



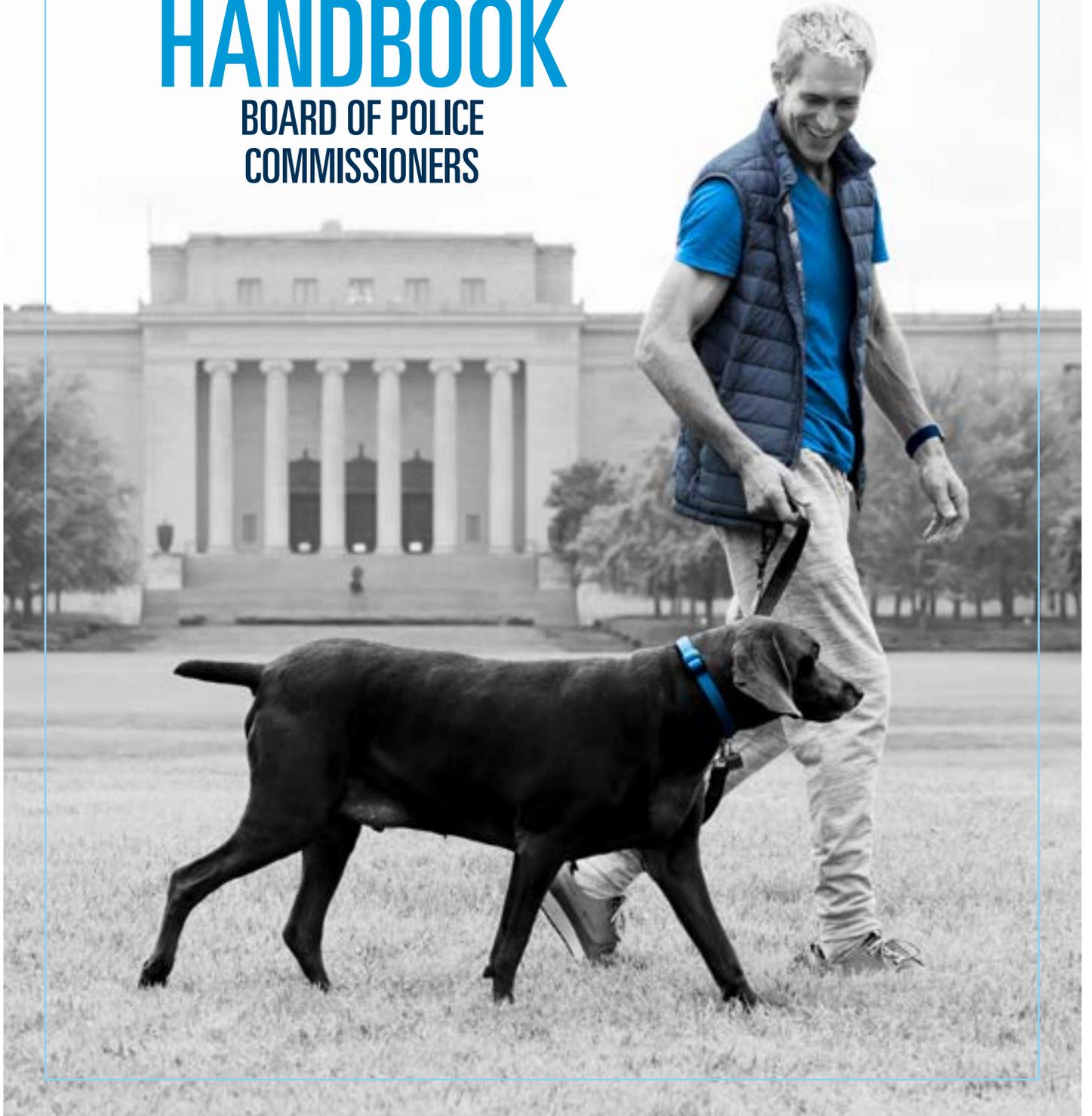
Kansas City

BLUE MEDICARE
ADVANTAGE

2023

MEMBER HANDBOOK

**BOARD OF POLICE
COMMISSIONERS**



HELLO

Welcome to your 2023 Board of Police Commissioners Retirees Blue Medicare Advantage plan. Your plan was created with your evolving needs in mind because we're committed to helping you live life to the fullest.

