



BLUE MEDICARE
ADVANTAGE
2020 INFORMATION KIT



Kansas City

BLUE MEDICARE ADVANTAGE

Original Medicare (Parts A and B) can be confusing. It's designed as a safety net, but can leave you with healthcare expenses that quickly add up.

In most cases, Original Medicare requires you to pay a deductible and 20% of your medical bills, along with 100% of the cost of most prescription drugs. Without extra protection, an unexpected illness or injury, or regular prescriptions, can put a strain on your bank account. This is why most people get extra coverage and protection in addition to Original Medicare.

Medicare Part C allows private health insurance companies like Blue KC to provide Medicare benefits known as Medicare Advantage plans. These plans cover everything that Original Medicare covers, and can include extra benefits such as Part D prescription drug coverage.

BLUE MEDICARE ADVANTAGE ALL-IN-ONE PLANS COVER:

PART A HOSPITAL

Medicare Part A is hospital insurance that's free as long as you have worked and paid Social Security taxes for at least 40 calendar quarters (10 years). It helps cover costs if you are a patient in a hospital, a skilled nursing facility or hospice care.

PART D PRESCRIPTIONS

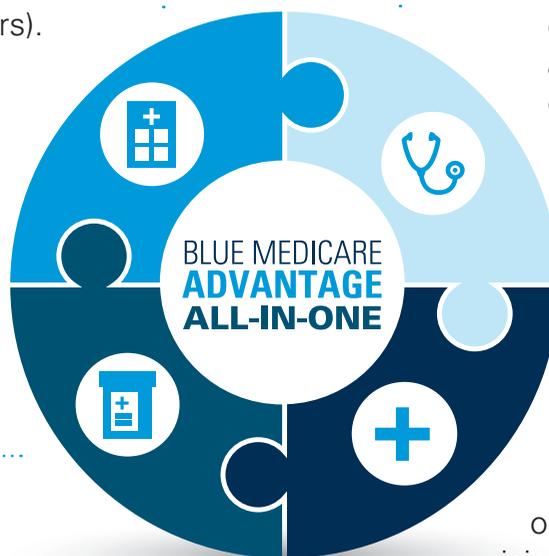
Medicare Part D is outpatient prescription drug coverage. It is offered through private health insurance companies at a separate cost, or built into a Medicare Advantage plan.

PART B MEDICAL

Medicare Part B is medical insurance that helps cover costs for doctors' services, outpatient hospital care, durable medical equipment and other medical services. You must continue to pay your Part B premium if you enroll in a Medicare Advantage plan.

EXTRA BENEFITS

Blue Medicare Advantage offers valuable extras such as an in- and out-of-network* dental allowance, vision eyewear allowance, hearing aid coverage, SilverSneakers®, therapeutic massage** and acupuncture, over-the-counter items allowance and emergency and non-emergency transportation.



*Out-of-network coverage on PPO plans

**Massage available on Essential (PPO) plan only

BLUE MEDICARE ADVANTAGE PLAN HIGHLIGHTS

Blue KC offers four Blue Medicare Advantage plan options.* Take a look and decide which plan complements your financial preferences and healthcare needs: a \$0 Essential (PPO) plan and \$49 Access (PPO) plan with out-of-network benefits, a \$0 Complete (HMO) plan and a \$34 Plus (HMO) plan.

\$0 ESSENTIAL
PLAN (PPO)

\$49 ACCESS
PLAN (PPO)

\$0 COMPLETE
PLAN (HMO)

\$34 PLUS
PLAN (HMO)

HOW CAN WE OFFER A \$0 PREMIUM PLAN?

IT'S SIMPLE: Most people don't realize that the federal government pays private insurance companies to provide coverage to people who are eligible for Medicare. We work hard to manage these dollars carefully and wisely. Our members benefit from the results. Blue KC works with providers to better coordinate care so we can pass those savings on to you in the form of extra benefits, lower copays, no Part D deductibles and \$0 and low premiums.

IN ADDITION TO WHAT IS COVERED BY ORIGINAL MEDICARE, OUR PLANS INCLUDE:



PRESCRIPTION DRUG COVERAGE

All of our plans include a \$0 prescription drug deductible, and our formulary features a broad number of prescription drugs on Tier 1 and Tier 2, so you can save even more.



SILVERSNEAKERS® FITNESS MEMBERSHIP

Enjoy SilverSneakers, the premier senior fitness benefit. Save money and stay fit at more than 13,000 fitness centers at no extra cost.



ROUTINE HEARING EXAMS AND HEARING AID BENEFITS

All of our plans include routine exams and hearing aid coverage.



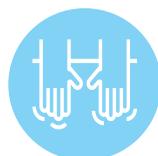
DENTAL COVERAGE

An in- and out-of-network dental allowance is included in our PPO plans. HMO members must use an in-network provider. The allowance covers preventive, routine and comprehensive care and allows you to choose how to use your benefits.



24-HOUR NURSE LINE

Registered nurses are ready to take member calls 7 days a week, 365 days a year.



ACUPUNCTURE AND THERAPEUTIC MASSAGE COVERAGE

Do you have chronic pain or other medical conditions that require acupuncture or massage therapy? Blue Medicare Advantage plans provide coverage for acupuncture. Our Essential (PPO) plan includes therapeutic massage as well.



ROUTINE VISION COVERAGE

We offer an easy-to-use vision allowance on our PPO and HMO plans, which allows you to use your vision benefit the way you want.



TRANSPORTATION

Blue Medicare Advantage provides emergency and non-emergency medical transportation.

*Not all plans available in Buchanan county.

1-855-636-4417 (TTY 711)
8 a.m. to 8 p.m., 7 days a week

WHY TRUST BLUE MEDICARE ADVANTAGE? BECAUSE BLUE KC IS FOCUSED ON YOU.

Blue KC is continually working to ensure Blue Medicare Advantage fits our members' needs. With a large network of doctors and hospitals, we are committed to improving healthcare delivery through a comprehensive approach known as patient-focused care.

CHOOSE FROM A LARGE NETWORK OF DOCTORS AND HOSPITALS.

Our strong, local relationships in the healthcare community have enabled us to develop a robust network of doctors and hospitals. There's a good chance that your doctor or hospital is included in our network.

BLUE MEDICARE ADVANTAGE NETWORK PROVIDERS

- Advent Health
- Cameron Regional
- Excelsior Springs Hospital
- HCA Midwest Health System
- Liberty Hospital
- North Kansas City Hospital
- Mosaic Life Care [Essential (PPO) plan only]*
- Olathe Health System
- Providence Medical Center
- Saint Luke's Health System
- The University of Kansas Hospital

OUR BLUE MEDICARE ADVANTAGE MEMBERS ENJOY:



AFFORDABLE PLAN OPTIONS

Four plan options to choose from with no or low monthly premiums and low copays for doctor visits and prescription drugs.



OUT-OF-POCKET LIMITS

Your hard-earned savings are protected with limits on out-of-pocket expenses.



A CULTURE BUILT AROUND MEMBER SERVICE

Hassle-free claims and prompt attention are part of the Blue KC member service experience.



LOCAL EXPERTISE

Blue KC maintains strong relationships with trusted physicians and hospitals in the Kansas City and St. Joseph area.



ONE OF THE MOST RECOGNIZED AND RESPECTED BRANDS

Blue KC has been your source of trusted guidance and leadership for over 80 years.



EMERGENCY COVERAGE WHEN TRAVELING

Blue Medicare Advantage provides worldwide emergency room and urgent care coverage on all plans.

*Mosaic Life Care included in PPO network only.

FOUR PLAN

OPTIONS

TO SUIT YOUR
BUDGET & NEEDS

With Blue Medicare Advantage Essential, Access, Complete and Plus plans, you're covered with predictable cost-sharing. Get peace of mind with out-of-pocket limits on your Medicare covered medical costs, regardless of how often you see your doctor or go to the hospital.

