



BLUE MEDICARE
ADVANTAGE



BLUE MEDICARE
ADVANTAGE
OF KANSAS CITY FOR

IBEW LOCAL 124 HEALTH AND WELFARE FUND 2023

BLUE MEDICARE ADVANTAGE OF KANSAS CITY DESIGNED FOR IBEW LOCAL 124 HEALTH AND WELFARE FUND

Of the many Medicare Advantage plan choices out there, only one was created with local knowledge of the Kansas City community. Blue Cross and Blue Shield of Kansas City (Blue KC) is the Kansas City company you know and trust. We're proud to offer you extras like the SilverSneakers® fitness benefit. **Our plan also includes a large local network of doctors and hospitals.** We invite you to discover the Blue KC difference for yourself. As you'll see, we are committed to helping you understand Medicare to find the right plan for your health and budget.



WHAT YOU'LL FIND INSIDE:

- Program Description
- 2023 Benefits Summary
- Frequently Asked Questions
- How to Enroll

ENROLLING IS EASY

To enroll:

Call the IBEW Local 124 Health and Welfare Fund office at 816-943-0277.

After you enroll:

Take advantage of your Blue Medicare Advantage benefits.

Once you are a Blue Medicare Advantage member, call 1-888-892-8907 (TTY:711) to speak with your dedicated IBEW Medicare Advantage Customer Service team.

Questions on enrolling in Medicare?

Once you apply to get benefits from Social Security, you will get Part A automatically. You will have to decide if you want Part B when you apply for those benefits.

Enrolling in Part B

When to enroll

There are only certain times you can enroll in Part B. When you turn 65, if you don't sign up for Part B, there is a possibility you will have to wait to sign up and pay a penalty.

Ways to enroll

Online at <https://www.ssa.gov/benefits/medicare/>. This is the fastest way to sign up. You will need to create an account to enroll and apply for benefits.

Call the Social Security office at 800-772-1213
TTY users can call 800-325-0778

Speak with your local Social Security office

If you or your spouse worked for a railroad, you will want to call the Railroad Retirement Board at 877-772-5772.

After you have completed enrollment, you will receive a Welcome to Medicare packet with your red, white, blue Medicare card along with the Medicare & You handbook. These will be sent by the Centers for Medicare & Medicaid Services (CMS).

BLUE MEDICARE ADVANTAGE

Medicare can be confusing. There are many options, and choosing the wrong one can prove costly. Original Medicare, comprised of Parts A and B, is the traditional fee-for-service program offered through the federal government. Under Original Medicare, you may be responsible for paying annual deductibles and 20% of your medical bills for services covered under Parts A and B, with no limit on Medicare-covered expenses.

Medicare Part C allows private health insurance companies like Blue KC to provide Medicare benefits, known as Medicare Advantage plans. These plans replace Original Medicare and offer additional benefits and financial protection not offered through Original Medicare plans.

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

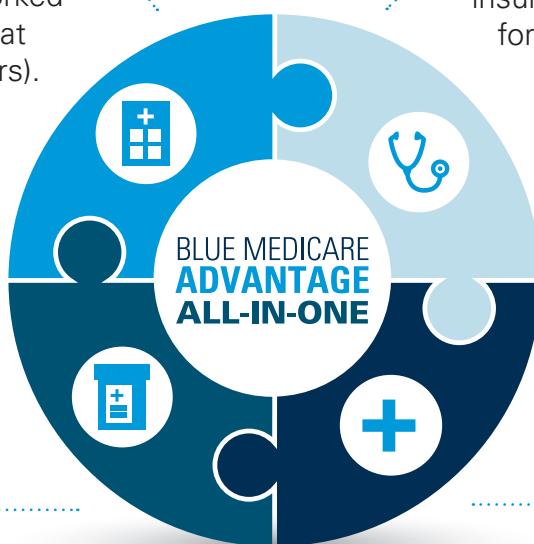
Medicare Part D is outpatient prescription drug coverage. It is offered through private health insurance companies at a separate cost, or built into a Medicare Advantage plan.

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 extra coverage like hearing, SilverSneakers® membership, acupuncture and more!



Original Medicare doesn't cover all of your healthcare expenses.

You may pay
20%
of medical expenses

In most cases, Original Medicare beneficiaries must pay 20% of their medical bills, plus their Part B premiums and any applicable deductibles.

2023 BENEFIT DETAILS

CHOOSE FROM MORE DOCTORS AND HOSPITALS.

Our members want options, and we've added many more. We've built a larger Blue Medicare Advantage network on the foundation of the strong local relationships we enjoy throughout the Kansas City community.

