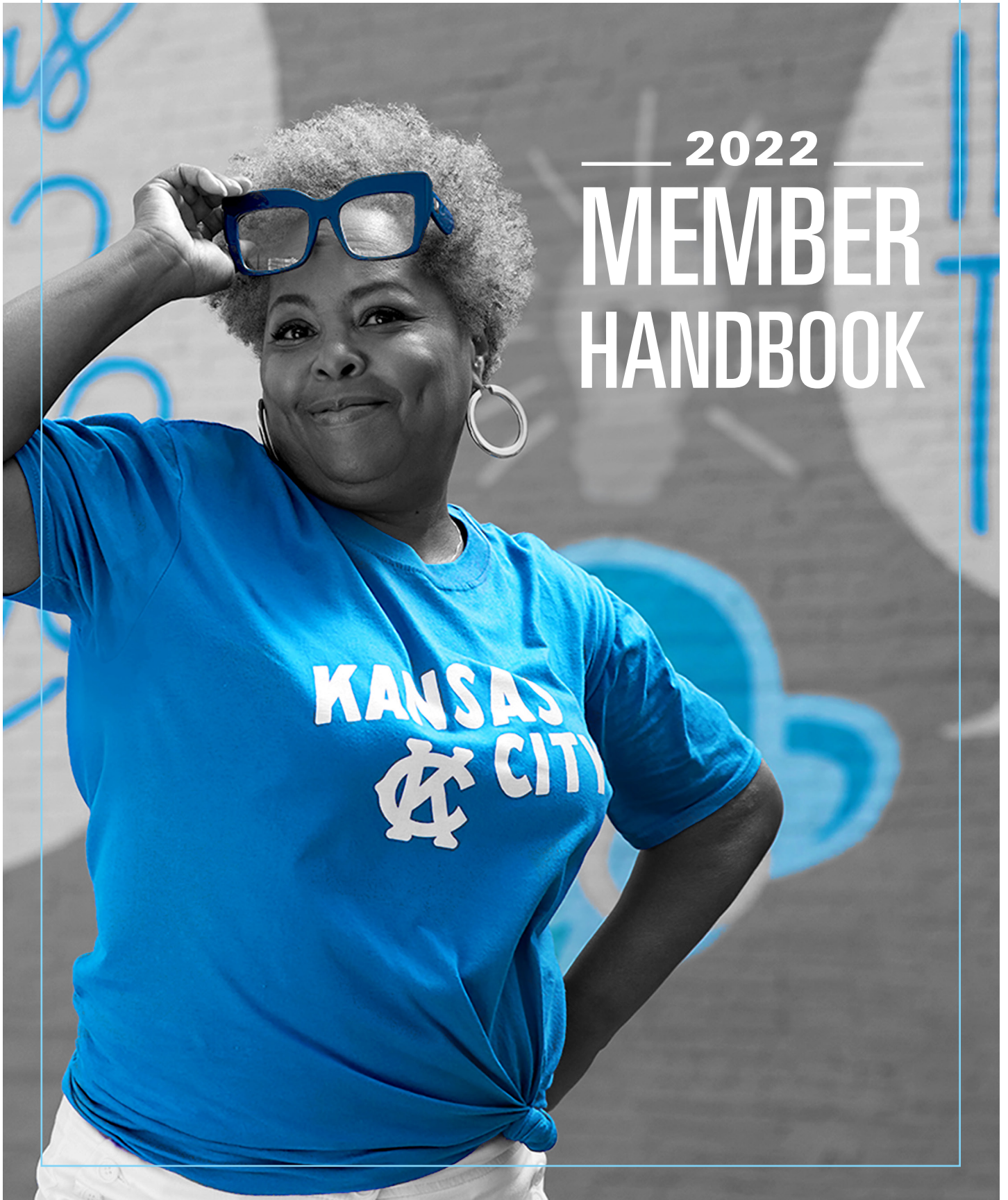




BLUE MEDICARE
ADVANTAGE

— 2022 — MEMBER HANDBOOK



HELLO

Welcome to your 2022 Blue Medicare Advantage plan and thank you for choosing Blue Cross and Blue Shield of Kansas City (Blue KC). Our Blue Medicare Advantage plans were created with your evolving needs in mind, because we're committed to helping you live life to the fullest.

