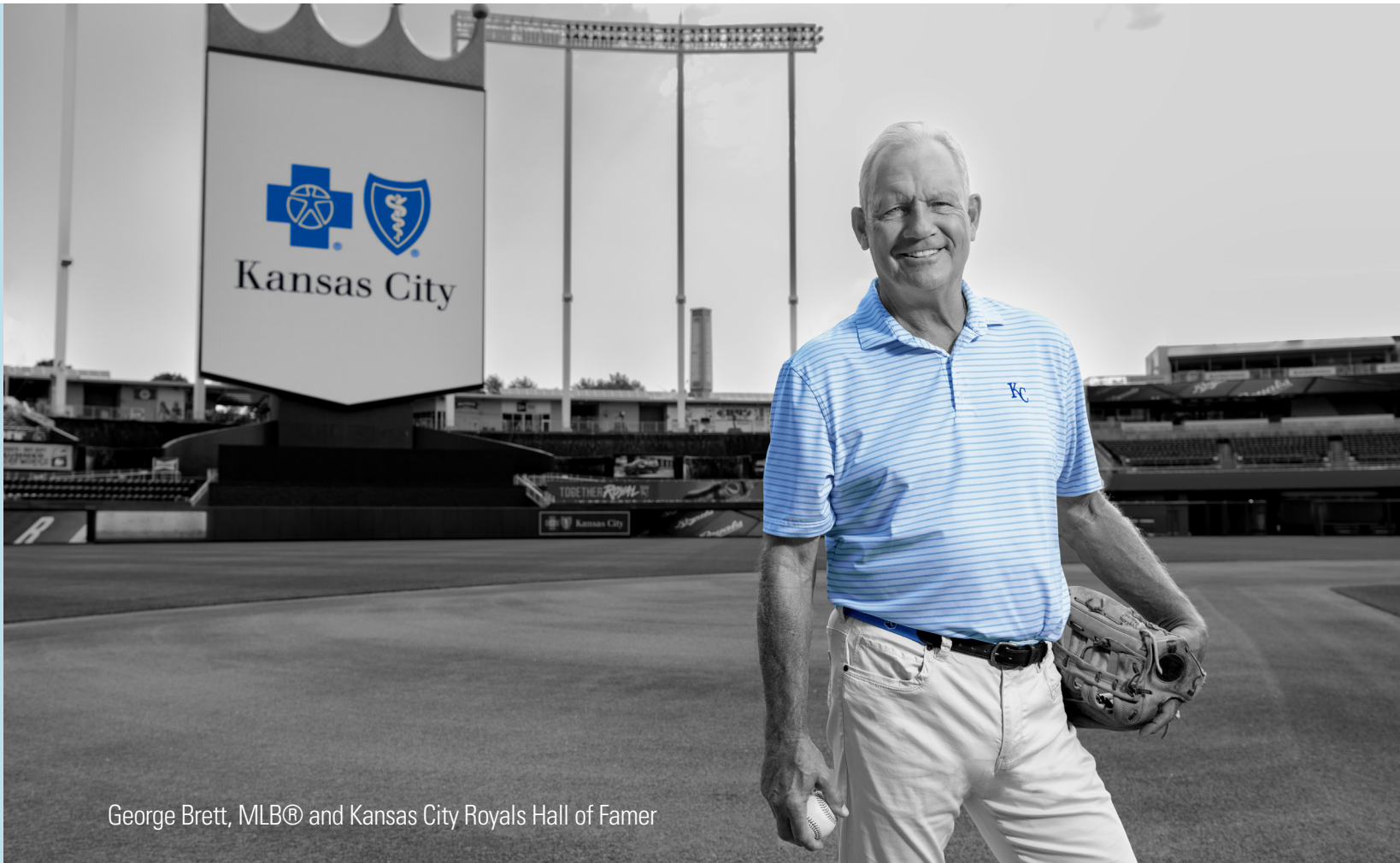


BLUE MEDICARE **ADVANTAGE**

2024 Information Kit



George Brett, MLB® and Kansas City Royals Hall of Famer

YOUR HOMETOWN MEDICARE PLAN. HONEST. TRUSTWORTHY. STRAIGHTFORWARD.

Blue KC has been right here serving our community for more than 80 years. We've been your neighbor for generations. People like you know and trust us to provide the coverage and benefits they need, the providers they rely on and the superior local service they deserve.

When it comes to making a big choice like your Medicare coverage, we're the local company who will help you make the right one. It's personal to us because we know it's personal to you. With a Blue KC plan, you can feel confident that your health and wellness is a priority — it's our commitment to you.

**HERE
FOR YOU.**

- Questions?
- Want help finding the right plan for you?
- Ready to enroll?

**(833) 501-9393 (TTY: 711)
8 a.m. to 8 p.m., 7 days a week**

You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day.

**BEYOND BENEFITS:
CARE AND SERVICE THAT
ARE SECOND TO NONE**

Getting the Medicare coverage and cost savings you want is important. Access to trusted, quality care and service is essential. Through our long relationships in the health care community, Blue KC has developed a strong network of top doctors and medical centers.

To see a full list of in-network providers, visit:
[MedicareBlueKC.com/Find-a-Doctor](https://www.MedicareBlueKC.com/Find-a-Doctor)

MORE MEDICARE BENEFITS, MORE SAVINGS AND MORE PEACE OF MIND WITH BLUE MEDICARE ADVANTAGE PLANS

Your good health is essential! That's why it is so important to have the right Medicare plan. Blue KC offers a portfolio of Medicare Advantage plans with you in mind.



\$0 monthly plan premium

Enjoy a plan that works hard for you with a \$0 monthly premium.



\$0 copay for primary care doctor visits

Visits to your in-network primary care physician cost you \$0 out of pocket. Need to see a specialist? No referrals are needed to see a specialist and you have a low copay per visit.



\$0 deductibles for your doctor and hospital care

There is no deductible to meet before your plan begins to pay.



\$0 prescription drug deductible and copays

For most plans with drug coverage, you get up to a 100-day supply of Tier 1 (Preferred Generic) or Tier 2 (Generic) prescription drugs for \$0.



Exclusive access to Spira Care Centers with all plans

You get access to the advanced primary care experience at Spira Care Centers. A full array of services under one roof, without the stress!



Valuable benefit extras

You get even more value with plans packed with extra benefits, flexibility and choices to fit your needs.



Low out-of-pocket maximum

Once you reach your low out-of-pocket maximum for services you receive from in- and out-of-network providers, we pay the full cost of covered hospital and medical services.

How can we offer a \$0 premium plan?

It's simple. The federal government pays private insurance carriers like Blue KC to provide coverage to people who are eligible for Medicare Advantage plans. We work hard to manage these dollars carefully and wisely. Our members benefit from the results. Blue KC works with providers to better coordinate care so we can pass those savings on to you in the form of extra benefits, \$0 or low copays, \$0 or low deductibles and \$0 premiums.

2024 BLUE MEDICARE ADVANTAGE PLANS



**BLUE MEDICARE
ADVANTAGE**

	HMO PLAN	PPO PLANS				
	Blue KC Secure (HMO)	Blue KC Essential (PPO)		Blue KC Simply Blue (PPO)	Blue KC Valor (PPO)	Blue KC Giveback (PPO)
Service Area	Cass, Clinton, Clay, Jackson, Johnson (KS), Lafayette, Platte, Ray, Wyandotte (KS)	Andrew, Bates, Benton, Buchanan, Carroll, Cass, Clinton, Clay, Henry, Jackson, Johnson (KS), Johnson (MO), Lafayette, Pettis, Platte, Ray, Saint Clair, Saline, Vernon, Wyandotte (KS)				
Monthly Premium	\$0	\$0		\$0	\$0	\$0
Annual Deductible	\$0	\$0		\$0	\$0	\$0
Maximum Out-of-Pocket PPO Plans are a combined In- and Out-of-Network Max	\$3,650	\$3,425		\$4,800	\$4,000	\$7,250
Part B Giveback	No	No		No	No	\$75/month
	HMO	In-Network	Out-of-Network	In- and Out-of-Network		In- and Out-of-Network
Primary Care Physician Visit	\$0	\$0	\$25	\$0		\$0
Specialist Visit	\$30	\$30	\$50	\$35		\$20
Spira Care Access	Yes	Yes		Yes		Yes
Emergency Care (Worldwide)	\$135	\$135		\$120		\$120
Urgent Care (Worldwide)	\$50	\$50		\$50		\$50
X-rays	\$0	\$10	45%	\$0		\$0
Diagnostic Procedures and Tests	\$0	\$10	45%	\$0		\$0
Diagnostic Lab Tests	\$0	\$0	45%	\$0		\$0
Inpatient Hospital Stay (Acute)	\$285/day, days 1-5 \$0/day, days 6-90*	\$325/day, days 1-5 \$0/day, days 6-90*	45%	\$300/day, days 1-5 \$0/day, days 6-90*		\$285/day; days 1-6 \$0/day, days 7-90*
Observation Stay	\$285	\$325	45%	\$300		\$285
Outpatient Surgery	\$285	\$250 - \$325	45%	\$250 - \$300		\$285
Ambulance (Air and Ground)	\$285	\$300		\$300		\$285
Chiropractic	\$20	\$20	45%	\$20		\$20
PRESCRIPTION DRUG						
Annual Rx Deductible	\$0	\$0		\$0		\$0
Prescription Drug	Yes	Yes		Yes		Not covered
Gap Coverage	Tier 1 and Tier 2	25% for all Tiers		25% for all Tiers		25% for all Tiers
BENEFIT EXTRAS (vary by plan, see back for more benefits)				Choose your Blue Benefit Bundle with Blue KC Simply Blue (PPO)		
Dental - Preventive and Comprehensive	\$2,000 annual maximum	\$1,000 annual maximum		Optional Dental buy-up: \$25/mo for an additional \$2,000 for preventive and comprehensive dental		Optional Dental buy-up: \$25/mo for an additional \$2,000 for preventive and comprehensive dental
Eyewear	\$500 flex benefit for transportation and eyewear combined	\$500 flex benefit for transportation and eyewear combined		CLASSIC \$1,000 flex benefit for dental, hearing aids, eyewear, transportation. Bundle includes PERS, balance training, and daily activity support	ACTIVE \$2,500 flex benefit for OTC, dental, hearing aids, eyewear, and transportation combined	\$1,000 flex benefit for dental, hearing, eyewear, and transportation combined
Transportation						
Hearing and Hearing Aids	\$0 hearing exam; up to \$500 per ear per year for hearing aids	\$0 hearing exam; up to \$500 per ear per year for hearing aids				
Over-the-Counter Benefit	\$100 per quarter	\$250 per year		\$500 per year	Included in flex benefit	\$500 per year

