



BLUE MEDICARE
ADVANTAGE



BLUE MEDICARE
ADVANTAGE
OF KANSAS CITY FOR

WILLIAM JEWELL COLLEGE RETIREES 2023

BLUE MEDICARE ADVANTAGE OF KANSAS CITY DESIGNED FOR WILLIAM JEWELL COLLEGE 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 dental and vision allowances, and a 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
- 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

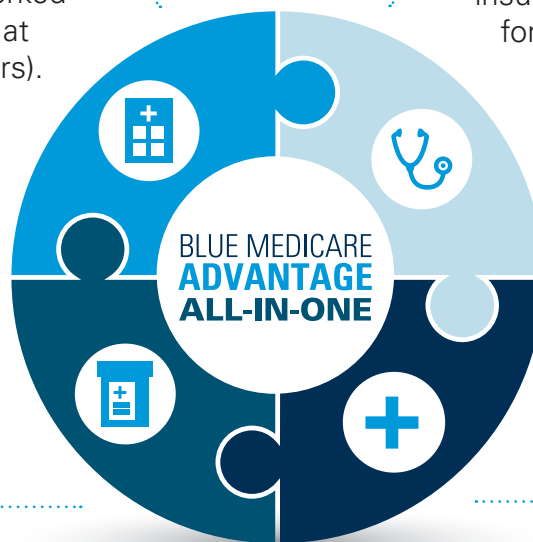
Medicare Part A is hospital insurance that's free as long as you have worked and paid Social Security taxes for at least 40 calendar quarters (10 years). It helps cover costs if you are a patient in a hospital, a skilled nursing facility or hospice care.

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 dental, 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 plans for William Jewell College retirees 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 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
- **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**

January 1, 2023 – December 31, 2023

2023 Summary of Benefits William Jewell PPO

Medicare Advantage Plan with Part D Prescription Drug Coverage

To join William Jewell PPO, 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/wjcretiree.

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/wjcretiree.

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

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SUMMARY OF BENEFITS

William Jewell PPO

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

Monthly Plan Premium	Please refer to your former Employer's Benefit department for your premium. In addition, you must keep paying your Medicare Part B premiums.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
Maximum Out-of-Pocket Responsibility	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none">• \$3,950 for services you receive from in-network providers.• \$6,700 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.</p> <p>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 and are indicated with (PA) for your reference.

COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network	Out-of-Network
Acupuncture for Chronic Low Back Pain	You pay a \$40 copay for each Medicare-covered Acupuncture treatment.	You pay 35% coinsurance for each Medicare-covered Acupuncture treatment.
Ambulance Services (PA)	<p>You pay a \$150 copay for ambulance benefits.</p> <p>This copay applies to each one-way trip.</p> <p>You pay a \$150 copay for worldwide ambulance benefit.</p>	<p>You pay a \$150 copay for ambulance benefits.</p> <p>This copay applies to each one-way trip.</p>
Ambulatory Surgical Services (PA)	You pay a \$300 copay for surgery.	You pay a \$300 copay for surgery.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Annual Physical Exam	There is no coinsurance, copayment, or deductible for the annual physical exam.	You pay a 35% coinsurance for annual physical exam.
Cardiac Rehabilitation Services	You pay a \$5 copay for cardiac rehabilitation and intensive cardiac rehabilitation services.	You pay a 35% coinsurance for cardiac rehabilitation and intensive cardiac rehabilitation services.
Chiropractic Services	You pay a \$20 copay for chiropractic services.	You pay a 35% coinsurance for chiropractic services.
Dental Services	<p>You pay a \$40 copay for Medicare-covered dental services.</p> <p>Your plan covers up to \$500 per year for preventive and comprehensive dental services in and out of network.</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Oral exam • Cleaning • Fluoride treatment • Dental X-rays <p>Comprehensive dental services:</p> <ul style="list-style-type: none"> • Non-Routine Services • Diagnostic Services • Restorative Services • Endodontic • Periodontics • Extractions 	<p>You pay a 35% coinsurance for Medicare-covered dental services.</p> <p>Your plan covers up to \$500 per year for preventive and comprehensive dental services in and out of network.</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Oral exam • Cleaning • Fluoride treatment • Dental X-rays <p>Comprehensive dental services:</p> <ul style="list-style-type: none"> • Non-Routine Services • Diagnostic Services • Restorative Services • Endodontic • Periodontics • Extractions

COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network	Out-of-Network
Diabetes Self-management Training, Diabetic Services, and Supplies	<p>You pay a \$0 copay for each Telehealth visit.</p> <p>You pay a \$0 copay for diabetes self-management training.</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>You pay 0% coinsurance for diabetic supplies when obtained from EdgePark.</p> <p>You pay 20% coinsurance for other diabetic supplies from another DME provider or at a network 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 diabetic, therapeutic custom-molded shoes or inserts.</p> <p>You pay nothing for the Diabetic Care Program or the diabetic device and supplies.</p>	<p>You pay 35% coinsurance for diabetes self-management training.</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>35% coinsurance for all other brands of diabetes monitoring supplies when obtained at a pharmacy or any brand at a DME provider.</p> <p>Non-preferred brand Continuous Glucose Monitors (CGM) are covered only when deemed medically necessary and prior authorized.</p> <p>You pay 35% coinsurance for diabetic, therapeutic custom-molded shoes or inserts.</p>
Durable Medical Equipment (DME) and Related Supplies (PA)	You pay 20% coinsurance for DME items.	You pay 35% coinsurance for DME items.
Emergency Care	<p>You pay a \$80 copay for emergency room visits.</p> <p>You pay a \$80 copay for worldwide emergency care.</p>	You pay a \$80 copay for emergency room visits.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Urgently Needed Services	<p>\$40 copay per visit.</p> <p>\$0 copay when you use Blue KC Virtual Care.</p> <p>Worldwide Urgent Coverage: \$40 copay.</p>	<p>\$40 copay per visit.</p>
Health and wellness education programs	<p>You pay a \$0 copay for nutritional counseling.</p> <p>You pay a \$0 copay for Mindful Telehealth counseling visit.</p> <p>You pay a \$0 copay for access to participating fitness facilities and programs.</p>	<p>You pay 35% coinsurance for nutritional counseling and in-person counseling.</p> <p>You pay a \$0 copay for access to participating fitness facilities and programs.</p>
Hearing Services	<p>You pay a \$40 copay for each Medicare-covered diagnostic hearing exam to diagnose and treat hearing and balance issues.</p> <p>Benefit must be accessed through the plan's partner and includes up to one hearing aid per ear, per year, up to \$500 benefit allowance per ear every year.</p> <p>You pay a \$0 copay for each routine hearing exam.</p> <p>You pay a \$0 copay for each fitting and evaluation for hearing aid visit.</p>	<p>You pay a 35% coinsurance for each Medicare-covered hearing exam to diagnose and treat hearing and balance issues.</p> <p>Benefit must be accessed through the plan's partner and includes up to one hearing aid per ear, per year, up to \$500 benefit allowance per ear every year.</p> <p>You pay a \$0 copay for each routine hearing exam.</p> <p>You pay a \$0 copay for each fitting and evaluation for hearing aid visit.</p>
Home Health Agency Care (PA)	<p>There is no coinsurance, copayment, or deductible for members eligible for Medicare-covered home health visits.</p>	<p>There is no coinsurance, copayment, or deductible for members eligible for Medicare-covered home health visits.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Home Infusion Therapy (PA)	You pay 20% coinsurance for home infusion therapy.	You pay 20% coinsurance for home infusion therapy.
Immunizations	There is no coinsurance, copayment, or deductible for the Medicare-covered pneumonia, influenza, Hepatitis B and COVID-19 vaccines.	There is a 35% coinsurance the Medicare-covered pneumonia, influenza, Hepatitis B and COVID-19 vaccines.
Inpatient Hospital (PA)	<p><u>Medical Facility:</u> You pay a \$250 copay per day, days 1-6 and \$0 copay per day, per stay, days 7 & beyond.</p> <p><u>Mental Health Facility:</u> You pay a \$200 copay per day, days 1-7 and \$0 copay per day, per stay, days 8-90.</p>	<p><u>Medical Facility:</u> You pay a \$250 copay per day, days 1-6 and \$0 copay per day, per stay, days 7-90.</p> <p><u>Mental Health Facility:</u> You pay a 35% coinsurance per day, per stay, days 1-90.</p>
Medicare Part B Drugs (PA)	<p>You pay a 20% coinsurance for Part B-covered chemotherapy drugs.</p> <p>You pay 0% coinsurance for Part B covered vaccines.</p> <p>You pay a 20% coinsurance for other Part B covered drugs.</p>	<p>You pay 20% coinsurance for Part B covered chemotherapy drugs.</p> <p>You pay 20% coinsurance for other Part B covered drugs.</p>
Opioid Treatment Program Services	<p>You pay a \$0 copay for Telehealth services.</p> <p>You pay a \$40 copay for each covered opioid treatment services.</p>	You pay a 35% coinsurance for opioid treatment services.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Outpatient Diagnostic Tests and Therapeutic Services and Supplies (PA)	<p>You pay a \$0 copay for x-rays.</p> <p>You pay 20% coinsurance for Medicare-covered therapeutic radiology services.</p> <p>You pay a \$0 copay for lab services.</p> <p>You pay a \$300 copay for Medicare-covered Diagnostic Radiology services (CT, MRI, PET).</p> <p>You pay a \$0 copay for other diagnostic procedures and tests.</p>	<p>You pay 35% coinsurance for outpatient diagnostic tests and therapeutic services.</p>
