



January 1, 2022 – December 31, 2022

City of Kansas City HMO Plan 3 2022 Summary of Benefits

Medicare Advantage Plan with Part D Prescription Drug Coverage

To join City of Kansas City HMO Plan 3, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area.

Kansas: Johnson and Wyandotte.

Missouri: Cass, Clay, Clinton, Jackson, Lafayette, Platte and Ray.

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/cityofkcmo.

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/cityofkcmo.

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

SUMMARY OF BENEFITS

City of Kansas City HMO Plan 3

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

Monthly Plan Premium	You do not pay a separate monthly plan premium for City of Kansas City HMO Plan 3. You must continue to pay your Medicare Part B premium.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: <ul style="list-style-type: none">• \$3,400 for services you receive from in-network providers. 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. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
Prior Authorization	Some in-network services may require prior authorization. and are indicated for your reference.

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital	<u>In-Network:</u> <u>Medical Facility:</u> Days 1-7: \$200 copay per day for each admission. Days 8 & beyond: \$0 copay per day. Prior Authorization is required and the responsibility of your provider. <u>Mental Health Facility:</u> Days 1-7: \$200 copay per day for each admission. Days 8-90: \$0 copay per day. Prior Authorization is required and the responsibility of your provider.
Acupuncture for chronic low back pain	You pay a \$30 copay for each Medicare-covered Acupuncture treatment.
Annual physical exam	There is no coinsurance, copayment, or deductible for the annual physical exam.
Ambulatory Surgical Center	<u>In-Network:</u> Ambulatory Surgical Center: \$225 copay. <i>May require prior authorization.</i>

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Cardiac rehabilitation services	You pay a \$5 copay per day for cardiac rehabilitation and intensive cardiac rehabilitation services.
Chiropractic services	You pay a \$20 copay for each visit.
Outpatient Hospital	<u>In-Network:</u> Observation: \$225 copay. Outpatient hospital, other services: 20% coinsurance. Outpatient Surgery: \$225 copay. <i>Prior Authorization is required and the responsibility of your provider.</i>
Doctor's Office Visits	<u>In-Network:</u> Telehealth visit: \$0 copay. Primary care physician visit: \$5 copay. Specialist visit: \$30 copay. You pay a \$5 copay for other health care providers in a primary care physician office. You pay a \$30 copay for other health care providers in a Specialist office.

SUMMARY OF BENEFITS

City of Kansas City HMO Plan 3

Preventive Care

(e.g., flu vaccine, diabetic screenings)

In-Network:

You pay nothing for all preventive services covered under Original Medicare at zero cost sharing.

Any additional preventive services approved by Medicare during the contract year will be covered.

Below is a list of Medicare-covered preventive services:

- 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
- 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

In-Network:

\$65 copay per visit.

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.

Worldwide Emergency Coverage: \$65 copay.

SUMMARY OF BENEFITS**City of Kansas City HMO Plan 3**

Urgently Needed Services	<u>In-Network:</u> \$30 copay per visit. \$0 copay when you use Blue KC Virtual Care. Worldwide Urgent Coverage: \$30 copay.
Diagnostic Services / Labs/ Imaging	<u>In-Network:</u> Diagnostic tests and procedures: \$0 copay. Lab services: \$0 copay. Diagnostic Radiology Services (such as MRI, CAT Scan): \$225 copay. X-rays: \$0 copay. Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance. <i>May require prior authorization.</i>
Health and wellness education programs	You pay a \$0 copay for Nutritional Counseling. You pay a \$0 copay for Telehealth counseling visit. You pay a \$0 copay for Fitness programs. You pay a \$0 copay for Nurseline.
Hearing Services	<u>In-Network:</u> Exam to diagnose and treat hearing and balance issues: \$30 copay. Routine hearing exam (up to 1 visit(s) every year): \$0 copay. Fitting and Evaluation for Hearing Aid (up to 3 visit(s) every year): \$0 copay. Hearing Aid (up to 2 hearing aids every year): \$0 copay. Benefit must be accessed through the plan's partner and includes up to one hearing aid per ear, per year, up to \$500 benefit allowance per ear every year.
Home health agency care	You pay a \$0 copay for home health visits. <i>May require prior authorization.</i>
Home infusion therapy	You pay a 20% coinsurance for home infusion therapy. <i>May require prior authorization.</i>
Immunizations	There is no coinsurance, copayment, or deductible for the Medicare-covered pneumonia, influenza, Hepatitis B and COVID-19 vaccines.

