

Blue Medicare Advantage Complete (HMO) and Blue Medicare Advantage Plus (HMO)

2018 Summary of Benefits

H1352, Plan 001 and Plan 002

This is a summary of drug and health services covered by Blue Medicare Advantage (HMO) January 1, 2018-December 31, 2018.

Blue Cross and Blue Shield of Kansas City's Blue Medicare Advantage is an HMO with a Medicare contract. Enrollment in Blue Medicare Advantage depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage."

To join Blue Medicare Advantage (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the counties of Cass, Clay, Clinton, Jackson, Lafayette, Platte and Ray in Missouri and Johnson and Wyandotte in Kansas.

Blue Medicare Advantage (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-866-508-7140.



BLUE MEDICARE
ADVANTAGE

Summary of Benefits

January 1, 2018-December 31, 2018

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

Tips for comparing your Medicare choices:

This Summary of Benefits booklet gives you a summary of what Blue Medicare Advantage Complete (HMO) and Blue Medicare Advantage Plus (HMO) covers and what you pay.

- If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling **1-800-MEDICARE** (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

What drugs do we cover?

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan Formulary (list of Part D prescription drugs) and any restrictions on our website, www.BlueKCMA.com/info.
- Or, call us and we will send you a copy of the Formulary.

How will I determine my drug costs?

Our plans group each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur: Initial Coverage, Coverage Gap and Catastrophic Coverage. If you have questions about the different benefit stages, please contact the Plan for more information or access the "Evidence of Coverage" on our website.

Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central Time.

Blue Medicare Advantage Complete (HMO)/Blue Medicare Advantage Plus (HMO) Phone Numbers and Website:

- If you have questions, call toll-free **1-855-717-4627** (TTY: 711)
- Website: <http://www.BlueKCMA.com>



Premiums and Benefits	Blue Medicare Advantage Complete (HMO)	Blue Medicare Advantage Plus (HMO)	What you should know
Monthly Plan Premium	\$0	\$29	You must continue to pay your Medicare Part B premium.
Deductible	You pay nothing	You pay nothing	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$6,700	\$4,400	The most you pay for copays, coinsurance and other costs for Medicare covered services for the year.
Inpatient Hospital Coverage	\$325 per day for days 1-5, \$0 per day for days 6-90, \$0 copay for additional days	\$275 per day for days 1-6, \$0 per day for days 7-90, \$0 copay for additional days	Our plan covers an unlimited number of days for an inpatient hospital stay. Authorization rules apply.
Outpatient Hospital Coverage • Surgery • Services	• \$325 copay • 20% coinsurance	• \$275 copay • 20% coinsurance	Outpatient Services include procedures such as Hyperbaric Oxygen treatment, transfusions, wound care, and IV therapy. Authorization rules apply. May require a referral from your doctor.
Doctor Visits • Primary • Specialists	• \$7 copay per visit • \$45 copay per visit	• \$0 copay per visit • \$35 copay per visit	Referral is required for specialist visits.
Preventive Care	You pay nothing	You pay nothing	Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.



Premiums and Benefits	Blue Medicare Advantage Complete (HMO)	Blue Medicare Advantage Plus (HMO)	What you should know
Emergency Care	<ul style="list-style-type: none"> • \$80 copay 	<ul style="list-style-type: none"> • \$80 copay 	<p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of cost for emergency care.</p> <p>Emergency care is available worldwide.</p>
Urgently Needed Services	<ul style="list-style-type: none"> • \$50 copay 	<ul style="list-style-type: none"> • \$40 copay 	<p>Urgently needed services are available worldwide.</p>
Diagnostic Services/ Labs/Imaging <ul style="list-style-type: none"> • Diagnostic radiology service (e.g., MRI) • Lab services • Diagnostic tests and procedures • Outpatient x-rays 	<ul style="list-style-type: none"> • \$250 copay • You pay nothing • 20% coinsurance • \$20 copay 	<ul style="list-style-type: none"> • \$225 copay • You pay nothing • 20% coinsurance • \$20 copay 	<p>Authorization and referral rules may apply for certain outpatient diagnostic procedures or tests.</p>
Hearing Services <ul style="list-style-type: none"> • Diagnostic hearing exam to diagnose and treat hearing and balance issues – Medicare covered • Hearing exam (Routine Hearing Exam) • Hearing aid 	<ul style="list-style-type: none"> • \$0 • \$45 copay (up to 1 every year) • \$699-\$999 copay for each hearing aid, one ear per year (Flyte 700 and Flyte 900 only) 	<ul style="list-style-type: none"> • \$0 • \$40 copay (up to 1 every year) • \$399-\$699 copay for each hearing aid, one ear per year (Flyte 700 and Flyte 900 only) 	<p>In network routine hearing exam and Hearing Aids offered through TruHearing providers only.</p>

