

Blue KC Simply Blue (PPO)

January 1, 2024 – December 31, 2024

2024 Summary of Benefits

Medicare Advantage Plan with Part D Prescription Drug Coverage

To join Blue KC 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.

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 Simply Blue (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 Simply Blue (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"> • \$4,800 for services you receive from in-network providers. • \$4,800 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)	\$300 per day, days 1-5, \$0 per day, days 6 and beyond, per admission	\$300 per day, days 1-5, \$0 per day, days 6-90, per admission
Inpatient mental health (PA)	\$300 per day, days 1-5, \$0 per day, days 6-90, per admission	\$300 per day, days 1-5, \$0 per day, days 6-90, per admission
Outpatient hospital services (PA)	<p>\$50 – \$300</p> <p>Minimum copay applies to lower-level services (e.g., wound care), and maximum copay applies to higher level surgical services.</p>	<p>\$50 – \$300</p> <p>Minimum copay applies to lower-level services (e.g., wound care), and maximum copay applies to higher level surgical services.</p>

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.	\$50 – \$250 Minimum copay applies to lower-level services (e.g., wound care), and maximum copay applies to higher level surgical services.
Physician/Practitioner services, including doctor's office visits	\$0 – Telehealth visit \$0 – Primary care provider \$35 – Specialist visit \$20 – Chiropractic services \$20 – Medicare-covered Acupuncture	\$0 – Primary care provider \$35 – Specialist visit \$20 – Chiropractic services \$20 – Medicare-covered Acupuncture
Preventive care <i>(e.g., flu vaccine, diabetic screenings)</i>	\$0	\$0
Emergency care including Worldwide emergency coverage	\$120 If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.	\$120 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)	\$0 – Diagnostic tests and procedures \$0 – Lab services \$0 – 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.	\$0 – Diagnostic tests and procedures \$0 – Lab services \$0 – 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.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Hearing services	<p>\$35 – Medicare-covered exam to diagnose and treat hearing and balance issues</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for hearing aids beyond your benefit.</p> <p>BLUE BENEFIT BUNDLES are based on member selection prior to effective date.</p> <p>Classic Bundle includes a \$1,000 flexible benefit for transportation, eyewear, dental, and hearing aids, \$500 OTC, daily activity support, PERS device, and footcare under Uniformity Flexibility; or</p> <p>Active Bundle includes a \$2,500 flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.</p>	<p>\$35 – Medicare-covered exam to diagnose and treat hearing and balance issues</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for hearing aids beyond your benefit.</p> <p>BLUE BENEFIT BUNDLES are based on member selection prior to effective date.</p> <p>Classic Bundle includes a \$1,000 Flexible Benefit for transportation, eyewear, Dental, and hearing aids, \$500 OTC, daily activity support, PERS device, and footcare under Uniformity Flexibility; or</p> <p>Active Bundle includes a \$2,500 flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.</p>
Dental services	<p>\$35 – Medicare-covered dental services</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for dental services.</p> <p>BLUE BENEFIT BUNDLES are based on member selection prior to effective date.</p>	<p>\$35 – Medicare-covered dental services</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for dental services.</p> <p>BLUE BENEFIT BUNDLES are based on member selection prior to effective date.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
	<p>Classic Bundle includes a \$1,000 flexible benefit for transportation, eyewear, dental, and hearing aids, \$500 OTC, daily activity support, PERS device, and footcare under Uniformity Flexibility; or</p> <p>Active Bundle includes a \$2,500 flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.</p> <p>Additional Dental services are available for an additional premium. See Optional Supplemental Benefits information at bottom of chart.</p>	<p>Classic Bundle includes a \$1,000 flexible benefit for transportation, eyewear, dental, and hearing aids, \$500 OTC, daily activity support, PERS device, and footcare under Uniformity Flexibility; or</p> <p>Active Bundle includes a \$2,500 flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.</p> <p>Additional Dental services are available for an additional premium. See Optional Supplemental Benefits information at bottom of chart.</p>
Vision care	<p>\$0 – Diabetic eye exam and glaucoma screening</p> <p>\$35 – 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.</p> <p>BLUE BENEFIT BUNDLES are based on member selection prior to effective date.</p> <p>Classic Bundle includes a \$1,000 flexible benefit for</p>	<p>\$0 – Diabetic eye exam and glaucoma screening</p> <p>\$35 – 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.</p> <p>BLUE BENEFIT BUNDLES are based on member selection prior to effective date.</p> <p>Classic Bundle includes a \$1,000 flexible benefit for</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
	<p>transportation, eyewear, dental, and hearing aids, \$500 OTC, daily activity support, PERS device, and footcare under Uniformity Flexibility; or</p> <p>Active Bundle includes a \$2,500 flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.</p>	<p>transportation, eyewear, dental, and hearing aids, \$500 OTC, daily activity support, PERS device, and footcare under Uniformity Flexibility; or</p> <p>Active Bundle includes a \$2,500 flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.</p>
Outpatient mental health care (Individual and Group)	<p>\$0 – Telehealth visit</p> <p>\$35 – Medicare-covered therapy visit</p>	\$35 – Medicare-covered therapy visit
Skilled nursing facility (SNF) care (PA)	<p>\$10 per day, days 1-20,</p> <p>\$203 per day, days 21-100</p>	<p>\$10 per day, days 1-20,</p> <p>\$203 per day, days 21-100</p>
Outpatient rehabilitation services	<p>\$0 – Telehealth visit</p> <p>\$35 – Medicare-covered physical therapy and/or speech and language pathology visit</p>	\$35 – Medicare-covered physical therapy and/or speech and language pathology visit
Ambulance services including ground, air and worldwide (PA)	\$300	\$300
Transportation	<p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for transportation services to any health-related location.</p> <p>BLUE BENEFIT BUNDLES are based on member selection prior to effective date.</p>	

