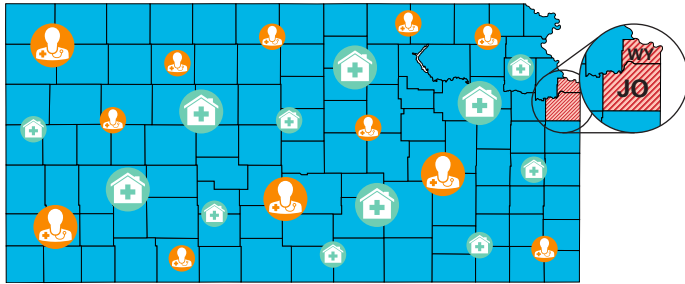


## BlueCross BlueShield Kansas Solutions

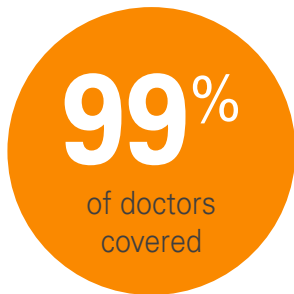
### Access to your benefits

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	\$4,000 per person / \$8,000 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)	0%	
Coinsurance maximum		
Annual out-of-pocket maximum	\$4,000 per person / \$8,000 family	
<b>Doctor's office visits</b>		
Home and office visits - Primary	Deductible then \$0	
Home and office visits - Specialists	Deductible then \$0	
Preventive care	\$0 – Preventive is without cost share	
<b>Prescription drug coverage</b>		
Prescription drugs	Deductible then \$0	
Mail order drugs	Deductible then \$0	
	<b>Specialty drugs are not covered</b>	
<b>Medical services</b>		
Emergency medical transportation	Deductible then \$0	Deductible then \$0
Inpatient surgery physician/surgical	Deductible then \$0	
Inpatient facility fee	Deductible then \$0	
Outpatient surgery physician/surgical	Deductible then \$0	
Outpatient lab and radiology	Deductible then \$0	
Advanced imaging (CT/PET scans, MRIs)	Deductible then \$0	
Emergency Room	Deductible then \$0	Deductible then \$0
Injections	Deductible then \$0	
<b>Dental and Vision</b>		
Pediatric dental (for ages 0-19)	Deductible then \$0	
Pediatric vision (for ages 0-19)	Deductible then \$0	
<b>Recovery/Special Needs</b>		
Outpatient rehabilitation	Deductible then \$0	
Outpatient habilitation	Deductible then \$0	
Hospice	Deductible then \$0	
Home health care	Deductible then \$0	
<b>Mental Illness/Substance Use Disorders</b>		
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 \$0	
Mental illness/substance use disorders – outpatient services	Deductible then \$0	
<b>Other</b>		
Lifetime maximum	Unlimited for each covered person	
Eligible dependents	Covered to age 26	
HSA compliant	Yes	