



BLUE MEDICARE  
**ADVANTAGE**



BLUE MEDICARE  
**ADVANTAGE**  
OF KANSAS CITY FOR  
BLUE CROSS AND BLUE SHIELD OF  
KANSAS CITY RETIREES 2023



# BLUE MEDICARE ADVANTAGE OF KANSAS CITY

## DESIGNED FOR

## BLUE CROSS AND BLUE SHIELD OF KANSAS CITY RETIREES

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 preventive dental and vision allowances, a SilverSneakers® fitness benefit, a monthly over-the-counter items allowance and transportation for medical appointments. **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
- 2023 Benefits Summary
- Frequently Asked Questions
- How to Enroll

# ENROLLING IS EASY

To learn more or to enroll, choose the option that's best for you:

1. Complete the enclosed enrollment form and return in the envelope provided.
2. Make a personalized appointment with a Blue KC benefits specialist by calling 816-360-1059.

If you have questions, please contact your Blue KC Benefits Specialist at 816-360-1059.

## After you enroll:

Take advantage of your Blue Medicare Advantage benefits.

Once you are a Blue Medicare Advantage member, call 888-892-8907 and follow the prompts (press 1 then 2) for Customer Service or support. For those who are hearing or speech impaired, call TTY: 711.

## 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 800-772-1213  
TTY users can call 800-325-0778.

Visit your local Social Security office

If you or your spouse worked for a railroad, you will want to call the Railroad Retirement Board at 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% 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

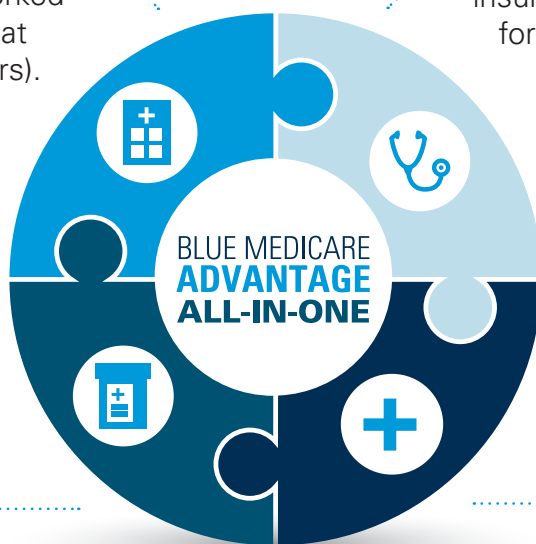
**Medicare Part A** is hospital insurance that's free as long as you have worked and paid Social Security taxes for at least 40 calendar quarters (10 years). It helps cover costs if you are a patient in a hospital, a skilled nursing facility or hospice care.

### 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 vision, hearing and a SilverSneakers® membership.

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% of their medical bills, plus their Part B premiums and any applicable deductibles.

# 2023 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

Hassle-free claims and prompt attention are part of the Blue KC member service experience.



### 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 plan for Blue Cross and Blue Shield of Kansas City Retirees does more than help pay for medical costs. You get valuable extra benefits to help you feel better, live better, and save money—every day.

- **Vision exams and eyewear allowances**
- **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
- **Over-the-counter health item allowance** - use it like a debit card to pay for non-prescription drugs and everyday health items such as antacids or vitamins
- **Blue KC Virtual Care** - get medical care from you smartphone, tablet or computer
- **Nutritional counseling**
- **Smoking and tobacco cessation counseling**
- **Meals and nutritional shakes for members with certain chronic conditions**
- **BenefitsCheckUp** - a comprehensive, free online resource that connects you to benefits and programs you may qualify for
- **Balance and cognitive training**
- **Transportation**
- **Personal Emergency Response System (PERS)**
- **Companion & caregiver support**



January 1, 2023 – December 31, 2023

## **2023 Summary of Benefits Blue KC Group 25 Retirees**

### **Medicare Advantage Plan with Part D Prescription Drug Coverage**

To join Blue KC Group 25 Retirees, you must be entitled to Medicare Part A and be enrolled in Medicare Part B. Our provider network service area is in the following counties:

Kansas: Johnson and Wyandotte.

