

High Deductible - KANSAS PPO BENEFIT SCHEDULE

Blue Value Kansas N20PBK	Dependent Limiting Age: 26
Preexisting Condition Exclusion Period: Not applicable	

Covered Services	PREFERRED PROVIDER Copayment, Deductible, Coinsurance and limitations	NON-PREFERRED PROVIDER Deductible, Coinsurance and limitations
Calendar Year Deductible (Individual/Family)	\$6,500/\$13,000	\$13,000/\$26,000
Out-of-Pocket Maximum (Individual/Family) <i>Includes deductible, coinsurance, copays</i>	\$6,500/\$13,000	\$14,000/\$28,000
Physician Services	Deductible	Deductible then 30% Coinsurance
Lab Services	Deductible	Deductible then 30% Coinsurance
X-ray and other Radiology Procedures*	Deductible	Deductible then 30% Coinsurance
Routine Preventive Care (See the Routine Preventive Care Benefit under the Covered Services Section for a description of Routine Preventive Services for which you have Benefits)	Covered at 100%	Deductible then 30% Coinsurance
Diagnostic and Routine Preventive Mammograms, Pap Smears and PSA tests	Covered at 100%	Deductible then 30% Coinsurance
Emergency Services	Deductible	Deductible
Urgent Care	Deductible	Deductible then 30% Coinsurance
Ambulance	Deductible	Deductible
Inpatient Hospital Services**	Deductible	Deductible then 30% Coinsurance*
Outpatient Services in Hospital or other Outpatient Facility**	Deductible	Deductible then 30% Coinsurance*
Durable Medical Equipment**	Deductible	Deductible then 30% Coinsurance
Formula and Food Products for Phenylketonuria	Deductible	Deductible then 30% Coinsurance but never greater than 50% of the cost of the formula or food product <i>\$5,000 Calendar Year Maximum</i>
Home Health Services**	Deductible	Deductible then 30% Coinsurance <i>60 visit Calendar Year Maximum</i>
Skilled Nursing Facility**	Deductible	Deductible then 30% Coinsurance <i>30 day Calendar Year Maximum</i>
Outpatient Therapy (Speech, Hearing, Physical, Occupational, and Skeletal Manipulations)**	Deductible	Deductible then 30% Coinsurance <i>Physical, Occupational and Skeletal Manipulations: 60 visit Calendar Year Maximum Speech and Hearing: 20 visit Calendar Year Maximum</i>
Inpatient Mental Illness & Substance Abuse**	Deductible	Deductible then 30% Coinsurance*
Outpatient Mental Illness & Substance Abuse**	Deductible	Deductible then 30% Coinsurance*
Organ Transplant**	Deductible	Deductible then 30% Coinsurance
Contraceptive devices, implants, and Injections for Women and Elective Sterilization for Women and Men	Covered at 100%	Not Covered

**High Deductible - KANSAS
PPO BENEFIT SCHEDULE**

Covered Services		PREFERRED PROVIDER	NON-PREFERRED PROVIDER
		Copayment, Deductible, Coinsurance and limitations	Deductible, Coinsurance and limitations
Outpatient Prescription Drugs** Includes oral and injectable contraceptives, and contraceptive devices and implants		Covered. Not subject to a Calendar Year Maximum.	
Short-Term Supply	Tier 1	\$20 Copayment/contraceptives covered at 100%	Deductible then 50% Coinsurance
	Tier 2	Deductible	Deductible then 50% Coinsurance
	Tier 3	Deductible	Deductible then 50% Coinsurance
Long-Term Supply	Tier 1	\$50 Copayment/contraceptives covered at 100%	Deductible then 50% Coinsurance
	Tier 2	Deductible	Deductible then 50% Coinsurance
	Tier 3	Deductible	Deductible then 50% Coinsurance
All other Covered Services		Deductible	Deductible then 30% Coinsurance
Lifetime Maximum		Unlimited	

* Diagnostic services performed at a Non-Participating Imaging Center inside Our Service Area are limited to \$200 per day. Inpatient hospital services in a Non-Participating Provider Hospital inside Our Service Area are limited to a \$200 maximum per day. Outpatient Services at a Non-Participating Provider Hospital or at a Non-Participating Provider outpatient facility inside Our Service Area are limited to \$200 per day.

**Prior Authorization will be required for elective inpatient admissions, durable medical equipment (DME), high-tech diagnostic testing, infusion therapy and self injectables, organ and tissue transplants, some outpatient surgeries and services, hearing therapy, prosthetics and appliances, mental health and substance abuse, some outpatient prescriptions, skilled nursing facility, dental implants and bone grafts. This list of services is subject to change. Please refer to your contract for the current list of services, which require Prior Authorization.

The Covered Services described in the Benefit Schedule are subject to the conditions, limitations and exclusions of the Contract.

Maternity – Covered

Discrimination is Against the Law

Blue KC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue KC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue KC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service, 844-395-7126 (Toll free), languagehelp@bluekc.com.

If you believe that Blue KC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Appeals Department, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, APPEALS@bluekc.com. You can file a grievance in person or by mail, or email. If you need help filing a grievance, the Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you, or someone you're helping, has questions about Blue KC, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-395-7126.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-395-7126.

Chinese: 如果您, 或是您正在協助的對象, 有關於 Blue KC方面的問題, 您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員, 請撥電話1-844-395-7126。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-395-7126.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-395-7126 an.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 [Blue KC]에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-395-7126 로 전화하십시오.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue KC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-844-395-7126.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue KC ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل بـ. 1-844-395-7126.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue KC, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-844-395-7126.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue KC, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-395-7126.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue KC, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-395-7126.

Laotian: ຖ້າ ທ່ານ, ຫຼື ຄົນ ທ່ານ ກຳລັງ ຊ່ວຍ ຫຼື ອ, ມີ ຄຳ ຖາມ ກ່ຽວ ກັບ Blue KC, ທ່ານ ມີ ສິດ ທີ່ ຈະ ໄດ້ ຮັບ ການ ຊ່ວຍ ຫຼື ອະ ດີ ມູ ນ ຂໍ ຈາກ ສາ ນ ທ່ານ ບໍ່ ມີ ພາ ສາ ຂອງ ທ່ານ ບໍ່ ມີ ຄ່າ ຈ້ ລ າ ຍ. ການ ໂອ້ ນົມ ກັບ ນາ ຍ ພາ ສາ, ໃຫ້ ໂທ ຫາ 1-844-395-7126.

Pennsylvanian Dutch: Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kansch du 1-844-395-7126 uffrufe.

Persian:

اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue KC ، داشته باشید حق این را دارید که کمک اطلاعات به زبان خود را به طور رایگان دریافت نمایید 1-844-395-7126. تماس حاصل نمایید.

Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-844-395-7126 tiin bilbilaa.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-395-7126.

For TTY services, please call 1-816-842-5607.



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