HOSPITAL & MEDICAL COVERAGE

	In Network	Out of Network
You must continue to pay Part B premium		
Monthly Premium	\$0 per month	
Deductible	\$1000*	
Maximum Out-of-Pocket Limit	\$3,300 per year	\$5,100 per year
<p>Maximum out-of-pocket limit means you will never pay more than the above dollar amount per year for your Medicare-covered medical expenses, even if you have an unexpected illness or injury. If you reach this limit, you will no longer have to pay any copays or coinsurance.</p>		
Primary Care Doctor Visits	\$0 copay	45% coinsurance
Physician Specialist Doctor Visits	\$25 copay	45% coinsurance
Podiatrist Visits	\$25 copay	45% coinsurance
Lab Services	\$0 copay	45% coinsurance
Inpatient Hospital Care	\$250 per day for days 1-4, \$0 per day for days 5-90, \$0 copay for additional days	35% coinsurance
Outpatient Hospital Services	20% coinsurance	45% coinsurance
Outpatient Hospital Surgery	\$250 copay	45% coinsurance
Urgent Care**	\$50 copay	\$50 copay
Emergency Room**	\$120 copay	\$120 copay
Ambulance (Ground & Air)	\$270 copay	\$270 copay

*In-network deductible applies to: Inpatient hospital, inpatient mental health, partial hospitalization, hospital observation, hospital outpatient, ambulatory surgery centers, home health, outpatient substance abuse, air and ground ambulance, dialysis.

**Blue Medicare Advantage provides worldwide emergency room and urgent care coverage.

PART D PRESCRIPTION DRUG COVERAGE

Blue Medicare Advantage includes Part D prescription drug coverage, so you do not need to purchase a separate plan. Without this benefit, you could end up paying all of your prescription drug costs.

30-day Part D Prescription Drug Coverage

	Network Pharmacies
Deductible	\$0
Preferred Generics	\$3 copay
Generics	\$15 copay
Preferred Brands	\$47 copay
Non-Preferred Brands	\$100 copay
Specialty Medications	33% of the cost

90-day at Retail And Mail Order Part D Prescription Drug Coverage

Blue Medicare Advantage offers 90-day prescription refill options that provide additional savings.

	Retail	Mail Order
Preferred Generics	\$0	\$0
Generics	\$0	\$0
Preferred Brands	\$141	\$117.50
Non-Preferred Brands	\$300	\$250
Specialty Medications	N/A	N/A

EXTRA BENEFITS

All plans include valuable benefits not offered by Original Medicare.

SilverSneakers®	Included at no additional cost	Over-the-Counter Items Allowance	\$25/month
Vision Routine Eye Exams	<i>In-Network:</i> \$0 copay/one per year <i>Out-of-Network:</i> 50% coinsurance/one per year	24-Hour Nurse Line	Included at no additional cost
Diabetic Eye Exam	<i>In-Network:</i> \$0 copay/one per year <i>Out-of-Network:</i> 45% coinsurance	Visitor/Travel Benefit	Blue Medicare Advantage (PPO) plans include a Visitor/Travel Benefit through the Blue Cross Blue Shield MA PPO network sharing arrangement. The network sharing benefit allows Blue Medicare Advantage (PPO) members to obtain in-network benefits from a contracted Blue Cross Blue Shield Medicare Advantage PPO provider when traveling or living outside of the Blue Medicare Advantage 10-county service area. Blue Medicare Advantage (PPO) shared networks are available in 40 states and one territory.
Eyewear Allowance	\$350 eyewear allowance (eyewear or contact lenses)	Non-Emergency Medical Transportation	12 one-way trips per year, limited to ground transportation (examples: medical appointments or prescription pick-up)
Get the most out of your vision benefits by using an EyeMed Insight in-network provider. Members receive a \$0 copay on exams when using the EyeMed Insight network.		Transportation offered through ALC Solutions.	
Hearing Routine Hearing Exams	<i>In-Network:</i> \$0 copay/one per year <i>Out-of-Network:</i> \$45 copay/one per year	Post-Discharge Meals	Up to 14 fresh, locally prepared meals delivered to your home post inpatient facility stay.
Hearing Aids	<i>In-Network:</i> \$699 - \$999 copay per aid	Member Rewards Program	The Member Rewards Program is available to all Blue Medicare Advantage members. The program rewards members with \$25 gift cards to popular retailers for taking charge of their health and taking advantage of their benefits. Members can earn a \$25 gift card for the following \$0 cost-sharing services: <ul style="list-style-type: none"> • Annual Wellness Exam or other qualified wellness visits • Breast cancer screening • Diabetic eye exams • Flu vaccine <p>The maximum gift card reward per member is \$50 per plan year.</p>
Hearing aids offered through TruHearing™ providers only. Advanced and Premium hearing aids only.			
Dental Preventive and Comprehensive Visits	<i>In- and Out-of-Network:</i> \$750 annual allowance		
Acupuncture & Therapeutic Massage	<i>In-Network:</i> 12 visits per year/\$20 copay per visit <i>Out-of-Network:</i> 12 visits per year/50% coinsurance Maximum of 12 acupuncture/therapeutic massage visits per year, in- or out-of-network		
Get the most out of your acupuncture and massage benefit by using an American Specialty Health (ASH) in-network provider.			

HOSPITAL & MEDICAL COVERAGE

	In Network	Out of Network
You must continue to pay Part B premium		
Monthly Premium	\$49 per month	
Maximum Out-of-Pocket Limit	\$5,500 per year	\$10,000 per year
<p>Maximum out-of-pocket limit means you will never pay more than the above dollar amount per year for your Medicare-covered medical expenses, even if you have an unexpected illness or injury. If you reach this limit, you will no longer have to pay any copays or coinsurance.</p>		
Primary Care Doctor Visits	\$0 copay	20% coinsurance
Physician Specialist Doctor Visits	\$35 copay	20% coinsurance
Podiatrist Visits	\$40 copay	20% coinsurance
Lab Services	\$0 copay	20% coinsurance
Inpatient Hospital Care	\$285 per day for days 1-6, \$0 per day for days 7-90, \$0 copay for additional days	20% coinsurance
Outpatient Hospital Services	20% coinsurance	20% coinsurance
Outpatient Hospital Surgery	\$285 copay	20% coinsurance
Urgent Care*	\$40 copay	\$40 copay
Emergency Room*	\$90 copay	\$90 copay
Ambulance (Ground & Air)	\$290 copay	\$290 copay

PART D PRESCRIPTION DRUG COVERAGE

Blue Medicare Advantage includes Part D prescription drug coverage, so you do not need to purchase a separate plan. Without this benefit, you could end up paying all of your prescription drug costs.

30-day Part D Prescription Drug Coverage

	Network Pharmacies
Deductible	\$0
Preferred Generics	\$3 copay
Generics	\$12 copay
Preferred Brands	\$47 copay
Non-Preferred Brands	\$100 copay
Specialty Medications	33% of the cost

90-day at Retail And Mail Order Part D Prescription Drug Coverage

Blue Medicare Advantage offers 90-day prescription refill options that provide additional savings.

	Retail	Mail Order
Preferred Generics	\$0	\$0
Generics	\$0	\$0
Preferred Brands	\$141	\$117.50
Non-Preferred Brands	\$300	\$250
Specialty Medications	N/A	N/A

*Blue Medicare Advantage provides worldwide emergency room and urgent care coverage.

EXTRA BENEFITS

All plans include valuable benefits not offered by Original Medicare.

