

Medicare Advantage Enrollment Guide



Find your Medicare fit

Understanding your Medicare options is key to making the best choice. These handy charts compare coverage, helping you choose the plan that best fits your needs, budget and lifestyle.

Compare Original Medicare vs Medicare Advantage

	Original Medicare Only	Medicare Advantage
Monthly Premium	Part B Premium (\$185 in 2025)	Part B Premium + \$0–\$50 MA Premium
Part A Deductible	\$1,676 per benefit period	Varies (some cover it)
Part B Deductible	\$257 annually	Often covered or capped
Coinsurance/Copays	20% after deductible	Set copays for visits/services
Annual Out-of-Pocket Limit	No limit	Yes (max. for KS in 2025: \$9,350, most plans lower)
Doctor & Hospital Choice	Any provider accepting Medicare	In-network (HMO/PPO)
Referrals Needed	No	Often yes (for HMO plans)
Prescription Drugs (Part D)	Not included	Sometimes
Dental, Hearing, Vision Coverage	Not included	Included in most
Fitness & Over-the-Counter Benefits	Not included	Included in most

Below is an example of what you can expect to pay for services under each plan.

Routine Year (1–2 visits)	~\$400	~\$100
Unexpected Surgery & Rehab	~\$7,000+	~\$550
Hospital Stay + Follow-up Care	~\$8,000+	~\$2,500

This example is for illustrative purposes only. Plan specifics vary by location.

Compare Original Medicare vs Original Medicare + Medicare Supplement

	Original Medicare Only	Original Medicare + Medicare Supplement (Plan G)
Monthly Premium	Part B Premium (\$185 in 2025)	Part B+ Medicare Supplement Premium (varies, ~\$100–\$300)
Part A Deductible	\$1,676 per benefit period	Covered by Medigap Plan G
Part B Deductible	\$257 annually	\$257 annually
Coinsurance/Copays	20% after deductible	Mostly covered (except Part B deductible)
Annual Out-of-Pocket Limit	No limit	Low out-of-pocket costs
Doctor & Hospital Choice	Any provider accepting Medicare	Any provider accepting Medicare
Referrals Needed	No	No
Prescription Drugs (Part D)	Not included	Not included (must buy separately)
Dental, Hearing, Vision Coverage	Not included	Not included
Fitness & Over-the-Counter Benefits	Not included	Not included

Below is an example of what you can expect to pay for services under each plan.

Routine Year (1–2 visits)	~\$400	~\$1,200 (mostly premiums)
Unexpected Surgery & Rehab	~\$7,000+	\$1,200–\$1,500
Hospital Stay + Follow-up Care	~\$8,000+	~\$1,200–\$1,500

This example is for illustrative purposes only and is based on Medicare Supplement Plan G. Plan specifics and costs may vary by location.

Blue Medicare Advantage plans

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.

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 for all plans except Blue Medicare Freedom (PPO). 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/ma-resources. Or call us and we will send you a copy of the Formulary.

Hours of operation

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.

