



BLUE MEDICARE **ADVANTAGE** FOR

JACKSON COUNTY RETIREES 2024



BLUE MEDICARE
ADVANTAGE

BLUE MEDICARE ADVANTAGE DESIGNED FOR JACKSON COUNTY RETIREES

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



WHAT YOU'LL FIND INSIDE:

- Program Description
- 2024 Benefits Summary
- Frequently Asked Questions
- How to Enroll

ENROLLING IS EASY

To learn more or to enroll, choose the option that's best for you:

1. Complete the enclosed enrollment form and return in the envelope provided.
2. Make a personalized appointment with a Blue KC benefits specialist by calling 816-360-1148.

If you have questions, please contact your Blue KC Benefits Specialist at 816-360-1148.

After you enroll:

Take advantage of your Blue Medicare Advantage benefits.

Once you are a Blue Medicare Advantage member, call 888-892-8907 for Customer Service or support. For those who are hearing or speech impaired, call TTY: 711.

Questions on enrolling in Medicare?

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

Enrolling in Part B

When to enroll

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

Ways to enroll

Online at
<https://www.ssa.gov/benefits/medicare/>.

This is the fastest way to sign up. You will need to create an account to enroll and apply for benefits.

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

Visit your local Social Security office.

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

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

BLUE MEDICARE ADVANTAGE

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

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

BLUE MEDICARE ADVANTAGE ALL-IN-ONE PLANS COVER:

PART A HOSPITAL

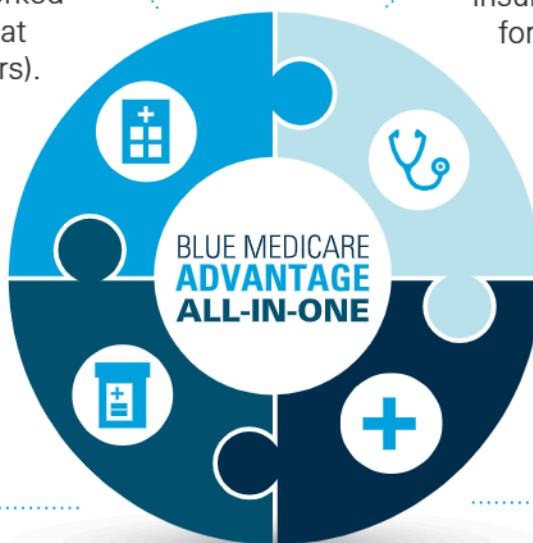
Medicare Part A is hospital insurance that's free as long as you have worked and paid Social Security taxes for at least 40 calendar quarters (10 years). It helps cover costs if you are a patient in a hospital, a skilled nursing facility or hospice care.

PART B MEDICAL

Medicare Part B is medical insurance that helps cover costs for doctors' services, outpatient hospital care, durable medical equipment and other medical services. You must continue to pay your Part B premium if you enroll in a Medicare Advantage plan.

PART D PRESCRIPTIONS

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



EXTRA BENEFITS

Blue Medicare Advantage offers valuable extra coverage like vision, hearing and a SilverSneakers® membership.

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

You may pay
20%
of medical expenses

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

2024 BENEFIT DETAILS

CHOOSE FROM MORE DOCTORS AND HOSPITALS.

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

PATIENT-FOCUSED CARE.

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

OUR BLUE MEDICARE ADVANTAGE MEMBERS ENJOY:



A CULTURE BUILT AROUND MEMBER SERVICE

Hassle-free claims and prompt attention are part of the Blue KC member service experience.



LOCAL EXPERTISE

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



ONE OF THE MOST RECOGNIZED AND RESPECTED BRANDS

Blue KC has been your source of trusted guidance and leadership for more than 85 years.



EMERGENCY COVERAGE WHEN YOU TRAVEL

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

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.

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.

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

BENEFIT EXTRAS

Our Blue Medicare Advantage plans for Jackson County Retirees do more than help pay for medical costs. You get valuable benefit extras to help you feel better, live better, and save money—every day.

