

2024
**MEMBER
HANDBOOK**

JACKSON COUNTY MISSOURI
RETIREES



SCAN TO CONNECT
TO MEMBER PORTAL



BLUE MEDICARE
ADVANTAGE

HELLO

Welcome to your 2024 Jackson County Missouri Retirees Blue Medicare Advantage plan. Your plan was created with your evolving needs in mind because we're committed to helping you live life to the fullest.

This handbook will help you take advantage of the many benefits and services available to you. Keep it handy and know we're always here to help. We're never more than a call or click away.

Always consult your Summary of Benefits or Evidence of Coverage (EOC) for full coverage provisions of your plan. You can find your Summary of Benefits and EOC online at [MedicareBlueKC.com/JCMO](https://www.MedicareBlueKC.com/JCMO) or on the member portal at [MyBlueKCMA.com](https://www.MyBlueKCMA.com) in the Plan Benefits section. Your Privacy Practices Notice and the Non-Discrimination Policy are included in your EOC.

Let's Connect

At Blue KC, there are many ways to engage and stay connected.



MEMBER PORTAL

Our member portal helps you manage your plan and maximize your coverage.

Here, you can:

- View your recent claims
- Find care, including a doctor or hospital, pharmacy, dentist, or behavioral health provider
- Grab a digital copy of your ID card
- Access documents and forms
- Learn more about the Benefit Extras in your plan

To register, visit [MyBlueKCMA.com](https://www.MyBlueKCMA.com) and click the **REGISTER** button. You can use your ID card when registering. When asked to create a username and password, your default username will be your email address.



GO PAPERLESS

Receive Medicare-required materials, such as your Explanation of Benefits (EOB), and/or educational communications, such as *ENGAGE* magazine, electronically via email.

It's easy! Visit [MyBlueKCMA.com](https://www.MyBlueKCMA.com), click on your name or profile icon in the upper-right corner, and select communication preferences.



NEED HELP?

Our Customer Service team is local and standing by at **(888) 892-8907** (TTY:711) **8AM-8PM, 7 days a week*** where you will **ALWAYS** be treated with courtesy and respect.

** You may receive a messaging service on holidays and weekends from April 1 through September 30.*

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OPTING OUT OF COMMUNICATIONS

We send information to you via text, email, phone and mail. We understand that some Blue Medicare Advantage members may wish to opt out from these communications. You can manage your communication preferences on your member portal, MyBlueKCMA.com. As always, our customer service team is ready to assist you. Should you have any questions or concerns, you may contact customer service at **(888) 892-8907** (TTY:711).

EVIDENCE OF COVERAGE

Always consult your Evidence of Coverage (EOC) for full coverage provisions for your plan. You can find your EOC online at MedicareBlueKC.com/JCMO or on the member portal at MyBlueKCMA.com in the Plan Benefits section. Your Privacy Practices Notice and the Non-Discrimination Policy are included in your EOC.

ADVANCE DIRECTIVES

An advanced care plan is important as you age to ensure your health needs are managed ahead of time and for family and care providers to understand those preferences.

An Advance Directive is a legal document that outlines your expressed decisions on how you would like to be cared for when you cannot express those decisions yourself. The document only goes into effect when you cannot speak for yourself due to injury, emergency, or disease.

Blue KC Customer Service Representatives can assist members with establishing advance directives. Call **(888) 892-8907** (TTY:711)

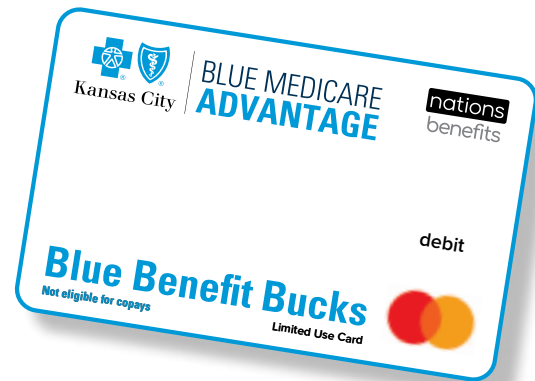
Getting the Most Out of Your Plan

At Blue KC, we want you to enjoy all the benefits of your 2024 plan. Read on to learn more about your Benefit Extras.

Blue Benefit Bucks (BBB)

ONE CARD WITH LOTS OF VALUE

Blue Medicare Advantage makes it flexible for you to use your plan as you decide! Your Blue Benefit Bucks (BBB) Prepaid Mastercard® works like a debit card so it's simple to use. Your BBB card is loaded with the benefits from your plan. You have the power to spend it based on what's important to you.



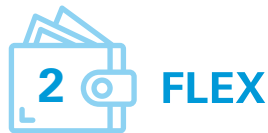
BBB is made up of three wallets:



OTC

Over-the-Counter Benefit

Your OTC benefit allowance can be used to buy Medicare-approved non-prescription drugs, and everyday health-related items like pain relievers, antacids, vitamins, cough drops, first aid supplies, and more.



FLEX

Flex Benefit Allowance

Use this flexible allowance for health-related services such as dental, eyewear, hearing aids, and transportation.