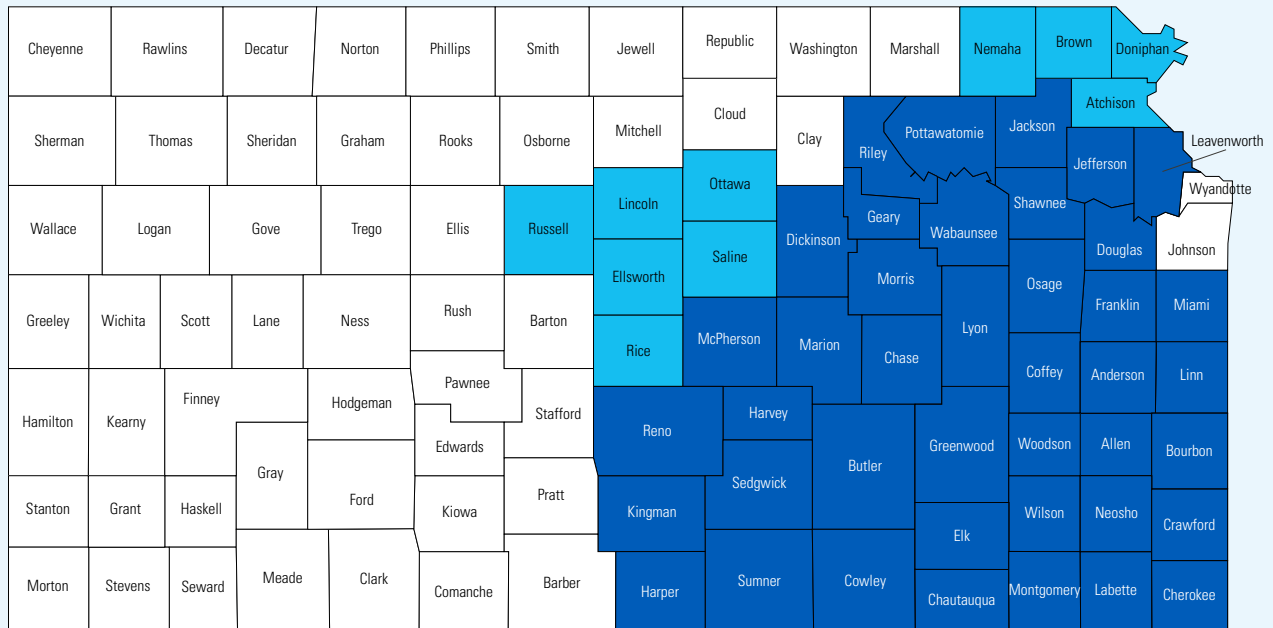
Phone number and website

Call toll-free at 866-595-9753 (TTY: 711) or visit our website at bcbsks.com/medicare.

Plans available in all Blue Medicare Advantage counties

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

Allen	Elk	Marion	Sedgwick
Anderson	Ellsworth	McPherson	Shawnee
Atchison	Franklin	Miami	Sumner
Bourbon	Geary	Montgomery	Wabaunsee
Butler	Greenwood	Morris	Wilson
Brown	Harper	Nemaha	Woodson
Chase	Harvey	Neosho	
Chautauqua	Jackson	Osage	
Cherokee	Jefferson	Ottawa	
Coffey	Kingman	Pottawatomie	
Cowley	Labette	Reno	
Crawford	Leavenworth	Rice	
Dickinson	Lincoln	Russell	
Doniphan	Linn	Riley	
Douglas	Lyon	Saline	



■ New counties
 ■ Current counties

	Blue Medicare Advantage Choice (PPO)	Blue Medicare Advantage Comprehensive (PPO)	Blue Medicare Advantage Freedom (PPO)
General Costs			
Premium	\$0 per month	\$35 per month	\$0 per month
Part B Giveback	N/A	N/A	\$75 giveback
Deductible	No deductible	No deductible	No deductible
Out of Pocket Maximum (In Network)	\$3,700	\$5,000	\$5,400
Out-of-Pocket Maximum (In and Out of Network)	\$5,700	\$8,500	\$8,950
Medical Benefit Copays			
Primary Care Visit	\$0 copay	\$0 copay	\$0 copay
Specialist Visit	\$30 copay	\$35 copay	\$45 copay
Emergency Care	\$150 copay	\$130 copay	\$125 copay
Urgent Care	\$30 copay	\$30 copay	\$50 copay
Ambulance	\$300 copay	\$300 copay	\$300 copay
Inpatient Hospital – Acute/MH	\$350 copay per day, days 1 to 6	\$300 copay per day, days 1 to 6	\$400 / \$350 copay per day, days 1 to 6
Outpatient/Ambulatory Surgery	\$300 copay	\$250 copay	\$325 copay / \$275 copay
Diagnostic Procedures / Tests / Lab	\$0 copay	\$0 copay	\$0 copay
Diagnostic X-Rays	\$0 copay	\$0 copay	\$0 copay
Advanced Imaging (CTs/MRIs)	\$30 to \$250 copay	\$35 to \$250 copay	\$45 to \$250 copay
Mental Health Services	\$30 copay	\$40 copay	\$40 copay
Standard Out-of-Network*	40% coinsurance	30% coinsurance	40% coinsurance
Supplemental Benefits			
Dental	\$3,000 allowance for preventive + comprehensive services	\$3,000 allowance for preventive + comprehensive services	\$2,000 allowance for preventive + comprehensive services
Optional: Comp. Dental	N/A	\$25 Premium – \$1,000 allowance for minor comprehensive	N/A
Vision	One routine eye exam + \$300 eyewear allowance	One routine eye exam + \$200 eyewear allowance	One routine eye exam + \$200 eyewear allowance
Hearing	One routine hearing exam + four-tier hearing aid offers at: \$295, \$695, \$1,095 and \$1,495		
Meals and Nutrition	14 home delivered meals over 7-day period post hospital discharge		
Fitness	N/A	SilverSneakers® gym membership	
Over-the-Counter (OTC) retail allowance	\$300 per year (\$75 per quarter)	\$350 per year (\$87.50 per quarter)	\$200 per year (\$50 per quarter); remaining balance rolls over quarterly
Prescription Benefits			
Preferred Retail/3-month Supply			
Rx Deductible	\$300 deductible on tiers 3-5	\$300 deductible on tiers 3-5	N/A
Tier 1	\$0 copay/\$0 copay	\$0 copay/\$0 copay	N/A
Tier 2	\$0 copay/\$0 copay	\$0 copay/\$0 copay	N/A
Tier 3	24% coinsurance	24% coinsurance	N/A
Tier 4	31% coinsurance	31% coinsurance	N/A
Tier 5	29% coinsurance for 30-day supply	29% coinsurance for 30-day supply	N/A

