



BLUE MEDICARE
ADVANTAGE



BLUE MEDICARE
ADVANTAGE
OF KANSAS CITY FOR

CITY OF KANSAS CITY RETIREES 2023

BLUE MEDICARE ADVANTAGE OF KANSAS CITY DESIGNED FOR CITY 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 routine dental and vision allowances, a SilverSneakers® fitness benefit, and monthly over-the-counter items allowance. **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

The 2023 City of Kansas City Retiree Open Enrollment Period is Oct. 31, 2022 to November 18, 2022. To learn more or to enroll, choose the option that's best for you:

1. There is **no action needed** if you plan to remain enrolled in this plan. Your plan will renew for 2023 effective January 1, 2023.
2. Enroll online by going to www.kcmoretirees.hrntouch.com
3. 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.

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

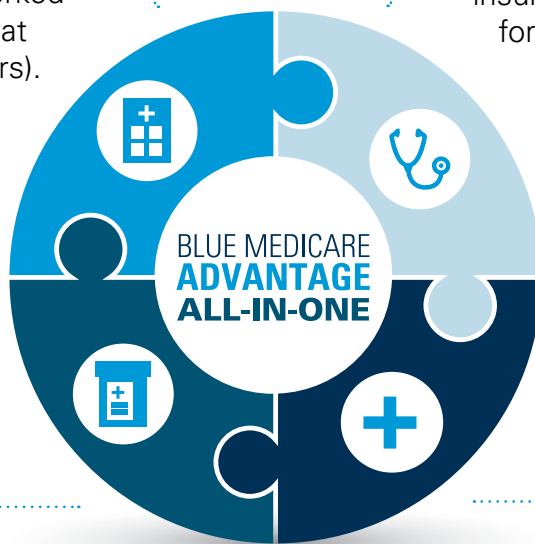
Medicare Part B is medical insurance that helps cover costs for doctors' services, outpatient hospital care, durable medical equipment and other medical services. You must continue to pay your Part B premium if you enroll in a Medicare Advantage plan.

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 dental, vision, hearing, SilverSneakers® membership, over-the-counter items allowance, 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% 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.

SUPPLEMENTAL BENEFITS

Our Blue Medicare Advantage plans for City of Kansas City Retirees do 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**

Benefits vary by plan.

2023 SUMMARY OF BENEFITS

Medical Benefit Design	Blue Medicare Advantage (PPO) Plan 1		Blue Medicare Advantage (HMO) Plan 2	Blue Medicare Advantage (HMO) Plan 3
	In-Network	Out-of-Network	In-Network	In-Network
PREMIUM				
Monthly Premium	\$101		\$273	\$0
Annual Deductible	Not Applicable		Not Applicable	Not Applicable
Maximum Out-of-Pocket PPO Plans are a Combined In- and Out-of-Network Max	\$2,000 In-Network \$10,000 In- & Out-of-Network Combined		\$2,000	\$3,400
Prior Authorization	Some in-network services may require prior authorization and are indicated with (*) for your reference.			
PLAN TYPE	INN	OON		
Inpatient Hospital Stay (Acute)*	\$165/day, Days 1-5 \$0/day, Days 6 & beyond	\$165/day, Days 1-5 \$0/day, Days 6-90	\$150/day, Days 1-5 \$0/day, Days 6 & beyond	\$200/day, Days 1-7 \$0/day, Days 8 & beyond
Surgery (Outpatient Hospital)*	\$100 Observation \$100 Outpatient Surgery 20% Outpatient Hospital	\$100 Observation \$100 Outpatient Surgery 20% Outpatient Hospital	\$100 Observation \$100 Outpatient Surgery 20% Outpatient Hospital	\$225 Observation \$225 Outpatient Surgery 20% Outpatient Hospital
Surgery (Ambulatory Surgical Center)*	\$100	\$100	\$100	\$225
Primary Care Physician Visit	\$5	\$5	\$10	\$5
Specialist Visit	\$30	\$30	\$20	\$30
Telehealth	\$0	N/A	\$0	\$0
Preventive Care	You pay nothing for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare during the contract year will be covered.			
Emergency (Worldwide)	\$50	\$50	\$50	\$65
Urgent Care (Worldwide)	\$10	\$10	\$25	\$30
Diagnostic Procedures and Tests*	\$0	\$0	\$0	\$0
Diagnostic Radiology (MRI, CAT)*	\$100	\$100	\$0	\$225
Therapeutic Radiology*	20%	20%	\$0	20%
X-rays*	\$0	\$0	\$0	\$0

