



Unified School District No. 229, Johnson County, State of Kansas

Health Benefit Plan Summary - PPO Plan - Preferred Care Blue Network

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

<p>Plan Type</p>	<p>Preferred Provider Organization (PPO) Members can receive services from any hospital or physician, but receive greater benefits when using in-network providers. Services rendered at Out-of-Network providers are subject to Out-of-Network allowables as stated in your contract, and balance billing may occur.</p>	
<p>Medical Network(s) A complete listing of network hospitals and physicians is available on MyBlueKC.com.</p>	<p>In Area: Preferred-Care Blue Out-of-Area: BlueCard PPO/EPO</p>	
<p>Deductible – Embedded You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services. Other Deductible: Prescription Drugs</p>	<p>In-Network Individual: \$1,500 Family: \$4,000</p>	<p>Out-of-Network Individual: \$1,500 Family: \$4,000</p>
<p>Coinsurance The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference.</p>	<p>In-Network Member Pays: 20% Plan Pays: 80%</p>	<p>Out-of-Network Member Pays: 40% Plan Pays: 60%</p>
<p>Out-of-Pocket Limits – Embedded The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services. These cost shares apply to the Out-of-Pocket Limit: Coinsurance, Deductibles, Copays Applies to: All Medical and Rx Cost Sharing</p>	<p>In-Network Individual: \$5,000 Family: \$12,250</p>	<p>Out-of-Network Individual: \$15,000 Family: \$36,750</p>
<p>Blue KC 24-Hour Nurse Line Available 7 days a week, 365 days a year to help you with symptoms or answer health-related questions.</p>	<p>PH: 877-852-5422</p>	
<p>Blue Connect A dedicated team of Blue KC experts delivering superior healthcare customer service, that was designed to help you understand your benefits, find doctors, resolve claims and medical billing issues, and provide coaching for care questions and chronic conditions. Blue Connect Tier Level: Complete Care</p>	<p>PH: 816-395-2244 (local) or 1-888-890-4661 (toll free) Email: BlueConnect@bluekc.com</p>	
<p>Customer Service</p>	<p>PH: 888-989-8842</p>	
<p>Plan Benefits - Medical</p>		
<p><i>When you visit a health care provider's office or clinic...</i></p>	<p>In-Network</p>	<p>Out-of-Network</p>

Physician <i>Primary Care Physician (PCP)</i> - An internist, family practitioner, general practitioner, or pediatrician.	\$35 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Total Care PCP - A primary care provider recognized for delivering high quality, holistic patient care. Participating Total Care network providers can be found in the Provider Directory with the Total Care designation.	\$20 Copay/Visit, no Deductible	Not applicable
Specialist - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	\$70 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Other Services & Procedures performed in a provider's office and not included with an office visit	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Urgent Care Center	\$70 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Blue KC Virtual Care - Office Visit Virtual Care provided by Blue KC virtual care partner(s). All other virtual care services subject to applicable cost sharing.	\$70 Copay/Visit, no Deductible	Not applicable
Blue KC Virtual Care - Behavioral Health Therapy Virtual Care provided by Blue KC virtual care partner(s). All other virtual care services subject to applicable cost sharing.	20% Coinsurance after Deductible	Not applicable
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%. Refer to your member certificate for additional details.	No member cost share	40% Coinsurance after Deductible
Labs Performed in a Provider's Office/Independent Lab/Urgent Care Facility	No member cost share	40% Coinsurance after Deductible
Allergy		
Allergy Testing	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Allergy Treatment	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<i>When you need radiology services...</i>	In-Network	Out-of-Network
X-Ray	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Other Radiology Procedures (MRI, CT/PET Scans, MRA) Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<i>When you have out-patient surgery...</i>	In-Network	Out-of-Network
Outpatient Surgery Facility Fees Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Physician (Surgeon) Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<i>If you need immediate medical attention...</i>	In-Network	Out-of-Network
Urgent Care Center Office Visit	\$70 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Emergency Services Copay Waived if Admitted	\$200 Copay/Visit, then Deductible, then 20% Coinsurance	\$200 Copay/Visit, then In-Network Deductible, then 20% Coinsurance

Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.		
Ground Ambulance Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
Air Ambulance	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
<i>If you have a hospital stay...</i>	In-Network	Out-of-Network
Hospital Facility Fees Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Physician (Surgeon) Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<i>If you need help recovering or have other special health needs...</i>	In-Network	Out-of-Network
Skilled Nursing Care Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Home Health Services Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Physical Therapy Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Occupational Therapy Combined with Physical Therapy Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Skeletal Manipulation Prior Authorization Policy Applies Out-of-Network Combined with Physical Therapy Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Speech Therapy Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Hearing Therapy Combined with Speech Therapy Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Durable Medical Equipment Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Inpatient Hospice Services Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Home Hospice Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible

