



Lee's Summit School District

Health Benefit Plan Summary - Blue-Care HMO Basic Plan

This Benefit Summary provides only highlights of the services covered by Blue Cross and Blue Shield of Kansas City (Blue KC). For Additional details, exclusions and limitations refer to your member certificate available at MyBlueKC.com.

General Plan Information

<p>Plan Type</p>	<p>Health Maintenance Organization (HMO) Members must receive all care from HMO providers except for emergency services. Members choose a primary care physician. Members may self-refer to physician specialists in the Blue-Care network. Urgent care and an exclusive network of specialists are also covered; other services must be ordered by an HMO physician.</p>
<p>Medical Network(s) A complete listing of network hospitals and physicians is available on MyBlueKC.com.</p>	<p>In Area: Blue-Care Out-of-Area: BlueCard Excluded</p>
<p>Deductible – You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services. Other Deductible: Prescription Drugs</p>	<p>In-Network Not applicable</p>
<p>Coinsurance Applies only as specified in your contract. Coinsurance is noted in this summary where applicable.</p>	<p>In-Network Member Pays: Not applicable Plan Pays: 100%</p>
<p>Out-of-Pocket Limits – Embedded The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services. These cost shares apply to the Out-of-Pocket Limit: Coinsurance, Copays Applies to: All Medical and Rx Cost Sharing</p>	<p>In-Network Individual: \$6,500 Family: \$13,000</p>
<p>Customer Service</p>	<p>PH: 816-395-2270 (local) or 1-800-654-0155 (toll free)</p>
<p>Plan Benefits - Medical</p>	
<p><i>When you visit a health care provider's office or clinic...</i></p>	
<p>Physician Primary Care Physician (PCP) - An internist, family practitioner, general practitioner, or pediatrician. You select a Blue-Care PCP to manage your healthcare needs.</p>	<p>In-Network \$40 Copay/Visit</p>
<p>Specialist - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.</p>	<p>\$80 Copay/Visit</p>

Other Services & Procedures performed in a provider's office and not included with an office visit	No member cost share
Urgent Care Center	\$80 Copay/Visit
Blue KC Virtual Care - Office Visit Virtual Care provided by Blue KC virtual care partner(s). All other virtual care services subject to applicable cost sharing.	\$80 Copay/Visit
Blue KC Virtual Care - Behavioral Health Therapy Virtual Care provided by Blue KC virtual care partner(s). All other virtual care services subject to applicable cost sharing.	No member cost share
Designated Health Clinic Name of Clinic: Complete Health & Wellness Center	No member cost share
Preventive Screenings & Immunizations (Children & Adults) Blue KC health plans include routine preventive benefits that are consistent with the guidelines developed by the United States Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA), and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Services must be billed with a primary diagnosis of preventive to be covered at 100%. Refer to your member certificate for additional details.	No member cost share
Labs Performed in a Provider's Office/Independent Lab/Urgent Care Facility	No member cost share
Allergy	
Allergy Testing	\$100 Copay/Visit
Allergy Treatment	No member cost share
<i>When you need radiology services...</i>	In-Network
X-Ray	No member cost share
Other Radiology Procedures (MRI, CT/PET Scans, MRA) Prior Authorization Policy Applies In-Network	\$200 Copay/Provider per Day
<i>When you have out-patient surgery...</i>	In-Network
Outpatient Surgery Facility Fees Prior Authorization Policy Applies In-Network	\$500 Copay/Day Limited to Inpatient/Outpatient \$2,500 Copay Max per Calendar Year
Physician (Surgeon) Services	No member cost share
<i>If you need immediate medical attention...</i>	In-Network
Urgent Care Center Office Visit	\$80 Copay/Visit
Emergency Services Copay Waived if Admitted	\$200 Copay/Visit
Ground Ambulance Out-of-Network Benefits: In-Area benefits are subject to billed charges. Out-of-Area benefits are subject to the host plan's allowable charges, and providers may bill the member for the remaining balance. See Certificate for details.	No member cost share
Air Ambulance	No member cost share
<i>If you have a hospital stay...</i>	In-Network