Missouri: Andrew, Bates, Buchanan, Cass, Clay, Clinton, Henry, Jackson, Johnson (MO), Lafayette, Platte, Ray, St. Clair and Vernon.

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/bluekcretiree](http://www.medicarebluekc.com/bluekcretiree).

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](http://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/bluekcretiree](http://www.medicarebluekc.com/bluekcretiree).

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



## SUMMARY OF BENEFITS

### Blue KC Group 25 Retirees

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

<b>Monthly Plan Premium</b>	Please refer to your Employer's Benefit department for your premium. In addition, you must keep paying your Medicare Part B premiums.
<b>Deductible</b>	Medical Deductible: \$400 All in-network and out-of-network Medicare-covered services, except zero-dollar preventive, primary care physician visits, diagnostic labs, x-rays, and emergency services apply to the deductible. Prescription Drug Deductible: Not Applicable.
<b>Maximum Out-of-Pocket Responsibility</b>	Your yearly limit(s) in this plan: <ul style="list-style-type: none"> <li>• \$1,000 for services you receive from in-network providers.</li> <li>• \$1,000 for services you receive from in and out-of-network providers combined.</li> </ul> <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.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
<b>Prior Authorization</b>	Some in-network services may require prior authorization and are indicated with (PA) for your reference.

#### COVERED MEDICAL AND HOSPITAL BENEFITS

	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Acupuncture for Chronic Low Back Pain</b>	<p>You pay a \$20 copay for each Medicare-covered acupuncture treatment.</p> <p>Your deductible applies to this service.</p> <p>You pay \$20 copay for each supplemental non-Medicare acupuncture treatment up to 12 visits per year.</p>	<p>You pay a 20% co-insurance for each Medicare-covered acupuncture treatment.</p> <p>Your deductible applies to this service.</p> <p>You pay a 20% coinsurance for each supplemental non-Medicare acupuncture treatment up to 12 visits per year.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Ambulance (PA)</b>	Ground Ambulance: \$250 copay. Air Ambulance: \$250 copay. Worldwide Ambulance Coverage: \$250 copay.	Ground Ambulance: \$250 copay. Air Ambulance: \$250 copay.
<b>Ambulatory Surgical Center (PA)</b>	Ambulatory Surgical Center: \$0 copay. Your deductible applies to this service.	Ambulatory Surgical Center: 20% coinsurance. Your deductible applies to this service.
<b>Annual Physical Exam</b>	You pay a \$0 copay for the annual physical exam.	You pay a 20% coinsurance for annual physical exam.
<b>Cardiac Rehabilitation Services</b>	You pay a \$0 copay for cardiac rehabilitation and intensive cardiac rehabilitation services. Your deductible applies to this service.	You pay a 20% coinsurance for cardiac rehabilitation and intensive cardiac rehabilitation services. Your deductible applies to this service.
<b>Chiropractic Services</b>	You pay a \$20 copay for chiropractic services. Your deductible applies to this service.	You pay a 20% coinsurance for chiropractic services. Your deductible applies to this service.
<b>Companion and Caregiver Support</b>	Your benefit is 40 hours per year. A service of non-clinical individuals who provide assistance with light housekeeping, errand running, or assistance with accessing care (setup for telemedicine appointments, downloading phone apps - like Uber or Lyft)	

