



An Independent Licensee of the Blue Cross and Blue Shield Association

Effective Date: 01/01/2024

Bonner Springs Edwardsville School District

Health Benefit Plan Summary - BlueSelect Plus PPO Spira \$8,000 Bluesaver Plan

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

General Plan Information

Plan Type

Preferred Provider Organization (PPO)

Members can receive services from any hospital or physician, but receive greater benefits when using in-network providers.

This plan is an HSA Qualified High Deductible Health Plan.

Services rendered at Out-of-Network providers are subject to Out-of-Network allowables as stated in your contract, and balance billing may occur.

Medical Network(s)

A complete listing of network hospitals and physicians is available on MyBlueKC.com.

In Area: BlueSelect Plus

Out-of-Area: BlueCard PPO/EPO

Deductible – Embedded

You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.

In-Network

Individual: \$8,000
Family: \$16,000

Out-of-Network

Individual: \$8,000
Family: \$16,000

Coinsurance

The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference.

In-Network

Member Pays: 0%
Plan Pays: 100%

Out-of-Network

Member Pays: 20%
Plan Pays: 80%

Out-of-Pocket Limits – Embedded

The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.

These cost shares apply to the Out-of-Pocket Limit: Coinsurance, Deductibles, Copays

Applies to: All Medical and Rx Cost Sharing

In-Network

Individual: \$8,000
Family: \$16,000

Out-of-Network

Individual: \$16,000
Family: \$32,000

Customer Service & Care Guide Services

Local: 913-29-SPIRA (77472)
Toll Free: 1-877-33-SPIRA (77472)

Plan Benefits - Medical

When you visit a Spira Care Center...

Visits to a Spira Care Center include:

- Office Visit – Routine
- Office Visit – Urgent/Acute
- Chronic Disease Care (excluding drugs & equipment)
- Outpatient Mental Health, Behavioral Health, and Substance Abuse Services

Included as part of office visit and no member cost share:

- Labs
- X-ray (basic diagnostic x-rays for fracture and other injuries or illness)

Workers' Comp

Your health coverage through any of the Blue Cross and Blue Shield of Kansas City plans, including Spira Care and Spira Care (HSA Eligible), cannot be used for an on-the-job or work-related injury or illness. However, members may have access to workers' compensation insurance paid for by their employers which may provide monetary benefits and/or medical care coverage for a work related injury or illness. Please speak with your human resources representative for more information.

Preventive Screenings & Immunizations (Children & Adults)

Blue KC health plans include routine preventive benefits that are consistent with the guidelines developed by the United States Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA), and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Services must be billed with a primary diagnosis of preventive to be covered at 100%. Refer to your member certificate for additional details.

When you visit another Physician's Office...

Physician

Primary Care Physician (PCP) - An internist, family practitioner, general practitioner, or pediatrician.

Specialist - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.

Other Services & Procedures performed in a provider's office and not included with an office visit

Urgent Care Center

Blue KC Virtual Care - Office Visit

Virtual Care provided by Blue KC virtual care partner(s). All other virtual care services subject to applicable cost sharing.

Blue KC Virtual Care - Behavioral Health Therapy

Virtual Care provided by Blue KC virtual care partner(s). All other virtual care services subject to applicable cost sharing.