This handbook highlights our Blue Medicare Advantage plans and the benefits and services that come with them. Keep it handy and know we're always here to help. We're never more than a call, click, or text away.

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



MEMBER CARE



CALL

(866) 508-7140 (TTY:711)
8AM–8PM, 7 days a week*



TEXT

Text #BKC4HELP to 543210
to hold your place in line,
and we'll call you back!



CLICK

[MyBlueKCMA.com](https://www.MyBlueKCMA.com)

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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. The member portal provides you with a personalized view of your health benefits.

Here, you can:

- View all of your recent claims in one place
- Find care, including a doctor or hospital, pharmacy, dentist, or behavioral health provider
- Pay your bill (if you have a late enrollment penalty)
- Grab a digital copy of your ID card
- Access helpful documents and forms
- Learn more about the Benefit Extras in your plan

To register, visit MyBlueKCMA.com and click the REGISTER button. You can use your ID card or other personal information when registering. When asked to create a username and password, your default username will be your email address.

TEXT MESSAGING

Our messaging platform allows you to manage your health on the go. We'll text you info such as policy updates, health and wellness tips, suggestions on where to go for care, and more.

- To sign up, text the word ENGAGEKC to 73529.
- If you are enrolled in the Blue Medicare Advantage Spira Care (HMO) plan, text the word JOINBLUEKC to 73529.

GO PAPERLESS

You have the convenient option to receive Medicare-required materials, such as your Explanation of Benefits (EOB), and/or non-required communications, such as Engage magazine, electronically via email.

It's easy! Beginning January 1, 2022, simply log in to MyBlueKCMA.com, click on your name or profile icon in the upper-right corner, and select communication preferences. Or, you may call today and our Customer Service team can sign you up for the paperless option of your choice.

Need help? Our Customer Service team is local and standing by at **(866) 508-7140** (TTY:711) where you will **ALWAYS** be treated with courtesy and respect.

Plans & Benefits At-a-Glance

Use this chart to see Benefit Extras, beyond your Medicare coverage, that you may be eligible for with your plan. Please refer to your member ID card to identify the name of your plan and always consult your Evidence of Coverage (EOC) for full coverage provisions.

PAGE	BENEFIT EXTRAS	BLUE MEDICARE ADVANTAGE ESSENTIAL (PPO)	SIMPLY BLUE (PPO)	SIMPLY BLUE ADVANTAGE (PPO)	BLUE MEDICARE ADVANTAGE FLEX (NO PART D) (PPO)	BLUE MEDICARE ADVANTAGE SPIRA CARE (HMO)	BLUE SECURE (HMO)
GETTING THE MOST OUT OF YOUR PLAN							
6	Member Rewards	YES	YES	YES	YES	YES	YES
7	Blue Benefit Bucks (BBB)	\$500/YR	\$1,000/YR	N/A	\$1,000/YR	N/A	\$500/YR
8	Over-the-Counter (OTC)	\$100/QTR	\$500/YR	N/A	\$500/YR	\$100/QTR	\$100/QTR
10-11	Dental	YES	BBB	N/A	BBB	YES	YES
12	Eyewear	BBB	BBB	N/A	BBB	YES	BBB
12	Hearing Services	YES	BBB	N/A	BBB	YES	YES
12	Caregiver Support	YES	YES	N/A	YES	YES	YES
13	Balance & Cognitive Training	YES	YES	N/A	YES	YES	YES
14	Physical Fitness	YES	YES	YES	YES	YES	YES
14	Behavioral Health	YES	YES	YES	YES	YES	YES
--	Part B Give-Back	N/A	N/A	\$75/MO	N/A	N/A	N/A
MANAGING YOUR HEALTH							
15	BenefitsCheckUp®	YES	YES	YES	YES	YES	YES
16	Transportation	BBB	BBB	N/A	BBB	20 Trips 1-way	BBB
17	Diabetes Care Management	YES	YES	YES	YES	YES	YES
17	Diabetes Prevention	YES	YES	YES	YES	YES	YES
18	Foot Care	YES	YES	YES	YES	YES	YES
19	Meal Program	YES	N/A	N/A	N/A	YES	YES
20	Personal Emergency Response System (PERS)	YES	YES	N/A	YES	YES	YES
21	Blue KC Virtual Care	YES	YES	YES	YES	YES	YES

If you're a Blue Medicare Advantage Spira Care (HMO) member, please refer to pages 22–23 for additional benefits and services.

