Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Effective Date: 01/01/2026

Shawnee Mission School District

Health Benefit Plan Summary - Blue-Care HMO 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	
Plan Type	**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.
Medical Network(s) A complete listing of network hospitals and physicians is available on MyBlueKC.com.	**In Area:** Blue-Care **Out-of-Area:** BlueCard Excluded
Deductible – You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	**In-Network** Not applicable
Coinsurance Applies only as specified in your contract. Coinsurance is noted in this summary where applicable.	**In-Network** Member Pays: Not applicable Plan Pays: 100%
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	**In-Network** Individual: $7,900 Family: $15,800
Customer Service	**PH:** 816-395-3558 (local) or 1-888-989-8842 (toll free)

Plan Benefits - Medical	
When you visit a health care provider's office or clinic…	**In-Network**
Physician ***Primary Care Physician (PCP)*** - An internist, family practitioner, general practitioner, or pediatrician. You select a Blue-Care PCP to manage your healthcare needs.	$40 Copay/Visit
Specialist - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	$80 Copay/Visit

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).	$80 Copay/Visit
Blue KC Virtual Care - Behavioral Health Therapy Virtual Care provided by Blue KC virtual care partner(s).	No member cost share
Designated Health Clinic **Name of Clinic:** Priority One Health 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
When you need radiology services…	**In-Network**
X-Ray	No member cost share
Other Radiology Procedures (MRI, CT/PET Scans, MRA) Prior Authorization Policy Applies In-Network	$80 Copay/Provider per Day
When you have out-patient surgery…	**In-Network**
Outpatient Surgery Facility Fees Prior Authorization Policy Applies In-Network	$750 Copay/Day Limited to Inpatient/Outpatient $3,750 Copay Max per Calendar Year
Physician (Surgeon) Services	No member cost share
If you need immediate medical attention…	**In-Network**
Urgent Care Center Office Visit	$80 Copay/Visit
Emergency Services Copay Waived if Admitted	$250 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
If you have a hospital stay…	**In-Network**
Hospital Facility Fees Prior Authorization Policy Applies In-Network	$750 Copay/Day Limited to Inpatient/Outpatient $3,750 Copay Max per Calendar Year

Physician (Surgeon) Services	No member cost share
If you need help recovering or have other special health needs…	**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 Combined with Physical Therapy Limits	No member cost share
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	$375 Copay/Day Limited to Inpatient/Outpatient $3,750 Copay Max per Calendar Year
Home Hospice Services	No member cost share
If you have behavioral health, or substance abuse needs…	**In-Network**
Outpatient Mental Health, Behavioral Health, and Substance Abuse Services **Office Visit**	No member cost share
Therapy	No member cost share
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Facility Fees) Prior Authorization Policy Applies In-Network	$750 Copay/Day Limited to Inpatient/Outpatient $3,750 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
Family Planning & Pregnancy…	**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 not covered for maternity services	Covered
Infertility and Impotency Diagnosis and Treatment Pharmacy Coverage: See Member Certificate for more details.	No member cost share
Routine Vision Care...	**In-Network**
Routine Eye Exam Maximum benefit of 1 Exam(s)/Calendar Year for In-Network	$80 Copay/Visit
General Pharmacy Information	
Retail Pharmacy Network(s)	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 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
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
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	**RxPremier:** $20 Copay/Fill Contraceptives – No member cost share
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** $60 Copay/Fill
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** $90 Copay/Fill
Retail Pharmacy (Long-term supply: Between 35-102 Days**)**	
Drug Tier 1: Generic / Generic Specialty	**RxPremier:** $60 Copay/Fill Contraceptives – No member cost share

Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** $180 Copay/Fill
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** $270 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	$40 Copay/Fill Contraceptives – No member cost share
Drug Tier 2: Preferred	$120 Copay/Fill
Drug Tier 3: Non-Preferred	$180 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.

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