SilverSneakers®	Included at no additional cost	Over-the-Counter Items Allowance	\$25/month
Vision Routine Eye Exams	<i>In-Network:</i> \$0 copay/one per year <i>Out-of-Network:</i> 50% coinsurance/one per year	24-Hour Nurse Line	Included at no additional cost
Diabetic Eye Exam	<i>In-Network:</i> \$0 copay/one per year <i>Out-of-Network:</i> 20% coinsurance	Visitor/Travel Benefit	Blue Medicare Advantage (PPO) plans include a Visitor/Travel Benefit through the Blue Cross Blue Shield MA PPO network sharing arrangement. The network sharing benefit allows Blue Medicare Advantage (PPO) members to obtain in-network benefits from a contracted Blue Cross Blue Shield Medicare Advantage PPO provider when traveling or living outside of the Blue Medicare Advantage 10-county service area. Blue Medicare Advantage (PPO) shared networks are available in 40 states and one territory.
Eyewear Allowance	\$300 eyewear allowance (eyeglasses or contact lenses)	Non-Emergency Medical Transportation	12 one-way trips per year, limited to ground transportation (examples: medical appointments or prescription pick-up)
Get the most out of your vision benefits by using an EyeMed Insight in-network provider. Members receive a \$0 copay on exams when using the EyeMed Insight network.			
Hearing Routine Hearing Exams	<i>In-Network:</i> \$0 copay/one per year <i>Out-of-Network:</i> \$40 copay/one per year	Transportation offered through ALC Solutions.	
Hearing Aids	<i>In-Network:</i> \$399 - \$699 copay per aid	Post-Discharge Meals	Up to 14 fresh, locally prepared meals delivered to your home post inpatient facility stay.
Hearing Aids offered through TruHearing™ providers only. Advanced and Premium hearing aids only.			
Dental Preventive and Comprehensive Visits	<i>In- and Out-of-Network:</i> \$750 annual allowance	Member Rewards Program	The Member Rewards Program is available to all Blue Medicare Advantage members. The program rewards members with \$25 gift cards to popular retailers for completing varying activities. Members can earn a \$25 gift card for the following \$0 cost-sharing services: <ul style="list-style-type: none"> • Annual Wellness Exam or other qualified wellness visits • Breast cancer screening • Diabetic eye exams • Flu vaccine The maximum gift card reward per member is \$50 per plan year.
Acupuncture	<i>In-Network:</i> \$20 copay per visit/20 visits per year <i>Out-of-Network:</i> 50% coinsurance/20 visits per year Maximum of 20 visits per year, per member		
Get the most out of your acupuncture benefit by using an American Specialty Health (ASH) in-network provider.			

HOSPITAL & MEDICAL COVERAGE

You must continue to pay Part B premium	
Monthly Premium	\$0 per month
Maximum Out-of-Pocket Limit	\$6,200 per year
Maximum out-of-pocket limit means you will never pay more than the above dollar amount per year for your Medicare-covered medical expenses, even if you have an unexpected illness or injury. If you reach this limit, you will no longer have to pay any copays or coinsurance.	
Primary Care Doctor Visits	\$5 copay
Physician Specialist Doctor Visits	\$45 copay
Podiatrist Visits	\$45 copay
Lab Services	\$0 copay
Inpatient Hospital Care	\$300 per day for days 1-5, \$0 per day for days 6-90, \$0 copay for additional days
Outpatient Hospital Services	20% coinsurance
Outpatient Hospital Surgery	\$300 copay
Urgent Care*	\$50 copay
Emergency Room*	\$90 copay
Ambulance (Ground & Air)	\$290 copay

PART D PRESCRIPTION DRUG COVERAGE

Blue Medicare Advantage includes Part D prescription drug coverage, so you do not need to purchase a separate plan. Without this benefit, you could end up paying all of your prescription drug costs.

30-day Part D Prescription Drug Coverage

	Network Pharmacies
Deductible	\$0
Preferred Generics	\$3 copay
Generics	\$20 copay
Preferred Brands	\$47 copay
Non-Preferred Brands	\$100 copay
Specialty Medications	33% of the cost

90-day at Retail And Mail Order Part D Prescription Drug Coverage

Blue Medicare Advantage offers 90-day prescription refill options that provide additional savings.

	Retail	Mail Order
Preferred Generics	\$0	\$0
Generics	\$0	\$0
Preferred Brands	\$141	\$117.50
Non-Preferred Brands	\$300	\$250
Specialty Medications	N/A	N/A

*Blue Medicare Advantage provides worldwide emergency room and urgent care coverage.

EXTRA BENEFITS

All plans include valuable benefits not offered by Original Medicare.

SilverSneakers®	Included at no additional cost	Worldwide Coverage	Worldwide emergency room and urgent care included
Vision Routine and Diabetic Eye Exams	\$0 copay/one per year	Non-Emergency Medical Transportation	12 one-way trips per year, limited to ground transportation (examples: medical appointments or prescription pick-up)
Eyewear Allowance	\$150 eyewear allowance (eyewear or contact lenses)	Transportation offered through ALC Solutions.	
Get the most out of your vision benefits by using an EyeMed Insight in-network provider. Members receive a \$0 copay on exams when using the EyeMed Insight network.		Post-Discharge Meals	Up to 14 fresh, locally prepared meals delivered to your home post inpatient facility stay.
Hearing Routine Hearing Exams	\$0 copay/one per year	Member Rewards Program	The Member Rewards Program is available to all Blue Medicare Advantage members. The program rewards members with \$25 gift cards to popular retailers for completing varying activities. Members can earn a \$25 gift card for the following \$0 cost-sharing services: <ul style="list-style-type: none"> • Annual Wellness Exam or other qualified wellness visits • Breast cancer screening • Diabetic eye exams • Flu vaccine The maximum gift card reward per member is \$50 per plan year.
Hearing Aids	\$699 - \$999 copay per aid	Hearing Aids offered through TruHearing™ providers only. Advanced and Premium hearing aids only.	
Dental Preventive and Comprehensive Visits	\$500 annual allowance	Preventive and comprehensive in-network dental services should be delivered by and are limited to DentaQuest network providers.	
Acupuncture	\$20 copay per visit/ 20 visits per year	Get the most out of your acupuncture benefit by using an American Specialty Health (ASH) in-network provider.	
Over-the-Counter Items Allowance	\$25/month		
24-Hour Nurse Line	Included at no additional cost		

HOSPITAL & MEDICAL COVERAGE

You must continue to pay Part B premium	
Monthly Premium	\$34 per month
Maximum Out-of-Pocket Limit	\$4,800 per year
Maximum out-of-pocket limit means you will never pay more than the above dollar amount per year for your Medicare-covered medical expenses, even if you have an unexpected illness or injury. If you reach this limit, you will no longer have to pay any copays or coinsurance.	
Primary Care Doctor Visits	\$0 copay
Physician Specialist Doctor Visits	\$35 copay
Podiatrist Visits	\$40 copay
Lab Services	\$0 copay
Inpatient Hospital Care	\$285 per day for days 1-6, \$0 per day for days 7-90, \$0 copay for additional days
Outpatient Hospital Services	20% coinsurance
Outpatient Hospital Surgery	\$285 copay
Urgent Care*	\$40 copay
Emergency Room*	\$90 copay
Ambulance (Ground & Air)	\$290 copay

PART D PRESCRIPTION DRUG COVERAGE

Blue Medicare Advantage includes Part D prescription drug coverage, so you do not need to purchase a separate plan. Without this benefit, you could end up paying all of your prescription drug costs.

30-day Part D Prescription Drug Coverage

	Network Pharmacies
Deductible	\$0
Preferred Generics	\$3 copay
Generics	\$12 copay
Preferred Brands	\$47 copay
Non-Preferred Brands	\$100 copay
Specialty Medications	33% of the cost

90-day at Retail And Mail Order Part D Prescription Drug Coverage

Blue Medicare Advantage offers 90-day prescription refill options that provide additional savings.

	Retail	Mail Order
Preferred Generics	\$0	\$0
Generics	\$0	\$0
Preferred Brands	\$141	\$117.50
Non-Preferred Brands	\$300	\$250
Specialty Medications	N/A	N/A

*Blue Medicare Advantage provides worldwide emergency room and urgent care coverage.

EXTRA BENEFITS

All plans include valuable benefits not offered by Original Medicare.