This handbook will help you take advantage of the many benefits and services available to you. Keep it handy and know we're always here to help. We're never more than a call or click away.

Always consult your Summary of Benefits or Evidence of Coverage (EOC) for full coverage provisions of your plan. You can find your Summary of Benefits and EOC online at [MedicareBlueKC.com/bopc](https://www.MedicareBlueKC.com/bopc) or on the member portal at [MyBlueKCMA.com](https://www.MyBlueKCMA.com) in the Plan Benefits section. Your Privacy Practices Notice and the Non-Discrimination Policy are included in your EOC.

Let's Connect

At Blue KC, there are many ways to engage and stay connected.



MEMBER PORTAL

Our member portal helps you manage your plan and maximize your coverage.

Here, you can:

- View your recent claims
- Find care, including a doctor or hospital, pharmacy, dentist, or behavioral health provider
- Grab a digital copy of your ID card
- Access documents and forms
- Learn more about the Benefit Extras in your plan

To register, visit [MyBlueKCMA.com](https://www.MyBlueKCMA.com) and click the **REGISTER** button. You can use your ID card when registering. When asked to create a username and password, your default username will be your email address.



GO PAPERLESS

Receive Medicare-required materials, such as your Explanation of Benefits (EOB), and/or educational communications, such as *ENGAGE* magazine, electronically via email.

It's easy! Visit [MyBlueKCMA.com](https://www.MyBlueKCMA.com), click on your name or profile icon in the upper-right corner, and select communication preferences.



NEED HELP?

Our Customer Service team is local and standing by at **(888) 892-8907** (TTY:711) **8AM-8PM, 7 days a week*** where you will **ALWAYS** be treated with courtesy and respect.

** You may receive a messaging service on holidays and weekends from April 1 through September 30.*

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Getting the Most Out of Your Plan

At Blue KC, we want you to enjoy all the benefits of your 2023 plan. So read on to learn more about your Benefit Extras.

Member Rewards Program.

When you take steps to protect your health, you can earn rewards dollars. You can receive up to \$50 per year on a Benefits Mastercard Prepaid card. Once you earn a reward, the dollars are added to your Rewards wallet on your BBB card.

HOW DO I EARN A REWARD?

You can earn up to \$50 a year by completing a combination of these eligible activities:

- Annual Physical Exam - \$20
- Breast Cancer Screening - \$20
- Ten (10) or more SilverSneakers in-person gym visits in a calendar month - \$10
- Flu Shot - \$10
- COVID-19 Booster - \$10

WHERE CAN I SPEND MY MEMBER REWARDS DOLLARS?

Your Member Rewards dollars may be used for non-Medicare-covered services, such as healthy foods and over-the-counter products. You may also use your rewards for dental, hearing, eyewear, and transportation services.

WHEN DO MY EARNED MEMBER REWARDS EXPIRE?

You must complete the eligible healthy activities during the plan year, however, you have until 3/31/24 to spend your rewards dollars.

WHEN WILL I RECEIVE MY REWARDS DOLLARS?

You will receive a Prepaid Mastercard within 8-10 weeks after you've completed your first eligible healthy activity. Hold on to this card. It will be loaded with your other rewards once you've earned them!



! NOTE: Rewards for healthy activities may not be used for any benefit cost sharing/copays.



Fitness Program

WHAT IS IT?

SilverSneakers® (Tivity Health) is a fitness program included in your plan. You'll enjoy amenities such as fitness equipment, pools, and classes at participating locations. You can also attend health education seminars and social events with others who share your interest in a healthy lifestyle.

HOW DOES IT WORK?

1. To find a participating location near you, call **(888) 423-4632** (TTY:711) M–F, 7AM–7PM or visit [SilverSneakers.com](https://www.silversneakers.com) and enter your ZIP code.
2. Register online at [SilverSneakers.com](https://www.silversneakers.com) to set up an account. You will be assigned a 16-digit member number. Please provide this number when visiting a fitness facility or if you are participating in online classes.
3. For added convenience, download the **SilverSneakers GO** app from your favorite app store. Once you've set up your account, your 16-digit number will be saved in the app.