Getting the Most Out of Your Plan

At Blue KC, we want you to get the most out of your plan. So read on, to learn more about the Benefit Extras that are included in your 2022 plan.

Blue Benefit Bucks (BBB)

ONE CARD WITH LOTS OF VALUE

Blue KC makes it flexible for you to use your plan as you decide! BBB works like a debit card so it's simple to use. Your BBB is loaded with the flexible benefits from the plan you choose. You have the power to spend it based on what's important to you.



Blue Benefit Bucks (BBB)

HOW DOES IT WORK?

Depending on your plan, your BBB combines a yearly benefit allowance, over-the-counter (OTC) allowance, and your Member Rewards, so you have access to it all on a single card. The amount you spend will be deducted from your balance and you can track your balance by logging in to your account at Members.NationsBenefits.com/BlueKC.

DOES MY PLAN INCLUDE IT?

The following plans include flexible benefits on their BBB:

Blue Medicare Advantage Essential (PPO) and Blue Secure (HMO)

- \$500 per year benefit allowance to use on the following services:
 - a. Eyewear (lenses, frames, or contact lenses)
 - b. One-way trips or rides via rideshare services (such as Uber or Lyft)
 - c. Dental services beyond your DentaQuest benefit
 - d. Higher-tier hearing aids
- \$100 per quarter OTC allowance¹
- Member Rewards²

For the above \$500 benefit allowance, there are no networks and no restrictions on covered services. With your BBB benefit allowance³, you choose the services you need when you need them.

Simply Blue (PPO) and Blue Medicare Advantage Flex (No Part D) (PPO)

- \$1,000 per year benefit allowance to use on the following services:
 - a. Eyewear at an optometrist or ophthalmologist
 - b. One-way trips or rides via rideshare services (such as Uber or Lyft)
 - c. Dental services
 - d. Hearing aids
- \$500 per year OTC allowance¹
- Member Rewards²

For the above \$1,000 benefit allowance, there are no networks and no restrictions on covered services. With your BBB benefit allowance³, you choose the services you need when you need them.

Blue Medicare Advantage Spira Care (HMO)

- \$100 per quarter OTC allowance¹
- Member Rewards²

¹See page 8 for more information about your OTC benefit.

²See page 8 for more information about your Member Rewards program.

³BBB flexible allowance benefit must be used by the end of plan year.

Over-the-Counter (OTC) Benefit

Your OTC benefit is a monetary allowance that's loaded on your Blue Benefit Bucks (BBB) card. You can use your allowance to purchase a variety of non-prescription drugs and everyday health-related items such as antacids, cough drops, first aid supplies, pain relievers, and more.



HOW DOES IT WORK?

There are a few ways you can use your OTC benefit.

- You can shop in-store at any Walmart, Walgreens, or CVS store nationwide for qualified items.
- You can shop online (and check your balance) at NationsOTC.com/BlueKC.
- You can shop using your OTC Benefit Catalog by either calling **(877) 208-2596** (TTY:711) or using a mail order form, and your items will be delivered right to your door.
- You can also purchase items and submit your receipt for reimbursement using the address on the back of your ID card.

DOES MY PLAN INCLUDE IT?

The following plans include an OTC benefit:

- Blue Medicare Advantage Essential (PPO), Blue Secure (HMO), and Blue Medicare Advantage Spira Care (HMO) offer \$100 per quarter.
- Simply Blue (PPO) and Blue Medicare Advantage Flex (No Part D) (PPO) offer \$500 per year.

HOW CAN I MANAGE MY BENEFIT?

To manage your OTC benefit, log in at NationsOTC.com/BlueKC. And remember, if your plan includes BBB, your OTC benefit dollars are loaded on your BBB card.

Member Rewards Program

When you take steps to protect your health, we reward you for it. You can receive up to \$50 per year (\$25 for each activity) on your pre-paid benefits card just for completing any two of the following:

- Annual Wellness Exam
- Breast Cancer Screening
- Flu Shot
- Diabetic Eye Exam

Simply schedule an appointment for any of these with your primary care physician or get your flu shot at a retail pharmacy, and we'll take it from there.

Your rewards will be loaded on your BBB card within 4–6 weeks after your appointment. It's money you can use on OTC purchases, healthy foods, extra dental and eyewear beyond your benefit, or trips to your doctor. Rewards earned in calendar year 2022 won't expire until March 31, 2023.

