



January 1, 2022 – December 31, 2022

2022 Summary of Benefits

**IBEW Local 124 Health and Welfare Fund
Blue Medicare Advantage Plan (PPO)**

Medicare Advantage Plan with Part D Prescription Drug Coverage

To join IBEW Local 124 Health and Welfare Fund Blue Medicare Advantage Plan (PPO), you must be entitled to Medicare Part A, and be enrolled in Medicare Part B.

SUMMARY OF BENEFITS

IBEW Local 124 Health and Welfare Fund Blue Medicare Advantage Plan (PPO)

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

Monthly Plan Premium	Please refer to IBEW Local 124 Health and Welfare Trust Office at 816.943.0277.
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">• \$0 for services you receive from in-network providers.• \$0 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.

COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network	Out-of-Network
Inpatient Hospital	<p><u>Medical Facility:</u></p> <p>Days 1 & beyond: \$0 Copay per day for each admission.</p> <p><i>Prior authorization is required.</i></p> <p><u>Mental Health Facility:</u></p> <p>Days 1-90: \$0 Copay per day for each admission.</p> <p><i>Prior authorization is required.</i></p>	<p><u>Medical Facility:</u></p> <p>Days 1-90: \$0 Copay per day.</p> <p><u>Mental Health Facility:</u></p> <p>Days 1-90: \$0 Copay per day.</p>
Ambulatory Surgical Center	<p>Ambulatory Surgical Center: \$0 Copay.</p> <p><i>Prior authorization is required and is the responsibility of your physician.</i></p>	<p>Ambulatory Surgical Center: \$0 Copay.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Acupuncture for chronic low back pain	<p>You pay a \$0 copay for each Medicare-covered Acupuncture treatment.</p> <p>You pay a \$0 copay for each supplemental Non-Medicare Acupuncture treatment.</p> <p>Our plan also covers additional non-Medicare Acupuncture for any condition. Treatments are limited to up to 20 visits per year.</p>	<p>You pay a \$0 copay for each Medicare-covered Acupuncture treatment.</p> <p>You pay a \$0 copay for each supplemental Non-Medicare Acupuncture treatment.</p> <p>Our plan also covers additional non-Medicare Acupuncture for any condition. Treatments are limited to up to 20 visits per year.</p>
Annual physical exam	You pay a \$0 copay for annual physical exam.	You pay a \$0 copay for annual physical exam.
Cardiac rehabilitation services	You pay a \$0 copay for each visit.	You pay a \$0 copay for each visit.
Chiropractic services	You pay a \$0 copay for each visit.	You pay a \$0 copay for each visit.
COVID-19 Cost Share Protection	There is no coinsurance, copayment, or deductible for cost-share protection.	
Outpatient Hospital	<p>Observation: \$0 Copay.</p> <p>Outpatient Hospital: \$0 Copay.</p> <p>Outpatient Surgery: \$0 Copay.</p> <p><i>Prior authorization may be require and is the responsibility of your physician.</i></p>	<p>Observation: \$0 Copay.</p> <p>Outpatient Hospital: \$0 Copay.</p> <p>Outpatient Surgery: \$0 Copay.</p>
Doctor's Office Visits	<p>Telehealth visit: \$0 Copay.</p> <p>Primary care physician visit: \$0 Copay.</p> <p>Specialist visit: \$0 Copay.</p> <p>You pay a \$0 copay for nutritional counseling.</p>	<p>Primary care physician visit: \$0 Copay.</p> <p>Specialist visit: \$0 Copay.</p> <p>You pay a \$0 copay for nutritional counseling.</p>
Partial hospitalization services	<p>You pay a \$0 copay for each partial hospitalization.</p> <p>Prior authorization is required and is the responsibility of your physician</p>	You pay a 0% coinsurance for each partial hospitalization day.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Preventive Care <i>(e.g., flu vaccine, diabetic screenings)</i>	<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 • 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) 	<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 • 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)

