Blue Medicare Advantage Essential (PPO)
Blue Medicare Advantage Access (PPO)

2020 Summary of Benefits

H6502, Plan 002 and Plan 001

This is a summary of drug and health services covered by Blue Medicare Advantage (PPO) January 1, 2020 – December 31, 2020.

Blue Cross and Blue Shield of Kansas City's Blue Medicare Advantage is a PPO with a Medicare contract. Enrollment in Blue Medicare Advantage depends on contract renewal.

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, please request the "Evidence of Coverage."

To join Blue Medicare Advantage (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. The Blue Medicare Advantage Essential (PPO) service area includes the counties of Buchanan, Cass, Clay, Clinton, Jackson, Lafayette, Platte and Ray in Missouri and Johnson and Wyandotte in Kansas.

The Blue Medicare Advantage Access (PPO) service area includes Cass, Clay, Clinton, Jackson, Lafayette, Platte and Ray in Missouri and Johnson and Wyandotte in Kansas.

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.

This information is not a complete description of benefits. Call 1-844-574-5279 (TTY: 711) for more information.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-844-574-5279 (TTY: 711).

BLUE MEDICARE
ADVANTAGE

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Summary of Benefits

January 1, 2020 - December 31, 2020

Tips for comparing your Medicare choices:

This Summary of Benefits booklet gives you a summary of what Blue Medicare Advantage Essential (PPO) and Blue Medicare Advantage Access (PPO) covers and what you pay.

- If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on **http://www.medicare.gov**.
- 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 **http://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.

What drugs do we cover?

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan Formulary (list of Part D prescription drugs) and any restrictions on our website, www.MedicareBlueKC.com.
- Or, call us and we will send you a copy of the Formulary.

How will I determine my drug costs?

Our plans group each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier, day supply and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur: Initial Coverage, Coverage Gap and Catastrophic Coverage. If you have questions about the different benefit stages, please contact the Plan for more information or access the "Evidence of Coverage" on our website.

Hours of Operation

- You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central Time.
- 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 Medicare Advantage Essential and Access (PPO) Phone Numbers and Website:

- If you have questions, call toll-free **1-844-574-5279** (TTY: 711)
- Website: **http://www.MedicareBlueKC.com**

Premiums and Benefits	Blue Medicare Advantage Essential (PPO)		Blue Medicare Advantage Access (PPO)		What you should know
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Monthly Plan Premium	$0		$49		You must continue to pay your Medicare Part B premium.
Deductible	$1,000*		• $0	• $0	
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	• $3,300 in-network or • $5,100 (combined in-network and out-of-network maximum out-of-pocket amount)		• $5,500 in-network or • $10,000 (combined in-network and out-of-network maximum out-of-pocket amount)		The most you pay for copays, coinsurance and other costs for Medicare covered services for the year.
Inpatient Hospital Coverage	• $250 per day for days 1-4, • $0 copay per day for days 5-90, • $0 copay for additional days	• 35% coinsurance	• $285 per day for days 1-6, • $0 copay per day for days 7-90, • $0 copay for additional days	• 20% coinsurance	Our plan covers an unlimited number of days for an inpatient hospital stay. Authorization rules apply.
Outpatient Hospital Coverage • Surgery • Services	• $250 copay • 20% coinsurance	• 45% coinsurance • 45% coinsurance	• $285 copay • 20% coinsurance	• 20% coinsurance • 20% coinsurance	Outpatient Services include procedures such as Hyperbaric Oxygen treatment, transfusions, wound care, and IV therapy. Authorization rules apply.
Doctor Visits • Primary • Specialists • Podiatry Services	• $0 copay • $25 copay • $25 copay	• 45% coinsurance • 45% coinsurance • 45% coinsurance	• $0 copay • $35 copay • $40 copay	• 20% coinsurance • 20% coinsurance • 20% coinsurance	

* In-network Medicare Covered Services Subject to Deductible include: Inpatient Hospital, Partial Hospitalization, Home Health, Outpatient Hospital Surgery/Services, Observation Services, ASC, Outpatient Substance Abuse, Ambulance Dialysis Services. All Medicare Covered Out of Network Services are subject to the Deductible.