For in-network, after 90 days, our plan covers an unlimited number of additional days for an inpatient stay at \$0 copay. For Blue KC Simply Blue (PPO), Blue Benefit Bundles are based on Member selection prior to effective date. This is not a full description of benefits. Please refer to the Evidence of Coverage for a full list of benefits.

Out-of-network/noncontracted providers are under no obligation to treat members, except in emergency situations. Call customer service or see your Evidence of Coverage for information including the cost-sharing that applies to out-of-network services.

BENEFITS AND PRESCRIPTION DRUG COVERAGE

	Blue KC Secure (HMO)		Blue KC Simply Blue (PPO)		Blue KC Giveback (PPO)	
	30-day Supply	90- or 100-day Supply	30-day Supply	90- or 100-day Supply	30-day Supply	90- or 100-day Supply
Annual Deductible	No deductible		No deductible		No deductible	
Preferred Generics (Tier 1)	\$0 copay	\$0 copay (100-day)	\$0 copay	\$0 copay (100-day)	\$0 copay	\$0 copay (100-day)
Generics (Tier 2)	\$5 copay	\$0 copay (100-day)	\$10 copay	\$0 copay (100-day)	\$10 copay	\$0 copay (100-day)
Preferred Brands (Tier 3)	\$47 copay \$35 copay covered insulins	\$141 copay (90-day) \$105 copay covered insulins	\$47 copay \$35 copay covered insulins	\$141 copay (90-day) \$105 copay covered insulins	\$47 copay \$35 copay covered insulins	\$141 copay (90-day) \$105 copay covered insulins
Non-Preferred Drugs (Tier 4)	\$100 copay	\$300 copay (90-day)	\$100 copay	\$300 copay (90-day)	\$100 copay	\$300 copay (90-day)
Specialty Drugs (Tier 5)	\$100 copay or 33% coinsurance, whichever is greater	N/A	\$100 copay or 33% coinsurance, whichever is greater	N/A	\$100 copay or 33% coinsurance, whichever is greater	N/A
Gap Coverage	Tier 1 and Tier 2		Original Medicare Standard: 25% for all Tiers		Original Medicare Standard: 25% for all Tiers	

	Blue KC Essential (PPO)	
	30-day Supply	90- or 100-day Supply
Annual Deductible	No deductible	
Preferred Generics (Tier 1)	Preferred Retail: \$0 Standard Retail: \$5 copay	\$0 copay (100-day)
Generics (Tier 2)	Preferred Retail: \$10 Standard Retail: \$15 copay	\$0 copay (100-day)
Preferred Brands (Tier 3)	\$47 copay \$35 copay covered insulins	\$141 copay (90-day) \$105 copay covered insulins
Non-Preferred Drugs (Tier 4)	\$100 copay	\$300 copay (90-day)
Specialty Drugs (Tier 5)	\$100 copay or 33% coinsurance, whichever is greater	N/A
Gap Coverage	Original Medicare Standard: 25% for all Tiers	

You won't pay more than \$35 for a one-month supply, \$70 for up to a two-month supply, or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

Blue KC Secure (HMO)

January 1, 2024 – December 31, 2024

2024 Summary of Benefits

Medicare Advantage Plan with Part D Prescription Drug Coverage

To join Blue KC Secure (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area.

Kansas: Johnson and Wyandotte.

Missouri: Cass, Clay, Clinton, Jackson, Lafayette, Platte, and Ray.

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, www.medicarebluekc.com.

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 1-855-208-8246, 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: www.medicarebluekc.com.

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

SUMMARY OF BENEFITS**Blue KC Secure (HMO)****MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES**

Monthly Plan Premium	You do not pay a separate monthly plan premium for Blue KC Secure (HMO). You must continue to pay your Medicare Part B premium.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: <ul style="list-style-type: none">• \$3,650 for services you receive from in-network providers. 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. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
Prior Authorization	Some in-network services may require prior authorization and are indicated with a (PA) for your reference.

COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network
Inpatient hospital care (PA)	\$285 per day, days 1-5, \$0 per day, days 6-90 and beyond, per admission
Inpatient mental health (PA)	\$285 per day, days 1-5, \$0 per day, days 6-90, per admission

COVERED MEDICAL AND HOSPITAL BENEFITS	
	In-Network
Outpatient hospital services (PA)	20% – \$285 Coinsurance applies to lower-level services (e.g., wound care), copay applies to higher level surgical services.
Ambulatory surgical center (PA)	20% – \$285 Coinsurance applies to lower-level services (e.g., wound care), copay applies to higher level surgical services.
Physician/Practitioner services, including doctor’s office visits	\$0 – Telehealth visit \$0 – Primary care provider \$30 – Specialist visit \$20 – Chiropractic services \$20 – Medicare-covered Acupuncture
Preventive Care <i>(e.g., flu vaccine, diabetic screenings)</i>	\$0
Emergency care including Worldwide emergency coverage	\$135 If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.
Urgently needed services including Worldwide urgent coverage	\$50 \$0 – Blue KC virtual care

COVERED MEDICAL AND HOSPITAL BENEFITS**In-Network****Outpatient diagnostic tests and therapeutic services and supplies (PA)**

\$0 – Diagnostic tests and procedures
\$0 – Lab services
\$0 – X-rays
20% – Therapeutic radiology services
\$100 – \$285 - Diagnostic radiology services (e.g., MRI, CAT Scan)
The lower copay applies for services at your physician's office or a free-standing diagnostic center. The higher copay applies at all other facility locations.

Hearing services

\$30 – Medicare-covered exam to diagnose and treat hearing and balance issues
\$0 – Routine hearing exam (up to 1 visit(s) every year)
\$0 – Fitting and evaluation for hearing aid (up to 12 months after purchase)
\$0 – Hearing aid (up to 2 hearing aids every year)
Benefit must be accessed through the plan's partner and includes up to one hearing aid per ear, per year, up to \$500 benefit allowance per ear every year.

COVERED MEDICAL AND HOSPITAL BENEFITS**In-Network****Dental services**

\$30 – Medicare-covered dental services

\$0 – Preventive dental:

- Oral exams & cleaning
- X-rays and fluoride treatment

50% – Comprehensive dental:

- Non-routine, Diagnostic, Periodontic Services
- Restorative Services (fillings or crowns)
- Endodontic Services (root canal)
- Extractions (simple or surgical)

There is a \$2,000 benefit allowance for preventive and comprehensive dental services every year.

Vision care

\$0 – Diabetic eye exam and glaucoma screening

\$30 – Medicare-covered eye exam

\$0 – Medicare-covered eyeglasses or contact lenses after cataract surgery

\$0 – Routine eye exam (up to 1 visit every year)

You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for eyewear (contacts and glasses) services. There is a \$500 per year benefit allowance that may be used for dental, hearing aids, transportation, and eyewear combined.

Outpatient mental health care (Individual and Group)

\$0 – Telehealth visit

\$30 – Medicare-covered therapy visit

Skilled nursing facility (SNF) care (PA)

\$20 per day, days 1-20, \$203 per day, days 21-100

Outpatient rehabilitation services

\$0 – Telehealth visit

\$30 – Medicare-covered physical therapy and/or speech and language pathology visit

COVERED MEDICAL AND HOSPITAL BENEFITS	
	In-Network
Ambulance services including ground, air and worldwide (PA)	\$285
Transportation	You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for transportation services to any health-related location. There is a \$500 per year benefit allowance for dental, hearing aids, transportation, and eyewear combined.
Medicare Part B prescription drugs (PA)	0%-20% The cost-sharing for certain Medicare Part B Prescription Drugs may vary due to Medicare negotiated rate under the Inflation Reduction Act.