PATIENT-FOCUSED CARE.

We are committed to improving healthcare delivery through strong doctor-patient relationships. We work closely with Primary Care Physicians (PCPs) to give them the support they need to help you achieve your best health. Your PCP will advise you and work directly with other healthcare specialists in our network to ensure you're getting the best care for your needs while taking the guesswork out of your hands.

OUR BLUE MEDICARE ADVANTAGE MEMBERS ENJOY:



A CULTURE BUILT AROUND MEMBER SERVICE

It is our mission to treat each member with the utmost courtesy and respect.



LOCAL EXPERTISE

Blue KC maintains strong relationships with trusted physicians and hospitals in the Kansas City community.



ONE OF THE MOST RECOGNIZED AND RESPECTED BRANDS

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



EMERGENCY COVERAGE WHEN YOU TRAVEL

Blue Medicare Advantage provides worldwide emergency room/urgent care coverage.

BENEFIT EXTRAS

Our Blue Medicare Advantage plans for IBEW Local 124 Health and Welfare Fund do more than help pay for medical costs. You get valuable benefit extras to help you feel better, live better, and save money—every day.

- **Vision exams**
- **Hearing services and hearing aid coverage**
- **Diabetes management program** - personalized care program that includes 24/7 access to a care team
- **Mindful by Blue KC behavioral health tools and resources** - enjoy 24/7 access to Mindful Advocates
- **SilverSneakers® fitness benefit** - enjoy access to gyms in your area and attend health education seminars and social events
- **Blue KC Virtual Care** - get medical care from you smartphone, tablet or computer
- **Nutritional counseling**
- **Smoking and tobacco cessation counseling**
- **Foot Care** - for members with chronic foot conditions in-home foot care services
- **BenefitsCheckUp** - a comprehensive, free online resource that connects you to benefits and programs you may qualify for
- **Balance and cognitive training**

January 1, 2023 – December 31, 2023

**2023 Summary of Benefits
IBEW Local 124 Health and Welfare Fund
Blue Medicare Advantage Plan (PPO)**

Medicare Advantage Plan with Part D Prescription Drug Coverage

To join IBEW Local 124 Health and Welfare Fund Blue Medicare Advantage Plan (PPO), you must be entitled to Medicare Part A, and be enrolled in Medicare Part B. Our network service area is in the following counties:

Kansas: Johnson and Wyandotte

Missouri: Andrew, Bates, Buchanan, Cass, Clay, Clinton, Henry, Jackson, Johnson (MO), Lafayette, Platte, Ray, St. Clair and Vernon.

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, call us and ask for the "Evidence of Coverage." You can also see the Evidence of Coverage on our website, <http://www.medicarebluekc.com/ibew-retirees/>.

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 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.

Have Questions?

Call us at 1-888-892-8907, TTY: 711 from 8 a.m. – 8 p.m. Central Time 7 days a week, October 1 to March 31 and from April 1 to September 30, 8 a.m. – 8 p.m. Central Time, Monday through Friday or go online to our website: <http://www.medicarebluekc.com/ibew-retirees/>.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.medicarebluekc.com/EGWPFormulary.

SUMMARY OF BENEFITS

IBEW Local 124 Health and Welfare Fund Blue Medicare Advantage Plan (PPO)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

| | |
|---|---|
| Monthly Plan Premium | Please refer to IBEW Local 124 Health and Welfare Trust Office at 816.943.0277. |
| Deductible | Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable. |
| Maximum Out-of-Pocket Responsibility | <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$0 for services you receive from in-network providers. • \$0 for services you receive from in and out-of-network providers combined. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p> |
| Prior Authorization | Some in-network services may require prior authorization and are indicated with (PA) for your reference. |

COVERED MEDICAL AND HOSPITAL BENEFITS

| | In-Network | Out-of-Network |
|--|---|---|
| Acupuncture for Chronic Low Back Pain | <p>You pay a \$0 copay for each Medicare-covered acupuncture treatment.</p> <p>You pay a \$0 copay for each supplemental non-Medicare Acupuncture treatment.</p> <p>Our plan also covers additional non-Medicare acupuncture for any condition. Treatments are limited to up to 20 visits per year.</p> | <p>You pay a \$0 copay for each Medicare-covered acupuncture treatment.</p> <p>You pay a \$0 copay for each supplemental non-Medicare acupuncture treatment.</p> <p>Our plan also covers additional non-Medicare acupuncture for any condition. Treatments are limited to up to 20 visits per year.</p> |
| Ambulance (PA) | Ground Ambulance: \$0 copay. | Ground Ambulance: \$0 copay. |