REWARDS

Member Rewards Program

Take advantage of your preventive health benefits and earn up to \$75 a year by getting a flu shot, COVID-19 booster, breast cancer screening, annual physical, diabetic retinal exam, or by visiting your favorite SilverSneakers® gym.

MANAGING YOUR BLUE BENEFIT BUCKS (BBB)

Blue KC partners with NationsBenefits to administer the BBB program. Once you receive your BBB prepaid card, be sure to activate it. Manage your benefit by registering on the NationsBenefits Benefits Pro portal at [BlueKC.NationsBenefits.com](https://www.BlueKC.NationsBenefits.com). Your wallets (OTC, Flex, and Rewards)* will be displayed along with other key features.

For BBB questions and account assistance, call the Blue Medicare Advantage Customer Service team 8 a.m. to 8 p.m. 7 days a week at **(888) 892-8907** (TTY:711).

A NEW easy-to-use smartphone app is available for your



convenience. Search for **Benefits Pro Portal** in your app store.

! NOTE: The Centers for Medicare and Medicaid Services (CMS) prohibits benefit spending allowances used for any cost-sharing (copays).



Over-the-Counter (OTC) Benefit

Your Over-the-Counter (OTC) benefit allowance is one wallet (OTC wallet) on your BBB card. The OTC benefit is a quarterly or yearly allowance to purchase non-prescription drugs and everyday health-related items such as vitamins, first aid supplies, pain relievers, and more.

WHAT IS MY OTC ANNUAL ALLOWANCE AND WHEN DOES IT EXPIRE?

Your benefit is \$250 per year for eligible OTC items. All unused OTC benefits will expire on 12/31/24.

WHEN ARE MY OTC DOLLARS CREDITED TO MY BBB CARD?

Your OTC dollars are credited on the 1st day of the benefit period associated with your plan and all unused OTC benefits will expire on 12/31/24.

HOW CAN I PURCHASE OTC ITEMS?

You have several options to purchase items:

1. Shop in-store at any Walmart, Walgreens, and CVS stores nationwide.
2. Shop online at [BlueKC.NationsBenefits.com](https://www.BlueKC.NationsBenefits.com).
3. Call our Customer Service team at [\(888\)892-8907](tel:8888928907) (TTY:711) for personalized service for online orders.
4. Order by mail by requesting an OTC catalog from NationsBenefits at the number above. Once you receive the catalog, use the order form and follow the ordering instructions.
5. Purchase eligible items and submit your receipt for reimbursement in your Blue Medicare Advantage portal, [MyBlueKCMA.com](https://www.MyBlueKCMA.com).

HOW DO I KNOW WHAT ITEMS ARE ELIGIBLE?

Medicare defines eligible items for OTC benefits.

Online Orders

For online orders, you can view and purchase eligible items at [BlueKC.NationsBenefits.com](https://www.BlueKC.NationsBenefits.com).

Retail, In-Store Purchases

To determine eligibility for in-store purchases at Walmart, Walgreens, and CVS:

- Before your trip to a participating store, go to [BlueKC.NationsBenefits.com](https://www.BlueKC.NationsBenefits.com) and follow these steps:
 1. Click **Check Product Eligibility**
 2. Enter a product name or type in the Product Name field, such as **Benadryl** or **toothpaste**.
 3. Select OTC as the wallet. Leave product category and subcategory blank and click on **Search**.
 4. Eligible products will show in the results.
- While at the store, use the Benefits Pro Portal smartphone app to scan the item UPC (using the scanner tool) to determine eligibility.

! **NOTE:** You cannot purchase items directly at Walmart.com, Walgreens.com, or CVS.com.

HOW DO I GET THE BENEFITS PRO PORTAL APP?

First, you must be registered on the MyBenefits portal at [BlueKC.NationsBenefits.com](https://www.BlueKC.NationsBenefits.com). Once registered, go to your app store and search for **Benefits Pro Portal**. Download the app and follow the prompts to set up your username and password. Permit camera access in the app so you can scan the product code (UPC).



Flex Benefit Allowance

Your Flex Benefit Allowance is a separate wallet on your BBB card. The Flex Benefit Allowance is an annual monetary allowance you can use for the benefits most important to you. You choose how to use your benefit whether on dental, hearing aids, eyewear, or transportation services.

WHAT IS MY FLEX BENEFIT AMOUNT?

Your Flex Benefit Allowance is \$1,000 per year. You can use the benefit for dental, hearing aids, prescription eyewear, or transportation services.

WHEN DO MY FLEX DOLLARS EXPIRE?

Your Flex dollars expire on 12/31/24.

HOW DO I USE MY BBB CARD FOR MY FLEXIBLE BENEFITS?

Your BBB card is eligible for use at eye providers, transportation services (such as a taxi, Uber, Lyft, Secure Transport, and Freedom Transport), hearing providers, and at dental providers for dental expenses beyond the plan benefit.

WHAT IF MY BBB CARD IS NOT WORKING AT A PARTICULAR MERCHANT?