! Note: Rewards for healthy activities may not be used for any benefit cost sharing.



TO RECEIVE HIGHLIGHTS OF YOUR BENEFIT EXTRAS
VIA TEXT, TEXT THE WORD **#BMA22** TO **543210**.



Dental Benefit

WHAT IS IT?

Some Blue KC plans offer preventive and comprehensive dental coverage.

DOES MY PLAN INCLUDE IT?

The plans offering dental coverage through our partner DentaQuest are:

- Blue Medicare Advantage Essential (PPO)
- Blue Secure (HMO)
- Blue Medicare Advantage Spira Care (HMO)

WHAT DO I HAVE TO PAY FOR COVERED SERVICES?

The plans listed above provide a \$1,000 benefit allowance for preventive and comprehensive dental services every year. Your cost share for services are:

Preventive Services

In-Network:\$0 Copay

Out-of-Network:50% Coinsurance

- Oral exams and cleaning (2 per year)
- X-rays and fluoride treatment (1 per year)

Comprehensive Services

In-Network: 50% of Cost

Out-of-Network: 50% of Cost

- Non-routine, diagnostic, periodontic services (2 visits per year)
- Restorative services (fillings or crowns) (2 teeth per year)
- Endodontic services (root canal) (1 tooth per year)
- Extractions (simple or surgical) (2 teeth per year)

! For BOTH Preventive and Comprehensive Services: Out-of-network dental benefits are available for Blue Medicare Advantage Essential (PPO) plan only. Blue Secure (HMO) and Blue Medicare Advantage Spira Care (HMO) plans do not offer out-of-network benefits.

WHAT SERVICES ARE COVERED IF I HAVE A DENTAL PLAN THROUGH DENTAQUEST?

- Preventive services, such as diagnostic services including oral exams, x-rays (both bitewing and panoramic), and cleanings including gingivitis sensitivity and fluoride treatment.
- Restorative services, such as fillings in resin, metallic, and porcelain and extractions including surgical and nonsurgical services.
- Root canals and crowns, including re-cement/re-bond crowns, crown repair, and protective restorations.
- Periodontal services, including scaling and root planing, and scaling in the presence of gingival inflammation and debridement.
- Exams and miscellaneous services, including desensitizing medicament, post-surgical complications treatment, and occlusal analysis and adjustments.

✓ HELPFUL TIPS

- We encourage you to use a network provider whenever possible.
- Due to COVID-19, some out-of-network dentists have added a sanitizing and equipment fee. These additional services are not covered under your plan unless your dentist is in-network.
- If your plan allows for out-of-network services, the payment will be based on the out-of-network rate. You will be responsible to pay the difference between the out-of-network payment and the amount the dentist billed you.

WHAT SERVICES ARE NOT COVERED UNDER MY DENTAL PLAN?

- Removable prosthodontics
- Implants and fixed dentures
- Other services that are not specifically identified as covered
- Costs for services beyond the allowable rate
- Services received outside of the U.S. and its territories
- Costs beyond the benefit maximum; see your Evidence of Coverage (EOC) for more information
- For HMO members: services received out-of-network

WHAT IF I HAVE QUESTIONS ABOUT MY DENTAL BENEFIT?

For questions, please call DentaQuest at **(844) 231-8312** (TTY:(800) 466-7566) M–F, 8AM–8PM (CT). This number can also be found on the back of your ID card.

HOW CAN I FIND A DENTIST?

You can find a dentist online at [MedicareBlueKC.com/find-a-doctor](https://www.MedicareBlueKC.com/find-a-doctor).

Blue Benefit Bucks for Dental Services

Blue Medicare Advantage Essential (PPO), Blue Secure (HMO), and Blue Medicare Advantage Spira Care (HMO) plans may use BBB for non-covered dental services if they choose.

Simply Blue (PPO) and Blue Medicare Advantage Flex (No Part D) (PPO) plans may use BBB to pay for services and there are no network restrictions.



Hearing Services

WHAT IS IT?

Some plans provide hearing benefits and hearing aids with our partner NationsHearing®.

DOES MY PLAN INCLUDE IT?

Blue Medicare Advantage Essential (PPO), Blue Secure (HMO), and Blue Medicare Advantage Spira Care (HMO) provide a \$0 hearing exam and hearing aids are covered for up to two aids per year (one per ear per year for Tier 1 devices), up to \$500 per ear per year.