| COVERED MEDICAL AND HOSPITAL BENEFITS | | |
|--|--|--|
| | In-Network | Out-of-Network |
| | Air Ambulance: \$0 copay. Worldwide Ambulance Coverage: \$0 copay. | Air Ambulance: \$0 copay. |
| Ambulatory Surgical Center (PA) | Ambulatory Surgical Center: \$0 copay. | Ambulatory Surgical Center: \$0 copay. |
| Annual Physical Exam | You pay a \$0 copay for annual physical exam. | You pay a \$0 copay for annual physical exam. |
| Cardiac Rehabilitation Services | You pay a \$0 copay for each visit. | You pay a \$0 copay for each visit. |
| Chiropractic Services | You pay a \$0 copay for each visit. | You pay a \$0 copay for each visit. |
| Dental Services | \$0 copay for Medicare-covered dental services. | \$0 copay for Medicare-covered dental services. |
| Diabetes Self-Management Training, Diabetic Services and Supplies | <p>You pay a \$0 copay for each Medicare-covered diabetes self-management training Telehealth visit.</p> <p>You pay a \$0 copay for diabetes self-management training.</p> <p>You pay nothing for the Diabetic Care Program or the Medicare-covered diabetic device and supplies.</p> <p>You pay a \$0 copay for preferred diabetes monitoring devices and supplies, and Continuous Glucose Monitors (CGM) and supplies when obtained at a pharmacy.</p> <p>Non-preferred brand Continuous Glucose Monitors (CGM) are covered only when deemed</p> | <p>You pay 0% coinsurance for Medicare-covered diabetes self-management training.</p> <p>You pay a \$0 copay for preferred diabetes monitoring devices and supplies, and Continuous Glucose Monitors (CGM) and supplies when obtained at a pharmacy.</p> <p>Non-preferred brand Continuous Glucose Monitors (CGM) are covered only when deemed medically necessary and prior authorized.</p> <p>You pay 0% coinsurance for all other brands of diabetes monitoring supplies when obtained at a pharmacy or a DME provider.</p> |

| COVERED MEDICAL AND HOSPITAL BENEFITS | | |
|---|---|--|
| | In-Network | Out-of-Network |
| | <p>medically necessary and prior authorized.</p> <p>You pay 0% coinsurance for all other brands of diabetes monitoring supplies when obtained at a pharmacy or a DME provider.</p> <p>You pay 0% coinsurance for Medicare-covered therapeutic custom-molded shoes or inserts.</p> | <p>You pay 0% coinsurance for Medicare-covered therapeutic custom-molded shoes or inserts.</p> <p>You pay 0% coinsurance for Medicare-covered diabetic services and supplies.</p> |
| Diagnostic Services / Labs/ Imaging (PA) | <p>Diagnostic tests and procedures: \$0 copay.</p> <p>Lab services: \$0 copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$0 copay.</p> <p>X-rays: \$0 copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$0 copay.</p> | <p>Diagnostic tests and procedures: \$0 copay.</p> <p>Lab services: \$0 copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$0 copay.</p> <p>X-rays: \$0 copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$0 copay.</p> |
| Doctor's Office Visits | <p>Telehealth visit: \$0 copay.</p> <p>Primary care physician visit: \$0 copay.</p> <p>Specialist visit: \$0 copay.</p> <p>You pay a \$0 copay for nutritional counseling.</p> | <p>Primary care physician visit: \$0 copay.</p> <p>Specialist visit: \$0 copay.</p> <p>You pay a \$0 copay for nutritional counseling.</p> |
| Durable Medical Equipment (DME) And Related Supplies | <p>You pay a \$0 copay for DME and supplies.</p> | <p>You pay a 0% coinsurance for DME and supplies.</p> |

| COVERED MEDICAL AND HOSPITAL BENEFITS | | |
|---|---|---|
| | In-Network | Out-of-Network |
| Emergency Care | <p>\$0 copay per visit.</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Worldwide Emergency Coverage: \$0 copay.</p> | <p>\$0 copay per visit.</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p> |
| Fitness | You pay a \$0 copay for access to participating fitness facilities and programs. | You pay a \$0 copay for access to participating fitness facilities and programs. |
| Health and Wellness Education Programs | <p>You pay a \$0 copay for Nutritional Counseling.</p> <p>You pay a \$0 copay for a Mindful Telehealth counseling visit.</p> <p>You pay a \$0 copay for Fitness programs.</p> <p>You pay a \$0 copay for Nurseline.</p> | <p>You pay a \$0 copay for Nutritional Counseling.</p> <p>You pay a \$0 copay for in-person counseling visit.</p> |
| Hearing Services | <p>Exam to diagnose and treat hearing and balance issues: \$0 copay.</p> <p>Hearing aid and associated services \$0 copay, up to \$2,500 benefit allowance. You pay 10% of costs beyond the benefit allowance, every three (3) years.</p> | Exam to diagnose and treat hearing and balance issues: \$0 copay. |
| Home Health Agency Care | You pay a \$0 copay for home health care. | You pay a 0% coinsurance for home health care. |
| Home Infusion Therapy | You pay a 0% coinsurance for home infusion. | You pay a 0% coinsurance for home infusion. |