The card is eligible for use for dental, hearing aids, eyewear, and transportation providers based on the Merchant ID programmed at Mastercard. If your card does not work, contact our Customer Service team at **(888) 892-8907** (TTY:711).



Member Rewards Program

When you take important steps to protect your health, you can earn rewards dollars. Once you earn a reward, the dollars are added to your Rewards wallet on your BBB card.

HOW DO I EARN A REWARD?

You can earn up to \$75 a year by completing a combination of these eligible activities:

- Annual physical exam - \$30
- Breast cancer screening - \$20
- Diabetic retinal exam - \$20
- Ten (10) or more SilverSneakers in-person gym visits in a calendar month - \$10
- Flu shot - \$5
- COVID-19 booster - \$5

HOW DO I ACCESS MY MEMBER REWARDS DOLLARS?

Your rewards dollars will be loaded on your BBB card approximately 8-10 weeks after the date of your completed activity.

WHERE CAN I SPEND MY MEMBER REWARDS DOLLARS?

Your Member Rewards dollars may be used at an eligible retailer for non-Medicare-covered services, such as healthy foods and over-the-counter (OTC) products. You may also use your rewards for dental, hearing aids, eyewear, and transportation services.

WHEN DO MY EARNED MEMBER REWARDS EXPIRE?

You must complete the eligible healthy activities during the plan year, however, you have until 3/31/25 to spend your rewards dollars.

! Note: If your plan does not include the OTC or Flex Benefit Allowance you will receive a BBB card within 8-10 weeks after you've completed your first eligible healthy activity.

Dental Benefit

WHAT IS IT?

Your plan provides a \$2,000 benefit allowance for preventive and comprehensive dental services.

WHAT DO I HAVE TO PAY FOR COVERED SERVICES?

Review your Evidence of Coverage (EOC) to learn about your in- and out-of-network benefits for preventive and comprehensive dental services.

WHAT IF I HAVE QUESTIONS ABOUT MY DENTAL BENEFIT?

For questions, contact our Customer Service team at [\(888\)892-8907](tel:8888928907) (TTY:711) 7 days a week, 8AM–8PM

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

HOW CAN I FIND A DENTIST?

You can find a dentist online at [MedicareBlueKC.com/find-care](https://www.MedicareBlueKC.com/find-care).

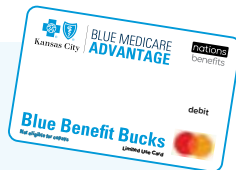
WHO IS THE PLAN'S ADMINISTRATOR?

NEW! Dominion Dental is the plan's administrator. Please direct all questions to Blue Medicare Advantage Customer Service.

! For **BOTH Preventive and Comprehensive Services**: Check your Evidence of Coverage (EOC) before you visit a dental provider for copay and coinsurance information.

BLUE BENEFIT BUCKS FOR DENTAL SERVICES

With your plan, you have the option to use your BBB for non-covered or dental expenses beyond the plan benefit.



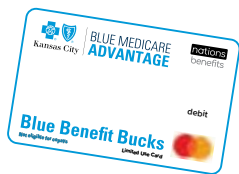
✓ HELPFUL TIPS

- We encourage you to use a network provider whenever possible.
- Due to COVID-19, some out-of-network dentists have added a sanitizing and equipment fee. You are protected from the fees for this service when you use in-network dentists.
- Your plan allows for out-of-network services. The payment will be based on the out-of-network rate. You will be responsible to pay the difference between the out-of-network payment and the amount the dentist billed you.

Hearing Services

HOW DOES IT WORK?

You can use your Flex Benefit Allowance dollars for hearing aids at any hearing health provider. You can also use your Flex Benefit with our new hearing partner, Amplifon® Hearing Health Care (Amplifon), where you can receive discounted rates and access to most all major hearing aid manufacturers.



HOW DO I FIND AN AMPLIFON HEARING HEALTH PROVIDER?

To find an Amplifon provider, call **(888) 892-8907** (TTY:711) or go online at [MedicareBlueKC.com/find-care](https://www.MedicareBlueKC.com/find-care).

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

! NOTE: Appointments must be scheduled through Amplifon Hearing Health Care to obtain the hearing aid benefit.

Eyewear & Vision Services

HOW DOES IT WORK?

Routine eye exams are offered through your Blue Medicare Advantage network of optometrists and ophthalmologists. Routine eye exams (up to one visit every year) offer a \$0 copay. Refer to your EOC.

When you need more than routine care such as cataract or diabetic eye exams, you can use the same provider. Our Blue Medicare Advantage network of optometrists and ophthalmologists can direct your care for all your eye health needs.

Find a participating provider by visiting [MedicareBlueKC.com/find-care](https://www.MedicareBlueKC.com/find-care).



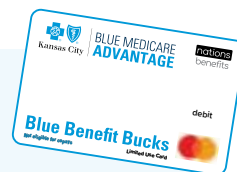
✓ HELPFUL TIPS

- Walmart is unable to process eligible eyewear (frames, lenses) transactions on your BBB card. As an alternative, you can pay with personal funds and submit a request for reimbursement through the member portal at [MyBlueKCMA.com](https://www.MyBlueKCMA.com).