In-Network

Deductible, then no charge

Out-of-Network

Not covered

No member cost share

Not covered

In-Network

Deductible, then no charge

20% Coinsurance after Deductible

Deductible, then no charge

20% Coinsurance after Deductible

Deductible, then no charge

20% Coinsurance after Deductible

Deductible, then no charge

20% Coinsurance after Deductible

Deductible, then no charge

Not applicable

Deductible, then no charge

Not applicable

<p>Preventive Screenings & Immunizations (Children & Adults) Blue KC health plans include routine preventive benefits that are consistent with the guidelines developed by the United States Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA), and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Services must be billed with a primary diagnosis of preventive to be covered at 100%. Refer to your member certificate for additional details.</p>	No member cost share	20% Coinsurance after Deductible
<p>Labs Performed in a Provider's Office/Independent Lab/Urgent Care Facility</p>	Deductible, then no charge	20% Coinsurance after Deductible
<p>Allergy</p>	Deductible, then no charge	20% Coinsurance after Deductible
<p>Allergy Testing</p>	Deductible, then no charge	20% Coinsurance after Deductible
<p>Allergy Treatment</p>	Deductible, then no charge	20% Coinsurance after Deductible
<p>When you need radiology services...</p>	In-Network	Out-of-Network
<p>X-Ray</p>	Deductible, then no charge	20% Coinsurance after Deductible
<p>Other Radiology Procedures (MRI, CT/PET Scans, MRA) Prior Authorization Policy Applies</p>	Deductible, then no charge	20% Coinsurance after Deductible
<p>When you have out-patient surgery...</p>	In-Network	Out-of-Network
<p>Outpatient Surgery Facility Fees Prior Authorization Policy Applies</p>	Deductible, then no charge	20% Coinsurance after Deductible
<p>Physician (Surgeon) Services</p>	Deductible, then no charge	20% Coinsurance after Deductible
<p>If you need immediate medical attention...</p>	In-Network	Out-of-Network
<p>Urgent Care Center Office Visit</p>	Deductible, then no charge	20% Coinsurance after Deductible
<p>Emergency Services Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.</p>	Deductible, then no charge	In-Network Deductible, then no charge
<p>Ground Ambulance Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.</p>	Deductible, then no charge	In-Network Deductible, then no charge
<p>Air Ambulance</p>	Deductible, then no charge	In-Network Deductible, then no charge
<p>If you have a hospital stay...</p>	In-Network	Out-of-Network
<p>Hospital Facility Fees Prior Authorization Policy Applies</p>	Deductible, then no charge	20% Coinsurance after Deductible
<p>Physician (Surgeon) Services</p>	Deductible, then no charge	20% Coinsurance after Deductible
<p>If you need help recovering or have other special health needs...</p>	In-Network	Out-of-Network
<p>Skilled Nursing Care Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network</p>	Deductible, then no charge	20% Coinsurance after Deductible
<p>Home Health Services Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network</p>	Deductible, then no charge	20% Coinsurance after Deductible

Physical Therapy Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	Deductible, then no charge	20% Coinsurance after Deductible
Occupational Therapy Combined with Physical Therapy Limits	Deductible, then no charge	20% Coinsurance after Deductible
Skeletal Manipulation Prior Authorization Policy Applies Out-of-Network Combined with Physical Therapy Limits	Deductible, then no charge	20% Coinsurance after Deductible
Speech Therapy Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	Deductible, then no charge	20% Coinsurance after Deductible
Hearing Therapy Combined with Speech Therapy Limits	Deductible, then no charge	20% Coinsurance after Deductible
Durable Medical Equipment Prior Authorization Policy Applies	Deductible, then no charge	20% Coinsurance after Deductible
Inpatient Hospice Services Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	Deductible, then no charge	20% Coinsurance after Deductible
Home Hospice Services	Deductible, then no charge	20% Coinsurance after Deductible
<i>If you have behavioral health, or substance abuse needs...</i>	In-Network	Out-of-Network
Outpatient Mental Health, Behavioral Health, and Substance Abuse Services Office Visit	Deductible, then no charge	20% Coinsurance after Deductible
Therapy	Deductible, then no charge	20% Coinsurance after Deductible
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Facility Fees) Prior Authorization Policy Applies	Deductible, then no charge	20% Coinsurance after Deductible
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Physician) Includes: Therapy & Other Services, partial hospitalizations	Deductible, then no charge	20% Coinsurance after Deductible
<i>Family Planning & Pregnancy...</i>	In-Network	Out-of-Network
Contraceptive Devices, Implants, and Injections See also pharmacy benefits.	No member cost share	20% Coinsurance after Deductible
Elective Sterilization – Women	No member cost share	20% Coinsurance after Deductible
Elective Sterilization – Men	Deductible, then no charge	20% Coinsurance after Deductible
Maternity Dependent Daughters are not covered for maternity services	Covered	Covered
Infertility and Impotency Diagnosis and Treatment Pharmacy Coverage: Not Covered	Not covered	Not covered
<i>Routine Vision Care...</i>	In-Network	Out-of-Network
Routine Eye Exam	Not covered	Not covered