COVERED MEDICAL AND HOSPITAL BENEFITS

| | In-Network | Out-of-Network |
|--|---|---|
| Immunizations | There is no coinsurance, copayment, or deductible for the pneumonia, influenza, Hepatitis B, and COVID-19 vaccines. | You pay a 0% coinsurance for Medicare-covered immunizations. |
| Inpatient Hospital (PA) | <p><u>Medical Facility:</u> Days 1 & beyond: \$0 copay per day for each admission.</p> <p><u>Mental Health Facility:</u> Days 1-90: \$0 copay per day for each admission.</p> | <p><u>Medical Facility:</u> Days 1-90: \$0 copay per day.</p> <p><u>Mental Health Facility:</u> Days 1-90: \$0 copay per day.</p> |
| Medicare Part B Drugs (PA) | <p>For Part B drugs such as chemotherapy drugs: 0% Coinsurance.</p> <p>Other Part B drugs: 0% Coinsurance.</p> | <p>For Part B drugs such as chemotherapy drugs: 0% Coinsurance.</p> <p>Other Part B drugs: 0% Coinsurance.</p> |
| Mental Health Care | <p>Outpatient group therapy visits: \$0 copay.</p> <p>Individual therapy visits: \$0 copay.</p> <p>Telehealth visit: \$0 copay.</p> | <p>Outpatient group therapy visits: \$0 copay.</p> <p>Individual therapy visits: \$0 copay.</p> |
| Opioid Treatment Program Services | <p>You pay a \$0 copay for Telehealth services.</p> <p>You pay a \$0 copay per visit for opioid treatment program services.</p> | <p>You pay a \$0 copay for Telehealth services.</p> <p>You pay a \$0 copay per visit for opioid treatment program services.</p> |
| Outpatient Hospital (PA) | <p>Observation: \$0 copay.</p> <p>Outpatient Hospital: \$0 copay.</p> <p>Outpatient Surgery: \$0 copay.</p> | <p>Observation: \$0 copay.</p> <p>Outpatient Hospital: \$0 copay.</p> <p>Outpatient Surgery: \$0 copay.</p> |

COVERED MEDICAL AND HOSPITAL BENEFITS

| | In-Network | Out-of-Network |
|---|--|--|
| Outpatient Rehabilitation Services Physical Therapy | Physical therapy visits: \$0 copay. Telehealth visits: \$0 copay. | Physical therapy visits: \$0 copay. |
| Outpatient substance abuse services | You pay a \$0 copay for Medicare-covered Telehealth services. You pay a \$0 copay for each individual visit. You pay a \$0 copay for each group visit. | You pay a 0% coinsurance for each individual therapy visit. You pay a 0% coinsurance for each group therapy visit. |
| Partial Hospitalization Services (PA) | You pay a \$0 copay for each partial hospitalization. | You pay a 0% coinsurance for each partial hospitalization day. |
| Podiatry Services | \$0 copay for each Medicare-covered podiatry service. \$0 copay up to 6 routine foot care visits a year. For members who qualify due to certain chronic conditions under the Special Supplemental Benefits for the Chronically Ill benefit, you pay \$0 copay for an in-home foot evaluation, including a waterless pedicure up to 12 visits a year. | \$0 copay for each Medicare-covered podiatry service. \$0 copay up to 6 routine foot care visits a year. |
| Preventive Care <i>(e.g., flu vaccine, diabetic screenings)</i> | You pay nothing for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare | You pay nothing for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare |

COVERED MEDICAL AND HOSPITAL BENEFITS

| | In-Network | Out-of-Network |
|--|--|--|
| | <p>during the contract year will be covered.</p> <p>Below is a list of Medicare-covered preventive services:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammograms) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • HIV screening • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low dose computed tomography (LDCT) • Screening for sexually transmitted infections | <p>during the contract year will be covered.</p> <p>Below is a list of Medicare-covered preventive services:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammograms) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • HIV screening • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low dose computed tomography (LDCT) • Screening for sexually transmitted infections |