SilverSneakers®	Included at no additional cost	Worldwide Coverage	Worldwide emergency room and urgent care included
Vision Routine and Diabetic Eye Exams	\$0 copay/one per year	Non-Emergency Medical Transportation	12 one-way trips per year, limited to ground transportation (examples: medical appointments or prescription pick-up)
Eyewear Allowance	\$300 eyewear allowance (eyewear or contact lenses)	Transportation offered through ALC Solutions.	
Get the most out of your vision benefits by using an EyeMed Insight in-network provider. Members receive a \$0 copay on exams when using the EyeMed Insight network.		Post-Discharge Meals	Up to 14 fresh, locally prepared meals delivered to your home post inpatient facility stay.
Hearing Routine Hearing Exams	\$0 copay/one per year	Member Rewards Program	The Member Rewards Program is available to all Blue Medicare Advantage members. The program rewards members with \$25 gift cards to popular retailers for completing varying activities. Members can earn a \$25 gift card for the following \$0 cost-sharing services: <ul style="list-style-type: none"> • Annual Wellness Exam or other qualified wellness visits • Breast cancer screening • Diabetic eye exams • Flu vaccine The maximum gift card reward per member is \$50 per plan year.
Hearing Aids	\$399 - \$699 copay per aid		
Hearing Aids offered through TruHearing™ providers only. Advanced and Premium hearing aids only.			
Dental Preventive and Comprehensive Visits	\$500 annual allowance		
Preventive and comprehensive in-network dental services should be delivered by and are limited to DentaQuest network providers.			
Acupuncture	\$20 copay per visit/ 20 visits per year		
Get the most out of your acupuncture benefit by using an American Specialty Health (ASH) in-network provider.			
Over-the-Counter Items Allowance	\$25/month		
24-Hour Nurse Line	Included at no additional cost		

STAYING HEALTHY

COVERED PREVENTIVE SERVICES

Many preventive services are covered at no cost to members under their Blue Medicare Advantage plan.

Preventive healthcare services help to keep our members healthy or prevent illness.

The following preventive services are covered at no cost if done by a participating provider in the Blue Medicare Advantage network:

- Annual wellness visits
- Abdominal aortic aneurysm screening
- Bone mass measurement, once every two years, or more often, if you meet certain medical conditions
- Breast cancer screening via a mammogram (one baseline screening between ages 35-39, then once every year for women 40 and older)
- Cardiovascular screening
- Certain immunizations, including the pneumonia vaccine and flu shot*
- Colorectal cancer screening
- Diabetes screening
- Glaucoma screening

This list is not all-inclusive and is subject to change annually. Please note if your physician orders additional services (for example, more extensive blood work) to follow up on findings from a preventive exam, you may owe a cost share for those services.

**You will have no out-of-pocket costs if you get vaccinated at your primary care physician's office, or at most Blue Medicare Advantage network pharmacies that administer the vaccine. You may have out-of-pocket costs if you receive your flu shot in a pharmacy clinic or other designated treatment area of a pharmacy. If you have questions about where to receive your flu shot, contact Blue Medicare Advantage Customer Service.*

**BLUE
MEDICARE
ADVANTAGE
CARES**

We offer the following preventive benefits and services to help our members stay their healthiest and live independently.

- **OTC:** Members receive a \$25 monthly allowance to be used toward the purchase of over-the-counter (OTC) items
- **Transportation:** Members are eligible for up to 12 one-way trips per calendar year. These trips are limited to ground transportation to destinations within 50 miles of pickup to or from plan-approved locations within your plan's service area (for example, for medical appointments).
- **Meals:** Members receive up to 14 fresh, locally prepared meals delivered to your home post inpatient facility stay.
- **Preventive Dental and Routine Vision:** Members are free to choose how to use their dental and vision benefits with in- and out-of-network* dental and vision allowances.
- **Hearing:** Members receive routine exams and hearing aid coverage.
- **Fall Risk – Strength and Balance Training:** If you are at risk for a fall, you may be eligible for Strength and Balance training to improve physical activity and prevent falls.
- **Social Isolation:** Members may be eligible for programs that can connect individuals to social clubs, programs and people in the community to support mental and social well-being and reduce social isolation.
- **Virtual Diabetes Prevention Program (DPP):** The Diabetes Prevention Program is a lifestyle change program that can help you lose weight, adopt healthy habits and reduce your risk of developing Type 2 diabetes.

**Out-of-network benefits apply to PPO plans only.*

Blue Medicare Advantage Complete (HMO) and Blue Medicare Advantage Plus (HMO)

2020 Summary of Benefits

H1352, Plan 001 and Plan 002

This is a summary of drug and health services covered by Blue Medicare Advantage (HMO) January 1, 2020 - December 31, 2020.

Blue Cross and Blue Shield of Kansas City's Blue Medicare Advantage is an HMO with a Medicare contract. Enrollment in Blue Medicare Advantage depends on contract renewal.

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, please request the "Evidence of Coverage."

To join Blue Medicare Advantage (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the counties of Cass,

Clay, Clinton, Jackson, Lafayette, Platte and Ray in Missouri and Johnson and Wyandotte in Kansas.

Blue Medicare Advantage (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

This information is not a complete description of benefits. Call 1-855-636-4417 (TTY: 711) for more information.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-855-636-4417 (TTY: 711).



**BLUE MEDICARE
ADVANTAGE**

Summary of Benefits

January 1, 2020 - December 31, 2020

Tips for comparing your Medicare choices:

This Summary of Benefits booklet gives you a summary of what Blue Medicare Advantage Complete (HMO) and Blue Medicare Advantage Plus (HMO) covers and what you pay.

- If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- 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 <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.

What drugs do we cover?

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan Formulary (list of Part D prescription drugs) and any restrictions on our website, www.MedicareBlueKC.com.
- Or, call us and we will send you a copy of the Formulary.

How will I determine my drug costs?

Our plans group each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier, day supply and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur: Initial Coverage, Coverage Gap and Catastrophic Coverage. If you have questions about the different benefit stages, please contact the Plan for more information or access the “Evidence of Coverage” on our website.

Hours of Operation

- You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central Time.
- You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message and your call will be returned the next business day.

Blue Medicare Advantage Complete (HMO)/Blue Medicare Advantage Plus (HMO) Phone Numbers and Website:

- If you have questions, call toll-free **1-855-636-4417** (TTY: 711)
- Website: <http://www.MedicareBlueKC.com>

Premiums and Benefits	Blue Medicare Advantage Complete (HMO)	Blue Medicare Advantage Plus (HMO)	What you should know
Monthly Plan Premium	• \$0	• \$34	You must continue to pay your Medicare Part B premium.
Deductible	• \$0	• \$0	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	• \$6,200	• \$4,800	The most you pay for copays, coinsurance and other costs for Medicare covered services for the year.
Inpatient Hospital Coverage	<ul style="list-style-type: none"> • \$300 per day for days 1-5, • \$0 per day for days 6-90, • \$0 copay for additional days 	<ul style="list-style-type: none"> • \$285 per day for days 1-6, • \$0 per day for days 7-90, • \$0 copay for additional days 	Our plan covers an unlimited number of days for an inpatient hospital stay. Authorization rules apply.
Outpatient Hospital Coverage <ul style="list-style-type: none"> • Surgery • Services 	<ul style="list-style-type: none"> • \$300 copay • 20% coinsurance 	<ul style="list-style-type: none"> • \$285 copay • 20% coinsurance 	Outpatient Services include procedures such as Hyperbaric Oxygen treatment, transfusions, wound care, and IV therapy. Authorization rules apply.
Ambulatory Surgery Center (ASC)	• \$300 copay	• \$285 copay	Authorization rules apply.
Doctor Visits <ul style="list-style-type: none"> • Primary • Specialists • Podiatry Services 	<ul style="list-style-type: none"> • \$5 copay per visit • \$45 copay per visit • \$45 copay per visit 	<ul style="list-style-type: none"> • \$0 copay per visit • \$35 copay per visit • \$40 copay per visit 	
Preventive Care	• \$0 copay	• \$0 copay	Any additional preventive services approved by Medicare during the contract year will be covered.

