



An independent licensee of the Blue Cross and Blue Shield Association

University of Central Missouri

Health Benefit Plan Summary

This Benefit Summary provides only highlights of the services covered by Blue Cross and Blue Shield of Kansas City (Blue KC). For Additional details, refer to your member contract available at BlueKC.com.

	Level 1 Employer Designated Network	Level 2 BlueSelect Plus Network
Plan Type	An Exclusive Provider Organization (EPO)	
Plan Description <i>(Visit our website at www.BlueKC.com to receive a complete listing of network hospitals and physicians)</i>	Members must receive all care from in-network preferred providers except for emergency services. Non-emergency services received out-of-network will not be covered.	
Deductible	Network: \$500 individual/ \$1,000 family	Network: \$1,000 individual/ \$2,000 family
Coinsurance¹	Network: 80%	Network: 80%
Out-of-Pocket Maximum² <i>Applies to all Medical & Rx Cost Sharing</i>	Network: \$3,000 individual/ \$6,000 family	Network: \$4,000 individual/ \$8,000 family
Physician Office Visits³	PCP: \$0 copay (office visit only) Specialists: \$60 copay (office visit only)	PCP: \$30 copay (office visit only) Specialists: \$60 copay (office visit only)
Chiropractic Services¹	Network: \$60 copay (office visit only)	Network: \$60 copay (office visit only)
Lab Performed in a Physician's Office/Independent Lab/Urgent Care Facility	Network: No copay	Network: No copay
Lab Performed in a Hospital/Outpatient Facility	Network: Deductible then coinsurance	Network: Deductible then coinsurance
X-ray and Other Radiology Procedures⁴	Network: Deductible then coinsurance	Network: Deductible then coinsurance
Routine Preventive Care	Network Routine Services: 100% Office Visit/Wellness Exam: 100% <i>Unlimited calendar year maximum</i>	Network Routine Services: 100% Office Visit/Wellness Exam: 100% <i>Unlimited calendar year maximum</i>
Mammograms, Pap Smears and PSA tests	Network Services: 100% Office Visit: 100%	Network Services: 100% Office Visit: 100%
Routine Vision Care	Not Covered	Not Covered

¹ Portion of covered charges paid by Blue KC after you satisfy your deductible and required copayments.

² Total of deductible, coinsurance and copays members pay each year toward covered charges before Blue KC pays 100% of benefits.

³ PCP's are defined as general practitioners, family practitioners, internists and pediatricians. Specialists are defined as all other physicians including urgent care. Other services/procedures not specified on this benefit schedule that are performed in a physician's office/urgent care are subject to applicable Deductible and Coinsurance.

⁴ Diagnostic services performed at a Non-Participating Imaging Center inside the Blue KC Service Area are limited to \$200 per day. Inpatient hospital services in a Non-Participating Hospital inside the Blue KC service area are limited to \$200 maximum per day. Outpatient services at a Non-Participating Provider Hospital or at a Non-Participating Provider outpatient facility (including an ambulatory surgical center) inside the Blue KC service area are limited to \$200 per day.

	Level 1 Employer Designated Network	Level 2 BlueSelect Plus Network
Childhood Immunizations	Network Services: 100% Office Visit: 100%	Network Services: 100% Office Visit: 100%
Inpatient Hospital Services/Outpatient Surgery^{4,i}	Deductible then coinsurance	Deductible then coinsurance ⁱ
Inpatient Mental Illness/Substance Abuse^{4,i}	Deductible then coinsurance ⁱ <i>Prior authorization required from New Directions</i>	Deductible then coinsurance ⁱ <i>Prior authorization required from New Directions</i>
Outpatient Mental Illness/Substance Abuse	Network: Office Visit: \$0 copay Therapy/Other Services (including partial hospitalization): Deductible then coinsurance ⁱ	Network: Office Visit: \$30 copay Therapy/Other Services (including partial hospitalization): Deductible then coinsurance ⁱ
Emergency Room <i>(Copay waived if admitted to a hospital)</i>	\$200 copay then Deductible then 80% (in-network coinsurance)	\$200 copay then Deductible then 80% (in-network coinsurance)
Urgent Care³	Network: \$60 copay (office visit and lab only)	Network: \$60 copay (office visit and lab only)
Ambulance	Deductible then 80% (in-network coinsurance)	Deductible then 80% (in-network coinsurance)
Skilled Nursing Facilityⁱ	Deductible then coinsurance 30 day calendar year maximum	Deductible then coinsurance 30 day calendar year maximum
Durable Medical Equipmentⁱ	Deductible then coinsurance	Deductible then coinsurance
Allergy Testing, Treatment, Injections	Deductible then coinsurance	Deductible then coinsurance
Home Health Servicesⁱ	Deductible then coinsurance 60 visit calendar year maximum	Deductible then coinsurance 60 visit calendar year maximum
Inpatient Hospice Facilityⁱ	Deductible then coinsurance 14 day lifetime maximum	Deductible then coinsurance 14 day lifetime maximum
Outpatient Therapyⁱ <i>(Speech, Hearing, Physical and Occupational)</i>	Deductible then coinsurance Physical and Occupational: Combined 60 visit calendar year maximum Speech and Hearing: 20 visit calendar year maximum	Deductible then coinsurance Physical and Occupational: Combined 60 visit calendar year maximum Speech and Hearing: 20 visit calendar year maximum
Contraceptive Devices, Implants, Injections and Elective Sterilization for Women	Network: Covered at 100%	Network: Covered at 100%
Prescription Drugsⁱ Retail – up to 34 day supply	Network: \$10 copay for Tier 1 drug/contraceptives covered at 100%; \$50 for Tier 2 brand drug; \$75 for Tier 3 brand drug	Network: \$10 copay for Tier 1 drug/contraceptives covered at 100%; \$50 for Tier 2 brand drug; \$75 for Tier 3 brand drug
Prescription Drugs: Mail order drug program – up to 102 day supply	Network: \$20 copay for Tier 1 drug/contraceptives covered at 100%; \$100 for Tier 2 brand drug; \$150 for Tier 3 brand drug	Network: \$20 copay for Tier 1 drug/contraceptives covered at 100%; \$100 for Tier 2 brand drug; \$150 for Tier 3 brand drug
Notice of Religious Rights	Your coverage does include elective pregnancy termination coverage. An enrollee who is a member of a group health plan with coverage for elective abortions has the right to exclude and not pay for coverage for elective abortions if such coverage is contrary to his or her moral, ethical, or religious beliefs. Please call Customer Service to exclude coverage.	

	Level 1 Employer Designated Network	Level 2 BlueSelect Plus Network
Prior Authorization Penaltyⁱ	Prior authorization is the responsibility of the network provider.	
Late Enrollees	For employees or dependents applying after the eligibility period and not within a special enrollment period, coverage will become effective only on the group's anniversary date.	
Detailed Benefit Information Exclusions and Limitations	Call a Customer Service Representative or consult your booklet/certificate. The certificate will govern in all cases.	
Customer Service	Local: 816-395-2270 Toll Free: 800-654-0155 Online: BlueKC.com	
Blue KC-24 hour nurse line	877-852-5422, available 24/7	

ⁱ 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 chemical dependency, some outpatient prescriptions, skilled nursing facility, inpatient hospice facility, dental implants and bone grafts, and chiropractic services received from a non-network chiropractor. This list of services is subject to change. Please refer to your contract for the current list of services, which require Prior Authorization.

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

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

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.