COVERED MEDICAL AND HOSPITAL BENEFITS

| | In-Network | Out-of-Network |
|--|--|--|
| | <p>(STIs) and counseling to prevent STIs</p> <ul style="list-style-type: none"> • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • “Welcome to Medicare” preventive visit | <p>(STIs) and counseling to prevent STIs</p> <ul style="list-style-type: none"> • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • “Welcome to Medicare” preventive visit |
| Prosthetic devices and related supplies | You pay a 0% coinsurance for devices and supplies. | You pay a 0% coinsurance for devices and supplies. |
| Pulmonary rehabilitation services | You pay a \$0 copay for each visit. | You pay a 0% coinsurance per visit. |
| Services to treat kidney disease | <p>You pay a \$0 copay for kidney disease education services.</p> <p>You pay a \$0 copay for Telehealth services.</p> <p>You pay a 0% coinsurance for renal dialysis.</p> | <p>You pay a 0% coinsurance for Medicare-covered kidney disease education services.</p> <p>You pay a 0% coinsurance for renal dialysis.</p> |
| Skilled Nursing Facility (SNF) (PA) | Days 1-100: \$0 copay per day. | Days 1-100: \$0 copay per day. |
| Supervised Exercise Therapy (SET) | You pay a \$0 copay for each visit. | You pay 0% coinsurance per visit. |
| Urgently Needed Services | <p>You pay a \$0 copay when you use Virtual Care.</p> <p>\$0 copay per visit.</p> <p>Worldwide Urgent Coverage: \$0 copay.</p> | \$0 copay per visit. |

| COVERED MEDICAL AND HOSPITAL BENEFITS | | |
|--|---|---|
| | In-Network | Out-of-Network |
| Vision Services | <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 copay.</p> <p>Routine eye exam (up to 1 visit(s) every year): \$0 copay.</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 copay.</p> | <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 copay.</p> <p>Routine eye exam (up to 1 visit(s) every year): \$0 copay.</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 copay.</p> |