BLUE BENEFIT BUCKS FOR EYEWEAR

Use your BBB to purchase glasses (lenses and/or frames). Find a participating eye provider by visiting [MedicareBlueKC.com/find-care](https://www.MedicareBlueKC.com/find-care).

NOTE: The routine eye exam is a covered service and should be billed to Blue KC. Always ask your provider to run your Blue Medicare Advantage insurance card first before your BBB card to ensure the exam is billed correctly.



Fitness Program

WHAT IS IT?

SilverSneakers® is a fitness program included in your plan. You'll enjoy amenities such as fitness equipment, pools, and classes at participating locations. You can also attend health education seminars and social events with others who share your interest in a healthy lifestyle.

HOW DOES IT WORK?

1. To find a participating location near you, call **(888) 423-4632** (TTY:711) M–F, 8AM–8PM ET or visit [SilverSneakers.com](https://www.silversneakers.com) and enter your ZIP code.
2. Register online at [SilverSneakers.com](https://www.silversneakers.com) to set up an account. You will be assigned a 16-digit member number. Please provide this number when visiting a fitness facility or if you are participating in online classes.
3. For added convenience, download the **SilverSneakers GO** app from your favorite app store. Once you've set up your account, your 16-digit number will be saved in the app.

NOTE: Some facilities will accept your Blue Medicare Advantage ID card, but this varies by fitness facility.

WHAT IF I PREFER TO EXERCISE AT HOME? OR THERE'S NO GYM NEAR ME?

No problem! You can access SilverSneakers® Steps, a self-directed physical activity and walking program. Visit [SilverSneakers.com/steps-kit](https://www.silversneakers.com/steps-kit) to order a kit with the tools to get fit, including a pedometer (counts your daily steps), resistance bands, an exercise ball, yoga strap, and educational information.

You can also access live classes by visiting [SilverSneakers.com/live](https://www.silversneakers.com/live) in addition to a library of fitness and nutrition videos at [SilverSneakers.com/ondemand](https://www.silversneakers.com/ondemand).

SilverSneakers®

✓ HELPFUL TIP

Members must visit a SilverSneakers facility to be eligible for the \$10 healthy activities reward for 10 visits. Virtual programs do not count toward the reward.



*SilverSneakers® and the SilverSneakers® shoe logotype are registered trademarks of Tivity Health, Inc.
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Personal Emergency Response System (PERS)

We've partnered with Lively™ (a Best Buy company) to offer you a PERS to ensure safety anywhere you go. The device is enabled for fast responses to emergencies with the ability to connect directly with a doctor or nurse for 24/7 urgent care. PERS provides peace of mind for those concerned with memory loss or at risk of falls.

WHAT IS IT?

This PERS device from Lively™ offers many benefits including urgent response services, fall detection, and GPS services. Each device is smartphone compatible and links members to their caregivers. It also has a call button for emergency response in unsafe or uncertain situations. Available with most plans.



WHO CAN TRACK MY ACTIVITY?

You have the choice of allowing a caregiver or a loved one to track your device. You may use the device for a variety of services, including calling for help or finding support services.

HOW DO I ENROLL IN PERS?

Members interested in receiving this device can call Lively™ at **(800) 358-9081** (TTY:711).

Transportation

WHAT IS MY BENEFIT?

Members can use their Flex Benefit Allowance on the Blue Benefit Bucks card for transportation needs by using KC metro area transportation providers such as Uber, Lyft, Secure Transport, Freedom Transport, or Yellow Cab, etc.

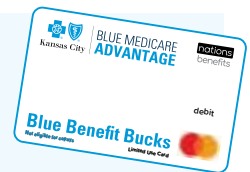
NEED HELP DOWNLOADING A RIDESHARE APP (UBER OR LYFT) ON YOUR PHONE?

Our Customer Service team is happy to provide step-by-step instructions to get you up and running.

BLUE BENEFIT BUCKS FOR TRANSPORTATION

Need a ride to the doctor?
No problem!

Use your BBB card for trips to your health-related appointments.



HELPFUL TIPS

- Please note that drivers are not able to assist you into the building.
- For members needing assistance due to mobility, contact Customer Service at (866) 508-7140 (TTY:711)

Digital Balance and Cognitive Training

WHAT IS IT?

Nymbal Balance is a scientifically proven at-home digital training and education program to help improve balance in just a few minutes a day by combining light exercise and fun brain games to challenge your body and mind.



HOW DOES IT WORK?

Download the Nymbal Training App on your smartphone or tablet, or visit kc.fallsfree.com and begin your personalized program.



Managing Your Health

At Blue KC, we're focused on you and your healthcare goals. This means providing options that help you manage your care.

Care Management for Chronic Conditions

Blue KC provides personalized support, coordinated care, and access to services and other resources that focus on your specific healthcare needs.

If you have been diagnosed with a chronic condition, you don't have to manage your condition alone. Blue Medicare Advantage provides enhanced coordinated care planning with a dedicated team of health professionals and social workers for members with certain chronic conditions. Members who use this program have an easier time managing their health and feel more comfortable and confident when making healthcare decisions. The Care Management team can also provide information on Advance Directives – written instructions which explain how you want medical decisions to be made if you are too ill to speak for yourself. Contact Customer Service at [\(888\) 892-8907](tel:888-892-8907) (TTY:711) to learn more.