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
	<ul style="list-style-type: none"> “Welcome to Medicare” preventive visit 	<ul style="list-style-type: none"> “Welcome to Medicare” preventive visit
Emergency Care	<p>\$0 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: \$0 Copay.</p>	<p>\$0 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 a Mindful Telehealth counseling visit.</p> <p>You pay a \$0 copay for Fitness programs.</p> <p>You pay a \$0 copay for Nurseline.</p>	<p>You pay a \$0 copay for Nutritional Counseling.</p> <p>You pay a \$0 copay for in-person counseling visit.</p>
Urgently Needed Services	<p>You pay a \$0 copay when you use Virtual Care.</p> <p>\$0 Copay per visit.</p> <p>Worldwide Urgent Coverage: \$0 Copay.</p>	<p>\$0 Copay per visit.</p>
Diagnostic Services / Labs/ Imaging (PA)	<p>Diagnostic tests and procedures: \$0 Copay.</p> <p>Lab services: \$0 Copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$0 Copay.</p> <p>X-rays: \$0 Copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$0 Copay.</p> <p><i>Prior authorization may be required for some services.</i></p>	<p>Diagnostic tests and procedures: \$0 Copay.</p> <p>Lab services: \$0 Copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$0 Copay.</p> <p>X-rays: \$0 Copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$0 Copay.</p>
Hearing Services	<p>Exam to diagnose and treat hearing and balance issues: \$0 Copay.</p> <p>Hearing aid and associated services \$0 Copay, up to \$2,500 benefit allowance. You pay 10% of costs beyond the benefit allowance, every three (3) years.</p>	<p>Exam to diagnose and treat hearing and balance issues: \$0 Copay.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Dental Services	\$0 Copay for Medicare-covered dental services.	\$0 Copay for Medicare-covered dental services.
Diabetes self-management training, diabetic services and supplies	<p>You pay a \$0 copay for each Medicare-covered diabetes self-management training Telehealth visit.</p> <p>You pay a \$0 copay for 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, and Continuous Glucose Monitors (CGM) and supplies when obtained at a pharmacy.</p> <p>You pay 0% coinsurance for all other brands of diabetes monitoring supplies when obtained at a pharmacy or a DME provider.</p> <p>You pay 0% coinsurance for Medicare-covered therapeutic custom-molded shoes or inserts.</p>	<p>You pay 0% coinsurance for Medicare-covered diabetes self-management training.</p> <p>You pay a \$0 copay for Medicare-covered Bayer/Ascensia diabetes monitoring devices and supplies, and Continuous Glucose Monitors (CGM) and supplies when obtained at a pharmacy.</p> <p>You pay 0% coinsurance for all other brands of diabetes monitoring supplies when obtained at a pharmacy or a DME provider.</p> <p>You pay 0% coinsurance for Medicare-covered therapeutic custom-molded shoes or inserts.</p> <p>You pay 0% coinsurance for Medicare-covered diabetic services and supplies.</p>
Durable medical equipment (DME) and related supplies	You pay a \$0 copay for DME and supplies.	You pay a 0% coinsurance for DME and supplies.
Fitness	You pay a \$0 copay for access to participating fitness facilities and programs.	You pay a \$0 copay for access to participating fitness facilities and programs.
Home health agency care	You pay a \$0 copay for home health care.	You pay a 0% coinsurance for home health care.
Home infusion therapy	You pay a 0% coinsurance for home infusion.	You pay a 0% coinsurance for home infusion.
Immunizations	There is no coinsurance, copayment, or deductible for the pneumonia, influenza, Hepatitis B, and COVID-19 vaccines.	You pay a 0% coinsurance for Medicare-covered immunizations.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Vision Services	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 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>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 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>
Mental Health Care	<p>Outpatient group therapy visit: \$0 Copay.</p> <p>Individual therapy visit: \$0 Copay.</p> <p>Telehealth visit: \$0 Copay.</p>	<p>Outpatient group therapy visit: \$0 Copay.</p> <p>Individual therapy visit: \$0 Copay.</p>
Skilled Nursing Facility (SNF) (PA)	<p>Days 1-100: \$0 Copay per day.</p> <p><i>Prior authorization is required.</i></p>	<p>Days 1-100: \$0 Copay per day.</p>
Outpatient rehabilitation services Physical Therapy	<p>Physical therapy visit: \$0 Copay.</p> <p>Telehealth Visit: \$0 Copay.</p>	<p>Physical therapy visit: \$0 Copay.</p>
Outpatient substance abuse services	<p>You pay a \$0 copay for Medicare-covered Telehealth services.</p> <p>You pay a \$0 copay for each individual visit.</p> <p>You pay a \$0 copay for each group visit.</p>	<p>You pay a 0% coinsurance for each individual therapy visit.</p> <p>You pay a 0% coinsurance for each group therapy visit.</p>
Ambulance (PA)	<p>Ground Ambulance: \$0 Copay.</p> <p>Air Ambulance: \$0 Copay.</p> <p>Worldwide Ambulance Coverage: \$0 Copay.</p> <p><i>May require prior authorization when for non-emergency services.</i></p>	<p>Ground Ambulance: \$0 Copay.</p> <p>Air Ambulance: \$0 Copay.</p>
Transportation	Not Covered.	Not Covered.
Medicare Part B Drugs (PA)	<p>For Part B drugs such as chemotherapy drugs: 0% Coinsurance.</p> <p>Other Part B drugs: 0% Coinsurance.</p>	<p>For Part B drugs such as chemotherapy drugs: 0% Coinsurance.</p> <p>Other Part B drugs: 0% Coinsurance.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Opioid treatment program services	You pay a \$0 copay for Telehealth services. You pay a \$0 copay per visit for opioid treatment program services.	You pay a \$0 copay for Telehealth services. You pay a \$0 copay per visit for opioid treatment program services.
Podiatry Services	\$0 copay for each Medicare-covered podiatry service. \$0 copay up to 6 routine foot care visits a year. For members who qualify due to certain chronic conditions under the Special Supplemental Benefits for the Chronically Ill benefit, you pay \$0 copay for an in-home foot evaluation, including a waterless pedicure up to 12 visits a year.	\$0 copay for each Medicare-covered podiatry service. \$0 copay up to 6 routine foot care visits a year.
Prosthetic devices and related supplies	You pay a 0% coinsurance for devices and supplies.	You pay a 0% coinsurance for devices and supplies.
Pulmonary rehabilitation services	You pay a \$0 copay for each visit.	You pay a 0% coinsurance per visit.
Services to treat kidney disease	You pay a \$0 copay for kidney disease education services. You pay a \$0 copay for Telehealth services. You pay a 0% coinsurance for renal dialysis.	You pay a 0% coinsurance for Medicare-covered kidney disease education services. You pay a 0% coinsurance for renal dialysis.
Supervised Exercise Therapy (SET)	You pay a \$0 copay for each visit.	You pay 0% coinsurance per visit.

