For the Plan Year 1/1/24, the District will be making two changes to the medical plan. We wanted to inform you of these changes as they were Board approved on 8/14/2023. This is just a brief summary, and we will continue to provide you additional information as we get closer to Open Enrollment and the 1/1/24 effective date:

1. QUALIFIED HIGH DEDUCTIBLE HEALTH CARE PLANS - PREFERRED-CARE BLUE RATE SAVER HDHP PLAN AND THE BLUESELECT PLUS HDHP PLAN:

Qualified High Deductible Healthcare plans have specific guidelines in terms of allowable deductibles and out-of-pocket costs. These are adjusted annually by the IRS. Although there have been some years when there were no changes, there will be a change effective on 1/1/2024 for both of the District's Qualified High Deductible Healthcare Plans. The individual in-network deductible must change from the current $3,000 to $3,200 annually. The Family in-network deductible must also change from the current $6,000 to $6,400. Again, this is a statutory change to keep the plan in compliance.

While the deductibles must change, the out-of-pocket maximum will remain at $5,000 for an individual and $10,000 for a family.

2. PHARMACY BENEFIT CHANGE:

For this plan year (1/1/2024), the District will be changing the prescription drug list associated with medical plans to BlueKC's Premium Prescription Drug List (PDL). This change is being made to better manage both the member and the district plan costs. These changes should impact less than 5% of our members.

WHAT IS A PDL?

A PDL is a list of the most commonly prescribed medications. It includes both brand-name and generic prescription medications that have been approved by the FDA.

WHAT DOES THIS MEAN FOR YOU?

Blue KC Premium Formulary uses strategic exclusions that minimize disruption while maintaining member access and choice across all therapeutic categories. All therapeutic classes will be included in the formulary.

- Blue KC will send a proactive notification letter to impacted members **30-45 days** in advance of the formulary change (see attached).
- The notification is to educate impacted members about their medication coverage changes and provide direction on what action they may need to take.
- Some of these changes may require a member to consider preferred alternatives to excluded or higher-tiered medications to save themselves and the plan dollars.
- If the prescribing physician has questions about the recommendations being made, he or she should contact Blue KC's Pharmacy department (as noted on the communication) and provide appropriate clinical evidence as to why they feel it is not the right time for the member to be making the recommended change. The Blue KC clinical staff will review and consider all provider notes and

rationale to make a coverage determination based on the situation and clinical evidence provided.

- First step is prior authorization https://bkc.promptpa.com/
- Second step https://providers.bluekc.com/eForms/Form/MemberGrievance
  - The Appeal should be submitted after the denial.

As we continue to move closer to our annual open enrollment period in October we will continue to provide additional information regarding this change.