Caregiver Support

A non-medical program that makes it easy to include family caregivers in your care team for conditions that require high levels of family support.

WHAT IS IT?

We know that family caregivers help improve our member health. Caregiver Support provides members who are caregivers or caregivers of members a non-medical digital program via a dedicated tablet.

HOW DOES IT WORK?

Members with eligible conditions will receive access to health education, resources, social-worker coaching, remote training, and alerts via a dedicated tablet that is shipped to the caregiver's home. There is no requirement for access to wifi.



BenefitsCheckUp®

Blue KC has partnered with the National Council on Aging (NCOA) to deliver resources, tools, best practices, and advocacy for our members.

WHAT IS IT?

BenefitsCheckUp® is a comprehensive, free online resource that connects you to benefits and programs you may qualify for to help save money on food, medicine, and more.

HOW DOES IT WORK?

BenefitsCheckUp® monitors the benefits landscape for updates and changes to policies and programs to match your unique needs and eligibility requirements to maximize what may be available to you.

HOW DO I ACCESS MY BENEFIT?

To find programs that help you save money visit BlueKC.Benefitscheckup.org. For technical support call (800) 794-6559 (TTY:711).

Blue KC Virtual Care

Virtual care is a great resource if your primary care provider is unavailable. It's easy and convenient to get the care you need if it is not an emergency.

WHAT IS BLUE KC VIRTUAL CARE?

Your plan provides 24/7 access to care, without leaving your home. Using your smartphone, tablet, or computer you can easily connect with a board-certified doctor or behavioral health therapist.

HOW DOES IT WORK?

Go to BlueKCVirtualCare.com to seek care for minor illnesses and consultation.



Diabetes Care Management

For members with chronic conditions, your plan may cover additional services through our partner, Livongo.

WHAT IS IT?

Diabetic members who qualify will receive an invitation to participate in a personalized care management program. This program includes 24/7 access to a care team and a telemonitor-enabled glucometer device, including mail delivery of test strips and supplies.

HOW DOES IT WORK?

Eligibility for the program is based on several indicators, including but not limited to, A1C over 7. You will be notified if your condition is eligible for the program.

CAN I CHOOSE NOT TO PARTICIPATE IN THE PROGRAM?

Participation in the program is optional. You may discontinue participation at any time.

ARE THERE OTHER WAYS TO RECEIVE MY DIABETIC SUPPLIES?

You can obtain your diabetic supplies for a \$0 copay when selecting our preferred manufacturers at a pharmacy. You can still get other manufacturers at your pharmacy, but you may pay a higher cost.



HOW CAN I GET A CONTINUOUS GLUCOSE MONITOR (CGM)?

For members who qualify for a continuous glucose monitor (CGM), you may receive a preferred-brand CGM for \$0 copay, when obtained at a pharmacy.

! Note: Non-preferred brand CGMs are covered only when deemed medically necessary and prior-authorized.

WHAT WILL I HAVE TO PAY FOR MY DIABETIC SUPPLIES?

Typically, diabetic glucometers and supplies are considered medical supplies and are available at a \$0 copay. Devices that are attached to you (for example, insulin pumps) are prosthetic devices and may have a different cost share (such as 20% coinsurance).

Diabetes Prevention Program

Small changes can mean a big difference when it comes to Type 2 diabetes. Blue KC partners with health experts to provide you access to a network of diabetes prevention providers and resources.

WHAT IS IT?

The Diabetes Prevention Program helps decrease the risk of developing Type 2 diabetes with weight and activity trackers, small group support, weekly lessons, and access to personal health coaches.

HOW DOES IT WORK?

Members who show indications for diabetes in the future (A1C lab test or BMI) will be contacted.

Foot Care

For members with certain conditions which include neuropathy or other circulatory conditions, you may be eligible for in-home foot care services through our partner, Belle.

WHAT IS IT?

Your Belle technician will visit your home and set up in a comfortable, convenient place. You will receive a waterless pedicure that includes an exfoliation, cleanse, trim, file, and nail buff. Techs can also provide a massage, dry floss (for your toes), and polish. Your



appointment also consists of a screening, which helps identify new conditions, and you'll receive a personalized plan to keep your feet in good health.

HOW DOES IT WORK?

Eligibility in the program is based on several indicators, such as neuropathy. Belle will contact you if your condition is eligible for the program. The number of visits varies based on condition needs.

Musculoskeletal Support

For members with eligible joint and muscle care needs.

WHAT IS IT?

In-home care support and resources with alternative pain management therapy care you can do anytime, anywhere.

HOW DOES IT WORK?

This personalized digital exercise program offers access to physical, behavioral, and educational resources through a virtual platform using motion tracking or wearable technology.



Behavioral Health

WHAT IS MINDFUL BY BLUE KC?