- **Vision exams and eyewear allowances**
- **Flexible allowance for hearing, transportation, and eyewear combined.**
- **Diabetes management program** - personalized care program that includes 24/7 access to a care team
- **Mindful by Blue KC behavioral health tools and resources** - enjoy 24/7 access to Mindful Advocates
- **SilverSneakers® fitness benefit** - enjoy access to gyms in your area and attend health education seminars and social events
- **Over-the-counter health item allowance** - use it like a debit card to pay for non-prescription drugs and everyday health items such as antacids or vitamins
- **Blue KC Virtual Care** - get medical care from you smartphone, tablet or computer
- **Nutritional counseling**
- **Smoking and tobacco cessation counseling**
- **Foot Care** - for members with chronic foot conditions in-home foot care services
- **Personal Emergency Response System (PERS)**
- **Companion & caregiver support**
- **Balance and cognitive training**
- **Musculoskeletal support for certain conditions**
- **Special supplemental benefits for the chronically ill**

Blue Medicare Advantage (PPO) for Jackson County MO.

January 1, 2024 – December 31, 2024

2024 Summary of Benefits

Medicare Advantage Plan with Part D Prescription Drug Coverage

To join Blue Medicare Advantage (PPO) for Jackson County MO., you must be entitled to Medicare Part A and be enrolled in Medicare Part B. Our network service area is in the following counties:

Kansas: Johnson and Wyandotte.

Missouri: Andrew, Bates, Benton, Buchanan, Carroll, Cass, Clay, Clinton, Henry, Jackson, Johnson (MO), 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, medicarebluekc.com/JCMO.

If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Have Questions?

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

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

SUMMARY OF BENEFITS**Blue Medicare Advantage (PPO)
for Jackson County MO.****MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES**

Monthly Plan Premium	Please refer to your Employer's Benefit department for your premium. In addition, you must keep paying your Medicare Part B premiums.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
Maximum Out-of-Pocket Responsibility	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none">• \$2,000 for services you receive from in-network providers.• \$10,000 for services you receive from in and out-of-network providers combined. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
Prior Authorization	Some in-network services may require prior authorization and are indicated with (PA) for your reference.

COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network	Out-of-Network
Acupuncture for chronic low back pain	\$30 – Medicare-covered	\$30 – Medicare-covered
Ambulance services including ground, air and worldwide (PA)	\$100 This copay applies to each one-way trip.	\$100 This copay applies to each one-way trip.
Annual wellness visit	\$0	\$0
Cardiac and pulmonary rehabilitation services	\$30	\$30

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Chiropractic services	\$20 – Medicare-covered	\$20 – Medicare-covered
Dental services	<p>\$30 – Medicare-covered</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 \$2,000 benefit allowance for preventive and comprehensive dental services every year.</p>	<p>\$30 – Medicare-covered</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 \$2,000 benefit allowance for preventive and comprehensive dental services every year.</p>

