Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

**Effective Date: 01/01/2027**

Lees Summit R VII 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 | |
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| **Plan Type** | **Health Maintenance Organization (HMO)**<br>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)**<br>A complete listing of network hospitals and physicians is available on MyBlueKC.com. | **In Area:** Blue-Care<br>**Out-of-Area:** BlueCard Excluded |
| **Deductible** –<br>You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.<br>**Other Deductible**: Prescription Drugs | **In-Network**<br>Not applicable |
| **Coinsurance**<br>Applies only as specified in your contract. Coinsurance is noted in this summary where applicable. | **In-Network**<br>Member Pays: Not applicable<br>Plan Pays: 100% |
| **Out-of-Pocket Limits – Embedded**<br>The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.<br>These cost shares apply to the Out-of-Pocket Limit: Coinsurance, Copays<br>**Applies to:** All Medical and Rx Cost Sharing | **In-Network**<br>Individual: $6,500<br>Family: $13,000 |
| **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**<br>***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 |
| ***Telehealth Providers other than Blue KC Virtual Care - Office Visit - Primary Care*** | $40 Copay/Visit |

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| ***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**<br>Virtual Care provided by Blue KC virtual care partner(s). | $80 Copay/Visit |
| **Blue KC Virtual Care - Behavioral Health Therapy**<br>Virtual Care provided by Blue KC virtual care partner(s). | No member cost share |
| **Designated Health Clinic**<br>**Name of Clinic:** Complete Health & Wellness Center | No member cost share |
| **Preventive Screenings & Immunizations (Children & Adults)**<br>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)**<br>Prior Authorization Policy Applies In-Network | $200 Copay/Provider per Day |
| ***When you have out-patient surgery…*** | **In-Network** |
| **Outpatient Surgery Facility Fees**<br>Prior Authorization Policy Applies In-Network | $500 Copay/Day<br>Limited to Inpatient/Outpatient $2,500 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**<br>Copay Waived if Admitted | $200 Copay/Visit |
| **Ground Ambulance**<br>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** |
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| **Hospital Facility Fees**<br>Prior Authorization Policy Applies In-Network | $500 Copay/Day<br>Limited to Inpatient/Outpatient $2,500 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**<br>Prior Authorization Policy Applies In-Network<br>Maximum benefit of 30 Day(s)/Calendar Year for In-Network | No member cost share |
| **Home Health Services**<br>Prior Authorization Policy Applies In-Network<br>Maximum benefit of 60 Visit(s)/Calendar Year for In-Network | No member cost share |
| **Physical Therapy**<br>Maximum benefit of 60 Visit(s)/Calendar Year for In-Network | No member cost share |
| **Occupational Therapy**<br>Combined with Physical Therapy Limits | No member cost share |
| **Skeletal Manipulation performed in a Chiropractic Office** | $40 Copay/Visit |
| **Speech Therapy**<br>Maximum benefit of 20 Visit(s)/Calendar Year for In-Network | No member cost share |
| **Hearing Therapy**<br>Combined with Speech Therapy Limits | No member cost share |
| **Durable Medical Equipment**<br>Prior Authorization Policy Applies In-Network | No member cost share |
| **Inpatient Hospice Services**<br>Prior Authorization Policy Applies In-Network<br>Maximum benefit of 14 Day(s)/Lifetime for In-Network | $250 Copay/Day<br>Limited to Inpatient/Outpatient $2,500 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**<br>**Office Visit** | $40 Copay/Visit |
| **Therapy in Provider's Office** | No member cost share |
| **Therapy in Facility** | No member cost share |
| **Telehealth Providers other than Blue KC Virtual Care - Office Visit - Behavioral Health** | $40 Copay/Visit |
| **Telehealth Providers other than Blue KC Virtual Care - Behavioral Health Therapy** | No member cost share |
| **Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Facility Fees)**<br>Prior Authorization Policy Applies In-Network | $500 Copay/Day<br>Limited to Inpatient/Outpatient $2,500 Copay Max per Calendar Year |

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| **Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Physician)**<br>Includes: Therapy & Other Services, partial hospitalizations | No member cost share |
| ***Family Planning & Pregnancy…*** | **In-Network** |
| **Contraceptive Devices, Implants, and Injections**<br>See also pharmacy benefits. | No member cost share |
| **Elective Sterilization – Women** | No member cost share |
| **Elective Sterilization – Men** | No member cost share |
| **Maternity**<br>Dependent daughters are covered for maternity services | Covered |
| **Infertility and Impotency Diagnosis and Treatment**<br>Infertility and impotency treatment limited to $10,000 per Lifetime<br>Pharmacy Coverage: See Member Certificate for more details. | Subject to Applicable Cost Shares |
| ***Routine Vision Care…*** | **In-Network** |
| **Routine Eye Exam**<br>Maximum benefit of 1 Exam(s)/Calendar Year for In-Network | $10 Copay/Visit |
| **General Pharmacy Information** | |
| **Retail Pharmacy Network(s)** | RxPreferred<br>RxPremier |
| **Prescription Drug List**<br>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**<br>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<br>**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**<br>You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services. | **In-Network**<br>Individual: $150<br>Family: $450 |
| **Outpatient Prescription Drug Out-of-Pocket Limits**<br>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**<br>Combined with Medical Out-of-Pocket Limits |

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| **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**<br>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.<br>**Email:** info@rxsavingsllc.com<br>**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<br>**RxPremier:** Deductible, then $25 Copay/Fill<br>Contraceptives – No member cost share |
| **Drug Tier 2:** Preferred / Preferred Specialty | **RxPreferred:** Deductible, then $40 Copay/Fill<br>**RxPremier:** Deductible, then $50 Copay/Fill |
| **Drug Tier 3:** Non-Preferred / Non-Preferred Specialty | **RxPreferred:** Deductible, then $65 Copay/Fill<br>**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<br>**RxPremier:** Deductible, then $75 Copay/Fill<br>Contraceptives – No member cost share |
| **Drug Tier 2:** Preferred / Preferred Specialty | **RxPreferred:** Deductible, then $120 Copay/Fill<br>**RxPremier:** Deductible, then $150 Copay/Fill |
| **Drug Tier 3:** Non-Preferred / Non-Preferred Specialty | **RxPreferred:** Deductible, then $195 Copay/Fill<br>**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<br>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.

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