



Here For What Comes Next

HERE FOR GOOD

WILLIAM JEWELL COLLEGE RETIREE HEALTH BENEFITS





- What's New for 2023
- Plan Benefit Overview
- Extra Benefit/Vendor Overview
- Who To Contact





Expanded Network

Blue MA PPO Network Sharing Expansion

The National Blue Cross Blue Shield Medicare Advantage PPO network is expanding in 2022 to include **Maryland**, **Mississippi**, and **District of Columbia (D.C.)**

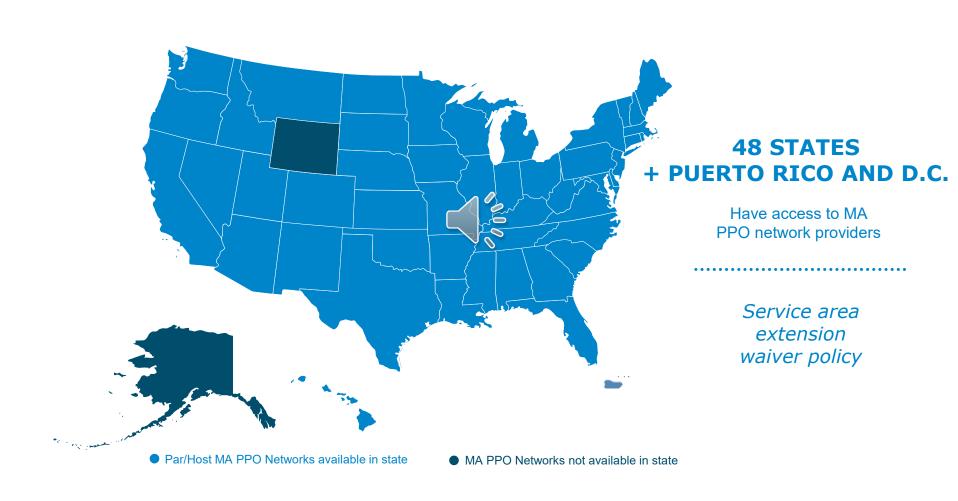
Enhanced Diagnostic Procedure and Test Copay

New \$0 Copay on Diagnostic Procedures and Tests (Previously \$150)





MEDICARE ADVANTAGE PPO NETWORK SHARING





2023 Original Medicare Part B/Part D Changes

2023 Medicare Part B Standard Premium Amount:

- \$164.90 per month/beneficiary
- Down from \$170.10 in 2022

2023 Part D Prescription Coverage Stage Amounts

- Annual Deductible Stage Up to \$505
- No Annual Deductible on your Villiam Jewell Retiree Part D Coverage
- Initial Coverage: \$4,660 (\$4,330 in '22)
- Coverage Gap (Donut Hole): \$7,400 True Out-of-Pocket (\$7,050 in'22)
- Catastrophic Coverage: The greater amount of \$4.15 for generic, \$10.35 for name brand, or 5% of drug cost





2023 William Jewell Retiree Plan Information

2023 Medical Plan Benefits

William Jewell Blue Medicare Advantage (PPO)		
Monthly Premium	\$114.00	
	In-Network	Out-of-Network
Annual Medical Deductible	No Deductible	
Maximum Out-of-Pocket Limit	\$3,950	\$6,700
PCP Office Visits	\$5 Copay	35% Coinsurance
Specialist Office Visits	\$40 Copay	35% Coinsurance
Urgent Care Visits	\$40 Copay	\$40 Copay
Emergency Room Visits	\$80 Copay	\$80 Copay
Outpatient Surgery	\$300 Copay	\$300 Copay
Ambulance (Ground or Air)	\$150 Copay	\$150 Copay
Physical/Speech Therapy	\$40 Copay	35% Coinsurance
Inpatient Hospital Care	\$250 per day for days 1-6, \$0 Copay for additional days	\$250 per day for days 1-6, \$0 Copay for additional days
Outpatient Diagnostic Procedures/Tests	\$0 Copay	35% Coinsurance
Diagnostic Radiology (MRIs, CT Scan)	\$300 Copay	35% Coinsurance



