



BLUE MEDICARE
ADVANTAGE



BLUE MEDICARE
ADVANTAGE
OF KANSAS CITY FOR
BOARD OF POLICE COMMISSIONERS 2023

BLUE MEDICARE ADVANTAGE OF KANSAS CITY

BOARD OF POLICE COMMISSIONERS

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 nutritional counseling, diabetes management programs, 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

Please review the information in this packet. If you have questions on the plan, contact us at 816-360-1059 (TTY 711).

1. Make a one-on-one appointment with a Blue KC Benefits Specialist by calling 816-360-1059 (TTY 711).
2. If you have questions about your medical premiums, please reference the letter you received from Human Resources or call 816-395-3048 (TTY 711).
3. Complete the enclosed enrollment form and return in the envelope provided.

After you enroll:

Take advantage of your Blue Medicare Advantage benefits.

Once you are a Blue Medicare Advantage member, call 1-888-892-8907 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 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 Board of Police Commissioners 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.

- **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**

January 1, 2023 – December 31, 2023

2023 Summary of Benefits

Board of Police Commissioners PPO

Medicare Advantage Plan with Part D Prescription Drug Coverage

To join Board of Police Commissioners PPO 2023 Medicare Advantage Plan, 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, 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/bopc.

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/bopc.

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

SUMMARY OF BENEFITS

Board of Police Commissioners PPO

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

Monthly Plan Premium	Please refer to your 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">• \$7,550 for services you receive from in-network providers.• \$11,300 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
Inpatient Hospital (PA)	<u>Medical Facility:</u> \$0 copay per stay. <u>Mental Health Facility:</u> \$0 copay per stay.	<u>Medical Facility:</u> 30% coinsurance per stay. <u>Mental Health Facility:</u> 30% coinsurance per stay.
Acupuncture for chronic low back pain	You pay a \$20 copay for each Medicare-covered Acupuncture treatment.	You pay a 30% coinsurance for each Medicare-covered Acupuncture treatment.
Annual physical exam	You pay a \$0 copay for annual physical exam.	You pay a 30% coinsurance for the annual physical exam.
Outpatient Hospital (PA)	Observation: \$0 copay. Outpatient Hospital: \$0 copay. Outpatient Surgery: \$0 copay.	Observation: 30% coinsurance. Outpatient hospital for other procedures and services: 30% coinsurance. Outpatient Surgery: 30% coinsurance.
Cardiac rehabilitation services	Cardiac services: \$20 copay for each visit.	Cardiac services: 30% coinsurance for each visit.
Chiropractic services	Chiropractic: \$15 copay for each visit.	Chiropractic: 30% coinsurance for each visit.
Ambulatory Surgical Center (PA)	Ambulatory Surgical Center: \$0 copay.	Ambulatory Surgical Center: 30% coinsurance.
Doctor's Office Visits	Telehealth visit: \$0 copay. Primary care physician visit: \$10 copay. Specialist visit: \$20 copay.	Primary care physician visit: 30% coinsurance. Specialist visit: 30% coinsurance.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Preventive Care (e.g., flu vaccine, diabetic screenings)	<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 • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse 	<p>You pay 30% 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 • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
	<ul style="list-style-type: none"> • 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"> • 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
Emergency Care	<p>\$50 copay per visit.</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Worldwide Emergency Coverage: \$50 copay.</p>	<p>\$50 copay per visit.</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</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 a \$0 copay for Blue KC Virtual Care services.</p>	<p>You pay a \$0 copay for nutritional counseling.</p> <p>You pay a \$0 copay for access to participating fitness facilities and programs.</p> <p>You pay a \$0 copay for Blue KC Virtual Care services.</p>
Urgently Needed Services	<p>\$35 copay per visit.</p> <p>Worldwide Urgent Coverage: \$35 copay.</p> <p>Blue KC Virtual Care: \$0 copay</p>	<p>\$35 copay per visit.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Diagnostic Services / Labs/ Imaging (PA)	<p>Diagnostic tests and procedures: \$20 copay.</p> <p>Lab services: \$20 copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$20 copay.</p> <p>X-rays: \$20 copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$20 copay.</p>	<p>Diagnostic tests and procedures: 30% coinsurance.</p> <p>Lab services: 30% coinsurance.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): 30% coinsurance.</p> <p>X-rays: 30% coinsurance.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 30% coinsurance.</p>
