



**Kansas City**

An Independent Licensee of the Blue Cross and Blue Shield Association

Effective Date: 01/01/2024

Bonner Springs Edwardsville School District

**Health Benefit Plan Summary - Blue-Care HMO Plan**

This Benefit Summary provides only highlights of the services covered by Blue Cross and Blue Shield of Kansas City (Blue KC). For Additional details, exclusions and limitations refer to your member certificate available at [MyBlueKC.com](http://MyBlueKC.com).

**General Plan Information**

**Plan Type**

**Health Maintenance Organization (HMO)**

Members must receive all care from HMO providers except for emergency services. Members choose a primary care physician. Members may self-refer to physician specialists in the Blue-Care network. Urgent care and an exclusive network of specialists are also covered; other services must be ordered by an HMO physician.

**Medical Network(s)**

A complete listing of network hospitals and physicians is available on [MyBlueKC.com](http://MyBlueKC.com).

**In Area:** Blue-Care

**Out-of-Area:** BlueCard Excluded

**Deductible –**

You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.

**In-Network**

Not applicable

**Coinsurance**

Applies only as specified in your contract. Coinsurance is noted in this summary where applicable.

**In-Network**

Member Pays: Not applicable  
Plan Pays: 100%

**Out-of-Pocket Limits – Embedded**

The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.

These cost shares apply to the Out-of-Pocket Limit: Coinsurance, Copays

**Applies to:** All Medical and Rx Cost Sharing

**In-Network**

Individual: \$3,000  
Family: \$7,500

**Customer Service**

**PH:** 816-395-2270 (local) or 1-800-654-0155 (toll free)

**Plan Benefits - Medical**

*When you visit a health care provider's office or clinic...*

**In-Network**

**Physician**

**Primary Care Physician (PCP)** - An internist, family practitioner, general practitioner, or pediatrician. You select a Blue-Care PCP to manage your healthcare needs.

\$40 Copay/Visit

**Specialist** - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.

\$80 Copay/Visit

<b>Other Services &amp; Procedures performed in a provider's office and not included with an office visit</b>	No member cost share
<b>Urgent Care Center</b>	\$80 Copay/Visit
<b>Blue KC Virtual Care - Office Visit</b> Virtual Care provided by Blue KC virtual care partner(s). All other virtual care services subject to applicable cost sharing.	\$80 Copay/Visit
<b>Blue KC Virtual Care - Behavioral Health Therapy</b> Virtual Care provided by Blue KC virtual care partner(s). All other virtual care services subject to applicable cost sharing.	No member cost share
<b>Preventive Screenings &amp; Immunizations (Children &amp; Adults)</b> Blue KC health plans include routine preventive benefits that are consistent with the guidelines developed by the United States Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA), and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Services must be billed with a primary diagnosis of preventive to be covered at 100%. Refer to your member certificate for additional details.	No member cost share
<b>Labs Performed in a Provider's Office/Independent Lab/Urgent Care Facility</b>	No member cost share
<b>Allergy</b>	
<b>Allergy Testing</b>	\$100 Copay/Visit
<b>Allergy Treatment</b>	Allergy Treatment Included in Office Visit Copay
<b>When you need radiology services...</b>	<b>In-Network</b>
<b>X-Ray</b>	No member cost share
<b>Other Radiology Procedures (MRI, CT/PET Scans, MRA)</b> Prior Authorization Policy Applies In-Network	\$200 Copay/Provider per Day
<b>When you have out-patient surgery ...</b>	<b>In-Network</b>
<b>Outpatient Surgery Facility Fees</b> Prior Authorization Policy Applies In-Network	\$500 Copay/Day Limited to Inpatient/Outpatient \$2,500 Copay Max per Calendar Year
<b>Physician (Surgeon) Services</b>	No member cost share
<b>If you need immediate medical attention...</b>	<b>In-Network</b>
<b>Urgent Care Center Office Visit</b>	\$80 Copay/Visit
<b>Emergency Services</b> Copay Waived if Admitted Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	\$200 Copay/Visit
<b>Ground Ambulance</b> Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	No member cost share
<b>Air Ambulance</b>	No member cost share
<b>If you have a hospital stay...</b>	<b>In-Network</b>
<b>Hospital Facility Fees</b> Prior Authorization Policy Applies In-Network	\$500 Copay/Day Limited to Inpatient/Outpatient \$2,500 Copay Max per Calendar Year