CAN I USE MY BLUE BENEFIT BUCKS FOR HEARING SERVICES?

Blue Medicare Advantage Essential (PPO), Blue Secure (HMO), and Blue Medicare Advantage Spira Care (HMO) plans can use BBB to purchase hearing aids beyond the Tier 1 benefit.

Simply Blue (PPO) and Blue Medicare Advantage Flex (No Part D) (PPO) plans can use BBB at NationsHearing® for hearing services and aids at the negotiated contracted rates.

HOW CAN I ACCESS MY BENEFIT?

To find a NationsHearing® provider, call **(877) 208-2596** (TTY:711) or go online at NationsHearing.com/BlueKC.



Eyewear & Vision Services

HOW DOES IT WORK?

Routine exams and eyewear, when covered (see your Evidence of Coverage), are offered through your Blue Medicare Advantage network of optometrists and ophthalmologists. Routine eye exams (up to one visit every year) offer a \$0 copay.

When you need more than routine care like cataract or diabetic eye exams, you can use the same provider. Our Blue Medicare Advantage network of optometrists and ophthalmologists are able to help direct your care for all your eye health needs.

Blue Medicare Advantage Spira Care (HMO) members enjoy a \$300 eyewear benefit through the Blue Medicare Advantage network.

Blue Benefit Bucks for Eyewear

Use your BBB to purchase the glasses (lenses or frames) or contact lenses that fit your needs. You can find a participating eye provider by going online at MedicareBlueKC.com/find-a-doctor.

Companion & Caregiver Support

WHAT IS IT?

Papa Pals is a support service that provides up to 40 hours of assistance per year. Your Papa Pal can help you with everyday tasks such as housekeeping and grocery shopping, as well as provide companionship. This program is provided by Papa Health, which screens and trains caregivers. To learn more or to schedule a caregiver visit, call **(888) 905-8301** (TTY:711).

✓ HELPFUL TIPS

Your Papa Pal can help you navigate your smartphone and download apps like Uber or Lyft. Once you have them on your phone, you can take advantage of your BBB for transportation based on your plan's benefit.

Due to COVID-19, a Papa Pal may request a virtual appointment to assist you. If you'd prefer an in-person visit, you can give them permission to meet you at home.



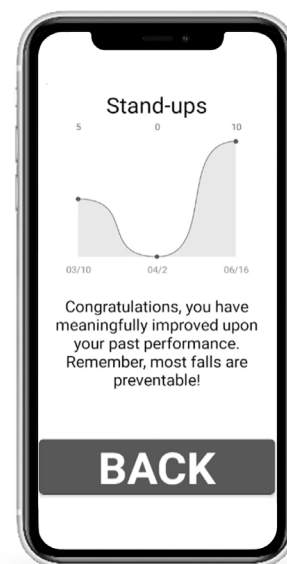
Balance & Cognitive Training



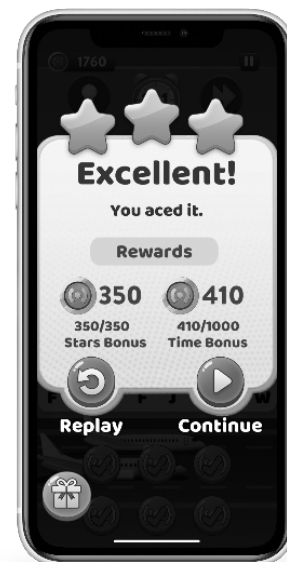
DR. SWEAT'S "NO SWEAT" WORKOUT

Meet Dr. Sweat, Blue KC's Senior Vice President and Chief Medical Officer. He believes we can all benefit from balance and cognitive training, especially as we age. That's why we partnered with Nymbl (an evidence-based fall-prevention program that helps improve quality of life through balance training) and NationsHearing® to bring our members the "No Sweat" workout. This 20-minute routine combines two sessions. And as the name implies, you don't break a sweat.

The first 10-minute session, brought to you by Nymbl, focuses on balance and building necessary strength that lessens over time. To begin, download the Nymbl Training app on your smartphone or tablet, or visit kc.fallsfree.com.



The second 10-minute session, brought to you by our partner NationsHearing®, is a word search game that improves the clarity of your hearing. To begin, download The Hearing Hunt Application® on your smartphone or tablet.



