Kansas City | BLUE MEDICARE ADVANTAGE

January 1, 2022 – December 31, 2022

Blue Medicare Advantage (PPO) for Jackson County MO.

2022 Summary of Benefits

Medicare Advantage Plan with Part D Prescription Drug Coverage

To join Blue Medicare Advantage (PPO) for Jackson County MO., you must be entitled to Medicare Part A and be enrolled in Medicare Part B.

SUMMARY OF BENEFITS

Blue Medicare Advantage (PPO) for Jackson County MO.

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	Your yearly limit(s) in this plan: • $2,000 for services you receive from in-network providers. • $10,000 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 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		
	In-Network	**Out-of-Network**
Inpatient Hospital	**Medical Facility:** Days 1-5: $165 Copay per day for each admission. Days 6 & beyond: $0 Copay per day. *Prior authorization is required.* **Mental Health Facility:** Days 1-5: $165 Copay per day for each admission. Days 6-90: $0 Copay per day. *Prior authorization is required.*	**Medical Facility:** Days 1-5: $165 Copay per day. Days 6-90: $0 Copay per day. **Mental Health Facility:** Days 1-5: $165 Copay per day. Days 6-90: $0 Copay per day.
Acupuncture for chronic low back pain	You pay a $30 copay for each Medicare-covered Acupuncture treatment.	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.	There is no coinsurance, copayment, or deductible for the annual physical exam.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	**Out-of-Network**
Ambulatory Surgical Center	Ambulatory Surgical Center: $100 Copay. *Prior authorization is required.*	Ambulatory Surgical Center: $100 Copay.
Cardiac rehabilitation services	$30 Copay for cardiac rehabilitation and intensive cardiac rehabilitation services.	$30 Copay for cardiac rehabilitation and intensive cardiac rehabilitation services.
Chiropractic services	$20 Copay for each visit.	$20 Copay for each visit.
COVID-19 Cost Share Protection	There is no coinsurance, copayment, or deductible for cost-share protection.	
Outpatient Hospital	Observation: $100 Copay. Outpatient hospital for other procedures and services: 20% Coinsurance. Outpatient Surgery: $100 Copay. *Prior Authorization is required and the responsibility of your provider.*	Observation: $100 Copay. Outpatient hospital for other procedures and services: 20% Coinsurance. Outpatient Surgery: $100 Copay.
Doctor's Office Visits	Telehealth visit: $0 Copay. Primary care physician visit: $5 Copay. Specialist visit: $30 Copay.	Primary care physician visit: $5 Copay. Specialist visit: $30 Copay.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	**Out-of-Network**
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. 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	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

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	**Out-of-Network**
Emergency Care	$50 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: $50 Copay.	$50 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.
Health and wellness education programs	You pay a $0 Copay for nutritional counseling. You pay a $0 Copay for Mindful Telehealth counseling visit. You pay a $0 Copay for access to participating fitness facilities and programs. You pay a $0 Copay for access to 24-hour nurseline.	You pay a $0 Copay for access to participating fitness facilities and programs. You pay a $0 Copay for access to 24-hour nurseline.
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 members eligible for Medicare-covered immunizations.
Urgently Needed Services	$10 Copay per visit. Worldwide Urgent Coverage: $10 Copay. Blue KC Virtual Care: $0 Copay	$10 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): $100 Copay. X-rays: $0 Copay. Therapeutic radiology services (such as radiation treatment for cancer): 20% Coinsurance. *Prior authorization may be required for certain services.*	Diagnostic tests and procedures: $0 Copay. Lab services: $0 Copay. Diagnostic Radiology Services (such as MRI, CAT Scan): $100 Copay. X-rays: $0 Copay. Therapeutic radiology services (such as radiation treatment for cancer): 20% Coinsurance.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	**Out-of-Network**
Hearing Services	Exam to diagnose and treat hearing and balance issues: $30 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: $30 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.
Home health agency care	$0 Copay	$0 Copay
Home infusion therapy	20% coinsurance	20% coinsurance
Dental Services	Medicare Covered: $30 Copay. 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.	Medicare Covered: $30 Copay. 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): $0-30 Copay. The minimum copay is for diabetic and glaucoma screenings. The maximum copay is for other Medicare covered eye exams. Routine eye exam (up to 1 visit(s) 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): $0-30 Copay. The minimum copay is for diabetic and glaucoma screenings. The maximum copay is for other Medicare covered eye exams. Routine eye exam (up to 1 visit(s) 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: $30 Copay. Individual therapy visit: $5 Copay. Telehealth visit: $0 Copay.	Outpatient group therapy visit: $30 Copay. Individual therapy visit: $5 Copay.
Skilled Nursing Facility (SNF)	Days 1-20: $0 Copay per day. Days 21-100: $125 Copay per day. *Prior Authorization is required and the responsibility of your provider*	Days 1-100: 20% Coinsurance per day.
Physical, Speech and Occupational Therapy	$30 Copay. Telehealth Visit: $0 Copay.	$30 Copay.
Ambulance	Ground Ambulance: $100 Copay. Air Ambulance: $100 Copay. Worldwide Ambulance Coverage: $100 Copay. *May require prior authorization when for non-emergency services.*	Ground Ambulance: $100 Copay. Air Ambulance: $100 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	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. *Prior authorization or Step-therapy may be required for certain services.*	For Part B drugs such as chemotherapy drugs: 20% Coinsurance. Other Part B drugs: 20% Coinsurance.
Opioid treatment program services	Telehealth services: $0 Copay Opioid treatment: $5 Copay per visit	Opioid treatment: $5 Copay per visit

