## **BlueCare EPO Standardized Bronze 0**

2023 Plan Year – Bronze level

Deductible         \$9,100 per person / \$18,200 family         Out-of-Network services are not available. Consurance (percentage paid by member)         0%         Out-of-Network services are not available. Consurance (percentage paid by member)         0%         Out-of-Network services are not available. Except services for medical emergencies and covered services not available. In network for wists.           Doctors:         Name and office visits — Primary         Deductible then \$0         Independencine. Am/Well virtual visit is the same cost share as a primary office visit. Virtual visit with a non-Am/Well provider is the same cost share as an in-person visit.           Prescription drugs         Deductible then \$0         Independencine. Am/Well virtual visit is the same cost share as an in-person visit.           Prescription drugs         Deductible then \$0         Independencine. Am/Well provider is the same cost share as an in-person visit.           Prescription drugs         Deductible then \$0         Independencine. Am/Well provider is the same cost share as an in-person visit.           Prescription drugs         Deductible then \$0         Independencine.           Mail order drugs         Deductible then \$0         Independencine.           Impatient surgery physician/surgical         Deductible then \$0         Independencine.           Unpatient tallury fee         Deductible then \$0         Independencine.           Unpatient tallury fee         Deductible then \$0         Independencine.	General	In-Network	Out-of-Network	
Note	Deductible	\$9,100 per person / \$18,200 family		
Consumeration maximum         NAA named out-of-pocket maximum         \$3,100 per person / \$18,200 family         Occored frice visits           Poctor's office visits - Primary         Deductible then \$0	Coinsurance (percentage paid by member)	0%	·	
Annual out-of-pocket maximum \$ 9.100 per person  \$10.200 femily  \textif{ Doctor's office visits - Primary}	Coinsurance maximum	N/A		
Doctor's office visits — Primary         Deductible then \$0           Home and office visits — Specialists         Deductible then \$0           Telemedicine: Am/Vell virtual visit is the same cost share as a primary office visit. Virtual visit with → n-Am/Vell provider is the same cost share as an in-person visit.           Preventive care         \$0 - Preventive is without cost share           Prescription drug coverage         Frescription drug coverage           Prescription drug coverage         Deductible then \$0           Mail order drugs         Deductible then \$0           Mail order drugs         Deductible then \$0           Medical services         Prescription drug coverage           Emergency medical transportation         Deductible then \$0           Inpatient surgery physician/surgical         Deductible then \$0           Inpatient surgery physician/surgical         Deductible then \$0           Outpatient surgery physician/surgical         Deductible then \$0           Outpatient surgery physician/surgical         Deductible then \$0           Deductible then \$0         Deductible then \$0           Injections         Deductible then \$0           Description drug coverage         Deductible then \$0           Pediatric dental (for ages 0-19)         Cleanings and periodic evaluations covered at 100% – other services: Deductible then \$0           Pediatric vision (for a	Annual out-of-pocket maximum	\$9,100 per person / \$18,200 family	Covered Services not available in-network.	
Define and office visits - Specialists   Deductible then \$0	Doctor's office visits			
Tolemedicine: AmWell virtual visit is the same cost share as a primary office visit. Virtual visit with a non-AmWell provider is the same cost share as an in-person visit.  Preventive care	Home and office visits — Primary	Deductible then \$0		
as an in-person visit.  Preventive care   \$0 - Preventive is without cost share    Prescription drugs   Deductible then \$0    Mail order drugs   Deductible then \$0    Mail order drugs   Deductible then \$0    Medical services  Emergency medical transportation   Deductible then \$0    Inpatient surgery physician/surgical   Deductible then \$0    Inpatient surgery physician/surgical   Deductible then \$0    Outpatient surgery physician/surgical   Deductible then \$0    Outpatient ab and radiology and advanced imaging (CTPFE seans, MRIs)    Emergency Room   Deductible then \$0    Pediatric dental (for ages 0-19)    Cleanings and periodic evaluations covered at 100% - other services: Deductible then \$0    Pediatric vision (for ages 0-19)    Pediatric habilitation   Deductible then \$0    Deductible then \$0    Recovery/Special Needs    Cleanings and periodic evaluations covered be specially then \$0    Deductible then \$0    Pediatric vision (for ages 0-19)    Deductible then \$0    Deductible then \$0    Recovery/Special Needs    Outpatient habilitation   Deductible then \$0	Home and office visits – Specialists	Deductible then \$0		