Medical Benefit Design	Blue Medicare Advantage (PPO) Plan 1		Blue Medicare Advantage (HMO) Plan 2	Blue Medicare Advantage (HMO) Plan 3
	In-Network	Out-of-Network	In-Network	In-Network
Diagnostic Lab Tests*	\$0	\$0	\$0	\$0
Hearing Services	\$30 hearing exam to treat hearing/balance issues \$0 Routine hearing exam (1 visit per year) Benefit includes up to one hearing aid per ear, per year, up to \$500 benefit allowance per ear every year.			
Dental Services	\$30 Medicare Covered \$0 copay for oral exams, cleaning, X-rays, and Fluoride \$125 benefit every year for preventive dental services		\$20 Medicare Covered	\$20 Medicare Covered
Vision Services	\$30 vision exam (including glaucoma screening) \$0 copay /1 per year Routine Eye Exam \$150 benefit for Eyewear (lens & frames or contacts)		\$20 vision exam (including glaucoma screening) \$0 copay /1 per year Routine Eye Exam \$150 benefit for Eyewear (lens & frames or contacts)	\$30 vision exam (including glaucoma screening) \$0 copay /1 per year Routine Eye Exam \$150 benefit for Eyewear (lens & frames or contacts)
Mental Health	\$30 Outpatient Group \$5 Individual \$0 Telehealth	\$30 Outpatient Group \$5 Individual	\$20 Outpatient Group \$10 Individual \$0 Telehealth	\$30 Outpatient Group \$30 Individual \$0 Telehealth
Skilled Nursing Facility*	\$0/day, Days 1-20 \$125/day, Days 21-100	20%/day, Days 1-100	\$0/day, Days 1-100	\$0/day, Days 1-20 \$125/day, Days 21-100
Physical Therapy	\$30 \$0 Telehealth	\$30	\$10 \$0 Telehealth	\$30 \$0 Telehealth
Ambulance (Air and Ground)*	\$100		\$100	\$150
Transportation	Not Covered			
Medicare Part B Prescription Drugs (PA)*	You pay a 20% coinsurance for Part B-covered chemotherapy drugs. You pay a 20% coinsurance for other Part B covered drugs.			

2023 PRESCRIPTION DRUG BENEFIT DESIGN

Medical Benefit Design	Blue Medicare Advantage (PPO) Plan 1		Blue Medicare Advantage (HMO) Plan 2	Blue Medicare Advantage (HMO) Plan 3
	In-Network	Out-of-Network	In-Network	In-Network
Prescription Drug Coverage				
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. 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.			
Tier	One-month supply	One-month supply	One-month supply	One-month supply
Tier 1 (Preferred Generic)	\$5	\$5	\$4	\$5
Tier 2 (Generic)	\$10	\$10	\$9	\$10
Tier 3 (Preferred Brand)	\$25	\$25	\$30	\$45
Tier 4 (Non-Preferred Drug)	\$50	\$50	\$55	\$80
Tier 5 (Specialty Tier)	33%	33%	33%	33%
Tier	Two-month supply	Two-month supply	Two-month supply	Two-month supply
Tier 1 (Preferred Generic)	\$10	Not available	\$8	\$10
Tier 2 (Generic)	\$20		\$18	\$20
Tier 3 (Preferred Brand)	\$50		\$60	\$90
Tier 4 (Non-Preferred Drug)	\$100		\$110	\$160
Tier 5 (Specialty Tier)	Not Applicable		N/A	N/A
Tier	Three-month supply	Three-month supply	Three-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$10	Not available	\$8	\$10
Tier 2 (Generic)	\$20		\$18	\$20
Tier 3 (Preferred Brand)	\$50		\$60	\$90
Tier 4 (Non-Preferred Drug)	\$100		\$110	\$160
Tier 5 (Specialty Tier)	N/A		N/A	N/A

Medical Benefit Design	Blue Medicare Advantage (PPO) Plan 1		Blue Medicare Advantage (HMO) Plan 2	Blue Medicare Advantage (HMO) Plan 3
	In-Network	Out-of-Network	In-Network	In-Network
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.			
Coverage Gap	Tier 1 Preferred Generic		Tier 1 Preferred Generic Tier 2 Generic Tier 3 Preferred Brand Tier 4 Non-Preferred Drug	N/A
	<p>The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660.</p> <p>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.</p> <p>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 longterm supply (up to 100 days) of a drug.</p>			
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.			
<p>This information is not a complete description of benefits. Contact the plan for more information. Please refer to your Evidence of Coverage book upon enrollment for more details on your benefits.</p> <p>Coinsurance is the percentage of costs of a covered health care service that you pay after your deductible.</p>				

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.

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.

Access to network sharing is not available for HMO plans.

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.

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

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

FREQUENTLY ASKED QUESTIONS

Who can join?

You're eligible for Blue Medicare Advantage if the following conditions are met:

1. You're enrolled in Medicare Part A and Part B, and
2. For HMO coverage only, you live within our service area, which includes the following counties:
Kansas: Johnson and Wyandotte;
Missouri: Cass, Clay, Clinton, Jackson, Lafayette, Platte and Ray.

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. If you are an HMO plan member and use a provider that is not in our network, the plan may not pay for these services. 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 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?

HMO plan members:

Services from an out-of-network provider (someone who is not in the Blue Medicare Advantage network) are typically not covered. These services will be covered only in the following instances:

1. During a medical emergency when you need urgent care and the network is not available (generally, when you are out of the area),
2. If you need out-of-area dialysis services, or
3. In limited other cases when Blue KC authorizes

PPO plan members:

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 City of Kansas City Retiree Open Enrollment Period, City of Kansas City retirees need to make important decisions about 2023 Medicare Advantage coverage, including switching from one plan to a different plan. To assist you in making elections, eligible City of Kansas City retirees may:

1. Attend one of the retiree benefits virtual information sessions OR
2. Contact your Blue KC Benefits Specialist at 816-360-1059 to schedule a one-on-one 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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