Premiums and Benefits	Blue Medicare Advantage Complete (HMO)	Blue Medicare Advantage Plus (HMO)	What you should know
Emergency Care	<ul style="list-style-type: none"> • \$90 copay 	<ul style="list-style-type: none"> • \$90 copay 	<p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of cost for emergency care. Emergency care is available worldwide.</p>
Urgently Needed Services	<ul style="list-style-type: none"> • \$50 copay 	<ul style="list-style-type: none"> • \$40 copay 	<p>Urgently needed services are available worldwide.</p>
Diagnostic Services/ Labs/Imaging <ul style="list-style-type: none"> • Diagnostic radiology service (e.g., MRI) • Lab services • Diagnostic tests and procedures • Outpatient x-rays 	<ul style="list-style-type: none"> • MRI (facility hospital) \$200 copay • CT (hospital) \$90 copay • MRI (provider office) \$80 copay • CT (provider office) \$50 copay • Diagnostic mammograms \$0 copay • All other diagnostic radiological test \$200 • \$0 copay • \$0 copay • \$7 copay 	<ul style="list-style-type: none"> • MRI (facility hospital) \$180 copay • CT (hospital) \$80 copay • MRI (provider office) \$90 copay • CT (provider office) \$40 copay • Diagnostic mammograms \$0 copay • All other diagnostic radiological test \$180 • \$0 copay • \$0 copay • \$5 copay 	<p>Authorization rules may apply for certain outpatient diagnostic procedures or tests.</p>
Hearing Services <ul style="list-style-type: none"> • Diagnostic hearing exam to diagnose and treat hearing and balance issues – Medicare covered • Hearing exam (routine hearing exam) • Hearing aid 	<ul style="list-style-type: none"> • \$45 copay • \$0 copay (up to 1 every year) • \$699-\$999 copay for each hearing aid, one per ear per year (Advanced and Premium only) 	<ul style="list-style-type: none"> • \$40 copay • \$0 copay (up to 1 every year) • \$399-\$699 copay for each hearing aid, one per ear per year (Advanced and Premium only) 	<p>In network routine hearing exam and hearing aids offered through TruHearing™ providers only.</p>

Premiums and Benefits	Blue Medicare Advantage Complete (HMO)	Blue Medicare Advantage Plus (HMO)	What you should know
<p>Dental Services</p> <ul style="list-style-type: none"> • Preventive and non-Medicare covered comprehensive 	<ul style="list-style-type: none"> • \$500 annual benefit allowance – combined for preventive dental services and non-Medicare covered comprehensive dental services • \$0 copay for Medicare-covered comprehensive dental services 	<ul style="list-style-type: none"> • \$500 annual benefit allowance – combined for preventive dental services and non-Medicare covered comprehensive dental services • \$0 copay for Medicare-covered comprehensive dental services 	<p>Must use a provider through DentaQuest for in-network Benefits</p>
<p>Vision Services</p> <ul style="list-style-type: none"> • Exam to diagnose and treat diseases and conditions of the eye • Eyeglasses or contact lenses after cataract surgery (Medicare-covered) • Routine vision • Eyeglass (frames and lenses) or contact lenses • Diabetic Eye Exam 	<ul style="list-style-type: none"> • \$45 copay • \$0 copay • \$0 copay for up to 1 routine eye exam every year. Refraction is covered as part of the exam. • \$150 allowance for eyeglasses (lenses and frames) or contact lenses every year. • Must use EyeMed Insight Network provider for in-network benefits • Contact Lens Fit and Follow-up is not a covered service. • \$0 copay 	<ul style="list-style-type: none"> • \$40 copay • \$0 copay • \$0 copay for up to 1 routine eye exam every year. Refraction is covered as part of the exam. • \$300 allowance for eyeglasses (lenses and frames) or contact lenses every year. • Must use EyeMed Insight Network provider for in-network benefits • Contact Lens Fit and Follow-up is not a covered service. • \$0 copay 	<p>\$0 routine vision exam is provided through EyeMed Insight Network providers only.</p>

Premiums and Benefits	Blue Medicare Advantage Complete (HMO)	Blue Medicare Advantage Plus (HMO)	What you should know
Mental Health Services <ul style="list-style-type: none"> Inpatient Visit Outpatient Group Therapy Visit Outpatient Individual Therapy Visit 	<ul style="list-style-type: none"> \$310 copay per day for days 1-5; You pay nothing per day for days 6-90; You pay nothing per day for days 91 and beyond \$40 copay \$40 copay 	<ul style="list-style-type: none"> \$310 copay per day for days 1-5; You pay nothing per day for days 6-90; You pay nothing per day for days 91 and beyond \$40 copay \$40 copay 	Authorization rules may apply for Mental Health services.
Skilled Nursing Facility	<p>Our plan covers up to 100 days in a Skilled Nursing Facility:</p> <ul style="list-style-type: none"> You pay nothing per day for days 1 through 20 \$178 copay per day for days 21 through 100 	<p>Our plan covers up to 100 days in a Skilled Nursing Facility:</p> <ul style="list-style-type: none"> You pay nothing per day for days 1 through 20 \$178 copay per day for days 21 through 100 	No inpatient hospital stay is required prior to Skilled Nursing Facility admission. Copayments are applied per day, per stay. Authorization rules may apply for Skilled Nursing Facility services.
Physical Therapy	<ul style="list-style-type: none"> \$40 copay 	<ul style="list-style-type: none"> \$40 copay 	
Ambulance	<ul style="list-style-type: none"> \$290 copay 	<ul style="list-style-type: none"> \$290 copay 	Authorization rules may apply to Ambulance services.
Transportation	<ul style="list-style-type: none"> \$0 copay 12 one-way trips per year (transportation offered through ALC Solutions) These trips are limited to ground transportation only to destinations within 50 miles of pick-up to or from plan approved locations within the plan service area (for example, medical appointments). 	<ul style="list-style-type: none"> \$0 copay 12 one-way trips per year (transportation offered through ALC Solutions) These trips are limited to ground transportation only to destinations within 50 miles of pick-up to or from plan approved locations within the plan service area (for example, medical appointments). 	Non-emergency medical transportation only.

Prescription Drug Benefits

Blue Medicare Advantage Complete (HMO)

Blue Medicare Advantage Plus (HMO)

Medicare Part B Drugs

- For Part B drugs such as chemotherapy drugs: 20% coinsurance
- Other Part B drugs: 20% coinsurance
- Prior-authorization may be required for some Part B drugs

Deductible

- These plans do not have a deductible

Initial Coverage

- You pay the following until your total yearly drug costs reach \$4,020.
- Total yearly drug costs are the total drug costs paid by both you and our Part D plan.
- You may get your drugs at network retail pharmacies and mail order pharmacies.

