

# BLUE MEDICARE **ADVANTAGE** 2023 Information Kit



George Brett, MLB® and Kansas City Royals Hall of Famer



Kansas City

BLUE MEDICARE  
**ADVANTAGE**

## WITH YOU. FOR YOU. WHEN IT MATTERS MOST.

Your health is important. That's why it's crucial to choose the right Medicare plan — and the right company behind it.

### **Great coverage that's Blue, through and through.**

Blue Cross and Blue Shield of Kansas City (Blue KC) gives you the confidence that comes with knowing you have great coverage.

We're proud to offer Blue Medicare Advantage to our neighbors in 16 counties in and around the KC metro area — with three new counties added this year.

Whatever your health, budget or lifestyle, you'll find a Blue Medicare Advantage plan to fit your needs.

**No other company combines  
homegrown expertise and  
commitment with the strength of  
the Blue Cross and Blue Shield  
of Kansas City network.**

## HOW CAN WE HELP YOU?

- **Have questions about Blue Medicare Advantage plans?**
- **Want help to find the right plan for your needs?**
- **Ready to enroll?**



Please call us at (855) 210-1230 (TTY: 711)  
8 a.m. to 8 p.m., 7 days a week

You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day.

# BLUE, THROUGH & THROUGH HONEST. TRUSTWORTHY. STRAIGHTFORWARD.

Blue KC has been right here serving our community for more than 80 years. We've been your neighbor for generations. People like you know and trust us to provide the coverage and benefits they need, the providers they rely on and the superior local service they deserve.

When it comes to making a big choice like your Medicare coverage, we're the local company who will help you make the right one. It's personal to us because we know it's personal to you. With a Blue KC plan, you can feel confident that your health and wellness is a priority — it's our commitment to you.

## HERE FOR YOU.

- Questions?
- Want help finding the right plan for you?
- Ready to enroll?

**(855) 210-1230 (TTY: 711)**  
**8 a.m. to 8 p.m., 7 days a week**

You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day.



### Blue Medicare Advantage PPO plans are available in:

#### Missouri

- Andrew
- Bates
- Buchanan
- Cass
- Clay
- Clinton
- Henry
- Jackson
- Johnson
- Lafayette
- Platte
- Ray
- Saint Clair
- Vernon

#### Kansas

- Johnson
- Wyandotte

### Blue KC Secure (HMO) is available in:

#### Missouri

- Cass
- Clay
- Clinton
- Jackson
- Lafayette
- Platte
- Ray

#### Kansas

- Johnson
- Wyandotte

### Blue KC Spira Care (HMO) is available in:

#### Kansas

- Johnson
- Wyandotte

#### Missouri

- Jackson

# MEDICARE ADVANTAGE PLANS

## WHAT IS MEDICARE ADVANTAGE?

Medicare is a government program designed to address your health care needs.

**Original Medicare** Part A (hospital insurance) and Part B (medical and doctor visits) are provided through the U.S. government and are referred to as Original Medicare. Most people add Part D (prescription drug), provided through government-approved private insurance carriers, and a Medicare Supplement plan to help bridge the gaps in Medicare coverage.

**Medicare Advantage** (Part C) is an all-in-one alternative to Original Medicare. These bundled plans include Part A and Part B and often Part D, as well as extra benefits like dental and vision. They are run by private insurance carriers with their

own local network of providers, generally Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO) plans.

**Preferred Provider Organization Plans (PPOs)** give you the freedom to use providers outside the plan's network, but you'll maximize your benefits by staying in-network. You'll enjoy in-network coverage nationwide. ER and urgent care are covered worldwide.

With **Health Maintenance Organization Plans (HMOs)** you choose a primary care physician who will guide your care, coordinate your health care decisions and refer you to a specialist if needed. ER and urgent care are covered worldwide.

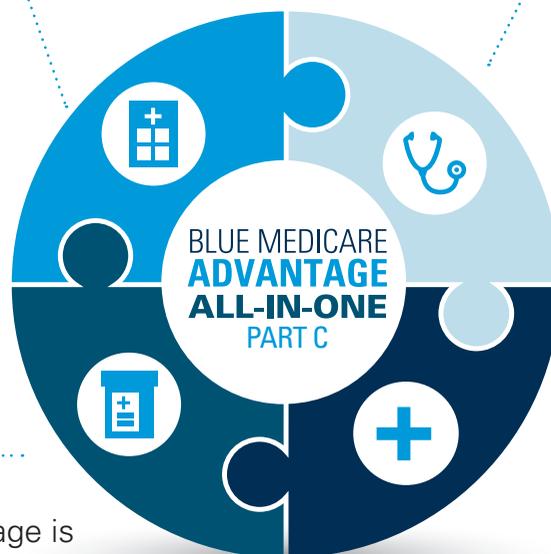
## Blue Medicare Advantage is an all-in-one solution dedicated to your overall health and wellness

### PART A HOSPITAL

Helps cover inpatient costs in a hospital, skilled nursing facility or hospice care.

### PART D PRESCRIPTION DRUGS

Helps you save money on prescription drugs. Coverage is built into most of our Medicare Advantage plans.



### PART B MEDICAL

Helps cover costs for doctors' services, outpatient hospital care, durable medical equipment and other medical services.

### EXTRA BENEFITS

Blue Medicare Advantage plans include valuable extra benefits to protect and improve your health.

# MORE MEDICARE BENEFITS, MORE SAVINGS AND MORE PEACE OF MIND WITH BLUE MEDICARE ADVANTAGE PLANS

Your good health is essential! That's why it is so important to have the right Medicare plan. Blue KC offers a portfolio of Medicare Advantage plans with you in mind.



## **\$0 monthly plan premium**

Enjoy a plan that works hard for you with a \$0 monthly premium.



## **\$0 copay for primary care doctor visits**

Your visits to your in-network primary care physician cost you \$0 out of pocket. Need to see a specialist? No referrals are needed to see a specialist and you have a low copay per visit.



## **\$0 deductibles for your doctor and hospital care**

There is no deductible to meet before your plan begins to pay.



## **\$0 prescription drug deductible and copays**

For our plans with drug coverage, you get up to a 100-day supply of Tier 1 (Preferred Generic) or Tier 2 (Generic) prescription drugs for \$0.



## **Exclusive access to Spira Care Centers with all plans**

As a member, you get access to the advanced primary care experience at Spira Care Centers throughout the Kansas City Metro area. A full array of services under one roof, without the stress!



## **Valuable benefit extras**

You get even more value with our Blue Benefit Bucks card, \$0 Personal Emergency Response System and \$0 copay for up to 40 hours of daily activity support.



## **Low out-of-pocket maximum**

Once you reach your low out-of-pocket maximum for services you receive from in- and out-of-network providers, we will pay the full cost of covered hospital and medical services for the rest of the year.

## **How can we offer a \$0 premium plan?**

It's simple. The federal government pays private insurance carriers like Blue KC to provide coverage to people who are eligible for Medicare Advantage plans. We work hard to manage these dollars carefully and wisely. Our members benefit from the results. Blue KC works with providers to better coordinate care so we can pass those savings on to you in the form of extra benefits, \$0 or low copays, \$0 or low deductibles and \$0 premiums.

# BLUE BENEFIT BUCKS — ONE CARD WITH LOTS OF VALUE

Blue KC makes it flexible for you to use your plan as you decide! Blue Benefit Bucks works like a debit card so it's simple to use. It's loaded with the benefits from the plan you choose and you have the power to spend it based on your personal needs.\*

## Blue KC Essential (PPO) and Blue KC Secure (HMO)

These plans come loaded with a \$500 per year flex benefit allowance to use for eyewear and transportation. Plus, we'll load your \$100 per quarter over-the-counter (OTC) benefit and member rewards\* on the same card. Your OTC allowance accumulates throughout the year, but must be spent by the end of the year.

## Blue KC Simply Blue (PPO) and Blue KC Valor (PPO)

These two plans offer the greatest flexibility so you can customize this benefit to fit your needs. Your Blue Benefit Bucks card comes loaded with \$1,000 for use on health-related services for dental, eyewear, hearing and transportation. You can visit any dentist you like without the worry of a network. This flexibility gives you the power to decide where and how you'd like to use it. Use it all for dental or split it between the other options. This card also comes loaded with a generous OTC benefit of \$500 per year and we'll add your member rewards\* on the same card as you earn them. There's an optional dental buy-up for \$25 per month for an additional \$2,000 that can be used on preventive and comprehensive dental services.

## Blue KC Spira Care

This plan's card comes loaded with an OTC benefit of \$100 per quarter and we'll add your member rewards\* on the same card as you earn them. Your OTC allowance accumulates throughout the year, but must be spent by the end of the year.



\*Blue Benefit Bucks may not be used for any benefit cost sharing.



# BLUE BENEFIT BUCKS — USE YOUR BENEFITS HOW AND WHERE YOU'D LIKE

**The Blue Benefit Bucks card allows you to access up to three wallets on one card, providing you with outstanding value.**

## **Over-the-Counter Benefit**

We offer several options to purchase OTC items! You have the power to purchase your OTC items when and where it's most convenient for you.

- Retail stores: Walmart, Walgreens, CVS, Rite Aid
- Online
- Mail order
- Phone

## **Flex Benefit Allowance**

Most plans include a yearly allowance of \$500 or \$1,000 for use on dental, hearing, eyewear and transportation combined. This means you control how you use this allowance on things most important to you.

## **Member Rewards Program**

All plans have the member rewards program, giving you the opportunity to earn up to \$50 each year by participating in certain healthy activities such as getting your annual physical, breast cancer screening and flu shot.

Blue Benefit Bucks, a Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank, Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated. This is a benefits card that can only be used at certain Mastercard merchants participating in this program and will be authorized for qualified purchases as set forth in your Cardholder Agreement. Valid only in the U.S. No cash access. Other languages are available upon request. This is not a gift card or gift certificate. You have received this card as a gratuity without the payment of any monetary value or consideration.

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# 2023 BENEFIT EXTRAS

**Blue Medicare Advantage** plans have all the extra benefits you need to live a healthy life! Not all plans include all benefits.

## **Blue Benefit Bucks (BBB)**

The BBB is a benefit that gives you access to up to three wallets on one prepaid card. See pages 4 – 5 for details.

## **Dental**

The health of your mouth, teeth and gums is closely related to your overall health. Enjoy a brighter smile with dental benefits in most Blue Medicare Advantage plans.

## **Vision**

Most Blue Medicare Advantage plans offer vision coverage including eyewear, contact lenses and prescription sunglasses. They may also include vision benefits such as coverage for routine eye exams.

## **Hearing**

Your hearing is important to enjoying your retirement activities and to your overall health. Most of our plans offer the option for hearing exams and, if you need it, hearing aid fitting and purchase up to the plan's limit.

## **Transportation**

Many of our plans offer the option to use the easy-to-use Blue Benefit Bucks card to schedule and pay for transportation or to use a one-way trip allowance.

## **Over-the-Counter Benefit**

With Blue Medicare Advantage plans, you get a generous over-the-counter benefit allowance loaded on our easy-to-use Blue Benefit Bucks prepaid debit card for your convenience.