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
	<p>Classic Bundle includes a \$1,000 flexible benefit for transportation, eyewear, dental, and hearing aids, \$500 OTC, daily activity support, PERS device, and footcare under Uniformity Flexibility; or</p> <p>Active Bundle includes a \$2,500 flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.</p>	
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.	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)	\$10	\$20	\$0
	Tier 3 (Preferred Brand)	\$47	\$94	\$141
	Covered Insulin	\$35	\$70	\$105
	Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300

PRESCRIPTION DRUG BENEFITS

Tier 5 (Specialty Tier)	\$100, or 33%, whichever is greater	Not Applicable	Not Applicable
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Standard Mail Order

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

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.

PRESCRIPTION DRUG BENEFITS	
Catastrophic Amount	<p>After your yearly out-of-pocket drug costs reach \$8,000:</p> <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

COMBINED SUPPLEMENTAL BENEFITS – Blue Benefit Bundle		
Members must select ONE of the Blue Benefit Bundles prior to effective date. Bundles may not be changed during the plan year.		
	Blue Classic	Blue Active
Covered Services	Classic Bundle includes a flexible benefit for transportation, eyewear, dental, and hearing aids; OTC, daily activity support, PERS device, and eligibility for footcare under Uniformity Flexibility.	Active Bundle includes a flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.
How much is the monthly premium?	You do not pay an additional monthly premium if you elect this supplemental benefit pack. You must keep paying your Medicare Part B premium and your plan monthly premium.	You do not pay an additional monthly premium if you elect this supplemental benefit pack. You must keep paying your Medicare Part B premium and your plan monthly premium.
How much is the deductible?	There is no deductible.	There is no deductible.
What is the maximum allowance?	Classic Bundle includes a \$1,000 flexible benefit and \$500 OTC maximum benefit allowance per calendar year.	Active Bundle includes a \$2,500 maximum flexible benefit allowance per calendar year.

OPTIONAL SUPPLEMENTAL BENEFITS	
Covered Preventive & Comprehensive	<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"> \$0 Copay for oral exams & cleaning

OPTIONAL SUPPLEMENTAL BENEFITS	
Dental Services	<ul style="list-style-type: none"> • \$0 Copay for X-rays and fluoride treatment <p>Comprehensive dental services:</p> <ul style="list-style-type: none"> • 20% Coinsurance for non-routine services • 20% Coinsurance for diagnostic services • 20% - 50% Coinsurance for restorative services • 50% Coinsurance for endodontics • 50% Coinsurance for periodontics • 20% Coinsurance for extractions
How much is the monthly premium?	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.
How much is the deductible?	There is no deductible.
What is the maximum payment that this plan will pay per calendar year?	This dental plan will pay up to \$2,000 maximum per calendar year.

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