<p>Diabetes self-management training, diabetic services, and supplies</p>	<p>\$0 – Telehealth visit</p> <p>\$0 – Diabetes self-management training</p> <p>\$0 – Diabetic Care Program</p> <p>\$0 – Medicare-covered preferred brand diabetic devices and supplies. Preferred products include Contour.</p> <p>\$0 – Medicare-covered preferred brand diabetes devices and supplies. Preferred products include Contour.</p> <p>\$0 – Preferred brand Medicare-covered Continuous Glucose Monitors (CGM) when obtained at a pharmacy.</p> <p>20% – All other brands of Medicare-covered diabetes monitoring supplies when obtained at a pharmacy or any DME provider.</p> <p>Non-preferred brand Continuous Glucose Monitors (CGM) are covered only when deemed medically necessary and prior authorized</p> <p>20% – Medicare-covered therapeutic custom-molded shoes or inserts</p> <p>Our plan covers additional Diabetic services under Uniform Flexibility for individuals with Chronic Conditions.</p>	<p>\$5 – \$30 – Diabetes self-management training</p> <p>\$0 – Medicare-covered diabetic devices and supplies</p> <p>\$0 – Preferred brand Medicare-covered Continuous Glucose Monitors (CGM) when obtained at a pharmacy</p> <p>20% – All other brands of Medicare-covered diabetes monitoring supplies when obtained at a pharmacy or any DME provider.</p> <p>Non-preferred brand Continuous Glucose Monitors (CGM) are covered only when deemed medically necessary and prior authorized.</p> <p>20% – Medicare-covered therapeutic custom-molded shoes or inserts</p>
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COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Durable medical equipment (DME) and related supplies (PA)	20%	20%
Emergency care including worldwide emergency coverage	\$50 \$0 – Blue KC virtual care	\$50
Health and wellness education programs	\$0 – Telehealth visit \$0 – Nutritional counseling \$0 – Participating fitness facilities and programs \$0 – Blue KC Virtual Care services	\$0 – Nutritional counseling \$0 – Participating fitness facilities and programs
Hearing services	\$30 – Medicare-covered exam to diagnose and treat hearing and balance issues You may use your flexible benefit on the Blue Benefit Bucks prepaid card to pay for hearing services. There is a \$1,000 flexible benefit allowance every year for dental, hearing aids, eyewear, and transportation combined.	\$30 – Medicare-covered exam to diagnose and treat hearing and balance issues You may use your flexible benefit on the Blue Benefit Bucks prepaid card to pay for hearing services. There is a \$1,000 flexible benefit allowance every year for dental, hearing aids, eyewear, and transportation combined.
Help with Certain Chronic Conditions	\$0 copay for eligible supplemental physical therapy and musculoskeletal support services. Benefit must be accessed through the plan's partner.	\$0 copay for eligible supplemental physical therapy and musculoskeletal support services. Benefit must be accessed through the plan's partner.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Home health agency care (PA)	\$0	\$0
Home infusion therapy (PA)	20%	20%
Immunizations	\$0 – Medicare-covered	\$0 – Medicare-covered
Inpatient hospital care (PA) - Per admission	\$165 per day, days 1-5, \$0 per day, days 6 & beyond	\$165 per day, days 1-5, \$0 per day, days 6-90
Inpatient mental health (PA) - Per admission	\$165 per day, days 1-5, \$0 per day, days 6-90	\$165 per day, days 1-5, \$0 per day, days 6-90
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.	20% The cost-sharing for certain Medicare Part B Prescription Drugs may vary due to Medicare negotiated rate under the Inflation Reduction Act.
Opioid treatment program services	\$0 – Telehealth visit \$30 – Treatment program services	\$30 – Treatment program services

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Outpatient diagnostic tests and therapeutic services and supplies (PA)	\$0 – Diagnostic tests and procedures \$0 – Lab services \$0 – X-rays \$100 – Diagnostic Radiology Services (such as MRI, CAT Scan) 20% – Therapeutic radiology services (such as radiation treatment for cancer)	\$0 – Diagnostic tests and procedures \$0 – Lab services \$0 – X-rays \$100 – Diagnostic Radiology Services (such as MRI, CAT Scan) 20% – Therapeutic radiology services (such as radiation treatment for cancer)
Outpatient hospital services (PA)	\$100 – Observation 20% – Outpatient hospital services \$100 – Outpatient surgery	\$100 – Observation 20% – Outpatient hospital services \$100 – Outpatient surgery
Outpatient mental health care (Individual and Group)	\$0 – Telehealth visit \$5 – Medicare-covered individual therapy visit \$30 – Medicare-covered group therapy visit	\$5 – Medicare-covered individual therapy visit \$30 – Medicare-covered group therapy visit
Outpatient rehabilitation services	\$0 – Telehealth visit \$30 – Medicare-covered occupational and physical therapy and/or speech and language pathology visit	\$30 – Medicare-covered occupational and physical therapy and/or speech and language pathology visit

