Blue Medicare Advantage Flex (no Part D) (PPO)

January 1, 2022 – December 31, 2022

2022 Summary of Benefits

To join Blue Medicare Advantage Flex (no Part D) (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area.
Missouri: Andrew, Bates, Buchanan, Cass, Clay, Clinton, Jackson, Johnson (MO), Lafayette, Platte, and Ray

Kansas: Johnson (KS) and Wyandotte.

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.

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.

Medicare Advantage Plan

Have Questions?

Call us at 1-855-208-8246, 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.

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

SUMMARY OF BENEFITS Blue Medicare Advantage Flex (no Part D) (PPO)	
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 Blue Medicare Advantage Flex (no Part D) (PPO). You must continue to pay your Medicare Part B premium.
Deductible	Medical Deductible: Not Applicable.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: • $4,000 for services you receive from in-network providers. • $4,000 for services you receive from in and out-of-network providers combined. 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.
Prior Authorization	Some in-network services may require prior authorization and are indicated with a (PA).

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	**Out-of-Network**
Inpatient Hospital (PA)	**Medical Facility:** Days 1-6: $285 Copay per day for each admission. Days 7-90: $0 Copay per day. Our plan covers an unlimited number of additional days for an inpatient hospital stay at a $0 Copay. **Mental Health Facility:** Days 1-6: $285 Copay per day for each admission. Days 7-90: $0 Copay per day.	**Medical Facility:** Days 1-6: $285 Copay per day. Days 7-90: $0 Copay per day. **Mental Health Facility:** Days 1-6: $285 Copay per day. Days 7-90: $0 Copay per day.
Ambulatory Surgical Center (PA)	Ambulatory Surgical Center: $285 Copay – 20% coinsurance. Coinsurance applies to lower level services (IE wound care), copay applies to higher level surgical services.	Ambulatory Surgical Center: $285 Copay – 20% coinsurance. Coinsurance applies to lower level services (IE wound care), copay applies to higher level surgical services.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	**Out-of-Network**
Outpatient Hospital (PA)	Observation: $285 Copay. Outpatient hospital: 20% Coinsurance. Outpatient Surgery: $285 Copay Coinsurance applies to lower level services (IE wound care), copay applies to higher level surgical services.	Observation: $285 Copay. Outpatient hospital: 20% Coinsurance. Outpatient Surgery: $285 Copay Coinsurance applies to lower level services (IE wound care), copay applies to higher level surgical services.
Doctor's Office Visits	Telehealth visit: $0 Copay. Primary care physician visit: $0 Copay. Specialist visit: $20 Copay.	Primary care physician visit: $0 Copay. Specialist visit: $20 Copay.
Preventive Care *(e.g., flu vaccine, diabetic screenings)*	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.	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.
Emergency Care	$90 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: $90 Copay.	$90 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.
Urgently Needed Services	$50 Copay per visit. Worldwide Urgent Coverage: $50 Copay.	$50 Copay per visit.
Diagnostic Services / Labs/ Imaging (PA)	Diagnostic tests and procedures: $0 Copay. Lab services: $0 Copay. Diagnostic Radiology Services (such as MRI, CAT Scan): $185 - $285 Copay. The lower copay applies for services at your physician's office or a free standing diagnostic center. The higher copay applies at all other facility locations. X-rays: $0 Copay.	Diagnostic tests and procedures: $0 Copay. Lab services: $0 Copay. Diagnostic Radiology Services (such as MRI, CAT Scan): $185 - $285 Copay. The lower copay applies for services at your physician's office or a free standing diagnostic center. The higher copay applies at all other facility locations. X-rays: $0 Copay.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	**Out-of-Network**
	Therapeutic radiology services (such as radiation treatment for cancer): 20% Coinsurance.	Therapeutic radiology services (such as radiation treatment for cancer): 20% Coinsurance.
Hearing Services	Exam to diagnose and treat hearing and balance issues: $20 Copay. You may use your Blue Benefit Bucks card to schedule and pay for hearing services. There is a $1,000 per year benefit allowance every year for dental, hearing services, transportation and eyewear combined.	Exam to diagnose and treat hearing and balance issues: $20 Copay. You may use your Blue Benefit Bucks card to schedule and pay for hearing services. There is a $1,000 per year benefit allowance every year for dental, hearing services, transportation and eyewear combined.
