



BLUE MEDICARE
ADVANTAGE



BLUE MEDICARE
ADVANTAGE
OF KANSAS CITY FOR

IBEW LOCAL 124 HEALTH AND WELFARE FUND 2022

BLUE MEDICARE ADVANTAGE OF KANSAS CITY DESIGNED FOR IBEW LOCAL 124 HEALTH AND WELFARE FUND

Of the many Medicare Advantage plan choices out there, only one was created with local knowledge of the Kansas City community. Blue Cross and Blue Shield of Kansas City (Blue KC) is the Kansas City company you know and trust. We're proud to offer you extras like the SilverSneakers® fitness benefit. **Our plan also includes a large local network of doctors and hospitals.** We invite you to discover the Blue KC difference for yourself. As you'll see, we are committed to helping you understand Medicare to find the right plan for your health and budget.



WHAT YOU'LL FIND INSIDE:

- Program Description
- 2022 Benefits Summary
- Frequently Asked Questions
- How to Enroll

ENROLLING IS EASY

To enroll:

Call the IBEW Local 124 Health and Welfare Fund office at 1-816-943-0277.

After you enroll:

Take advantage of your Blue Medicare Advantage benefits.

Once you are a Blue Medicare Advantage member, call 1-888-892-8907 (TTY:711) to speak with your dedicated IBEW Medicare Advantage Customer Service team.

Questions on enrolling in Medicare?

Once you apply to get benefits from Social Security, you will get Part A automatically. You will have to decide if you want Part B when you apply for those benefits.

Enrolling in Part B

When to enroll

There are only certain times you can enroll in Part B. When you turn 65, if you don't sign up for Part B, there is a possibility you will have to wait to sign up and pay a penalty.

Ways to enroll

Online at <https://www.ssa.gov/benefits/medicare/>. This is the fastest way to sign up. You will need to create an account to enroll and apply for benefits.

Call the Social Security office at 1-800-772-1213
TTY users can call 1-800-325-0778

Speak with your local Social Security office

If you or your spouse worked for a railroad, you will want to call the Railroad Retirement Board at 1-877-772-5772.

After you have completed enrollment, you will receive a Welcome to Medicare packet with your red, white, blue Medicare card along with the Medicare & You handbook. These will be sent by the Centers for Medicare & Medicaid Services (CMS).

BLUE MEDICARE ADVANTAGE

Medicare can be confusing. There are many options, and choosing the wrong one can prove costly. Original Medicare, comprised of Parts A and B, is the traditional fee-for-service program offered through the federal government. Under Original Medicare, you may be responsible for paying annual deductibles and 20 percent of your medical bills for services covered under Parts A and B, with no limit on Medicare-covered expenses.

Medicare Part C allows private health insurance companies like Blue KC to provide Medicare benefits, known as Medicare Advantage plans. These plans replace Original Medicare and offer additional benefits and financial protection not offered through Original Medicare plans.

BLUE MEDICARE ADVANTAGE ALL-IN-ONE PLANS COVER:

PART A HOSPITAL

Medicare Part A is hospital insurance that's free as long as you have worked and paid Social Security taxes for at least 40 calendar quarters (10 years). It helps cover costs if you are a patient in a hospital, a skilled nursing facility or hospice care.

PART B MEDICAL

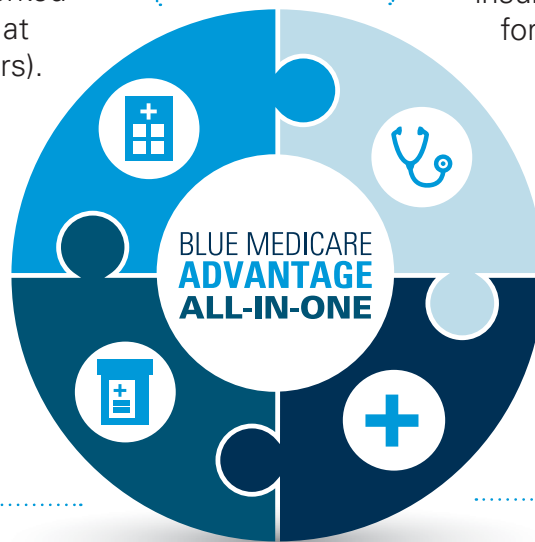
Medicare Part B is medical insurance that helps cover costs for doctors' services, outpatient hospital care, durable medical equipment and other medical services. You must continue to pay your Part B premium if you enroll in a Medicare Advantage plan.