Hearing Services	<p>Medicare-covered exam to diagnose and treat hearing and balance issues: \$20 copay.</p> <p>Routine hearing exam: \$0 copay.</p> <p>We cover one routine hearing exam every twelve months.</p>	<p>Medicare-covered exam to diagnose and treat hearing and balance issues: 30% coinsurance.</p> <p>Routine hearing exam: 30% coinsurance.</p> <p>We cover one routine hearing exam every twelve months.</p>
Home infusion therapy	You pay a 0% coinsurance for home infusion.	You pay a 30% coinsurance for home infusion.
Immunizations	There is no coinsurance, copayment, or deductible for the pneumonia, influenza, Hepatitis B, and COVID-19 vaccines.	There is no coinsurance, copayment, or deductible for the pneumonia, influenza, Hepatitis B, and COVID-19 vaccines.
Home health agency care	You pay a \$0 copay for home health care.	You pay a 30% coinsurance for home health care.
Dental Services	Dental services: \$20 copay for Medicare-covered visit.	Dental services: 30% coinsurance for Medicare-covered visit.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Durable Medical Equipment (DME), Prosthetics, and Diabetic Supplies	<p>\$0 copay for DME and prosthetic items.</p> <p>\$0 copay for preferred diabetes monitoring devices and supplies, and Continuous Glucose Monitors (CGM) and supplies when obtained at a pharmacy.</p> <p>Non-preferred brand Continuous Glucose Monitors (CGM) are covered only when deemed medically necessary and prior authorized.</p> <p>\$0 copay for all other brands of diabetes monitoring supplies when obtained at a pharmacy or any brand at a DME provider.</p> <p>\$0 copay for therapeutic custom-molded shoes or inserts.</p>	<p>30% coinsurance for DME and prosthetic items.</p> <p>0% coinsurance for preferred diabetes monitoring devices and supplies, and Continuous Glucose Monitors (CGM) and supplies when obtained at a pharmacy.</p> <p>Non-preferred brand Continuous Glucose Monitors (CGM) are covered only when deemed medically necessary and prior authorized.</p> <p>30% coinsurance for all other brands of diabetes monitoring supplies when obtained at a pharmacy or any brand at a DME provider.</p> <p>30% coinsurance for therapeutic custom-molded shoes or inserts.</p>
Vision Services	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 copay.</p> <p>Routine eye exams: \$0 copay.</p> <p>We cover one routine eye exam every 12 months.</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 30% coinsurance.</p> <p>Routine eye exams: 30% coinsurance.</p> <p>We cover one routine eye exam every 12 months.</p>
Mental Health Care	<p>Outpatient group therapy visits: \$20 copay.</p> <p>Individual therapy visits: \$20 copay.</p> <p>Telehealth visits: \$0 copay.</p>	<p>Outpatient group therapy visits: 30% coinsurance.</p> <p>Individual therapy visits: 30% coinsurance.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Skilled Nursing Facility (SNF) (PA)	Days 1-100: \$0 copay per day.	Days 1-100: 30% coinsurance per day.
	A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.	
Outpatient substance abuse services	Individual therapy visits: \$20 copay. Group therapy visits: \$20 copay. Telehealth services: \$0 copay.	Individual therapy visits: 30% coinsurance. Group therapy visits: 30% coinsurance.
Opioid treatment program services	Telehealth services: \$0 copay Opioid treatment: \$20 copay per visit	Opioid treatment: 30% coinsurance per visit.
Physical, Speech and Occupational Therapy	Physical Therapy visit: \$20 copay. Speech Therapy visit: \$20 copay. Occupational Therapy visit: \$20 copay. Telehealth Visit: \$0 copay.	Physical Therapy visit: 30% coinsurance. Speech Therapy visit: 30% coinsurance. Occupational Therapy visit: 30% coinsurance.
Ambulance (PA)	Ground Ambulance: \$0 copay. Air Ambulance: \$0 copay. Worldwide Ambulance Coverage: \$0.	Ground Ambulance: \$0 copay. Air Ambulance: \$0 copay.
Medicare Part B Drugs (PA)	For Part B drugs such as chemotherapy and radiation drugs: \$0 copay. Other Part B drugs: \$0 copay.	For Part B drugs such as chemotherapy and radiation drugs: 30% coinsurance. Other Part B drugs: 30% coinsurance.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Partial hospitalization services (PA)	You pay a \$20 copay for each Medicare-covered partial hospitalization.	You pay a 30% coinsurance for each partial hospitalization day.
Podiatry Services	Medicare-covered podiatry service: \$20 copay.	Medicare-covered podiatry service: 30% coinsurance.
Pulmonary rehabilitation services	Pulmonary rehabilitation services: \$20 copay.	Pulmonary rehabilitation services: 30% coinsurance.
Services to treat kidney disease	Kidney disease education services: \$0 copay. Renal dialysis: \$20 copay. Telehealth services: \$0 copay.	Kidney disease education services: 30% coinsurance. Renal dialysis: \$20 copay.
Supervised Exercise Therapy (SET)	SET services: \$20 copay.	SET services: 30% coinsurance.

