

Blue Medicare Advantage Choice (PPO) Blue Medicare Advantage (PPO) Blue Medicare Advantage Comprehensive (PPO)

Topeka Region: Chase, Coffey, Douglas, Franklin, Geary, Jackson, Jefferson, Linn, Lyon, Miami, Morris, Osage, Pottawatomie, Riley, Shawnee and Wabaunsee counties

Who can join?

To join a Blue Cross and Blue Shield of Kansas Medicare Advantage plan, 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 following counties in the state of Kansas: Chase, Coffey, Douglas, Franklin, Geary, Jackson, Jefferson, Linn, Lyon, Miami, Morris, Osage, Pottawatomie, Riley, Shawnee and Wabaunsee.

Which doctors, hospitals and pharmacies can I use?

Blue Cross has a network of doctors, hospitals, pharmacies and other providers. As a result, you may pay less for your covered benefits. However, you may also use providers that are not in our network. Generally, you must use pharmacies in our network to fulfill your prescriptions for covered Part D drugs.

What drugs are covered?

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, bcbsks.com/mawelcome. Or call us and we will send you a copy of the Formulary.

Hours of Operations

Hours are 8 a.m. to 8 p.m., seven days a week. You may reach a messaging service on Thanksgiving, Christmas, and holidays and weekends from April 1 through September 30. Please leave a message and your call will be returned the next business day.

Phone Number and Website

Call toll-free at 866-626-0175 (TTY: 711) or visit our website at bcbsks.com/topeka.

This information is not a complete description of benefits. Call 866-626-0175 (TTY: 711) for more information.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 800-752-6650 (TTY: 711). BCBSKS complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-432-3990 (TTY: 1-800-766-3777).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-432-3990 (TTY: 1-800-766-3777).

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Topeka, Kansas 66629-0001

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Topeka Region	Blue Medicare Advantage Choice (PPO)	Blue Medicare Advantage (PPO)	Blue Medicare Advantage Comprehensive (PPO)
General Costs			
Premium	\$0 per month	\$0 per month	\$50 per month
Deductible	No deductible	No deductible	No deductible
Out of Pocket Maximum (In Network)	\$3,000	\$5,700	\$5,400
Out-of-Pocket Maximum (In Network and Out of Network)	\$5,400	\$8,900	\$8,000
Medical Benefit Copays			
Primary Care Visit	\$0 copay	\$10 copay	\$5 copay
Specialist Visit	\$25 copay	\$50 copay	\$40 copay
Emergency Care	\$90 copay	\$90 copay	\$80 copay
Urgent Care	\$20 copay	\$30 copay	\$25 copay
Ambulance	\$250 copay	\$250 copay	\$250 copay
Inpatient Hospital – Acute	\$250 copay per day for days 1 to 5	\$300 copay per day for days 1 to 5	\$300 copay per day for days 1 to 5
Outpatient/Ambulatory Surgery	\$250 copay	\$250 copay	\$250 copay
Diagnostic Procedures / Tests / Lab	\$0 copay	\$0 copay	\$0 copay
Diagnostic X-Rays	\$0 copay	\$0 copay	\$0 copay
Advanced Imaging (CTs / MRIs)	\$25 to \$250 copay	\$50 to \$250 copay	\$40 to \$250 copay
Mental Health Services	\$40 copay	\$40 copay	\$40 copay
Standard Out-of-Network*	40% coinsurance	40% coinsurance	30% coinsurance
Supplemental Benefits			
Dental	\$1,050 allowance for preventive + comprehensive services	\$800 allowance for preventive + comprehensive services	\$1,000 allowance for preventive + comprehensive services
Optional: Comprehensive Dental	N/A	\$21 Premium – \$1,000 allowance for minor comprehensive	
Vision	One routine eye exam + \$150 eyewear allowance		
Hearing	One routine hearing exam + four-tier hearing aid offers at: \$495, \$895, \$1,295 and \$1,695		
Meals and Nutrition	14 home delivered meals over 7-day period post hospital discharge	14 home delivered meals over 7-day period post hospital discharge	14 home delivered meals over 7-day period post hospital discharge
Fitness	N/A	SilverSneakers® gym membership	
Over-the-Counter (OTC) retail allowance	N/A	\$140 per year (\$35 per quarter)	\$340 per year (\$85 per quarter)
Prescription Benefits			
Retail/Mail Order			
Rx Deductible	\$250 drug deductible on Tier 4 and 5 drugs	No deductible	No deductible
Tier 1	\$3 copay	\$3 copay	\$3 copay
Tier 2	\$5 copay	\$5 copay	\$5 copay
Tier 3	\$45 copay	\$45 copay	\$45 copay
Tier 4	\$100 copay	\$100 copay	\$100 copay
Tier 5	28% coinsurance	33% coinsurance	33% coinsurance

*Certain exceptions apply. Please reference the Evidence of Coverage for additional information.