## **Health and Fitness Program**

The SilverSneakers® fitness membership gives you access to fitness equipment, pools and classes at participating locations to promote a healthy lifestyle with alternative options for exercising at home.

## **Member Rewards Program**

All plans give each member the opportunity to earn up to \$50 each year by participating in certain health-related activities such as getting an annual physical.

## **Personal Emergency Response System**

This device provides peace of mind and ensures safety anywhere you go. It enables a fast response to an emergency and can connect directly with a doctor for 24/7 urgent care.

## **Daily Activity Support**

Papa is a support service that provides Papa Pals for up to 40 hours of assistance per year, including help with everyday tasks like light housekeeping, technology assistance, grocery shopping and playing cards.

## **Programs to Help You Manage Care**

Members who qualify receive an invitation to participate in programs related to conditions like diabetes.

*Blue KC Giveback does not include supplemental dental, eyewear, hearing, transportation or OTC benefit.*

# 2023 SUPPLEMENTAL BENEFITS

	Blue KC Secure (HMO)	Blue KC Spira Care (HMO)	Blue KC Essential (PPO)	Blue KC Simply Blue (PPO)	Blue KC Valor (PPO)	Blue KC Giveback (PPO)
Balance and Cognitive Training	✓	✓	✓	✓	✓	
Blue Benefit Bucks	✓	✓	✓	✓	✓	✓
BenefitsCheckUp®	✓	✓	✓	✓	✓	✓
Blue KC Virtual Care	✓	✓	✓	✓	✓	✓
Daily Activity Support	✓	✓	✓	✓	✓	
Dental	✓	✓	✓	✓	✓	
Dental Buy-Up				✓	✓	
Diabetes Care Management Program	✓	✓	✓	✓	✓	✓
Diabetes Prevention Program	✓	✓	✓	✓	✓	✓
Eyewear	✓	✓	✓	✓	✓	
Fitness — SilverSneakers®	✓	✓	✓	✓	✓	✓
Foot Care for Chronic Conditions	✓	✓	✓	✓	✓	✓
Hearing and Hearing Aids	✓	✓	✓	✓	✓	
Meals for Chronic Conditions		✓				
Member Rewards Program	✓	✓	✓	✓	✓	✓
Mindful by Blue KC	✓	✓	✓	✓	✓	✓
Nutritional Counseling	✓	✓	✓	✓	✓	✓
Over-the-Counter Benefit	✓	✓	✓	✓	✓	
Part B Giveback						✓
Personal Emergency Response System	✓	✓	✓	✓	✓	
Smoking and Tobacco Cessation	✓	✓	✓	✓	✓	✓
Transportation	✓	✓	✓	✓	✓	

	HMO PLANS		PPO PLANS				
	Blue KC Secure (HMO)	Blue KC Spira Care (HMO)	Blue KC Essential (PPO)	Blue KC Simply Blue (PPO)	Blue KC Valor (PPO)	Blue KC Giveback (PPO)	
Service Area	Cass, Clinton, Clay, Jackson, Johnson (KS), Lafayette, Platte, Ray, Wyandotte (KS)	Johnson (KS), Wyandotte (KS), Jackson (MO)	Andrew, Bates, Buchanan, Cass, Clinton, Clay, Henry, Jackson, Johnson (KS), Johnson (MO), Lafayette, Platte, Ray, Saint Clair, Vernon, Wyandotte (KS)				
Monthly Premium	\$0	\$0	\$0	\$0	\$0	\$0	
Annual Deductible	\$0	\$0	\$0	\$0	\$0	\$0	
Maximum Out-of-Pocket PPO Plans Are a Combined In- And Out-Of-Network Max	\$3,650	\$3,000	\$3,425	\$4,800	\$4,000	\$7,250	
Part B Giveback	No	No	No	No	No	\$75/month	
	HMO	HMO	In-Network	Out-of-Network	In- and Out-of-Network	In- and Out-of-Network	In- and Out-of-Network
Primary Care Physician Visit	\$0	\$0	\$0	\$25	\$0	\$0	\$0
Specialist Visit	\$30	\$30	\$25	\$50	\$35	\$20	\$30
Spira Care Access	Yes	Yes	Yes		Yes	Yes	Yes
Emergency Care (Worldwide)	\$125	\$125	\$125		\$95	\$110	\$95
Urgent Care (Worldwide)	\$50	\$50	\$50		\$50	\$50	\$50
X-rays	\$0	\$0	\$10	45%	\$0	\$0	\$0
Diagnostic Procedures and Tests	\$0	\$0	\$10	45%	\$0	\$0	\$0
Diagnostic Lab Tests	\$0	\$0	\$0	45%	\$0	\$0	\$0
Inpatient Hospital Stay (Acute)	\$285/day, days 1-5 \$0/day, days 6-90*	\$300/day, days 1-5 \$0/day, days 6-90*	\$325/day, days 1-5 \$0/day, days 6-90*	45%	\$300/day, days 1-5 \$0/day, days 6-90*	\$285/day; days 1-6 \$0/day, days 7-90*	\$500/day, days 1-4 \$0/day, days 5-90*
Observation Stay	\$285	\$300	\$325	45%	\$300	\$285	\$500
Surgery (Outpatient Hospital)	\$285	\$300	\$325	45%	\$300	\$285	\$500
Surgery (Ambulatory Surgical Center)	\$285	\$300	\$250	45%	\$250	\$285	\$300
Ambulance (Air and Ground)	\$285	\$300	\$300		\$300	\$285	\$300
Chiropractic	\$20	\$20	\$20	45%	\$20	\$20	\$20
<b>PRESCRIPTION DRUG COVERAGE</b>							
Annual Rx Deductible	\$0	\$0	\$0	\$0	\$0	Not covered	\$0
Prescription Drug Coverage	Covered	Covered	Covered	Covered	Covered		Covered
\$35 Insulin Program	Yes	Yes	Yes	Yes	Yes		Yes
Gap Coverage	Tier 1 and Tier 2	Tier 1 and Tier 2	25% for all Tiers		25% for all Tiers		25% for all Tiers
<b>BENEFIT EXTRAS</b>							
Dental – Preventive and Comprehensive	\$2,000 annual maximum	\$2,000 annual maximum	\$1,000 annual maximum		\$1,000 flex benefit for dental, hearing, eyewear and transportation combined	\$1,000 flex benefit for dental, hearing, eyewear and transportation combined	Not covered
Eyewear	\$500 flex benefit for transportation and eyewear combined	\$300 per year	\$500 flex benefit for transportation and eyewear combined		Optional Dental buy-up: \$25/mo for an additional \$2,000 for preventive and comprehensive dental	Optional Dental buy-up: \$25/mo for an additional \$2,000 for preventive and comprehensive dental	
Transportation		20 one-way trips					
Hearing and Hearing Aids	\$0 hearing exam; up to \$500 per ear per year for hearing aids	\$0 hearing exam; up to \$500 per ear per year for hearing aids	\$0 hearing exam; up to \$500 per ear per year for hearing aids				
Over-the-Counter Benefit	\$100 per quarter	\$100 per quarter	\$100 per quarter		\$500 per year	\$500 per year	

\*After 90 days, our plan covers an unlimited number of additional days for an inpatient stay at \$0 copay. This is not a full description of benefits. Please refer to the Evidence of Coverage for a full list of benefits.

Out-of-network/noncontracted providers are under no obligation to treat members, except in emergency situations. Call customer service or see your Evidence of Coverage for information including the cost-sharing that applies to out-of-network services.

# BLUE MEDICARE ADVANTAGE PLANS AT-A-GLANCE — BENEFITS AND PRESCRIPTION DRUG COVERAGE

## HMO PRESCRIPTION DRUG COVERAGE

## PPO PRESCRIPTION DRUG COVERAGE

	Blue KC Secure		Blue KC Spira Care			Blue KC Essential		Blue KC Simply Blue		Blue KC Giveback	
	30-day Supply	90- or 100-day Supply	30-day Supply	90- or 100-day Supply		30-day Supply	90- or 100-day Supply	30-day Supply	90- or 100-day Supply	30-day Supply	90- or 100-day Supply
<b>Annual Deductible</b>	No deductible		No deductible		<b>Annual Deductible</b>	No deductible		No deductible		No deductible	
<b>Preferred Generics (Tier 1)</b>	\$0 copay	\$0 copay (100-day)	\$0 copay	\$0 copay (100-day)	<b>Preferred Generics (Tier 1)</b>	\$0 copay	\$0 copay (100-day)	\$0 copay	\$0 copay (100-day)	\$0 copay	\$0 copay (100-day)
<b>Generics (Tier 2)</b>	\$5 copay	\$0 copay (100-day)	\$5 copay	\$0 copay (100-day)	<b>Generics (Tier 2)</b>	\$10 copay	\$0 copay (100-day)	\$10 copay	\$0 copay (100-day)	\$10 copay	\$0 copay (100-day)
<b>Preferred Brands (Tier 3)</b>	\$47 copay	\$141 copay (90-day)	\$47 copay	\$141 copay (90-day)	<b>Preferred Brands (Tier 3)</b>	\$47 copay	\$141 copay (90-day)	\$47 copay	\$141 copay (90-day)	\$47 copay	\$141 copay (90-day)
<b>Non-Preferred Drugs (Tier 4)</b>	\$100 copay	\$300 copay (90-day)	\$100 copay	\$300 copay (90-day)	<b>Non-Preferred Drugs (Tier 4)</b>	\$100 copay	\$300 copay (90-day)	\$100 copay	\$300 copay (90-day)	\$100 copay	\$300 copay (90-day)
<b>Specialty Drugs (Tier 5)</b>	\$100 copay or 33% coinsurance, whichever is greater	N/A	\$100 copay or 33% coinsurance, whichever is greater	N/A	<b>Specialty Drugs (Tier 5)</b>	\$100 copay or 33% coinsurance, whichever is greater	N/A	\$100 copay or 33% coinsurance, whichever is greater	N/A	\$100 copay or 33% coinsurance, whichever is greater	N/A
<b>Gap Coverage</b>	Tier 1 and Tier 2		Tier 1 and Tier 2		<b>Gap Coverage</b>	Original Medicare Standard: 25% for all Tiers		Original Medicare Standard: 25% for all Tiers		Original Medicare Standard: 25% for all Tiers	
<b>\$35 Insulin Program</b>	Yes		Yes		<b>\$35 Insulin Program</b>	Yes		Yes		Yes	

Blue KC Valor does not include Prescription Drug coverage.

# BEYOND BENEFITS:

## CARE AND SERVICE THAT ARE SECOND TO NONE

Getting the Medicare coverage and cost savings you want is important. Access to trusted, quality care and service is essential. Through our long relationships in the health care community, Blue KC has developed a strong network of top doctors and medical centers.

To see a full list of in-network providers, visit:  
**[MedicareBlueKC.com/Find-a-Doctor](https://www.MedicareBlueKC.com/Find-a-Doctor)**

### **You have in-network access to these leading hospitals:**

- AdventHealth
- Cameron Regional
- Excelsior Springs Hospital
- HCA Midwest Health System
- Liberty Hospital
- Mosaic Life Care (PPO plan only)
- North Kansas City Hospital
- Olathe Health System
- Providence Medical Center
- Saint Luke's Health System
- St. Joseph Medical Center
- St. Mary's Medical Center
- Truman Medical Center
- The University of Kansas Hospital

# TAKE A CLOSER LOOK

In the following pages, you'll see details of all our Blue Medicare Advantage plans. If you have questions or want help to match the right one to your needs, please give us a call. Our Medicare advisors are happy to answer your questions and provide the personal service and attention you deserve. If you have a local Medicare agent, they can help you choose a Blue KC plan, too.