Outpatient Hospital Services (PA)	<p>You pay a \$300 copay for observation services.</p> <p>You pay 20% coinsurance for all other hospital services.</p> <p>You pay a \$300 copay for outpatient hospital surgery.</p>	<p>You pay a \$300 copay for observation services.</p> <p>You pay a \$300 copay for outpatient hospital surgery.</p> <p>You pay 35% coinsurance for all other hospital services.</p>
Mental Health Care	<p>You pay a \$0 copay for Telehealth services.</p> <p>You pay a \$40 copay for each individual therapy and counseling visit.</p> <p>You pay a \$40 copay for each group therapy and counseling visit.</p>	<p>You pay 35% coinsurance for each individual therapy and counseling visit.</p> <p>You pay 35% coinsurance for each group therapy and counseling visit.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Outpatient Rehabilitation Services	<p>You pay a \$0 copay for Telehealth services.</p> <p>You pay a \$40 copay for each occupational therapy visit.</p> <p>You pay a \$40 copay for each physical therapy and/or speech and language pathology visit.</p>	You pay a 35% coinsurance for outpatient rehabilitation services.
Outpatient Substance Abuse Services	<p>You pay a \$0 copay for Telehealth services.</p> <p>You pay a \$40 copay for each individual therapy visit.</p> <p>You pay a \$40 copay for each group therapy visit.</p>	You pay a 35% coinsurance for outpatient substance abuse services.
Partial Hospitalization Services (PA)	You pay a \$40 copay for each partial hospitalization.	You pay a 35% coinsurance for each partial hospitalization.
Physician/Practitioner Services, Including Doctor's Office Visits	<p>You pay a \$0 copay for each Telehealth visit.</p> <p>You pay a \$5 copay for each primary care provider or other health care provider in a primary care office visit.</p> <p>You pay a \$40 copay for each specialist or other health care providers in a specialist office.</p>	<p>You pay a 35% coinsurance for each primary care provider visit.</p> <p>You pay a 35% coinsurance for each specialist visit.</p>
Podiatry Services	You pay a \$40 copay for each Medicare-covered podiatry service.	You pay a 35% coinsurance for each Medicare-covered podiatry service.
Prosthetic Devices and Related Supplies (PA)	You pay a 20% coinsurance for prosthetic devices, related supplies.	You pay 35% coinsurance for prosthetic devices, related supplies.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Pulmonary Rehabilitation Services	You pay a \$5 copay for pulmonary rehabilitation services.	You pay a 35% coinsurance for pulmonary rehabilitation services.
Services to Treat Kidney Disease	<p>You pay a \$0 copay for Telehealth services.</p> <p>You pay a \$0 copay for kidney disease education services.</p> <p>You pay a 0% coinsurance for renal dialysis.</p>	<p>You pay a 35% coinsurance for kidney disease education services.</p> <p>You pay a 35% coinsurance for renal dialysis.</p>
Skilled Nursing Facility (SNF) Care (PA)	You pay a \$0 copay per day, days 1-20 and a \$184 copay per day, days 21-100 for a Medicare-covered stay.	You pay a 35% coinsurance for Days 1-100 for a Medicare-covered skilled nursing facility (SNF) stay.
Supervised Exercise Therapy (SET)	You pay a \$5 copay per day for Supervised Exercise Therapy (SET) services.	You pay 35% coinsurance for Supervised Exercise Therapy (SET) services.
Vision Care	<p>You pay a \$40 copay for each Medicare-covered eye exam.</p> <p>You pay a \$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery (applies to single, bifocal, trifocal or lenticular lenses).</p> <p>You pay a \$0 copay for routine eye exam every year.</p> <p>You pay nothing for eyeglass frames, lenses, or contact lenses.</p>	<p>You pay a 35% coinsurance for each Medicare-covered eye exam.</p> <p>You pay a \$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery (applies to single, bifocal, trifocal or lenticular lenses).</p> <p>You pay a 35% coinsurance for each routine eye exam.</p> <p>You pay nothing for eyeglass frames, lenses, or contact lenses.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
	Your plan pays up to \$150 every year for eyewear in and out-of-network.	Your plan pays up to \$150 every year for eyewear in and out-of-network.
Preventive Care <i>(e.g., flu vaccine, diabetic screenings)</i>	<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 • Immunizations • Medical nutrition therapy • Medicare Diabetes 	<p>35% 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"> • 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 • Immunizations • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP)

