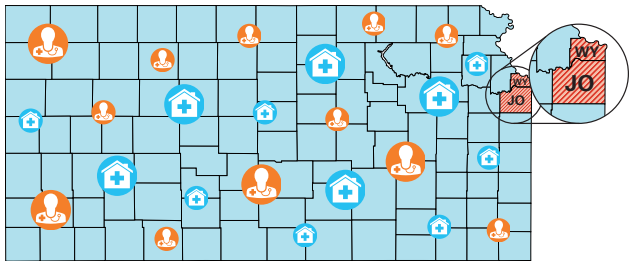
2024 Plan Year

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:

99% of doctors covered

100% of eligible hospitals covered

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; 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

BlueCross BlueShield Kansas

1133 SW Topeka Blvd, Topeka, KS 66629

BCS402b 09/23

BlueCare EPO Gold 4

2024 Plan Year – Gold level

General	In-Network	Out-of-Network
Deductible	$1,500 per person / $3,000 family	Out-of-Network services are not available, except services for medical emergencies and covered services not available in-network.
Coinsurance (percentage paid by member)	20%	
Coinsurance maximum	Same as the annual out-of-pocket max	
Annual out-of-pocket maximum	$4,950 per person / $9,900 family	
Doctor's office visits		
Home and office visits – Primary	$25 copay for 5 visits, then subject to deductible and 20% coinsurance	
Home and office visits – Specialists	$50 copay per visit	
Telemedicine: 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	$0 – Preventive is without cost share	
Prescription drug coverage		
Prescription drugs	$10 preferred generic / $30 non-preferred generic / $65 brand / $100 non-preferred & compound / Specialty: deductible then 25% up to $500	
Mail order drugs	$25 preferred generic / $75 non-preferred generic / $162.50 brand / $250 non-preferred **Specialty drugs are not covered**	
Medical services		
Emergency medical transportation	Deductible then 20% coinsurance	Deductible then 20% coinsurance
Inpatient surgery physician/surgical	Deductible then 20% coinsurance	
Inpatient facility fee	Deductible then 20% coinsurance	
Outpatient surgery physician/surgical	Deductible then 20% coinsurance	
Outpatient lab and radiology and advanced imaging (CT/PET scans, MRIs)	Deductible then 20% coinsurance	
Emergency Room	$300 copay then subject to deductible and 20% coinsurance	$300 copay then subject to deductible and 20% coinsurance
Injections	Deductible then 20% coinsurance	
Dental and Vision		
Pediatric dental (for ages 0-19)	Cleanings and periodic evaluations covered at 100% – other services: Deductible then 20% coinsurance	
Pediatric vision (for ages 0-19)	Eye exams subject to office visit – specialists benefits; all other services: Deductible then 20% coinsurance	
Recovery/Special Needs		
Outpatient rehabilitation	Deductible then 20% coinsurance	
Outpatient habilitation	Deductible then 20% coinsurance	
Hospice	Deductible then 20% coinsurance	
Home social work visits	Deductible then 20% coinsurance	
Mental Illness/Substance Use Disorders		
Mental illness/substance use disorders – inpatient services Requires pre-admission certification from Lucet™ behavioral health at 800-952-5906	Deductible then 20% coinsurance	
Mental illness/substance use disorders – outpatient services	$25 copay per visit	
Other		
Lifetime maximum	Unlimited for each covered person	
Eligible dependents	Covered to age 26	
HSA compliant	No	

Change for 2024