Physical Fitness

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. Present your Blue Medicare Advantage ID card or SilverSneakers® ID card at your chosen location when you arrive to register for SilverSneakers®.
 - a. New SilverSneakers® members will receive their card 4–6 weeks after joining. You can use your Blue Medicare Advantage ID card for identification purposes until it arrives.
 - b. If you already have a SilverSneakers® card from a previous insurance plan, you can continue using that card, as you will not receive a new SilverSneakers® card.

WHAT IF I PREFER TO EXERCISE AT HOME OR THERE'S NOT A SILVERSNEAKERS® LOCATION NEAR ME?

No problem! You can access SilverSneakers® Steps, a self-directed physical activity and walking program. Simply register for Steps on [SilverSneakers.com](https://www.silversneakers.com), and you'll receive a kit with the tools to get fit, including a pedometer (counts your daily steps), resistance bands, an exercise DVD, 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®



Behavioral Health

*Blue KC is dedicated to thinking differently about coverage because we believe what's good for the mind is good for the body. 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 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 or call (800) 794-6559 (TTY:711).



Transportation

WHAT IS MY BENEFIT?

Members with Blue Benefit Bucks (BBB) can use their pre-paid card for transportation needs. Need a ride to the doctor? No problem!

To see if your plan has BBB for transportation costs, please see the Benefits-at-a-Glance Chart on page 5.

Members with the Blue Medicare Advantage Spira Care (HMO) plan receive 20 one-way non-emergency trips. Refer to the Blue Medicare Advantage Spira Care (HMO) section on pages 22-23.

NEED HELP DOWNLOADING A RIDESHARE APP (UBER OR LYFT) ON YOUR PHONE?

Our Customer Service team is happy to provide step-by-step instructions to get you up and running.

✓ HELPFUL TIPS

- Please note that drivers are not able to assist you into the building.
- When you contact a rideshare (Uber or Lyft), please provide your mobile phone number. The driver's information will be sent to you via text message so you will be able to call and check on their status or help them find your pickup location.
- Due to COVID-19, the KC metro area is experiencing a shortage in transportation services, so try to request your ride at least one hour before your pickup time.

Diabetes Care Management

For individuals 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, Bayer/Ascensia, when obtained at a pharmacy. You can still get other manufacturers at your pharmacy, but you may pay a higher cost.

HOW CAN I GET THE CONTINUOUS GLUCOSE MONITORS (CGMS)?

While manufacturers for the continuous glucose monitors (CGM) no longer distribute to durable medical equipment (DME) suppliers, you can obtain these products and services at your pharmacy.

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 and may have a different cost share (such as 20% coinsurance).

Diabetes Prevention Program

Small changes can mean a big difference when it comes to Type 2 diabetes. Blue KC partners with Solera Health for access to a network of diabetes prevention providers and resources.

WHAT IS IT?

Solera Health 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.

Foot Care

For members with chronic foot conditions, your plan covers optional, in-home foot care services through our partner, Belle Cares.

WHAT IS IT?

Your Belle Cares technician will visit your home and set up in a comfortable, convenient place. You will receive a waterless pedicure that includes an exfoliation, cleanse, trim, file, and nail buff. Techs can also provide a massage, dry floss (for your toes), and polish. Your appointment also consists of a screening, which helps identify new conditions, and you'll receive a personalized plan to keep your feet in good health.

HOW DOES IT WORK?

Eligibility in the program is based on several indicators, such as wound care and neuropathy. Belle Cares will contact you if your condition is eligible for the program. You may receive up to 12 visits per year at a \$0 copay.



Meal Program

If you have a chronic condition, you may be eligible for meals and nutritional shakes to help stabilize that condition through nutrition.

WHAT IS IT?

Blue KC partners with SunMeadow to provide up to two meals per day, for up to four weeks (56 meals) and/or one case of (24) shakes at no cost to you. Meals are provided to qualified members based on health conditions. Meal options are designed specifically around nutritional requirements of your health condition(s).

DOES MY PLAN INCLUDE IT?

The Blue Medicare Advantage Essential (PPO) and Blue Secure (HMO) include the meal program benefit through SunMeadow.

! Note: Not all plans are eligible for the meal program. Please refer to your Evidence of Coverage (EOC) for details.

Blue Medicare Advantage Spira Care (HMO) offers a meal program through MARC. See pages 22-23 for more information.