PRESCRIPTION DRUG BENEFITS				
Deductible	Prescription Drug Deductible: Not Applicable.			
Initial Coverage	You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the drug costs paid by both you and our Part D plan.			
	Standard Retail Cost-Sharing			
	Tier	One-month supply	Two-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$0	\$0	\$0
	Tier 2 (Generic)	\$5	\$10	\$0
	Tier 3 (Preferred Brand)	\$47	\$94	\$141
	Covered Insulin	\$35	\$70	\$105

PRESCRIPTION DRUG BENEFITS

Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300
Tier 5 (Specialty Tier)	\$100, or 33% coinsurance, whichever is greater	Not Applicable	Not Applicable

Standard Mail Order

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$5	\$10	\$0
Tier 3 (Preferred Brand)	\$47	\$94	\$141
Covered Insulin	\$35	\$70	\$105
Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300
Tier 5 (Specialty Tier)	\$100, or 33% coinsurance, whichever is greater	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.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

PRESCRIPTION DRUG BENEFITS

Please call us or see the plan's "**Evidence of Coverage**" on our website (www.medicarebluekc.com) 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 \$5,030. After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$8,000, which is the end of the coverage gap.

Our plan covers Tier 1 Preferred Generic and Tier 2 Generic in the coverage gap.

Standard Retail Cost-Sharing

Tier	One-month supply
Tier 1 (Preferred Generic)	\$0 Copay
Tier 2 (Generic)	\$5 Copay

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.

Catastrophic Amount

After your yearly out-of-pocket drug costs reach \$8,000:

- You will stay in this payment stage until the end of the calendar year
- The plan pays the full cost of your covered Part D drugs

Supplemental Services

Other Benefits

Our plan covers other supplemental services. More details on each of the covered services below are in the information kit and available online.

- Balance and cognitive training
- Diabetes care management
- Footcare for certain conditions
- Daily activity support
- Mindful by Blue KC
- Nutritional counseling
- Over-the-Counter (OTC) Benefit
- Personal Emergency Response System (PERS)

Supplemental Services	
	<ul style="list-style-type: none">• Smoking cessation

Blue KC Secure (HMO) is an HMO plan with a Medicare contract. Enrollment in **Blue KC Secure (HMO)** depends on contract renewal.

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

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association. The HMO product is offered by Blue-Advantage Plus of Kansas City, Inc., a wholly-owned subsidiary of Blue Cross and Blue Shield of Kansas City.



Blue KC Simply Blue (PPO)

January 1, 2024 – December 31, 2024

2024 Summary of Benefits

Medicare Advantage Plan with Part D Prescription Drug Coverage

To join Blue KC Simply Blue (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area.

Kansas: Johnson and Wyandotte.

Missouri: Andrew, Bates, Benton, Buchanan, Carroll, Cass, Clay, Clinton, Henry, Jackson, Johnson, Lafayette, Pettis, Platte, Ray, Saline, 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, www.medicarebluekc.com.

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 1-855-208-8246, 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: www.medicarebluekc.com.

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

SUMMARY OF BENEFITS

Blue KC Simply Blue (PPO)

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

Monthly Plan Premium	You do not pay a separate monthly plan premium for Blue KC Simply Blue (PPO). You must continue to pay your Medicare Part B premium.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: <ul style="list-style-type: none">• \$4,800 for services you receive from in-network providers.• \$4,800 for services you receive from in- and out-of-network providers combined. 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. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
Prior Authorization	Some in-network services may require prior authorization and are indicated with a (PA) for your reference.

COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network	Out-of-Network
Inpatient hospital care (PA)	\$300 per day, days 1-5, \$0 per day, days 6 and beyond, per admission	\$300 per day, days 1-5, \$0 per day, days 6-90, per admission
Inpatient mental health (PA)	\$300 per day, days 1-5, \$0 per day, days 6-90, per admission	\$300 per day, days 1-5, \$0 per day, days 6-90, per admission
Outpatient hospital services (PA)	\$50 – \$300 Minimum copay applies to lower-level services (e.g., wound care), and maximum copay applies to higher level surgical services.	\$50 – \$300 Minimum copay applies to lower-level services (e.g., wound care), and maximum copay applies to higher level surgical services.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Ambulatory surgical center (PA)	\$50 – \$250 Minimum copay applies to lower-level services (e.g., wound care), and maximum copay applies to higher level surgical services.	\$50 – \$250 Minimum copay applies to lower-level services (e.g., wound care), and maximum copay applies to higher level surgical services.
Physician/Practitioner services, including doctor’s office visits	\$0 – Telehealth visit \$0 – Primary care provider \$35 – Specialist visit \$20 – Chiropractic services \$20 – Medicare-covered Acupuncture	\$0 – Primary care provider \$35 – Specialist visit \$20 – Chiropractic services \$20 – Medicare-covered Acupuncture
Preventive care <i>(e.g., flu vaccine, diabetic screenings)</i>	\$0	\$0
Emergency care including Worldwide emergency coverage	\$120 If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.	\$120 If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Urgently needed services including Worldwide urgent coverage	\$50 \$0 – Blue KC virtual care	\$50
Outpatient diagnostic tests and therapeutic services and supplies (PA)	\$0 – Diagnostic tests and procedures \$0 – Lab services \$0 – X-rays 20% – Therapeutic radiology services \$100 – \$250 - Diagnostic radiology services (e.g., MRI, CAT Scan) The lower copay applies for services at your physician's office or a free-standing diagnostic center. The higher copay applies at all other facility locations.	\$0 – Diagnostic tests and procedures \$0 – Lab services \$0 – X-rays 20% – Therapeutic radiology services \$100 – \$250 – Diagnostic radiology services (e.g., MRI, CAT Scan) The lower copay applies for services at your physician's office or a free-standing diagnostic center. The higher copay applies at all other facility locations.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Hearing services	<p>\$35 – Medicare-covered exam to diagnose and treat hearing and balance issues</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for hearing aids beyond your benefit.</p> <p>BLUE BENEFIT BUNDLES are based on member selection prior to effective date.</p> <p>Classic Bundle includes a \$1,000 flexible benefit for transportation, eyewear, dental, and hearing aids, \$500 OTC, daily activity support, PERS device, and footcare under Uniformity Flexibility; or</p> <p>Active Bundle includes a \$2,500 flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.</p>	<p>\$35 – Medicare-covered exam to diagnose and treat hearing and balance issues</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for hearing aids beyond your benefit.</p> <p>BLUE BENEFIT BUNDLES are based on member selection prior to effective date.</p> <p>Classic Bundle includes a \$1,000 Flexible Benefit for transportation, eyewear, Dental, and hearing aids, \$500 OTC, daily activity support, PERS device, and footcare under Uniformity Flexibility; or</p> <p>Active Bundle includes a \$2,500 flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.</p>
Dental services	<p>\$35 – Medicare-covered dental services</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for dental services.</p> <p>BLUE BENEFIT BUNDLES are based on member selection prior to effective date.</p>	<p>\$35 – Medicare-covered dental services</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for dental services.</p> <p>BLUE BENEFIT BUNDLES are based on member selection prior to effective date.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network	Out-of-Network
	<p>Classic Bundle includes a \$1,000 flexible benefit for transportation, eyewear, dental, and hearing aids, \$500 OTC, daily activity support, PERS device, and footcare under Uniformity Flexibility; or</p> <p>Active Bundle includes a \$2,500 flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.</p> <p>Additional Dental services are available for an additional premium. See Optional Supplemental Benefits information at bottom of chart.</p>	<p>Classic Bundle includes a \$1,000 flexible benefit for transportation, eyewear, dental, and hearing aids, \$500 OTC, daily activity support, PERS device, and footcare under Uniformity Flexibility; or</p> <p>Active Bundle includes a \$2,500 flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.</p> <p>Additional Dental services are available for an additional premium. See Optional Supplemental Benefits information at bottom of chart.</p>
Vision care	<p>\$0 – Diabetic eye exam and glaucoma screening</p> <p>\$35 – Medicare-covered eye exam</p> <p>\$0 – Medicare-covered eyeglasses or contact lenses after cataract surgery</p> <p>\$0 – Routine eye exam (up to 1 visit every year)</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for eyewear (contacts and glasses) services.</p> <p>BLUE BENEFIT BUNDLES are based on member selection prior to effective date.</p> <p>Classic Bundle includes a \$1,000 flexible benefit for</p>	<p>\$0 – Diabetic eye exam and glaucoma screening</p> <p>\$35 – Medicare-covered eye exam</p> <p>\$0 – Medicare-covered eyeglasses or contact lenses after cataract surgery</p> <p>\$0 – Routine eye exam (up to 1 visit every year)</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for eyewear (contacts and glasses) services.</p> <p>BLUE BENEFIT BUNDLES are based on member selection prior to effective date.</p> <p>Classic Bundle includes a \$1,000 flexible benefit for</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
	<p>transportation, eyewear, dental, and hearing aids, \$500 OTC, daily activity support, PERS device, and footcare under Uniformity Flexibility; or</p> <p>Active Bundle includes a \$2,500 flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.</p>	<p>transportation, eyewear, dental, and hearing aids, \$500 OTC, daily activity support, PERS device, and footcare under Uniformity Flexibility; or</p> <p>Active Bundle includes a \$2,500 flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.</p>
Outpatient mental health care (Individual and Group)	<p>\$0 – Telehealth visit</p> <p>\$35 – Medicare-covered therapy visit</p>	\$35 – Medicare-covered therapy visit
Skilled nursing facility (SNF) care (PA)	<p>\$10 per day, days 1-20,</p> <p>\$203 per day, days 21-100</p>	<p>\$10 per day, days 1-20,</p> <p>\$203 per day, days 21-100</p>
Outpatient rehabilitation services	<p>\$0 – Telehealth visit</p> <p>\$35 – Medicare-covered physical therapy and/or speech and language pathology visit</p>	\$35 – Medicare-covered physical therapy and/or speech and language pathology visit
Ambulance services including ground, air and worldwide (PA)	\$300	\$300
Transportation	<p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for transportation services to any health-related location.</p> <p>BLUE BENEFIT BUNDLES are based on member selection prior to effective date.</p>	

