

March 13, 2007

BC-07-10

HHA-07-07

HP-07-07

DC-07-07

SA-07-07

To: All Blue Cross Contracting Providers

From: Donna Bartee, Communications Representative
Institutional Relations
Blue Cross and Blue Shield of Kansas, Inc.
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Association

Subject: Enhanced Eligibility Inquiry Process Becomes
Available March 31, 2007

In partnership with the BCBS Association and all Blue Plans nationwide, Blue Cross and Blue Shield of Kansas is pleased to introduce you to the enhanced eligibility inquiry process that will become available on March 31, 2007.

For those of you currently using the eligibility inquiry process (also known as 270/271 transaction) you already know that it provides general eligibility information. With the new enhanced version, you will be able to choose the service type that you want eligibility information about and the “response” you receive back will be specific for that service.

This enhancement is:

- Sponsored by the Blue Cross and Blue Shield Association.
- Will be implemented by BCBSKS on March 31, 2007. All other BCBS plans must also implement by March 31, 2007.
- Applies to web and batch transactions.
- Applies to local and out-of-area members.

This Project Is a Work in Progress

The BCBS Association and Blue Plans recognize that providers needed more than just general eligibility information. This enhancement is the first step in a series of updates and will allow you to obtain information about specific service types.

Future enhancements are already being planned and scheduled and will fine-tune and improve the process even further.

What is a service type?

A service type is what we call the specific category of service (i.e. medical care, surgical, etc.). The BCBS Association established the definition for each service type and Blue Plans must be able to provide eligibility information based on that definition.

For example, the definition of service type “surgical” is:

- surgical and anesthesia services provided by a physician or other healthcare provider.

Therefore, if you were to choose the surgical service type, the response you would get back would include information about both surgery and anesthesia.

It’s really not necessary for you to know the definition of each service type. The purpose for pointing this out is so you’ll understand why sometimes you might get more information than you expected. Like in this case, you asked for “surgical” but also got anesthesia.

143 Service Types – 55 are required; 88 are optional

This project identifies 143 service types that providers typically ask for information about. Of this 143, BCBS plans are required to provide information about 55 service types and can opt or choose to provide information about the other 88. (Future upgrades to this project will increase the number of required service types.)

For local members, BCBSKS will furnish specific eligibility information on the required 55 service types plus 13 of the optional service types for a total of 68.

For out-of-area members, it’s our understanding that some plans will provide information on all 143-service types; some on just the 55 that are required and others will offer the required 55 plus part of the optional service types.

Web Screens Will Include a New Service Type Drop-Down Box

Most of you are using the BCBSKS Web site to obtain patient eligibility information for both local and out-of-area members. When this project is implemented, a new service type drop-down box will be added to the eligibility information web screens. You'll use this drop-down box to identify the service type that you want eligibility information about.

- The service types are listed in alphabetical order.
- One service type can be selected per inquiry. If you need information about multiple service types, you'll need to do multiple inquiries.
- Always choose the service type that best describes the eligibility information that you need. The more specific your inquiry, the more specific the response will be.

Example 1: there are seven hospital service types to choose from. If you need eligibility information about accident care in the hospital setting, be sure to choose Hospital – Emergency Accident.

Example 2: for information about psychiatric or substance abuse services, you need to choose one of those specific service types.

- The service type titled Health Benefit Plan Coverage furnishes eligibility information for the complete membership. NOTE: this service type gives details about every deductible, coinsurance, copay, etc. applicable to the contract and can be very lengthy.
- The drop-down box:
 - for **local members** will list the 68 service types that BCBSKS will be furnishing specific eligibility information about.
 - for **out-of-area** members will include a complete listing of the 143 available service types. Remember, some plans are offering information about all the service types and some plans about part of them and therefore it's necessary to display all the service types for out-of-area members. If you select a service type that the other plan does not offer specific benefits about, general eligibility information will be displayed.

Below are examples of the local and out-of-area patient eligibility information web screens that show the placement of the drop-down box.

BCBSKS MEMBER



Secured Services

Patient Eligibility Inquiry

Select the appropriate **Patient** and enter the information for which you are inquiring. Click on the Submit button when you are finished.