Premiums and Benefits	Blue Medicare Advantage Complete (HMO)	Blue Medicare Advantage Plus (HMO)	What you should know
Dental Services <ul style="list-style-type: none"> • Oral exam and cleaning 	<ul style="list-style-type: none"> • Not covered 	<ul style="list-style-type: none"> • \$40 copay for a single office visit that includes: <ul style="list-style-type: none"> – Oral exam (up to 2 every year) – Cleaning (up to 2 every year) – Up to 1 fluoride treatment every year – Up to 1 horizontal bitewing X-ray every year 	<p>The preventive dental X-ray coverage is for bitewing X-rays only.</p>
Vision Services <ul style="list-style-type: none"> • Exam to diagnose and treat diseases and conditions of the eye • Eyeglasses or contact lenses after cataract surgery • Routine vision 	<ul style="list-style-type: none"> • \$45 copay • You pay nothing • Not covered 	<ul style="list-style-type: none"> • \$40 copay • You pay nothing • \$10 copay for up to 1 routine eye exam every year • \$75 allowance per year for eyeglass frames or contact lenses applies. Copays for eyeglass lenses and upgrades are not included in the \$75 allowance <p>For eyeglass lenses:</p> <ul style="list-style-type: none"> • \$20 copay for single, bifocal, trifocal or lenticular lenses • \$85 copay for standard progressive lenses • For upgrades, the following copays apply: <ul style="list-style-type: none"> – \$15 copay for UV treatment, tint or standard plastic scratch coating – \$40 copay for Standard Polycarbonate – \$45 copay for standard anti-reflective coating 	<p>Routine vision is provided through EyeMed Insight Network providers only.</p>

Premiums and Benefits	Blue Medicare Advantage Complete (HMO)	Blue Medicare Advantage Plus (HMO)	What you should know
Mental Health Services <ul style="list-style-type: none"> • Inpatient Visit • Outpatient Group Therapy Visit • Outpatient Individual Therapy Visit 	<ul style="list-style-type: none"> • \$310 copay per day for days 1-5; You pay nothing per day for days 6-90; You pay nothing per day for days 91 and beyond • \$40 copay • \$40 copay 	<ul style="list-style-type: none"> • \$310 copay per day for days 1-5; You pay nothing per day for days 6-90; You pay nothing per day for days 91 and beyond • \$40 copay • \$40 copay 	Authorization rules may apply for Mental Health services.
Skilled Nursing Facility	<p>Our plan covers up to 100 days in a Skilled Nursing Facility:</p> <ul style="list-style-type: none"> • You pay nothing per day for days 1 through 20 • \$160 copay per day for days 21 through 100 	<p>Our plan covers up to 100 days in a Skilled Nursing Facility:</p> <ul style="list-style-type: none"> • You pay nothing per day for days 1 through 20 • \$160 copay per day for days 21 through 100 	No inpatient hospital stay is required prior to Skilled Nursing Facility admission. Copayments are applied per day, per stay. Authorization rules may apply for Skilled Nursing Facility services.
Physical Therapy	<ul style="list-style-type: none"> • \$40 copay 	<ul style="list-style-type: none"> • \$40 copay 	May require a referral from your doctor.
Ambulance	<ul style="list-style-type: none"> • \$290 copay 	<ul style="list-style-type: none"> • \$290 copay 	Authorization rules may apply to Ambulance services.
Transportation	<ul style="list-style-type: none"> • Not covered 	<ul style="list-style-type: none"> • Not covered 	

Prescription Drug Benefits

	Blue Medicare Advantage Complete (HMO)	Blue Medicare Advantage Plus (HMO)
Medicare Part B Drugs	For Part B drugs such as chemotherapy drugs: 20% coinsurance Other Part B drugs: 20% coinsurance Prior Authorization may be required for some Part B drugs	
Deductible	This plan does not have a deductible.	
Initial Coverage	You pay the following until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.	