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.

PRESCRIPTION DRUG BENEFITS

Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$5 copay	\$10 copay	\$0 Copay
Tier 2 (Generic)	\$5 copay	\$10 copay	\$0 copay
Tier 3 (Preferred Brand)	\$15 copay	\$30 copay	\$25 copay
Tier 4 (Non-Preferred Drug)	\$15 copay	\$30 copay	\$25 copay
Tier 5 (Specialty Tier)	\$75 copay	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	\$0 Copay
Tier 2 (Generic)	\$5 copay	\$10 copay	\$0 copay
Tier 3 (Preferred Brand)	\$15 copay	\$30 copay	\$25 copay
Tier 4 (Non-Preferred Drug)	\$15 copay	\$30 copay	\$25 copay
Tier 5 (Specialty Tier)	\$75 copay	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

(<http://www.medicarebluekc.com/ibew-retirees/>) 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 your copay or coinsurance for covered drugs until your costs total \$7,050, which is the end of the coverage gap.

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$5 copay	\$10 copay	\$0 Copay
Tier 2 (Generic)	\$5 copay	\$10 copay	\$0 copay

PRESCRIPTION DRUG BENEFITS				
	Tier 3 (Preferred Brand)	\$15 copay	\$30 copay	\$25 copay
	Tier 4 (Non-Preferred Drug)	\$15 copay	\$30 copay	\$25 copay
	Tier 5 (Specialty Tier)	\$75 copay	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.				
Catastrophic Amount	After your yearly out-of-pocket drug costs reach \$7,050, you pay the lesser of: <ul style="list-style-type: none"> • \$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. 			

Blue Medicare Advantage is a Local PPO plan with a Medicare contract. Enrollment in **Blue Medicare Advantage** depends on contract renewal.

Our network service area is in Johnson and Wyandotte (KS) and Andrew, Bates, Buchanan, Cass, Clay, Clinton, Jackson, Johnson, Lafayette, Platte and Ray (MO). 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.

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, <http://www.medicarebluekc.com/ibew-retirees/>.

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: <http://www.medicarebluekc.com/ibew-retirees/>.

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

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.