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
	<p>Prevention Program (MDPP)</p> <ul style="list-style-type: none"> • 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) • "Welcome to Medicare" preventive visit 	<ul style="list-style-type: none"> • 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) • "Welcome to Medicare" preventive visit
Meals	<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>	

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)	\$2 copay	\$4 copay	\$0 copay
	Tier 2 (Generic)	\$6 copay	\$12 copay	\$18 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)	\$2 copay	\$4 copay	\$0 copay
	Tier 2 (Generic)	\$6 copay	\$12 copay	\$18 copay
	Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$141 copay

PRESCRIPTION DRUG BENEFITS

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.

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/wjcretiree) 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)	\$2 copay
Tier 2 (Generic)	\$6 copay

PRESCRIPTION DRUG BENEFITS	
	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	<p>After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> • \$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 or 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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VISITOR/TRAVEL BENEFIT (PPO)

Your Blue Medicare Advantage PPO includes a Visitor/Travel Benefit through Blue Cross Blue Shield Medicare Advantage PPO network sharing.

The network sharing benefit allows Blue Medicare Advantage PPO members to obtain in-network benefits when traveling or living in the service areas of the Blue Medicare Advantage PPO plans as long as the member sees a contracted Medicare Advantage PPO provider. 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 or call Blue KC Customer Service.

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.

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	Mississippi	Oregon	Wisconsin
Idaho	Missouri	Pennsylvania	
Illinois	Montana	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 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 fitness club benefits and a SilverSneakers® membership.

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

William Jewell College retirees need to make important decisions about 2023 Medicare Advantage coverage. To assist you in making elections, eligible William Jewell College retirees may:

1. Attend a retiree benefits information session OR
2. 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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