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
<b>Dental Services</b>	<p>Dental services: \$20 copay for a Medicare-covered visit.</p> <p>Your deductible applies to Medicare-covered this service.</p> <p>Preventive: \$0 copay, limited to 2 visits per year in and out of network combined.</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> <li>• Oral exam</li> <li>• Cleaning</li> <li>• Fluoride treatment</li> <li>• Dental X-rays</li> </ul>	<p>Dental services: 20% coinsurance for Medicare-covered visit.</p> <p>Your deductible applies to Medicare-covered this service.</p> <p>Preventive: \$40 copay, limited to 2 visits per year in and out of network combined.</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> <li>• Oral exam</li> <li>• Cleaning</li> <li>• Fluoride treatment</li> <li>• Dental X-rays</li> </ul>
<b>Diabetes Self-Management Training, Diabetic Services and Supplies</b>	<p>You pay a \$0 copay for each diabetes self-management training Telehealth visit.</p> <p>You pay a \$0 copay for Medicare-covered diabetes self-management training.</p> <p>You pay nothing for the Diabetic Care Program or the diabetic device and supplies.</p> <p>Your deductible applies to the following services:</p> <p>You pay a \$0 copay for preferred diabetes monitoring devices and supplies, and Continuous Glucose Monitors (CGM) and supplies when obtained at a pharmacy.</p> <p>Non-preferred brand Continuous Glucose Monitors (CGM) are covered only when deemed medically necessary and prior authorized.</p>	<p>You pay 20% coinsurance for each Medicare-covered diabetes self-management training.</p> <p>Your deductible applies to the following services:</p> <p>You pay a \$0 copay for preferred diabetes monitoring devices and supplies, and Continuous Glucose Monitors (CGM) and supplies when obtained at a pharmacy.</p> <p>Non-preferred brand Continuous Glucose Monitors (CGM) are covered only when deemed medically necessary and prior authorized.</p> <p>You pay 20% coinsurance for all other brands of diabetes monitoring supplies when obtained at a pharmacy or a DME provider.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
	<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 therapeutic custom-molded shoes or inserts.</p>	<p>You pay 20% coinsurance for therapeutic custom-molded shoes or inserts.</p> <p>You pay 20% coinsurance for diabetic services and supplies.</p>
<b>Diagnostic Services / Labs/ Imaging (PA)</b>	<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>Your deductible applies to this service.</p>	<p>Diagnostic tests and procedures: 20% coinsurance.</p> <p>Lab services: 20% coinsurance.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): 20% coinsurance.</p> <p>X-rays: 20% coinsurance.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance.</p> <p>Your deductible applies to these services.</p>
<b>Doctor's Office Visits</b>	<p>Telehealth visit: \$0 copay.</p> <p>Primary care physician visit: \$0 copay.</p> <p>Specialist visit: \$20 copay.</p> <p>Your deductible applies to Specialist visits.</p>	<p>Primary care physician visit: 20% coinsurance.</p> <p>Specialist visit: 20% coinsurance.</p> <p>Your deductible applies to these services.</p>
<b>Durable Medical Equipment (DME) and Related Supplies</b>	<p>You pay a \$0 copay for items.</p> <p>Your deductible applies to this service.</p>	<p>You pay a 20% coinsurance for items.</p> <p>Your deductible applies to this service</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Emergency Care</b>	<p>\$50 copay per visit.</p> <p>Worldwide Emergency Coverage: \$50 copay.</p>	<p>\$50 copay per visit.</p>
<b>Health and Wellness Education Programs</b>	<p>You pay a \$0 copay for a Mindful Telehealth counseling visit.</p> <p>You pay a \$0 copay for Nutritional Counseling.</p> <p>You pay a \$0 copay for Fitness programs.</p> <p>You pay a \$0 copay for Blue KC Virtual Care services.</p>	<p>You pay 20% coinsurance for nutritional counseling visit.</p> <p>You pay a 20% coinsurance for in-person counseling visit</p>