Mindful by Blue KC is a behavioral health resource included in your health plan to help you address stress, depression, anxiety, substance use, and everyday challenges. This service provides 24/7 access to Mindful Advocates. Just call **(833) 302-MIND** (6463) or the behavioral health number on your member ID card. You may also visit [MindfulBlueKC.com](https://www.MindfulBlueKC.com) for more information.



WELCOME TO SPIRA CARE

Experience A Personalized Approach To Your Advanced Primary Care

All Blue Medicare Advantage plans include exclusive access to Spira Care Centers where you are at the center of your healthcare coverage. Spira Care gives you easy access to the advanced primary care services you need –and the time you need with your physician and your Care Team. Spira Care Centers are conveniently located across the Kansas City metro area. Your costs with exclusive access to Spira Care Centers are at the same benefit level as other advanced primary care providers. For more information about costs for services please reference your Evidence of Coverage.

You are not just a patient. You are a whole person with individual, unique needs.

At Spira Care, you are at the center of everything we do. You are treated as an individual, not a set of symptoms. A partnership is built between you and your Care Team of doctors, physician assistants, nurse practitioners, behavioral health consultants, health coaches, diabetes educators, Care Guides and more. You receive the care and the time you need – you are not rushed in and out the door. You are heard and understood.

Spira Care Centers offer you a wide range of advanced primary care services under one roof.

ADVANCED PRIMARY CARE: Where you are at the center of care, with a team of healthcare professionals focused on giving you the quality care you deserve.

ROUTINE PREVENTIVE CARE: Includes routine wellness exams, screenings, and immunizations.



SICK CARE: For things like the flu, sore throat, urinary tract infection, ear pain, and pink eye.

CHRONIC MEDICAL CONDITION MANAGEMENT: For conditions such as diabetes or heart disease.

BEHAVIORAL HEALTH CONSULTATIONS: To provide professional support for stress, depression, anxiety and challenges that accompany chronic medical conditions.

DIGITAL X-RAYS: As ordered by your Spira Care provider. (This service is not available at Lee's Summit or Liberty locations.)

ROUTINE LAB DRAWS: As ordered by your Spira Care provider.

IMMUNIZATIONS: Spira Care Teams administer a wide range of CDC-recommended immunizations.

DIABETES EDUCATION AND HEALTH COACHING: Diabetes educators and health coaches will support and advocate for you, helping you achieve your goals and optimize your health outcomes.

While your primary care needs can be handled at a Spira Care Center, we recognize that certain circumstances call for outside care – like seeing a specialty behavioral health specialist or being admitted to a hospital. For needs outside of a Spira Care Center, please call Customer Service at (866) 508-7140 (TTY: 711) or refer to your EOC for a full list of benefits.

You are part of a team

Spira Care is team-based care. Along with doctors, physician assistants and nurse practitioners, you have a Care Team to help you with condition management, healthy eating, sleep, self-care and more. It's all about treating the whole person and working together to help you reach your health goals.

Easy-to-schedule appointments and modern, convenient facilities

At Spira Care we've set out to change the healthcare experience, one that makes you feel more alive, less stressed and reassured that the best people are there to take care of you – no matter what. Our locations are modern, bright, and relaxing. Have a short wait? Relax and enjoy a free snack and bottled water in our welcoming reception area.

Appointments are required for all care needs at Spira Care Centers. Spira Care Centers offer a variety of ways to care for you including in-person, virtual, and telephonic appointments with Spira Care providers. Some locations provided extended hours and are open on Saturday.

MAKE AN APPOINTMENT TO VISIT US TODAY

We are right around the corner!

Call Spira Care at **877-774-7265 (TTY:711)**. Take a virtual tour at [SpiraCare.com/tour](https://www.spiracare.com/tour) or learn more about our Care Teams and specific location hours at [SpiraCare.com](https://www.spiracare.com).

SPIRA CARE LOCATIONS

SPIRA CARE CROSSROADS

1916 Grand Boulevard
Kansas City, MO 64108

SPIRA CARE LIBERTY

8350 N Church Road
Kansas City, MO 64158

SPIRA CARE SHAWNEE

10824 Shawnee Mission Parkway
Shawnee, KS 66203

SPIRA CARE INDEPENDENCE

3717 S Whitney Avenue
Independence, MO 64055

SPIRA CARE OLATHE

15710 W 135th Street, Suite 200
Olathe, KS 66062

SPIRA CARE TIFFANY SPRINGS

8765 N Ambassador Drive
Kansas City, MO 64154

SPIRA CARE LEE'S SUMMIT

760 NW Blue Parkway
Lee's Summit, MO 64086

SPIRA CARE OVERLAND PARK

7341 W 133rd Street
Overland Park, KS 66213

SPIRA CARE WYANDOTTE

9800 Troup Avenue
Kansas City, KS 66111

Frequently Asked Questions (FAQ)

THE BASICS

Do I need to use my Medicare Red, White and Blue Card to access my Blue Medicare Advantage benefits?

No. You only need your Blue Medicare Advantage member ID card to access your benefits.

What if I lose my card?

You can access and print your ID card by logging in to your member portal at [MyBlueKCMA.com](https://www.MyBlueKCMA.com). Our Customer Service team is also happy to help you.