## HMO Plans

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## PPO Plans

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Blue KC Valor	page 54
Blue KC Giveback	page 63

## Blue KC Secure (HMO)

January 1, 2023 – December 31, 2023

### 2023 Summary of Benefits

#### Medicare Advantage Plan with Part D Prescription Drug Coverage

To join Blue KC Secure (HMO), 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](http://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](http://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 1-855-208-8246, 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](http://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](http://www.medicarebluekc.com).

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## SUMMARY OF BENEFITS

Blue KC Secure (HMO)

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

<b>Monthly Plan Premium</b>	You do not pay a separate monthly plan premium for Blue KC Secure (HMO). You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
<b>Maximum Out-of-Pocket Responsibility</b>	Your yearly limit(s) in this plan: <ul style="list-style-type: none"> <li>• \$3,650 for services you receive from in-network providers.</li> </ul> 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.
<b>Prior Authorization</b>	Some in-network services may require prior authorization and are indicated with a (PA).

### COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network
<b>Inpatient Hospital (PA)</b>	<p><b><u>Medical Facility:</u></b> Days 1-5: \$285 Copay per day for each admission. Days 6-90: \$0 Copay per day. Our plan covers an unlimited number of additional days for an inpatient hospital stay at \$0 Copay.</p> <p><b><u>Mental Health Facility:</u></b> Days 1-5: \$285 Copay per day for each admission. Days 6-90: \$0 Copay per day.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>	
	<b>In-Network</b>
<b>Outpatient Hospital (PA)</b>	<p>Observation: \$285 Copay.</p> <p>Outpatient Hospital, all other services: 20% Coinsurance.</p> <p>Outpatient Surgery: \$285 Copay.</p> <p>Coinsurance applies to lower-level services (IE wound care), copay applies to higher level surgical services.</p>
<b>Ambulatory Surgical Center (PA)</b>	<p>Ambulatory Surgical Center: \$285 Copay - 20% Coinsurance.</p> <p>Coinsurance applies to lower-level services (IE wound care), copay applies to higher level surgical services.</p>
<b>Doctor's Office Visits</b>	<p>Telehealth visit: \$0 Copay.</p> <p>Primary care physician visit: \$0 Copay.</p> <p>Specialist visit: \$20 - \$30 Copay.</p> <p>The lower copay is for Acupuncture Services. The higher copay is for Specialty physician visits.</p>
<b>Preventive Care</b> <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>
<b>Emergency Care</b>	<p>\$125 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: \$125 Copay.</p>
<b>Urgently Needed Services</b>	<p>\$50 Copay per visit.</p> <p>Worldwide Urgent Coverage: \$50 Copay.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>	
	<b>In-Network</b>
<b>Diagnostic Services / Labs/ Imaging (PA)</b>	<p>Diagnostic tests and procedures: \$0 Copay.</p> <p>Lab services: \$0 Copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$100 - \$285 Copay.</p> <p>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.</p> <p>X-rays: \$0 Copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% Coinsurance.</p>
<b>Hearing Services</b>	<p>Exam to diagnose and treat hearing and balance issues: \$30 Copay.</p> <p>Routine hearing exam (up to 1 visit(s) every year): \$0 Copay.</p> <p>Fitting and Evaluation for Hearing Aid (up to 3 visits every year): \$0 Copay.</p> <p>Hearing Aid (up to 2 hearing aids every year): \$0 Copay.</p> <p>Benefit includes up to one hearing aid per ear, per year, up to \$500 benefit allowance per ear every year when scheduled through our hearing partner.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>	
	<b>In-Network</b>
<b>Dental Services (PA)</b>	<p>You pay a \$30 Copay for Medicare-covered dental services.</p> <p>You pay \$0 copay for preventive dental services.</p> <ul style="list-style-type: none"> <li>• Oral Exams &amp; Cleaning</li> <li>• X-rays and fluoride treatment</li> </ul> <p>You pay 50% coinsurance for covered comprehensive dental services.</p> <ul style="list-style-type: none"> <li>• Non-routine, Diagnostic, Periodontic Services</li> <li>• Restorative Services (fillings or crowns)</li> <li>• Endodontic Services (root canal)</li> <li>• Extractions (simple or surgical)</li> </ul> <p>There is a \$2,000 benefit allowance for preventive and comprehensive dental services every year.</p>
<b>Vision Services</b>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 - \$30 Copay.</p> <p>The lower copay applies to diabetic eye exams and glaucoma screening. The higher copay for all other Medicare-covered vision services.</p> <p>Routine eye exam (up to 1 visits every year): \$0 Copay.</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 Copay.</p> <p>You may use your Blue Benefit Bucks card to schedule and pay for eyewear (contacts and glasses) services.</p> <p>There is a \$500 per year benefit allowance every year for transportation and eyewear combined.</p>
<b>Mental Health Care</b>	<p>Outpatient group therapy visit: \$30 Copay.</p> <p>Individual therapy visit: \$30 Copay.</p> <p>Telehealth visit: \$0 Copay.</p>
<b>Skilled Nursing Facility (SNF) (PA)</b>	<p>Days 1-20: \$0 Copay per day.</p> <p>Days 21-100: \$196 Copay per day.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>	
	<b>In-Network</b>
<b>Physical Therapy</b>	Physical Therapy visit: \$30 Copay. Speech Therapy visit: \$30 Copay. Occupational Therapy visit: \$30 Copay. Telehealth Visit: \$0 Copay.
<b>Ambulance (PA)</b>	Ground Ambulance: \$285 Copay. Air Ambulance: \$285 Copay. Worldwide Ambulance Coverage: \$285 Copay.
<b>Transportation</b>	\$0 Copay, unlimited trips. You may use your Blue Benefit Bucks card to schedule and pay for transportation services to any health location. There is a \$500 per year benefit allowance every year for transportation and eyewear combined.
<b>Medicare Part B Drugs (PA)</b>	For Part B drugs such as chemotherapy drugs: 20% Coinsurance. Other Part B drugs: 20% 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)	\$0 Copay	\$0 Copay	\$0 Copay
Tier 2 (Generic)	\$5 Copay	\$10 Copay	\$0 Copay
Tier 3 (Preferred Brand) Covered Insulin	\$47 Copay \$35 Copay	\$94 Copay \$70 Copay	\$141 Copay \$105 Copay
Tier 4 (Non-Preferred Drug)	\$100 Copay	\$200 Copay	\$300 Copay
Tier 5 (Specialty Tier)	\$100 Copay, or 33% coinsurance, whichever is greater	Not Applicable	Not Applicable

#### Standard Mail Order

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

## PRESCRIPTION DRUG BENEFITS

Tier 3 (Preferred Brand) Covered Insulin	\$47 Copay	\$94 Copay	\$141 Copay
	\$35 Copay	\$70 Copay	\$105 Copay
	\$100 Copay	\$200 Copay	\$300 Copay
Tier 4 (Non-Preferred Drug)	\$100 Copay	\$200 Copay	\$300 Copay
Tier 5 (Specialty Tier)	\$100 Copay, or 33% coinsurance, whichever is greater	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.

This plan participates in the Part D Senior Savings program which offers a \$35 copay for a 30-day supply of covered insulin. You pay the same cost during the initial coverage and coverage gap or “donut hole” stages of your benefit. You will pay 5% of the cost of your covered insulin in the catastrophic stage. Your cost may be less if you receive Extra Help from Medicare.

Please call us or see the plan’s **“Evidence of Coverage”** on our website ([www.medicarebluekc.com](http://www.medicarebluekc.com)) 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 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.**

<b>PRESCRIPTION DRUG BENEFITS</b>							
	<p><b>Standard Retail Cost-Sharing</b></p> <table border="1"> <thead> <tr> <th><b>Tier</b></th> <th><b>One-month supply</b></th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$0 Copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$5 Copay</td> </tr> </tbody> </table> <p>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.</p>	<b>Tier</b>	<b>One-month supply</b>	Tier 1 (Preferred Generic)	\$0 Copay	Tier 2 (Generic)	\$5 Copay
<b>Tier</b>	<b>One-month supply</b>						
Tier 1 (Preferred Generic)	\$0 Copay						
Tier 2 (Generic)	\$5 Copay						
<b>Catastrophic Amount</b>	<p>After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs, or</li> <li>• 5% of the cost.</li> </ul>						
<b>Supplemental Services</b>							
<b>Other Benefits</b>	<p>Our plan covers other supplemental services. More details on each of the covered services below are in the information kit and available online.</p> <ul style="list-style-type: none"> <li>• Balance and Cognitive Training</li> <li>• Blue Virtual Care</li> <li>• Diabetes Care Management</li> <li>• Diabetes Prevention Program</li> <li>• Foot Care for Chronic Conditions</li> <li>• Member and Caregiver support</li> <li>• Member Rewards Program</li> <li>• Mindful by Blue KC</li> <li>• Nutritional Counseling</li> <li>• Over-the-Counter (OTC) Benefit</li> <li>• Personal Emergency Response System (PERS)</li> <li>• Smoking Cessation</li> </ul>						

**Blue KC Secure** is a HMO plan with a Medicare contract. Enrollment in **Blue KC Secure** 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.

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.

## Blue KC Spira Care (HMO)

January 1, 2023 – December 31, 2023

### 2023 Summary of Benefits

#### Medicare Advantage Plan with Part D Prescription Drug Coverage

To join Blue KC Spira Care (HMO), 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: Jackson.

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](http://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](http://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 1-855-208-8246, 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](http://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](http://www.medicarebluekc.com).

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## SUMMARY OF BENEFITS

### Blue KC Spira Care (HMO)

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

<b>Monthly Plan Premium</b>	You do not pay a separate monthly plan premium for Blue KC Spira Care (HMO). You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
<b>Maximum Out-of-Pocket Responsibility</b>	Your yearly limit(s) in this plan: <ul style="list-style-type: none"> <li>• \$3,000 for services you receive from in-network providers.</li> </ul> <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>
<b>Prior Authorization</b>	Some in-network services may require prior authorization and are indicated with a (PA).

#### COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network
<b>Inpatient Hospital (PA)</b>	<p><b><u>Medical Facility:</u></b> Days 1-5: \$300 Copay per day for each admission. Days 6-90: \$0 Copay per day.</p> <p>Our plan covers an unlimited number of additional days for an inpatient hospital stay at \$0 Copay.</p> <p><b><u>Mental Health Facility:</u></b> Days 1-5: \$300 Copay per day for each admission. Days 6-90: \$0 Copay per day.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>	
	<b>In-Network</b>
<b>Outpatient Hospital (PA)</b>	<p>Observation: \$300 Copay.</p> <p>Outpatient Hospital, all other services: 20% Coinsurance.</p> <p>Outpatient Surgery: \$300 Copay.</p> <p>Coinsurance applies to lower-level services (IE wound care), copay applies to higher level surgical services.</p>
<b>Ambulatory Surgical Center (PA)</b>	<p>Ambulatory Surgical Center: \$300 Copay - 20% Coinsurance.</p> <p>Coinsurance applies to lower-level services (IE wound care), copay applies to higher level surgical services.</p>
<b>Doctor's Office Visits</b>	<p>Telehealth visit: \$0 Copay.</p> <p>Primary care provider visit: \$0 Copay.</p> <p>Specialist visit: \$20 - \$30 Copay.</p> <p>The lower copay is for Acupuncture Services. The higher copay is for Specialty physician visits.</p>
<b>Preventive Care</b> <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>
<b>Emergency Care</b>	<p>\$125 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: \$125 Copay.</p>
<b>Urgently Needed Services</b>	<p>\$50 Copay per visit.</p> <p>Worldwide Urgent Coverage: \$50 Copay.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>	
	<b>In-Network</b>
<b>Diagnostic Services / Labs/ Imaging (PA)</b>	<p>Diagnostic tests and procedures: \$0 Copay.</p> <p>Lab services: \$0 Copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$200 - \$300 Copay.</p> <p>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.</p> <p>X-rays: \$0 Copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% Coinsurance.</p>
<b>Hearing Services</b>	<p>Exam to diagnose and treat hearing and balance issues: \$30 Copay.</p> <p>Routine hearing exam (up to 1 visit(s) every year): \$0 Copay.</p> <p>Fitting and Evaluation for Hearing Aid (up to 3 visits every year): \$0 Copay.</p> <p>Hearing Aid (up to 2 hearing aids every year): \$0 Copay.</p> <p>Benefit includes up to one hearing aid per ear, per year, up to \$500 benefit allowance per ear every year when scheduled through our hearing partner.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>	
	<b>In-Network</b>
<b>Dental Services (PA)</b>	<p>You pay a \$30 Copay for Medicare-covered dental services.</p> <p>You pay \$0 copay for preventive dental services.</p> <ul style="list-style-type: none"> <li>• Oral Exams &amp; Cleaning</li> <li>• X-rays and fluoride treatment</li> </ul> <p>You pay 50% coinsurance for covered comprehensive dental services.</p> <ul style="list-style-type: none"> <li>• Non-routine, Diagnostic, Periodontic Services</li> <li>• Restorative Services (fillings or crowns)</li> <li>• Endodontic Services (root canal)</li> <li>• Extractions (simple or surgical)</li> </ul> <p>There is a \$2,000 benefit allowance for preventive and comprehensive dental services every year.</p>
<b>Vision Services</b>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 - \$30 Copay.</p> <p>The lower copay applies to diabetic eye exams and glaucoma screening. The higher copay for all other Medicare-covered vision services.</p> <p>Routine eye exam (up to 1 visits every year): \$0 Copay.</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 Copay.</p> <p>Our plan pays up to \$300 every year for eyewear.</p>
<b>Mental Health Care</b>	<p>Outpatient group therapy visit: \$30 Copay.</p> <p>Individual therapy visit: \$30 Copay.</p> <p>Telehealth visit: \$0 Copay.</p>
<b>Skilled Nursing Facility (SNF) (PA)</b>	<p>Days 1-20: \$20 Copay per day.</p> <p>Days 21-100: \$196 Copay per day.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>	
	<b>In-Network</b>
<b>Physical Therapy</b>	Physical Therapy visit: \$30 Copay. Speech Therapy visit: \$30 Copay. Occupational Therapy visit: \$30 Copay. Telehealth Visit: \$0 Copay.
<b>Ambulance (PA)</b>	Ground Ambulance: \$300 Copay. Air Ambulance: \$300 Copay. Worldwide Ambulance Coverage: \$300 Copay.
<b>Transportation</b>	\$0 Copay. 20 One-way trips every year to any health-related location and requires a referral for services from the Plan's service provider.
<b>Medicare Part B Drugs (PA)</b>	For Part B drugs such as chemotherapy and radiation drugs: 20% Coinsurance. Other Part B drugs: 20% 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)	\$0 Copay	\$0 Copay	\$0 Copay
Tier 2 (Generic)	\$5 Copay	\$10 Copay	\$0 Copay
Tier 3 (Preferred Brand) Covered Insulin	\$47 Copay \$35 Copay	\$94 Copay \$70 Copay	\$141 Copay \$105 Copay
Tier 4 (Non-Preferred Drug)	\$100 Copay	\$200 Copay	\$300 Copay
Tier 5 (Specialty Tier)	\$100 Copay, or 33% coinsurance, whichever is greater	Not Applicable	Not Applicable

**Standard Mail Order**

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

**PRESCRIPTION DRUG BENEFITS**

Tier 3 (Preferred Brand) Covered Insulin	\$47 Copay	\$94 Copay	\$141 Copay
	\$35 Copay	\$70 Copay	\$105 Copay
	Tier 4 (Non-Preferred Drug)	\$100 Copay	\$200 Copay
Tier 5 (Specialty Tier)	\$100 Copay, or 33% coinsurance, whichever is greater	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.

This plan participates in the Part D Senior Savings program which offers a \$35 copay for a 30-day supply of covered insulin. You pay the same cost during the initial coverage and coverage gap or “donut hole” stages of your benefit. You will pay 5% of the cost of your covered insulin in the catastrophic stage. Your cost may be less if you receive Extra Help from Medicare.

Please call us or see the plan’s **“Evidence of Coverage”** on our website ([www.medicarebluekc.com](http://www.medicarebluekc.com)) 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 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.**

PRESCRIPTION DRUG BENEFITS							
	<p><b>Standard Retail Cost-Sharing</b></p> <table border="1"> <thead> <tr> <th>Tier</th> <th>One-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$0 Copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$5 Copay</td> </tr> </tbody> </table> <p>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.</p>	Tier	One-month supply	Tier 1 (Preferred Generic)	\$0 Copay	Tier 2 (Generic)	\$5 Copay
Tier	One-month supply						
Tier 1 (Preferred Generic)	\$0 Copay						
Tier 2 (Generic)	\$5 Copay						
<b>Catastrophic Amount</b>	<p>After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs, or</li> <li>• 5% of the cost.</li> </ul>						
Supplemental Services							
Other Benefits	<p>Our plan covers other supplemental services. More details on each of the covered services below are in the information kit and available online.</p> <ul style="list-style-type: none"> <li>• Balance and Cognitive Training</li> <li>• Blue KC Virtual Care</li> <li>• Diabetes Care Management</li> <li>• Diabetes Prevention Program</li> <li>• Foot Care for Chronic Conditions</li> <li>• Meals for Chronic Conditions</li> <li>• Member and Caregiver support</li> <li>• Member Rewards Program</li> <li>• Mindful by Blue KC</li> <li>• Nutritional Counseling</li> <li>• Over-the-Counter (OTC) Benefit</li> <li>• Personal Emergency Response System (PERS)</li> <li>• Smoking Cessation</li> </ul>						

**Blue KC Spira Care** is a HMO plan with a Medicare contract. Enrollment in **Blue KC Spira Care** 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.

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.

## Blue KC Essential (PPO)

January 1, 2023 – December 31, 2023

### 2023 Summary of Benefits

#### Medicare Advantage Plan with Part D Prescription Drug Coverage

To join Blue KC Essential (PPO), 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: Andrew, Bates, Buchanan, Cass, Clay, Clinton, Henry, Jackson, Johnson (MO), 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](http://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](http://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 1-855-208-8246, 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](http://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](http://www.medicarebluekc.com).

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## SUMMARY OF BENEFITS

### Blue KC Essential (PPO)

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

<b>Monthly Plan Premium</b>	You do not pay a separate monthly plan premium for Blue KC Essential (PPO). You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
<b>Maximum Out-of-Pocket Responsibility</b>	Your yearly limit(s) in this plan: <ul style="list-style-type: none"> <li>• \$3,425 for services you receive from in-network providers.</li> <li>• \$3,425 for services you receive from in and out-of-network providers combined.</li> </ul> <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>
<b>Prior Authorization</b>	Some in-network services may require prior authorization and are indicated with a (PA).

