

Blue KC Valor (PPO)

January 1, 2024 – December 31, 2024

2024 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.

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.

SUMMARY OF BENEFITS

Blue KC Valor (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 Valor (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"> • \$4,000 for services you receive from in-network providers. • \$4,000 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.</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)	\$285 per day, days 1-6, \$0 per day, days 7 and beyond, per admission	\$285 per day, days 1-6, \$0 per day, days 7-90, per admission
Inpatient mental health (PA)	\$285 per day, days 1-6, \$0 per day, days 7-90, per admission	\$285 per day, days 1-6, \$0 per day, days 7-90, per admission
Outpatient hospital services (PA)	<p>\$50 – \$285</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 – \$285</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 – \$285 Minimum copay applies to lower-level services (e.g., wound care), and maximum copay applies to higher level surgical services.	\$50 – \$285 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 \$20 – Specialist visit \$20 – Chiropractic services \$20 – Medicare-covered Acupuncture	\$0 – Primary care provider \$20 – 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 \$185 – \$285 - 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 \$185 - \$285 – 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.
Hearing services	\$20 – Medicare-covered exam to diagnose and treat hearing and balance issues You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for hearing aids. There is a \$1,000 benefit allowance per year for dental, hearing aids, transportation, and eyewear combined.	\$20 – Medicare-covered exam to diagnose and treat hearing and balance issues You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for hearing aids. There is a \$1,000 benefit allowance per year for dental, hearing aids, transportation, and eyewear combined.

COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network	Out-of-Network
Dental services	<p>\$20 – 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>There is a \$1,000 benefit allowance per year for dental, hearing aids, transportation, and eyewear combined.</p> <p>Additional Dental services are available for an additional premium. See Optional Supplemental Benefits information at bottom of chart.</p>	<p>\$20 – 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>There is a \$1,000 benefit allowance per year for dental, hearing aids, transportation, and eyewear combined.</p> <p>Additional Dental services are available for an additional premium. See Optional Supplemental Benefits information at bottom of chart.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Vision care	<p>\$0 – Diabetic eye exam and glaucoma screening</p> <p>\$20 – 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>There is a \$1,000 per year benefit allowance for dental, hearing aids, transportation, and eyewear combined.</p>	<p>\$0 – Diabetic eye exam and glaucoma screening</p> <p>\$20 – 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>There is a \$1,000 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>\$20 – Medicare-covered therapy visit</p>	<p>\$20 – Medicare-covered therapy visit</p>
Skilled nursing facility (SNF) care (PA)	<p>\$10 per day, days 1-20, \$203 per day, days 21-100</p>	<p>\$10 per day, days 1-20, \$203 per day, days 21-100</p>
Outpatient rehabilitation services	<p>\$0 – Telehealth visit</p> <p>\$20 – Medicare-covered physical therapy and/or speech and language pathology visit</p>	<p>\$20 – Medicare-covered physical therapy and/or speech and language pathology visit</p>
Ambulance services including ground, air and worldwide (PA)	<p>\$285</p>	<p>\$285</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 \$1,000 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.	0%-20% The cost-sharing for certain Medicare Part B Prescription Drugs may vary due to Medicare negotiated rate under the Inflation Reduction Act.
OPTIONAL SUPPLEMENTAL BENEFITS		
Covered preventive & comprehensive dental services (PA)	<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 • \$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 dental plan will pay up to \$2,000 maximum per calendar year.	

COVERED MEDICAL AND HOSPITAL BENEFITS			
		In-Network	Out-of-Network
this plan will pay 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 Valor (PPO) is a Local PPO plan with a Medicare contract. Enrollment in **Blue KC Valor (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.