Retail Cost-Sharing

Retail Cost-Sharing

Tier	Retail Cost-Sharing			Tier	Retail Cost-Sharing		
	30-Day Supply	60-Day Supply	90-Day Supply		30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	\$3 copay	\$6 copay	\$0 copay	Tier 1 (Preferred Generic)	\$3 copay	\$6 copay	\$0 copay
Tier 2 (Generic)	\$20 copay	\$40 copay	\$0 copay	Tier 2 (Generic)	\$12 copay	\$24 copay	\$0 copay
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$141 copay	Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$141 copay
Tier 4 (Non-Preferred Brand)	\$100 copay	\$200 copay	\$300 copay	Tier 4 (Non-Preferred Brand)	\$100 copay	\$200 copay	\$300 copay
Tier 5 (Specialty Tier)	33% coinsurance	Not Offered		Tier 5 (Specialty Tier)	33% coinsurance	Not Offered	

Mail Order Cost-Sharing				Mail Order Cost-Sharing			
Tier	30-Day Supply	60-Day Supply	90-Day Supply	Tier	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	Not offered	Not offered	\$0 copay	Tier 1 (Preferred Generic)	Not offered	Not offered	\$0 copay
Tier 2 (Generic)	Not offered	Not offered	\$0 copay	Tier 2 (Generic)	Not offered	Not offered	\$0 copay
Tier 3 (Preferred Brand)	Not offered	Not offered	\$117.50 copay	Tier 3 (Preferred Brand)	Not offered	Not offered	\$117.50 copay
Tier 4 (Non-Preferred Brand)	Not offered	Not offered	\$250 copay	Tier 4 (Non-Preferred Brand)	Not offered	Not offered	\$250 copay
Tier 5 (Specialty Tier)	33% coinsurance	Not offered	Not offered	Tier 5 (Specialty Tier)	33% coinsurance	Not offered	Not offered

If you reside in a long-term care facility, you pay the same amount as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,020.</p> <p>After you enter the coverage gap, you pay 25% coinsurance for covered brand name drugs and 25% coinsurance for covered generic drugs until your out-of-pocket costs total \$6,350, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copay for all other drugs.

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 <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.

This document is available in other formats such as Braille, large print or audio.

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a licensed Blue KC Medicare expert at 1-844-574-5279 (TTY: 711).

UNDERSTANDING THE BENEFITS

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.MedicareBlueKC.com/Kit or call 1-855-636-4417 (TTY: 711) to view or request a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor. PPO members could be subject to a higher cost-share when using out-of-network providers.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

UNDERSTANDING IMPORTANT RULES

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.
- HMO members should use in-network providers. Our PPO plans allow members to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat the member, except in emergency or urgent situations, non-contracted providers may deny care. In addition, members will pay a higher co-pay for services received by non-contracted providers.

Y0126_20-517_C

Blue Medicare Advantage Essential (PPO) Blue Medicare Advantage Access (PPO)

2020 Summary of Benefits

H6502, Plan 002 and Plan 001

This is a summary of drug and health services covered by Blue Medicare Advantage (PPO) January 1, 2020 – December 31, 2020.

Blue Cross and Blue Shield of Kansas City's Blue Medicare Advantage is a PPO with a Medicare contract. Enrollment in Blue Medicare Advantage depends on contract renewal.

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, please request the "Evidence of Coverage."

To join Blue Medicare Advantage (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. The Blue Medicare Advantage Essential (PPO) service area includes the counties of Buchanan, Cass, Clay, Clinton, Jackson, Lafayette, Platte and Ray in Missouri and Johnson and Wyandotte in Kansas.

The Blue Medicare Advantage Access (PPO) service area includes Cass, Clay, Clinton, Jackson, Lafayette, Platte and Ray in Missouri and Johnson and Wyandotte in Kansas.

Out-of-network/non-contracted providers are under no obligation to treat Blue Medicare Advantage members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

This information is not a complete description of benefits. Call 1-855-636-4417 (TTY: 711) for more information.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-855-636-4417 (TTY: 711).



**BLUE MEDICARE
ADVANTAGE**

Summary of Benefits

January 1, 2020 - December 31, 2020

Tips for comparing your Medicare choices:

This Summary of Benefits booklet gives you a summary of what Blue Medicare Advantage Essential (PPO) and Blue Medicare Advantage Access (PPO) covers and what you pay.

- If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- 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 <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.

What drugs do we cover?

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan Formulary (list of Part D prescription drugs) and any restrictions on our website, www.MedicareBlueKC.com.
- Or, call us and we will send you a copy of the Formulary.

How will I determine my drug costs?

Our plans group each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier, day supply and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur: Initial Coverage, Coverage Gap and Catastrophic Coverage. If you have questions about the different benefit stages, please contact the Plan for more information or access the "Evidence of Coverage" on our website.

Hours of Operation

- You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central Time.
- You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message and your call will be returned the next business day.

Blue Medicare Advantage Essential and Access (PPO) Phone Numbers and Website:

- If you have questions, call toll-free **1-855-636-4417** (TTY: 711)
- Website: <http://www.MedicareBlueKC.com>

Premiums and Benefits	Blue Medicare Advantage Essential (PPO)		Blue Medicare Advantage Access (PPO)		What you should know	
	In-Network	Out-of-Network	In-Network	Out-of-Network		
Monthly Plan Premium	\$0		\$49		You must continue to pay your Medicare Part B premium.	
Deductible	\$1,000*		• \$0	• \$0		
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<ul style="list-style-type: none"> • \$3,300 in-network or • \$5,100 (combined in-network and out-of-network maximum out-of-pocket amount) 		<ul style="list-style-type: none"> • \$5,500 in-network or • \$10,000 (combined in-network and out-of-network maximum out-of-pocket amount) 		The most you pay for copays, coinsurance and other costs for Medicare covered services for the year.	
Inpatient Hospital Coverage	<ul style="list-style-type: none"> • \$250 per day for days 1-4, • \$0 copay per day for days 5-90, • \$0 copay for additional days 	<ul style="list-style-type: none"> • 35% coinsurance 	<ul style="list-style-type: none"> • \$285 per day for days 1-6, • \$0 copay per day for days 7-90, • \$0 copay for additional days 	<ul style="list-style-type: none"> • 20% coinsurance 	Our plan covers an unlimited number of days for an inpatient hospital stay. Authorization rules apply.	
Outpatient Hospital Coverage	<ul style="list-style-type: none"> • Surgery • Services 	<ul style="list-style-type: none"> • \$250 copay • 20% coinsurance 	<ul style="list-style-type: none"> • 45% coinsurance • 45% coinsurance 	<ul style="list-style-type: none"> • \$285 copay • 20% coinsurance 	<ul style="list-style-type: none"> • 20% coinsurance • 20% coinsurance 	Outpatient Services include procedures such as Hyperbaric Oxygen treatment, transfusions, wound care, and IV therapy. Authorization rules apply.
Doctor Visits	<ul style="list-style-type: none"> • Primary • Specialists • Podiatry Services 	<ul style="list-style-type: none"> • \$0 copay • \$25 copay • \$25 copay 	<ul style="list-style-type: none"> • 45% coinsurance • 45% coinsurance • 45% coinsurance 	<ul style="list-style-type: none"> • \$0 copay • \$35 copay • \$40 copay 	<ul style="list-style-type: none"> • 20% coinsurance • 20% coinsurance • 20% coinsurance 	

*In-network Medicare Covered Services Subject to Deductible include: Inpatient Hospital, Partial Hospitalization, Home Health, Outpatient Hospital Surgery/Services, Observation Services, ASC, Outpatient Substance Abuse, Ambulance Dialysis Services. All Medicare Covered Out of Network Services are subject to the Deductible.