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Dental Services	<u>In-Network:</u> Medicare Covered: \$20 copay.
Diabetes self-management training, diabetic services and supplies	<p>You pay a \$0 copay for each Medicare-covered diabetes self-management training via Telehealth.</p> <p>You pay a \$0 copay for Medicare-covered diabetes self-management training.</p> <p>You pay nothing for the Diabetic Care Program or the Medicare-covered diabetic device and supplies.</p> <p>You pay a \$0 copay for Medicare-covered Bayer/Ascensia diabetes monitoring devices and supplies when obtained at a pharmacy.</p> <p>You pay 0% coinsurance for all other brands of diabetic supplies when obtained from Edgepark.</p> <p>You pay 20% coinsurance for all other brands of diabetic supplies when obtained at a pharmacy or a DME provider.</p> <p>You pay 0% coinsurance for Medicare-covered diabetic therapeutic custom-molded shoes or inserts.</p>
Durable medical equipment (DME), Prosthetics and related supplies	<p>You pay 20% coinsurance for items.</p> <p><i>May require prior authorization.</i></p>
Vision Services	<u>In-Network:</u> <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$30 copay.</p> <p>Routine eye exam (up to 1 visit(s) every year): \$0 copay.</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 copay.</p> <p>Our plan pays up to \$150 for eyewear (lenses and frames or contract lenses).</p>

SUMMARY OF BENEFITS**City of Kansas City HMO Plan 3**

Mental Health Care	<u>In-Network:</u> Outpatient group therapy visit: \$30 copay. Individual therapy visit: \$30 copay. Telehealth visit: \$0 copay.
Skilled Nursing Facility (SNF)	<u>In-Network:</u> Days 1-20: \$0 copay per day. Days 21-100: \$125 copay per day. <i>Prior Authorization is required and the responsibility of your provider.</i>
Physical, Speech and Occupational Therapy	<u>In-Network:</u> Physical Therapy visit: \$30 copay. Speech Therapy visit: \$30 copay. Occupational Therapy visit: \$30 copay. Telehealth Visit: \$0 copay.
Ambulance	<u>In-Network:</u> Ground Ambulance: \$150 copay. Air Ambulance: \$150 copay. Worldwide Ambulance Coverage: \$150 copay. <i>May require prior authorization when for non-emergency services.</i>
Transportation	Not Covered.
Medicare Part B Drugs	<u>In-Network:</u> For Part B drugs such as chemotherapy drugs: 20% coinsurance. Other Part B drugs: 0-20% coinsurance. The lower copay applies to vaccines. The higher copay for all other Medicare-covered Part B drug services. <i>May require prior authorization or step therapy for certain Part B drugs.</i>
Opioid treatment program services	You pay a \$0 copay for Telehealth services. You pay a \$30 copay per visit for opioid treatment program services.

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Outpatient substance abuse services	You pay a \$0 copay for Telehealth services. You pay a \$30 copay for each individual therapy visit. You pay a \$30 copay for each group therapy visit.
Over the Counter Items	Your benefit is \$25 per month for eligible OTC items.
Partial hospitalization services	You pay a \$30 copay per day for partial hospitalization services. May require prior authorization.
Podiatry services	You pay a \$5 copay for each Medicare-covered podiatry visit.
Pulmonary rehabilitation services	You pay a \$5 copay per day for pulmonary rehabilitation services.
Services to treat kidney disease	You pay 0% coinsurance for renal dialysis. You pay a \$0 copay for kidney disease education services. You pay a \$0 copay for Telehealth services.
Meals	You pay nothing for up to 2 meals per day, for up to 4 weeks (56 meals) per year. You pay nothing for nutritional shakes available for up to 4 weeks (24 units) per year.
Supervised Exercise Therapy (SET)	You pay a \$5 copay per session for Supervised Exercise Therapy (SET) services.

PRESCRIPTION DRUG BENEFITS

Deductible	Prescription Drug Deductible: Not Applicable.			
Initial Coverage	You pay the following until your total yearly drug costs reach \$4,430. 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)	\$5 copay	\$10 copay	\$10 copay
	Tier 2 (Generic)	\$10 copay	\$20 copay	\$20 copay
	Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$90 copay

PRESCRIPTION DRUG BENEFITS

Tier 4 (Non-Preferred Drug)	\$80 copay	\$160 copay	\$160 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)	\$5 copay	\$10 copay	\$10 copay
Tier 2 (Generic)	\$10 copay	\$20 copay	\$20 copay
Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$90 copay
Tier 4 (Non-Preferred Drug)	\$80 copay	\$160 copay	\$160 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.

Please call us or see the plan's "**Evidence of Coverage**" on our website (www.medicarebluekc.com/cityofkcmo) 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 \$4,430.

After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$7,050, which is the end of the coverage gap.

Catastrophic Amount

After your yearly out-of-pocket drug costs reach \$7,050, you pay the greater of:

- \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs, or
- 5% of the cost.

City of Kansas City HMO Plan 3 is a HMO plan with a Medicare contract. Enrollment in **City of Kansas City HMO Plan 3** 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 Member 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 HMO product is offered by Blue-Advantage Plus of Kansas City, Inc., a wholly-owned subsidiary of Blue Cross and Blue Shield of Kansas City.