Premiums and Benefits	Blue Medicare Advantage Essential (PPO)		Blue Medicare Advantage Access (PPO)		What you should know
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Preventive Care	• $0 copay	• 45% coinsurance	• $0 copay	• 20% coinsurance	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	• $120 copay	• $120 copay	• $90 copay	• $90 copay	If you are admitted to the hospital within 24 hours, you do not have to pay your share of cost for emergency care. Emergency care is available worldwide.
Urgently Needed Services	• $50 copay	• $50 copay	• $40 copay	• $40 copay	Urgently needed services are available worldwide.
Diagnostic Services/Labs/ Imaging • Diagnostic radiology service (e.g., MRI)	• MRI (facility hospital) $180 copay • CT (hospital) $80 copay • MRI (provider office) $90 copay • CT (provider office) $40 copay • Diagnostic mammograms $0 copay • All other diagnostic radiological test $180	• 45% coinsurance • 45% coinsurance • 45% coinsurance • 45% coinsurance • 45% coinsurance • 45% coinsurance	• MRI (facility hospital) $180 copay • CT (hospital) $80 copay • MRI (provider office) $90 copay • CT (provider office) $40 copay • Diagnostic mammograms $0 copay • All other diagnostic radiological test $180	• 20% coinsurance • 20% coinsurance • 20% coinsurance • 20% coinsurance • 20% coinsurance • 20% coinsurance	Authorization rules may apply for certain outpatient diagnostic procedures or tests.
• Lab services	• $0 copay	• 45% coinsurance	• $0 copay	• 20% coinsurance	
• Diagnostic tests and procedures	• $0 copay	• 45% coinsurance	• $0 copay	• 20% coinsurance	
• Outpatient x-rays	• $5 copay	• 45% coinsurance	• $5 copay	• 20% coinsurance	

Premiums and Benefits	Blue Medicare Advantage Essential (PPO)		Blue Medicare Advantage Access (PPO)		What you should know
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Hearing Services • Diagnostic hearing exam to diagnose and treat hearing and balance issues – Medicare covered	• $25 copay	• 45% coinsurance	• $40 copay	• 20% coinsurance	
• Hearing exam (routine hearing exam)	• $0 copay (up to 1 every year)	• $45 copay (up to 1 every year)	• $0 copay (up to 1 every year)	• $40 copay (up to 1 every year)	Routine hearing exam and hearing aids offered through TruHearing™ providers only.
• Hearing aid	• $699-$999 copay for each hearing aid, one per ear per year (Advanced or Premium only)	• $699-$999 copay for each hearing aid, one per ear per year (Advanced or Premium only)	• $399-$699 copay for each hearing aid, one per ear per year (Advanced or Premium only)	• $399-$699 copay for each hearing aid, one per ear per year (Advanced or Premium only)	
Dental Services • Preventive and non-Medicare covered comprehensive	• $750 annual benefit allowance • Combined for preventive dental services and non-Medicare covered comprehensive dental service • Allowance is combined In and Out of Network • $0 copay for Medicare- covered comprehensive dental services		• $750 annual benefit allowance • Combined for preventive dental services and non-Medicare covered comprehensive dental service • Allowance is combined In and Out of Network • $0 copay for Medicare- covered comprehensive dental services		Must use a provider through DentaQuest for in-network Benefits.

Premiums and Benefits	Blue Medicare Advantage Essential (PPO)		Blue Medicare Advantage Access (PPO)		What you should know
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Vision Services • Exam to diagnose and treat diseases and conditions of the eye	• $25 copay	• 45% coinsurance	• $40 copay	• 20% coinsurance	Routine vision through EyeMed Insight Network providers only.
• Eyeglasses or contact lenses after cataract surgery (Medicare-covered)	• $0 copay	• 45% coinsurance	• $0 copay	• 20% coinsurance	
• Routine vision	• $0 copay up to 1 routine eye exam every year	• 50% coinsurance for up to 1 routine eye exam every year	• $0 copay up to 1 routine eye exam every year	• 50% coinsurance for up to 1 routine eye exam every year	
• Eyeglasses (frames and lenses) or contact lenses	• $350 allowance for contact lenses and/or eyeglasses (lenses and frames) every year • Allowance is combined In and Out of Network • Must use an EyeMed Insight Network Provider for In-Network Benefits • Contact Lens Fit and Follow-up is not a covered service		• $300 allowance for contact lenses and/or eyeglasses (lenses and frames) every year • Allowance is combined In and Out of Network • Must use an EyeMed Insight Network Provider for In-Network Benefits • Contact Lens Fit and Follow-up is not a covered service		
• Diabetic Eye Exam	• $0 copay	• 45% coinsurance	• $0 copay	• 20% coinsurance	
Mental Health Services • Inpatient Visit	• $260 copay per day for days 1-4; You pay nothing per day for days 5-90; you pay nothing per day for days 91 and beyond	• 35% coinsurance	• $310 copay per day for days 1-5; You pay nothing per day for days 6-90; You pay nothing per day for days 91 and beyond	• 20% coinsurance	Authorization rules may apply for Mental Health services.
• Outpatient Group Therapy Visit	• $25 copay	• 45% coinsurance	• $40 copay	• 20% coinsurance	
• Outpatient Individual Therapy Visit	• $25 copay	• 45% coinsurance	• $40 copay	• 20% coinsurance	