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	**Out-of-Network**
Outpatient substance abuse services	Telehealth services: $0 Copay. Individual therapy visit: $5 Copay. Group therapy visit: $30 Copay.	Individual therapy visit: $5 Copay. Group therapy visit: $30 Copay
Over-the-Counter Items	Your benefit is $500 per year for eligible OTC items.	
Partial hospitalization services	$30 Copay	$30 Copay
Durable Medical Equipment (DME), Prosthetics, and Diabetic Supplies	20% Coinsurance for DME and prosthetic items $0 Copay for Bayer/Ascensia Medicare covered diabetes monitoring devices and supplies, and Continuous Glucose Monitors (CGM) and supplies when obtained at a pharmacy. 20% Coinsurance for all other brands of diabetes monitoring supplies when obtained at a pharmacy or any brand at a DME provider. 20% coinsurance for therapeutic custom-molded shoes or inserts. Our plan covers additional Diabetic services under Uniform Flexibility for individuals with Chronic Conditions.	20% Coinsurance for DME and prosthetic items $0 copay for Bayer/Ascensia Medicare-covered diabetes monitoring devices and supplies, and Continuous Glucose Monitors (CGM) and supplies when obtained at a pharmacy. 20% Coinsurance for all other brands of diabetes monitoring supplies when obtained at a pharmacy or any brand at a DME provider. 20% coinsurance for therapeutic custom-molded shoes or inserts.
Meals	For members who qualify with certain chronic conditions may receive 2 meals per day, for up to 4 weeks (56 meals total), pre-cooked, pre-packaged meals. Members who qualify with certain chronic conditions may also choose nutritional shakes for up to 4 weeks (24 shakes).	

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	**Out-of-Network**
Podiatry Services	Medicare-covered podiatry service: $30 Copay. Routine foot care: $30 copay up to 6 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.	Medicare-covered podiatry service: $30 Copay. Routine foot care: $30 copay up to 6 visits a year.
Pulmonary rehabilitation services	Pulmonary rehabilitation services: $30 Copay.	Pulmonary rehabilitation services: $30 Copay.
Services to treat kidney disease	Kidney disease education services: $0 Copay. Renal dialysis: 0% Coinsurance. Telehealth services: $0 Copay.	Kidney disease education services: $0 Copay Renal dialysis: 0% Coinsurance.
Supervised Exercise Therapy (SET)	SET services: $30 Copay	SET services: $30 Copay
Blue Benefit Bucks	Your plan offers $1,000 per year to spend on extra benefits, like dental, hearing services, prescription eyewear, or non-Medical transportation (Uber or Lyft) beyond any covered benefit.	
Personal Emergency Response Service	Your benefit is one PERS Device per year. GPS enabled wearable device that provides security for individuals who are prone to isolation or are subject to falling. The device is connected to a 24/7 call center to provide support in emergencies or help with general information needs/requests.	
Member & Caregiver Support	Your benefit is 40 hours per year A service of non-clinical individuals who provide assistance with light housekeeping, errand running, or assistance with accessing care (setup for telemedicine appointments, downloading phone apps - like Uber or Lyft)	

<table>
<tr><th colspan="2">PRESCRIPTION DRUG BENEFITS</th></tr>
<tr><td>Deductible</td><td>Prescription Drug Deductible: Not Applicable.</td></tr>
<tr><td>Initial Coverage</td><td>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

<table>
<tr><th>Tier</th><th>One-month supply</th><th>Two-month supply</th><th>Three-month supply</th></tr>
<tr><td>Tier 1 (Preferred Generic)</td><td>$5 copay</td><td>$10 copay</td><td>$10 copay</td></tr>
<tr><td>Tier 2 (Generic)</td><td>$10 copay</td><td>$20 copay</td><td>$20 copay</td></tr>
<tr><td>Tier 3 (Preferred Brand)</td><td>$25 copay</td><td>$50 copay</td><td>$50 copay</td></tr>
<tr><td>Tier 4 (Non-Preferred Drug)</td><td>$50 copay</td><td>$100 copay</td><td>$100 copay</td></tr>
<tr><td>Tier 5 (Specialty Tier)</td><td>33% coinsurance</td><td>Not Applicable</td><td>Not Applicable</td></tr>
</table>
Standard Mail Order

<table>
<tr><th>Tier</th><th>One-month supply</th><th>Two-month supply</th><th>Three-month supply</th></tr>
<tr><td>Tier 1 (Preferred Generic)</td><td>$5 copay</td><td>$10 copay</td><td>$10 copay</td></tr>
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</table>
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/JCMO) for complete information about your costs for covered drugs.</td></tr>
<tr><td>Coverage Gap</td><td>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.</td></tr>
</table>

<table>
<tr><th colspan="2">PRESCRIPTION DRUG BENEFITS</th></tr>
<tr><td></td><td>Our plan covers Tier 1 Preferred Generic in the coverage gap.

Standard Retail Cost-Sharing
<table><tr><th>Tier</th><th>One-month supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>$5 copay</td></tr></table>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.</td></tr>
<tr><td>Catastrophic Amount</td><td>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.</td></tr>
</table>

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 includes 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, www.medicarebluekc.com/JCMO.

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/JCMO.

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

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.