Hospital Facility Fees Prior Authorization Policy Applies In-Network	\$500 Copay/Day Limited to Inpatient/Outpatient \$2,500 Copay Max per Calendar Year
Physician (Surgeon) Services	No member cost share
<i>If you need help recovering or have other special health needs...</i>	In-Network
Skilled Nursing Care Prior Authorization Policy Applies In-Network Maximum benefit of 30 Day(s)/Calendar Year for In-Network	No member cost share
Home Health Services Prior Authorization Policy Applies In-Network Maximum benefit of 60 Visit(s)/Calendar Year for In-Network	No member cost share
Physical Therapy Maximum benefit of 60 Visit(s)/Calendar Year for In-Network	No member cost share
Occupational Therapy Combined with Physical Therapy Limits	No member cost share
Skeletal Manipulation performed in a Chiropractic Office	\$40 Copay/Visit
Speech Therapy Maximum benefit of 20 Visit(s)/Calendar Year for In-Network	No member cost share
Hearing Therapy Combined with Speech Therapy Limits	No member cost share
Durable Medical Equipment Prior Authorization Policy Applies In-Network	No member cost share
Inpatient Hospice Services Prior Authorization Policy Applies In-Network Maximum benefit of 14 Day(s)/Lifetime for In-Network	\$250 Copay/Day Limited to Inpatient/Outpatient \$2,500 Copay Max per Calendar Year
Home Hospice Services	No member cost share
<i>If you have behavioral health, or substance abuse needs...</i>	In-Network
Outpatient Mental Health, Behavioral Health, and Substance Abuse Services Office Visit	\$40 Copay/Visit
Therapy	No member cost share
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Facility Fees) Prior Authorization Policy Applies In-Network	\$500 Copay/Day Limited to Inpatient/Outpatient \$2,500 Copay Max per Calendar Year
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Physician) Includes: Therapy & Other Services, partial hospitalizations	No member cost share
<i>Family Planning & Pregnancy...</i>	In-Network
Contraceptive Devices, Implants, and Injections See also pharmacy benefits.	No member cost share

Elective Sterilization – Women	No member cost share
Elective Sterilization – Men	No member cost share
Maternity Dependent daughters are covered for maternity services	Covered
Infertility and Impotency Diagnosis and Treatment Infertility and impotency treatment limited to \$10,000 per Lifetime Pharmacy Coverage: See Member Certificate for more details.	No member cost share
<i>Routine Vision Care...</i>	In-Network
Routine Eye Exam Maximum benefit of 1 Exam(s)/Calendar Year for In-Network	\$10 Copay/Visit
General Pharmacy Information	
Retail Pharmacy Network(s)	RxPreferred RxPremier
Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com	Premium Formulary
Specialty Pharmacy A Specialty Pharmacy is one that provides specialized care for patients with complex chronic health conditions. Learn more about the drugs covered by your plan, drug category/ tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com	OptumRx Specialty Services PH: 1-855-427-4682
Copay Credit Accumulator Adjustment (CCAA)	Specialty drug copay card dollars will not be included in your deductible and/or out-of-pocket limits. Only your true out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.
Variable Copay Solution (VCS)	When you use a drug copay card, Specialty prescription drugs may be subject to a new plan benefit cost share. This new cost share will not impact you or the price you pay.
Outpatient Prescription Drug Deductible You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	In-Network Individual: \$150 Family: \$450
Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	In-Network Combined with Medical Out-of-Pocket Limits
Maintenance Medication Program	Mail Service Member Select – Member must make a choice of where to obtain their maintenance medications after two courtesy fills: long-term supply through Home Delivery or a short-term supply from a retail pharmacy.
Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. Email: info@rxsavingsllc.com PH: 1-800-268-4476

Rx Rewards Incentive Program

The Rx Rewards program offers incentives for switching to lower cost prescription alternatives. Log in to MyBlueKC.com to find qualifying prescriptions. Contact Rx Savings Solutions at 1-800-268-4476.

Plan Benefits – Pharmacy

When you use a retail or specialty pharmacy...

In-Network

Retail Pharmacy (Short-term supply: Up to 34 Days)

Drug Tier 1: Generic / Generic Specialty

RxPreferred: Deductible, then \$15 Copay/Fill
RxPremier: Deductible, then \$25 Copay/Fill
 Contraceptives – No member cost share

Drug Tier 2: Preferred / Preferred Specialty

RxPreferred: Deductible, then \$40 Copay/Fill
RxPremier: Deductible, then \$50 Copay/Fill

Drug Tier 3: Non-Preferred / Non-Preferred Specialty

RxPreferred: Deductible, then \$65 Copay/Fill
RxPremier: Deductible, then \$75 Copay/Fill

Retail Pharmacy (Long-term supply: Between 35-102 Days)

Drug Tier 1: Generic / Generic Specialty

RxPreferred: Deductible, then \$45 Copay/Fill
RxPremier: Deductible, then \$75 Copay/Fill

Drug Tier 2: Preferred / Preferred Specialty

RxPreferred: Deductible, then \$120 Copay/Fill
RxPremier: Deductible, then \$150 Copay/Fill

Drug Tier 3: Non-Preferred / Non-Preferred Specialty

RxPreferred: Deductible, then \$195 Copay/Fill
RxPremier: Deductible, then \$225 Copay/Fill

When you use a mail order pharmacy...

In-Network

Mail Order Pharmacy (Mail Order supply: Between 35-102 Days)

Drug Tier 1: Generic

Deductible, then \$30 Copay/Fill
 Contraceptives – No member cost share

Drug Tier 2: Preferred

Deductible, then \$80 Copay/Fill

Drug Tier 3: Non-Preferred

Deductible, then \$130 Copay/Fill

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.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-395-7126.

如果您，或是您正在協助的對象，有關於 Blue KC 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話1-844-395-7126。

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, audio, accessible electronic formats, other formats)
- 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, 844-395-7126 (Toll free), languagehelp@bluekc.com.