Dental Services	You pay a $20 Copay for Medicare-covered services. You may use your Blue Benefit Bucks card to schedule and pay for dental services to any dental provider. There is a $1,000 per year benefit allowance every year for dental, hearing services, transportation and eyewear combined.	You pay a $20 Copay for Medicare-covered services. You may use your Blue Benefit Bucks card to schedule and pay for dental services to any dental provider. There is a $1,000 per year benefit allowance every year for dental, hearing services, transportation and eyewear combined.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $0 - $20 Copay. The lower copay applies to diabetic eye exams and glaucoma screening. The higher copay for all other Medicare-covered vision services. Routine eye exam (up to 1 visit every year): $0 Copay. Eyeglasses or contact lenses after cataract surgery: $0 Copay. You may use your Blue Benefit Bucks card to schedule and pay for eyewear (contacts and glasses) services. There is a $1,000 per year benefit allowance every year for dental, hearing services, transportation and eyewear combined.	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $0 - $20 Copay. The lower copay applies to diabetic eye exams and glaucoma screening. The higher copay for all other Medicare-covered vision services. Routine eye exam (up to 1 visit every year): $0 Copay. Eyeglasses or contact lenses after cataract surgery: $0 Copay. You may use your Blue Benefit Bucks card to schedule and pay for eyewear (contacts and glasses) services. There is a $1,000 per year benefit allowance every year for dental, hearing services, transportation and eyewear combined.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	**Out-of-Network**
Mental Health Care	Outpatient group therapy visit: $20 Copay. Individual therapy visit: $20 Copay. Telehealth visit: $0 Copay.	Outpatient group therapy visit: $20 Copay. Individual therapy visit: $20 Copay.
Skilled Nursing Facility (SNF) (PA)	Days 1-20: $0 Copay per day. Days 21-100: $184 Copay per day.	Days 1-20: $0 Copay per day. Days 21-100: $184 Copay per day.
Physical Therapy	Physical therapy visit: $20 Copay. Telehealth Visit: $0 Copay.	Physical therapy visit: $20 Copay.
Ambulance (PA)	Ground Ambulance: $285 Copay. Air Ambulance: $285 Copay. Worldwide Ambulance Coverage: $285 Copay. May require prior authorization when for non-emergency services.	Ground Ambulance: $285 Copay. Air Ambulance: $285 Copay.
Transportation	You may use your Blue Benefit Bucks card to schedule and pay for transportation services to any health location. There is a $1000 per year benefit allowance every year for Hearing, Transportation, Dental and Eyewear combined.	You may use your Blue Benefit Bucks card to schedule and pay for transportation services to any health location. There is a $1000 per year benefit allowance every year for Hearing, Transportation, Dental and Eyewear combined.
Medicare Part B Drugs (PA)	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.	For Part B drugs such as chemotherapy drugs: 0% - 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.

Supplemental Services	
Other Benefits	Our plan covers other supplemental services. More details on each of the covered services below are in the information kit and available online. • Over the Counter benefits • Personal Emergency Response System • Member and Caregiver support • Diabetes Care Program • Mindful

Supplemental Services	
	• Blue Virtual Care • Nutritional Counseling • Smoking Cessation

Blue Medicare Advantage Flex is a Local PPO plan with a Medicare contract. Enrollment in **Blue Medicare Advantage Flex** 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 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.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-855-208-8246 (TTY 711).

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit http://www.medicarebluekc.com or call 1-855-208-8246 (TTY 711) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- ☐ **For HMO Plans only:** Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ **For PPO Plans only:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- ☐ **For PPO Plans only:** Out-of-network/non-contracted providers are under no obligation to treat **Blue Medicare Advantage (PPO)** members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.