PART D PRESCRIPTIONS

Medicare Part D is outpatient prescription drug coverage. It is offered through private health insurance companies at a separate cost, or built into a Medicare Advantage plan.

EXTRA BENEFITS

Blue Medicare Advantage offers valuable extra coverage like hearing, SilverSneakers® membership, acupuncture and more!



Original Medicare doesn't cover all of your healthcare expenses.

You may pay
20%
of medical expenses

In most cases, Original Medicare beneficiaries must pay 20 percent of their medical bills, plus their Part B premiums and any applicable deductibles.

2022 BENEFIT DETAILS

CHOOSE FROM MORE DOCTORS AND HOSPITALS.

Our members want options, and we've added many more. We've built a larger Blue Medicare Advantage network on the foundation of the strong local relationships we enjoy throughout the Kansas City community.

PATIENT-FOCUSED CARE.

We are committed to improving healthcare delivery through strong doctor-patient relationships. We work closely with Primary Care Physicians (PCPs) to give them the support they need to help you achieve your best health. Your PCP will advise you and work directly with other healthcare specialists in our network to ensure you're getting the best care for your needs while taking the guesswork out of your hands.

OUR BLUE MEDICARE ADVANTAGE MEMBERS ENJOY:



A CULTURE BUILT AROUND MEMBER SERVICE

It is our mission to treat each member with the utmost courtesy and respect.



LOCAL EXPERTISE

Blue KC maintains strong relationships with trusted physicians and hospitals in the Kansas City community.



ONE OF THE MOST RECOGNIZED AND RESPECTED BRANDS

Blue KC has been your source of trusted guidance and leadership for more than 80 years.



EMERGENCY COVERAGE WHEN YOU TRAVEL

Blue Medicare Advantage provides worldwide emergency room/urgent care coverage.

BENEFIT EXTRAS

Our Blue Medicare Advantage plans for IBEW Local 124 Health and Welfare Fund do more than help pay for medical costs. You get valuable benefit extras to help you feel better, live better, and save money—every day.

- **Vision exams**
- **Hearing services and hearing aid coverage**
- **Diabetes management program** - personalized care program that includes 24/7 access to a care team
- **Mindful by Blue KC behavioral health tools and resources** - enjoy 24/7 access to Mindful Advocates
- **SilverSneakers® fitness benefit** - enjoy access to gyms in your area and attend health education seminars and social events
- **24-Hour Nurse Line available, 7 days a week**
- **Blue KC Virtual Care** - get medical care from you smartphone, tablet or computer
- **Nutritional counseling**
- **Smoking and tobacco cessation counseling**
- **Foot Care** - for members with chronic foot conditions in-home foot care services
- **BenefitsCheckUp** - a comprehensive, free online resource that connects you to benefits and programs you may qualify for
- **Balance and cognitive training**

January 1, 2022 – December 31, 2022

2022 Summary of Benefits
IBEW Local 124 Health and Welfare Fund
Blue Medicare Advantage Plan (PPO)

Medicare Advantage Plan with Part D Prescription Drug Coverage

To join IBEW Local 124 Health and Welfare Fund Blue Medicare Advantage Plan (PPO), you must be entitled to Medicare Part A, and be enrolled in Medicare Part B.

SUMMARY OF BENEFITS

**IBEW Local 124 Health and Welfare Fund
Blue Medicare Advantage Plan (PPO)**

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Monthly Plan Premium	Please refer to IBEW Local 124 Health and Welfare Trust Office at 816.943.0277.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: <ul style="list-style-type: none"> • \$0 for services you receive from in-network providers. • \$0 for services you receive from in and out-of-network providers combined. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
Prior Authorization	Some in-network services may require prior authorization.

COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network	Out-of-Network
Inpatient Hospital	<p><u>Medical Facility:</u> Days 1 & beyond: \$0 Copay per day for each admission. <i>Prior authorization is required.</i></p> <p><u>Mental Health Facility:</u> Days 1-90: \$0 Copay per day for each admission. <i>Prior authorization is required.</i></p>	<p><u>Medical Facility:</u> Days 1-90: \$0 Copay per day.</p> <p><u>Mental Health Facility:</u> Days 1-90: \$0 Copay per day.</p>
Ambulatory Surgical Center	Ambulatory Surgical Center: \$0 Copay. <i>Prior authorization is required and is the responsibility of your physician.</i>	Ambulatory Surgical Center: \$0 Copay.

COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network	Out-of-Network
Acupuncture for chronic low back pain	<p>You pay a \$0 copay for each Medicare-covered Acupuncture treatment.</p> <p>You pay a \$0 copay for each supplemental Non-Medicare Acupuncture treatment.</p> <p>Our plan also covers additional non-Medicare Acupuncture for any condition. Treatments are limited to up to 20 visits per year.</p>	<p>You pay a \$0 copay for each Medicare-covered Acupuncture treatment.</p> <p>You pay a \$0 copay for each supplemental Non-Medicare Acupuncture treatment.</p> <p>Our plan also covers additional non-Medicare Acupuncture for any condition. Treatments are limited to up to 20 visits per year.</p>
Annual physical exam	You pay a \$0 copay for annual physical exam.	You pay a \$0 copay for annual physical exam.
Cardiac rehabilitation services	You pay a \$0 copay for each visit.	You pay a \$0 copay for each visit.
Chiropractic services	You pay a \$0 copay for each visit.	You pay a \$0 copay for each visit.
COVID-19 Cost Share Protection	There is no coinsurance, copayment, or deductible for cost-share protection.	
Outpatient Hospital	<p>Observation: \$0 Copay.</p> <p>Outpatient Hospital: \$0 Copay.</p> <p>Outpatient Surgery: \$0 Copay.</p> <p><i>Prior authorization may be require and is the responsibility of your physician.</i></p>	<p>Observation: \$0 Copay.</p> <p>Outpatient Hospital: \$0 Copay.</p> <p>Outpatient Surgery: \$0 Copay.</p>
Doctor's Office Visits	<p>Telehealth visit: \$0 Copay.</p> <p>Primary care physician visit: \$0 Copay.</p> <p>Specialist visit: \$0 Copay.</p> <p>You pay a \$0 copay for nutritional counseling.</p>	<p>Primary care physician visit: \$0 Copay.</p> <p>Specialist visit: \$0 Copay.</p> <p>You pay a \$0 copay for nutritional counseling.</p>
Partial hospitalization services	<p>You pay a \$0 copay for each partial hospitalization.</p> <p>Prior authorization is required and is the responsibility of your physician</p>	You pay a 0% coinsurance for each partial hospitalization day.

COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network	Out-of-Network
<p>Preventive Care (e.g., flu vaccine, diabetic screenings)</p>	<p>You pay nothing for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>Below is a list of Medicare-covered preventive services:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammograms) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • HIV screening • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low dose computed tomography (LDCT) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) 	<p>You pay nothing for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>Below is a list of Medicare-covered preventive services:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammograms) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • HIV screening • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low dose computed tomography (LDCT) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)

COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network	Out-of-Network
	<ul style="list-style-type: none"> • “Welcome to Medicare” preventive visit 	<ul style="list-style-type: none"> • “Welcome to Medicare” preventive visit
Emergency Care	<p>\$0 Copay per visit.</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Worldwide Emergency Coverage: \$0 Copay.</p>	<p>\$0 Copay per visit.</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p>
Health and wellness education programs	<p>You pay a \$0 copay for Nutritional Counseling.</p> <p>You pay a \$0 copay for a Mindful Telehealth counseling visit.</p> <p>You pay a \$0 copay for Fitness programs.</p> <p>You pay a \$0 copay for Nurseline.</p>	<p>You pay a \$0 copay for Nutritional Counseling.</p> <p>You pay a \$0 copay for in-person counseling visit.</p>
Urgently Needed Services	<p>You pay a \$0 copay when you use Virtual Care.</p> <p>\$0 Copay per visit.</p> <p>Worldwide Urgent Coverage: \$0 Copay.</p>	<p>\$0 Copay per visit.</p>
Diagnostic Services / Labs/ Imaging (PA)	<p>Diagnostic tests and procedures: \$0 Copay.</p> <p>Lab services: \$0 Copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$0 Copay.</p> <p>X-rays: \$0 Copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$0 Copay.</p> <p><i>Prior authorization may be required for some services.</i></p>	<p>Diagnostic tests and procedures: \$0 Copay.</p> <p>Lab services: \$0 Copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$0 Copay.</p> <p>X-rays: \$0 Copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$0 Copay.</p>
Hearing Services	<p>Exam to diagnose and treat hearing and balance issues: \$0 Copay.</p> <p>Hearing aid and associated services \$0 Copay, up to \$2,500 benefit allowance. You pay 10% of costs beyond the benefit allowance, every three (3) years.</p>	<p>Exam to diagnose and treat hearing and balance issues: \$0 Copay.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Dental Services	\$0 Copay for Medicare-covered dental services.	\$0 Copay for Medicare-covered dental services.
Diabetes self-management training, diabetic services and supplies	<p>You pay a \$0 copay for each Medicare-covered diabetes self-management training Telehealth visit.</p> <p>You pay a \$0 copay for diabetes self-management training.</p> <p>You pay nothing for the Diabetic Care Program or the Medicare-covered diabetic device and supplies.</p> <p>You pay a \$0 copay for Medicare-covered Bayer/Ascensia diabetes monitoring devices and supplies, and Continuous Glucose Monitors (CGM) and supplies when obtained at a pharmacy.</p> <p>You pay 0% coinsurance for all other brands of diabetes monitoring supplies when obtained at a pharmacy or a DME provider.</p> <p>You pay 0% coinsurance for Medicare-covered therapeutic custom-molded shoes or inserts.</p>	<p>You pay 0% coinsurance for Medicare-covered diabetes self-management training.</p> <p>You pay a \$0 copay for Medicare-covered Bayer/Ascensia diabetes monitoring devices and supplies, and Continuous Glucose Monitors (CGM) and supplies when obtained at a pharmacy.</p> <p>You pay 0% coinsurance for all other brands of diabetes monitoring supplies when obtained at a pharmacy or a DME provider.</p> <p>You pay 0% coinsurance for Medicare-covered therapeutic custom-molded shoes or inserts.</p> <p>You pay 0% coinsurance for Medicare-covered diabetic services and supplies.</p>
Durable medical equipment (DME) and related supplies	You pay a \$0 copay for DME and supplies.	You pay a 0% coinsurance for DME and supplies.
Fitness	You pay a \$0 copay for access to participating fitness facilities and programs.	You pay a \$0 copay for access to participating fitness facilities and programs.
Home health agency care	You pay a \$0 copay for home health care.	You pay a 0% coinsurance for home health care.
Home infusion therapy	You pay a 0% coinsurance for home infusion.	You pay a 0% coinsurance for home infusion.
Immunizations	There is no coinsurance, copayment, or deductible for the pneumonia, influenza, Hepatitis B, and COVID-19 vaccines.	You pay a 0% coinsurance for Medicare-covered immunizations.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 Copay. Routine eye exam (up to 1 visit(s) every year): \$0 Copay. Eyeglasses or contact lenses after cataract surgery: \$0 Copay.	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 Copay. Routine eye exam (up to 1 visit(s) every year): \$0 Copay. Eyeglasses or contact lenses after cataract surgery: \$0 Copay.
Mental Health Care	Outpatient group therapy visit: \$0 Copay. Individual therapy visit: \$0 Copay. Telehealth visit: \$0 Copay.	Outpatient group therapy visit: \$0 Copay. Individual therapy visit: \$0 Copay.
Skilled Nursing Facility (SNF) (PA)	Days 1-100: \$0 Copay per day. <i>Prior authorization is required.</i>	Days 1-100: \$0 Copay per day.
Outpatient rehabilitation services Physical Therapy	Physical therapy visit: \$0 Copay. Telehealth Visit: \$0 Copay.	Physical therapy visit: \$0 Copay.
Outpatient substance abuse services	You pay a \$0 copay for Medicare-covered Telehealth services. You pay a \$0 copay for each individual visit. You pay a \$0 copay for each group visit.	You pay a 0% coinsurance for each individual therapy visit. You pay a 0% coinsurance for each group therapy visit.
Ambulance (PA)	Ground Ambulance: \$0 Copay. Air Ambulance: \$0 Copay. Worldwide Ambulance Coverage: \$0 Copay. <i>May require prior authorization when for non-emergency services.</i>	Ground Ambulance: \$0 Copay. Air Ambulance: \$0 Copay.
Transportation	Not Covered.	Not Covered.
Medicare Part B Drugs (PA)	For Part B drugs such as chemotherapy drugs: 0% Coinsurance. Other Part B drugs: 0% Coinsurance.	For Part B drugs such as chemotherapy drugs: 0% Coinsurance. Other Part B drugs: 0% Coinsurance.

COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network	Out-of-Network
Opioid treatment program services	You pay a \$0 copay for Telehealth services. You pay a \$0 copay per visit for opioid treatment program services.	You pay a \$0 copay for Telehealth services. You pay a \$0 copay per visit for opioid treatment program services.
Podiatry Services	\$0 copay for each Medicare-covered podiatry service. \$0 copay up to 6 routine foot care visits a year. For members who qualify due to certain chronic conditions under the Special Supplemental Benefits for the Chronically Ill benefit, you pay \$0 copay for an in-home foot evaluation, including a waterless pedicure up to 12 visits a year.	\$0 copay for each Medicare-covered podiatry service. \$0 copay up to 6 routine foot care visits a year.
Prosthetic devices and related supplies	You pay a 0% coinsurance for devices and supplies.	You pay a 0% coinsurance for devices and supplies.
Pulmonary rehabilitation services	You pay a \$0 copay for each visit.	You pay a 0% coinsurance per visit.
Services to treat kidney disease	You pay a \$0 copay for kidney disease education services. You pay a \$0 copay for Telehealth services. You pay a 0% coinsurance for renal dialysis.	You pay a 0% coinsurance for Medicare-covered kidney disease education services. You pay a 0% coinsurance for renal dialysis.
Supervised Exercise Therapy (SET)	You pay a \$0 copay for each visit.	You pay 0% coinsurance per visit.

PRESCRIPTION DRUG BENEFITS

Deductible	Prescription Drug Deductible: Not Applicable.
Initial Coverage	You pay the following until your total yearly drug costs reach \$4,430. Total yearly drug costs are the drug costs paid by both you and our Part D plan.

PRESCRIPTION DRUG BENEFITS

Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$5 copay	\$10 copay	\$0 Copay
Tier 2 (Generic)	\$5 copay	\$10 copay	\$0 copay
Tier 3 (Preferred Brand)	\$15 copay	\$30 copay	\$25 copay
Tier 4 (Non-Preferred Drug)	\$15 copay	\$30 copay	\$45 copay
Tier 5 (Specialty Tier)	10% coinsurance, up to \$3,000	Not Applicable	Not Applicable

Standard Mail Order

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$5 copay	\$10 copay	\$0 Copay
Tier 2 (Generic)	\$5 copay	\$10 copay	\$0 copay
Tier 3 (Preferred Brand)	\$15 copay	\$30 copay	\$25 copay
Tier 4 (Non-Preferred Drug)	\$15 copay	\$30 copay	\$45 copay
Tier 5 (Specialty Tier)	10% coinsurance, up to \$3,000	Not Applicable	Not Applicable

Your cost-sharing may be different if you use a Long-Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 100 days) of a drug.

Please call us or see the plan’s “**Evidence of Coverage**” on our website (www.medicarebluekc.com/IBEW124) for complete information about your costs for covered drugs.

Coverage Gap

The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,430.

After you enter the coverage gap, you pay your copay or coinsurance for covered drugs until your costs total \$7,050, which is the end of the coverage gap.

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$5 copay	\$10 copay	\$0 Copay
Tier 2 (Generic)	\$5 copay	\$10 copay	\$0 copay

PRESCRIPTION DRUG BENEFITS				
	Tier 3 (Preferred Brand)	\$15 copay	\$30 copay	\$25 copay
	Tier 4 (Non-Preferred Drug)	\$15 copay	\$30 copay	\$45 copay
	Tier 5 (Specialty Tier)	10% coinsurance, up to \$3,000	Not Applicable	Not Applicable
Your cost-sharing may be different if you use a Long-Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 100 days) of a drug.				
Catastrophic Amount	After your yearly out-of-pocket drug costs reach \$7,050, you pay the greater of: <ul style="list-style-type: none"> • \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs, or • 5% of the cost. 			

Blue Medicare Advantage is a Local PPO plan with a Medicare contract. Enrollment in **Blue Medicare Advantage** depends on contract renewal.

