



BLUE MEDICARE
ADVANTAGE
OF KANSAS CITY FOR

WILLIAM JEWELL COLLEGE RETIREES 2024



BLUE MEDICARE
ADVANTAGE

BLUE MEDICARE ADVANTAGE OF KANSAS CITY DESIGNED FOR WILLIAM JEWELL COLLEGE 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, and a SilverSneakers® fitness benefit. **Our plan also includes a large local network of doctors and hospitals.** We invite you to discover the Blue KC difference for yourself. As you'll see, we are committed to helping you understand Medicare to find the right plan for your health and budget.

WHAT YOU'LL FIND INSIDE:

- Program Description
- 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 816-395-2916.

If you have questions, please contact your Blue KC Benefits Specialist at 816-395-2916.

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 D PRESCRIPTIONS

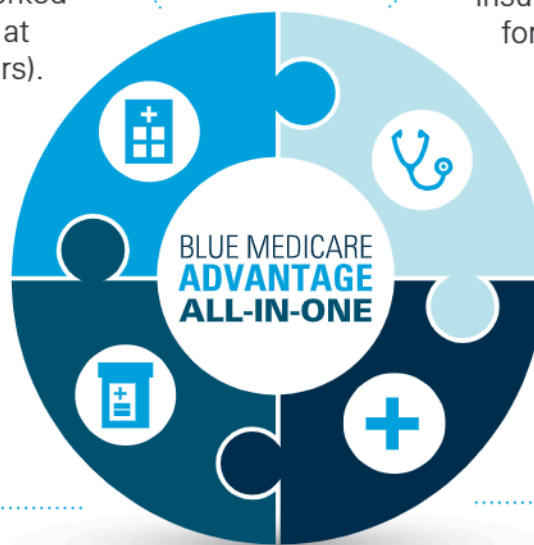
Medicare Part D is outpatient prescription drug coverage. It is offered through private health insurance companies at a separate cost, or built into a Medicare Advantage plan.

PART B MEDICAL

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

EXTRA BENEFITS

Blue Medicare Advantage offers valuable extra coverage like dental, 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 enjoy throughout the Kansas City community.

PATIENT-FOCUSED CARE.

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

OUR BLUE MEDICARE ADVANTAGE MEMBERS ENJOY:



A CULTURE BUILT AROUND MEMBER SERVICE

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 80 years.



EMERGENCY COVERAGE WHEN YOU TRAVEL

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

BENEFIT EXTRAS

Our Blue Medicare Advantage plans for William Jewell College 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**
- **Hearing services and hearing aid coverage**
- **Diabetes management program** - personalized care program that includes 24/7 access to a care team
- **Mindful by Blue KC behavioral health tools and resources** - enjoy 24/7 access to Mindful Advocates
- **SilverSneakers® fitness benefit** - enjoy access to gyms in your area and attend health education seminars and social events
- **Blue KC Virtual Care** - get medical care from you smartphone, tablet or computer
- **Nutritional counseling**
- **Smoking and tobacco cessation counseling**
- **BenefitsCheckUp** - a comprehensive, free online resource that connects you to benefits and programs you may qualify for
- **Balance and cognitive training**
- **Caregiver support**
- **Musculoskeletal support for certain conditions**
- **Special supplemental benefits for the chronically ill**

William Jewel PPO

January 1, 2024 – December 31, 2024

2024 Summary of Benefits

Medicare Advantage Plan with Part D Prescription Drug Coverage

To join William Jewel PPO, you must be entitled to Medicare Part A and be enrolled in Medicare Part B. Our provider 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/wjc-retiree/.

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/wjc-retiree/.

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

SUMMARY OF BENEFITS

William Jewel PPO

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	Your yearly limit(s) in this plan: <ul style="list-style-type: none">• \$3,950 for services you receive from in-network providers.• \$6,700 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 (PA) for your reference.

COVERED MEDICAL AND HOSPITAL BENEFITS

	In-Network	Out-of-Network
Acupuncture for chronic low back pain	\$40 – Medicare-covered	35% - Medicare-covered
Ambulance services including ground, air and worldwide (PA)	\$150	\$150
Annual wellness visit	\$0	35%
Cardiac rehabilitation services	\$5	35%
Chiropractic services	\$20 – Medicare-covered	35% – Medicare-covered