#### COVERED MEDICAL AND HOSPITAL BENEFITS

	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Inpatient Hospital (PA)</b>	<p><b><u>Medical Facility:</u></b> Days 1-5: \$325 Copay per day for each admission. Days 6-90: \$0 Copay per day. Our plan covers an unlimited number of additional days for an inpatient hospital stay at \$0 Copay.</p> <p><b><u>Mental Health Facility:</u></b> Days 1-5: \$325 Copay per day for each admission. Days 6-90: \$0 Copay per day.</p>	<p><b><u>Medical Facility:</u></b> 45% Coinsurance per stay.</p> <p><b><u>Mental Health Facility:</u></b> 45% Coinsurance per stay.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Outpatient Hospital (PA)</b>	<p>Observation: \$325 Copay.</p> <p>Outpatient Hospital, all other services: \$50 Copay.</p> <p>Outpatient Surgery: \$325 Copay.</p> <p>Minimum copay applies to lower-level services (IE wound care), and maximum copay applies to higher level surgical services.</p>	<p>Observation: 45% Coinsurance.</p> <p>Outpatient Hospital: 45% Coinsurance.</p> <p>Outpatient Surgery: 45% Coinsurance.</p>
<b>Ambulatory Surgical Center (PA)</b>	<p>Ambulatory Surgical Center: \$50 - \$250 Copay.</p> <p>Minimum copay applies to lower-level services (IE wound care), and maximum copay applies to higher level surgical services.</p>	<p>Ambulatory Surgical Center: 45% Coinsurance.</p>
<b>Doctor's Office Visits</b>	<p>Telehealth visit: \$0 Copay.</p> <p>Primary care provider visit: \$0 Copay.</p> <p>Specialist visit: \$20 - \$25 Copay.</p> <p>The lower copay is for Acupuncture Services. The higher copay is for Specialty physician visits.</p>	<p>Primary care physician visit: \$25 Copay.</p> <p>Specialist visit: \$50 Copay.</p>
<b>Preventive Care</b> (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>You pay a \$25 Copay for all preventive services covered under Original Medicare, when provided by a Primary Care physician.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Emergency Care</b>	<p>\$125 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: \$125 Copay.</p>	<p>\$125 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>
<b>Urgently Needed Services</b>	<p>\$50 Copay per visit.</p> <p>Worldwide Urgent Coverage: \$50 Copay.</p>	<p>\$50 Copay per visit.</p>
<b>Diagnostic Services / Labs/ Imaging (PA)</b>	<p>Diagnostic tests and procedures: \$10 Copay.</p> <p>Lab services: \$0 Copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$100 - \$250 Copay.</p> <p>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.</p> <p>X-rays: \$10 Copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% Coinsurance.</p>	<p>Diagnostic tests and procedures: 45% Coinsurance.</p> <p>Lab services: 45% Coinsurance.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): 45% Coinsurance.</p> <p>X-rays: 45% Coinsurance.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 45% Coinsurance.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Hearing Services</b>	<p>Exam to diagnose and treat hearing and balance issues: \$25 Copay.</p> <p>Routine hearing exam (up to 1 visit every year): \$0 Copay.</p> <p>Fitting and Evaluation for Hearing Aid (up to 3 visits every year): \$0 Copay.</p> <p>Hearing Aid (up to 2 hearing aids every year): \$0 Copay.</p> <p>Benefit includes up to one hearing aid per ear, per year, up to \$500 benefit allowance per ear every year for both in and out-of-network when scheduled through our hearing partner.</p>	<p>Exam to diagnose and treat hearing and balance issues: \$50 Copay.</p> <p>Routine hearing exam (up to 1 visits every year): \$0 Copay.</p> <p>Fitting and Evaluation for Hearing Aid (up to 3 visits every year): \$0 Copay.</p> <p>Hearing Aid (up to 2 hearing aids every year): \$0 Copay.</p> <p>Benefit includes up to one hearing aid per ear, per year, up to \$500 benefit allowance per ear every year for both in and out-of-network when scheduled through our hearing partner.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Dental Services</b>	<p>You pay a \$25 Copay for Medicare-covered dental services.</p> <p>You pay \$0 copay for preventive dental services.</p> <ul style="list-style-type: none"> <li>• Oral Exams &amp; Cleaning</li> <li>• X-rays and fluoride treatment</li> </ul> <p>You pay 50% coinsurance for covered comprehensive dental services.</p> <ul style="list-style-type: none"> <li>• Non-routine, Diagnostic, Periodontic Services</li> <li>• Restorative Services (fillings or crowns)</li> <li>• Endodontic Services (root canal)</li> <li>• Extractions (simple or surgical)</li> <li>• There is a \$1,000 benefit allowance for preventive and comprehensive dental services every year for both in and out-of-network.</li> </ul>	<p>You pay a \$50 Copay for Medicare-covered dental services.</p> <p>You pay 50% coinsurance for preventive dental services.</p> <ul style="list-style-type: none"> <li>• Oral Exams &amp; Cleaning</li> <li>• X-rays and fluoride treatment</li> </ul> <p>You pay 50% coinsurance for covered comprehensive dental services.</p> <ul style="list-style-type: none"> <li>• Non-routine, Diagnostic, Periodontic Services</li> <li>• Restorative Services (fillings or crowns)</li> <li>• Endodontic Services (root canal)</li> <li>• Extractions (simple or surgical)</li> <li>• There is a \$1,000 benefit allowance for preventive and comprehensive dental services every year for both in and out-of-network.</li> </ul>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Vision Services</b>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 - \$25 Copay.</p> <p>The lower copay applies to diabetic eye exams and glaucoma screening. The higher copay for all other Medicare-covered vision services.</p> <p>Routine eye exam (up to 1 visit every year): \$0 Copay.</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 Copay.</p> <p>You may use your Blue Benefit Bucks (BBB) Prepaid card to schedule and pay for eyewear (contacts and glasses) services. There is a \$500 per year benefit allowance every year for transportation and eyewear for both in and out-of-network.</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$50 Copay.</p> <p>Routine eye exam (up to 1 visit every year): \$0 Copay.</p> <p>Eyeglasses or contact lenses after cataract surgery: 45% Coinsurance.</p> <p>You may use your Blue Benefit Bucks (BBB) Prepaid card to schedule and pay for eyewear (contacts and glasses) services. There is a \$500 per year benefit allowance every year for transportation and eyewear for both in and out-of-network.</p>
<b>Mental Health Care</b>	<p>Outpatient group therapy visit: \$25 Copay.</p> <p>Individual therapy visit: \$25 Copay.</p> <p>Telehealth visit: \$0 Copay.</p>	<p>Outpatient group therapy visit: 45% Coinsurance.</p> <p>Individual therapy visit: 45% Coinsurance.</p>
<b>Skilled Nursing Facility (SNF) (PA)</b>	<p>Days 1-20: \$20 Copay per day.</p> <p>Days 21-100: \$196 Copay per day.</p>	<p>Days 1-100: 45% Coinsurance per day.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Physical Therapy</b>	Physical Therapy visit: \$25 Copay. Speech Therapy visit: \$25 Copay. Occupational Therapy visit: \$25 Copay. Telehealth Visit: \$0 Copay.	Physical Therapy visit: 45% Coinsurance. Speech Therapy visit: 45% Coinsurance. Occupational Therapy visit: 45% Coinsurance.
<b>Ambulance (PA)</b>	Ground Ambulance: \$300 Copay. Air Ambulance: \$300 Copay. Worldwide Ambulance Coverage: \$300 Copay.	Ground Ambulance: \$300 Copay. Air Ambulance: \$300 Copay.
<b>Transportation</b>	You may use your Blue Benefit Bucks card to schedule and pay for transportation services to any health location. There is a \$500 per year benefit allowance every year for transportation and eyewear combined and may also be used for dental and hearing aids beyond benefit amount.	You may use your Blue Benefit Bucks card to schedule and pay for transportation services to any health location. There is a \$500 per year benefit allowance every year for transportation and eyewear combined and may also be used for dental and hearing aids beyond benefit amount.
<b>Medicare Part B Drugs (PA)</b>	For Part B drugs such as chemotherapy and radiation drugs: 20% Coinsurance. Other Part B drugs: 20% Coinsurance.	For Part B drugs such as chemotherapy and radiation drugs: 45% Coinsurance. Other Part B drugs: 45% 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)	\$0 Copay	\$0 Copay	\$0 Copay
Tier 2 (Generic)	\$10 Copay	\$20 Copay	\$0 Copay
Tier 3 (Preferred Brand) Covered Insulin	\$47 Copay \$35 Copay	\$94 Copay \$70 Copay	\$141 Copay \$105 Copay
Tier 4 (Non-Preferred Drug)	\$100 Copay	\$200 Copay	\$300 Copay
Tier 5 (Specialty Tier)	\$100 Copay, or 33% coinsurance, whichever is greater	Not Applicable	Not Applicable

#### Standard Mail Order

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 Copay	\$0 Copay	\$0 Copay
Tier 2 (Generic)	\$10 Copay	\$20 Copay	\$0 Copay

## PRESCRIPTION DRUG BENEFITS

	Tier 3 (Preferred Brand) Covered Insulin	\$47 Copay \$35 Copay	\$94 Copay \$70 Copay	\$141 Copay \$105 Copay
	Tier 4 (Non-Preferred Drug)	\$100 Copay	\$200 Copay	\$300 Copay
	Tier 5 (Specialty Tier)	\$100 Copay, or 33% coinsurance, whichever is greater	Not Applicable	Not Applicable
<p>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.</p> <p>This plan participates in the Part D Senior Savings program which offers a \$35 copay for a 30-day supply of covered insulin. You pay the same cost during the initial coverage and coverage gap or “donut hole” stages of your benefit. You will pay 5% of the cost of your covered insulin in the catastrophic stage. Your cost may be less if you receive Extra Help from Medicare.</p> <p>Please call us or see the plan’s <b>“Evidence of Coverage”</b> on our website (<a href="http://www.medicarebluekc.com">www.medicarebluekc.com</a>) for complete information about your costs for covered drugs.</p>				
<b>Coverage Gap</b>	<p>The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660.</p> <p>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 \$7,400, which is the end of the coverage gap.</p>			
<b>Catastrophic Amount</b>	<p>After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs, or</li> <li>• 5% of the cost.</li> </ul>			

Supplemental Services	
Other Benefits	<p>Our plan covers other supplemental services. More details on each of the covered services below are in the information kit and available online.</p> <ul style="list-style-type: none"> <li>• Balance and Cognitive Training</li> <li>• Blue KC Virtual Care</li> <li>• Diabetes Care Management</li> <li>• Diabetes Prevention Program</li> <li>• Foot Care for Chronic Conditions</li> <li>• Member and Caregiver Support</li> <li>• Member Rewards Program</li> <li>• Mindful by Blue KC</li> <li>• Nutritional Counseling</li> <li>• Over-the-Counter (OTC) Benefit</li> <li>• Personal Emergency Response System (PERS)</li> <li>• Smoking Cessation</li> </ul>

**Blue KC Essential** is a Local PPO plan with a Medicare contract. Enrollment in **Blue KC Essential** 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.

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.

## Blue KC Simply Blue (PPO)

January 1, 2023 – December 31, 2023

### 2023 Summary of Benefits

#### Medicare Advantage Plan with Part D Prescription Drug Coverage

To join Simply Blue (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, Henry, Jackson, Johnson (MO), Lafayette, Platte, Ray, St. Clair, and Vernon.

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](http://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](http://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 1-855-208-8246, 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](http://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](http://www.medicarebluekc.com).

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## SUMMARY OF BENEFITS

### Blue KC Simply Blue (PPO)

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

<b>Monthly Plan Premium</b>	You do not pay a separate monthly plan premium for Blue KC Simply Blue (PPO). You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
<b>Maximum Out-of-Pocket Responsibility</b>	Your yearly limit(s) in this plan: <ul style="list-style-type: none"> <li>• \$4,800 for services you receive from in-network providers.</li> <li>• \$4,800 for services you receive from in and out-of-network providers combined.</li> </ul> <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>
<b>Prior Authorization</b>	Some in-network services may require prior authorization and are indicated with a (PA).