Premiums and Benefits	Blue Medicare Advantage Essential (PPO)		Blue Medicare Advantage Access (PPO)		What you should know
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Preventive Care	<ul style="list-style-type: none"> • \$0 copay 	<ul style="list-style-type: none"> • 45% coinsurance 	<ul style="list-style-type: none"> • \$0 copay 	<ul style="list-style-type: none"> • 20% coinsurance 	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	<ul style="list-style-type: none"> • \$120 copay 	<ul style="list-style-type: none"> • \$120 copay 	<ul style="list-style-type: none"> • \$90 copay 	<ul style="list-style-type: none"> • \$90 copay 	If you are admitted to the hospital within 24 hours, you do not have to pay your share of cost for emergency care. Emergency care is available worldwide.
Urgently Needed Services	<ul style="list-style-type: none"> • \$50 copay 	<ul style="list-style-type: none"> • \$50 copay 	<ul style="list-style-type: none"> • \$40 copay 	<ul style="list-style-type: none"> • \$40 copay 	Urgently needed services are available worldwide.
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Diagnostic radiology service (e.g., MRI) 	<ul style="list-style-type: none"> • MRI (facility hospital) \$180 copay • CT (hospital) \$80 copay • MRI (provider office) \$90 copay • CT (provider office) \$40 copay • Diagnostic mammograms \$0 copay • All other diagnostic radiological test \$180 	<ul style="list-style-type: none"> • 45% coinsurance 	<ul style="list-style-type: none"> • MRI (facility hospital) \$180 copay • CT (hospital) \$80 copay • MRI (provider office) \$90 copay • CT (provider office) \$40 copay • Diagnostic mammograms \$0 copay • All other diagnostic radiological test \$180 	<ul style="list-style-type: none"> • 20% coinsurance 	Authorization rules may apply for certain outpatient diagnostic procedures or tests.
<ul style="list-style-type: none"> • Lab services • Diagnostic tests and procedures • Outpatient x-rays 	<ul style="list-style-type: none"> • \$0 copay • \$0 copay • \$5 copay 	<ul style="list-style-type: none"> • 45% coinsurance • 45% coinsurance • 45% coinsurance 	<ul style="list-style-type: none"> • \$0 copay • \$0 copay • \$5 copay 	<ul style="list-style-type: none"> • 20% coinsurance • 20% coinsurance • 20% coinsurance 	

Premiums and Benefits	Blue Medicare Advantage Essential (PPO)		Blue Medicare Advantage Access (PPO)		What you should know
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Hearing Services <ul style="list-style-type: none"> • Diagnostic hearing exam to diagnose and treat hearing and balance issues – Medicare covered • Hearing exam (routine hearing exam) • Hearing aid 	<ul style="list-style-type: none"> • \$25 copay • \$0 copay (up to 1 every year) • \$699-\$999 copay for each hearing aid, one per ear per year (Advanced or Premium only) 	<ul style="list-style-type: none"> • 45% coinsurance • \$45 copay (up to 1 every year) • \$699-\$999 copay for each hearing aid, one per ear per year (Advanced or Premium only) 	<ul style="list-style-type: none"> • \$40 copay • \$0 copay (up to 1 every year) • \$399-\$699 copay for each hearing aid, one per ear per year (Advanced or Premium only) 	<ul style="list-style-type: none"> • 20% coinsurance • \$40 copay (up to 1 every year) • \$399-\$699 copay for each hearing aid, one per ear per year (Advanced or Premium only) 	<p>Routine hearing exam and hearing aids offered through TruHearing™ providers only.</p>
Dental Services <ul style="list-style-type: none"> • Preventive and non-Medicare covered comprehensive 	<ul style="list-style-type: none"> • \$750 annual benefit allowance • Combined for preventive dental services and non-Medicare covered comprehensive dental service • Allowance is combined in- and out-of-network • \$0 copay for Medicare- covered comprehensive dental services 	<ul style="list-style-type: none"> • \$750 annual benefit allowance • Combined for preventive dental services and non-Medicare covered comprehensive dental service • Allowance is combined in- and out-of-network • \$0 copay for Medicare- covered comprehensive dental services 	<ul style="list-style-type: none"> • \$750 annual benefit allowance • Combined for preventive dental services and non-Medicare covered comprehensive dental service • Allowance is combined in- and out-of-network • \$0 copay for Medicare- covered comprehensive dental services 	<ul style="list-style-type: none"> • \$750 annual benefit allowance • Combined for preventive dental services and non-Medicare covered comprehensive dental service • Allowance is combined in- and out-of-network • \$0 copay for Medicare- covered comprehensive dental services 	<p>Must use a provider through DentaQuest for in-network benefits.</p>

Premiums and Benefits	Blue Medicare Advantage Essential (PPO)		Blue Medicare Advantage Access (PPO)		What you should know
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Vision Services <ul style="list-style-type: none"> Exam to diagnose and treat diseases and conditions of the eye Eyeglasses or contact lenses after cataract surgery (Medicare-covered) Routine vision 	<ul style="list-style-type: none"> \$25 copay \$0 copay \$0 copay up to 1 routine eye exam every year 	<ul style="list-style-type: none"> 45% coinsurance 45% coinsurance 50% coinsurance for up to 1 routine eye exam every year 	<ul style="list-style-type: none"> \$40 copay \$0 copay \$0 copay up to 1 routine eye exam every year 	<ul style="list-style-type: none"> 20% coinsurance 20% coinsurance 50% coinsurance for up to 1 routine eye exam every year 	\$0 routine vision exam is provided through EyeMed Insight Network providers only.
<ul style="list-style-type: none"> Eyeglasses (frames and lenses) or contact lenses 	<ul style="list-style-type: none"> \$350 allowance for contact lenses and/or eyeglasses (lenses and frames) every year Allowance is combined in- and out-of-network Must use an EyeMed Insight Network Provider for in-network benefits Contact Lens Fit and Follow-up is not a covered service 		<ul style="list-style-type: none"> \$300 allowance for contact lenses and/or eyeglasses (lenses and frames) every year Allowance is combined in- and out-of-network Must use an EyeMed Insight Network Provider for in-network benefits Contact Lens Fit and Follow-up is not a covered service 		
<ul style="list-style-type: none"> Diabetic Eye Exam 	<ul style="list-style-type: none"> \$0 copay 	<ul style="list-style-type: none"> 45% coinsurance 	<ul style="list-style-type: none"> \$0 copay 	<ul style="list-style-type: none"> 20% coinsurance 	
Mental Health Services <ul style="list-style-type: none"> Inpatient Visit Outpatient Group Therapy Visit Outpatient Individual Therapy Visit 	<ul style="list-style-type: none"> \$260 copay per day for days 1-4; You pay nothing per day for days 5-90; you pay nothing per day for days 91 and beyond \$25 copay \$25 copay 	<ul style="list-style-type: none"> 35% coinsurance 45% coinsurance 45% coinsurance 	<ul style="list-style-type: none"> \$310 copay per day for days 1-5; You pay nothing per day for days 6-90; You pay nothing per day for days 91 and beyond \$40 copay \$40 copay 	<ul style="list-style-type: none"> 20% coinsurance 20% coinsurance 20% coinsurance 	Authorization rules may apply for Mental Health services.

Premiums and Benefits	Blue Medicare Advantage Essential (PPO)		Blue Medicare Advantage Access (PPO)		What you should know
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Skilled Nursing Facility	<p>Our plan covers up to 100 days in a Skilled Nursing Facility:</p> <ul style="list-style-type: none"> You pay nothing per day for days 1 through 20 \$178 copay per day for days 21 through 100 	<ul style="list-style-type: none"> 45% coinsurance 	<p>Our plan covers up to 100 days in a Skilled Nursing Facility:</p> <ul style="list-style-type: none"> You pay nothing per day for days 1 through 20 \$178 copay per day for days 21 through 100 	<ul style="list-style-type: none"> 5% coinsurance 	No inpatient hospital stay is required prior to Skilled Nursing Facility admission. Copayments are applied per day, per stay. Authorization rules may apply for Skilled Nursing Facility services.
Physical Therapy	<ul style="list-style-type: none"> \$25 copay 	<ul style="list-style-type: none"> 45% coinsurance 	<ul style="list-style-type: none"> \$40 copay 	<ul style="list-style-type: none"> 20% coinsurance 	
Ambulance	<ul style="list-style-type: none"> \$270 copay 	<ul style="list-style-type: none"> \$270 copay 	<ul style="list-style-type: none"> \$290 copay 	<ul style="list-style-type: none"> \$290 copay 	Authorization rules may apply to Ambulance services.
Transportation	<ul style="list-style-type: none"> \$0 copay 12 one-way trips per year (transportation offered through ALC Solutions) These trips are limited to ground transportation only to destinations within 50 miles of pick-up to or from plan approved locations within the plan service area (for example, medical appointments). 		<ul style="list-style-type: none"> \$0 copay 12 one-way trips per year (transportation offered through ALC Solutions) These trips are limited to ground transportation only to destinations within 50 miles of pick-up to or from plan approved locations within the plan service area (for example, medical appointments). 		Non-emergency medical transportation only.