Prescription drugs Overage Prescription drugs Deductible then \$0 Deduc	·			
Prescription drugs         Deductible then \$0           Mail order drugs         Deductible then \$0           Medical services         Emergency medical transportation         Deductible then \$0           Inpatient surgery physician/surgical         Deductible then \$0           Inpatient facility fee         Deductible then \$0           Outpatient surgery physician/surgical         Deductible then \$0           Outpatient lab and radiology and advanced imaging (CT/PET scans, MRIs)         Deductible then \$0           Emergency Room         Deductible then \$0         Deductible then \$0           Injections         Deductible then \$0         Deductible then \$0           Dental and Vision         Cleanings and periodic evaluations           Covered at 100% – other services: Deductible then \$0         Deductible then \$0           Pediatric vision (for ages 0-19)         Eye vasms subject to office visit – specialist benefits; all other services: Deductible then \$0           Pediatric vision (for ages 0-19)           Everowry/Special Needs         Deductible then \$0           Deductible then \$0           Updatient rehabilitation         Deductible then \$0           Updatient rehabilitation         Deductible then \$0           Home social work visits         Deductible then \$0 </td <td>Preventive care</td> <td>\$0 – Preventive is without cost share</td> <td></td>	Preventive care	\$0 – Preventive is without cost share		
Mail order drugs Deductible then \$0 Deductible then	Prescription drug coverage			
Medical services           Emergency medical transportation         Deductible then \$0         Deductible then \$0           Inpatient surgery physician/surgical         Deductible then \$0         Deductible then \$0           Outpatient la facility fee         Deductible then \$0         Deductible then \$0           Outpatient lab and radiology and advanced imaging (CT/PET scans, MRIs)         Deductible then \$0         Deductible then \$0           Emergency Room         Deductible then \$0         Deductible then \$0           Injections         Deductible then \$0         Deductible then \$0           Pediatric dental (for ages 0-19)         Cleanings and periodic evaluations covered at 100% – other services: Deductible then \$0         Service scans subject to office visit — specialist benefits; all other services: Deductible then \$0           Pediatric vision (for ages 0-19)         Eye exams subject to office visit — specialist benefits; all other services: Deductible then \$0         Services           Deductible then \$0         Deductible then \$0         Services           Deductible then \$0         Services         Services           Deductible then \$0         Services         Services           Homes ocial work visits         Deductible then \$0         Services           Homes ocial work visits         Deductible then \$0         Services           Requires pre-admission certification from New Directio	Prescription drugs	Deductible then \$0		
Emergency medical transportation         Deductible then \$0         Deductible then \$0           Inpatient surgery physician/surgical         Deductible then \$0           Outpatient facility fee         Deductible then \$0           Outpatient lab and radiology and advanced imaging (CT/PET scans, MRIs)         Deductible then \$0           Emergency Room         Deductible then \$0           Injections         Deductible then \$0           Detuctible then \$0           Deductible then \$0           Mental Illness/Substance use disorders – inpatient services           Deductible then \$0	Mail order drugs	Deductible then \$0		
Inpatient surgery physician/surgical Inpatient facility fee Deductible then \$0 Outpatient surgery physician/surgical Deductible then \$0 Outpatient surgery physician/surgical Outpatient surgery physician/surgical Outpatient lab and radiology and advanced imaging (CT/PET scans, MRIs) Emergency Room Deductible then \$0 Injections Deductible then \$0 Deductib	Medical services			
Inpatient facility fee	Emergency medical transportation	Deductible then \$0	Deductible then \$0	