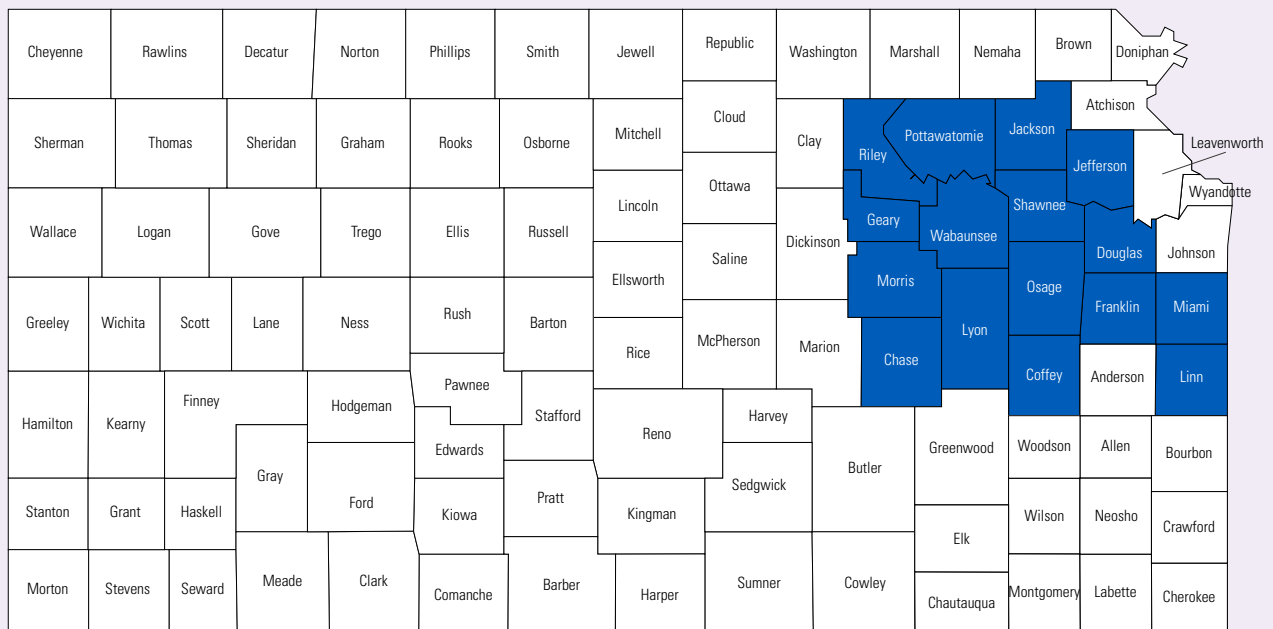
*Certain exceptions apply. Please reference the Evidence of Coverage for additional information.