NOTE: Some facilities will accept your Blue Medicare Advantage ID card, but this varies by fitness facility.

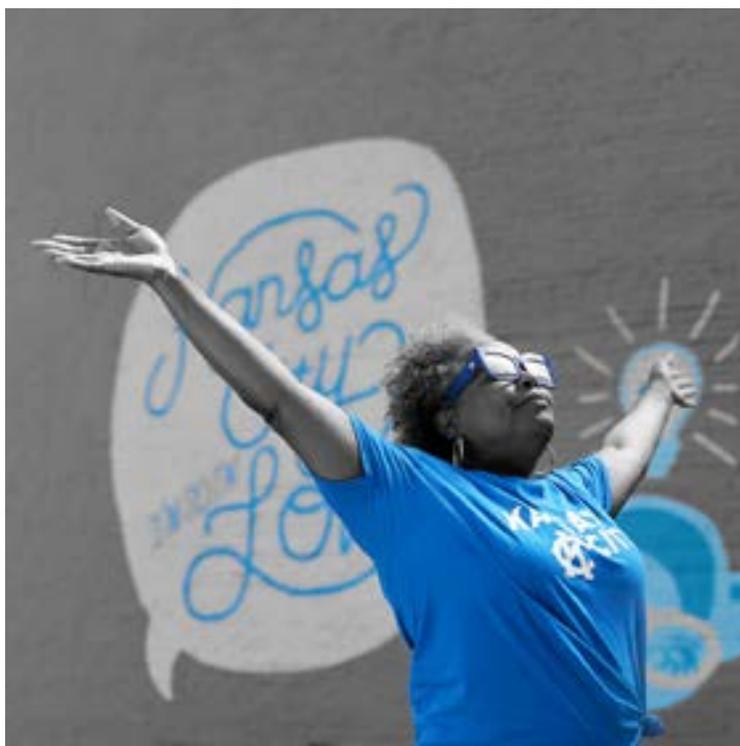
WHAT IF I PREFER TO EXERCISE AT HOME? OR THERE'S NO GYM NEAR ME?

No problem! You can access SilverSneakers® Steps, a self-directed physical activity and walking program. Visit [SilverSneakers.com/steps-kit](https://www.silversneakers.com/steps-kit) to order a kit with the tools to get fit, including a pedometer (counts your daily steps), resistance bands, an exercise ball, yoga strap, and educational information.

You can also access live classes by visiting [SilverSneakers.com/live](https://www.silversneakers.com/live) in addition to a library of fitness and nutrition videos at [SilverSneakers.com/ondemand](https://www.silversneakers.com/ondemand).

SilverSneakers®

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Behavioral Health

WHAT IS MINDFUL BY BLUE KC?

Mindful by Blue KC is a behavioral health resource included in your health plan to help you address stress, depression, anxiety, substance use, and everyday challenges. This service provides 24/7 access to Mindful Advocates. Just call **(833) 302-MIND** (6463) or the behavioral health number on your member ID card. You may also visit [MindfulBlueKC.com](https://www.MindfulBlueKC.com) for more information.

Kansas City
Mindful
By Blue KC

Managing Your Health

At Blue KC, we're focused on you and your healthcare goals. This means providing options that help you manage your care.

BenefitsCheckUp®

We believe healthcare should support your overall health and well-being. That's why we've partnered with the National Council on Aging (NCOA) to deliver resources, tools, best practices, and advocacy to our members.

WHAT IS IT?

BenefitsCheckUp® is a comprehensive, free online resource that connects you to benefits and programs you may qualify for. It can help you save money on food, medicine, and more.

HOW DOES IT WORK?

BenefitsCheckUp® monitors the benefits landscape for updates and changes to policies and programs. They'll match your unique needs to programs and eligibility requirements, allowing you to maximize what's available to you.

There are over 2,500 benefit programs available nationwide that help you pay for food, medicine, and more.

HOW DO I ACCESS MY BENEFIT?

