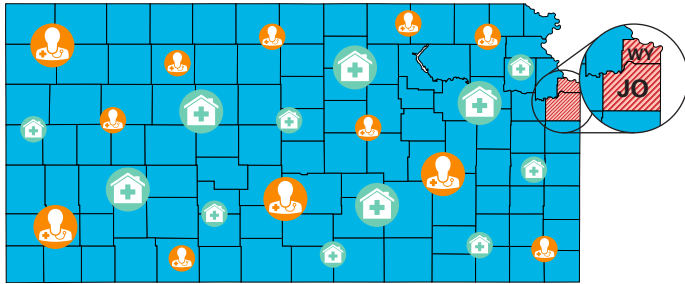


BlueCross BlueShield Kansas Solutions

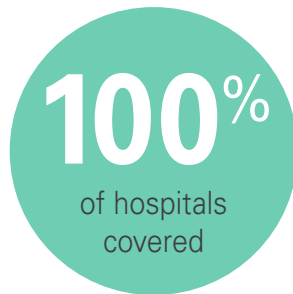
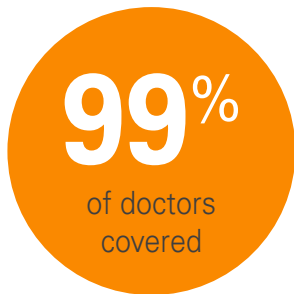
Access to your benefits

The BlueCross BlueShield Kansas Solutions network has you covered throughout our 103-county coverage area within the state of Kansas.



 *Johnson and Wyandotte counties are not included in the Solutions coverage area.*

These are the impressive numbers:



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 you, BlueCross BlueShield Kansas Solutions, and/or Blue Cross and Blue Shield of Kansas.

You have choices

The Solutions network allows you access to your choice of:

- Medical providers
- Preventive care providers
- Pharmacy locations

No referrals

See the doctor you prefer without having to see a primary care physician (PCP) first. And there are no referrals required if you need to see a specialist.

Emergency coverage

For true emergency situations, you still have emergency room benefits. This applies wherever you are in the country – even if you're outside of the Solutions provider network.



General	In-Network	Out-of-Network
Deductible	\$1,500 per person / \$3,000 family	Out-of-Network services are not available, except services for medical emergencies and covered services not available in-network.
Coinsurance (percentage paid by member)	20%	
Coinsurance maximum	Same as the annual out-of-pocket max	
Annual out-of-pocket maximum	\$4,500 per person / \$9,000 family	
Doctor's office visits		
Home and office visits - Primary	\$25 copay for 5 visits, then subject to deductible and 20% coinsurance	
Home and office visits - Specialists	\$50 copay per visit	
Preventive care	\$0 – Preventive is without cost share	
Prescription drug coverage		
Prescription drugs	\$15 generic / \$50 brand / \$75 non-formulary / \$150 specialty; 20% coinsurance up to \$250 max for specialty non-formulary	
Mail order drugs	\$37.50 generic / \$125 brand / \$187.50 non-formulary / \$375 compound (3 month supply) 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	
Inpatient facility fee	Deductible then 20% coinsurance	
Outpatient surgery physician/surgical	Deductible then 20% coinsurance	
Outpatient lab and radiology	Deductible then 20% coinsurance	
Advanced imaging (CT/PET scans, MRIs)	Deductible then 20% coinsurance	
Emergency Room	\$300 copay then subject to deductible and 20% coinsurance	\$300 copay then subject to deductible and 20% coinsurance
Injections	Deductible then 20% coinsurance	
Dental and Vision		
Pediatric dental (for ages 0-19)	Deductible then 20% coinsurance	
Pediatric vision (for ages 0-19)	Eye exams subject to office visit – specialist benefits, all other services deductible then 20% coinsurance	
Recovery/Special Needs		
Outpatient rehabilitation	Deductible then 20% coinsurance	
Outpatient habilitation	Deductible then 20% coinsurance	
Hospice	Deductible then 20% coinsurance	
Home health care	Deductible then 20% coinsurance	
Mental Illness/Substance Use Disorders		
Mental illness/substance use disorders – inpatient services <small>Requires pre-admission certification from New Directions Behavioral Health at 1-800-952-5906</small>	Deductible then 20% coinsurance	
Mental illness/substance use disorders – outpatient services	\$25 copay per visit	
Other		
Lifetime maximum	Unlimited for each covered person	
Eligible dependents	Covered to age 26	
HSA compliant	No	