



University of Central Missouri

Health Benefit Plan Summary - EDN BlueSelect Plus UCM Custom Plan 2021

This Benefit Summary provides only highlights of the services covered by Blue Cross and Blue Shield of Kansas City (Blue KC). For Additional details, exclusions and limitations refer to your member certificate available at MyBlueKC.com.

General Plan Information

<p>Plan Type</p>	<p>Preferred Provider Organization (PPO) Members can receive services from any hospital or physician, but receive greater benefits when using in-network providers.</p>		
<p>Medical Network(s) A complete listing of network hospitals and physicians is available on MyBlueKC.com. This plan includes additional discounts when you access care through UCM Custom Plan.</p>	<p>In Area: BlueSelect Plus Other Designated Network for Additional Discounts: UCM Custom Plan Out-of-Area: BlueCard PPO/EPO</p>		
<p>Deductible – Embedded You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.</p>	<p>In-Network: UCM Custom Plan Individual: \$500 Family: \$1,000</p>	<p>In-Network Individual: \$1,000 Family: \$2,000</p>	<p>Out-of-Network Individual: \$2,000 Family: \$4,000</p>
<p>Coinsurance The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference.</p>	<p>In-Network: UCM Custom Plan Member Pays: 20% Plan Pays: 80%</p>	<p>In-Network Member Pays: 20% Plan Pays: 80%</p>	<p>Out-of-Network Member Pays: 50% Plan Pays: 50%</p>
<p>Out-of-Pocket Limits – Embedded The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services. These cost shares apply to the Out-of-Pocket Limit: Coinsurance, Deductibles, Copays Applies to: All Medical and Rx Cost Sharing</p>	<p>In-Network: UCM Custom Plan Individual: \$3,000 Family: \$6,000</p>	<p>In-Network Individual: \$4,000 Family: \$8,000</p>	<p>Out-of-Network Individual: \$8,500 Family: \$17,000</p>
<p>Blue KC 24-Hour Nurse Line Available 7 days a week, 365 days a year to help you with symptoms or answer health-related questions.</p>	<p>PH: 877-852-5422</p>		
<p>Customer Service</p>	<p>PH: 888-989-8842</p>		

Plan Benefits - Medical

<i>When you visit a health care provider's office or clinic...</i>	In-Network: UCM Custom Plan	In-Network	Out-of-Network
Physician			

Primary Care Physician (PCP) - An internist, family practitioner, general practitioner, or pediatrician.	No member cost share	\$30 Copay/Visit, no Deductible	50% Coinsurance after Deductible
Specialist - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	\$60 Copay/Visit, no Deductible	\$60 Copay/Visit, no Deductible	50% Coinsurance after Deductible
Other Services & Procedures performed in a provider's office and not included with an office visit	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Urgent Care Center	\$60 Copay/Visit, no Deductible	\$60 Copay/Visit, no Deductible	50% Coinsurance after Deductible
Blue KC Virtual Care - Office Visit Virtual Care provided by Blue KC virtual care partner(s). All other virtual care services subject to applicable cost sharing.	Not applicable	\$60 Copay/Visit, no Deductible	Not applicable
Blue KC Virtual Care - Behavioral Health Therapy Virtual Care provided by Blue KC virtual care partner(s). All other virtual care services subject to applicable cost sharing.	Not applicable	20% Coinsurance after Deductible	Not applicable
Preventive Screenings & Immunizations (Children & Adults) Blue KC health plans include routine preventive benefits that are consistent with the guidelines developed by the United States Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA), and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Services must be billed with a primary diagnosis of preventive to be covered at 100%. Refer to your member certificate for additional details.	No member cost share	No member cost share	50% Coinsurance after Deductible
Labs Performed in a Provider's Office/Independent Lab/Urgent Care Facility	No member cost share	No member cost share	50% Coinsurance after Deductible
Allergy Allergy Testing	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Allergy Treatment	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
When you need radiology services...	In-Network: UCM Custom Plan	In-Network	Out-of-Network
X-Ray Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Other Radiology Procedures (MRI, CT/PET Scans, MRA) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
When you have out-patient surgery...	In-Network: UCM Custom Plan	In-Network	Out-of-Network
Outpatient Surgery Facility Fees Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Physician (Surgeon) Services	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible

<i>If you need immediate medical attention...</i>	In-Network: UCM Custom Plan	In-Network	Out-of-Network
Urgent Care Center Office Visit	\$60 Copay/Visit, no Deductible	\$60 Copay/Visit, no Deductible	50% Coinsurance after Deductible
Emergency Services Copay Waived if Admitted Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	\$200 Copay/Visit, then Deductible, then 20% Coinsurance	\$200 Copay/Visit, then Deductible, then 20% Coinsurance	\$200 Copay/Visit, then In-Network Deductible, then 20% Coinsurance
Ground Ambulance Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	20% Coinsurance after Deductible	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
Air Ambulance	20% Coinsurance after Deductible	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
<i>If you have a hospital stay...</i>	In-Network: UCM Custom Plan	In-Network	Out-of-Network
Hospital Facility Fees Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Physician (Surgeon) Services	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<i>If you need help recovering or have other special health needs...</i>	In-Network: UCM Custom Plan	In-Network	Out-of-Network
Skilled Nursing Care Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Home Health Services Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Physical Therapy Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Occupational Therapy Combined with Physical Therapy Limits	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Skeletal Manipulation performed in a Chiropractic Office Prior Authorization Policy Applies Out-of-Network	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Speech Therapy Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Hearing Therapy Combined with Speech Therapy Limits	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Durable Medical Equipment Prior Authorization Policy Applies	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible

Inpatient Hospice Services Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Home Hospice Services	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<i>If you have behavioral health, or substance abuse needs...</i>	In-Network: UCM Custom Plan	In-Network	Out-of-Network
Outpatient Mental Health, Behavioral Health, and Substance Abuse Services Office Visit	No member cost share	\$30 Copay/Visit, no Deductible	50% Coinsurance after Deductible
Therapy	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Facility Fees) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Physician) Includes: Therapy & Other Services, partial hospitalizations	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<i>Family Planning & Pregnancy...</i>	In-Network: UCM Custom Plan	In-Network	Out-of-Network
Contraceptive Devices, Implants, and Injections See also pharmacy benefits.	No member cost share	No member cost share	50% Coinsurance after Deductible
Elective Sterilization – Women	No member cost share	No member cost share	50% Coinsurance after Deductible
Elective Sterilization – Men	No member cost share	No member cost share	50% Coinsurance after Deductible
Maternity Dependent daughters are covered for maternity services	Covered	Covered	Covered
Infertility and Impotency Diagnosis and Treatment Pharmacy Coverage: See Member Certificate for more details.	Not covered	Not covered	Not covered
<i>Routine Vision Care...</i>	In-Network: UCM Custom Plan	In-Network	Out-of-Network
Routine Eye Exam	Not covered	Not covered	Not covered
General Pharmacy Information			
Retail Pharmacy Network(s)	RxPremier		
Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com	Blue KC Preferred Formulary		

<p>Specialty Pharmacy A Specialty Pharmacy is one that provides specialized care for patients with complex chronic health conditions. Learn more about the drugs covered by your plan, drug category/ tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com</p>	OptumRx Specialty Services PH: 855-427-4682	
<p>Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.</p>	In-Network Combined with Medical Out-of-Pocket Limits	Out-of-Network Combined with Medical Out-of-Pocket Limits
<p>Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.</p>	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. Email: info@rxsavingsllc.com PH: 1-800-268-4476	
Plan Benefits – Pharmacy		
<i>When you use a retail or specialty pharmacy...</i>	In-Network	Out-of-Network
Retail Pharmacy (Short-term supply: Up to 34 Days)		
Drug Tier 1: Generic / Generic Specialty	RxPremier: \$10 Copay/Fill Contraceptives – No member cost share	\$10 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty	RxPremier: \$50 Copay/Fill	\$50 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty	RxPremier: \$75 Copay/Fill	\$75 Copay/Fill, then 50% Coinsurance
<i>When you use a mail order pharmacy...</i>	In-Network	Out-of-Network
Mail Order Pharmacy (Mail Order supply: Between 35-102 Days)		
Drug Tier 1: Generic	\$20 Copay/Fill Contraceptives – No member cost share	\$20 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic	\$100 Copay/Fill	\$100 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred Brand	\$150 Copay/Fill	\$150 Copay/Fill, then 50% Coinsurance

Discrimination is Against the Law

Blue KC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue KC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue KC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service, 844-395-7126 (Toll free), languagehelp@bluekc.com.

If you believe that Blue KC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Appeals Department, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, APPEALS@bluekc.com. You can file a grievance in person or by mail, or email. If you need help filing a grievance, the Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you, or someone you're helping, has questions about Blue KC, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-877-410-6716.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-410-6716.

Chinese: 如果您，或是您正在協助的對象，有關於 Blue KC 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 1-877-410-6716。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-410-6716.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-410-6716 an.

Korean: 가 [Blue KC] 가
1-877-410-6716

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue KC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-877-410-6716.

Arabic:

إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص Blue KC ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-410-6716.