To find programs that help you save money visit [BlueKC.Benefitscheckup.org](https://www.BlueKC.Benefitscheckup.org). For technical support call (800) 794-6559 (TTY:711).

Blue KC Virtual Care

Virtual care is a great resource if your primary care provider is unavailable. It's easy and convenient to get the care you need.

WHAT IS BLUE KC VIRTUAL CARE?

Your plan provides 24/7 access to care, without leaving your home. Using your smartphone, tablet, or computer you can easily connect with a board-certified doctor or behavioral health therapist.

HOW DOES IT WORK?

Go to [BlueKCVirtualCare.com](https://www.BlueKCVirtualCare.com) to seek care for minor illnesses and consultation. To receive virtual treatment, that includes a prescription, a face-to-face virtual visit may first be required.



Diabetes Care Management

For members with chronic conditions, your plan may cover additional services through our partner, Livongo.

WHAT IS IT?

Diabetic members who qualify will receive an invitation to participate in a personalized care management program. This program includes 24/7 access to a care team and a telemonitor-enabled glucometer device, including mail delivery of test strips and supplies.

HOW DOES IT WORK?

Eligibility for the program is based on several indicators, including but not limited to, A1C over 7. You will be notified if your condition is eligible for the program.

CAN I CHOOSE NOT TO PARTICIPATE IN THE PROGRAM?

Participation in the program is optional. You may discontinue participation at any time.



ARE THERE OTHER WAYS TO RECEIVE MY DIABETIC SUPPLIES?

You can obtain your diabetic supplies for a \$0 copay when selecting our preferred manufacturers at a pharmacy. You can still get other manufacturers at your pharmacy, but you may pay a higher cost.

HOW CAN I GET A CONTINUOUS GLUCOSE MONITOR (CGM)?

For members who qualify for a continuous glucose monitor (CGM), you may receive a preferred-brand CGM for \$0 copay, when obtained at a pharmacy.

! Note: Non-preferred brand CGMs are covered only when deemed medically necessary and prior-authorized.

WHAT WILL I HAVE TO PAY FOR MY DIABETIC SUPPLIES?

Typically, diabetic glucometers and supplies are considered medical supplies and are available at a \$0 copay. Devices that are attached to you (for example, insulin pumps) are prosthetic devices. Prosthetics devices are \$0 copay for in-network providers; 30% coinsurance for out-of-network.

Diabetes Prevention Program

Small changes can mean a big difference when it comes to Type 2 diabetes. Blue KC partners with health experts to provide you access to a network of diabetes prevention providers and resources.

WHAT IS IT?

The Diabetes Prevention Program helps decrease the risk of developing Type 2 diabetes with weight and activity trackers, small group support, weekly lessons, and access to personal health coaches.

HOW DOES IT WORK?

Members who show indications for diabetes in the future (A1C lab test or BMI) will be contacted via email for enrollment information.

Frequently Asked Questions (FAQ)

THE BASICS

Do I need to use my Medicare Red, White and Blue Card to access my Blue Medicare Advantage benefits?

No. You only need your Blue Medicare Advantage member ID card to access your benefits.

What if I lose my card?

You can access and print your ID card by logging in to your member portal at [MyBlueKCMA.com](https://www.MyBlueKCMA.com). Our Customer Service team is also happy to help you.

What is the late enrollment penalty (LEP)?

If you were without Part D or creditable drug coverage for more than 63 days while eligible for Medicare, you may face a Part D late enrollment penalty (LEP). The LEP amount is determined by Medicare. The purpose of the LEP is to encourage Medicare beneficiaries to maintain adequate drug coverage. You'll generally have to pay the penalty for as long as you have Medicare drug coverage. The LEP will be billed monthly for your Blue Medicare Advantage plan.

How do I give permission to Blue KC to speak to someone else on my behalf?

Our Customer Service team can assist you with the required documents so someone else can speak on your behalf.

How can I learn if a service or procedure is covered under my plan?