PRESCRIPTION DRUG BENEFITS

| Deductible | Prescription Drug Deductible: Not Applicable. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|--|------------------|--------------------|------|------------------|------------------|--------------------|-------------------------------|-----------|------------|-----------|---------------------|-----------|------------|-----------|-----------------------------|------------|------------|------------|-----------------------------|------------|------------|------------|----------------------------|------------|----------------|----------------|------|------------------|------------------|--------------------|-------------------------------|-----------|------------|-----------|---------------------|-----------|------------|-----------|-----------------------------|------------|------------|------------|-----------------------------|------------|------------|------------|
| Initial Coverage | <p>You pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the drug costs paid by both you and our Part D plan.</p> <p>Standard Retail Cost-Sharing</p> <table border="1" data-bbox="404 476 1554 1220"> <thead> <tr> <th data-bbox="404 476 635 569">Tier</th> <th data-bbox="635 476 942 569">One-month supply</th> <th data-bbox="942 476 1249 569">Two-month supply</th> <th data-bbox="1249 476 1554 569">Three-month supply</th> </tr> </thead> <tbody> <tr> <td data-bbox="404 569 635 709">Tier 1 (Preferred Generic)</td> <td data-bbox="635 569 942 709">\$5 copay</td> <td data-bbox="942 569 1249 709">\$10 copay</td> <td data-bbox="1249 569 1554 709">\$0 copay</td> </tr> <tr> <td data-bbox="404 709 635 802">Tier 2 (Generic)</td> <td data-bbox="635 709 942 802">\$5 copay</td> <td data-bbox="942 709 1249 802">\$10 copay</td> <td data-bbox="1249 709 1554 802">\$0 copay</td> </tr> <tr> <td data-bbox="404 802 635 942">Tier 3 (Preferred Brand)</td> <td data-bbox="635 802 942 942">\$15 copay</td> <td data-bbox="942 802 1249 942">\$30 copay</td> <td data-bbox="1249 802 1554 942">\$25 copay</td> </tr> <tr> <td data-bbox="404 942 635 1082">Tier 4 (Non-Preferred Drug)</td> <td data-bbox="635 942 942 1082">\$15 copay</td> <td data-bbox="942 942 1249 1082">\$30 copay</td> <td data-bbox="1249 942 1554 1082">\$25 copay</td> </tr> <tr> <td data-bbox="404 1082 635 1220">Tier 5 (Specialty Tier)</td> <td data-bbox="635 1082 942 1220">\$75 copay</td> <td data-bbox="942 1082 1249 1220">Not Applicable</td> <td data-bbox="1249 1082 1554 1220">Not Applicable</td> </tr> </tbody> </table> <p>Standard Mail Order</p> <table border="1" data-bbox="404 1295 1554 1903"> <thead> <tr> <th data-bbox="404 1295 635 1388">Tier</th> <th data-bbox="635 1295 942 1388">One-month supply</th> <th data-bbox="942 1295 1249 1388">Two-month supply</th> <th data-bbox="1249 1295 1554 1388">Three-month supply</th> </tr> </thead> <tbody> <tr> <td data-bbox="404 1388 635 1528">Tier 1 (Preferred Generic)</td> <td data-bbox="635 1388 942 1528">\$5 copay</td> <td data-bbox="942 1388 1249 1528">\$10 copay</td> <td data-bbox="1249 1388 1554 1528">\$0 copay</td> </tr> <tr> <td data-bbox="404 1528 635 1621">Tier 2 (Generic)</td> <td data-bbox="635 1528 942 1621">\$5 copay</td> <td data-bbox="942 1528 1249 1621">\$10 copay</td> <td data-bbox="1249 1528 1554 1621">\$0 copay</td> </tr> <tr> <td data-bbox="404 1621 635 1761">Tier 3 (Preferred Brand)</td> <td data-bbox="635 1621 942 1761">\$15 copay</td> <td data-bbox="942 1621 1249 1761">\$30 copay</td> <td data-bbox="1249 1621 1554 1761">\$25 copay</td> </tr> <tr> <td data-bbox="404 1761 635 1903">Tier 4 (Non-Preferred Drug)</td> <td data-bbox="635 1761 942 1903">\$15 copay</td> <td data-bbox="942 1761 1249 1903">\$30 copay</td> <td data-bbox="1249 1761 1554 1903">\$25 copay</td> </tr> </tbody> </table> | | | Tier | One-month supply | Two-month supply | Three-month supply | Tier 1 (Preferred Generic) | \$5 copay | \$10 copay | \$0 copay | Tier 2 (Generic) | \$5 copay | \$10 copay | \$0 copay | Tier 3 (Preferred Brand) | \$15 copay | \$30 copay | \$25 copay | Tier 4 (Non-Preferred Drug) | \$15 copay | \$30 copay | \$25 copay | Tier 5 (Specialty Tier) | \$75 copay | Not Applicable | Not Applicable | Tier | One-month supply | Two-month supply | Three-month supply | Tier 1 (Preferred Generic) | \$5 copay | \$10 copay | \$0 copay | Tier 2 (Generic) | \$5 copay | \$10 copay | \$0 copay | Tier 3 (Preferred Brand) | \$15 copay | \$30 copay | \$25 copay | Tier 4 (Non-Preferred Drug) | \$15 copay | \$30 copay | \$25 copay |
| Tier | One-month supply | Two-month supply | Three-month supply | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 1 (Preferred Generic) | \$5 copay | \$10 copay | \$0 copay | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 2 (Generic) | \$5 copay | \$10 copay | \$0 copay | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 3 (Preferred Brand) | \$15 copay | \$30 copay | \$25 copay | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 4 (Non-Preferred Drug) | \$15 copay | \$30 copay | \$25 copay | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 5 (Specialty Tier) | \$75 copay | Not Applicable | Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier | One-month supply | Two-month supply | Three-month supply | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 1 (Preferred Generic) | \$5 copay | \$10 copay | \$0 copay | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 2 (Generic) | \$5 copay | \$10 copay | \$0 copay | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 3 (Preferred Brand) | \$15 copay | \$30 copay | \$25 copay | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 4 (Non-Preferred Drug) | \$15 copay | \$30 copay | \$25 copay | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PRESCRIPTION DRUG BENEFITS

| | | | |
|----------------------------|------------|----------------|----------------|
| Tier 5 (Specialty Tier) | \$75 copay | Not Applicable | Not Applicable |
|----------------------------|------------|----------------|----------------|

Your cost-sharing may be different if you use a Long-Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 100 days) of a drug.

Please call us or see the plan’s **“Evidence of Coverage”** on our website (<http://www.medicarebluekc.com/ibew-retirees/>) for complete information about your costs for covered drugs.

Coverage Gap

The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660.

