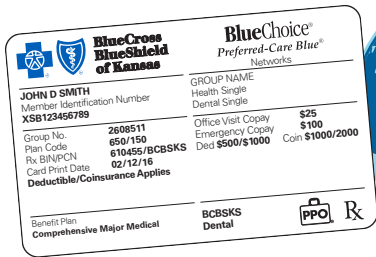


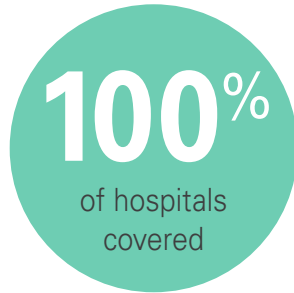
Blue Cross and Blue Shield of Kansas

The largest provider network in Kansas

Across the state, we've got you covered. And it's not just in Kansas. Your membership card allows you to take your benefits across the country and around the world.



In Kansas, these are the impressive numbers:



Blue Cross and Blue Shield of Kansas serves all counties in Kansas except Johnson and Wyandotte.

Exclusions

Following is a list of common non-covered services. For a complete list of limitations and exclusions, refer to your contract.

Duplicate benefits provided under federal, state or local laws, regulations or programs except Medicaid; services involving cosmetic or reconstructive surgery (except as stated in the contract); charges for personal items; convalescent or custodial care or rest care; all keratotomy procedures; blood or payments to donors of blood; any service or supply related to the medical management of obesity, except services covered as preventive health benefits; services related to the reversal of sterilization procedures; any medically-aided insemination procedure; charges for services by immediate relatives or by members of the household; acupuncture and admission for acupuncture; medically unnecessary services and admissions; services covered and payable under any medical expense payment provision of any automobile insurance policy; mental illness or substance use disorder services provided by a non-eligible provider; services, supplies or treatments not specifically listed as covered in the member's contract.

Drug coverage limitation: Generic drugs are mandatory if available unless physician prescribes a brand drug.

Specialty drug coverage: In-network benefits are applied when specialty drugs are obtained from Prime Specialty Pharmacy.

This brochure provides a brief description of some important features and exclusions of this benefit program. It is not a legal document. The contract sets forth in detail the rights and obligations of both you and Blue Cross and Blue Shield of Kansas.

Getting the most out of your health care dollars

Our dominant network size provides members access to discounted fees with all participating doctors and hospitals – and that means savings for you. These discounted fees are automatically accepted by contracting providers as payment-in-full.

Long-standing commitment to Kansas and Kansans

We've built a company serving generations of Kansans. It's why we're motivated to providing peace of mind and a better quality of life to our members.



General	In-Network	Out-of-Network
Deductible	\$3,800 per person / \$7,600 family	\$6,000 per person / \$12,000 family
Coinsurance (percentage paid by member)	20%	50%
Coinsurance maximum	Same as the annual out-of-pocket max	\$5,000 per person / \$10,000 family
Annual out-of-pocket maximum	\$7,150 per person / \$14,300 family	\$11,000 per person / \$22,000 family
Doctor's office visits		
Home and office visits - Primary	\$35 copay per visit	Deductible then 50% coinsurance
Home and office visits - Specialists	\$70 copay per visit	Deductible then 50% coinsurance
Preventive care	\$0 – Preventive is without cost share	Deductible then 50% coinsurance
Prescription drug coverage		
Prescription drugs	\$15 generic / \$50 brand / \$75 non-formulary / \$150 specialty; 20% coinsurance up to \$250 max for specialty non-formulary	Deductible then 50% coinsurance
Mail order drugs	\$37.50 generic / \$125 brand / \$187.50 non-formulary / \$375 compound (3 month supply) Specialty drugs are not covered	Deductible then 50% coinsurance Specialty drugs are not covered
Medical services		
Emergency medical transportation	Deductible then 20% coinsurance	Deductible then 20% coinsurance
Inpatient surgery physician/surgical	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Inpatient facility fee	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Outpatient surgery physician/surgical	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Outpatient lab and radiology	\$300 paid at 100% then subject to deductible, then 20% coinsurance	Deductible then 50% coinsurance
Advanced imaging (CT/PET scans, MRIs)	\$300 paid at 100% then subject to deductible, then 20% coinsurance	Deductible then 50% coinsurance
Emergency Room	Deductible then 20% coinsurance	Deductible then 20% coinsurance
Injections	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Dental and Vision		
Pediatric dental (for ages 0-19)	Cleanings and periodic evaluations covered at 100% – other services: Deductible then 20% coinsurance	Cleanings and periodic evaluations covered at 100% – other services: Deductible then 50% coinsurance
Pediatric vision (for ages 0-19)	Eye exams subject to office visit – specialist benefits, all other services deductible then 20% coinsurance	Deductible then 50% coinsurance
Recovery/Special Needs		
Outpatient rehabilitation	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Outpatient habilitation	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Hospice	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Home health care	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Mental Illness/Substance Use Disorders		
Mental illness/substance use disorders – inpatient services Requires pre-admission certification from New Directions Behavioral Health at 1-800-952-5906	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Mental illness/substance use disorders – outpatient services	\$35 copay per visit	Deductible then 50% coinsurance
Other		
Lifetime maximum	Unlimited for each covered person	Unlimited for each covered person
Eligible dependents	Covered to age 26	Covered to age 26
HSA compliant	No	No