Member	Date of Birth	Relationship
Member Name	mm/dd/year	self

[Find another Patient ID Number](#)

Service Type: Choose Service Type

Date of Service:

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BCBSKS MEMBER



Secured Services

Patient Eligibility Inquiry

Select the appropriate **Patient** and enter the information for which you are inquiring. Click on the Submit button when you are finished.

Member	Date of Birth	Relationship
Member Name	mm/dd/year	Self

[Find another Patient ID Number](#)

Service Type: Choose Service Type

Date of Service:

- Choose Service Type
- Abortion
- Ambulatory Service Center Facility
- Anesthesia
- Blood Charges
- Cardiac Rehabilitation
- Chemotherapy
- Chiropractic
- Chiropractic Office Visits
- Consultation
- Dental Accident

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OUT-OF-AREA MEMBER



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Secured Services

Patient Eligibility Inquiry

Please complete all of the required information to find eligibility information. Click on the Submit button when you are finished.

Member Identification Number:

Member First Name: *

Member Last Name: *

Member Date of Birth: / / *
Month Day Year
(mm) (dd) (yyyy)

Member Gender: Choose Gender ▾ *

Patient Relationship: Self ▾ *

Service Type: Choose Service Type ▾

Date of Service: / / *
Month Day Year
(mm) (dd) (yyyy)

* - required field

Please note: The response time for inquiries on BCBS members outside of Kansas may take up to 50 seconds. In addition, you may not receive any response if inquiring between midnight and 6 a.m., Monday through Saturday or anytime on Sunday, as information from other Blue Cross and Blue Shield Plans may not be available during these times.

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OUT-OF-AREA MEMBER



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Secured Services

Patient Eligibility Inquiry

Please complete all of the required information to find eligibility information. Click on the Submit button when you are finished.

Member Identification Number:

Member First Name: *

Member Last Name: *

Member Date of Birth: / / *
Month Day Year
(mm) (dd) (yyyy)

Member Gender: Choose Gender ▾ *

Patient Relationship: Self ▾ *

Service Type: ▾
Choose Service Type
Abortion
Acupuncture
Adjunctive Dental Services
AIDS
Air Transportation
Alcoholism
Allergy Testing
Alternate Method Dialysis
Ambulatory Service Center Facility
Anesthesia

**Please note:
to 50 seconds
6 a.m., Monday
and Blue Shield**

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Patient Eligibility Information Response Web Screen

After you “submit” the inquiry, the system will access and display the eligibility information in the same basic format that you see today.

The information will be sequenced as follows:

- Patient Information (name, birth date, ID number)
- Plan Coverage Description (type of contract)
- Health Benefit Plan Coverage
 - General contract information including coverage level, insurance type, effective dates, etc.
 - Deductible/Coinsurance (contract deductible/coinsurance, individual/family). (Do not use these amounts if deductible and coinsurance information is also showing at the service type level. Read on for more information.)
- Service Type data (includes details about the selected service type including deductible, coinsurance, co-payment, limitations, quantity used, additional information, etc.)
 - For local members, if deductible and coinsurance amounts are reported at the service type level, always use those amounts. The “additional information” field will include a message that states: “This deductible (or coinsurance) should be used instead of the amount shown under Health Benefit Plan Coverage.”
 - Due to confidentiality reasons, quantity used information for mental health or substance abuse services will not be displayed.
 - Coverage information does not guarantee benefits for all provider specialties.

NOTE: Because out-of-area inquiries (including FEP) are accessing information from other plans, response time may take up to 50 seconds.

“Additional Information” Field Added to Patient Eligibility Information Response Web Screen

A new field titled “Additional Information” has been added to the patient eligibility information response screen and can be used to provide additional details about the service type.

For local inquiries, this field will be used by BCBSKS to provide comments about the benefit or limitation.

For out-of-area inquiries, the additional information field will display the information that's given to us by the other plan.

An example of a Patient Eligibility Information response is included at the end of this newsletter.

Alphabetic Listing of Service Type Codes

Included next in this newsletter is a complete listing of the service types. The ones that are highlighted will be displayed in the drop-down box for local members. The entire list will display for out-of-area members.