Review your Evidence of Coverage available in the Plan Benefits section on [MyBlueKCMA.com](https://www.MyBlueKCMA.com) or at [MedicareBlueKC.com/bopc](https://www.MedicareBlueKC.com/bopc). If you cannot find the service or procedure listed in these documents, our Customer Service team is here to help. Your provider may also help you determine whether a service or procedure is covered.

What prescriptions are covered by my plan?

Access the formulary search tool or download the 2023 Formulary, available at [MyBlueKCMA.com](https://www.MyBlueKCMA.com) (go to **Resources** and click on **Formulary**). You may visit [MedicareBlueKC.com/bopc](https://www.MedicareBlueKC.com/bopc) or request a copy by calling our Customer Service team.

How do I get my prescription drugs?

You may get your prescriptions from any pharmacy participating in the Blue Medicare Advantage network, which includes most retail pharmacies, national drug stores and supermarkets. You can also have medications delivered to your home through our mail order program. Call OptumRx at **(844) 569-4142** (TTY:711) and request a mail order prescription. Or, ask your physician to help you facilitate this process.

What if a provider is billing for services I did not receive?

Call your provider for an explanation of the bill or call our Customer Service team. If you are not satisfied with your provider's explanation, call the Medicare Advantage Compliance and Fraud, Waste and Abuse Hotline at **(844) 227-1790**, or report it online at [BCBSKC.ethicspoint.com](https://www.BCBSKC.ethicspoint.com).

How can I request a reimbursement for an out-of-pocket expense?

Mail your itemized receipt including your name, member ID#, and date of birth, to:

**Blue Medicare Advantage
Attn. Government Programs
P.O. Box 410080
Kansas City, MO 64141**

GETTING CARE

Why is having a primary care provider (PCP) important?

A primary care provider knows you and your medical history, giving them a better understanding of your overall wellness. Your PCP can be a physician, nurse practitioner or a physician assistant. If you are healthy, they can keep you on track at an annual visit and through screenings that can help detect or prevent serious conditions.

Selecting a PCP is a critical part of your care continuity. It's important to identify your PCP or contact us for help choosing one.

How can I find a PCP?

To find a PCP, log in to [MyBlueKCMA.com](https://www.MyBlueKCMA.com) (click on **Find Care**) or visit [MedicareBlueKC.com/find-care](https://www.MedicareBlueKC.com/find-care) to search for network providers. If you need help finding a provider, want to change your current PCP, or would like a directory mailed to you, please call our Customer Service team.

What if my PCP is unavailable and I need care?

If your medical concern is not life threatening, but you're concerned and your provider isn't available, visit an urgent care clinic for common illnesses such as colds, flu, earaches, sore throats, migraines, fevers, and limited rashes, and for minor injuries such as sprains, back pain, cuts and burns, broken bones, or eye injuries. Generally, urgent care centers offer walk-in service and are often open before and after regular business hours, including weekends. In most cases, no appointment is necessary, but to ensure shorter wait times, appointments are recommended.

You can connect with a doctor 24/7 through our virtual care network at [BlueKCVirtualCare.com](https://www.BlueKCVirtualCare.com). You can also access Blue KC Virtual care on the member portal at [MyBlueKCMA.com](https://www.MyBlueKCMA.com). From your Dashboard, scroll down until you see **Find Virtual Care** in the **Quicklinks and Tools** section.

How will I know if a procedure, service, or medication requires prior authorization?

Your provider will obtain prior authorization from Blue KC for any service that requires it, such as specific procedures, medications, or durable medical equipment. You can also refer to your Evidence of Coverage (EOC). Those services requiring Prior Authorization are noted in Chapter 4, Section 2.1 for your reference. For a list of Part D drugs that require prior authorization, refer to the formulary. The formulary can be found at [MyBlueKCMA.com](https://www.MyBlueKCMA.com) (go to **Resources** and click on **Formulary**).

Will my plan allow access to benefits while I am on vacation outside the service area?

All Blue Medicare Advantage PPO plans include the Blue National Network, which allows you to visit doctors, medical centers, and hospitals nationwide with an in-network cost share (copay or coinsurance). You are covered for services from any provider contracted with their local Blue Medicare Advantage plan. To see a list of national in-network providers, visit [provider.bcbs.com](https://www.provider.bcbs.com).