WHO IS ELIGIBLE FOR THIS SERVICE?

For individuals with chronic conditions who meet the following criteria:

- Diagnosis of chronic heart failure
- Diagnosis of chronic kidney disease when in stage 3 or 4
- End-stage renal disease
- Diabetes with an A1C higher than 7
- Morbid obesity with a BMI greater than 30 and with one or more comorbidity, or when under consideration for bariatric procedure
- Recommended in partnership with the member, primary care provider or case manager

HOW WILL I BE NOTIFIED IF I AM ELIGIBLE?

If you are eligible for this service based on your chronic condition or physician's recommendation, a representative from SunMeadow will contact you and invite you to participate in the meal program. This service is provided as part of a clinical case management program. You may be directed to attend covered nutritional counseling services, as prescribed by your physician.

HOW WILL FOOD FROM THE MEAL PROGRAM BE DELIVERED TO ME?

Due to COVID-19, meals may arrive via FedEx or by a SunMeadow driver. In the future we anticipate COVID-19 restrictions will relax to allow SunMeadow drivers to carry the boxes into your home and assist with putting the meals away if you desire. To request this assistance, please communicate your delivery preferences to the SunMeadow representative when you agree to participate in the program. FedEx is not allowed to carry the boxes into your home.

IS THE PROGRAM OPTIONAL?

The program is optional; you are not required to participate. Throughout your eligibility period, SunMeadow will check in occasionally to learn if there have been any changes with your preferences.

Personal Emergency Response System (PERS)

We've partnered with Best Buy Lively™ to offer you a PERS to ensure safety anywhere you go. Not only will this device enable fast responses to emergencies, but you also have the capability to connect directly with a doctor or nurse for 24/7 urgent care. PERS provides peace of mind for those concerned with memory loss or at risk of falls.

WHAT IS IT?

You may enroll and receive a device from Best Buy Lively™ that offers many benefits including urgent response services, fall detection, and GPS services. Each device is smartphone compatible and links members to their caregivers. It also has a call button for emergency response in unsafe or uncertain situations.



WHO CAN TRACK MY ACTIVITY?

You have the choice of allowing a caregiver or a loved one to track your device. You may use the device for a variety of services, including calling for help or finding support services.

HOW DO I ENROLL IN PERS?

Members interested in receiving this device can call Best Buy Lively™ at **(800) 358-9081** (TTY:711).





Blue KC Virtual Care

Blue KC Virtual Care provides 24/7 access to a physician, without leaving your home. Using your phone, tablet, or computer, go to 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.



CARE AND COVERAGE IN ONE



SPIRA
CARE™

CONTENT ON PAGES 22–23 ONLY APPLIES TO THE BLUE
MEDICARE ADVANTAGE SPIRA CARE (HMO) PLAN

Blue Medicare Advantage Spira Care (HMO)

Blue Medicare Advantage Spira Care (HMO) serves Johnson and Wyandotte counties in Kansas and offers extra perks like the ones below. Please refer to your Spira Care patient guide to learn about Spira Care Centers and services.

Mid-America Regional Council (MARC)

WHAT SERVICES ARE PROVIDED THROUGH MARC?

- **Meal Program:** You may receive up to two meals per day, for up to four weeks (56 meals), at no cost, to help stabilize your condition through nutrition. This service is provided as part of a clinical case management program. You may be directed to attend covered nutritional counseling services, as prescribed by your physician. We will notify you if you are eligible for this service based on your chronic condition or physician's recommendation.
- **Nutritional Engagement** is a self-directed option for health promotion courses (HPC). Courses are six-week, instructor-led classes either in person, group based, or virtual that provide coaching and support to enhance quality of life. Courses include tools for managing chronic conditions, implementing healthy eating, and development of action plans for healthy living. Upon completion of a six-week course, a \$50 grocery benefit is available. The grocery benefit is limited to three times per year, a \$150 benefit maximum.
- **Transition of Care** is an outreach program that focuses on transition of care from inpatient to home by connecting social and non-medical resources identified through an in-home assessment. MARC's program focuses on medication reconciliation and readmission prevention. We will notify you if you are eligible for this optional service based on your hospital discharge or physician's recommendation.
- **Social Enrichment** is a self-directed option to participate in a variety of activities and programs that positively impact lives, including cooking and nutrition classes, lifestyle and mindfulness programs, or exercise programs. Programs can vary by location within the Blue Medicare Advantage service area and time of year.