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Dental services	<p>\$40 – Medicare-covered</p> <p>\$0 – Preventive dental services:</p> <ul style="list-style-type: none"> • Oral exams & cleaning • X-rays and fluoride treatment <p>\$0 – 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>\$500 benefit allowance for preventive and comprehensive dental services every year for both in- and out-of-network</p>	<p>35% – Medicare-covered</p> <p>\$0 – Preventive dental services:</p> <ul style="list-style-type: none"> • Oral exams & cleaning • X-rays and fluoride treatment <p>\$0 – 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>\$500 benefit allowance for preventive and comprehensive dental services every year for both in- and out-of-network</p>
Diabetes self-management training, diabetic services, and supplies	<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 – Preferred brand Medicare-covered</p>	<p>35% – Diabetes self-management training</p> <p>35% – Medicare-covered diabetic devices and supplies</p> <p>\$0 – Preferred brand Medicare-covered Continuous Glucose Monitors (CGM) when obtained at a pharmacy</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
	<p>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 brand at a 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>35% – All other brands of Medicare-covered diabetes monitoring supplies when obtained at a pharmacy or any brand at a DME provider.</p> <p>Non-preferred brand Continuous Glucose Monitors (CGM) are covered only when deemed medically necessary and prior authorized.</p> <p>35% – Medicare-covered therapeutic custom-molded shoes or inserts</p>
Durable medical equipment (DME) and related supplies (PA)	20%	35%
Emergency care including Worldwide emergency coverage	<p>\$80</p> <p>\$0 – Blue KC virtual care</p>	\$80
Health and wellness education programs	<p>\$0 – Telehealth visit</p> <p>\$0 – Nutritional counseling</p> <p>\$0 – Participating fitness facilities and programs</p>	<p>35% – Nutritional counseling</p> <p>\$0 – Participating fitness facilities and programs</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
	\$0– Blue KC Virtual Care services	
Hearing services	<p>\$40 – Medicare-covered exam to diagnose and treat hearing and balance issues</p> <p>\$0 – Routine hearing exam (up to 1 visit(s) every year)</p> <p>\$0 – Fitting and evaluation for hearing aid (up to 12 months after purchase)</p> <p>\$0 – Hearing aid (up to 2 hearing aids every year)</p> <p>\$500 benefit allowance for one hearing aid, per ear, per year.</p> <p>Benefit must be accessed through the plan’s partner.</p>	<p>35% – Medicare-covered exam to diagnose and treat hearing and balance issues</p> <p>\$0 – Routine hearing exam (up to 1 visit(s) every year)</p> <p>\$0 – Fitting and evaluation for hearing aid (up to 12 months after purchase)</p> <p>\$0 – Hearing aid (up to 2 hearing aids every year)</p> <p>\$500 benefit allowance for one hearing aid, per ear, per year.</p> <p>Benefit must be accessed through the plan’s partner.</p>
Help with Certain Chronic Conditions	<p>\$0 copay for eligible supplemental physical therapy and musculoskeletal support services.</p> <p>Benefit must be accessed through the plan’s partner.</p>	<p>\$0 copay for eligible supplemental physical therapy and musculoskeletal support services.</p> <p>Benefit must be accessed through the plan’s partner.</p>
Home health agency care (PA)	\$0	\$0
Home infusion therapy (PA)	20%	20%
Immunizations	\$0 – Medicare-covered	35% – Medicare-covered

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Inpatient hospital care (PA) - Per admission	\$250 per day, days 1-6, \$0 per day, days 7 & beyond	\$250 per day, days 1-6, \$0 per day, days 7-90
Inpatient mental health (PA) - Per admission	\$200 per day, days 1-7, \$0 per day, days 8-90	35% per day, days 1-90
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 \$40 – Treatment program services	35% – Treatment program services
Outpatient diagnostic tests and therapeutic services and supplies (PA)	\$0 – Diagnostic tests and procedures \$0 – Lab services \$0 – X-rays \$300 – Diagnostic Radiology Services (such as MRI, CAT Scan) 20% – Therapeutic radiology services (such as radiation treatment for cancer)	35% – Diagnostic tests and procedures 35% – Lab services 35% – X-rays 35% – Diagnostic Radiology Services (such as MRI, CAT Scan) 35% – Therapeutic radiology services (such as radiation treatment for cancer)
Outpatient hospital services (PA)	\$300 – Observation 20% – Outpatient hospital services \$300 – Outpatient surgery	\$300 – Observation 35% – Outpatient hospital services \$300 – Outpatient surgery