Outpatient surgery physician/surgical         Deductible then \$0           Outpatient lab and radiology and advanced imaging (CT/PET scans, MRIs)         Deductible then \$0           Emergency Room         Deductible then \$0           Injections         Deductible then \$0           Dental and Vision         Cleanings and periodic evaluations covered at 100% – other services: Deductible then \$0           Pediatric dental (for ages 0-19)         Eye exams subject to office visit – specialist benefits; all other services: Deductible then \$0           Pediatric vision (for ages 0-19)         Deductible then \$0           Recovery/Special Needs           Outpatient rehabilitation         Deductible then \$0           Outpatient habilitation         Deductible then \$0           Home social work visits         Deductible then \$0           Home social work visits         Deductible then \$0           Mental Illness/substance Use Disorders         Mental illness/substance use disorders – inpatient services           Deductible then \$0         Deductible then \$0           Requires pre-admission certification from New Directions Behavioral Health at 800 952-8906         Deductible then \$0           Mental illness/substance use disorders – outpatient services         Deductible then \$0           Other         Unlimited for each covered person	Inpatient surgery physician/surgical	Deductible then \$0		
Outpatient lab and radiology and advanced imaging (CT/PET scans, MRIs)     Deductible then \$0       Emergency Room     Deductible then \$0       Injections     Deductible then \$0       Dental and Vision       Cleanings and periodic evaluations covered at 100% – other services: Deductible then \$0       Pediatric dental (for ages 0-19)       Eye exams subject to office visit – specialist benefits; all other services: Deductible then \$0       Deductible then \$0       Outpatient rehabilitation       Deductible then \$0       Deductible then \$0       Horne social work visits       Deductible then \$0       Mental Illness/Substance Use Disorders       Mental Illness/substance use disorders – inpatient services       Deductible then \$0       Mental Illness/substance use disorders – outpatient services       Deductible then \$0       Mental illness/substance use disorders – outpatient services       Deductible then \$0       Deductible then \$0       Mental Illness/substance use disorders – outpatient services       Deductible then \$0	Inpatient facility fee	Deductible then \$0		
imaging (CT/PET scans, MRIs)     Deductible then \$0     Deductible then \$0       Emergency Room     Deductible then \$0     Deductible then \$0       Dental and Vision     Cleanings and periodic evaluations covered at 100% – other services: Deductible then \$0       Pediatric dental (for ages 0-19)     Eye exams subject to office visit – specialist benefits; all other services: Deductible then \$0       Recovery/Special Needs       Outpatient rehabilitation     Deductible then \$0       Outpatient habilitation     Deductible then \$0       Home social work visits     Deductible then \$0       Mental Illness/Substance Use Disorders       Mental Illness/Substance use disorders – inpatient services     Deductible then \$0       Mental Illness/substance use disorders – outpatient services     Deductible then \$0       Other       Lifetime maximum     Unlimited for each covered person	Outpatient surgery physician/surgical	Deductible then \$0		
Injections Deductible then \$0  Pediatric dental (for ages 0-19)  Pediatric vision (for ages 0-19)  Pediatric vision (for ages 0-19)  Eye exams subject to office visit — specialist benefits; all other services: Deductible then \$0  Recovery/Special Needs  Outpatient rehabilitation  Deductible then \$0  Outpatient habilitation  Deductible then \$0  Outpatient habilitation  Deductible then \$0  Mental Illness/Substance Use Disorders  Mental illness/substance use disorders — inpatient services  Bequires pre-admission certification from New Directions Behavioral Health at 800-952-5906  Mental illness/substance use disorders — outpatient services  Other  Unlimited for each covered person		Deductible then \$0		
Pediatric dental (for ages 0-19)  Pediatric dental (for ages 0-19)  Pediatric vision (for ages 0-19)  Pediatric vision (for ages 0-19)  Pediatric vision (for ages 0-19)  Recovery/Special Needs  Outpatient rehabilitation  Deductible then \$0  Outpatient habilitation  Deductible then \$0  Hospice  Deductible then \$0  Home social work visits  Mental Illness/Substance Use Disorders Inpatient services  Requires pre-admission certification from New Directions Behavioral Health at 800-952-5906  Mental illness/substance use disorders — outpatient services  Deductible then \$0  Untimited for each covered person	Emergency Room	Deductible then \$0	Deductible then \$0	
Pediatric dental (for ages 0-19)  Pediatric dental (for ages 0-19)  Pediatric vision (for ages 0-19)  Eye exams subject to office visit — specialist benefits; all other services: Deductible then \$0  Eye exams subject to office visit — specialist benefits; all other services: Deductible then \$0  Pediatric vision (for ages 0-19)  Deductible then \$0  Deductible then \$0  Outpatient rehabilitation  Deductible then \$0  Hospice  Deductible then \$0  Home social work visits  Deductible then \$0  Mental Illness/Substance Use Disorders Inpatient services  Requires pre-admission certification from New Directions Behavioral Health at 800-952-5906  Mental illness/substance use disorders — Deductible then \$0  Unlimited for each covered person	Injections	Deductible then \$0		