Prescription Drug Benefits

Blue Medicare Advantage Essential (PPO)

Blue Medicare Advantage Access (PPO)

Medicare Part B Drugs

- For Part B drugs such as chemotherapy drugs: 20% coinsurance
- Other Part B drugs: 20% coinsurance
- Prior-authorization may be required for some Part B drugs

Deductible

- These plans do not have a deductible

Initial Coverage

- You pay the following until your total yearly drug costs reach \$4,020.
- Total yearly drug costs are the total drug costs paid by both you and our Part D plan.
- You may get your drugs at network retail pharmacies and mail order pharmacies.

Retail Cost-Sharing

Retail Cost-Sharing

Tier	30-Day Supply	60-Day Supply	90-Day Supply	Tier	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	\$3 copay	\$6 copay	\$0 copay	Tier 1 (Preferred Generic)	\$3 copay	\$6 copay	\$0 copay
Tier 2 (Generic)	\$15 copay	\$30 copay	\$0 copay	Tier 2 (Generic)	\$12 copay	\$24 copay	\$0 copay
Tier 3 (Preferred Brands)	\$47 copay	\$94 copay	\$141 copay	Tier 3 (Preferred Brands)	\$47 copay	\$94 copay	\$141 copay
Tier 4 (Non-Preferred Brand)	\$100 copay	\$200 copay	\$300 copay	Tier 4 (Non-Preferred Brand)	\$100 copay	\$200 copay	\$300 copay
Tier 5 (Specialty Tier)	33% coinsurance	Not offered	Not offered	Tier 5 (Specialty Tier)	33% coinsurance	Not offered	Not offered

Mail Order Cost-Sharing				Mail Order Cost-Sharing			
Tier	30-Day Supply	60-Day Supply	90-Day Supply	Tier	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	Not offered	Not offered	\$0 copay	Tier 1 (Preferred Generic)	Not offered	Not offered	\$0 copay
Tier 2 (Generic)	Not offered	Not offered	\$0 copay	Tier 2 (Generic)	Not offered	Not offered	\$0 copay
Tier 3 (Preferred Brands)	Not offered	Not offered	\$117.50 copay	Tier 3 (Preferred Brands)	Not offered	Not offered	\$117.50 copay
Tier 4 (Non-Preferred Brand)	Not offered	Not offered	\$250 copay	Tier 4 (Non-Preferred Brand)	Not offered	Not offered	\$250 copay
Tier 5 (Specialty Tier)	33% coinsurance	Not offered	Not offered	Tier 5 (Specialty Tier)	33% coinsurance	Not offered	Not offered

If you reside in a long-term care facility, you pay the same amount as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,020. After you enter the coverage gap, you pay 25% coinsurance for covered brand name drugs and 25% coinsurance for covered generic drugs until your out-of-pocket costs total \$6,350, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350, you pay the greater of:

- 5% coinsurance, or
- \$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copay for all other drugs.

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 <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.

This document is available in other formats such as Braille, large print or audio.

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a licensed Blue KC Medicare expert at 1-844-574-5279 (TTY: 711).

UNDERSTANDING THE BENEFITS

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.MedicareBlueKC.com or call 1-855-636-4417 (TTY: 711) to view or request a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor. PPO members could be subject to a higher cost-share when using out-of-network providers.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

UNDERSTANDING IMPORTANT RULES

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.
- HMO members should use in-network providers. Our PPO plans allow members to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat the member, except in emergency or urgent situations, non-contracted providers may deny care. In addition, members will pay a higher copay for services received by non-contracted providers.

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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. Blue Cross and Blue Shield of Kansas City (Blue KC) does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Kansas City (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, etc.)
- 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 at 1-866-508-7140 (TTY: 711).

If you believe that Blue Cross and Blue Shield of Kansas City (Blue KC) has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Section 1557 Compliance Coordinator, 2301 Main St., Kansas City, MO 64108, Phone: 816-395-3664, (TTY: 711), Fax: 816-995-1506, E-mail: grievance_coordinator@bluekc.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Compliance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, Phone: 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-508-7140 (TTY: 711). **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-508-7140 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-508-7140 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-508-7140 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

Rufnummer: 1-866-508-7140 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-508-7140 (TTY: 711)번으로 전화해 주십시오.

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-866-508-7140 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-508-7140 (رقم هاتف الصم والبكم: 117).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-508-7140 (телетайп: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-508-7140 (ATS : 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-508-7140 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-508-7140 (TTY: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannst du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-866-508-7140 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-508-7140 (TTY: 711) تماس بگیرید.

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-866-508-7140 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-508-7140 (TTY: 711).

HOW TO ENROLL

Once you select your Blue Medicare Advantage plan, simply choose the enrollment method that best suits you.



BY PHONE

Call us or your Medicare plan insurance agent to enroll over the phone or set up a personal meeting.

CALL TOLL-FREE: 1-855-636-4417 (TTY 711).

From October 1 to March 31, you may call us from 8 a.m. to 8 p.m., 7 days a week. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message, and your call will be returned the next business day.



ONLINE

Go to MedicareBlueKC.com.

You may also enroll in our plans through the Centers for Medicare & Medicaid Services website at <http://www.medicare.gov>. Medicare beneficiaries can also contact 1-800-MEDICARE, 24 hours a day, 7 days a week.



BY MAIL

Complete and return the enclosed Enrollment Form at the back of this kit in the postage-paid envelope included. You may also find a downloadable and printable form at MedicareBlueKC.com/Kit.



AT A COMMUNITY MEETING

For information about attending a Medicare Advantage plan Community Meeting near you, contact 1-855-636-4417 (TTY 711) or visit MedicareBlueKC.com/Kit.



Annual Enrollment Period October 15 – December 7

During the Annual Enrollment Period (AEP), you can switch to, drop or join a different Medicare plan.



Initial Coverage Election Period

For those turning 65 and therefore becoming eligible for Medicare for the first time, you may enroll three months before to three months after you become eligible for Medicare (7-month enrollment window).



Open Enrollment Period January 1 – March 31

During the Open Enrollment Period (OEP), Medicare Advantage beneficiaries may enroll in another Medicare Advantage plan or disenroll from their Medicare Advantage plan and return to Original Medicare. Individuals may make only one election during the OEP.

Special Enrollment Period: You may be able to enroll at a different time of the year. To learn about these Special Enrollment Periods (SEPs), visit <http://www.medicare.gov> or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week.



**QUESTIONS BEFORE
YOU ENROLL?**

**NEED ADDITIONAL
INFORMATION OR HELP?**

**Call us at:
1-855-636-4417 (TTY 711)**
8 a.m. to 8 p.m., 7 days a week

or
**Visit us at:
MedicareBlueKC.com/Kit**



1-855-636-4417 (TTY 711)
8 a.m. to 8 p.m., 7 days a week



Kansas City

1-855-636-4417 (TTY 711)
8 a.m. to 8 p.m., 7 days a week
MedicareBlueKC.com/Kit

Blue Cross and Blue Shield of Kansas City's Blue Medicare Advantage includes both HMO and PPO plans with Medicare contracts. Enrollment in Blue Medicare Advantage depends on contract renewal.

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association. The HMO products are offered by Blue-Advantage Plus of Kansas City, Inc. and the PPO products are offered by Missouri Valley Life and Health Insurance Company, both wholly-owned subsidiaries of Blue Cross and Blue Shield of Kansas City.

Out-of-network/non-contracted providers are under no obligation to treat Blue Medicare Advantage members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Medicare beneficiaries may also enroll in Blue Medicare Advantage through the CMS Medicare Online Enrollment Center located at <http://www.medicare.gov>. Medicare beneficiaries can also contact 1-800-MEDICARE, 24 hours a day, 7 days a week.

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