

## Blue KC Secure (HMO)

January 1, 2024 – December 31, 2024

### 2024 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).

## 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) for your reference.

#### COVERED MEDICAL AND HOSPITAL BENEFITS

	<b>In-Network</b>
<b>Inpatient hospital care (PA)</b>	\$285 per day, days 1-5, \$0 per day, days 6-90 and beyond, per admission
<b>Inpatient mental health (PA)</b>	\$285 per day, days 1-5, \$0 per day, days 6-90, per admission

COVERED MEDICAL AND HOSPITAL BENEFITS	
	In-Network
<b>Outpatient hospital services (PA)</b>	20% – \$285 Coinsurance applies to lower-level services (e.g., wound care), copay applies to higher level surgical services.
<b>Ambulatory surgical center (PA)</b>	20% – \$285 Coinsurance applies to lower-level services (e.g., wound care), copay applies to higher level surgical services.
<b>Physician/Practitioner services, including doctor’s office visits</b>	\$0 – Telehealth visit \$0 – Primary care provider \$30 – Specialist visit \$20 – Chiropractic services \$20 – Medicare-covered Acupuncture
<b>Preventive Care</b> <i>(e.g., flu vaccine, diabetic screenings)</i>	\$0
<b>Emergency care including Worldwide emergency coverage</b>	\$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.
<b>Urgently needed services including Worldwide urgent coverage</b>	\$50 \$0 – Blue KC virtual care

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>	
	<b>In-Network</b>
<b>Outpatient diagnostic tests and therapeutic services and supplies (PA)</b>	<p>\$0 – Diagnostic tests and procedures</p> <p>\$0 – Lab services</p> <p>\$0 – X-rays</p> <p>20% – Therapeutic radiology services</p> <p>\$100 – \$285 - Diagnostic radiology services (e.g., MRI, CAT Scan)</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>
<b>Hearing services</b>	<p>\$30 – Medicare-covered exam to diagnose and treat hearing and balance issues</p> <p>\$0 – Routine hearing exam (up to 1 visit(s) every year)</p> <p>\$0 – Fitting and evaluation for hearing aid (up to 12 months after purchase)</p> <p>\$0 – Hearing aid (up to 2 hearing aids every year)</p> <p>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.</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>	
	<b>In-Network</b>
<b>Dental services</b>	<p>\$30 – Medicare-covered dental services</p> <p>\$0 – Preventive dental:</p> <ul style="list-style-type: none"> <li>• Oral exams &amp; cleaning</li> <li>• X-rays and fluoride treatment</li> </ul> <p>50% – Comprehensive dental:</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 care</b>	<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 that may be used for dental, hearing aids, transportation, and eyewear combined.</p>
<b>Outpatient mental health care (Individual and Group)</b>	<p>\$0 – Telehealth visit</p> <p>\$30 – Medicare-covered therapy visit</p>
<b>Skilled nursing facility (SNF) care (PA)</b>	\$20 per day, days 1-20, \$203 per day, days 21-100
<b>Outpatient rehabilitation services</b>	<p>\$0 – Telehealth visit</p> <p>\$30 – Medicare-covered physical therapy and/or speech and language pathology visit</p>

COVERED MEDICAL AND HOSPITAL BENEFITS				
		In-Network		
Ambulance services including ground, air and worldwide (PA)		\$285		
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 (PA)		0%-20%  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.			
	Standard Retail Cost-Sharing			
	Tier	One-month supply	Two-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$0	\$0	\$0
	Tier 2 (Generic)	\$5	\$10	\$0
	Tier 3 (Preferred Brand)	\$47	\$94	\$141
Covered Insulin	\$35	\$70	\$105	

## COVERED MEDICAL AND HOSPITAL BENEFITS

		In-Network		
	Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300
	Tier 5 (Specialty Tier)	\$100, or 33% coinsurance, whichever is greater	Not Applicable	Not Applicable
	<b>Standard Mail Order</b>			
	<b>Tier</b>	<b>One-month supply</b>	<b>Two-month supply</b>	<b>Three-month supply</b>
	Tier 1 (Preferred Generic)	\$0	\$0	\$0
	Tier 2 (Generic)	\$5	\$10	\$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
<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><b>Important Message About What You Pay for Vaccines</b> - Our plan covers most Part D vaccines at no cost to you.</p>				

COVERED MEDICAL AND HOSPITAL BENEFITS							
	In-Network						
	<p><b>Important Message About What You Pay for Insulin</b> - 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.</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 \$5,030.</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 \$8,000, which is the end of the coverage gap.</p> <p><b>Our plan covers Tier 1 Preferred Generic and Tier 2 Generic in the coverage gap.</b></p> <p><b>Standard Retail Cost-Sharing</b></p> <table> <tr> <th>Tier</th><th>One-month supply</th></tr> <tr> <td>Tier 1 (Preferred Generic)</td><td>\$0 Copay</td></tr> <tr> <td>Tier 2 (Generic)</td><td>\$5 Copay</td></tr> </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 \$8,000:</p> <ul style="list-style-type: none"> <li>You will stay in this payment stage until the end of the calendar year</li> <li>The plan pays the full cost of your covered Part D drugs</li> </ul>						
Supplemental Services							
<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>Diabetes care management</li> </ul>						



Supplemental Services	
	<ul style="list-style-type: none"> <li>• Footcare for certain conditions</li> <li>• Daily activity support</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 (HMO)** is an HMO plan with a Medicare contract. Enrollment in **Blue KC Secure (HMO)** 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 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.