Our network service area is in Johnson and Wyandotte (KS) and Andrew, Bates, Buchanan, Cass, Clay, Clinton, Jackson, Johnson, Lafayette, Platte and Ray (MO). Out-of-network/non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of Kansas City members, except in emergency situations. Please call our Customer Services number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage." You can also see the Evidence of Coverage on our website, www.medicarebluekc.com/IBEW124.

If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Have Questions?

Call us at 1-888-892-8907, TTY: 711 from 8 a.m. – 8 p.m. Central Time 7 days a week, October 1 to March 31 and from April 1 to September 30, 8 a.m. – 8 p.m. Central Time, Monday through Friday or go online to our website: www.medicarebluekc.com/IBEW124.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.medicarebluekc.com/EGWPFomulary.

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association. The PPO product is offered by Missouri Valley Life and Health Insurance Company, a wholly-owned subsidiary of Blue Cross and Blue Shield of Kansas City.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-888-892-8907 (TTY 711).

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit <http://www.medicarebluekc.com/IBEW124> or call 1-888-892-8907 (TTY 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.

- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- Out-of-network/non-contracted providers are under no obligation to treat **Blue Medicare Advantage (PPO)** members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

MEDICARE ADVANTAGE PPO NETWORK SHARING

Your Blue Medicare Advantage PPO includes access to Blue Cross Blue Shield Medicare Advantage PPO network sharing.

Coverage for the MA PPO networks listed may not be available in the entire state. Please call your dedicated Medicare Advantage Customer Service to confirm network availability.

You can search for a Blue Medicare Advantage PPO network sharing provider online at MyBlueKCMA.com.

Blue Medicare Advantage PPO members can see any contracted doctor or hospital and receive the highest level of benefits. Blue Medicare Advantage PPO members can also see non-contracted providers but will have a lower level of benefits which will result in higher out-of-pocket costs.

The states and territories listed below are subject to change at any time. If you need help finding a provider in a certain area, call your dedicated Medicare Advantage Customer Service. The Customer Service number is on the back of your ID card.

Blue Medicare Advantage PPO shared networks are available in 46 states and one territory:

Alabama	Indiana	Nevada	Rhode Island
Arizona	Iowa	New Hampshire	South Carolina
Arkansas	Kansas	New Jersey	South Dakota
California	Kentucky	New Mexico	Tennessee
Colorado	Louisiana	New York	Texas
Connecticut	Maine	North Carolina	Utah
Delaware	Massachusetts	North Dakota	Vermont
Florida	Michigan	Ohio	Virginia
Georgia	Minnesota	Oklahoma	Washington
Hawaii	Missouri	Oregon	West Virginia
Idaho	Montana	Pennsylvania	Wisconsin
Illinois	Nebraska	Puerto Rico	

FREQUENTLY ASKED QUESTIONS

Who can join?

You're eligible for Blue Medicare Advantage if you're enrolled in Medicare Part A and Part B.

Enrollment and disenrollment for this plan follow the Centers for Medicare and Medicaid Services (CMS) guidelines.

Do I still pay the Medicare Part B premium?

Yes, you must continue to pay your Medicare Part B premium.

Which doctors and hospitals can I use?

Blue Medicare Advantage has a network of doctors, hospitals and other providers. Blue Medicare Advantage (PPO) members are encouraged to use in-network plan providers. Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. For a decision about whether Blue KC will cover an out-of-network service, we encourage you or your provider to ask Blue KC for a pre-service organization determination before the service is received.

How do I get a list of participating Blue Medicare Advantage providers?

You can find an up-to-date list of participating providers at BlueKCMA.com. You can also call our Customer Service team for help locating a provider or to request a printed copy of our provider directory. Please contact Blue Medicare Advantage at 1-888-892-8907 and press 2 for Customer Service. For those who are hearing or speech impaired, call TTY: 711. The Customer Service team is available Monday through Friday from 8 a.m. to 8 p.m.

Do I give up my Medicare benefits to join a Blue Medicare Advantage plan?

No. By law, Medicare Advantage plans provide the same benefits as Original Medicare. You get all your Original Medicare benefits, plus many that Medicare doesn't offer, such as hearing exams and SilverSneakers fitness membership.

What do I need in order to visit a specialist?

While your physician will help coordinate your visit to a specialist, a referral is not required for services obtained. A prior authorization may be necessary depending on the service.