What is the late enrollment penalty (LEP)?

If you were without Part D or creditable drug coverage for more than 63 days while eligible for Medicare, you may face a Part D late enrollment penalty (LEP). The LEP amount is determined by Medicare. The purpose of the LEP is to encourage Medicare beneficiaries to maintain adequate drug coverage. You'll generally have to pay the penalty for as long as you have Medicare drug coverage. The LEP will be billed monthly for your Blue Medicare Advantage plan.

If I have a monthly late enrollment penalty (LEP), can I sign up for an automatic payment plan?

Yes, this is the easiest way to manage your LEP. To sign up, go to [MyBlueKCMA.com](https://www.MyBlueKCMA.com). Once registered, click **Pay My Bill**. On the **Pay My Bill** page, click the **Manage Payments** button. You will receive a notice that you're being taken to Alacriti, our payment partner. Click **Continue** to Alacriti to be taken to the Alacriti website and complete the remaining steps.

How do I give permission to Blue KC to speak to someone else on my behalf?

Our Customer Service team can assist you with the required documents so someone else can speak on your behalf.

How can I learn if a service or procedure is covered under my plan?

Review your Evidence of Coverage available in the Plan Benefits section on [MyBlueKCMA.com](https://www.MyBlueKCMA.com) or at [MedicareBlueKC.com/members/ma-plan-information/](https://www.MedicareBlueKC.com/members/ma-plan-information/). If you cannot find the service or procedure listed in these documents, our Customer Service team is here to help. Your provider may also help you determine whether a service or procedure is covered.

What prescriptions are covered by my plan?

Access the formulary search tool or download the 2024 Formulary, available at [MyBlueKCMA.com](https://www.MyBlueKCMA.com) (go to **Resources** and click on **Formulary**). You may visit [MedicareBlueKC.com/members/ma-plan-information/](https://www.MedicareBlueKC.com/members/ma-plan-information/) or request a copy by calling our Customer Service team.

How do I get my prescription drugs?

You may get your prescriptions from any pharmacy participating in the Blue Medicare Advantage network, which includes most retail pharmacies, national drug stores and supermarkets. You can also have medications delivered to your home through our mail order program. Call OptumRx at **(844) 569-4142** (TTY:711) and request a mail order prescription. Or, ask your physician to help you facilitate this process.

What if a provider is billing for services I did not receive?

Call your provider for an explanation of the bill or call our Customer Service team. If you are not satisfied with your provider's explanation, call the Medicare Advantage Compliance and Fraud, Waste and Abuse Hotline at **(844) 227-1790**, or report it online at [BCBSKC.ethicspoint.com](https://www.BCBSKC.ethicspoint.com).

How can I request a reimbursement for an out-of-pocket expense?

You can request a reimbursement through your member portal at [MyBlueKCMA.com](https://www.MyBlueKCMA.com)

GETTING CARE

Why is having a primary care provider (PCP) important?

A primary care provider knows you and your medical history, giving them a better understanding of your overall wellness. Your PCP can be a physician, nurse practitioner or a physician assistant. If you are healthy, they can keep you on track at an annual visit and through screenings that can help detect or prevent serious conditions.

Selecting a PCP is also an important part of your care continuity. HMO members must select a PCP as part of enrollment. While it's optional for PPO members, it's important to identify your PCP or contact us for help choosing one so you can get the most out of your healthcare.

How can I find a PCP?

To find a PCP, log in to [MyBlueKCMA.com](https://www.MyBlueKCMA.com) (click on **Find Care**) or visit [MedicareBlueKC.com/find-care](https://www.MedicareBlueKC.com/find-care) to search for network providers. If you need help finding a provider, want to change your current PCP, or would like a directory mailed to you, please call our Customer Service team.

What if my PCP is unavailable and I need care?

If your medical concern is not life threatening, but you're concerned and your provider isn't available, visit an urgent care clinic for common illnesses such as colds, flu, earaches, sore throats, migraines, fevers, and limited rashes, and for minor injuries such as sprains, back pain, cuts and burns, broken bones, or eye injuries. Generally, urgent care centers offer walk-in service and are often open before and after regular business hours, including weekends. In most cases, no appointment is necessary, but to ensure shorter wait times, appointments are recommended.

You can connect with a doctor 24/7 through our virtual care network at [BlueKCVirtualCare.com](https://www.BlueKCVirtualCare.com). You can also access Blue KC Virtual care on the member portal at [MyBlueKCMA.com](https://www.MyBlueKCMA.com). From your Dashboard, scroll down until you see **Find Virtual Care** in the **Quicklinks and Tools** section.

How will I know if a procedure, service, or medication requires prior authorization?

Your provider will obtain prior authorization from Blue KC for any service that requires it, such as specific procedures, medications, or durable medical equipment. You can also refer to your Evidence of Coverage (EOC). Those services requiring Prior Authorization are noted in Chapter 4, Section 2.1 for your reference. For a list of Part D drugs that require prior authorization, refer to the formulary. The formulary can be found at [MyBlueKCMA.com](https://www.MyBlueKCMA.com) (go to **Resources** and click on **Formulary**).

