

**Shawnee Mission Unified School District #512 - BlueSaver
Qualified High Deductible Health Plan Summary**

Effective Date: 1/1/18

This Benefit Summary provides only a highlight of the services covered by Blue Cross and Blue Shield of Kansas City.

www.bluekc.com

	Preferred-Care Blue/BlueSaver (High Deductible PPO Plan with an HSA)	BlueSelect Plus/BlueSaver (High Deductible PPO Plan with an HSA)
Plan Type	A Preferred Provider Organization (PPO)	A Preferred Provider Organization (PPO)
Plan Description <i>(Visit our website at www.bluekc.com to receive a complete listing of network hospitals and physicians)</i>	Members can receive services from any hospital or physician but receive greater benefits when they use the Preferred-Care Blue PPO network.	Members can receive services from any hospital or physician but receive greater benefits when they use the BlueSelect Plus PPO network.
Deductible (Embedded Deductible)	\$2,700 per single/\$5,400 per family (Per Calendar Year)	Network: \$2,700 per single/\$5,400 per family (Per Calendar Year) Non-network: \$5,400 per single/\$10,800 per family (Per Calendar Year)
Coinsurance (1)	Network: 80% / Non-network: 60%	Network: 80% / Non-network: 50%
Out-of-Pocket Maximum (2) <i>Applies to all Cost Sharing (Medical and Rx)</i>	Network: \$4,000 single/\$8,000 family; Non-network: \$8,000 single/\$16,000 family (Per Calendar Year)	Network: \$4,000 single/\$8,000 family; Non-network: \$20,000 single/\$40,000 family (Per Calendar Year)
Physician Office Visits	Deductible then coinsurance	Deductible then coinsurance
Lab Performed in Physician's Office/Independent Lab	Network: Deductible then 80% Non-network: Deductible then 60%	Network: Deductible then 80% Non-network: Deductible then 50%
Lab Performed in Hospital/Outpatient Facility	Network: Deductible then 80% Non-network: Deductible then 60%	Network: Deductible then 80% Non-network: Deductible then 50%
X-ray and Other Radiology Procedures	Network: Deductible then 80% Non-network: Deductible then 60%	Network: Deductible then 80% Non-network: Deductible then 50%
Routine Preventive Care <i>(Contract lists covered services)</i>	Network: 100% Non-network: Deductible then 60% Unlimited calendar year maximum	Network: 100% Non-network: Deductible then 50% Unlimited calendar year maximum
Inpatient Hospital Services/Outpatient Surgery*	Network: Deductible then 80% (3) Non-network: Deductible then 60%	Network: Deductible then 80% (3) Non-network: Deductible then 50%
Urgent Care	Network: Deductible then 80% Non-network: Deductible then 60%	Network: Deductible then 80% Non-network: Deductible then 50%
Emergency Room	Network: Deductible then 80% Non-network: Deductible then 80%	Network: Deductible then 80% Non-network: Deductible then 80%
Ambulance	Deductible then 80%	Deductible then 80%
Durable Medical Equipment*	Network: Deductible then 80% Non-network: Deductible then 60%	Network: Deductible then 80% Non-network: Deductible then 50%
Allergy Testing, Treatment, Injections	Network: Deductible then 80% Non-network: Deductible then 60%	Network: Deductible then 80% Non-network: Deductible then 50%
Home Health Services*	Network: Deductible then 80% Non-network: Deductible then 60% 60 visit calendar year maximum	Network: Deductible then 80% Non-network: Deductible then 50% 60 visit calendar year maximum
Skilled Nursing Facility*	Network: Deductible then 80% Non-network: Deductible then 60% 30 day calendar year maximum	Network: Deductible then 80% Non-network: Deductible then 50% 30 day calendar year maximum
Outpatient Therapy* <i>(Speech, Hearing, Physical, Occupational and Skeletal Manipulations)</i>	Network: Deductible then 80% Non-network: Deductible then 60% Physical, Occupational and Skeletal Manipulations Combined 60 visit calendar year maximum Speech and Hearing: Combined 20 visit calendar year maximum	Network: Deductible then 80% Non-network: Deductible then 50% Physical, Occupational and Skeletal Manipulations Combined 60 visit calendar year maximum Speech and Hearing: Combined 20 visit calendar year maximum
Inpatient Hospice Facility*	Network: Deductible then 80% Non-network: Deductible then 60% 14 day lifetime maximum	Network: Deductible then 80% Non-network: Deductible then 50% 14 day lifetime maximum

Please note: Annual Deductible, Out-of-Pocket Maximum and Benefit Maximums run January 1 to December 31 each year.

¹Portion of covered charges paid by BCBSKC after you satisfy your deductible.

²Total of deductible, coinsurance and copays members pay each year toward covered charges before BCBSKC pays 100% of benefits.

³Diagnostic services performed at a Non-Participating Imaging Center inside Our Service Area are limited to a \$200 calendar year maximum. Inpatient hospital services in a Non-Participating Hospital inside our service area are limited to a \$200 maximum per day and are limited to 30 days per calendar year. Outpatient services at a Non-Participating Provider Hospital or at a Non-Participating Provider outpatient facility (including an ambulatory surgical center) inside our service area are limited to a \$200 calendar year maximum

Log on to www.bluekc.com for Provider Directories, claims status and much more!