What about worldwide urgent, emergency and ambulance benefits while traveling?

Take peace of mind with you, wherever you go. All Blue Medicare Advantage plan members have coverage for urgent and emergency care and ambulance services while traveling anywhere in the world. To take advantage of this benefit, submit your proof of payment and the medical records information for your service while you were traveling outside the continental U.S. to the claims address on the back of your ID card. We will take care of any translation and transcription needs and will process your services up to the Medicare allowable amount and send you a check.

Frequently Asked Questions (FAQ)

WHAT TO EXPECT

When I receive a bill from my provider, do I pay it immediately or wait for my Explanation of Benefits (EOB)?

First, be sure your provider has your 2023 Blue Medicare Advantage insurance information from your member ID card. Then, wait until you receive an EOB from Blue Medicare Advantage. When you visit a doctor or hospital, they work with us to file a claim on your behalf. These claims are outlined on your EOB. It is your go-to reference for valuable information and will show you the patient responsibility portion you owe, if any.

What's included in my EOB and how often will I receive one?

You will receive two separate EOBs per month: a medical EOB and pharmacy EOB.

Your medical EOB will include all processed claims from the prior month as well as a claims total for all of 2023. It also shows how much you have paid toward your maximum out-of-pocket costs.

Your pharmacy EOB will include all processed claims from the prior month as well as a claims total for all of 2023. It also shows how much you have paid toward your true out-of-pocket costs.

What is the coverage gap (donut hole) for prescription drug plans?

Your Part D Prescription Drug Benefit consists of three phases: the initial coverage period, the coverage gap, and catastrophic coverage. The coverage gap is what some refer to as the "donut hole," a phase where you are responsible for a larger portion of prescription drug costs until the catastrophic coverage phase has been reached.

The coverage gap phase begins after you have spent \$4,660 on covered drugs. During this phase, you will need to pay 25% of the cost of generic and brand-name drugs, until the total amount you have paid for covered drugs in 2023 reaches \$7,400. At



that time, the catastrophic coverage phase begins. You pay the greater of \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copay for all other drugs, or 5% of the cost. To keep track of your coverage gap status, refer to your monthly pharmacy (Part D) EOB.

How can I avoid the coverage gap (donut hole)?

The main way to avoid the coverage gap is to keep your prescription drug costs low, so you don't reach the annual coverage gap threshold. To do so, you can ask for generic medications whenever possible, order prescriptions by mail, and compare pharmacy costs.

For assistance, call our Customer Service team or log in to [MyBlueKCMA.com](https://www.MyBlueKCMA.com) and view your EOC in the **Plan Benefits** section.

Important Contact Information

Customer Service Team

(888) 892-8907 (TTY:711)

7 Days a Week, 8AM–8PM

MyBlueKCMA.com

You may receive a messaging service on weekends and holidays from April 1–September 30. Please leave a message and your call will be returned the next business day.

BenefitsCheckUp®

Technical Support:

(800) 794-6559 (TTY:711)

M-F, 8AM–4PM (CT)

Sign up: BlueKC.

Benefitcheckup.org

Medicare Advantage Compliance and Fraud, Waste, and Abuse Hotline

(Anonymous third-party vendor)

(844) 227-1790

BCBSKC.ethicspoint.com

Medicare Hotline

(800) 633-4227

(TTY: 877-486-2048)

24/7 Service

Blue KC Virtual Care

BlueKCVirtualCare.com

Mindful by Blue KC

Behavioral Health

(833) 302-MIND (6463) (TTY:711)

24/7 Service

MindfulBlueKC.com

Prescription Mail Order

(844) 569-4142 (TTY:711)

OptumRx.com

SilverSneakers®

Fitness Program

(888) 423-4632 (TTY:711)

M–F, 7AM–7PM (CT)

SilverSneakers.com

App store: SilverSneakers GO



REFER A FRIEND

to learn more about Blue Medicare Advantage

(855) 514-6013 (TTY:711)



BLUE MEDICARE ADVANTAGE



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Out-of-network/non-contracted providers are under no obligation to treat Plan 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.