#### COVERED MEDICAL AND HOSPITAL BENEFITS

	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Inpatient Hospital (PA)</b>	<p><b><u>Medical Facility:</u></b> Days 1-5: \$300 Copay per day for each admission. Days 6-90: \$0 Copay per day. Our plan covers an unlimited number of additional days for an inpatient hospital stay at \$0 Copay.</p> <p><b><u>Mental Health Facility:</u></b> Days 1-5: \$300 Copay per day for each admission. Days 6-90: \$0 Copay per day.</p>	<p><b><u>Medical Facility:</u></b> Days 1-5: \$300 Copay per day. Days 6-90: \$0 Copay per day.</p> <p><b><u>Mental Health Facility:</u></b> Days 1-5: \$300 Copay per day. Days 6-90: \$0 Copay per day.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Outpatient Hospital (PA)</b>	<p>Observation: \$300 Copay.</p> <p>Outpatient Hospital, all other services: \$50 Copay.</p> <p>Outpatient Surgery: \$300 Copay.</p> <p>Minimum copay applies to lower-level services (IE wound care), and maximum copay applies to higher level surgical services.</p>	<p>Observation: \$300 Copay.</p> <p>Outpatient Hospital, all other services: \$50 Copay.</p> <p>Outpatient Surgery: \$300 Copay.</p> <p>Minimum copay applies to lower-level services (IE wound care), and maximum copay applies to higher level surgical services.</p>
<b>Ambulatory Surgical Center (PA)</b>	<p>Ambulatory Surgical Center: \$50 - \$250 Copay.</p> <p>Minimum copay applies to lower-level services (IE wound care), and maximum copay applies to higher level surgical services.</p>	<p>Ambulatory Surgical Center: \$50 - \$250 Copay.</p> <p>Minimum copay applies to lower-level services (IE wound care), and maximum copay applies to higher level surgical services.</p>
<b>Doctor's Office Visits</b>	<p>Telehealth visit: \$0 Copay.</p> <p>Primary care physician visit: \$0 Copay.</p> <p>Specialist visit: \$20 - \$35 Copay.</p> <p>The lower copay is for Acupuncture Services. The higher copay is for Specialty physician visits.</p>	<p>Primary care physician visit: \$0 Copay.</p> <p>Specialist visit: \$20 - \$35 Copay.</p> <p>The lower copay is for Acupuncture Services. The higher copay is for Specialty physician visit.</p>
<b>Preventive Care</b> (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>You pay a \$0 Copay for all preventive services covered under Original Medicare, when out-of-network.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Emergency Care</b>	<p>\$95 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: \$95 Copay.</p>	<p>\$95 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>
<b>Urgently Needed Services</b>	<p>\$50 Copay per visit.</p> <p>Worldwide Urgent Coverage: \$50 Copay.</p>	<p>\$50 Copay per visit.</p>
<b>Diagnostic Services / Labs/ Imaging (PA)</b>	<p>Diagnostic tests and procedures: \$0 Copay.</p> <p>Lab services: \$0 Copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$100 - \$250 Copay.</p> <p>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.</p> <p>X-rays: \$0 Copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% Coinsurance.</p>	<p>Diagnostic tests and procedures: \$0 Copay.</p> <p>Lab services: \$0 Copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$100 - \$250 Copay.</p> <p>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.</p> <p>X-rays: \$0 Copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% Coinsurance.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Hearing Services</b>	<p>Exam to diagnose and treat hearing and balance issues: \$35 Copay.</p> <p>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 for both in and out-of-network.</p>	<p>Exam to diagnose and treat hearing and balance issues: \$35 Copay.</p> <p>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 for both in and out-of-network.</p>
<b>Dental Services</b>	<p>Medicare Covered Services: \$35 Copay.</p> <p>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 for both in and out-of-network.</p> <p>Additional Dental services are available for an additional premium. See Optional Supplemental Benefits information at bottom of chart.</p>	<p>Medicare Covered Services: \$35 Copay.</p> <p>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 for both in and out-of-network.</p> <p>Additional Dental services are available for an additional premium. See Optional Supplemental Benefits information at bottom of chart.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Vision Services</b>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 - \$35 Copay.</p> <p>The lower copay applies to diabetic eye exams and glaucoma screening. The higher copay for all other Medicare-covered vision services.</p> <p>Routine eye exam (up to 1 visits every year): \$0 Copay.</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 Copay.</p> <p>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 for both in and out-of-network.</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 - \$35 Copay.</p> <p>The lower copay applies to glaucoma screening. The higher copay for all other Medicare-covered vision services.</p> <p>Routine eye exam (up to 1 visit every year): \$0 Copay.</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 Copay.</p> <p>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 for both in and out-of-network.</p>
<b>Mental Health Care</b>	<p>Outpatient group therapy visit: \$35 Copay.</p> <p>Individual therapy visit: \$35 Copay.</p> <p>Telehealth visit: \$0 Copay.</p>	<p>Outpatient group therapy visit: \$35 Copay.</p> <p>Individual therapy visit: \$35 Copay.</p>
<b>Skilled Nursing Facility (SNF) (PA)</b>	<p>Days 1-20: \$0 Copay per day.</p> <p>Days 21-100: \$196 Copay per day.</p>	<p>Days 1-20: \$0 Copay per day.</p> <p>Days 21-100: \$196 Copay per day.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Physical Therapy</b>	Physical Therapy visit: \$35 Copay. Speech Therapy visit: \$35 Copay. Occupational Therapy visit: \$35 Copay. Telehealth Visit: \$0 Copay.	Physical Therapy visit: \$35 Copay. Speech Therapy visit: \$35 Copay. Occupational Therapy visit: \$35 Copay.
<b>Ambulance (PA)</b>	Ground Ambulance: \$300 Copay. Air Ambulance: \$300 Copay. Worldwide Ambulance Coverage: \$300 Copay.	Ground Ambulance: \$300 Copay. Air Ambulance: \$300 Copay.
<b>Transportation</b>	You may use your Blue Benefit Bucks card to schedule and pay for transportation services to any health location. There is a \$1,000 per year benefit allowance every year for dental, hearing services, transportation and eyewear combined for both in and out-of-network.	You may use your Blue Benefit Bucks card to schedule and pay for transportation services to any health location. There is a \$1,000 per year benefit allowance every year for dental, hearing services, transportation and eyewear combined for both in and out-of-network.
<b>Medicare Part B Drugs (PA)</b>	For Part B drugs such as chemotherapy and radiation drugs: 20% Coinsurance. Other Part B drugs: 20% Coinsurance.	For Part B drugs such as chemotherapy and radiation drugs: 20% Coinsurance. Other Part B drugs: 20% 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)	\$0 Copay	\$0 Copay	\$0 Copay
Tier 2 (Generic)	\$10 Copay	\$20 Copay	\$0 Copay
Tier 3 (Preferred Brand) Covered Insulin	\$47 Copay \$35 Copay	\$94 Copay \$70 Copay	\$141 Copay \$105 Copay
Tier 4 (Non-Preferred Drug)	\$100 Copay	\$200 Copay	\$300 Copay
Tier 5 (Specialty Tier)	\$100 Copay, or 33% coinsurance, whichever is greater	Not Applicable	Not Applicable

**Standard Mail Order**

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 Copay	\$0 Copay	\$0 Copay
Tier 2 (Generic)	\$10 Copay	\$20 Copay	\$0 Copay

**PRESCRIPTION DRUG BENEFITS**

Tier 3 (Preferred Brand) Covered Insulin	\$47 Copay  \$35 Copay	\$94 Copay  \$70 Copay	\$141 Copay  \$105 Copay
Tier 4 (Non-Preferred Drug)	\$100 Copay	\$200 Copay	\$300 Copay
Tier 5 (Specialty Tier)	\$100 Copay, or 33% coinsurance, whichever is greater	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.

This plan participates in the Part D Senior Savings program which offers a \$35 copay for a 30-day supply of covered insulin. You pay the same cost during the initial coverage and coverage gap or “donut hole” stages of your benefit. You will pay 5% of the cost of your covered insulin in the catastrophic stage. Your cost may be less if you receive Extra Help from Medicare.

Please call us or see the plan’s **“Evidence of Coverage”** on our website ([www.medicarebluekc.com](http://www.medicarebluekc.com)) 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 25% of the plan's cost for covered generic drugs until your costs total \$7,400, which is the end of the coverage gap.

**Catastrophic Amount**

After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:

- \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs, or
- 5% of the cost.

<b>OPTIONAL SUPPLEMENTAL BENEFITS</b>	
<b>Covered Preventive &amp; Comprehensive Dental Services</b>	<p>Our plan pays up to \$2,000 every year for both in and out-of-network preventive and comprehensive Dental Services.</p> <p>Preventive Dental Services:</p> <ul style="list-style-type: none"> <li>• \$0 Copay for Oral Exams &amp; Cleaning</li> <li>• \$0 Copay for X-rays and fluoride treatment</li> </ul> <p>Comprehensive Dental Services:</p> <ul style="list-style-type: none"> <li>• 20% Coinsurance for Non-routine Services</li> <li>• 20% Coinsurance for Diagnostic Services</li> <li>• 20% - 50% Coinsurance for Restorative services</li> <li>• 50% Coinsurance for Endodontics</li> <li>• 50% Coinsurance for Periodontics</li> <li>• 20% Coinsurance for Extractions</li> </ul>
<b>How much is the monthly premium?</b>	If you elect this optional supplemental benefit, you will pay an additional \$25 per month. You must also keep paying your Medicare Part B premium and your plan monthly premium.
<b>How much is the deductible?</b>	There is no deductible.
<b>What is the maximum payment that this plan will pay per calendar year?</b>	This dental plan will pay up to \$2,000 maximum per calendar year.

## 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.

- Balance and Cognitive Training
- Blue KC Virtual Care
- Diabetes Care Management
- Diabetes Prevention Program
- Foot Care for Chronic Conditions
- Member and Caregiver support
- Member Rewards Program
- Mindful by Blue KC
- Nutritional Counseling
- Over-the-Counter (OTC) Benefit
- Personal Emergency Response System (PERS)
- Smoking Cessation

**Blue KC Simply Blue** is a Local PPO plan with a Medicare contract. Enrollment in **Blue KC Simply Blue** 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.

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.

## Blue KC Valor (PPO)

January 1, 2023 – December 31, 2023

### 2023 Summary of Benefits

#### Medicare Advantage Plan (No Part D Prescription Drug Coverage)

To join Blue KC Valor (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, Henry, Jackson, Johnson (MO), Lafayette, Platte, St. Clair, Ray, and Vernon.

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](http://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](http://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](http://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](http://www.medicarebluekc.com).

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## SUMMARY OF BENEFITS

### Blue KC Valor (PPO)

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

<b>Monthly Plan Premium</b>	You do not pay a separate monthly plan premium for Blue KC Valor (PPO). You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	Medical Deductible: Not Applicable.
<b>Maximum Out-of-Pocket Responsibility</b>	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$4,000 for services you receive from in-network providers.</li> <li>• \$4,000 for services you receive from in and out-of-network providers combined.</li> </ul> <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. Please note that you will still need to pay your monthly premiums.</p>
<b>Prior Authorization</b>	Some in-network services may require prior authorization and are indicated with a (PA).