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Outpatient mental health care (Individual and Group)	\$0 – Telehealth visit \$40 – Medicare-covered therapy visit	35% – Medicare-covered therapy visit
Outpatient rehabilitation services	\$0 – Telehealth visit \$40 – Medicare-covered physical therapy and/or speech and language pathology visit \$40 – Medicare-covered occupational therapy	35% – Medicare-covered physical therapy and/or speech and language pathology visit 35% - Medicare-covered occupational therapy
Outpatient substance abuse services (Individual and Group)	\$0 – Telehealth visit \$40 – Medicare-covered substance abuse services	35% – Medicare-covered substance abuse services
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers	20% – minor procedures when obtained in an outpatient hospital location \$300 – surgical services when obtained in an outpatient hospital location \$300 – surgical services or minor procedures when obtained in an Ambulatory Surgical Center	35% – minor procedures when obtained in an outpatient hospital location \$300 – surgical services when obtained in an outpatient hospital location \$300 – surgical services or minor procedures when obtained in an Ambulatory Surgical Center
Partial hospitalization services and Intensive outpatient services (PA)	\$40	35%

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Physician/practitioner services, including doctor's office visits	\$0 – Telehealth visit \$0 – Primary care physician visit or other health care clinician in a primary care office \$40 – Specialist visit or other health care clinician in a specialist office	35% – Primary care physician visit or other health care clinician in a primary care office 35% – Specialist visit or other health care clinician in a specialist office
Podiatry services	\$40	35%
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).	35% – All Medicare-covered preventive services See Chapter 4 Medical Benefits Chart in your Evidence of Coverage (EOC).
Prosthetic devices and related supplies (PA)	20%	35%
Pulmonary rehabilitation services	\$5	35%
Services to treat kidney disease	\$0 – Telehealth visit \$0 – Kidney Disease Education 0% – Renal dialysis	35% – Kidney Disease Education 35% – Renal dialysis
Skilled Nursing Facility (SNF) care (PA)	\$0 per day, days 1-20, \$184 per day, days 21-100	35% per day, days 1-100
Special Supplemental Benefits for the Chronically Ill – 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.

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
Supervised Exercise Therapy (SET)	\$5	35%
Urgently needed services including Worldwide urgent coverage	\$40 \$0 – Blue KC virtual care	\$40
Vision care	<p>\$40 – Diabetic eye exam and glaucoma screening</p> <p>\$40 – 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>\$0 – Eyewear (lens and frames or contact lenses) every year</p> <p>Our plan pays up to \$150 every year for eyewear (lens and frames or contact lenses) for both in and out-of-network services.</p>	<p>35% – 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>35% – Routine eye exam (up to 1 visit every year)</p> <p>\$0 – Eyewear (lens and frames or contact lenses) every</p> <p>Our plan pays up to \$150 every year for eyewear (lens and frames or contact lenses) for both in and out-of-network services.</p>

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)	\$2	\$4	\$0
Tier 2 (Generic)	\$6	\$12	\$18
Tier 3 (Preferred Brand)	\$47	\$94	\$141
Covered Insulin	\$35	\$70	\$105
Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300
Tier 5 (Specialty Tier)	33% coinsurance	Not Applicable	Not Applicable

Standard Mail Order

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$2	\$4	\$0
Tier 2 (Generic)	\$6	\$12	\$18
Tier 3 (Preferred Brand)	\$47	\$94	\$141
Covered Insulin	\$35	\$70	\$105
Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300
Tier 5 (Specialty Tier)	33% coinsurance	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 (medicarebluekc.com/wjc-retiree/) for complete information about your costs for covered drugs.</p>						
<p>Coverage Gap</p>	<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 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.</p> <p>Our plan covers Tier 1 Preferred Generic and Tier 2 Generic in the coverage gap.</p> <p>Standard Retail Cost-Sharing</p> <table border="1" data-bbox="404 1194 1552 1386"> <thead> <tr> <th>Tier</th> <th>One-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$2 copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$6 copay</td> </tr> </tbody> </table> <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>	Tier	One-month supply	Tier 1 (Preferred Generic)	\$2 copay	Tier 2 (Generic)	\$6 copay
Tier	One-month supply						
Tier 1 (Preferred Generic)	\$2 copay						
Tier 2 (Generic)	\$6 copay						
<p>Catastrophic Amount</p>	<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. 						

William Jewell PPO is a Local PPO plan with a Medicare contract. Enrollment in **William Jewell 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 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

William Jewell College retirees need to make important decisions about 2024 Medicare Advantage coverage. To assist you in making elections, eligible William Jewell College retirees may:

1. Attend a retiree benefits information session OR
2. Contact your Blue KC Benefits Specialist at 816-395-2916 to schedule a personalized meeting

If you have questions about your plan options, call your Blue KC Benefits Specialist at 816-395-2916, 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 SILVER Sneakers 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 816-395-2916 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.

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