

## 2021 BENEFIT SUMMARY

### Plan A

<b>Benefit</b>	<b>In-Network</b>	<b>Out-of Network</b>
<b>Deductible</b>	\$700/\$1400	\$700/\$1400
<b>Calendar Year Out-of-Pocket maximum</b> (includes ded & med copays)	\$2,500/\$5,000	\$4,000/\$8,000
<b>Co-insurance (amt you pay)</b>	20%	40%
<b>Individual Lifetime Max</b>	Unlimited	Unlimited
<b>Office Visits</b>	20% after deductible	40% after deductible
<b>Co-Payments</b>		
<b>Inpatient</b> (waived if admitted twice in six months)	\$400 co-pay and 20% after deductible	\$800 co-pay and 40% after deductible
<b>Emergency Room</b>	\$200 co-pay and 20% after deductible	\$200 co-pay and 40% after deductible
<b>Routine Physical Exam</b> (newborn to adult)	100% (not subject to deductible)	100% (not subject to deductible)
<b>Routine Immunizations</b>	Covered for children to age 26 At 100%	40% after deductible
<b>Mammogram</b>	1 Per Calendar year @ 100%	40% after deductible
<b>Cervical Cancer Screening</b>	1 Per calendar year @ 100%	40% after deductible
<b>Prostate Exam &amp; PSA Test</b>	1 Per calendar year @ 100%	40% after deductible
<b>Prescription Drugs</b>	<b>Generic co-pay applies to OTC smoking cessation, Allergy, Ant-acids, Anti-fungal, Asthma, and Decongestants. Retail co-pay applies to smoking cessation prescription medications.</b>	Member pays out of pocket and then sends receipts to Elixir for reimbursement. Only reimbursed contracted amount. Out of Pocket Max for RX \$1,500 Ind. /\$3,000 family.
Retail Generic (30 days)	\$15 co-pay	Member pays out of pocket and then sends receipts to Elixir for reimbursement. Only reimbursed contracted amount.
Retail Brand (30 days)	50% up to \$65	
Retail Performance 90 Generic	\$25 co-pay	
Retail Performance 90 Brand	50% up to \$130	
Mail Order Generic (90 days)	\$25 co-pay	
Mail Order Brand (90 days)	50% up to \$130.00	
OTC Program Examples, Prilosec, Claritan	\$15 Generic, \$25 Brand	
Smoking Cessation. One treatment cycle per calendar yr. <b>\$2000.00 lifetime Max. Does not apply to RX out of pocket.</b>	\$15.00 OTC 50% up to \$65 for RX.	
<b>Lab AND X-Ray</b>	First \$150.00 of Lab X-Ray covered at 100% then 20% after deductible.	First \$150.00 of Lab and X-Ray covered at 100% then 40% after deductible
<b>Lab</b>	100% if tested at Quest	40% after deductible
<b>Supplemental Accident</b> This benefit pays the first \$300.00 of accident claim.	\$300.00 per calendar year	\$300.00 per calendar year
Mental Illness/Chemical Dep.		
<b>Inpatient</b>	\$400 co-pay/Deductible/20%	\$800 co-pay/Deductible/40%

<b>Benefit</b>	<b>In-Network</b>	<b>Out-of Network</b>
<b>Outpatient</b>	20% after deductible	40% after deductible
<b>Chiropractic (40 )</b> visits per calendar year (x-ray included)	20% after deductible	40% after deductible
<b>Physical Therapy</b>	20% after deductible	40% after deductible
<b>Hospice</b>	20% after deductible	40% after deductible
<b>Home Health Care</b>	20% after deductible	40% after deductible
<b>Bereavement Counseling</b>	Call Mindful By BlueKC EAP	Call Mindful by BlueKC EAP
<b>Nutritional Counseling</b>	100%	100%
<b>All other covered services</b>	20% after deductible	40% after deductible
<b>Dental</b> \$1600.00 Calendar year maximum. Pediatric Den. (child up to 20 <sup>th</sup> BDay), No Dollar maximum.	<b>Dental Preferred Care available for Kansas City area.</b>	Dental GRID available for outside the Kansas City area
<b>Deductible</b>	\$25	
<b>Coinsurance (amt you pay)</b>	20%	
<b>Preventative</b>	100%	100%
<b>Basic (Class II)</b>	20% after deductible	20% after deductible
<b>Major (Class III)</b>	20% after deductible	20% after deductible
<b>Orthodontia (Class IV)</b> (\$1,850 lifetime maximum) Pediatric Ortho maximum waived for medical necessity.	50% after deductible	50% after deductible
<b>Routine Vision</b> Pediatric vision -(child up to 20th BDay) includes 1 routine exam & 1 pair of glasses - no dollar max. <b>Contacts are not covered for pediatric children.</b>	\$350 per person, per year  See side note for Pediatric Routine Vision Benefits.	\$350 per person, per year  See side note for Pediatric Routine Vision Benefits.
Safety Glasses - Frames and lenses once per calendar year.	50% up to \$70	Benefit payable only to actively working Participants.
<b>Hearing Aid Benefit</b>	20% after deductible. One set per 3 consecutive year period. Unlimited adjustments at 20% after deductible.	40% after deductible. One set per 3 consecutive year period.
<b>Life Insurance Benefit</b>	Active: \$10,000 Basic Retiree: \$2,000 Long-term Retiree: \$3,000	
<b>Loss of Time</b> Member must be totally disabled and unable to perform any amount of work	Weekly Benefit.....\$300.00 Waiting Period: Injury.....None Illness or Pregnancy ....7 Days Maximum Period of Benefits Per Any Continuous Twelve Month Period is 26 weeks	
<b>Wellness Program</b>	Call Moka for information.	
<b>EAP- Mindful BlueKC</b> Phone# 800-624-5544 www.eap.ndbh.com	Mindful/NDBH website: Password: mokansheet	
<b>Preventative Colonoscopy</b>	100%	40% after Deductible