<b>Hearing Services</b>	<p>Exam to diagnose and treat hearing and balance issues: \$20 copay.</p> <p>Your deductible applies to this service.</p> <p>Routine hearing exam (up to 1 visit(s) every year): \$0 copay.</p> <p>Fitting and Evaluation for Hearing Aid (up to 3 visit(s) every year): \$0 copay.</p> <p>Hearing Aid (up to 2 hearing aids every year): \$0 copay, for up to a \$500 per year, per ear benefit maximum, when provided by the Plan's partner.</p>	<p>Exam to diagnose and treat hearing and balance issues: 20% coinsurance.</p> <p>Your deductible applies to this service.</p> <p>Routine hearing exam (up to 1 visit(s) every year): \$0 copay.</p> <p>Fitting and Evaluation for Hearing Aid (up to 3 visit(s) every year): \$0 copay.</p> <p>Hearing Aid (up to 2 hearing aids every year): \$0 copay, for up to a \$500 per year, per ear benefit maximum, when provided by the Plan's partner.</p>
<b>Home Health Agency Care</b>	<p>There is no coinsurance or copayment for Medicare-covered home health services.</p> <p>Your deductible applies to this service.</p>	<p>You pay 20% coinsurance for Medicare-covered home health visits.</p> <p>Your deductible applies to this service.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
<b>Home Infusion Therapy</b>	You pay 0% coinsurance for home infusion therapy.  Your deductible applies to this service.	You pay 20% coinsurance for home infusion therapy.  Your deductible applies to this service.
<b>Immunizations</b>	You pay \$0 copay for the pneumonia, influenza, Hepatitis B, and COVID-19 vaccines.	There is 20% coinsurance for the pneumonia, influenza, Hepatitis B, and COVID-19 vaccines.
<b>Inpatient Hospital (PA)</b>	<p><b><u>Medical Facility:</u></b> Days 1-6: \$0 copay per day. Days 7 &amp; beyond: \$0 copay per day. Your deductible applies to this service.</p> <p><b><u>Mental Health Facility:</u></b> Days 1-7: \$0 copay per day for each admission. Days 8-90: \$0 copay per day.  Your deductible applies to this service.</p>	<p><b><u>Medical Facility:</u></b> Days 1-90: 20% coinsurance. Your deductible applies to this service.</p> <p><b><u>Mental Health Facility:</u></b> Days 1-90: 20% coinsurance.  Your deductible applies to this service.</p>
<b>Meals</b>	<p>For members who qualify with certain chronic conditions may receive 2 meals per day, for up to 4 weeks (56 meals total), pre-cooked, pre-packaged meals.</p> <p>Members who qualify with certain chronic conditions may also choose nutritional shakes for up to 4 weeks (24 shakes).</p>	
<b>Medicare Part B Drugs (PA)</b>	<p>For Part B drugs such as chemotherapy drugs: 0% Coinsurance.</p> <p>Other Part B drugs: 0% Coinsurance.</p> <p>Your deductible applies to these services.</p>	<p>For Part B drugs such as chemotherapy drugs: 20% Coinsurance.</p> <p>Other Part B drugs: 20% Coinsurance.</p> <p>Your deductible applies to these services.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Mental Health Care</b>	<p>Outpatient group therapy visits: \$20 copay.</p> <p>Individual therapy visits: \$20 copay.</p> <p>Telehealth visits: \$0 copay.</p> <p>Your deductible applies to these services.</p>	<p>Outpatient group therapy visits: 20% Coinsurance.</p> <p>Individual therapy visits: 20% Coinsurance.</p> <p>Your deductible applies to these services.</p>
<b>Opioid Treatment Program Services</b>	<p>You pay a \$0 copay for Medicare-covered Telehealth services.</p> <p>You pay a \$20 copay for each covered opioid treatment services.</p> <p>Your deductible applies to these services.</p>	<p>You pay 20% coinsurance for each covered opioid treatment services.</p> <p>Your deductible applies to these services.</p>
<b>Outpatient Hospital (Pa)</b>	<p>Observation: \$0 copay.</p> <p>Outpatient Hospital: \$0 copay.</p> <p>Outpatient Surgery: \$0 copay.</p> <p>Your deductible applies to these services.</p>	<p>Observation: 20% coinsurance.</p> <p>Outpatient Hospital: 20% coinsurance.</p> <p>Outpatient Surgery: 20% coinsurance.</p> <p>Your deductible applies to these services.</p>
<b>Outpatient Substance Abuse Services</b>	<p>You pay a \$0 copay for Medicare-covered Telehealth services.</p> <p>You pay a \$20 copay for Medicare-covered substance abuse services.</p> <p>Your deductible applies to these services.</p>	<p>You pay a 20% coinsurance for Medicare-covered outpatient substance abuse services.</p> <p>Your deductible applies to this service.</p>
<b>Over-the-Counter Items</b>	<p>You pay nothing for a \$25 allowance per month (online, in-store and delivery options)</p>	Not Applicable



COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
<b>Partial Hospitalization Services</b>	<p>You pay a \$20 copay for each Medicare-covered partial hospitalization.</p> <p>Your deductible applies to this service.</p>	<p>You pay a 20% coinsurance for each Medicare-covered partial hospitalization.</p> <p>Your deductible applies to this service.</p>
<b>Personal Emergency Response Service (PERS)</b>	<p>Your benefit is one PERS Device per year.</p> <p>GPS enabled wearable device that provides security for individuals who are prone to isolation or are subject to falling. The device is connected to a 24/7 call center to provide support in emergencies or help with general information needs/requests.</p>	
<b>Physical Therapy</b>	<p>Physical therapy visits: \$20 copay.</p> <p>Telehealth Visits: \$0 copay.</p> <p>Your deductible applies to these services.</p>	<p>Physical therapy visits: 20% Coinsurance.</p> <p>Your deductible applies to this service</p>
<b>Podiatry Services</b>	<p>You pay a \$20 copay for each Medicare-covered podiatry service.</p> <p>Your deductible applies to this service.</p>	<p>You pay a 20% coinsurance for each Medicare-covered podiatry service.</p> <p>Your deductible applies to this service.</p>
<b>Preventive Care</b>	<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"> <li>• Abdominal aortic aneurysm screening</li> <li>• Annual wellness visit</li> </ul>	<p>20% Coinsurance for all preventive services covered under Original Medicare, when out of network.</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"> <li>• Abdominal aortic aneurysm screening</li> <li>• Annual wellness visit</li> </ul>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
	<ul style="list-style-type: none"> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammograms)</li> <li>• Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• HIV screening</li> <li>• Medical nutrition therapy</li> <li>• Medicare Diabetes Prevention Program (MDPP)</li> <li>• Obesity screening and therapy to promote sustained weight loss</li> <li>• Prostate cancer screening exams</li> <li>• Screening and counseling to reduce alcohol misuse</li> <li>• Screening for lung cancer with low dose computed tomography (LDCT)</li> <li>• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> <li>• Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</li> </ul>	<ul style="list-style-type: none"> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammograms)</li> <li>• Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• HIV screening</li> <li>• Medical nutrition therapy</li> <li>• Medicare Diabetes Prevention Program (MDPP)</li> <li>• Obesity screening and therapy to promote sustained weight loss</li> <li>• Prostate cancer screening exams</li> <li>• Screening and counseling to reduce alcohol misuse</li> <li>• Screening for lung cancer with low dose computed tomography (LDCT)</li> <li>• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> <li>• Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</li> </ul>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
	<ul style="list-style-type: none"> <li>• "Welcome to Medicare" preventive</li> </ul>	<ul style="list-style-type: none"> <li>• "Welcome to Medicare" preventive</li> </ul>
<b>Prosthetic Devices and Related Supplies</b>	<p>You pay 0% coinsurance for Medicare-covered prosthetic devices, related medical supplies.</p> <p>Your deductible applies to this service.</p>	<p>You pay 20% coinsurance for Medicare-covered prosthetic devices, related medical supplies.</p> <p>Your deductible applies to these services.</p>
<b>Pulmonary Rehabilitation Services</b>	<p>You pay a \$0 copay for Medicare-covered pulmonary rehabilitation services.</p> <p>Your deductible applies to this service.</p>	<p>You pay a 20% coinsurance for Medicare-covered pulmonary rehabilitation services.</p> <p>Your deductible applies to these services.</p>
<b>Services to Treat Kidney Disease</b>	<p>You pay a \$0 copay for Medicare-covered kidney disease education services.</p> <p>You pay a 0% coinsurance for Medicare-covered renal dialysis.</p> <p>You pay a \$0 copay for Medicare-covered Telehealth services for kidney disease education.</p> <p>Your deductible applies to these services.</p>	<p>You pay a 20% coinsurance for Medicare-covered renal dialysis.</p> <p>You pay a 20% coinsurance for Medicare-covered kidney disease education.</p> <p>Your deductible applies to these services.</p>
<b>Skilled Nursing Facility (SNF) (PA)</b>	<p>Days 1-100: \$0 copay per day.</p> <p>Your deductible applies to this service.</p>	<p>Days 1-100: 20% Coinsurance per day.</p> <p>Your deductible applies to this service.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
<b>Supervised Exercise Therapy (SET)</b>	You pay a \$0 copay for Medicare-Covered Supervised Exercise Therapy (SET) services. Your deductible applies to this service.	You pay 20% coinsurance for Medicare-covered Supervised Exercise Therapy (SET) services. Your deductible applies to these services.
<b>Transportation</b>	You Pay Nothing. 12 One-way trips every year to Plan-approved Health-related Location and requires a referral for services from the Plan's service provider, in and out of network.	You Pay Nothing. 12 One-way trips every year to Plan-approved Health-related Location and requires a referral for services from the Plan's service provider, in and out of network.
<b>Urgently Needed Services</b>	You pay a \$20 copay per visit. You pay a \$0 copay for Blue KC Virtual Care services. Worldwide Urgent Coverage: \$20 copay.	You pay a \$20 copay per visit.
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$20 copay. Eyeglasses or contact lenses after cataract surgery: \$0 copay. Your deductible applies to these services. Routine eye exam (up to 1 visit(s) every year): \$0 copay. Our plan pays up to \$300 every year for eyewear (lens and frames or contact lenses) for	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 20% Coinsurance. Eyeglasses or contact lenses after cataract surgery: 20% Coinsurance. Your deductible applies to these services. Routine eye exam (up to 1 visit(s) every year): 20% Coinsurance. Our plan pays up to \$300 every year for eyewear (lens and frames or contact lenses) for