To learn more or enroll in eligible programs, visit marc.org or call (816) 936-8802 M–F, 8AM–5PM.

Transportation

The Blue Medicare Advantage Spira Care (HMO) plan also gives you access to non-emergency transportation. Eligible rides are for any health location within 50 miles to or from your home or pickup/drop-off location. You're covered for up to 20 one-way trips per year. We've partnered with American Logistics to provide this service. Schedule a trip by calling (833) 886-8663 (TTY: 711) M–F, 8AM–5PM.

Frequently Asked Questions (FAQ)

THE BASICS

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

No. You only need your Blue KC member ID card to access your benefits, with one exception. If you receive a COVID-19 vaccine, you may be asked to show both cards because these services are billed to Original Medicare.

What if I lose my card?

You can access and print a digital ID card by logging in at MyBlueKCMA.com. Call our Customer Service team at **(866) 508-7140** (TTY:711) for assistance.

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 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.

If I have a monthly late enrollment penalty (LEP), can I sign up for an automatic payment plan?

Yes, this is the easiest way to manage your LEP. To sign up, go to MyBlueKCMA.com. Once registered, click Pay My Bill. On the Pay My Bill page, click the Manage Payments button. You will receive a notice that you're being taken to Alacriti, our payment partner. Click Continue to be taken to the Alacriti website, where you'll be walked through the remaining steps.

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 Summary of Benefits and Evidence of Coverage (EOC) documents which, can be found in the Plan Benefits section on MyBlueKCMA.com or at MedicareBlueKC.com/medicare-plans. If you cannot find the service or procedure listed in these documents, our Customer Service team is here to help. Your provider may also be able to help you determine whether a service or procedure is covered by your plan.

How do I know if my prescriptions are covered?

To see what medications are covered by your plan, you can access the formulary search tool or download the 2022 Formulary, available at MyBlueKCMA.com (go to Plan Benefits section). You may also visit MedicareBlueKC.com/medicare-plans or you may request a copy of the 2022 Formulary 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 receive 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.

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.

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.

HMO members are required to choose a PCP. PPO members are not required to choose a PCP.

How can I find a PCP?

To find a PCP, log in to MyBlueKCMA.com or visit MedicareBlueKC.com/find-a-doctor 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.

You can call our free, 24/7 Nurse Line for non-life-threatening situations. Nurses can answer questions, help identify symptoms, and advise whether to seek immediate care or wait to see your PCP. Call **(833) 546-9354** (TTY:711).

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.

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.

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

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 should I wait for my Blue Medicare Advantage Explanation of Benefits (EOB)?

First, be sure your provider has your 2022 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 2022. 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 2022. 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 members 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 \$4,430 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 2022 reaches \$7,050. At that time, the catastrophic coverage phase begins, leaving you responsible for only 5% of drug costs for the remainder of the year when your plan ends.

To keep track of your coverage gap status, refer to your monthly 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 and view the Pharmacy Plan Info section.

Important Contact Information

Customer Service Team

(866) 508-7140 (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.

24-Hour Nurse Line

(833) 546-9354
24/7 Service

BenefitsCheckUp®

(800) 794-6559 (TTY:711)
BlueKC.Benefitscheckup.org
M–F, 8PM–4PM (CT)

Best Buy Lively™

Personal Emergency Response System
(800) 358-9081 (TTY:711)
M–F, 7AM–7PM CT

DentaQuest

(844) 231-8312 (TTY:(800) 466-7566)
M–F, 8AM–8PM (CT)

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

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)

NationsBenefits

(877) 208-2596 (TTY:711)
24/7 Service

Blue Benefit Bucks (BBB) Card
Members.NationsBenefits.com/BlueKC

Over-the-Counter (OTC)
NationsOTC.com/BlueKC

NationsHearing
NationsHearing.com/BlueKC

Nymbi

Balance Training
(800) 672-6854 (TTY:711)
M–F, 10AM–4PM (CT)
kc.fallsfree.com

Papa Pals

Companion & Caregiver Support
(888) 905-8301 (TTY:711)

SilverSneakers®

Fitness Program
(888) 423-4632 (TTY:711)
M–F, 7AM–7PM (CT)
SilverSneakers.com



REFER A FRIEND

to learn more about Blue Medicare Advantage
(855) 514-6013 (TTY:711)