2023 Additional Benefits

	In-Network	Out-of-Network
Home-Delivered Meal Benefit	2 pre-cooked, refrigerated meals per day ov qualifying chronic conditions	er a 4-week period for members with
Hearing/Hearing Aid Services*		
*(Offered through Nations Benefits)	\$0 Copay, Tier 1	• \$0 Copay, Tier 1
 Diagnostic hearing exam to diagnose and treat hearing and balance issues – 	\$500 Benefit per Ear, per Year	• \$500 Benefit per Ear, per Year
Medicare covered	Buy-up options for Member for higher Tier options	Buy-up options for Member for higher Tier options
Routine Hearing ExamHearing Aid Benefit		
Dental Benefit	\$500 annual preventive and comprehensive	combined allowance
Telehealth/Virtual Office Visits	\$0 Copay	
See Evidence of Coverage Document for full list of covered Telehealth/Virtual	Primary Care Physician ServicesOccupational Therapy	
services.	 Physician Specialist Services 	
	 Individual and Group Sessions for Mental 	Health
	 Physical and Speech-Language Therapy 	
	 Individual and Group Sessions for Outpatie 	ent Substance Abuse
Vision Services	• \$0 Copay	35% Coinsurance
Routine Exam	• \$40 Copay	35% Coinsurance
Diagnostic Exam	• \$150 annual allowance thru BlueKC MA	\$150 annual allowance
Eyewear (Contacts/Lenses/Frames)	network providers	ψ100 allitual allowalloc





2023 Part D Drug Payment Stages

These stages apply to any persons on a Medicare Advantage plan, no matter the carrier.

ANNUAL DEDUCTIBLE

CMS up to \$505 Blue KC-\$0

You pay the full cost of the drug amount until the deductible is met.

You DO NOT have a Part D deductible with Blue KC

INITIAL COVERAGE

You pay copay until retail costs reach \$4,660

You pay a copay or coinsurance (a percent of a drug cost) for your prescriptions until total drug costs (paid by you and your health plan) reach \$4.660.

Once total drug costs reach \$4,660, you move to the next phase.

COVERAGE GAP

(Donut Hole)

True Out-of-Pocket amount \$7,400

Intil your total out of socket drug costs reach \$7,400, you pay up to 25% of the cost of covered brand name drugs and 25% of the cost of covered generic drugs.

You will stay in this phase until your out-of-pocket costs reach \$7,400. Once you reach \$7,400, you move to the next phase. This does not include the amount your health plan pays.

CATASTROPHIC COVERAGE

After your total out of pocket drug costs reach \$7,400

You pay a copay or coinsurance amount, \$4.15 for generic or \$10.35 for name brand or, 5% of the drug cost, whichever is higher.

You stay in this stage for the remainder of the year.

The 2023 True Out-of-Pocket (TrOOP) limit is \$7,400



2023 Plan SummaryPrescription Drug Benefits

	Retail 30-day Supply	90-day Supply Mail or Retail
Type of Pharmacy	Network	Network
Annual Deductible	NO DEDUCTIBLE	
Tier 1 – Preferred Generic	\$2 ⁄ າ ຍັ∋y 	\$0 copay
Tier 2 – Generic	\$6 copay	\$18 copay
Tier 3 – Preferred Brand	\$47 copay	\$141 copay
Tier 4 – Non-Preferred Brand	\$100 copay	\$300 copay
Tier 5 – Specialty Drugs	33% coinsurance	N/A
Initial Coverage Limit	\$4,660	
True Out-of-Pocket (TrOOP)	\$7,400	



2023 Plan Summary

Prescription Drug Benefits

MEMBER COST SHARING BETWEEN INITIAL COVERAGE LIMIT AND TRUE OUT OF POCKET (TrOOP), COVERAGE GAP OR DONUT HOLE			
	Retail 30-day Supply	100-day Supply Mail or Retail	
Tier 1 – Preferred Generic	\$2 copay	\$0 copay	
Tier 2 – Generic	\$6 coray	\$18 copay	
Tier 3 – Preferred Brand	Standard Coverage gap cost	Standard Coverage gap cost	
Tier 4 – Non-Preferred Brand	sharing 25% coinsurance for generics	sharing 25% coinsurance for generics	
Tier 5 - Specialty Drugs	25% coinsurance for brands	25% coinsurance for brands	
MEMBER COST SHARE ABOVE TRUE OUT-OF-POCKET (TrOOP) -RETAIL			
Generic	Max of \$4.15 or 5% coinsurance	Max of \$4.15 or 5% coinsurance	
Brand	Max of \$10.35 or 5% coinsurance	Max of \$10.35 or 5% coinsurance	