Am I covered for services while I am traveling outside my service area?

If an illness or injury occurs while you are traveling outside your service area, you have coverage for urgent and emergency care. This applies to travel within and outside the United States.

Am I covered if I go to an out-of-network provider?

Blue Medicare Advantage (PPO) members are encouraged to use in-network plan providers. Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. For a decision about whether Blue KC will cover an out-of-network service, we encourage you or your provider to ask Blue KC for a pre-service organization determination before the service is received.

If you are sick or injured while away from the Blue Medicare Advantage service area, you may wish to contact your PCP, who may be able to address your problem over the phone. You can also visit an emergency room or urgent care center as appropriate for your symptoms. If you choose urgent care, remember that you must visit a facility that is licensed as an urgent care center.

Is Blue Medicare Advantage a Medigap supplemental plan?

No. A supplemental plan or Medigap plan is health insurance sold by private insurance companies to fill the “gaps” in Original Medicare coverage.

Blue Medicare Advantage is a Medicare Advantage plan. Medicare Advantage plans are health plan options that are part of the Medicare program. When you enroll in Blue KC coverage, you choose to get your Medicare benefits through Blue KC, a Medicare Advantage organization with a Medicare contract, instead of through Original Medicare. Blue Medicare Advantage gives you all of the benefits of Original Medicare, plus extras such as routine vision and hearing exams, hearing aid coverage and fitness club benefits.

What is the difference between my red, white and blue Medicare card and my Blue Medicare Advantage member ID card?

When you first become eligible for Medicare, you receive a red, white and blue Medicare ID card in the mail. Upon your enrollment with Blue KC, you will receive a separate Blue Medicare Advantage member ID card. Since you have chosen to get your Medicare benefits through Blue KC, you must use your Blue Medicare Advantage member ID card for all medical services.

If you accidentally use your red, white and blue Medicare ID card for services as a Blue Medicare Advantage member, Medicare will not pay for these services, and you may have to pay the full cost yourself. We recommend you keep your red, white and blue Medicare ID card in a safe place at home in case you need it at a later date. Keep your Blue Medicare Advantage member ID card with you at all times. Call Blue Medicare Advantage Customer Service right away if your Blue Medicare Advantage member ID card is lost, stolen or damaged.

Can I be enrolled in two Medicare Advantage plans at the same time?

No. You may be enrolled in only one Medicare Advantage plan at a time. You may change from one plan to another plan only at certain designated times, such as the annual Open Enrollment Period and during special enrollment periods. Also, you may not have a Medicare Advantage plan and a Medigap supplement plan at the same time.

HOW TO ENROLL

To assist you in making elections, eligible IBEW Local 124 Health and Welfare Fund retirees may:

1. Attend a retiree benefits information session OR
2. Call the IBEW Local 124 Health and Welfare Fund office at 1-816-943-0277

If you have questions about your plan options, call your Blue KC Benefits Specialist at 816-360-1059, Monday through Friday from 8:00 a.m. to 5:00 p.m.

What happens next

Use this handy checklist to keep track of next steps. You will receive the following from Blue KC after the Centers for Medicare and Medicaid Services (CMS) accepts your automatic enrollment.

CHECK HERE

MEMBER ID CARD

You will receive two member ID cards by mail. Be sure to carry your card with you to doctor visits, tests and any other medical appointments. You will no longer need to use your red, white and blue Medicare ID card.

WELCOME KIT

This includes information regarding your enrollment.

BLUE MEDICARE ADVANTAGE DOCUMENTS

Necessary documents will be mailed to you as required by CMS.

START USING YOUR PLAN

If you are a member and have questions, call 1-888-892-8907 and follow the prompts (press 1 then 2). For those who are hearing or speech impaired, call TTY: 711).

START USING SILVERSNEAKERS AT PARTICIPATING FACILITIES



Blue Cross and Blue Shield of Kansas City's Blue Medicare Advantage includes PPO plans with Medicare contracts. Enrollment in Blue Medicare Advantage depends on contract renewal.

This information is not a complete description of benefits. Contact 816-360-1059 for more information. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message, and your call will be returned the next business day.

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association. The PPO products are offered by Missouri Valley Life and Health Insurance Company, both wholly-owned subsidiaries of Blue Cross and Blue Shield of Kansas City.

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