Additional plan option for the northeastern region

Blue Medicare Advantage (PPO)

This plan only available in the following counties:

- | | | |
|----------|-------------|--------------|
| Chase | Jefferson | Osage |
| Coffey | Leavenworth | Pottawatomie |
| Douglas | Linn | Riley |
| Franklin | Lyon | Shawnee |
| Geary | Miami | Wabaunsee |
| Jackson | Morris | |



Northeastern region

	Blue Medicare Advantage (PPO)
General Costs	
Premium	\$0 per month
Part B Giveback	N/A
Deductible	No deductible
Out of Pocket Maximum (In Network)	\$5,500
Out-of-Pocket Maximum (In and Out of Network)	\$9,200
Medical Benefit Copays	
Primary Care Visit	\$5 copay
Specialist Visit	\$40 copay
Emergency Care	\$130 copay
Urgent Care	\$35 copay
Ambulance	\$300 copay
Inpatient Hospital – Acute/MH	\$350 copay per day, days 1 to 6
Outpatient/Ambulatory Surgery	\$300 copay
Diagnostic Procedures / Tests / Lab	\$0 copay
Diagnostic X-Rays	\$0 copay
Advanced Imaging (CTs/MRIs)	\$40 to \$250 copay
Mental Health Services	\$40 copay
Standard Out-of-Network*	40% coinsurance
Supplemental Benefits	
Dental	\$2,500 allowance for preventive + comprehensive services
Optional: Comp. Dental	\$25 Premium – \$1,000 allowance for minor comprehensive
Vision	One routine eye exam + \$250 eyewear allowance
Hearing	One routine hearing exam + four-tier hearing aid offers at: \$295, \$695, \$1,095 and \$1,495
Meals and Nutrition	14 home delivered meals over 7-day period post hospital discharge
Fitness	SilverSneakers® gym membership
Over-the-Counter (OTC) retail allowance	\$190 per year (\$47.50 per quarter)
Prescription Benefits	
Preferred Retail/3-month Supply	
Rx Deductible	\$300 deductible on tiers 3-5
Tier 1	\$0 copay / \$0 copay
Tier 2	\$0 copay / \$0 copay
Tier 3	24% coinsurance
Tier 4	31% coinsurance
Tier 5	29% coinsurance for 30-day supply

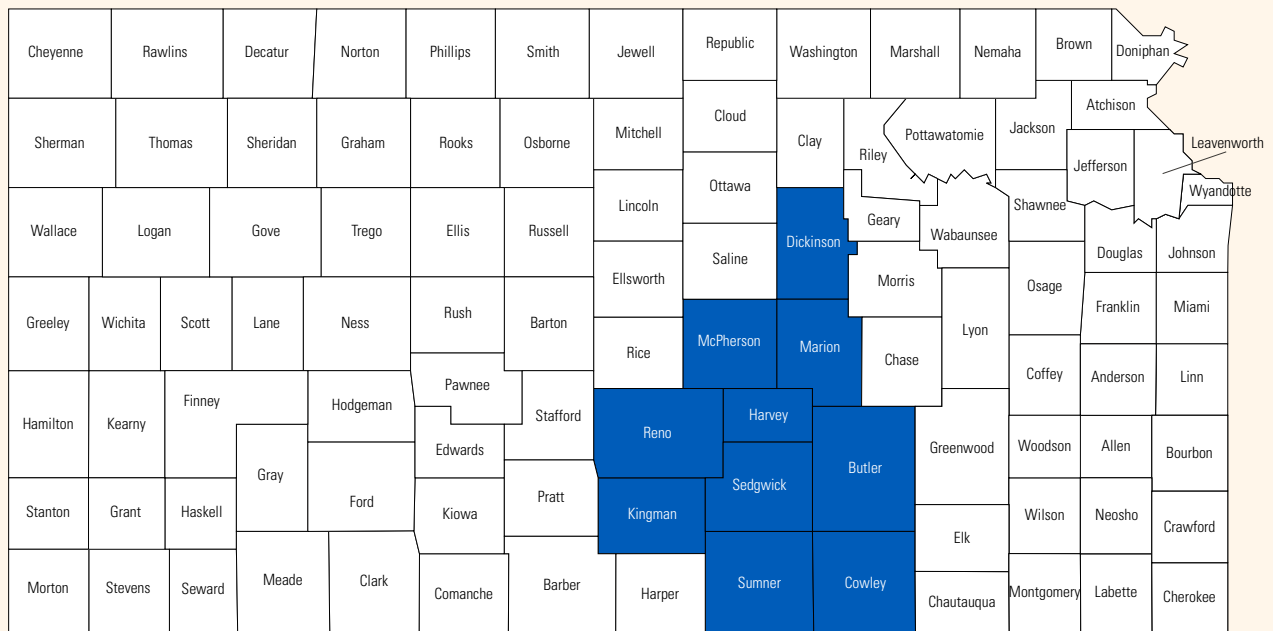
*Certain exceptions apply. Please reference the Evidence of Coverage for additional information.