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
	both In and Out of Network Services.	both In and Out of Network Services.

## PRESCRIPTION DRUG BENEFITS

**Deductible** Prescription Drug Deductible: Not Applicable.

**Initial Coverage** You pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the drug costs paid by both you and our Part D plan.

### Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$5 copay	\$10 copay	\$0 copay
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$141 copay
Tier 4 (Non-Preferred Drug)	\$100 copay	\$200 copay	\$300 copay
Tier 5 (Specialty Tier)	33% coinsurance	Not Applicable	Not Applicable

### Standard Mail Order

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$5 copay	\$10 copay	\$0 copay
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$141 copay
Tier 4 (Non-Preferred Drug)	\$100 copay	\$200 copay	\$300 copay
Tier 5 (Specialty Tier)	33% coinsurance	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.

## PRESCRIPTION DRUG BENEFITS

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you.

**Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Please call us or see the plan's "**Evidence of Coverage**" on our website ([www.medicarebluekc.com/bluekcretiree](http://www.medicarebluekc.com/bluekcretiree)) 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 \$4,660.

After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and up to 25% of the plan's cost for covered generic drugs until your costs total \$7,400, which is the end of the coverage gap.

**Our plan covers Tier 1 Preferred Generic and Tier 2 Generic in the coverage gap.**

#### Standard Retail Cost-Sharing

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

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 \$7,400, you pay the greater of:

- \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 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.

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 Service number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services.

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

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit <https://www.medicarebluekc.com/employer-plans> 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.
- ☐ Review the formulary to make sure your drugs are covered.

### 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, 2024.
- ☐ For HMO Plans only: Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ **For PPO Plans only:** 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.
- ☐ **For PPO Plans only:** 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.

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# 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 Customer Service to confirm network availability.

You can search for a Blue Medicare Advantage PPO network sharing provider online at [MyBlueKCMA.com](https://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 Customer Service. The Customer Service number is on the back of your ID card.

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## Blue Medicare Advantage PPO shared networks are available in 48 states and two territories:

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

# 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 [medicarebluekc.com](http://medicarebluekc.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 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

During the 2023 Blue Cross and Blue Shield of Kansas City Retiree Open Enrollment Period, Blue Cross and Blue Shield of Kansas City retirees need to make important decisions about 2023 Medicare Advantage coverage. To assist you in making elections, eligible Blue Cross and Blue Shield of Kansas City retirees may contact your Blue KC Benefits Specialist at 816-360-1059 to schedule a personalized meeting.

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 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 both HMO and 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 HMO products are offered by Blue-Advantage Plus of Kansas City, Inc. and 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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