	Preferred-Care Blue/BlueSaver (High Deductible PPO Plan with an HSA)	BlueSelect Plus/BlueSaver (High Deductible PPO Plan with an HSA)
Inpatient Mental Illness/Substance Abuse*	Network: Deductible then 80% (3) Non-network: Deductible then 60% <i>Prior authorization required from New Directions</i>	Network: Deductible then 80% (3) Non-network: Deductible then 50% <i>Prior authorization required from New Directions</i>
Outpatient Mental Illness/Substance Abuse*	Network: Deductible then 80% (3) Non-network: Deductible then 60%	Network: Deductible then 80% (3) Non-network: Deductible then 50%
Organ Transplant*	Network: Deductible then 80% Non-network: Deductible then 60% Unlimited lifetime maximum	Network: Deductible then 80% Non-network: Deductible then 50% Unlimited lifetime maximum
Prescription Drugs* <ul style="list-style-type: none"> <i>Generic contraceptive drugs covered at 100%**</i> <i>injectables, implants, and devices covered at 100%**</i> 	BCBSKC Rx Network Deductible, then \$15 copay for Type 1 drug; Deductible, then \$40 copay for Type 2 brand drug; Deductible, then \$80 copay for Type 3 brand drug Non-network: Deductible, then 50% after copay (Copays apply to out-of-pocket maximum)	BCBSKC Rx Network Deductible, then \$15 copay for Type 1 drug; Deductible, then \$40 copay for Type 2 brand drug; Deductible, then \$80 copay for Type 3 brand drug Non-network: Deductible, then 50% after copay (Copays apply to out-of-pocket maximum)
Prescription Drugs* Mail order drug program – 102 day supply <ul style="list-style-type: none"> <i>Generic contraceptive drugs covered at 100%**</i> <i>injectables, implants, and devices covered at 100%**</i> 	Deductible, then \$30 copay for Type 1 drug; Deductible, then \$80 copay for Type 2 brand drug; Deductible, then \$160 copay for Type 3 brand drug (Copays apply to out-of-pocket maximum)	Deductible, then \$30 copay for Type 1 drug; Deductible, then \$140 copay for Type 2 brand drug; Deductible, then \$160 copay for Type 3 brand drug (Copays apply to out-of-pocket maximum)
Lifetime Maximum	Unlimited	
Dependent Coverage	End of the calendar year the children reach age 26 or the month they are no longer an eligible dependent, whichever is first. <i>If your child is less than 26 years of age and your child's health coverage ended, or your child was denied health coverage (or was not eligible for health coverage) under a group health plan because under the terms of the plan, the availability of dependent coverage of children ended before the attainment of age 26, your child is eligible to enroll during a 30 day time period that runs coincidently with your annual Open Enrollment period and ends on the last day of the annual Open Enrollment period. If timely enrolled and subject to the payment of any additional premium, your child's coverage will be effective on January 1, 2017. Please contact your employer or the Customer Service number on the back of your ID card to obtain an application to enroll your child.</i>	
Prior Authorization Penalty*	You are responsible for prior authorization for services received from non-network and out-of-area providers. If prior authorization is not obtained for services which require prior authorization, you are responsible for the cost of the services.	
Late Enrollees	For employees or dependents applying after the eligibility period and not within a special enrollment period, coverage will become effective only on the group's anniversary date.	
Detailed Benefit Information Exclusions and Limitations	Call a Customer Service Representative or consult your booklet/certificate. The certificate will govern in all cases. The covered services described in the Benefit Schedule are subject to the conditions, limitations and exclusions of the contract.	
Customer Service	Customer Service 816-395-2270 1-800-654-0155 or www.bluekc.com	
Blue KC 24- Hour Nurse Line	877-852-5422 24 hours a day...365 days a year!	

Please note: Annual Deductible, Out-of-Pocket Maximum and Benefit Maximums run January 1 to December 31 each year.

**Prior Authorization will be required for elective inpatient admissions, durable medical equipment (DME), infusion therapy and self injectables, organ and tissue transplants, some outpatient surgeries and services, hi-tech scans, prosthetics and appliances, mental health and chemical dependency, some outpatient prescriptions, skilled nursing facility, inpatient hospice facility, dental implants and bone grafts. This list of services is subject to change. Please refer to your contract for the current list of services, which require Prior Authorization.*

*** When there is brand contraceptive (i.e. ring, patch) with no direct generic alternative, the generic cost-sharing will apply.*

Discrimination is Against the Law

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. Blue KC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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.

If you believe that Blue KC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Appeals Department, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, APPEALS@bluekc.com. You can file a grievance in person or by mail, or email. If you need help filing a grievance, the Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you, or someone you're helping, has questions about Blue KC, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-395-7126.

Spanish: 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.

Chinese: 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。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-395-7126.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-395-7126 an.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 [Blue KC]에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-395-7126 로 전화하십시오.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue KC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-844-395-7126.

Arabic: إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص Blue KC ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-395-7126.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue KC, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-844-395-7126.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue KC, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-395-7126.

Tagalog: Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Blue KC, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-395-7126.

Laotian: ຖ້າທ່ານ, ຫຼື ຄົນ ອື່ນ ທ່ານກໍ່ ສ້າງຊ່ວຍເຫຼືອ, ມີ ອຳນາດ ມາກຖາມ ກ່ຽວກັບ Blue KC, ທ່ານມີ ສິດ ອື່ນ ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອ ອະແລະ ຂໍ້ ມູ ນຂໍ້ າວສານ ອື່ນ ບໍ່ມີ ນາສາຂອງທ່ານ ບໍ່ມີ ຄ່າໃຊ້ຈ່າຍ. ການໂອ້ນລັກບັນຍາຍພາສາ, ໃຫ້ ໂທຫາ 1-844-395-7126.

Pennsylvanian Dutch: Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-844-395-7126 uffrufe.

Persian: اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Blue KC، داشته باشید حق این را دارید که کمک اطلاعات به زبان خود را به طور رایگان دریافت نمایید 1-844-395-7126. تماس حاصل نمایید.

Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-844-395-7126 tiin bilbilaa.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-395-7126.

For TTY services, please call 1-816-842-5607.