Pediatric dental (for ages 0-19)       covered at 100% – other services: Deductible then \$0         Pediatric vision (for ages 0-19)       Eye exams subject to office visit – specialist benefits; all other services: Deductible then \$0         Recovery/Special Needs         Outpatient rehabilitation       Deductible then \$0         Outpatient habilitation       Deductible then \$0         Hospice       Deductible then \$0         Home social work visits       Deductible then \$0         Mental Illness/Substance Use Disorders       Deductible then \$0         Mental illness/substance use disorders – inpatient services       Deductible then \$0         Requires pre-admission certification from New Directions Behavioral Health at 800-952-5906       Deductible then \$0         Mental illness/substance use disorders – outpatient services       Deductible then \$0         Other       Unlimited for each covered person	Dental and Vision			
Pediatric vision (for ages 0-19) specialist benefits; all other services: Deductible then \$0  Recovery/Special Needs  Outpatient rehabilitation Deductible then \$0  Outpatient habilitation Deductible then \$0 Hospice Deductible then \$0 Home social work visits Deductible then \$0  Mental Illness/Substance Use Disorders Mental illness/substance use disorders — inpatient services Requires pre-admission certification from New Directions Behavioral Health at 800-952-5906  Mental illness/substance use disorders — outpatient services  Deductible then \$0  Deductible then \$0  Deductible then \$0  Deductible then \$0  Unlimited for each covered person	Pediatric dental (for ages 0-19)	covered at 100% — other services:		
Outpatient rehabilitation     Deductible then \$0       Outpatient habilitation     Deductible then \$0       Hospice     Deductible then \$0       Home social work visits     Deductible then \$0       Mental Illness/Substance Use Disorders       Mental illness/substance use disorders — inpatient services     Deductible then \$0       Requires pre-admission certification from New Directions Behavioral Health at 800-952-5906     Deductible then \$0       Mental illness/substance use disorders — outpatient services     Deductible then \$0       Other     Unlimited for each covered person	Pediatric vision (for ages 0-19)	specialist benefits; all other services:		
Outpatient habilitation  Deductible then \$0  Hospice  Deductible then \$0  Home social work visits  Deductible then \$0  Mental Illness/Substance Use Disorders  Mental illness/substance use disorders — inpatient services  Requires pre-admission certification from New Directions Behavioral Health at 800-952-5906  Mental illness/substance use disorders — Deductible then \$0  Other  Lifetime maximum  Unlimited for each covered person	Recovery/Special Needs			
Hospice Deductible then \$0 Home social work visits Deductible then \$0  Mental Illness/Substance Use Disorders  Mental illness/substance use disorders — inpatient services Requires pre-admission certification from New Directions Behavioral Health at 800-952-5906  Mental illness/substance use disorders — Deductible then \$0  Other  Lifetime maximum Unlimited for each covered person	Outpatient rehabilitation	Deductible then \$0		
Home social work visits  Mental Illness/Substance Use Disorders  Mental illness/substance use disorders — inpatient services Requires pre-admission certification from New Directions Behavioral Health at 800-952-5906  Mental illness/substance use disorders — Deductible then \$0  Other  Lifetime maximum  Unlimited for each covered person	Outpatient habilitation	Deductible then \$0		
Mental Illness/Substance use disorders — inpatient services Requires pre-admission certification from New Directions Behavioral Health at 800-952-5906  Mental illness/substance use disorders — outpatient services  Other  Lifetime maximum  Unlimited for each covered person	Hospice	Deductible then \$0		
Mental illness/substance use disorders – inpatient services Requires pre-admission certification from New Directions Behavioral Health at 800-952-5906  Mental illness/substance use disorders – outpatient services  Deductible then \$0  Deductible then \$0  Unlimited for each covered person	Home social work visits	Deductible then \$0		
inpatient services Requires pre-admission certification from New Directions Behavioral Health at 800-952-5906  Mental illness/substance use disorders — outpatient services  Other  Lifetime maximum  Deductible then \$0  Deductible then \$0  Unlimited for each covered person	Mental Illness/Substance Use Disorders			
Mental illness/substance use disorders — outpatient services  Other  Lifetime maximum  Deductible then \$0  Unlimited for each covered person	inpatient services Requires pre-admission certification from New Directions	Deductible then \$0		
Lifetime maximum Unlimited for each covered person	Mental illness/substance use disorders –	Deductible then \$0		
·	Other			
	Lifetime maximum	Unlimited for each covered person		
Eligible dependents Covered to age 26	Eligible dependents	Covered to age 26		
HSA compliant No No	HSA compliant	No		