Alphabetic Listing of Service Type Codes

- This entire list will display for out-of-area members
- The highlighted entries will display for local BCBSKS member.
- * Denotes Required Service Type

Abortion*

Acupuncture
 Adjunctive Dental Services
 AIDS
 Air Transportation
 Alcoholism
 Allergy Testing
 Alternate Method Dialysis
 Ambulatory Service Center Facility*
 Anesthesia*
 Anesthesiologist
 Audiology Exam
 Benefit Disclaimer
 Blood Charges
 Brand Name Prescription Drug
 Cabulance
 Cancer
 Cardiac
 Cardiac Rehabilitation*
 Chemotherapy*
 Chiropractic*
 Chiropractic Office Visits
 Chronic Renal Disease (CRD) Equipment
 Cognitive Therapy
 Consultation
 Day Care (Psychiatric)
 Dental Accident
 Dental Care*
 Dental Crowns
 Diagnostic Dental
 Diagnostic Lab*
 Diagnostic Medical*

Diagnostic X-Ray*

Dialysis*
 Donor Procedures
 Drug Addiction
 Durable Medical Equipment Purchase*
 Durable Medical Equipment Rental*
 Emergency Services*
 Endocrine
 Endodontics
 Experimental Drug Therapy
 Eye
 Family Planning*
 Frames
 Free Standing Prescription Drug
 Gastrointestinal
 General Benefits*
 Generic Prescription Drug
 Health Benefit Plan Coverage*
 Home Health Care*
 Home Health Prescriptions
 Home Health Visits
 Hospice*
 Hospital*
 Hospital-Ambulatory Surgical*
 Hospital-Emergency Accident*
 Hospital-Emergency Medical*
 Hospital-Inpatient*
 Hospital-Outpatient*t
 Hospital-Room and Board
 Immunizations*
 Independent Medical Evaluation
 Infertility*

Inhalation Therapy

Invasive Procedures
 In-vitro Fertilization*
 Lenses
 Licensed Ambulance
 Long Term Care
 Lymphatic
 Mail Order Prescription Drug
 Major Medical
 Massage Therapy
 Maternity*
 Maxiofacial Prosthetics
 Medical Care*
 Medically Related Transportation
 MRI/CAT Scan*
 Neurology
 Newborn Care*
 Nonmedically Necessary Physical
 Nursery
 Occupational Therapy*
 Oral Surgery*
 Orthodontics
 Orthopedic
 Other Medical
 Otolological Exam
 Partial Hospitalization (Psychiatric)
 Pathology
 Pediatric*
 Periodontics
 Pharmacy*
 Physical Medicine*
 Plan Waiting Period

Alphabetic Listing of Service Type Codes

- This entire list will display for out-of-area members
- The highlighted entries will display for local BCBSKS member.
- * Denotes Required Service Type

Pneumonia Vaccine

Podiatry*

Podiatry-Nursing Home Visits

Podiatry-Office Visits

Pre-Admission Testing

Private Duty Nursing

Professional (Physician)

Professional (Physician) Visit – Home*

Professional (Physician) Visit – Inpatient*

Professional (Physician) Visit - Nursing Home

Professional (Physician) Visit – Office*

Professional (Physician) Visit – Outpatient*

Professional (Physician) Visit - Skilled Nursing Facility

Prosthetic Device

Prosthodontics

Psychiatric

Psychiatric-Inpatient*

Psychiatric-Outpatient*

Psychiatric-Room and Board

Psychotherapy*

Pulmonary Rehabilitation

Radiation Therapy*

Rehabilitation

Rehabilitation-Inpatient

Rehabilitation-Outpatient

Rehabilitation-Room and Board

Renal Supplies in the Home

Respite Care

Restorative

Routine (Preventative) Dental

Routine Exam

Routine Physical*

Second Surgical Opinion*

Skilled Nursing Care*

Skilled Nursing Care-Room and Board

Skin

Smoking Cessation

Social Work

Speech Therapy*

Substance Abuse*

Surgical*

Surgical Assistance*

Third Surgical Opinion

Transplants

Used Durable Medical Equipment

Vision (Optometry)*

Well Baby Care*

Example: Patient Eligibility Information Response Web Screen

The following example of a patient eligibility information response was generated:

- for a local BCBSKS member,
- using service type hospital-inpatient, and
- is from our test system. The final production format could vary from this example.