#### COVERED MEDICAL AND HOSPITAL BENEFITS

	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Inpatient Hospital (PA)</b>	<p><b><u>Medical Facility:</u></b> 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.</p> <p><b><u>Mental Health Facility:</u></b> Days 1-6: \$285 Copay per day for each admission. Days 7-90: \$0 Copay per day.</p>	<p><b><u>Medical Facility:</u></b> Days 1-6: \$285 Copay per day. Days 7-90: \$0 Copay per day. <b><u>Mental Health Facility:</u></b> Days 1-6: \$285 Copay per day. Days 7-90: \$0 Copay per day.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Outpatient Hospital (PA)</b>	<p>Observation: \$285 Copay.</p> <p>Outpatient Hospital, all other services: \$50 Copay.</p> <p>Outpatient Surgery: \$285 Copay.</p> <p>Minimum copay applies to lower-level services (IE wound care), and maximum copay applies to higher level surgical services.</p>	<p>Observation: \$285 Copay.</p> <p>Outpatient Hospital, all other services: \$50 Copay.</p> <p>Outpatient Surgery: \$285 Copay.</p> <p>Minimum copay applies to lower-level services (IE wound care), and maximum copay applies to higher level surgical services.</p>
<b>Ambulatory Surgical Center (PA)</b>	<p>Ambulatory Surgical Center: \$50 - \$285 Copay.</p> <p>Minimum copay applies to lower-level services (IE wound care), and maximum copay applies to higher level surgical services.</p>	<p>Ambulatory Surgical Center: \$50 - \$285 Copay.</p> <p>Minimum copay applies to lower-level services (IE wound care), and maximum copay applies to higher level surgical services.</p>
<b>Doctor's Office Visits</b>	<p>Telehealth visit: \$0 Copay.</p> <p>Primary care physician visit: \$0 Copay.</p> <p>Specialist visit: \$20 Copay.</p>	<p>Primary care physician visit: \$0 Copay.</p> <p>Specialist visit: \$20 Copay.</p>
<b>Preventive Care</b> (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>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>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Emergency Care</b>	<p>\$110 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: \$110 Copay.</p>	<p>\$110 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>
<b>Urgently Needed Services</b>	<p>\$50 Copay per visit.</p> <p>Worldwide Urgent Coverage: \$50 Copay.</p>	<p>\$50 Copay per visit.</p>
<b>Diagnostic Services / Labs/ Imaging (PA)</b>	<p>Diagnostic tests and procedures: \$0 Copay.</p> <p>Lab services: \$0 Copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$185 - \$285 Copay.</p> <p>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.</p> <p>X-rays: \$0 Copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% Coinsurance.</p>	<p>Diagnostic tests and procedures: \$0 Copay.</p> <p>Lab services: \$0 Copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$185 - \$285 Copay.</p> <p>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.</p> <p>X-rays: \$0 Copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% Coinsurance.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Hearing Services</b>	<p>Exam to diagnose and treat hearing and balance issues: \$20 Copay.</p> <p>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.</p>	<p>Exam to diagnose and treat hearing and balance issues: \$20 Copay.</p> <p>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.</p>
<b>Dental Services</b>	<p>Medicare Covered Services: \$20 Copay.</p> <p>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 for both in and out-of-network.</p> <p>Additional Dental services are available for an additional premium. See Optional Supplemental Benefits information at bottom of chart.</p>	<p>Medicare Covered Services: \$20 Copay.</p> <p>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 for both in and out-of-network.</p> <p>Additional Dental services are available for additional premium. See Optional Supplemental Benefits information at bottom of chart.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Vision Services</b>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 - \$20 Copay.</p> <p>The lower copay applies to diabetic eye exams and glaucoma screening. The higher copay for all other Medicare-covered vision services.</p> <p>Routine eye exam (up to 1 visits every year): \$0 Copay.</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 Copay.</p> <p>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 both in and out-of-network.</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 - \$20 Copay.</p> <p>The lower copay applies to diabetic eye exams and glaucoma screening. The higher copay for all other Medicare-covered vision services.</p> <p>Routine eye exam (up to 1 visit every year): \$0 Copay.</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 Copay.</p> <p>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 for both in and out-of-network.</p>
<b>Mental Health Care</b>	<p>Outpatient group therapy visit: \$20 Copay.</p> <p>Individual therapy visit: \$20 Copay.</p> <p>Telehealth visit: \$0 Copay.</p>	<p>Outpatient group therapy visit: \$20 Copay.</p> <p>Individual therapy visit: \$20 Copay.</p>
<b>Skilled Nursing Facility (SNF) (PA)</b>	<p>Days 1-20: \$0 Copay per day.</p> <p>Days 21-100: \$196 Copay per day.</p>	<p>Days 1-20: \$0 Copay per day.</p> <p>Days 21-100: \$196 Copay per day.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Physical Therapy</b>	Physical Therapy visit: \$20 Copay. Speech Therapy visit: \$20 Copay. Occupational Therapy visit: \$20 Copay. Telehealth Visit: \$0 Copay.	Physical Therapy visit: \$20 Copay. Speech Therapy visit: \$20 Copay. Occupational Therapy visit: \$20 Copay.
<b>Ambulance (PA)</b>	Ground Ambulance: \$285 Copay. Air Ambulance: \$285 Copay. Worldwide Ambulance Coverage: \$285 Copay.	Ground Ambulance: \$285 Copay. Air Ambulance: \$285 Copay.
<b>Transportation</b>	You may use your Blue Benefit Bucks card to schedule and pay for transportation services to any health location. There is a \$1,000 per year benefit allowance every year for transportation 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 \$1,000 per year benefit allowance every year for transportation and eyewear combined.
<b>Medicare Part B Drugs (PA)</b>	For Part B drugs such as chemotherapy and radiation drugs: 20% Coinsurance. Other Part B drugs: 20% Coinsurance.	For Part B drugs such as chemotherapy and radiation drugs: 20% Coinsurance. Other Part B drugs: 20% Coinsurance.

<b>OPTIONAL SUPPLEMENTAL BENEFITS</b>	
<b>Covered Preventive &amp; Comprehensive Dental Services (PA)</b>	<p>Our plan pays up to \$2,000 every year for both in and out-of-network preventive and comprehensive Dental Services.</p> <p>Preventive Dental Services:</p> <ul style="list-style-type: none"> <li>• \$0 Copay for Oral Exams &amp; Cleaning</li> <li>• \$0 Copay for X-rays and fluoride treatment</li> </ul> <p>Comprehensive Dental Services:</p> <ul style="list-style-type: none"> <li>• 20% Coinsurance for Non-routine services</li> <li>• 20% Coinsurance for Diagnostic Services</li> <li>• 20% - 50% Coinsurance for Restorative services</li> <li>• 50% Coinsurance for Endodontics</li> <li>• 50% Coinsurance for Periodontics</li> <li>• 20% Coinsurance for Extractions</li> </ul>
<b>How much is the monthly premium?</b>	If you elect this optional supplemental benefit, you will pay an additional \$25 per month. You must also keep paying your Medicare Part B premium and your plan monthly premium.
<b>How much is the deductible?</b>	There is no deductible.
<b>What is the maximum payment that this plan will pay per calendar year?</b>	This dental plan will pay up to \$2,000 maximum per calendar year.

## 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.

- Balance and Cognitive Training
- Blue KC Virtual Care
- Diabetes Care Management
- Diabetes Prevention Program
- Foot Care for Chronic Conditions
- Member and Caregiver support
- Member Rewards Program
- Mindful by Blue KC
- Nutritional Counseling
- Over-the-Counter (OTC) Benefit
- Personal Emergency Response System (PERS)
- Smoking Cessation

**Blue KC Valor** is a Local PPO plan with a Medicare contract. Enrollment in **Blue KC Valor** 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.

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## Blue KC Giveback (PPO)

January 1, 2023 – December 31, 2023

### 2023 Summary of Benefits

#### Medicare Advantage Plan with Part D Prescription Drug Coverage

To join Blue KC Giveback (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, Henry, Jackson, Johnson (MO), Lafayette, Platte, Ray, St. Clair, and Vernon.

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](http://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](http://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 1-855-208-8246, 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](http://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](http://www.medicarebluekc.com).

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## SUMMARY OF BENEFITS

### Blue KC Giveback (PPO)

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

<b>Monthly Plan Premium</b>	You do not pay a separate monthly plan premium for Blue KC Giveback (PPO). You must continue to pay your Medicare Part B premium.
<b>Part B Premium Reduction</b>	You receive up to a \$75 reduction of your monthly Part B premium. The premium reduction applies only to amounts you pay towards your Medicare Part B premium.
<b>Deductible</b>	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
<b>Maximum Out-of-Pocket Responsibility</b>	Your yearly limit(s) in this plan: <ul style="list-style-type: none"><li>• \$7,250 for services you receive from in-network providers.</li><li>• \$7,250 for services you receive from in and out-of-network providers combined.</li></ul> 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.
<b>Prior Authorization</b>	Some in-network services may require prior authorization and are indicated with a (PA).

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Inpatient Hospital (PA)</b>	<p><b><u>Medical Facility:</u></b> Days 1-4: \$500 Copay per day for each admission. Days 5-90: \$0 Copay per day. Our plan covers an unlimited number of additional days for an inpatient hospital stay at \$0 Copay.</p> <p><b><u>Mental Health Facility:</u></b> Days 1-3: \$500 Copay per day for each admission. Days 4-90: \$0 Copay per day.</p>	<p><b><u>Medical Facility:</u></b> Days 1-4: \$500 Copay per day. Days 5-90: \$0 Copay per day.</p> <p><b><u>Mental Health Facility:</u></b> Days 1-3: \$500 Copay per day. Days 4-90: \$0 Copay per day.</p>
<b>Outpatient Hospital (PA)</b>	<p>Observation: \$500 Copay. Outpatient Hospital, all other services: \$50 Copay. Outpatient Surgery: \$500 Copay. Minimum copay applies to lower-level services (IE wound care), and maximum copay applies to higher level surgical services.</p>	<p>Observation: \$500 Copay. Outpatient Hospital, all other services: \$50 Copay. Outpatient Surgery: \$500 Copay. Minimum copay applies to lower-level services (IE wound care), and maximum copay applies to higher level surgical services.</p>
<b>Ambulatory Surgical Center (PA)</b>	<p>Ambulatory Surgical Center: \$50 - \$300 Copay. Minimum copay applies to lower-level services (IE wound care), and maximum copay applies to higher level surgical services.</p>	<p>Ambulatory Surgical Center: \$50 - \$300 Copay. Minimum copay applies to lower-level services (IE wound care), and maximum copay applies to higher level surgical services.</p>
<b>Doctor's Office Visits</b>	<p>Telehealth visit: \$0 Copay. Primary care physician visit: \$0 Copay. Specialist visit: \$30 Copay.</p>	<p>Primary care physician visit: \$0 Copay. Specialist visit: \$30 Copay.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Preventive Care</b> <i>(e.g., flu vaccine, diabetic screenings)</i>	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 a \$0 Copay for all preventive services covered under Original Medicare, when out-of-network.
<b>Emergency Care</b>	\$95 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: \$95 Copay.	\$95 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.
<b>Urgently Needed Services</b>	\$50 Copay per visit.  Worldwide Urgent Coverage: \$50 Copay.	\$50 Copay per visit.

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Diagnostic Services / Labs/ Imaging (PA)</b>	<p>Diagnostic tests and procedures: \$0 Copay.</p> <p>Lab services: \$0 Copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$150 - \$300 Copay.</p> <p>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.</p> <p>X-rays: \$0 Copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% Coinsurance.</p>	<p>Diagnostic tests and procedures: \$0 Copay.</p> <p>Lab services: \$0 Copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$150 - \$300 Copay.</p> <p>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.</p> <p>X-rays: \$0 Copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% Coinsurance.</p>
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues: \$30 Copay.	Exam to diagnose and treat hearing and balance issues: \$30 Copay.
<b>Dental Services</b>	Medicare Covered: \$30 Copay.	Medicare Covered: \$30 Copay.
<b>Vision Services</b>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 - \$30 Copay.</p> <p>The lower copay applies to diabetic eye exams and glaucoma screening. The higher copay for all other Medicare-covered vision services.</p> <p>Routine eye exam (up to 1 visits 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 - \$30 Copay.</p> <p>The lower copay applies to diabetic eye exams and glaucoma screening. The higher copay for all other Medicare-covered vision services.</p> <p>Routine eye exam (up to 1 visit every year): \$0 Copay.</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 Copay.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Mental Health Care</b>	Outpatient group therapy visit: \$30 Copay. Individual therapy visit: \$30 Copay. Telehealth visit: \$0 Copay.	Outpatient group therapy visit: \$30 Copay. Individual therapy visit: \$30 Copay.
<b>Skilled Nursing Facility (SNF) (PA)</b>	Days 1-20: \$0 Copay per day. Days 21-100: \$196 Copay per day.	Days 1-20: \$0 Copay per day. Days 21-100: \$196 Copay per day.
<b>Physical Therapy</b>	Physical Therapy visit: \$30 Copay. Speech Therapy visit: \$30 Copay. Occupational Therapy visit: \$30 Copay. Telehealth Visit: \$0 Copay.	Physical Therapy visit: \$30 Copay. Speech Therapy visit: \$30 Copay. Occupational Therapy visit: \$30 Copay.
<b>Ambulance (PA)</b>	Ground Ambulance: \$300 Copay. Air Ambulance: \$300 Copay. Worldwide Ambulance Coverage: \$300 Copay.	Ground Ambulance: \$300 Copay. Air Ambulance: \$300 Copay.
<b>Transportation</b>	Not Covered.	Not Covered.
<b>Medicare Part B Drugs (PA)</b>	For Part B drugs such as chemotherapy and radiation drugs: 20% Coinsurance. Other Part B drugs: 20% Coinsurance.	For Part B drugs such as chemotherapy and radiation drugs: 20% Coinsurance. Other Part B drugs: 20% 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)	\$0 Copay	\$0 Copay	\$0 Copay
Tier 2 (Generic)	\$10 Copay	\$20 Copay	\$0 Copay
Tier 3 (Preferred Brand) Covered Insulin	\$47 Copay \$35 Copay	\$94 Copay \$70 Copay	\$141 Copay \$105 Copay
Tier 4 (Non-Preferred Drug)	\$100 Copay	\$200 Copay	\$300 Copay
Tier 5 (Specialty Tier)	\$100 Copay, or 33% coinsurance, whichever is greater	Not Applicable	Not Applicable

