

Total well-being starts with BlueWell

With fewer out-of-pocket costs so you can focus on getting the care you need.

General	In-Network	Out-of-Network
Deductible	\$6,350 per person / \$12,700 family	\$10,000 per person / \$20,000 family
Coinsurance (percentage paid by member)	0%	0%
Coinsurance maximum	N/A	N/A
Annual out-of-pocket maximum	\$6,350 per person / \$12,700 family	\$10,000 per person / \$20,000 family
HSA compliant	No	
Doctor's office visits		
Home and office visits – Primary	\$0	Subject to deductible
Home and office visits – Specialists	\$0	Subject to deductible
Telemedicine	Telemedicine is subject to the same cost sharing provisions as a non-telemedicine service.	Subject to deductible
Preventive care	\$0 – Preventive is without cost share	Subject to deductible
Prescription drug coverage		
Prescription drugs	100% covered Tier 1 / \$75 Tier 2/ \$100 Tier 3 / 20% coinsurance up to \$1,000 Tier 4 & 5	100% covered Tier 1 / \$75 Tier 2/ \$100 Tier 3 / 20% coinsurance up to \$1,000 Tier 4 & 5
Mail order drugs	100% covered Tier 1 / \$187.50 Tier 2 / \$250 Tier 3 / Specialty drugs are not covered	100% covered Tier 1 / \$187.50 Tier 2 / \$250 Tier 3 / Specialty drugs are not covered
Drug coverage limitation: Generic drugs are mandatory if available unless physician prescribes a brand drug.		
Specialty drug coverage: In-network benefits are applied when specialty drugs are obtained from our designated specialty pharmacy.		
Medical services		
Emergency medical transportation	Subject to deductible	Subject to deductible
Inpatient surgery physician/surgical	Subject to deductible	Subject to deductible
Inpatient facility fee <i>Requires pre-admission certification</i>	Subject to deductible	Subject to deductible
Outpatient lab and radiology and advanced imaging (CT/PET scans, MRIs)	Covered at 100%	Subject to deductible
Emergency Room	\$250 copay, then covered 100%	\$250 copay, then covered 100%
Injections	Covered at 100%	Subject to deductible
Dental and Vision		
Pediatric dental (for ages 0-19)	Cleanings and periodic evaluations covered at 100% - other services: subject to deductible	Cleanings and periodic evaluations covered at 100% - other services: subject to deductible
Pediatric vision (for ages 0-19)	Eye exams subject to office visit – specialist benefits, all other services: subject to deductible	Subject to deductible
Recovery/Special Needs		
Outpatient rehabilitation	Subject to deductible	Subject to deductible
Outpatient habilitation	Subject to deductible	Subject to deductible
Hospice	Subject to deductible	Subject to deductible
Home social work visits	Subject to deductible	Subject to deductible
Mental Illness/Substance Use Disorders		
Mental illness/substance use disorders – inpatient services <i>Requires pre-admission certification from Lucet™ behavioral health at 800-952-5906</i>	Covered at 100%	Subject to deductible
Mental illness/substance use disorders – outpatient services	Covered at 100%	Subject to deductible

The largest provider network

In Kansas and nationwide, we've got you covered. Our dominant network size provides members access to discounted fees with over 95% of hospitals and providers in our network — and that means savings for you.

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BlueAccess[®]

Our secure member portal puts you in control. It's your one-stop shop for understanding, managing and maximizing your health insurance benefits. Review your benefits, track claims and get access to Strive, Blue365, mental health resources and SmartShopper[®].

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Exclusions

Following is a list of common non-covered services. For a complete list of limitations and exclusions, refer to your contract or certificate.

Duplicate benefits provided under federal, state or local laws, regulations or programs, except Medicaid; cosmetic or reconstructive surgery (except as stated in the certificate); any keratotomy procedures; charges for personal items; convalescent or custodial/maintenance care or rest cures; blood or payments to donors of blood; charges for services by immediate relatives or by members of your household; acupuncture and admissions for acupuncture; services related to temporomandibular joint dysfunction syndrome over the amount specified in the certificate; dental implants; any medically-aided insemination procedure; services related to the reversal of sterilization procedures; mental illness or substance use disorder services provided by a non-eligible provider; hearing aids; unnecessary services and admissions; services or supplies which are experimental or investigative in nature; services not specifically listed as benefits in the certificate; services covered and payable by any medical expense payment provision of any automobile insurance policy.

Cost share may apply to telemedicine services not contracted between BCBSKS and AmWell (ex: dermatology, nutrition services).

Blue Cross and Blue Shield of Kansas serves all counties in Kansas except Johnson and Wyandotte.

This brochure provides a brief description of some important features and exclusions of this benefit program. It is not a legal document. The certificate or contract sets forth in detail the rights and obligations of both you and Blue Cross and Blue Shield of Kansas.

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Integrated drug management

We deliver tailored pharmacy management focused on savings without sacrificing employee experience.



We prioritize seamless integration into the health care journey.



We don't push members to owned pharmacies.



We create innovative programs that support adherence, mitigate gaps in care and create savings.

Lifetime maximum — unlimited for each covered person.

All eligible dependents are covered to age 26.