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<tr><th rowspan="2">Premiums and Benefits</th><th colspan="2">Blue Medicare Advantage Essential (PPO)</th><th colspan="2">Blue Medicare Advantage Access (PPO)</th><th rowspan="2">What you should know</th></tr>
<tr><th>In-Network</th><th>Out-of-Network</th><th>In-Network</th><th>Out-of-Network</th></tr>
<tr><td>Skilled Nursing Facility</td><td>Our plan covers up to 100 days in a Skilled Nursing Facility:
• You pay nothing per day for days 1 through 20
• $178 copay per day for days 21 through 100</td><td>• 45% coinsurance</td><td>Our plan covers up to 100 days in a Skilled Nursing Facility:
• You pay nothing per day for days 1 through 20
• $178 copay per day for days 21 through 100</td><td>• 5% coinsurance</td><td>No inpatient hospital stay is required prior to Skilled Nursing Facility admission. Copayments are applied per day, per stay. Authorization rules may apply for Skilled Nursing Facility services.</td></tr>
<tr><td>Physical Therapy</td><td>• $25 copay</td><td>• 45% coinsurance</td><td>• $40 copay</td><td>• 20% coinsurance</td><td></td></tr>
<tr><td>Ambulance</td><td>• $270 copay</td><td>• $270 copay</td><td>• $290 copay</td><td>• $290 copay</td><td>Authorization rules may apply to Ambulance services.</td></tr>
<tr><td>Transportation</td><td colspan="2">• $0 copay
• 12 one-way trips per year (transportation offered through ALC Solutions)
• These trips are limited to ground transportation only to destinations within 50 miles of pick-up to or from plan approved locations within the plan service area (for example, medical appointments).</td><td colspan="2">• $0 copay
• 12 one-way trips per year (transportation offered through ALC Solutions)
• These trips are limited to ground transportation only to destinations within 50 miles of pick-up to or from plan approved locations within the plan service area (for example, medical appointments).</td><td>Non-emergency medical transportation only.</td></tr>
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Prescription Drug Benefits								
	Blue Medicare Advantage Essential (PPO)				Blue Medicare Advantage Access (PPO)			
Medicare Part B Drugs	• For Part B drugs such as chemotherapy drugs: 20% coinsurance • Other Part B drugs: 20% coinsurance • Prior-authorization may be required for some Part B drugs							
Deductible	• These plans do not have a deductible.							
Initial Coverage	• You pay the following until your total yearly drug costs reach $4,020. • Total yearly drug costs are the total drug costs paid by both you and our Part D plan. • You may get your drugs at network retail pharmacies and mail order pharmacies.							
	Retail Cost-Sharing				**Retail Cost-Sharing**			
	Tier	**30-Day Supply**	**60-Day Supply**	**90-Day Supply**	**Tier**	**30-Day Supply**	**60-Day Supply**	**90-Day Supply**
	Tier 1 (Preferred Generic)	$3 copay	$6 copay	$0 copay	**Tier 1 (Preferred Generic)**	$3 copay	$6 copay	$0 copay
	Tier 2 (Generic)	$15 copay	$30 copay	$0 copay	**Tier 2 (Generic)**	$12 copay	$24 copay	$0 copay
	Tier 3 (Preferred Brands)	$47 copay	$94 copay	$141 copay	**Tier 3 (Preferred Brands)**	$47 copay	$94 copay	$141 copay
	Tier 4 (Non-Preferred Brand)	$100 copay	$200 copay	$300 copay	**Tier 4 (Non-Preferred Brand)**	$100 copay	$200 copay	$300 copay
	Tier 5 (Specialty Tier)	33% coinsurance	Not offered	Not offered	**Tier 5 (Specialty Tier)**	33% coinsurance	Not offered	Not offered

Mail Order Cost-Sharing				Mail Order Cost-Sharing			
Tier	30-Day Supply	60-Day Supply	90-Day Supply	Tier	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	Not offered	Not offered	$0 copay	Tier 1 (Preferred Generic)	Not offered	Not offered	$0 copay
Tier 2 (Generic)	Not offered	Not offered	$0 copay	Tier 2 (Generic)	Not offered	Not offered	$0 copay
Tier 3 (Preferred Brands)	Not offered	Not offered	$117.50 copay	Tier 3 (Preferred Brands)	Not offered	Not offered	$117.50 copay
Tier 4 (Non-Preferred Brand)	Not offered	Not offered	$250 copay	Tier 4 (Non-Preferred Brand)	Not offered	Not offered	$250 copay
Tier 5 (Specialty Tier)	33% coinsurance	Not offered	Not offered	Tier 5 (Specialty Tier)	33% coinsurance	Not offered	Not offered

If you reside in a long-term care facility, you pay the same amount as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

Coverage Gap	Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $4,020. After you enter the coverage gap, you pay 25% coinsurance for covered brand name drugs and 25% coinsurance for covered generic drugs until your out-of-pocket costs total $6,350, which is the end of the coverage gap. Not everyone will enter the coverage gap.
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $6,350, you pay the greater of: • 5% coinsurance, or • $3.60 copay for generic (including brand drugs treated as generic) and a $8.95 copay for all other drugs.

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 http://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.

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