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Outpatient substance abuse services (Individual and Group)	\$0 – Telehealth visit \$5 – Medicare-covered individual substance abuse services visit \$30 – Medicare-covered group substance abuse services visit	\$5 – Medicare-covered visit for individual substance abuse services \$30 – Medicare-covered visit for group substance abuse services
Over-the-Counter items	\$250 per year	
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers	20% – minor procedures when obtained in an outpatient hospital location \$100 – surgical services when obtained in an outpatient hospital location \$100 – surgical services or minor procedures when obtained in an Ambulatory Surgical Center	20% – minor procedures when obtained in an outpatient hospital location \$100 – surgical services when obtained in an outpatient hospital location \$100 – surgical services or minor procedures when obtained in an Ambulatory Surgical Center
Partial hospitalization services and Intensive outpatient services (PA)	\$30	\$30
Personal Emergency Response System (PERS)	Your benefit is one PERS Device per year. Emergency GPS enabled wearable device that provides security for individuals who are prone to isolation or are subject to falling. The device is connected to a 24/7 call center to provide support in emergencies or help with general information needs/requests.	

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Physician/practitioner services, including doctor's office visits	<p>\$0 – Telehealth visit</p> <p>\$0 – Primary care physician visit or other health care clinician in a primary care office</p> <p>\$30 – Specialist visit or other health care clinician in a specialist office</p>	<p>\$5 – Primary care physician visit or other health care clinician in a primary care office</p> <p>\$30 – Specialist visit or other health care clinician in a specialist office</p>
Podiatry services	<p>\$30 – Medicare covered podiatry</p> <p>\$30 – Routine foot care, 6 visits a year</p> <p>\$0 - In-home foot evaluation, including a waterless pedicure up to 12 visits a year</p> <p>Our plan covers in-home Routine Foot care services for individuals with certain conditions.</p> <p>Members who qualify may receive an in-home foot evaluation, including a waterless pedicure, up to 12 visits per year.</p> <p>Participation in the program is optional. You may discontinue participation at any time.</p>	<p>\$30 – Medicare covered podiatry</p> <p>\$30 – Routine foot care, up to 6 visits a year</p> <p>\$0 - In-home foot evaluation, including a waterless pedicure up to 12 visits a year</p> <p>Our plan covers in-home Routine Foot care services for individuals with certain conditions.</p> <p>Members who qualify may receive an in-home foot evaluation, including a waterless pedicure, up to 12 visits per year.</p> <p>Participation in the program is optional. You may discontinue participation at any time.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Preventive care (e.g., flu vaccine, diabetic screenings)	\$0 – All Medicare-covered preventive services See Chapter 4 Medical Benefits Chart in your Evidence of Coverage (EOC).	\$0 – All Medicare-covered preventive services See Chapter 4 Medical Benefits Chart in your Evidence of Coverage (EOC).
Prosthetic devices and related supplies (PA)	20%	20%
Pulmonary rehabilitation services	\$30	\$30
Services to treat kidney disease	\$0 – Telehealth visit \$0 – Kidney disease education 0% – Renal dialysis	\$0 – Kidney disease education 0% – Renal dialysis
Skilled Nursing Facility (SNF) care (PA)	\$0 per day, days 1-20, \$125 per day, days 21-100	20% per day, days 1-100
Special Supplemental Benefits for the Chronically – Caregiver Support	\$0 copay for eligible members. Benefit must be accessed through the plan's partner.	\$0 copay for eligible members. Benefit must be accessed through the plan's partner.
Supervised Exercise Therapy (SET)	\$30	\$30
Transportation	You may use your flexible benefits on the Blue Benefit Bucks (BBB) prepaid card to pay for transportation services to any health-related location. There is a \$1,000 flexible benefit allowance every year for dental, hearing aids, eyewear, and transportation combined.	