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
	<p>Classic Bundle includes a \$1,000 flexible benefit for transportation, eyewear, dental, and hearing aids, \$500 OTC, daily activity support, PERS device, and footcare under Uniformity Flexibility; or</p> <p>Active Bundle includes a \$2,500 flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.</p>	
Medicare Part B prescription drugs	0-20% The cost-sharing for certain Medicare Part B Prescription Drugs may vary due to Medicare negotiated rate under the Inflation Reduction Act.	0-20% The cost-sharing for certain Medicare Part B Prescription Drugs may vary due to Medicare negotiated rate under the Inflation Reduction Act.

PRESCRIPTION DRUG BENEFITS				
Deductible	Prescription Drug Deductible: Not Applicable.			
Initial Coverage	You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the drug costs paid by both you and our Part D plan. Standard Retail Cost-Sharing			
	Tier	One-month supply	Two-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$0	\$0	\$0
	Tier 2 (Generic)	\$10	\$20	\$0
	Tier 3 (Preferred Brand)	\$47	\$94	\$141
	Covered Insulin	\$35	\$70	\$105
	Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300

PRESCRIPTION DRUG BENEFITS

Tier 5 (Specialty Tier)	\$100, or 33%, whichever is greater	Not Applicable	Not Applicable
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Standard Mail Order

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$10	\$20	\$0
Tier 3 (Preferred Brand)	\$47	\$94	\$141
Covered Insulin	\$35	\$70	\$105
Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300
Tier 5 (Specialty Tier)	\$100, or 33%, whichever is greater	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.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Please call us or see the plan's "**Evidence of Coverage**" on our website (www.medicarebluekc.com) 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 \$5,030.

After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$8,000, which is the end of the coverage gap.

PRESCRIPTION DRUG BENEFITS

Catastrophic Amount

- After your yearly out-of-pocket drug costs reach \$8,000:
- You will stay in this payment stage until the end of the calendar year
 - The plan pays the full cost of your covered Part D drugs

COMBINED SUPPLEMENTAL BENEFITS – Blue Benefit Bundle

Members must select ONE of the Blue Benefit Bundles prior to effective date. Bundles may not be changed during the plan year.

	Blue Classic	Blue Active
Covered Services	Classic Bundle includes a flexible benefit for transportation, eyewear, dental, and hearing aids; OTC, daily activity support, PERS device, and eligibility for footcare under Uniformity Flexibility.	Active Bundle includes a flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.
How much is the monthly premium?	You do not pay an additional monthly premium if you elect this supplemental benefit pack. You must keep paying your Medicare Part B premium and your plan monthly premium.	You do not pay an additional monthly premium if you elect this supplemental benefit pack. You must keep paying your Medicare Part B premium and your plan monthly premium.
How much is the deductible?	There is no deductible.	There is no deductible.
What is the maximum allowance?	Classic Bundle includes a \$1,000 flexible benefit and \$500 OTC maximum benefit allowance per calendar year.	Active Bundle includes a \$2,500 maximum flexible benefit allowance per calendar year.

OPTIONAL SUPPLEMENTAL BENEFITS

Covered Preventive & Comprehensive

- Our plan pays up to \$2,000 every year for both in and out-of-network preventive and comprehensive dental services.
- Preventive dental services:
- \$0 Copay for oral exams & cleaning

OPTIONAL SUPPLEMENTAL BENEFITS

Dental Services	<ul style="list-style-type: none">• \$0 Copay for X-rays and fluoride treatment Comprehensive dental services: <ul style="list-style-type: none">• 20% Coinsurance for non-routine services• 20% Coinsurance for diagnostic services• 20% - 50% Coinsurance for restorative services• 50% Coinsurance for endodontics• 50% Coinsurance for periodontics• 20% Coinsurance for extractions
How much is the monthly premium?	If you elect this optional supplemental benefit, you will pay an additional \$25 per month. You must also keep paying your Medicare Part B premium and your plan monthly premium.
How much is the deductible?	There is no deductible.
What is the maximum payment that this plan will pay per calendar year?	This dental plan will pay up to \$2,000 maximum per calendar year.

Supplemental Services

Other Benefits

Our plan covers other supplemental services. More details on each of the covered services below are in the information kit and available online.

- Balance and cognitive training
- Diabetes care management
- Footcare for certain conditions
- Daily activity support
- Mindful by Blue KC
- Nutritional counseling
- Over-the-Counter (OTC) Benefit
- Personal Emergency Response System (PERS)
- Smoking cessation

Blue KC Simply Blue (PPO) is a Local PPO plan with a Medicare contract. Enrollment in **Blue KC Simply Blue (PPO)** depends on contract renewal.

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

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.



Blue KC Essential (PPO)

January 1, 2024 – December 31, 2024

2024 Summary of Benefits

Medicare Advantage Plan with Part D Prescription Drug Coverage

To join Blue KC Essential (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area.

Kansas: Johnson and Wyandotte.

Missouri: Andrew, Bates, Benton, Buchanan, Carroll, Cass, Clay, Clinton, Henry, Jackson, Johnson, Lafayette, Pettis, Platte, Ray, Saline, 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, www.medicarebluekc.com.

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 1-855-208-8246, 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: www.medicarebluekc.com.

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

SUMMARY OF BENEFITS

Blue KC Essential PPO

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

Monthly Plan Premium	You do not pay a separate monthly plan premium for Blue KC Essential (PPO). You must continue to pay your Medicare Part B premium.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: <ul style="list-style-type: none">• \$3,425 for services you receive from in-network providers.• \$3,425 for services you receive from in- and out-of-network providers combined. 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. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
Prior Authorization	Some in-network services may require prior authorization and are indicated with a (PA) for your reference.

COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network	Out-of-Network
Inpatient hospital care (PA)	\$325 per day, days 1-5, \$0 per day, days 6 and beyond, per admission	45%, per admission
Inpatient mental health (PA)	\$325 per day, days 1-5, \$0 per day, days 6-90, per admission	45%, per admission
Outpatient hospital services (PA)	\$50 – \$325 Minimum copay applies to lower-level services (e.g., wound care) and maximum copay applies to higher level surgical services.	45%

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Ambulatory surgical center (PA)	\$50 – \$250 Minimum copay applies to lower-level services (e.g., wound care) and maximum copay applies to higher level surgical services.	45%
Physician/Practitioner services, including doctor’s office visits	\$0 – Telehealth visit \$0 – Primary care provider \$30 – Specialist visit \$20 – Chiropractic services \$20 – Medicare-covered Acupuncture	\$25 – Primary care provider \$50 – Specialist visit 45% – Chiropractic services 45% – Medicare-covered Acupuncture
Preventive care <i>(e.g., flu vaccine, diabetic screenings)</i>	\$0	\$25
Emergency care including Worldwide emergency coverage	\$135 If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.	\$135 If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Urgently needed services including Worldwide urgent coverage	\$50 \$0 – Blue KC virtual care	\$50
Outpatient diagnostic tests and therapeutic services and supplies (PA)	\$10 – Diagnostic tests and procedures \$0 – Lab services \$10 – X-rays 20% – Therapeutic radiology services \$100 – \$250 - Diagnostic radiology services (e.g., MRI, CAT Scan) The lower copay applies for services at your physician's office or a free-standing diagnostic center. The higher copay applies at all other facility locations.	45% – Diagnostic tests and procedures 45% – Lab services 45% – X-rays 45% – Therapeutic radiology services 45% – Diagnostic radiology services (e.g., MRI, CAT Scan)
Hearing services	\$30 – Medicare-covered exam to diagnose and treat hearing and balance issues \$0 – Routine hearing exam (up to 1 visit(s) every year) \$0 – Fitting and evaluation for hearing aid (up to 12 months after purchase) \$0 – Hearing aid (up to 2 hearing aids every year) Benefit must be accessed through the plan's partner and includes up to one hearing aid per ear, per year, up to \$500 benefit allowance per ear every year.	\$50 – Medicare-covered exam to diagnose and treat hearing and balance issues \$0 – Routine hearing exam (up to 1 visit(s) every year) \$0 – Fitting and evaluation for hearing aid (up to 12 months after purchase) \$0 – Hearing aid (up to 2 hearing aids every year) Benefit must be accessed through the plan's partner and includes up to one hearing aid per ear, per year, up to \$500 benefit allowance per ear every year.

COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network	Out-of-Network
Dental services	<p>\$30 – Medicare-covered dental services</p> <p>\$0 – Preventive dental:</p> <ul style="list-style-type: none">• Oral exams & cleaning• X-rays and fluoride treatment <p>50% – Comprehensive dental:</p> <ul style="list-style-type: none">• Non-routine, Diagnostic, Periodontic Services• Restorative Services (fillings or crowns)• Endodontic Services (root canal)• Extractions (simple or surgical) <p>There is a \$1,000 benefit allowance for preventive and comprehensive dental services every year for both in- and out-of-network.</p>	<p>\$50 – Medicare-covered dental services</p> <p>50% – Preventive dental:</p> <ul style="list-style-type: none">• Oral exams & cleaning• X-rays and fluoride treatment <p>50% – Comprehensive dental:</p> <ul style="list-style-type: none">• Non-routine, Diagnostic, Periodontic Services• Restorative Services (fillings or crowns)• Endodontic Services (root canal)• Extractions (simple or surgical) <p>There is a \$1,000 benefit allowance for preventive and comprehensive dental services every year for both in- and out-of-network.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Vision care	<p>\$0 – Diabetic eye exam and glaucoma screening</p> <p>\$30 – Medicare-covered eye exam</p> <p>\$0 – Medicare-covered eyeglasses or contact lenses after cataract surgery</p> <p>\$0 – Routine eye exam (up to 1 visit every year)</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for eyewear (contacts and glasses) services. There is a \$500 per year benefit allowance for dental, hearing aids, transportation, and eyewear combined.</p>	<p>\$0 – Diabetic eye exam and glaucoma screening</p> <p>\$50 – Medicare-covered eye exam</p> <p>45% – Medicare-covered eyeglasses or contact lenses after cataract surgery</p> <p>\$0 – Routine eye exam (up to 1 visit every year)</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for eyewear (contacts and glasses) services. There is a \$500 per year benefit allowance for dental, hearing aids, transportation, and eyewear combined.</p>
Outpatient mental health care (Individual and Group)	<p>\$0 – Telehealth visit</p> <p>\$30 – Medicare-covered therapy visit</p>	<p>45% – Medicare-covered therapy visit</p>
Skilled nursing facility (SNF) care (PA)	<p>\$20 per day, days 1-20, \$203 per day, days 21-100</p>	<p>45% per day, days 1-100</p>
Outpatient rehabilitation services	<p>\$0 – Telehealth visit</p> <p>\$30 – Medicare-covered physical therapy and/or speech and language pathology visit</p>	<p>45% – Medicare-covered physical therapy and/or speech and language pathology visit</p>
Ambulance services including ground, air and worldwide (PA)	<p>\$300</p>	<p>\$300</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Transportation	You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for transportation services to any health-related location. There is a \$500 per year benefit allowance for dental, hearing aids, transportation, and eyewear combined.	
Medicare Part B prescription drugs	0-20% The cost-sharing for certain Medicare Part B Prescription Drugs may vary due to Medicare negotiated rate under the Inflation Reduction Act.	45% The cost-sharing for certain Medicare Part B Prescription Drugs may vary due to Medicare negotiated rate under the Inflation Reduction Act.

PRESCRIPTION DRUG BENEFITS																																
Deductible	Prescription Drug Deductible: Not Applicable.																															
Initial Coverage	<p>You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the drug costs paid by both you and our Part D plan.</p> <p>Preferred Retail Cost-Sharing</p> <table border="1"> <thead> <tr> <th>Tier</th> <th>One-month supply</th> <th>Two-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$10</td> <td>\$20</td> <td>\$0</td> </tr> <tr> <td>Tier 3 (Preferred Brand)</td> <td>\$47</td> <td>\$94</td> <td>\$141</td> </tr> <tr> <td>Covered Insulin</td> <td>\$35</td> <td>\$70</td> <td>\$105</td> </tr> <tr> <td>Tier 4 (Non-Preferred Drug)</td> <td>\$100</td> <td>\$200</td> <td>\$300</td> </tr> <tr> <td>Tier 5 (Specialty Tier)</td> <td>\$100, or 33%, whichever is greater</td> <td>Not Applicable</td> <td>Not Applicable</td> </tr> </tbody> </table>				Tier	One-month supply	Two-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$0	\$0	\$0	Tier 2 (Generic)	\$10	\$20	\$0	Tier 3 (Preferred Brand)	\$47	\$94	\$141	Covered Insulin	\$35	\$70	\$105	Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300	Tier 5 (Specialty Tier)	\$100, or 33%, whichever is greater	Not Applicable	Not Applicable
Tier	One-month supply	Two-month supply	Three-month supply																													
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Tier 5 (Specialty Tier)	\$100, or 33%, whichever is greater	Not Applicable	Not Applicable																													

PRESCRIPTION DRUG BENEFITS**Preferred Mail Order**

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$10	\$0	\$0
Tier 3 (Preferred Brand)	\$47	\$94	\$141
Covered Insulin	\$35	\$70	\$105
Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300
Tier 5 (Specialty Tier)	\$100, or 33% coinsurance, whichever is greater	Not Applicable	Not Applicable

Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$5	\$10	\$15
Tier 2 (Generic)	\$15	\$30	\$45
Tier 3 (Preferred Brand)	\$47	\$94	\$141
Covered Insulin	\$35	\$70	\$105
Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300
Tier 5 (Specialty Tier)	\$100, or 33% coinsurance, whichever is greater	Not Applicable	Not Applicable

PRESCRIPTION DRUG BENEFITS

Standard Mail Order

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$10	\$20	\$0
Tier 3 (Preferred Brand)	\$47	\$94	\$141
Covered Insulin	\$35	\$70	\$105
Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300
Tier 5 (Specialty Tier)	\$100, or 33% coinsurance, whichever is greater	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.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Please call us or see the plan's "**Evidence of Coverage**" on our website (www.medicarebluekc.com) 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 \$5,030.

After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$8,000, which is the end of the coverage gap.

Catastrophic Amount

After your yearly out-of-pocket drug costs reach \$8,000:

PRESCRIPTION DRUG BENEFITS	
	<ul style="list-style-type: none"> • You will stay in this payment stage until the end of the calendar year • The plan pays the full cost of your covered Part D drugs
Supplemental Services	
Other Benefits	<p>Our plan covers other supplemental services. More details on each of the covered services below are in the information kit and available online.</p> <ul style="list-style-type: none"> • Balance and cognitive training • Diabetes care management • Footcare for certain conditions • Daily activity support • Mindful by Blue KC • Nutritional counseling • Over-the-Counter (OTC) Benefit • Personal Emergency Response System (PERS) • Smoking cessation

Blue KC Essential (PPO) is a Local PPO plan with a Medicare contract. Enrollment in **Blue KC Essential (PPO)** depends on contract renewal.

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

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.



Blue KC Valor (PPO)

January 1, 2024 – December 31, 2024

2024 Summary of Benefits

Medicare Advantage Plan (No Part D Prescription Drug Coverage)

To join Blue KC Valor (no Part D) (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area.

Kansas: Johnson and Wyandotte.

Missouri: Andrew, Bates, Benton, Buchanan, Carroll, Cass, Clay, Clinton, Henry, Jackson, Johnson, Lafayette, Pettis, Platte, Ray, Saline, 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, www.medicarebluekc.com.

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 1-855-208-8246, 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: www.medicarebluekc.com.

SUMMARY OF BENEFITS

Blue KC Valor (PPO)

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

Monthly Plan Premium	You do not pay a separate monthly plan premium for Blue KC Valor (PPO). You must continue to pay your Medicare Part B premium.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: <ul style="list-style-type: none">• \$4,000 for services you receive from in-network providers.• \$4,000 for services you receive from in- and out-of-network providers combined. 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. Please note that you will still need to pay your monthly premiums.
Prior Authorization	Some in-network services may require prior authorization and are indicated with a (PA) for your reference.

COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network	Out-of-Network
Inpatient hospital care (PA)	\$285 per day, days 1-6, \$0 per day, days 7 and beyond, per admission	\$285 per day, days 1-6, \$0 per day, days 7-90, per admission
Inpatient mental health (PA)	\$285 per day, days 1-6, \$0 per day, days 7-90, per admission	\$285 per day, days 1-6, \$0 per day, days 7-90, per admission
Outpatient hospital services (PA)	\$50 – \$285 Minimum copay applies to lower-level services (e.g., wound care), and maximum copay applies to higher level surgical services.	\$50 – \$285 Minimum copay applies to lower-level services (e.g., wound care), and maximum copay applies to higher level surgical services.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Ambulatory surgical center (PA)	\$50 – \$285 Minimum copay applies to lower-level services (e.g., wound care), and maximum copay applies to higher level surgical services.	\$50 – \$285 Minimum copay applies to lower-level services (e.g., wound care), and maximum copay applies to higher level surgical services.
Physician/Practitioner services, including doctor’s office visits	\$0 – Telehealth visit \$0 – Primary care provider \$20 – Specialist visit \$20 – Chiropractic services \$20 – Medicare-covered Acupuncture	\$0 – Primary care provider \$20 – Specialist visit \$20 – Chiropractic services \$20 – Medicare-covered Acupuncture
Preventive care <i>(e.g., flu vaccine, diabetic screenings)</i>	\$0	\$0
Emergency care including Worldwide emergency coverage	\$120 If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.	\$120 If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Urgently needed services including Worldwide urgent coverage	\$50 \$0 – Blue KC virtual care	\$50
Outpatient diagnostic tests and therapeutic services and supplies (PA)	\$0 – Diagnostic tests and procedures \$0 – Lab services \$0 – X-rays 20% – Therapeutic radiology services \$185 – \$285 - Diagnostic radiology services (e.g., MRI, CAT Scan) The lower copay applies for services at your physician's office or a free-standing diagnostic center. The higher copay applies at all other facility locations.	\$0 – Diagnostic tests and procedures \$0 – Lab services \$0 – X-rays 20% – Therapeutic radiology services \$185 - \$285 – Diagnostic radiology services (e.g., MRI, CAT Scan) The lower copay applies for services at your physician's office or a free-standing diagnostic center. The higher copay applies at all other facility locations.
Hearing services	\$20 – Medicare-covered exam to diagnose and treat hearing and balance issues You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for hearing aids. There is a \$1,000 benefit allowance per year for dental, hearing aids, transportation, and eyewear combined.	\$20 – Medicare-covered exam to diagnose and treat hearing and balance issues You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for hearing aids. There is a \$1,000 benefit allowance per year for dental, hearing aids, transportation, and eyewear combined.

COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network	Out-of-Network
Dental services	<p>\$20 – Medicare-covered dental services</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for dental services.</p> <p>There is a \$1,000 benefit allowance per year for dental, hearing aids, transportation, and eyewear combined.</p> <p>Additional Dental services are available for an additional premium. See Optional Supplemental Benefits information at bottom of chart.</p>	<p>\$20 – Medicare-covered dental services</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for dental services.</p> <p>There is a \$1,000 benefit allowance per year for dental, hearing aids, transportation, and eyewear combined.</p> <p>Additional Dental services are available for an additional premium. See Optional Supplemental Benefits information at bottom of chart.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Vision care	<p>\$0 – Diabetic eye exam and glaucoma screening</p> <p>\$20 – Medicare-covered eye exam</p> <p>\$0 – Medicare-covered eyeglasses or contact lenses after cataract surgery</p> <p>\$0 – Routine eye exam (up to 1 visit every year)</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for eyewear (contacts and glasses) services.</p> <p>There is a \$1,000 per year benefit allowance for dental, hearing aids, transportation, and eyewear combined.</p>	<p>\$0 – Diabetic eye exam and glaucoma screening</p> <p>\$20 – Medicare-covered eye exam</p> <p>\$0 – Medicare-covered eyeglasses or contact lenses after cataract surgery</p> <p>\$0 – Routine eye exam (up to 1 visit every year)</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for eyewear (contacts and glasses) services.</p> <p>There is a \$1,000 per year benefit allowance for dental, hearing aids, transportation, and eyewear combined.</p>
Outpatient mental health care (Individual and Group)	<p>\$0 – Telehealth visit</p> <p>\$20 – Medicare-covered therapy visit</p>	<p>\$20 – Medicare-covered therapy visit</p>
Skilled nursing facility (SNF) care (PA)	<p>\$10 per day, days 1-20, \$203 per day, days 21-100</p>	<p>\$10 per day, days 1-20, \$203 per day, days 21-100</p>
Outpatient rehabilitation services	<p>\$0 – Telehealth visit</p> <p>\$20 – Medicare-covered physical therapy and/or speech and language pathology visit</p>	<p>\$20 – Medicare-covered physical therapy and/or speech and language pathology visit</p>
Ambulance services including ground, air and worldwide (PA)	<p>\$285</p>	<p>\$285</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Transportation	You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for transportation services to any health-related location. There is a \$1,000 per year benefit allowance for dental, hearing aids, transportation, and eyewear combined.	
Medicare Part B prescription drugs	0%-20% The cost-sharing for certain Medicare Part B Prescription Drugs may vary due to Medicare negotiated rate under the Inflation Reduction Act.	0%-20% The cost-sharing for certain Medicare Part B Prescription Drugs may vary due to Medicare negotiated rate under the Inflation Reduction Act.
OPTIONAL SUPPLEMENTAL BENEFITS		
Covered preventive & comprehensive dental services (PA)	<p>Our plan pays up to \$2,000 every year for both in- and out-of-network preventive and comprehensive dental services.</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • \$0 Copay for oral exams & cleaning • \$0 Copay for x-rays and fluoride treatment <p>Comprehensive dental services:</p> <ul style="list-style-type: none"> • 20% Coinsurance for non-routine services • 20% Coinsurance for diagnostic services • 20% - 50% Coinsurance for restorative services • 50% Coinsurance for endodontics • 50% Coinsurance for periodontics • 20% Coinsurance for extractions 	
How much is the monthly premium?	If you elect this optional supplemental benefit, you will pay an additional \$25 per month. You must also keep paying your Medicare Part B premium and your plan monthly premium.	
How much is the deductible?	There is no deductible.	
What is the maximum payment that	This dental plan will pay up to \$2,000 maximum per calendar year.	

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
this plan will pay per calendar year?		
Supplemental Services		
Other Benefits	<p>Our plan covers other supplemental services. More details on each of the covered services below are in the information kit and available online.</p> <ul style="list-style-type: none"> • Balance and cognitive training • Diabetes care management • Footcare for certain conditions • Daily activity support • Mindful by Blue KC • Nutritional counseling • Over-the-Counter (OTC) benefit • Personal Emergency Response System (PERS) • Smoking cessation 	

Blue KC Valor (PPO) is a Local PPO plan with a Medicare contract. Enrollment in **Blue KC Valor (PPO)** depends on contract renewal.

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

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.



Blue KC Giveback (PPO)

January 1, 2024 – December 31, 2024

2024 Summary of Benefits

Medicare Advantage Plan with Part D Prescription Drug Coverage

To join Blue KC Giveback (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area.

Kansas: Johnson and Wyandotte.

Missouri: Andrew, Bates, Benton, Buchanan, Carroll, Cass, Clay, Clinton, Henry, Jackson, Johnson, Lafayette, Pettis, Platte, Ray, Saline, 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, www.medicarebluekc.com.

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 1-855-208-8246, 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: www.medicarebluekc.com.

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

SUMMARY OF BENEFITS

Blue KC Giveback (PPO)

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

Monthly Plan Premium	You do not pay a separate monthly plan premium for Blue KC Giveback (PPO). You must continue to pay your Medicare Part B premium.
Part B Premium Reduction	You receive up to a \$75 reduction on your monthly Part B premium. The premium reduction applies only to amounts you pay towards your Medicare Part B premium.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: <ul style="list-style-type: none">• \$7,250 for services you receive from in-network providers.• \$7,250 for services you receive from in- and out-of-network providers combined. 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. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
Prior Authorization	Some in-network services may require prior authorization and are indicated with a (PA) for your reference.

COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network	Out-of-Network
Inpatient hospital care (PA)	\$500 per day, days 1-4, \$0 per day, days 5 and beyond, per admission	\$500 per day, days 1-4, \$0 per day, days 5-90, per admission
Inpatient mental health (PA)	\$500 per day, days 1-3, \$0 per day, days 4-90, per admission	\$500 per day, days 1-3, \$0 per day, days 4-90, per admission
Outpatient hospital services (PA)	\$50 – \$500 Minimum copay applies to lower-level services (e.g.,	\$50 – \$500 Minimum copay applies to lower-level services (e.g.,

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
	wound care) and maximum copay applies to higher level surgical services.	wound care) and maximum copay applies to higher level surgical services.
Ambulatory surgical center (PA)	\$50 – \$300 Minimum copay applies to lower-level services (e.g., wound care) and maximum copay applies to higher level surgical services.	\$50 – \$300 Minimum copay applies to lower-level services (e.g., wound care) and maximum copay applies to higher level surgical services.
Physician/Practitioner services, including doctor’s office visits	\$0 – Telehealth visit \$0 – Primary care provider \$30 – Specialist visit \$15 – Chiropractic services	\$0 – Primary care provider \$30 – Specialist visit \$15 – Chiropractic services
Preventive care <i>(e.g., flu vaccine, diabetic screenings)</i>	\$0	\$0
Emergency care including Worldwide emergency coverage	\$100 If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.	\$100 If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Urgently needed services including Worldwide urgent coverage	\$50 \$0 – Blue KC virtual care	\$50
Outpatient diagnostic tests and therapeutic services and supplies (PA)	\$0 – Diagnostic tests and procedures \$0 – Lab services \$0 – X-rays 20% – Therapeutic radiology services \$150 – \$300 - Diagnostic radiology services (e.g., MRI, CAT Scan) The lower copay applies for services at your physician's office or a free-standing diagnostic center. The higher copay applies at all other facility locations.	\$0 – Diagnostic tests and procedures \$0 – Lab services \$0 – X-rays 20% – Therapeutic radiology services \$150 - \$300 – Diagnostic radiology services (e.g., MRI, CAT Scan) The lower copay applies for services at your physician's office or a free-standing diagnostic center. The higher copay applies at all other facility locations.
Hearing services	\$30 – Medicare-covered exam to diagnose and treat hearing and balance issues	\$30 – Medicare-covered exam to diagnose and treat hearing and balance issues
Dental services	\$30 – Medicare-covered dental services	\$30 – Medicare-covered dental services

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Vision care	\$0 – Diabetic eye exam and glaucoma screening \$30 – Medicare-covered eye exam \$0 – Medicare-covered eyeglasses or contact lenses after cataract surgery \$0 – Routine eye exam (up to 1 visit every year)	\$0 – Diabetic eye exam and glaucoma screening \$30 – Medicare-covered eye exam \$0 – Medicare-covered eyeglasses or contact lenses after cataract surgery \$0 – Routine eye exam (up to 1 visit every year)
Outpatient mental health care (Individual and Group)	\$0 – Telehealth visit \$30 – Medicare-covered therapy visit	\$30 – Medicare-covered therapy visit
Skilled nursing facility (SNF) care (PA)	\$0 per day, days 1-20, \$203 per day, days 21-100	\$0 per day, days 1-20, \$203 per day, days 21-100
Outpatient rehabilitation services	\$0 – Telehealth services \$30 – Medicare-covered physical therapy and/or speech and language pathology visit	\$30 – Medicare-covered physical therapy and/or speech and language pathology visit
Ambulance services including ground, air and worldwide (PA)	\$300	\$300
Transportation	Not covered	
Medicare Part B prescription drugs	0% - 20% The cost-sharing for certain Medicare Part B Prescription Drugs may vary due to Medicare negotiated rate under the Inflation Reduction Act.	0% - 20% The cost-sharing for certain Medicare Part B Prescription Drugs may vary due to Medicare negotiated rate under the Inflation Reduction Act.

PRESCRIPTION DRUG BENEFITS**Deductible**

Prescription Drug Deductible: Not Applicable.

Initial Coverage

You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the drug costs paid by both you and our Part D plan.

Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$10	\$20	\$0
Tier 3 (Preferred Brand)	\$47	\$94	\$141
Covered Insulin	\$35	\$70	\$105
Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300
Tier 5 (Specialty Tier)	\$100, or 33%, whichever is greater	Not Applicable	Not Applicable

Standard Mail Order

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$10	\$20	\$0
Tier 3 (Preferred Brand)	\$47	\$94	\$141
Covered Insulin	\$35	\$70	\$105
Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300
Tier 5 (Specialty Tier)	\$100, or 33%, whichever is greater	Not Applicable	Not Applicable

PRESCRIPTION DRUG BENEFITS

	<p>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.</p> <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 \$35 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) for complete information about your costs for covered drugs.</p>
Coverage Gap	<p>The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030.</p> <p>After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$8,000, which is the end of the coverage gap.</p>
Catastrophic Amount	<p>After your yearly out-of-pocket drug costs reach \$8,000:</p> <ul style="list-style-type: none">• You will stay in this payment stage until the end of the calendar year• The plan pays the full cost of your covered Part D drugs

Supplemental Services	
Other Benefits	<p>Our plan covers other supplemental services. More details on each of the covered services below are in the information kit and available online.</p> <ul style="list-style-type: none"> • Diabetes care management • Footcare for certain conditions • Mindful by Blue KC • Nutritional counseling • Smoking cessation

Blue KC Giveback (PPO) is a Local PPO plan with a Medicare contract. Enrollment in **Blue KC Giveback (PPO)** depends on contract renewal.

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

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 (833) 501-9393 (TTY: 711).

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit <http://www.medicarebluekc.com> or call (855) 208-8246 (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.

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 copay 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.
- Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

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Blue Medicare Advantage
Monthly Plan Premium for People who get Extra Help from Medicare
to Help Pay for their Prescription Drug Costs

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare.

If you get extra help, your monthly plan premium will be \$0 for any of the plan(s) below. (This does not include any Medicare Part B premium you may have to pay.)

This table shows you what your monthly plan premium will be if you get extra help.

Your level of extra help	100%	75%	50%	25%
Monthly Premium* for Blue KC Essentials (PPO)	\$0.00	\$0.00	\$0.00	\$0.00
Monthly Premium* for Blue KC Simply Blue (PPO)	\$0.00	\$0.00	\$0.00	\$0.00
Monthly Premium* for Blue KC Giveback (PPO)	\$0.00	\$0.00	\$0.00	\$0.00
Monthly Premium* for Blue KC Secure (HMO)	\$0.00	\$0.00	\$0.00	\$0.00

*This does not include any Medicare Part B premium you may have to pay.

Blue Medicare Advantage premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-Medicare or TTY users call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Customer Service on 1-866-508-7140, (TTY: 711). Open seven days a week from 8 a.m. to 8 p.m., CST. You may reach a messaging service on weekends and holidays from April 1 through September 30.

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.

Scope of Sales Appointment Confirmation Form



**BLUE MEDICARE
ADVANTAGE**

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

- International Travel Health Insurance Plans**
- Stand-alone Medicare Prescription Drug Plans (Part D)**
- Medicare Advantage Plans (Part C) and Cost Plans**
- Dental/Vision/Hearing Products**
- Hospital Indemnity Products**
- Medicare Supplement (Medigap) Products**

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.

The person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or automatically enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:	
Signature:	Signature Date & Time: ____/____/____ :__ am pm

If you are the authorized representative, please sign above and print below:	
Representative's Name:	Your Relationship to the Beneficiary:

To be completed by Agent:	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	Date Appointment Completed:

If form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

Topics the agent and beneficiary discussed:

*Scope of Appointment documentation is subject to CMS record retention requirements.

Stand-alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP): A standalone plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO): A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Preferred Provider Organization (PPO) Plan: A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan: A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Point of Service (POS) Plan: A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.

Medicare Special Needs Plan (SNP): A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan: MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan: In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

Medicare Medicaid Plan (MMP): An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries.

Dental/Vision/Hearing Products

Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.

Hospital Indemnity Products

Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.

Medicare Supplement (Medigap) Products

Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.



Enrollment Request Form to Enroll in Blue Medicare Advantage

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15-December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional - you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15-December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

**Blue Medicare Advantage
PO Box 410080
Kansas City, MO 64141**

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call Blue Medicare Advantage at 1-855-208-8246 (TTY: 711).

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En Español: Llame a Blue Medicare Advantage al 1-855-208-8246 (TTY: 711) o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en Español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

OMB No. 0938-1378
Expires:7/31/2024

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.



Section 1 - All fields on this page are required (unless marked optional)

Select the plan you want to join:

- | | | |
|------------|--|----------------|
| PPO | <input type="checkbox"/> H6502-004 Blue KC Simply Blue (PPO) – Choose Bundle Option* | \$0 per month |
| | <input type="checkbox"/> Blue Benefit Bundle CLASSIC | |
| | <input type="checkbox"/> Blue Benefit Bundle ACTIVE | |
| | <input type="checkbox"/> Dental Option: <input type="checkbox"/> Blue Benefit Bundle CLASSIC + Buy-up DENTAL PLAN | \$25 per month |
| | <input type="checkbox"/> Blue Benefit Bundle ACTIVE + Buy-up DENTAL PLAN | \$25 per month |
| | <input type="checkbox"/> H6502-002 Blue KC Essential (PPO) | \$0 per month |
| | <input type="checkbox"/> H6502-003 Blue KC Valor (PPO) | \$0 per month |
| | <input type="checkbox"/> H6502-003 Blue KC Valor (PPO) + Buy-up DENTAL PLAN | \$25 per month |
| | <input type="checkbox"/> H6502-005 Blue KC Giveback (PPO) | \$0 per month |
| HMO | <input type="checkbox"/> H1352-004 Blue KC Secure (HMO) | \$0 per month |

***Please note: If no selection is indicated CLASSIC BUNDLE is automatic default selection.**

FIRST name:	LAST name:	Middle Initial:
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Birth date: (MM/DD/YYYY) (__ / __ / __ __ __)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone number: ()
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Permanent Residence street address (Don't enter a PO Box):

City:	County:	State:	ZIP Code:
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Mailing address, if different from your permanent address (PO Box allowed):

City:	State:	ZIP Code:
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Your Medicare information:

Medicare Number

_____ - _____ - _____

Answer these important questions:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you have other prescription drug coverage (like VA, TRICARE) in addition to Blue Medicare Advantage?
Name of other coverage:	Member number and Rx PCN/BIN for this coverage (<i>see your ID card</i>):



IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Blue Medicare Advantage.
- By joining this Medicare Advantage Plan, I acknowledge that Blue Medicare Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my Blue Medicare Advantage coverage begins, I must get all of my medical and prescription drug benefits from Blue Medicare Advantage. Benefits and services provided by Blue Medicare Advantage and contained in my Blue Medicare Advantage "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Blue Medicare Advantage will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application.
- If signed by an authorized representative (as described above), this signature certifies that:
 1. This person is authorized under State law to complete this enrollment, and
 2. Documentation of this authority is available upon request by Medicare.