Patient Eligibility Information

Summary for Date of Service: 03/12/2007

Patient Information

Patient Name:
Patient Date of Birth:
Identification Number:
Group Number:
Individual Relationship: Self
Gender: Male

Disclaimer: Unless otherwise required by appropriate law, this notice is not a guarantee of payment. Benefits are subject to all contract limitations and the member's eligibility status on the date of service. Paid-to-date amounts reflect only finalized claims.

Plan Coverage Description: BLUE CHOICE - COMPREHENSIVE MAJOR MEDICAL

Patient Name:
Identification Number:

[*Glossary of HIPAA Terms*](#)

Service Type: HEALTH BENEFIT PLAN COVERAGE
Eligibility Information: ACTIVE COVERAGE
Coverage Level: FAMILY
Insurance Type: GROUP POLICY
Time Period: CALENDAR YEAR
Date/Time Qualifier: POLICY EFFECTIVE 07/01/2006
Date/Time Qualifier: BENEFIT BEGIN 01/01/2007
Date/Time Qualifier: BENEFIT END 12/31/2007

Service Type: HEALTH BENEFIT PLAN COVERAGE
Eligibility Information: DEDUCTIBLE
Coverage Level: INDIVIDUAL
Time Period: CALENDAR YEAR
Amount: \$750.00
In Plan Network: YES

Service Type: HEALTH BENEFIT PLAN COVERAGE
Eligibility Information: DEDUCTIBLE
Coverage Level: FAMILY
Time Period: CALENDAR YEAR
Amount: \$2250.00
In Plan Network: YES

Service Type: HEALTH BENEFIT PLAN COVERAGE
Eligibility Information: CO-INSURANCE
Coverage Level: INDIVIDUAL
Time Period: CALENDAR YEAR
Percentage: 20%
Amount: \$1500.00
In Plan Network: YES

Service Type: HEALTH BENEFIT PLAN COVERAGE
Eligibility Information: CO-INSURANCE
Coverage Level: FAMILY
Time Period: CALENDAR YEAR
Percentage: 20%
Amount: \$4500.00
In Plan Network: YES

Service Type: HOSPITAL - INPATIENT
Eligibility Information: LIMITATIONS
Coverage Level: INDIVIDUAL
In Plan Network: YES

Pre-certification Required: YES

Additional Information: Coverage is available for semi-private room only. For a private room, the patient is responsible for the charge amount above the semi-private room rate.

Service Type: HOSPITAL - INPATIENT
Eligibility Information: DEDUCTIBLE
Coverage Level: INDIVIDUAL
Time Period: CALENDAR YEAR
Amount: \$750.00
Quantity Type: QUANTITY USED
Quantity: .00
In Plan Network: YES

Pre-certification Required: YES

Additional Information: This deductible should be used instead of the amount shown under Health Benefit Plan Coverage.

Service Type: HOSPITAL - INPATIENT
Eligibility Information: DEDUCTIBLE
Coverage Level: FAMILY
Time Period: CALENDAR YEAR
Amount: \$2250.00
Quantity Type: QUANTITY USED
Quantity: .00
In Plan Network: YES
Pre-certification Required: YES
Additional Information: This deductible should be used instead of the amount shown under Health Benefit Plan Coverage.

Service Type: HOSPITAL - INPATIENT
Eligibility Information: CO-INSURANCE
Coverage Level: INDIVIDUAL
Time Period: CALENDAR YEAR
Percentage: 20%
Amount: \$1500.00
Quantity Type: QUANTITY USED
Quantity: .00
In Plan Network: YES
Pre-certification Required: YES
Additional Information: This coinsurance should be used instead of the value shown under Health Benefit Plan Coverage.