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Urgently needed services including worldwide urgent coverage	\$10 \$0 – Blue KC virtual care	\$10
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 eyeglasses). There is a \$1,000 flexible benefit allowance every year for dental, hearing aids, eyewear, and transportation combined.	\$30 – 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 eyeglasses). There is a \$1,000 flexible benefit allowance every year for dental, hearing aids, eyewear, and transportation combined.

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)	\$5	\$10	\$10
Tier 2 (Generic)	\$10	\$20	\$20
Tier 3 (Preferred Brand)	\$25	\$50	\$50
Tier 4 (Non-Preferred Drug)	\$50	\$100	\$100
Tier 5 (Specialty Tier)	33%	Not Applicable	Not Applicable

Standard Mail Order

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$5	\$10	\$10
Tier 2 (Generic)	\$10	\$20	\$20
Tier 3 (Preferred Brand)	\$25	\$50	\$50
Tier 4 (Non-Preferred Drug)	\$50	\$100	\$100
Tier 5 (Specialty Tier)	33%	Not Applicable	Not Applicable

PRESCRIPTION DRUG BENEFITS

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 (medicarebluekc.com/JCMO) 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 up to 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 in the coverage gap. Standard Retail Cost-Sharing

Tier	One-month supply
Tier 1 (Preferred 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.

Blue Medicare Advantage (PPO) for Jackson County MO is a Local PPO plan with a Medicare contract. Enrollment in **Blue Medicare Advantage (PPO) for Jackson County MO** depends on contract renewal.

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

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

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-888-892-8907 (TTY 711).

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit medicarebluekc.com/employer-groups/ or call 1-888-892-8907 (TTY 711) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- ☐ **For HMO Plans only:** Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

- ☐ **For PPO Plans only:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- ☐ **For PPO Plans only:** Out-of-network/non-contracted providers are under no obligation to treat Blue Medicare Advantage (PPO) members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

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BLUE NATIONAL NETWORK

Your Blue Medicare Advantage PPO includes access to the national network through Blue Cross Blue Shield Medicare Advantage PPO network sharing.

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

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

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

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

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

FREQUENTLY ASKED QUESTIONS

Who can join?

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

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

Do I still pay the Medicare Part B premium?

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

Which doctors and hospitals can I use?

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

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

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

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

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

What do I need in order to visit a specialist?

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

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

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

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

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

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

Is Blue Medicare Advantage a Medigap supplemental plan?

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

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

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

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

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

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

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

HOW TO ENROLL

To assist you in making elections, eligible Jackson County retirees may:

1. Attend the retiree benefits information session OR
2. Contact your Blue KC Benefits Specialist at 816-360-1148 to schedule a one-on-one meeting

If you have questions about your plan options, call your Blue KC Benefits Specialist at 816-360-1148, Monday through Friday from 8:00 a.m. to 5:00 p.m.

What happens next

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

CHECK HERE

MEMBER ID CARD

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

WELCOME KIT

This includes information regarding your enrollment.

BLUE MEDICARE ADVANTAGE DOCUMENTS

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

START USING YOUR PLAN

If you are a member and have questions, call 888-892-8907.
(For those who are hearing or speech impaired, call TTY: 711).

START USING SILVERSNREAKERS AT PARTICIPATING FACILITIES



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

Blue Cross and Blue Shield of Kansas City's Blue Medicare Advantage includes both HMO and PPO plans with Medicare contracts. Enrollment in Blue Medicare Advantage depends on contract renewal.

This information is not a complete description of benefits. Contact 816-360-1148 for more information. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message, and your call will be returned the next business day.

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association. The HMO products are offered by Blue-Advantage Plus of Kansas City, Inc. and the PPO products are offered by Missouri Valley Life and Health Insurance Company, both independent licensees of the Blue Cross and Blue Shield Association, and wholly-owned subsidiaries of Blue Cross and Blue Shield of Kansas City.

Out-of-network/non-contracted providers are under no obligation to treat Blue Medicare Advantage 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. Other Providers available in our network.

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