After you enter the coverage gap, you pay your copay or coinsurance for covered drugs until your costs total \$7,400 which is the end of the coverage gap.

| Tier | One-month supply | Two-month supply | Three-month supply |
|-------------------------------|-------------------------|-------------------------|---------------------------|
| Tier 1 (Preferred Generic) | \$5 copay | \$10 copay | \$0 copay |
| Tier 2 (Generic) | \$5 copay | \$10 copay | \$0 copay |
| Tier 3 (Preferred Brand) | \$15 copay | \$30 copay | \$25 copay |
| Tier 4 (Non-Preferred Drug) | \$15 copay | \$30 copay | \$25 copay |
| Tier 5 (Specialty Tier) | \$75 copay | Not Applicable | Not Applicable |

Your cost-sharing may be different if you use a Long-Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 100 days) of a drug.

| PRESCRIPTION DRUG BENEFITS | |
|-----------------------------------|--|
| | <p>Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you.</p> <p>Important Message About What You Pay for Insulin - You won't pay more than \$15 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.</p> <p>Please call us or see the plan's "Evidence of Coverage" on our website (www.medicarebluekc.com/bopc) for complete information about your costs for covered drugs.</p> |
| Catastrophic Amount | <p>After your yearly out-of-pocket drug costs reach \$7,400, you pay the lesser of:</p> <ul style="list-style-type: none"> • \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs, or • 5% of the cost. |

Blue Medicare Advantage is a Local PPO plan with a Medicare contract. Enrollment in **Blue Medicare Advantage** depends on contract renewal.

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

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association. The PPO product is offered by Missouri Valley Life and Health Insurance Company, a wholly-owned subsidiary of Blue Cross and Blue Shield of Kansas City.

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 customer service representative at 1-888-892-8907 (TTY 711).

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit <https://www.medicarebluekc.com/employer-plans> or call 1-888-892-8907 (TTY 711) to view 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.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

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, 2024.
- For HMO Plans only: Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- For PPO Plans only: Our plan allows you 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 you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- For PPO Plans only: Out-of-network/non-contracted providers are under no obligation to treat Blue Medicare Advantage (PPO) members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

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VISITOR/TRAVEL BENEFIT (PPO)

Your Blue Medicare Advantage PPO includes a Visitor/Travel Benefit through Blue Cross Blue Shield Medicare Advantage PPO network sharing.

The network sharing benefit allows Blue Medicare Advantage PPO members to obtain in-network benefits when traveling or living in the service areas of the Blue Medicare Advantage PPO plans as long as the member sees a contracted Medicare Advantage PPO provider. Coverage for the MA PPO networks listed may not be available in the entire state. Please call Customer Service to confirm network availability.

You can search for a Blue Medicare Advantage PPO network sharing provider online at MyBlueKCMA.com or call Blue KC Customer Service.

Blue Medicare Advantage PPO members can see any contracted doctor or hospital and receive the highest level of benefits. Blue Medicare Advantage PPO members can also see non-contracted providers but will have a lower level of benefits which will result in higher out-of-pocket costs.

Blue Medicare Advantage PPO shared networks are available in 48 states and two territories:

| | | | |
|-----------------------------|----------------------|-----------------------|-----------------------|
| Alabama | Indiana | Nebraska | Rhode Island |
| Arizona | Iowa | Nevada | South Carolina |
| Arkansas | Kansas | New Hampshire | South Dakota |
| California | Kentucky | New Jersey | Tennessee |
| Colorado | Louisiana | New Mexico | Texas |
| Connecticut | Maine | New York | Utah |
| Delaware | Maryland | North Carolina | Vermont |
| District of Columbia | Massachusetts | North Dakota | Virginia |
| Florida | Michigan | Ohio | Washington |
| Georgia | Minnesota | Oklahoma | West Virginia |
| Hawaii | Mississippi | Oregon | Wisconsin |
| Idaho | Missouri | Pennsylvania | |
| Illinois | Montana | Puerto Rico | |

FREQUENTLY ASKED QUESTIONS

Who can join?

You're eligible for Blue Medicare Advantage if you're enrolled in Medicare Part A and Part B.

Enrollment and disenrollment for this plan follow the Centers for Medicare and Medicaid Services (CMS) guidelines.

Do I still pay the Medicare Part B premium?

Yes, you must continue to pay your Medicare Part B premium.

Which doctors and hospitals can I use?

Blue Medicare Advantage has a network of doctors, hospitals and other providers. Blue Medicare Advantage (PPO) members are encouraged to use in-network plan providers. Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. For a decision about whether Blue KC will cover an out-of-network service, we encourage you or your provider to ask Blue KC for a pre-service organization determination before the service is received.

How do I get a list of participating Blue Medicare Advantage providers?