Additional plan for the south central region

Blue Medicare Advantage (PPO)

This plan only available in the following counties:

- | | | |
|-----------|-----------|----------|
| Butler | Kingman | Sedgwick |
| Cowley | Marion | Sumner |
| Dickinson | McPherson | |
| Harvey | Reno | |



South central region

	Blue Medicare Advantage (PPO)
General Costs	
Premium	\$10 per month
Part B Giveback	N/A
Deductible	No deductible
Out of Pocket Maximum (In Network)	\$5,500
Out-of-Pocket Maximum (In and Out of Network)	\$9,200
Medical Benefit Copays	
Primary Care Visit	\$5 copay
Specialist Visit	\$40 copay
Emergency Care	\$130 copay
Urgent Care	\$35 copay
Ambulance	\$300 copay
Inpatient Hospital – Acute/MH	\$400 / \$350 copay per day, days 1 to 6
Outpatient/Ambulatory Surgery	\$300 copay
Diagnostic Procedures / Tests / Lab	\$0 copay
Diagnostic X-Rays	\$0 copay
Advanced Imaging (CTs / MRIs)	\$40 to \$250 copay
Mental Health Services	\$40 copay
Standard Out-of-Network*	40% coinsurance
Supplemental Benefits	
Dental	\$2,500 allowance for preventive + comprehensive services
Optional: Comp. Dental	N/A
Vision	One routine eye exam + \$250 eyewear allowance
Hearing	One routine hearing exam + four-tier hearing aid offers at: \$295, \$695, \$1,095 and \$1,495
Meals and Nutrition	14 home delivered meals over 7-day period post hospital discharge
Fitness	SilverSneakers® gym membership
Over-the-Counter (OTC) retail allowance	\$130 per year (\$32.50 per quarter)
Prescription Benefits	
Preferred Retail/3-month Supply	
Rx Deductible	\$300 deductible on tiers 3-5
Tier 1	\$0 copay / \$0 copay
Tier 2	\$0 copay / \$0 copay
Tier 3	24% coinsurance
Tier 4	31% coinsurance
Tier 5	29% coinsurance for 30-day supply

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

Ready to enroll or have questions?

Call today.

866-595-9753 (TTY: 711)

8 a.m. to 8 p.m. | 7 days a week*

or complete the [enrollment form online](#)

(If you prefer to submit your application via mail,
call 866-595-9753 (TTY: 711) to request enrollment forms.)



*8 a.m. to 8 p.m., Monday through Friday, with weekend hours Oct. 1 to March 31.

Blue Cross and Blue Shield of Kansas offers PPO and PDP plans with a Medicare contract. Enrollment in Blue Cross and Blue Shield of Kansas Medicare Advantage and Prescription Drug Plan depends on contract renewal. By providing information to Blue Cross and Blue Shield of Kansas, a licensed sales agent may contact you.

For Medicare Advantage, call 800-222-7645 (TTY: 711) for more information. Medicare Advantage, through Blue Cross and Blue Shield of Kansas, is only offered within a limited number of Kansas counties. Please contact Blue Cross and Blue Shield of Kansas at 800-752-6650 (TTY: 711) if you need information in an accessible format or language other than English. For Part D Prescription Drug Coverage, call 877-471-4121 (TTY: 711) for more information or if you need information in an accessible format or language other than English. Prescription drug plans, through Blue Cross and Blue Shield of Kansas, are offered in all Kansas counties.

Blue Cross and Blue Shield of Kansas is not connected with or endorsed by the U.S. Government or the federal Medicare program.

Medicare Supplement is offered by BlueCross BlueShield Kansas Solutions, a wholly owned subsidiary of Blue Cross and Blue Shield of Kansas. Blue Cross and Blue Shield of Kansas and its subsidiaries are independent licensees of the Blue Cross Blue Shield Association. Medicare supplement coverage is offered in all Kansas counties except Johnson and Wyandotte. For costs and details of Medicare Supplement coverage, including exclusions, reductions or limitations and the terms under which the policy may be continued in force, call or write the company at 866-710-6641 (TTY: 711) or BlueCross BlueShield Kansas Solutions, 1133 SW Topeka Blvd., Topeka, KS 66629.