General Pharmacy Information

<p>Retail Pharmacy Network(s)</p> <p>Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com</p> <p>Specialty Pharmacy A Specialty Pharmacy is one that provides specialized care for patients with complex chronic health conditions. Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com</p>	<p>RxPremier</p> <p>Premium Formulary</p> <p>OptumRx Specialty Services PH: 1-855-427-4682</p>								
<p>Copay Credit Accumulator Adjustment (CCAA)</p>	<p>Specialty drug copay card dollars will not be included in your deductible and/or out-of-pocket limits. Only your true out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.</p>								
<p>Outpatient Prescription Drug Deductible You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.</p> <p>Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.</p>	<table border="1"> <tr> <th data-bbox="503 556 568 1039">In-Network</th> <th data-bbox="503 52 568 546">Out-of-Network</th> </tr> <tr> <td data-bbox="568 556 690 1039">Combined with Medical Deductible</td> <td data-bbox="568 52 690 546">Combined with Medical Deductible</td> </tr> <tr> <th data-bbox="625 556 690 1039">In-Network</th> <th data-bbox="625 52 690 546">Out-of-Network</th> </tr> <tr> <td data-bbox="690 556 803 1039">Combined with Medical Out-of-Pocket Limits</td> <td data-bbox="690 52 803 546">Combined with Medical Out-of-Pocket Limits</td> </tr> </table>	In-Network	Out-of-Network	Combined with Medical Deductible	Combined with Medical Deductible	In-Network	Out-of-Network	Combined with Medical Out-of-Pocket Limits	Combined with Medical Out-of-Pocket Limits
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<p>Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.</p>	<p>Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. Email: info@rxsavingsllc.com PH: 1-800-268-4476</p>								
<p>Plan Benefits – Pharmacy</p>									
<p><i>When you use a retail or specialty pharmacy...</i></p>									
<p>Retail Pharmacy (Short-term supply): Up to 34 Days</p>	<p>In-Network</p>								
<p>Drug Tier 1: Generic / Generic Specialty</p>	<p>Out-of-Network Deductible, then 50% Coinsurance</p>								
<p>Drug Tier 2: Preferred / Preferred Specialty</p>	<p>RxPremier: Deductible, then no charge Contraceptives – No member cost share</p>								
<p>Drug Tier 3: Non-Preferred / Non-Preferred Specialty</p>	<p>RxPremier: Deductible, then no charge</p>								
<p>Retail Pharmacy (Long-term supply): Between 35-102 Days</p>	<p>RxPremier: Deductible, then no charge</p>								
<p>Drug Tier 1: Generic / Generic Specialty</p>	<p>Out-of-Network Deductible, then 50% Coinsurance</p>								
<p>Drug Tier 2: Preferred / Preferred Specialty</p>	<p>RxPremier: Deductible, then no charge</p>								
<p>Drug Tier 3: Non-Preferred / Non-Preferred Specialty</p>	<p>RxPremier: Deductible, then no charge</p>								
<p><i>When you use a mail order pharmacy...</i></p>									
<p>Mail Order Pharmacy (Mail Order supply): Between 35-102 Days</p> <p>Drug Tier 1: Generic</p> <p>Drug Tier 2: Preferred</p>	<p>In-Network</p> <p>Deductible, then no charge Contraceptives – No member cost share</p> <p>Deductible, then no charge</p> <p>Out-of-Network</p> <p>Deductible, then 50% Coinsurance</p> <p>Deductible, then 50% Coinsurance</p>								

Drug Tier 3: Non-Preferred

Deductible, then no charge

Deductible, then 50% Coinsurance

Discrimination is Against the Law

Blue Cross and Blue Shield of Kansas City (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.

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.

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。

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.



Kansas City

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