BlueCare EPO Gold

2027 Plan Year – Gold level

Out-of-network services are not available, except services for medical emergencies and covered services not available in-network.

General	In-Network	Out-of-Network
Deductible	$1,500 person / $3,000 family	
Coinsurance (percentage paid by member)	35%	
Coinsurance maximum	Same as annual out-of-pocket max	
Annual out-of-pocket maximum	$7,500 person / $15,000 family	
HSA compliant	No	

Doctor's office visits	In-Network	Out-of-Network
Home and office visits – Primary	$25 copay	
Home and office visits – Specialists	$50 copay per visit	
Preventive care	$0 – Preventive is without cost share	

Telemedicine: Virtual visits by Amwell and non-Amwell in-network providers are covered at 100%.

Prescription drug coverage	In-Network	Out-of-Network
Prescription drugs	$10 Tier 1 / $30 Tier 2 / $65 Tier 3 / Deductible then 45% coins Tier 4 / Deductible then 50% coins Tier 5 & 6	
Mail order drugs	$25 Tier 1 / $75 Tier 2 / $162.50 Tier 3 / Deductible then 45% coinsurance Tier 4. **Specialty drugs are not covered**.	

Drug coverage limitations: Generic drugs are mandatory if available unless physician prescribes a brand drug.
Specialty drug coverage: In-network benefits are applied when drugs are obtained from our designated specialty pharmacy.

Medical services	In-Network	Out-of-Network
Emergency medical transportation	Deductible then 35% coinsurance	Deductible then 35% coinsurance
Inpatient surgery physician/surgical	Deductible then 35% coinsurance	
Inpatient facility fee Requires pre-admission certification	Deductible then 35% coinsurance	
Outpatient surgery physician/surgical	Deductible then 35% coinsurance	
Outpatient lab and radiology and advanced imaging (CT/PET scans, MRIs)	Deductible then 35% coinsurance	
Emergency Room	$300 copay then subject to deductible and 35% coinsurance	$300 copay then subject to deductible and 35% coinsurance
Injections	Deductible then 35% coinsurance	

Dental and Vision	In-Network	Out-of-Network
Pediatric dental (for ages 0-19)	Cleanings and periodic evaluations covered at 100%. Other services: Deductible then 35% coinsurance	
Pediatric vision (for ages 0-19)	Eye exams subject to Office visit – Specialist benefits. All other services: Deductible then 35% coinsurance.	

Recovery/Special Needs	In-Network	Out-of-Network
Outpatient rehabilitation	Deductible then 35% coinsurance	
Outpatient habilitation	Deductible then 35% coinsurance	
Hospice	Deductible then 35% coinsurance	
Home social work visits	Deductible then 35% coinsurance	

Mental Illness/Substance Use Disorder	In-Network	Out-of-Network
Mental illness/substance use disorders – inpatient services Requires pre-admission certification from Lucet™ behavioral health at 800-952-5906	Deductible then 35% coinsurance	
Mental illness/substance use disorders – outpatient services	$25 copay per visit	

Benefits of Blue

You're covered in Kansas

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.

The provider network allows you access to your choice of medical and preventive care providers and pharmacy locations.

Our dominant network size provides members access to discounted fees with hospitals and providers in our network — and that means savings for you.

bcbsks.com/find-a-doctor

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.

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.

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®.

bcbsks.com/blueaccess

Save with SmartShopper®

Use SmartShopper to compare in-network prices for nearly 200+ procedures at high quality locations. Call the Care Concierge Team at **866-820-6426** or shop online to earn cash rewards and save money.

Learn more at bcbsks.com/mysmartshopper

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.

Exclusions

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

Services involving cosmetic or reconstructive surgery (except as stated in the contract or certificate); 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; Health services associated with accidental bodily injuries arising from a motor vehicle accident to the extent such services are payable under a medical expense payment provision of any automobile insurance policy; services, supplies or treatments not specifically listed as covered in the member's contract or certificate.

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.

Lifetime maximum — unlimited for each covered person.

All eligible dependents are covered to age 26.

Blue Cross and Blue Shield of Kansas is an independent licensee of the Blue Cross Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. The SmartShopper program is offered by MDX Medical, LLC, a Zelis company. Reward-eligible options and reward amounts are subject to change. Rewards are available for select procedures only. Rewards may be a taxable form of income. MDX Medical, LLC, a Zelis company, does not provide tax advice. Rewards may be delivered by check or an alternative form of payment. Members with primary coverage under Medicaid or Medicare (including as secondary payer) are not eligible to receive incentive rewards under the SmartShopper program. MDX Medical, LLC and Zelis are not affiliated with Blue Cross and Blue Shield of Kansas.

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BlueCross BlueShield Kansas

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