Dental - DentaQuest

Preventive Services	
Oral Exams & Cleaning (2 per year)	\$0 Copay
 X-rays and fluoride treatment (1 per year) 	φο σοραγ
Comprehensive Services	
 Non-routine, Diagnostic, Periodontic Services (2 visits p year) 	per
Restorative Services (filings or crowns) (2 teeth per year	ır) \$0 Copay
 Endodontic Services (root canal) (1 tooth per year) 	
Extractions (simple or surgical) (2 teeth per year)	
Benefit Maximum: \$500 year	

FIND A DENTIST

www.medicarebluekc.com/find-a-doctor

GET YOUR BENEFITS





HEARING

Routine eye care (refraction exam and glasses and/or contacts) is accessed through your Blue Medicare Advantage provider.

Find a participating Optometrist or Ophthalmologist at www.MedicareBlueKC.com Click "Find Care" in the upper right corner.

NationsBenefits.
Hearing network and services are provided by NationsBenefits.
Schedule an appointment
877-208-2596 (TTY: 711) or
NationsHearing.com/BlueKC

EXPLORE BLUE MEDICARE ADVANTAGE

Hearing Aids



- One hearing aid, per ear, per year*
- All manufacturers
- Online hearing exams
 - the member
- Hearing exam and fittings included

*\$500 benefit per ear, per year. Member is responsible after maximum.



Eyewear Services



Routine exams and eyewear are offered through the Blue KC network of Optometrists and Ophthalmologists.

www.medicarebluekc.com/find-care/

Members can use their \$150 annual allowance to purchase glasses (lenses or frames) or contact lenses.



Healthy Rewards Program

Rewarding Healthy Habits

Member Rewards Program

Earn up to \$50 in gift cards

10 SilverSneakers visits in 1 month (\$10)

Annual Wellness Exam
(\$20)

Breast Cancer Screening (\$20)

Covid Booster (\$10)

Flu Shot (\$10)

Medicare that cares back. That's the Benefit of Blue.



EXPLORE BLUE MEDICARE ADVANTAGE



Dr. Sweat's No Sweat Workout: Nymbl Digital Fall Risk Prevention Program

Offers easy-to-access digital programs for memory training and fall risk prevention with balance and cognitive practice, as well as cognitive responsiveness.









EXPLORE BLUE MEDICARE ADVANTAGE



Dr. Sweat's No Sweat Workout:
NationsHearing® Cognitive Options

Gamification

Word search games designed to help you improve the clarity of your hearing.





The Hearing Hunt Application®





BE PREPARED

Formulary:

www.medicarebluekc.com/EGWPformulary

Provider search:

www.medicarebluekc.com/find-a-doctor

Find more:

www.medicarebluekc.com/wjcretiree



MEDICARE 2023 5-STAR RATING





Provides objective holistic me asure of a plan's performance

Evaluates quality as well as costs

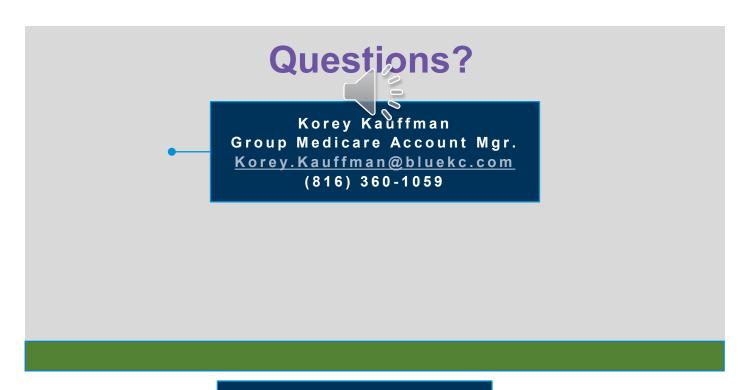
Quality bonus payments for performance

5-Star Plans have special marketing *and* Special Enrollment Period (SEP) advantages

Representation of care provided to our members



Blue KC Contacts



www.medicarebluekc.com



DISCLAIMER INFORMATION

William Jewell College Retirees PPO is a Local PPO plan with a Medicare contract. Enrollment in William Jewell College Retirees PPO 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 Services 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.



THANK >YOU





