

MEDICAL BENEFITS

The medical plan provided for 2023, gives you nationwide access to a comprehensive network of doctors, services, and facilities to care for the needs of you and your family. The BlueCard Program gives you access to doctors and hospitals across the country and around the world. While you are not required to visit a Blue Cross and Blue Shield network provider, you will pay less out of your pocket by doing so as outlined in the benefit summary. To find a doctor, go to www.bluekc.com.

Benefit/Service	Medical Plan	
	In-Network	Out-of-Network
Deductible	\$500/\$1,000 With valid physical in 2022 \$1,500/\$3,000 Without valid physical in 2022	\$500/\$1,000 With valid physical in 2022 \$1,500/\$3,000 Without valid physical in 2022
Calendar Year Out-of-Pocket Maximum (includes deductible and medical copays)	\$4,000/\$8,000	\$8,000/\$16,000
Coinsurance (amount you pay)	20%	50%
Individual Lifetime Maximum	Unlimited	Unlimited
Routine Physical Exam (newborn to adult)	100% (not subject to deductible)	100% (not subject to deductible)
Routine Immunizations (adults and covered children to age 26)	100%	50% after deductible
Mammogram	1 per calendar year at 100%	50% after deductible
Cervical Cancer Screening	1 per calendar year at 100%	50% after deductible
Prostate Exam and PSA Test	1 per calendar year at 100%	50% after deductible
Colonoscopy	100%	50% after deductible
Office Visits	20% after deductible	50% after deductible
Telehealth Visit	\$0 copay (with Blue KC Virtual Care)	Not covered
Inpatient (waived if admitted twice in six months)	\$400 copay and 20% after deductible	\$800 copay and 50% after deductible
Emergency Room	\$200 copay and 20% after deductible	\$200 copay and 50% after deductible
Lab and X-ray	First \$150 of lab X-ray covered at 100%, then 20% after deductible.	First \$150 of lab and X-ray covered at 100%, then 50% after deductible.
Lab	100% if tested at Quest	50% after deductible
Chiropractic (40) Visits per Calendar Year (X-ray included)	20% after deductible	50% after deductible
Physical Therapy	Visit limit per medical necessity	
Hospice	20% after deductible	50% after deductible
Home Healthcare	20% after deductible	50% after deductible
Nutritional Counseling	100%	100%
All Other Covered Services	20% after deductible	50% after deductible
Hearing Aid Benefit	20% after deductible. One set per 3-consecutive-year period.	50% after deductible. One set per 3-consecutive-year period.
Prescription Drugs Out-of-Pocket Max. for Rx — \$1,500 Ind., \$3,000 Family	Generic copay applies to OTC smoking cessation, allergy, antacids, antifungal, asthma, and decongestants. Retail copay applies to smoking cessation prescription medications.	Member pays out of pocket and then sends receipts to Elixir for reimbursement. Reimbursed only contracted amount.
Retail Generic (30 days)	\$15 copay	Member pays out of pocket and then sends receipts to Elixir for reimbursement. Reimbursed only contracted amount.
Retail Brand (30 days)	50% up to \$65	
Retail Performance 90 Generic	\$25 copay	
Retail Performance 90 Brand	50% up to \$130	
Mail Order Generic (90 days)	\$25 copay	
Mail Order Brand (90 days)	50% up to \$130	
OTC Program (examples: Prilosec, Claritin)	\$15 generic, \$25 brand	
Smoking Cessation. One Treatment Cycle per Calendar Year \$2,000 Lifetime Max. Does Not Apply to Rx Out-of-Pocket Max.	\$15 OTC, 50% up to \$65 for Rx	