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

PRESCRIPTION DRUG BENEFITS

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

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/bopc) 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	30-Day Supply	90-Day Retail or Mail
Tier 1 (Preferred Generic)	\$2 copay	\$0

PRESCRIPTION DRUG BENEFITS

	Tier 2 (Generic)	\$6 copay	\$18
	Tier 3 (Preferred Brand)	25%	25%
	Tier 4 (Non-Preferred Drug)	25%	25%
	Tier 5 (Specialty)	25%	N/A
	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>Catastrophic Coverage benefits start once out-of-pocket drug costs reach \$7,400.</p> <p>You pay \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs.</p>		

Board of Police Commissioners PPO is a Local PPO plan with a Medicare contract. Enrollment in **Board of Police Commissioners 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.

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

To assist you in making elections, eligible Board of Police Commissioners retirees may:

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

If you have questions about your plan options, call your Blue KC Benefits Specialist at 816-360-1059, Monday through Friday from 8:00 a.m. to 5:00 p.m.

What happens next

Use this handy checklist to keep track of next steps. You will receive the following from Blue KC after the Centers for Medicare and Medicaid Services (CMS) accepts your automatic enrollment.

CHECK HERE

☐ **MEMBER ID CARD**

You will receive two member ID cards by mail. Be sure to carry your card with you to doctor visits, tests and any other medical appointments. You will no longer need to use your red, white and blue Medicare ID card.

☐ **WELCOME KIT**

This includes information regarding your enrollment.

☐ **BLUE MEDICARE ADVANTAGE DOCUMENTS**

Necessary documents will be mailed to you as required by CMS.

☐ **START USING YOUR PLAN**

If you are a member and have questions, call 888-892-8907 and follow the prompts (press 1 then 2). For those who are hearing or speech impaired, call TTY: 711).

☐ **START USING SILVERSNEAKERS AT PARTICIPATING FACILITIES**



Blue Cross and Blue Shield of Kansas City's Blue Medicare Advantage includes both HMO and PPO plans with Medicare contracts. Enrollment in Blue Medicare Advantage depends on contract renewal.

This information is not a complete description of benefits. Contact 816-360-1059 for more information. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message, and your call will be returned the next business day.

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association. The HMO products are offered by Blue-Advantage Plus of Kansas City, Inc. and the PPO products are offered by Missouri Valley Life and Health Insurance Company, both wholly-owned subsidiaries of Blue Cross and Blue Shield of Kansas City.

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