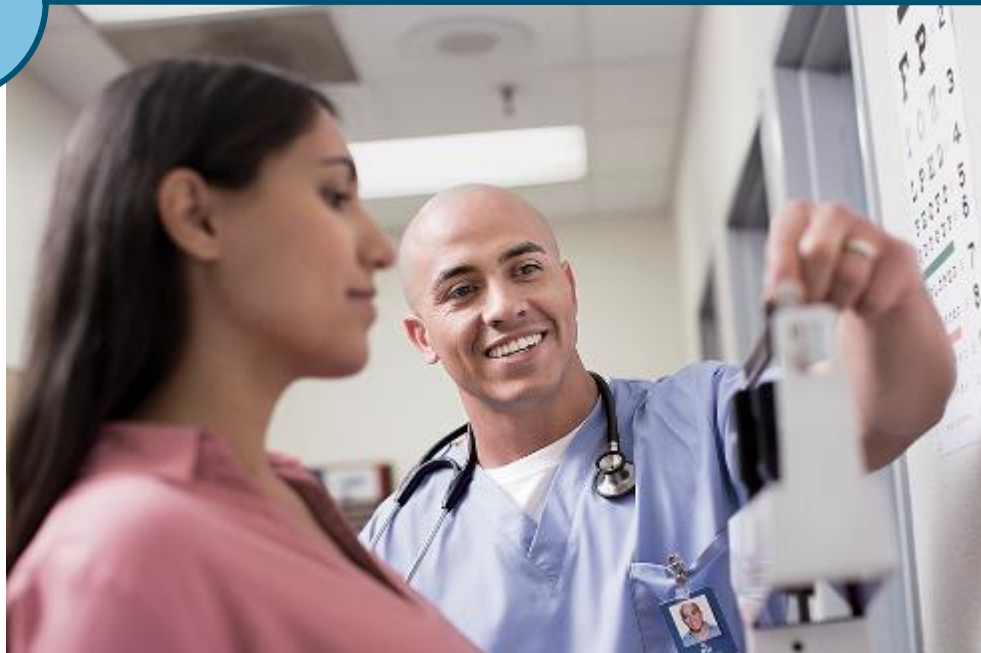


# Routine Preventive Services

*100% coverage on all plans*



**In-Network routine preventive services and the related office visit for routine preventive services covered at 100%**



Childhood Immunizations

Annual Physicals

Well women exams & mammograms

Generic contraceptive drugs at 100%

PSA tests

Colorectal cancer exams

Breastfeeding support, supplies (pumps) and counseling at 100%

**Services MUST be preventive**

**Services MUST be done in a different calendar year**

All services received from an out-of-network provider are subject to the out-of-network deductible and coinsurance, except for childhood immunizations, which are paid at 100%.

# Access to Care Anywhere, Anytime

Telehealth makes getting care easy



**Open 24 Hours**



**Visit Anywhere,  
Anytime**



**Safe & Secure**



**No Appointments**



## Get Started Today

- **Download the Amwell Mobile App** or visit **Amwell.com**.
- Create an account using your Blue KC member ID card.
- Choose **Blue KC** from the plan drop-down list.
- View available doctors, their experience and ratings, and select one.
- Stream a live visit directly from the Web or your mobile device.

# Get Notified How to Save on Prescriptions



**Personalized Cost Estimates**



**Email and/or Text Notifications**

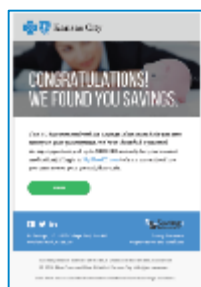


**Online Search Tool**



**Support to help you easily make changes**

## STEP 1



**Email & Text Savings Alerts**

## STEP 2

**Review your savings options and share with your doctor**



Ex.: Switch from Pharmacy A to Pharmacy B

Ex.: Switch to a different, equally-effective medication

## STEP 3

**START SAVINGS ON PRESCRIPTIONS**



# General Information

# Key Differences In-Network

	<b>BlueSaver HDHP</b> Preferred Care Blue	<b>BlueSelect Plus HDHP with Spira Care Centers</b> BlueSelect Plus	<b>Spira Care \$1,000 non-HSA</b> BlueSelect Plus	<b>Base PPO</b> Preferred Care Blue	<b>EPO Preferred Care Blue</b> Preferred Care Blue
<b>HSA Eligible?</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>
<b>Deductible</b>	\$2,700 indiv \$5,400 fam	\$2,700 indiv \$5,400 fam	\$1,000 indiv \$3,000 fam	\$1,500 indiv \$4,000 fam	\$0
<b>Coinsurance</b>	Member pays: <b>0%</b> BlueKC pays: 100%	Member pays: <b>0%</b> BlueKC pays: 100%	Member pays: <b>0%</b> BlueKC pays: 100%	Member pays: <b>20%</b> BlueKC pays: 80%	0%
<b>Out-of-Pocket Maximum*</b>	\$2,700 indiv \$5,400 fam	\$2,700 indiv \$5,400 fam	\$1,000 indiv \$3,000 fam	\$5,000 indiv \$12,250 fam	\$4,000 indiv \$10,000 fam
<b>Office Visits</b>	Deductible	Spira: \$60 BSP: Deductible	Spira: No cost BSP: Deductible	PCP: \$30 copay Specialist: \$60 copay	PCP: \$25 copay Specialist: \$50 copay
<b>Preventative Care</b>	0%	0%	0%	0%	0%
<b>Inpatient Outpatient Hospital Services</b>	Deductible	Deductible	Deductible	Deductible then 20%	\$500 copay/day
<b>MRI's PET, CT etc.</b>	Deductible	Deductible	Deductible	Deductible then 20%	\$200 copay/provider/day
<b>Urgent Care</b>	Deductible	Spira: \$60 BSP: Deductible	Spira: No cost BSP: Deductible	\$60 copay	\$50 copay
<b>Emergency Room</b>	Deductible	Deductible	Deductible	\$100 copay then deductible then 20%	\$200 copay then deductible then 20%
<b>Prescription Drugs</b>	Deductible	Deductible	\$15/\$50/Deductible \$15/\$125/Deductible	\$10/\$50/\$70 \$20/\$100/\$140	\$10/\$50/\$70 \$20/\$100/\$140

\*Out-of-Pocket Maximum: The amount members pay each year toward covered services before Blue KC pays 100% of benefits. This includes total of deductible, coinsurance, office visit copays and Rx drugs.

# Which Plan is Right for Me?

## What services and medications do you expect to use?

- ☐ Review past Explanation of Benefits (EOB's)
- ☐ Talk to your providers and pharmacists
- ☐ Price your prescription drugs

## Run the numbers

- ☐ Compare premium deductions
- ☐ Annualize the premium
- ☐ Premiums are deducted pre-tax; so are HSA contributions

## Your personal situation

- ☐ Do you have money saved (or can you save) to pay for medical expenses?
- ☐ Do you want predictable costs?
- ☐ Are you looking for greater tax benefits?
- ☐ What is your "risk" tolerance?
- ☐ Are you a record keeper?
- ☐ Are you a saver?
- ☐ Are you covering your spouse and/or dependents?
- ☐ Are you considering retirement or eligible for Medicare?



**Questions?**

**Thank You**