Signature:	Today's date:
-------------------	----------------------

If you're the authorized representative, sign above and fill out these fields:

Name:	Address:
Phone number:	Relationship to enrollee:

Section 2 - All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? **Select all that apply.**

No, not of Hispanic, Latino/a, or Spanish origin

Yes, Mexican, Mexican American, Chicano/a

Yes, Puerto Rican Yes, Cuban

Yes, another Hispanic, Latino/a, or Spanish origin

I choose not to answer.



What's your race? Select all that apply.

American Indian or Alaska Native American Asian Indian Black or African

Chinese Filipino Guamanian or Chamorro Japanese Korean

Native Hawaiian Other Asian Other Pacific Islander Samoan

Vietnamese White I choose not to answer

Select one below if you prefer information in a language other than English.

Spanish Vietnamese Chinese

Please contact Blue Medicare Advantage at 816-395-3152 or 855-208-8246 if you need a document translated into a language other than English. Our office hours are 8 a.m. to 8 p.m., seven days a week. You may reach a messaging service on weekends and holidays from April 1 through September 30. TTY users can call 711.

Select one if you prefer information in an accessible format. Large print

Please contact Blue Medicare Advantage at 816-395-3152 or 855-208-8246 if you prefer information in an accessible format other than what's listed above. Our office hours are 8 a.m. to 8 p.m., seven days a week. You may reach a messaging service on weekends and holidays from April 1 through September 30. TTY users can call 711.

Do you work? Yes No Does your spouse work? Yes No

List your Primary Care Physician (PCP), clinic, or health center (please also include the PCP ID):

Paying your plan Premiums

You can pay your monthly plan premium by mail, (including any late enrollment penalty that you currently have or may owe) Electronic Funds Transfer (EFT), credit card, debit card each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

- Invoice: Check, Credit or Debit Card Social Security Deduction
- Bank Account or EFT Railroad Retirement Board

If you have to pay a Part D Income Related Monthly Adjustment Amount (Part D IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Blue Medicare Advantage the Part D-IRMAA.

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.





Attestation of Eligibility

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am enrolling in the Annual Enrollment Period.
- I am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I am in a Medicare Advantage Plan and have had Medicare for less than 3 months. I want to make a change.
- I am newly eligible for Medicare Part B and am enrolling during the Part B General Election Period. I want to join a Medicare Advantage Plan.
- I have had Medicare prior to now, but I am now turning 65.
- I recently moved outside of the service area for my current plan, or I recently moved, and this plan is a new option for me. I moved on (insert date) _____.
- I recently was released from incarceration. I was released on (insert date) _____.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I'm in a State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.



**BLUE MEDICARE
ADVANTAGE**

- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) _____.
- I am new to Medicare, and I was notified about getting Medicare after my Part A and/or Part B coverage started. I was notified of getting Medicare on (insert date) _____.
- I recently left a PACE (Programs of All-Inclusive Care for the Elderly) program on (insert date) _____.
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
- I am leaving employer or union coverage on (including COBRA) (insert date) _____.
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- In the last 12 months, I joined a Medicare Advantage plan with prescription drug coverage when I turned 65.
- I dropped a Medicare Supplement Insurance (Medigap) policy when I first joined a Medicare Advantage Plan. It's been less than 12 months since I left my Medigap policy. I want to switch to Original Medicare so I can go back to my Medigap policy, and I'm joining a Drug Plan (Part D). My plan started on (insert date) _____.
- I was enrolled in a Special Needs Plan (SNP), but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date)_____.
- I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact Blue Medicare Advantage at 1-855-208-8246 (TTY:711) to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m., seven days a week. You may reach a messaging service on weekends and holidays from April 1 through September 30.

Producer Name:	Producer NPN:	Application Receipt Date:

HOW TO ENROLL

Choose your preferred enrollment method.

It's easy!



CALL TOLL-FREE (833) 501-9393 (TTY: 711)

October 1 – March 31: Call 8 a.m. to 8 p.m., 7 days a week

April 1 – September 30: You may receive a messaging service on weekends and holidays.

Please leave a message and we'll return your call the next business day.



MEDICAREBLUEKC.COM/SHOP



MAIL YOUR COMPLETED ENROLLMENT FORM

An Enrollment Form is included in the back of this kit. Mail the completed application to

Blue Cross Blue Shield of Kansas City,

PO Box 410080, Kansas City, MO 64141.

More enrollment options

If you have a Medicare plan insurance agent, you can call your agent to enroll by phone or set up a personal meeting. You may also enroll in our plans through the Centers for Medicare & Medicaid Services (CMS) at <http://www.medicare.gov>. Medicare beneficiaries can also contact 1-800-MEDICARE, 24 hours a day, 7 days a week.

When to enroll:

Annual Enrollment Period (AEP), October 15 – December 7

During this time, you can switch to, drop or join a different Medicare plan.

Initial Coverage Election Period (ICEP)

If you're turning 65 or becoming eligible for Medicare for the first time, you may enroll three months before to three months after the month you become eligible for Medicare (7-month enrollment window).

Open Enrollment Period (OEP), January 1 – March 31

If you enrolled in a Medicare Advantage plan during AEP, you may enroll in another Medicare Advantage plan or disenroll from your Medicare Advantage plan and return to Original Medicare. Only one election is allowed during OEP.

Special Enrollment Period (SEP)

You may be able to enroll at a different time of the year. Visit <http://medicare.gov> or call 1-800-MEDICARE (800) 633-4227 24/7 to learn more.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-508-7140, TTY 711. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-508-7140, TTY 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-508-7140, TTY 711。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-508-7140, TTY 711。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-508-7140, TTY 711. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-508-7140, TTY 711. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-508-7140, TTY 711 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-508-7140, TTY 711. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-508-7140, TTY 711 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-508-7140, TTY 711. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-508-7140, TTY 711. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-508-7140, TTY 711 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-508-7140, TTY 711. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-508-7140, TTY 711. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-508-7140, TTY 711. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-508-7140, TTY 711. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため、無料の通訳サービスがあります。通訳をご用命になるには、1-866-508-7140, TTY 711 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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. Blue Cross and Blue Shield of Kansas City (Blue KC) does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Kansas City (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, etc.)
- 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 at 1-866-508-7140 (TTY: 711).

If you believe that Blue Cross and Blue Shield of Kansas City (Blue KC) has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Section 1557 Compliance Coordinator, 2301 Main St., Kansas City, MO 64108, Phone: 816-395-3664, (TTY: 711), Fax: 816-995-1506, E-mail: grievance_coordinator@bluekc.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Compliance Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, Phone: 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-508-7140 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-508-7140 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-508-7140 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-508-7140 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

Rufnummer: 1-866-508-7140 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-508-7140 (TTY: 711)번으로 전화해 주십시오.

OBVAJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-866-508-7140 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-508-7140 (رقم هاتف الصم والبكم: 117).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-508-7140 (телетайп: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-508-7140 (ATS: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

Tumawag sa 1-866-508-7140 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-508-7140 (TTY: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kantscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-866-508-7140 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-508-7140 تماس بگیرید.

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-866-508-7140 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-508-7140 (TTY: 711).



Kansas City

BLUE MEDICARE
ADVANTAGE

(833) 501-9393 (TTY: 711)
mabluekc.com/kit

George Brett is a paid celebrity spokesperson and offers no endorsement of any product or service.

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association.

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. Other providers are available in our network.

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 independent licensees of the Blue Cross and Blue Shield Association, and wholly

owned subsidiaries of Blue Cross and Blue Shield of Kansas City. Medicare beneficiaries may also enroll in Blue Medicare

Advantage through the CMS Medicare Online Enrollment Center at www.medicare.gov. Medicare beneficiaries may also contact

1-800-MEDICARE, 24 hours a day, 7 days a week. ©2024 Blue Cross and Blue Shield of Kansas City. All rights reserved.

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