Service Type: HOSPITAL - INPATIENT
Eligibility Information: CO-INSURANCE
Coverage Level: FAMILY
Time Period: CALENDAR YEAR
Percentage: 20%
Amount: \$4500.00
Quantity Type: QUANTITY USED
Quantity: .00
In Plan Network: YES
Pre-certification Required: YES
Additional Information: This coinsurance should be used instead of the value shown under Health Benefit Plan Coverage.

Service Type: HOSPITAL - INPATIENT
Eligibility Information: CO-PAYMENT
Amount: \$0.00
In Plan Network: YES
Pre-certification Required: YES

Service Type: PROFESSIONAL (PHYSICIAN) VISIT - INPATIENT

Eligibility Information: CO-PAYMENT

Coverage Level: INDIVIDUAL

Time Period: VISIT

Amount: \$20.00

In Plan Network: YES

Additional Information: Tmj - initial exams and diagnostic services.

Service Type: PROFESSIONAL (PHYSICIAN) VISIT - INPATIENT

Eligibility Information: DEDUCTIBLE

Coverage Level: INDIVIDUAL

Time Period: CALENDAR YEAR

Amount: \$750.00

Quantity Type: QUANTITY USED

Quantity: .00

In Plan Network: YES

Additional Information: This deductible should be used instead of the amount shown under Health Benefit Plan Coverage.

Service Type: PROFESSIONAL (PHYSICIAN) VISIT - INPATIENT

Eligibility Information: DEDUCTIBLE

Coverage Level: FAMILY

Time Period: CALENDAR YEAR

Amount: \$2250.00

Quantity Type: QUANTITY USED

Quantity: .00

In Plan Network: YES

Additional Information: This deductible should be used instead of the amount shown under Health Benefit Plan Coverage.

Service Type: PROFESSIONAL (PHYSICIAN) VISIT - INPATIENT

Eligibility Information: CO-INSURANCE

Coverage Level: INDIVIDUAL

Time Period: CALENDAR YEAR

Percentage: 20%

Amount: \$1500.00

Quantity Type: QUANTITY USED

Quantity: .00

In Plan Network: YES

Additional Information: This coinsurance should be used instead of the value shown under Health Benefit Plan Coverage.

Service Type: PROFESSIONAL (PHYSICIAN) VISIT - INPATIENT
Eligibility Information: CO-INSURANCE
Coverage Level: FAMILY
Time Period: CALENDAR YEAR
Percentage: 20%
Amount: \$4500.00
Quantity Type: QUANTITY USED
Quantity: .00
In Plan Network: YES

Additional Information: This coinsurance should be used instead of the value shown under Health Benefit Plan Coverage.

Plan Coverage Description: BLUE CHOICE - COMP MAJOR MED - OUT-OF-NETWORK
Patient Name:
Identification Number:

Glossary of HIPAA Terms

Service Type: HEALTH BENEFIT PLAN COVERAGE
Eligibility Information: ACTIVE COVERAGE
Coverage Level: FAMILY
Insurance Type: GROUP POLICY
Time Period: CALENDAR YEAR
Date/Time Qualifier: POLICY EFFECTIVE 07/01/2006
Date/Time Qualifier: BENEFIT BEGIN 01/01/2007
Date/Time Qualifier: BENEFIT END 12/31/2007

Service Type: HEALTH BENEFIT PLAN COVERAGE
Eligibility Information: DEDUCTIBLE
Coverage Level: INDIVIDUAL
Time Period: CALENDAR YEAR
Amount: \$750.00
In Plan Network: NO

Service Type: HEALTH BENEFIT PLAN COVERAGE
Eligibility Information: DEDUCTIBLE
Coverage Level: FAMILY
Time Period: CALENDAR YEAR
Amount: \$2250.00
In Plan Network: NO

Service Type: HEALTH BENEFIT PLAN COVERAGE
Eligibility Information: CO-INSURANCE
Coverage Level: INDIVIDUAL
Time Period: CALENDAR YEAR
Percentage: 40%
Amount: \$2000.00
In Plan Network: NO

Service Type: HEALTH BENEFIT PLAN COVERAGE
Eligibility Information: CO-INSURANCE
Coverage Level: FAMILY
Time Period: CALENDAR YEAR
Percentage: 40%
Amount: \$6000.00
In Plan Network: NO

Service Type: HOSPITAL - INPATIENT
Eligibility Information: LIMITATIONS
Coverage Level: INDIVIDUAL
In Plan Network: NO

Pre-certification Required: YES

Additional Information: Coverage is available for semi-private room only. For a private room, the patient is responsible for the charge amount above the semi-private room rate.