Will my plan allow access to benefits while I am on vacation outside the service area?

All Blue Medicare Advantage PPO plans include the Blue National Network, which allows you to visit doctors, medical centers, and hospitals nationwide with an in-network cost share (copay or coinsurance). You are covered for services from any provider contracted with their local Blue Medicare Advantage plan. To see a list of national in-network providers, visit [provider.bcbs.com](https://www.provider.bcbs.com).

What about worldwide urgent, emergency and ambulance benefits while traveling?

Take peace of mind with you, wherever you go. All Blue Medicare Advantage plan members have coverage for urgent and emergency care and ambulance services while traveling anywhere in the world. To take advantage of this benefit, submit your proof of payment and the medical records information for your service while you were traveling outside the continental U.S. to the claims address on the back of your ID card. We will take care of any translation and transcription needs and will process your services up to the Medicare allowable amount and send you a check.

When I receive a bill from my provider, do I pay it immediately or wait for my Explanation of Benefits (EOB)?

First, be sure your provider has your 2024 Blue Medicare Advantage insurance information from your member ID card. Then, wait until you receive an EOB from Blue Medicare Advantage. When you visit a doctor or hospital, they work with us to file a claim on your behalf. These claims are outlined on your EOB. It is your go-to reference for valuable information and will show you the patient responsibility portion you owe, if any.

What's included in my EOB and how often will I receive one?

You will receive two separate EOBs per month: a medical EOB and pharmacy EOB.

Your medical EOB will include all processed claims from the prior month as well as a claims total for all of 2024. It also shows how much you have paid toward your maximum out-of-pocket costs.

Your pharmacy EOB will include all processed claims from the prior month as well as a claims total for all of 2024. It also shows how much you have paid toward your true out-of-pocket costs.

What is the coverage gap (donut hole) for prescription drug plans?

Your Part D Prescription Drug Benefit consists of three phases: the initial coverage phase, the coverage gap phase, and the catastrophic coverage phase. The coverage gap is what some refer to as the "donut hole," a phase where you are responsible for a larger portion of prescription drug costs until the catastrophic coverage phase has been reached. The coverage gap phase begins after your total drug costs (which includes both what you pay and what our plan pays) reaches \$5,030. During this phase, you will need to pay up to 25% of the cost of generic drugs and 25% of the cost of brand-name drugs, until the total amount you have paid for covered drugs in 2024 reaches \$8,000. The 70% manufacturer discount for brand-name drugs



is also included in meeting the donut hole exit point or true out-of-pocket (TrOOP) costs. At that time, the catastrophic coverage phase begins. During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing..

How can I avoid the coverage gap (donut hole)?

The main way to avoid the coverage gap is to keep your prescription drug costs low, so you don't reach the annual coverage gap threshold. To do so, you can ask for generic medications whenever possible and compare pharmacy costs.

For assistance, call our Customer Service team or log in to [MyBlueKCMA.com](https://www.mybluekcma.com) and view your EOC in the **Plan Benefits** section.

Important Contact Information

Hometown Customer Service Team

(888) 892-8907 (TTY:711)
7 Days a Week, 8AM–8PM
MyBlueKCMA.com

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

Hearing Health

(888) 892-8907 (TTY: 711)
7 days a week, 8AM–8PM (CT)*

BenefitsCheckUp®

Technical Support:
(800) 794-6559 (TTY:711)
M–F, 8AM–7PM (ET)
Sign up: BlueKC.Benefitscheckup.org

Care Management

(888) 892-8907 (TTY: 711)
7 days a week, 8AM–8PM (CT)*

Dental Health

(866) 508-7140 (TTY:711)
7 days a week, 8AM–8PM (CT)*

Personal Emergency Response System (PERS)

(800) 358-9081 (TTY:711)
M–F, 7AM–7PM (CT)

Medicare Advantage Compliance and Fraud, Waste, and Abuse Hotline

(Anonymous third-party vendor)
(844) 227-1790
BCBSKC.ethicspoint.com

Medicare Hotline

(800) 633-4227
(TTY: 877-486-2048)
24/7 Service

Mindful by Blue KC

Behavioral Health
(833) 302-MIND (6463) (TTY:711)
24/7 Service
MindfulBlueKC.com

Prescription Mail Order

(844) 569-4142 (TTY:711)
OptumRx.com

NationsBenefits

(888) 892-8907(TTY:711)
7 days a week, 8AM–8PM (CT)

Blue Benefit Bucks (BBB) Card
BlueKC.NationsBenefits.com

App store: Benefits Pro Portal

Balance Training

Technical Support:
(800) 672-6854 (TTY:711)
M–F, 10AM–4PM (CT)
kc.fallsfree.com
App store: Nymbbl Training

Fitness Program

(888) 423-4632 (TTY:711)
M–F, 8AM–8PM (ET)
SilverSneakers.com
App store: SilverSneakers GO

Blue KC Virtual Care BlueKCVirtualCare.com



REFER A FRIEND

to learn more about
Blue Medicare Advantage
(833) 957-7843 (TTY:711)

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Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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