<b>Physician (Surgeon) Services</b>	No member cost share
<b><i>If you need help recovering or have other special health needs...</i></b>	<b>In-Network</b>
<b>Skilled Nursing Care</b> Prior Authorization Policy Applies In-Network Maximum benefit of 30 Day(s)/Calendar Year for In-Network	No member cost share
<b>Home Health Services</b> Prior Authorization Policy Applies In-Network Maximum benefit of 60 Visit(s)/Calendar Year for In-Network	No member cost share
<b>Physical Therapy</b> Maximum benefit of 60 Visit(s)/Calendar Year for In-Network	No member cost share
<b>Occupational Therapy</b> Combined with Physical Therapy Limits	No member cost share
<b>Skeletal Manipulation</b> Maximum benefit of 60 Visit(s)/Calendar Year for In-Network	No member cost share
<b>Speech Therapy</b> Maximum benefit of 20 Visit(s)/Calendar Year for In-Network	No member cost share
<b>Hearing Therapy</b> Combined with Speech Therapy Limits	No member cost share
<b>Durable Medical Equipment</b> Prior Authorization Policy Applies In-Network	No member cost share
<b>Inpatient Hospice Services</b> Prior Authorization Policy Applies In-Network Maximum benefit of 14 Day(s)/Lifetime for In-Network	\$250 Copay/Day Limited to Inpatient/Outpatient \$2,500 Copay Max per Calendar Year
<b>Home Hospice Services</b>	No member cost share
<b><i>If you have behavioral health, or substance abuse needs...</i></b>	<b>In-Network</b>
<b>Outpatient Mental Health, Behavioral Health, and Substance Abuse Services</b>	
<b>Office Visit</b>	\$40 Copay/Visit
<b>Therapy</b>	No member cost share
<b>Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Facility Fees)</b> Prior Authorization Policy Applies In-Network	\$500 Copay/Day Limited to Inpatient/Outpatient \$2,500 Copay Max per Calendar Year
<b>Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Physician)</b> Includes: Therapy & Other Services, partial hospitalizations	No member cost share
<b><i>Family Planning &amp; Pregnancy...</i></b>	<b>In-Network</b>
<b>Contraceptive Devices, Implants, and Injections</b> See also pharmacy benefits.	No member cost share
<b>Elective Sterilization – Women</b>	No member cost share

<b>Elective Sterilization – Men</b>	No member cost share
<b>Maternity</b> Dependent Daughters are not covered for maternity services	Covered
<b>Infertility and Impotency Diagnosis and Treatment</b> Pharmacy Coverage: Not Covered	Not covered
<b><i>Routine Vision Care...</i></b>	<b>In-Network</b>
<b>Routine Eye Exam</b> Maximum benefit of 1 Exam(s)/Calendar Year for In-Network	\$10 Copay/Visit
<b>General Pharmacy Information</b>	
<b>Retail Pharmacy Network(s)</b>	RxPremier
<b>Prescription Drug List</b> Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at <a href="http://MyBlueKC.com">MyBlueKC.com</a>	Premium Formulary
<b>Specialty Pharmacy</b> A Specialty Pharmacy is one that provides specialized care for patients with complex chronic health conditions. Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at <a href="http://MyBlueKC.com">MyBlueKC.com</a>	OptumRx Specialty Services PH: 1-855-427-4682
<b>Copay Credit Accumulator Adjustment (CCAA)</b>	Specialty drug copay card dollars will not be included in your deductible and/or out-of-pocket limits. Only your true out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.
<b>Variable Copay Solution (VCS)</b>	When you use a drug copay card, Specialty prescription drugs may be subject to a new plan benefit cost share. This new cost share will not impact you or the price you pay.
<b>Outpatient Prescription Drug Out-of-Pocket Limits</b> The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	<b>In-Network</b> Combined with Medical Out-of-Pocket Limits
<b>Rx Savings Solutions</b> A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at <a href="http://MyBlueKC.com">MyBlueKC.com</a> and stay up-to-date on cost saving opportunities. <b>Email:</b> <a href="mailto:info@rxsavingsllc.com">info@rxsavingsllc.com</a> <b>PH:</b> 1-800-268-4476
<b>Plan Benefits – Pharmacy</b>	
<b><i>When you use a retail or specialty pharmacy...</i></b>	<b>In-Network</b>
<b>Retail Pharmacy (Short-term supply):</b> Up to 34 Days	
<b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> \$12 Copay/Fill Contraceptives – No member cost share
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> \$35 Copay/Fill
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> \$60 Copay/Fill
<b>Retail Pharmacy (Long-term supply):</b> Between 35-102 Days	
<b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> \$24 Copay/Fill

<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> \$70 Copay/Fill
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> \$120 Copay/Fill
<b><i>When you use a mail order pharmacy...</i></b>	<b>In-Network</b>
<b>Mail Order Pharmacy (Mail Order supply: Between 35-102 Days)</b>	
<b>Drug Tier 1:</b> Generic	\$24 Copay/Fill Contraceptives – No member cost share
<b>Drug Tier 2:</b> Preferred	\$70 Copay/Fill
<b>Drug Tier 3:</b> Non-Preferred	\$120 Copay/Fill

### **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.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-395-7126.

如果您，或是您正在協助的對象，有關於 Blue KC 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 1-844-395-7126。

### **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, audio, accessible electronic formats, other formats)
- 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, 844-395-7126 (Toll free), [languagehelp@bluekc.com](mailto:languagehelp@bluekc.com).



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