Service Type: HOSPITAL - INPATIENT
Eligibility Information: DEDUCTIBLE
Coverage Level: INDIVIDUAL
Time Period: CALENDAR YEAR
Amount: \$750.00
Quantity Type: QUANTITY USED
Quantity: .00
In Plan Network: NO

Pre-certification Required: YES

Additional Information: This deductible should be used instead of the amount shown under Health Benefit Plan Coverage.

Service Type: HOSPITAL - INPATIENT
Eligibility Information: DEDUCTIBLE
Coverage Level: FAMILY
Time Period: CALENDAR YEAR
Amount: \$2250.00
Quantity Type: QUANTITY USED
Quantity: .00
In Plan Network: NO
Pre-certification Required: YES
Additional Information: This deductible should be used instead of the amount shown under Health Benefit Plan Coverage.

Service Type: HOSPITAL - INPATIENT
Eligibility Information: CO-INSURANCE
Coverage Level: INDIVIDUAL
Time Period: CALENDAR YEAR
Percentage: 40%
Amount: \$2000.00
Quantity Type: QUANTITY USED
Quantity: .00
In Plan Network: NO
Pre-certification Required: YES
Additional Information: This coinsurance should be used instead of the value shown under Health Benefit Plan Coverage.

Service Type: HOSPITAL - INPATIENT
Eligibility Information: CO-INSURANCE
Coverage Level: FAMILY
Time Period: CALENDAR YEAR
Percentage: 40%
Amount: \$6000.00
Quantity Type: QUANTITY USED
Quantity: .00
In Plan Network: NO
Pre-certification Required: YES
Additional Information: This coinsurance should be used instead of the value shown under Health Benefit Plan Coverage.

Service Type: HOSPITAL - INPATIENT
Eligibility Information: CO-PAYMENT
Amount: \$0.00
In Plan Network: NO
Pre-certification Required: YES

Service Type: PROFESSIONAL (PHYSICIAN) VISIT -
INPATIENT

Eligibility Information: DEDUCTIBLE

Coverage Level: INDIVIDUAL

Time Period: CALENDAR YEAR

Amount: \$750.00

Quantity Type: QUANTITY USED

Quantity: .00

In Plan Network: NO

Additional Information: This deductible should be used instead of the amount shown under Health Benefit Plan Coverage.

Service Type: PROFESSIONAL (PHYSICIAN) VISIT -
INPATIENT

Eligibility Information: DEDUCTIBLE

Coverage Level: FAMILY

Time Period: CALENDAR YEAR

Amount: \$2250.00

Quantity Type: QUANTITY USED

Quantity: .00

In Plan Network: NO

Additional Information: This deductible should be used instead of the amount shown under Health Benefit Plan Coverage.

Service Type: PROFESSIONAL (PHYSICIAN) VISIT -
INPATIENT

Eligibility Information: CO-INSURANCE

Coverage Level: INDIVIDUAL

Time Period: CALENDAR YEAR

Percentage: 40%

Amount: \$2000.00

Quantity Type: QUANTITY USED

Quantity: .00

In Plan Network: NO

Additional Information: This coinsurance should be used instead of the value shown under Health Benefit Plan Coverage.

Service Type: PROFESSIONAL (PHYSICIAN) VISIT -
INPATIENT

Eligibility Information: CO-INSURANCE

Coverage Level: FAMILY

Time Period: CALENDAR YEAR

Percentage: 40%

Amount: \$6000.00

Quantity Type: QUANTITY USED

Quantity: .00

In Plan Network: NO

Additional Information: This coinsurance should be used instead of the value shown under Health Benefit Plan Coverage.

Service Type: PROFESSIONAL (PHYSICIAN) VISIT -
INPATIENT

Eligibility Information: CO-PAYMENT

Amount: \$0.00

In Plan Network: NO

Select [another member or service date](#)

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