You can find an up-to-date list of participating providers at BlueKCMA.com. You can also call our Customer Service team for help locating a provider or to request a printed copy of our provider directory. Please contact Blue Medicare Advantage at 888-892-8907 and press 2 for Customer Service. For those who are hearing or speech impaired, call TTY: 711. The Customer Service team is available Monday through Friday from 8 a.m. to 8 p.m.

Do I give up my Medicare benefits to join a Blue Medicare Advantage plan?

No. By law, Medicare Advantage plans provide the same benefits as Original Medicare. You get all your Original Medicare benefits, plus many that Medicare doesn't offer, such as hearing exams and SilverSneakers fitness membership.

What do I need in order to visit a specialist?

While your physician will help coordinate your visit to a specialist, a referral is not required for services obtained. A prior authorization may be necessary depending on the service.

Am I covered for services while I am traveling outside my service area?

If an illness or injury occurs while you are traveling outside your service area, you have coverage for urgent and emergency care. This applies to travel within and outside the United States.

Am I covered if I go to an out-of-network provider?

Blue Medicare Advantage (PPO) members are encouraged to use in-network plan providers. Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. For a decision about whether Blue KC will cover an out-of-network service, we encourage you or your provider to ask Blue KC for a pre-service organization determination before the service is received.

If you are sick or injured while away from the Blue Medicare Advantage service area, you may wish to contact your PCP, who may be able to address your problem over the phone. You can also visit an emergency room or urgent care center as appropriate for your symptoms. If you choose urgent care, remember that you must visit a facility that is licensed as an urgent care center.

Is Blue Medicare Advantage a Medigap supplemental plan?

No. A supplemental plan or Medigap plan is health insurance sold by private insurance companies to fill the “gaps” in Original Medicare coverage.

Blue Medicare Advantage is a Medicare Advantage plan. Medicare Advantage plans are health plan options that are part of the Medicare program. When you enroll in Blue KC coverage, you choose to get your Medicare benefits through Blue KC, a Medicare Advantage organization with a Medicare contract, instead of through Original Medicare. Blue Medicare Advantage gives you all of the benefits of Original Medicare, plus extras such as routine vision and hearing exams, hearing aid coverage and fitness club benefits.

What is the difference between my red, white and blue Medicare card and my Blue Medicare Advantage member ID card?

When you first become eligible for Medicare, you receive a red, white and blue Medicare ID card in the mail. Upon your enrollment with Blue KC, you will receive a separate Blue Medicare Advantage member ID card. Since you have chosen to get your Medicare benefits through Blue KC, you must use your Blue Medicare Advantage member ID card for all medical services.

If you accidentally use your red, white and blue Medicare ID card for services as a Blue Medicare Advantage member, Medicare will not pay for these services, and you may have to pay the full cost yourself. We recommend you keep your red, white and blue Medicare ID card in a safe place at home in case you need it at a later date. Keep your Blue Medicare Advantage member ID card with you at all times. Call Blue Medicare Advantage Customer Service right away if your Blue Medicare Advantage member ID card is lost, stolen or damaged.

Can I be enrolled in two Medicare Advantage plans at the same time?

No. You may be enrolled in only one Medicare Advantage plan at a time. You may change from one plan to another plan only at certain designated times, such as the annual Open Enrollment Period and during special enrollment periods. Also, you may not have a Medicare Advantage plan and a Medigap supplement plan at the same time.

HOW TO ENROLL

To assist you in making elections, eligible IBEW Local 124 Health and Welfare Fund retirees may:

1. Attend a retiree benefits information session OR
2. Call the IBEW Local 124 Health and Welfare Fund office at 816-943-0277

If you have questions about your plan options, call your Blue KC Benefits Specialist at 816-360-1059, Monday through Friday from 8:00 a.m. to 5:00 p.m.

What happens next

Use this handy checklist to keep track of next steps. You will receive the following from Blue KC after the Centers for Medicare and Medicaid Services (CMS) accepts your automatic enrollment.

CHECK HERE

MEMBER ID CARD

You will receive two member ID cards by mail. Be sure to carry your card with you to doctor visits, tests and any other medical appointments. You will no longer need to use your red, white and blue Medicare ID card.

WELCOME KIT

This includes information regarding your enrollment.

BLUE MEDICARE ADVANTAGE DOCUMENTS

Necessary documents will be mailed to you as required by CMS.

START USING YOUR PLAN

If you are a member and have questions, call 888-892-8907 and follow the prompts (press 1 then 2). For those who are hearing or speech impaired, call TTY: 711).

START USING SILVER Sneakers AT PARTICIPATING FACILITIES



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.

This information is not a complete description of benefits. Contact 816-360-1059 for more information. 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 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.

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