**Standard Mail Order**

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 Copay	\$0 Copay	\$0 Copay
Tier 2 (Generic)	\$10 Copay	\$20 Copay	\$0 Copay

## PRESCRIPTION DRUG BENEFITS

Tier 3 (Preferred Brand) Covered Insulin	\$47 Copay  \$35 Copay	\$94 Copay  \$70 Copay	\$141 Copay  \$105 Copay
Tier 4 (Non-Preferred Drug)	\$100 Copay	\$200 Copay	\$300 Copay
Tier 5 (Specialty Tier)	\$100 Copay, or 33% coinsurance, whichever is greater	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.

This plan participates in the Part D Senior Savings program which offers a \$35 copay for a 30-day supply of covered insulin. You pay the same cost during the initial coverage and coverage gap or “donut hole” stages of your benefit. You will pay 5% of the cost of your covered insulin in the catastrophic stage. Your cost may be less if you receive Extra Help from Medicare.

Please call us or see the plan’s **“Evidence of Coverage”** on our website ([www.medicarebluekc.com](http://www.medicarebluekc.com)) 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 25% of the plan's cost for covered generic drugs until your costs total \$7,400, which is the end of the coverage gap.

### Catastrophic Amount

After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:

- \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs, or
- 5% of the cost.

Supplemental Services	
Other Benefits	<p>Our plan covers other supplemental services. More details on each of the covered services below are in the information kit and available online.</p> <ul style="list-style-type: none"> <li>• Blue Virtual Care</li> <li>• Diabetes Care Program</li> <li>• Diabetes Prevention Program</li> <li>• Foot Care for Chronic Conditions</li> <li>• Member Rewards Program</li> <li>• Mindful by Blue KC</li> <li>• Nutritional Counseling</li> <li>• Smoking Cessation</li> </ul>

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

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# 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 (855) 210-1230 (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 (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 copay 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.

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# Scope of Sales Appointment Confirmation Form



The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

**Please initial below beside the type of product(s) you want the agent to discuss.**

<input type="checkbox"/>	<b>International Travel Health Insurance Plans</b>
<input type="checkbox"/>	<b>Stand-alone Medicare Prescription Drug Plans (Part D)</b>
<input type="checkbox"/>	<b>Medicare Advantage Plans (Part C) and Cost Plans</b>
<input type="checkbox"/>	<b>Dental/Vision/Hearing Products</b>
<input type="checkbox"/>	<b>Hospital Indemnity Products</b>
<input type="checkbox"/>	<b>Medicare Supplement (Medigap) Products</b>

**By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.** Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or automatically enroll you in a Medicare plan.

<b>Beneficiary or Authorized Representative Signature and Signature Date:</b>	
Signature:	Signature Date:
<b>If you are the authorized representative, please sign above and print below:</b>	
Representative's Name:	Your Relationship to the Beneficiary:
<b>To be completed by Agent:</b>	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	Date Appointment Completed:
<b>[Plan Use Only:]</b>	
Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:	

\*Scope of Appointment documentation is subject to CMS record retention requirements

## Stand-alone Medicare Prescription Drug Plans (Part D)

**Medicare Prescription Drug Plan (PDP):** A standalone plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

## Medicare Advantage Plans (Part C) and Cost Plans

**Medicare Health Maintenance Organization (HMO):** A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare Preferred Provider Organization (PPO) Plan:** A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

**Medicare Private Fee-For-Service (PFFS) Plan:** A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

**Medicare Point of Service (POS) Plan:** A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.

**Medicare Special Needs Plan (SNP):** A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

**Medicare Medical Savings Account (MSA) Plan:** MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

**Medicare Cost Plan:** In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

**Medicare Medicaid Plan (MMP):** An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries.

## Dental/Vision/Hearing Products

Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.

## Hospital Indemnity Products

Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.

## Medicare Supplement (Medigap) Products

Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

# MULTI-LANGUAGE INTERPRETER SERVICES

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at [1-xxx-xxx-xxxx]. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al [1-xxx-xxx-xxxx]. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-xxx-xxx-xxxx。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-xxx-xxx-xxxx。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa [1-xxx-xxx-xxxx]. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au [1-xxx-xxx-xxxx]. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi [1-xxx-xxx-xxxx] sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter [1-xxx-xxx-xxxx]. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 [1-xxx-xxx-xxxx]번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону [1-xxx-xxx-xxxx]. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** ان يدل ؤي ودألا لودج وأ ؤحصلاب قل عتت ؤلئسأ يأ ن ع ؤباج إلل ؤي ن اجم لا يروفلا م جرتملا تامدخ مدقن انن! شذحتي ام صخش موقسي [1-xxx-xxx-xxxx]. ؤل ع انب لاصتالا يوس كئيل ع سيل، يروف م جرتم ؤل ع لوصحلل ؤي ن اجم ؤمدخ هذ. كئتدع اس م ب ؤي ب ر عل.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें [1-XXX-XXX-XXXX] पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero [1-xxx-xxx-xxxx]. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número [1-xxx-xxx-xxxx]. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan [1-xxx-xxx-xxxx]. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer [1-xxx-xxx-xxxx]. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、[1-xxx-xxx-xxxx]にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

## Discrimination is Against the Law

Blue Cross and Blue Shield of Kansas City (Blue KC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Kansas City (Blue KC) does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Kansas City (Blue KC):

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, etc.)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service at 1-866-508-7140 (TTY: 711).

If you believe that Blue Cross and Blue Shield of Kansas City (Blue KC) has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Section 1557 Compliance Coordinator, 2301 Main St., Kansas City, MO 64108, Phone: 816-395-3664, (TTY: 711), Fax: 816-995-1506, E-mail: [grievance\\_coordinator@bluekc.com](mailto:grievance_coordinator@bluekc.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Compliance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, Phone: 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-508-7140 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-508-7140 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-508-7140 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-508-7140 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

Rufnummer: 1-866-508-7140 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-508-7140 (TTY: 711)번으로 전화해 주십시오.

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-866-508-7140 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-508-7140 (رقم هاتف الصم والبكم: 117).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-508-7140 (телетайп: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-508-7140 (ATS: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-508-7140 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-508-7140 (TTY: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-866-508-7140 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-508-7140 (TTY: 711) تماس بگیرید.

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-866-508-7140 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-508-7140 (TTY: 711).





# HOW TO ENROLL

Choose your preferred enrollment method.

It's easy!

## CALL TOLL-FREE (855) 210-1230 (TTY: 711)

October 1 – March 31: Call 8 a.m. to 8 p.m., 7 days a week

April 1 – September 30: You may receive a messaging service on weekends and holidays. Please leave a message and we'll return your call the next business day.

## [MEDICAREBLUEKC.COM/SHOP](http://MEDICAREBLUEKC.COM/SHOP)

## MAIL YOUR COMPLETED ENROLLMENT FORM

An Enrollment Form is included in the back of this kit. Mail the completed application to Blue Cross Blue Shield of Kansas City, PO Box 410080, Kansas City, MO 64141.

### More enrollment options

If you have a Medicare plan insurance agent, you can call your agent to enroll by phone or set up a personal meeting. You may also enroll in our plans through the Centers for Medicare & Medicaid Services (CMS) at <http://www.medicare.gov>. Medicare beneficiaries can also contact 1-800-MEDICARE, 24 hours a day, 7 days a week.



**Need answers  
or help before  
you enroll?**

**Call us at  
(855) 210-1230 (TTY: 711)  
8 a.m. to 8 p.m., 7 days a week**

or visit us at  
**[medicarebluekc.com/shop](http://medicarebluekc.com/shop)**

## When to enroll:

### Annual Enrollment Period (AEP), October 15 – December 7

During this time, you can switch to, drop or join a different Medicare plan.

### Initial Coverage Election Period (ICEP)

If you're turning 65 or becoming eligible for Medicare for the first time, you may enroll three months before to three months after the month you become eligible for Medicare (7-month enrollment window).

### Open Enrollment Period (OEP), January 1 – March 31

If you enrolled in a Medicare Advantage plan during AEP, you may enroll in another Medicare Advantage plan or disenroll from your Medicare Advantage plan and return to Original Medicare. Only one election is allowed during OEP.

### Special Enrollment Period (SEP)

You may be able to enroll at a different time of the year. Visit <http://medicare.gov> or call 1-800-MEDICARE (800) 633-4227 24/7 to learn more.

## WHAT HAPPENS AFTER YOU ENROLL:

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

### CHECK HERE

- PLAN CONFIRMATION/ACCEPTANCE LETTER**  
This includes approval of your enrollment and information on plan features.
- 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 appointment. You will no longer need to use your red, white and blue Medicare card.
- MEMBERS WEBSITE**  
Visit MedicareBlueKC.com to download a copy of the Blue Medicare Advantage Member Handbook and check out other resources to help you maximize your coverage.
- BLUE MEDICARE ADVANTAGE DOCUMENTS**  
Necessary documents will be mailed to you as required by CMS. This may include premium bills, which will be generated every month.

**APPLICATION ENCLOSED.  
ENROLL NOW!**



BLUE MEDICARE  
**ADVANTAGE**

## **Get Medicare Advantage coverage that's Blue, through and through.**

If you want a plan that's right for you, go to the people you know, the people you trust, the people right here in Kansas City.

Call for the personal, caring service you deserve from people who live here, too.

(855) 210-1230 (TTY: 711)  
mabluekc.com/kit

George Brett is a paid celebrity spokesperson and offers no endorsement of any product or service.

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.

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.

Medicare beneficiaries may also enroll in Blue Medicare Advantage through the CMS Medicare Online Enrollment Center located at <http://www.medicare.gov>. Medicare beneficiaries can also contact 1-800-MEDICARE, 24 hours a day, 7 days a week.

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