

Blue KC Essential (PPO)

January 1, 2024 – December 31, 2024

2024 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, Benton, Buchanan, Carroll, Cass, Clay, Clinton, Henry, Jackson, Johnson, Lafayette, Pettis, Platte, Ray, Saline, 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.

If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Have Questions?

Call us at 1-855-208-8246, TTY: 711 from 8 a.m. – 8 p.m. Central Time 7 days a week, October 1 to March 31 and from April 1 to September 30, 8 a.m. – 8 p.m. Central Time, Monday through Friday or go online to our website: www.medicarebluekc.com.

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

SUMMARY OF BENEFITS

Blue KC Essential PPO

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

Monthly Plan Premium	You do not pay a separate monthly plan premium for Blue KC Essential (PPO). You must continue to pay your Medicare Part B premium.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
Maximum Out-of-Pocket Responsibility	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$3,425 for services you receive from in-network providers. • \$3,425 for services you receive from in- and out-of-network providers combined. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
Prior Authorization	Some in-network services may require prior authorization and are indicated with a (PA) for your reference.

COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network	Out-of-Network
Inpatient hospital care (PA)	\$325 per day, days 1-5, \$0 per day, days 6 and beyond, per admission	45%, per admission
Inpatient mental health (PA)	\$325 per day, days 1-5, \$0 per day, days 6-90, per admission	45%, per admission
Outpatient hospital services (PA)	\$50 – \$325 Minimum copay applies to lower-level services (e.g., wound care) and maximum copay applies to higher level surgical services.	45%

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Ambulatory surgical center (PA)	\$50 – \$250 Minimum copay applies to lower-level services (e.g., wound care) and maximum copay applies to higher level surgical services.	45%
Physician/Practitioner services, including doctor's office visits	\$0 – Telehealth visit \$0 – Primary care provider \$30 – Specialist visit \$20 – Chiropractic services \$20 – Medicare-covered Acupuncture	\$25 – Primary care provider \$50 – Specialist visit 45% – Chiropractic services 45% – Medicare-covered Acupuncture
Preventive care <i>(e.g., flu vaccine, diabetic screenings)</i>	\$0	\$25
Emergency care including Worldwide emergency coverage	\$135 If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.	\$135 If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Urgently needed services including Worldwide urgent coverage	\$50 \$0 – Blue KC virtual care	\$50
Outpatient diagnostic tests and therapeutic services and supplies (PA)	\$10 – Diagnostic tests and procedures \$0 – Lab services \$10 – X-rays 20% – Therapeutic radiology services \$100 – \$250 - Diagnostic radiology services (e.g., MRI, CAT Scan) 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.	45% – Diagnostic tests and procedures 45% – Lab services 45% – X-rays 45% – Therapeutic radiology services 45% – Diagnostic radiology services (e.g., MRI, CAT Scan)
Hearing services	\$30 – Medicare-covered exam to diagnose and treat hearing and balance issues \$0 – Routine hearing exam (up to 1 visit(s) every year) \$0 – Fitting and evaluation for hearing aid (up to 12 months after purchase) \$0 – Hearing aid (up to 2 hearing aids every year) Benefit must be accessed through the plan's partner and includes up to one hearing aid per ear, per year, up to \$500 benefit allowance per ear every year.	\$50 – Medicare-covered exam to diagnose and treat hearing and balance issues \$0 – Routine hearing exam (up to 1 visit(s) every year) \$0 – Fitting and evaluation for hearing aid (up to 12 months after purchase) \$0 – Hearing aid (up to 2 hearing aids every year) Benefit must be accessed through the plan's partner and includes up to one hearing aid per ear, per year, up to \$500 benefit allowance per ear every year.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Dental services	<p>\$30 – Medicare-covered dental services</p> <p>\$0 – Preventive dental:</p> <ul style="list-style-type: none"> • Oral exams & cleaning • X-rays and fluoride treatment <p>50% – Comprehensive dental:</p> <ul style="list-style-type: none"> • Non-routine, Diagnostic, Periodontic Services • Restorative Services (fillings or crowns) • Endodontic Services (root canal) • Extractions (simple or surgical) <p>There is a \$1,000 benefit allowance for preventive and comprehensive dental services every year for both in- and out-of-network.</p>	<p>\$50 – Medicare-covered dental services</p> <p>50% – Preventive dental:</p> <ul style="list-style-type: none"> • Oral exams & cleaning • X-rays and fluoride treatment <p>50% – Comprehensive dental:</p> <ul style="list-style-type: none"> • Non-routine, Diagnostic, Periodontic Services • Restorative Services (fillings or crowns) • Endodontic Services (root canal) • Extractions (simple or surgical) <p>There is a \$1,000 benefit allowance for preventive and comprehensive dental services every year for both in- and out-of-network.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Vision care	<p>\$0 – Diabetic eye exam and glaucoma screening</p> <p>\$30 – Medicare-covered eye exam</p> <p>\$0 – Medicare-covered eyeglasses or contact lenses after cataract surgery</p> <p>\$0 – Routine eye exam (up to 1 visit every year)</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for eyewear (contacts and glasses) services. There is a \$500 per year benefit allowance for dental, hearing aids, transportation, and eyewear combined.</p>	<p>\$0 – Diabetic eye exam and glaucoma screening</p> <p>\$50 – Medicare-covered eye exam</p> <p>45% – Medicare-covered eyeglasses or contact lenses after cataract surgery</p> <p>\$0 – Routine eye exam (up to 1 visit every year)</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for eyewear (contacts and glasses) services. There is a \$500 per year benefit allowance for dental, hearing aids, transportation, and eyewear combined.</p>
Outpatient mental health care (Individual and Group)	<p>\$0 – Telehealth visit</p> <p>\$30 – Medicare-covered therapy visit</p>	<p>45% – Medicare-covered therapy visit</p>
Skilled nursing facility (SNF) care (PA)	<p>\$20 per day, days 1-20, \$203 per day, days 21-100</p>	<p>45% per day, days 1-100</p>
Outpatient rehabilitation services	<p>\$0 – Telehealth visit</p> <p>\$30 – Medicare-covered physical therapy and/or speech and language pathology visit</p>	<p>45% – Medicare-covered physical therapy and/or speech and language pathology visit</p>
Ambulance services including ground, air and worldwide (PA)	<p>\$300</p>	<p>\$300</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Transportation	You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for transportation services to any health-related location. There is a \$500 per year benefit allowance for dental, hearing aids, transportation, and eyewear combined.	
Medicare Part B prescription drugs	0-20% The cost-sharing for certain Medicare Part B Prescription Drugs may vary due to Medicare negotiated rate under the Inflation Reduction Act.	45% The cost-sharing for certain Medicare Part B Prescription Drugs may vary due to Medicare negotiated rate under the Inflation Reduction Act.