# 2023 Plan Year

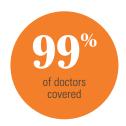
## Access to your benefits

BlueCare EPO plans will access the Solutions provider network that has you covered throughout our 103-county coverage area (excluding Johnson and Wyandotte) within the state of Kansas.



Please remember, you have no coverage for services provided outside of the provider network with the exception of medical emergencies. If you receive services from an out-of-network doctor or other healthcare provider, you will be held responsible to pay all of the costs for the services.

In Kansas, these are our impressive numbers:





#### You have choices

The provider network allows you access to your choice of:

- Medical providers
- Preventive care providers
- Pharmacy locations

#### Referrals

See the specialist you prefer within the Solutions provider network without having to see a primary care physician (PCP) first.

Referrals to a provider outside of the network cannot be made by your doctor or hospital. Referrals to non-network providers must be approved by Blue Cross and Blue Shield of Kansas and are only considered when

the services are not available from an in-network provider. Out-of-network providers are those that do not contract inside the state and all providers outside of our 103-county coverage area within the state of Kansas.

### **Emergency coverage**

If emergency care is needed – even outside of the Solutions provider network you can go to the nearest hospital and still receive the maximum benefits of your plan.

#### **Exclusions**

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

Duplicate benefits provided under federal, state or local laws, regulations or programs except Medicaid; services involving cosmetic or reconstructive surgery (except as stated in the contract); charges for personal items; convalescent or custodial care or rest care; all keratotomy procedures; blood or payments to donors of blood; any service or supply related to the medical management of obesity, except services covered as preventive health benefits; services related to the reversal of sterilization procedures; any medically-aided insemination procedure; charges for services by immediate relatives or by members of the household; acupuncture and admission for acupuncture; medically unnecessary services and admissions; services covered and payable under any medical expense payment provision of any automobile insurance policy; mental illness or substance use disorder services provided by a non-eligible provider; services, supplies or treatments not specifically listed as covered in the member's contract.

**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.

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

Visit us at bcbsks.com

