<i>If you have behavioral health, or substance abuse needs...</i>	In-Network	Out-of-Network
Outpatient Mental Health, Behavioral Health, and Substance Abuse Services		
Office Visit	\$20 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Therapy	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Facility Fees)	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Prior Authorization Policy Applies		
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Physician)	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Includes: Therapy & Other Services, partial hospitalizations		
<i>Family Planning & Pregnancy...</i>	In-Network	Out-of-Network
Contraceptive Devices, Implants, and Injections	No member cost share	40% Coinsurance after Deductible
See also pharmacy benefits.		
Elective Sterilization – Women	No member cost share	40% Coinsurance after Deductible
Elective Sterilization – Men	No member cost share	40% Coinsurance after Deductible
Maternity	Covered	Covered
Dependent Daughters are not covered for maternity services		
Infertility and Impotency Diagnosis and Treatment	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Pharmacy Coverage: See Member Certificate for more details.		
<i>Routine Vision Care...</i>	In-Network	Out-of-Network
Routine Eye Exam	Not covered	Not covered
General Pharmacy Information		
Retail Pharmacy Network(s)	RxPremier	
Prescription Drug List	Premium Formulary	
Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com		
Specialty Pharmacy	OptumRx Specialty Services PH: 855-427-4682	
A Specialty Pharmacy is one that provides specialized care for patients with complex chronic health conditions. Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com		
Copay Credit Accumulator Adjustment (CCAA)	Specialty drug copay card dollars will not be included in your deductible and/or out-of-pocket limits. Only your true out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	
Outpatient Prescription Drug Deductible	In-Network	Out-of-Network
You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	Individual: \$200 Family: \$400	Individual: \$200 Family: \$400

Outpatient Prescription Drug 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 Combined with Medical Out-of-Pocket Limits	Out-of-Network Combined with Medical Out-of-Pocket Limits
Maintenance Medication Program	Mail Service Saver – Member will pay a higher cost-sharing for staying at retail for their maintenance medications after two courtesy fills unless they choose Home Delivery. \$15 Penalty	
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 p.m. CST.	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. Email: info@rxsavingsllc.com PH: 1-800-268-4476	
Plan Benefits – Pharmacy		
<i>When you use a retail or specialty pharmacy...</i>	In-Network	Out-of-Network
Retail Pharmacy (Short-term supply: Up to 34 Days)		
Drug Tier 1: Generic / Generic Specialty	RxPremier: Deductible, then \$12 Copay/Fill Contraceptives – No member cost share	Deductible, then \$12 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty	RxPremier: Deductible, then \$60 Copay/Fill	Deductible, then \$60 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty	RxPremier: Deductible, then \$80 Copay/Fill	Deductible, then \$80 Copay/Fill, then 50% Coinsurance
<i>When you use a mail order pharmacy...</i>	In-Network	Out-of-Network
Mail Order Pharmacy (Mail Order supply: Between 35-102 Days)		
Drug Tier 1: Generic	Deductible, then \$24 Copay/Fill Contraceptives – No member cost share	Deductible, then \$24 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic	Deductible, then \$120 Copay/Fill	Deductible, then \$120 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred Brand	Deductible, then \$160 Copay/Fill	Deductible, then \$160 Copay/Fill, then 50% Coinsurance

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 1-877-410-6716.

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 1-877-410-6716.

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 1-877-410-6716。

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 1-877-410-6716.

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 1-877-410-6716 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 1-877-410-6716 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 1-877-410-6716.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue KC ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-410-6716.

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 1-877-410-6716.

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 1-877-410-6716.

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 1-877-410-6716.

Laotian: ຖ້າ ທ່ານ, ຫຼື ຄົນ ທ່ານ ກຳ ລັງ ຊ່ວຍ ຫຼື ອ, ມີ ສາ ກາ ນ ກ່ຽວ ກັບ Blue KC, ທ່ານ ມີ ສິດ ທີ່ ຈະ ໄດ້ ຮັບ ການ ຊ່ວຍ ຫຼື ອ ແລະ ຂໍ້ ມູ ນ ຂ່າວ ສານ ທີ່ ບໍ່ ມີ ພາ ສາ ຂອງ ທ່ານ ບໍ່ ມີ ຄ່າ ທີ່ ຈ່າ ຍ. ການ ໂອ້ ລົມ ກັບ ນາຍ ພາ ສາ, ໃຫ້ ໂທ ຫາ 1-877-410-6716.

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 1-877-410-6716 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. تماس حاصل نمایید. 1-877-410-6716.

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 1-877-410-6716 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 1-877-410-6716.

For TTY services, please call 1-816-842-5607.