Preferred Retail Cost-Sharing				Preferred Retail Cost-Sharing			
Tier	One- Month Supply	Two- Month Supply	Three- Month Supply	Tier	One- Month Supply	Two- Month Supply	Three- Month Supply
Tier 1 (Preferred Generic)	\$3 copay	\$6 copay	\$9 copay	Tier 1 (Preferred Generic)	\$3 copay	\$6 copay	\$9 copay
Tier 2 (Generic)	\$15 copay	\$30 copay	\$45 copay	Tier 2 (Generic)	\$8 copay	\$16 copay	\$24 copay
Tier 3 (Preferred Brand)	\$42 copay	\$84 copay	\$126 copay	Tier 3 (Preferred Brand)	\$35 copay	\$70 copay	\$105 copay
Tier 4 (Non-Preferred Brand)	\$95 copay	\$190 copay	\$285 copay	Tier 4 (Non-Preferred Brand)	\$90 copay	\$180 copay	\$270 copay
Tier 5 (Specialty Tier)	33% coinsurance	Not Offered		Tier 5 (Specialty Tier)	33% coinsurance	Not Offered	

Blue Medicare Advantage Complete (HMO)				Blue Medicare Advantage Plus (HMO)			
Standard Retail Cost-Sharing				Standard Retail Cost-Sharing			
Tier	One- Month Supply	Two- Month Supply	Three- Month Supply	Tier	One- Month Supply	Two- Month Supply	Three- Month Supply
Tier 1 (Preferred Generic)	\$15 copay	\$30 copay	\$45 copay	Tier 1 (Preferred Generic)	\$8 copay	\$16 copay	\$24 copay
Tier 2 (Generic)	\$20 copay	\$40 copay	\$60 copay	Tier 2 (Generic)	\$13 copay	\$26 copay	\$39 copay
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$141 copay	Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$141 copay
Tier 4 (Non-Preferred Brand)	\$100 copay	\$200 copay	\$300 copay	Tier 4 (Non-Preferred Brand)	\$100 copay	\$200 copay	\$300 copay
Tier 5 (Specialty Tier)	33% coinsurance	Not Offered		Tier 5 (Specialty Tier)	33% coinsurance	Not Offered	
Standard Mail Order Cost-Sharing				Standard Mail Order Cost-Sharing			
Tier	One- Month Supply	Two- Month Supply	Three- Month Supply	Tier	One- Month Supply	Two- Month Supply	Three- Month Supply
Tier 1 (Preferred Generic)	Not Offered		\$0 copay	Tier 1 (Preferred Generic)	Not Offered		\$0 copay
Tier 2 (Generic)	Not Offered		\$0 copay	Tier 2 (Generic)	Not Offered		\$0 copay

Blue Medicare Advantage Complete (HMO)

Blue Medicare Advantage Plus (HMO)

Tier 3 (Preferred Brand)	Not Offered	\$105 copay	Tier 3 (Preferred Brand)	Not Offered	\$87.50 copay
Tier 4 (Non-Preferred Brand)	Not Offered	\$237.50 copay	Tier 4 (Non-Preferred Brand)	Not Offered	\$225 copay
Tier 5 (Specialty Tier)	33% coinsurance	Not Offered	Tier 5 (Specialty Tier)	33% coinsurance	Not Offered

If you reside in a long-term care facility, you pay the same amount as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,750. After you enter the coverage gap, you pay 35% coinsurance for covered brand name drugs and 44% coinsurance for covered generic drugs until your out-of-pocket costs total \$5,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:

- 5% coinsurance, or
- \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copayment for all other drugs.

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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