PRESCRIPTION DRUG BENEFITS				
Deductible	Prescription Drug Deductible: Not Applicable.			
Initial Coverage	You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the drug costs paid by both you and our Part D plan.			
	Preferred Retail Cost-Sharing			
	Tier	One-month supply	Two-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$0	\$0	\$0
	Tier 2 (Generic)	\$10	\$20	\$0
	Tier 3 (Preferred Brand)	\$47	\$94	\$141
	Covered Insulin	\$35	\$70	\$105
	Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300
Tier 5 (Specialty Tier)	\$100, or 33%, whichever is greater	Not Applicable	Not Applicable	

PRESCRIPTION DRUG BENEFITS

Preferred Mail Order

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$10	\$0	\$0
Tier 3 (Preferred Brand)	\$47	\$94	\$141
Covered Insulin	\$35	\$70	\$105
Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300
Tier 5 (Specialty Tier)	\$100, or 33% coinsurance, whichever is greater	Not Applicable	Not Applicable

Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$5	\$10	\$15
Tier 2 (Generic)	\$15	\$30	\$45
Tier 3 (Preferred Brand)	\$47	\$94	\$141
Covered Insulin	\$35	\$70	\$105
Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300
Tier 5 (Specialty Tier)	\$100, or 33% coinsurance, whichever is greater	Not Applicable	Not Applicable

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Tier 5 (Specialty Tier)	\$100, 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.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Please call us or see the plan's "**Evidence of Coverage**" on our website (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 \$5,030.

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 \$8,000, which is the end of the coverage gap.

Catastrophic Amount

After your yearly out-of-pocket drug costs reach \$8,000:

PRESCRIPTION DRUG BENEFITS	
	<ul style="list-style-type: none"> You will stay in this payment stage until the end of the calendar year The plan pays the full cost of your covered Part D drugs
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"> Balance and cognitive training Diabetes care management Footcare for certain conditions Daily activity support Mindful by Blue KC Nutritional counseling Over-the-Counter (OTC) Benefit Personal Emergency Response System (PERS) Smoking cessation

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

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of Kansas City Medicare Advantage 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.