

Your partner
for a
healthier you.



bcbsks.com/mawelcome



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We're excited to serve your health insurance needs and appreciate the opportunity to be a part of your family. Every day, we work to empower our members and help them live healthy, active and rewarding lives.



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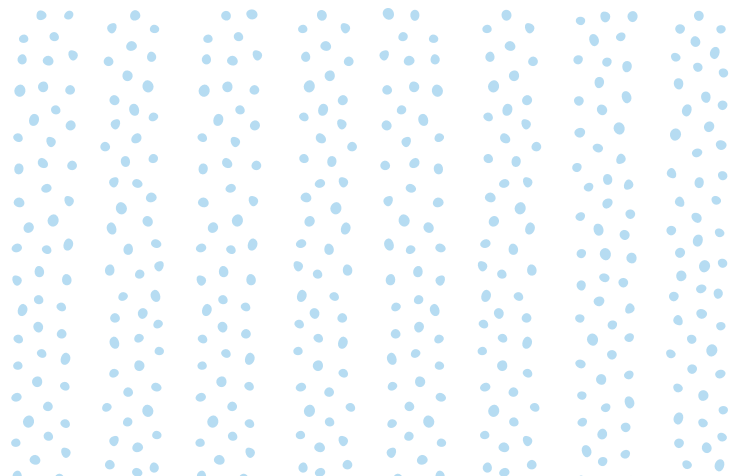
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Your ID card

Your card has information about you and your health coverage. Keep it with you so you have it when you need it.

1 Member ID number

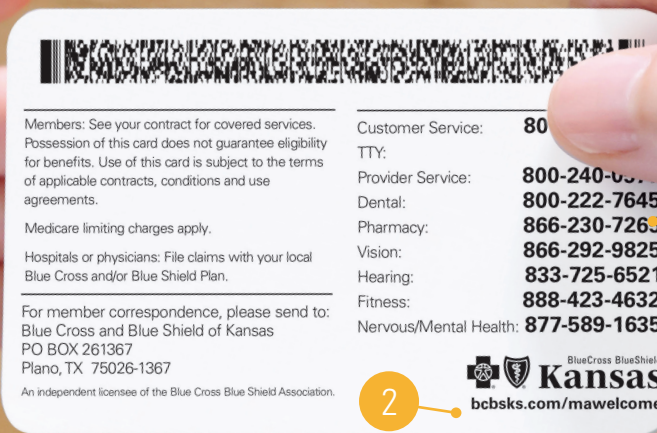
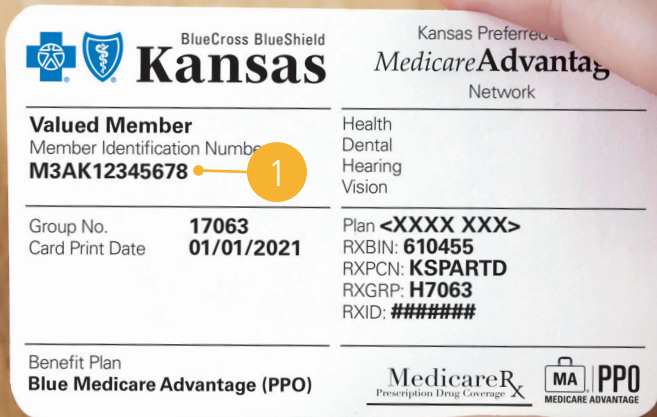
This number will be used at the doctor's office, medical center and when calling Blue Cross and Blue Shield of Kansas with a question.

2 Your member website

Use bcbsks.com/mawelcome for information about Blue Cross, your plan, wellness information and more.

3 Contacting customer service

We are available to receive your call at 800-222-7645 (TTY: 711). From October 1 to March 31, you can call us seven days a week from 8:00 a.m. to 8:00 p.m. Central time. From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time. You may receive a messaging service on weekends and holidays. Please leave a message and your call will be returned the next business day.



Medicare Advantage member portal

Our secure online member portal allows you to:

- View benefits, including eligibility and deductible/coinsurance information
- Check your claims

Registration is quick and simple

1. Go to bcbsks.com/mawelcome
2. Scroll down to the *Online Member Portal* section
3. Select *Register For Account*
4. Click *Create Account*
5. Review and accept the license agreement
6. Have your ID card handy and follow the step-by-step instructions





Find a doctor or hospital in your network

1. Go to bcbsks.com/mawelcome.
2. Scroll down to *Find a Provider*.
3. Pick which type of provider you are looking for.
4. Your network and location will automatically populate. Select the service you're searching for.

To request a provider directory be sent to you, call 800-222-7645 (TTY: 711)

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

Benefits for Medicare Advantage members

As part of your Blue Cross and Blue Shield of Kansas membership, a variety of benefits are offered through your Medicare Advantage plan.

Dental with Dominion National

Dominion National is our partner for the dental benefits included in all Blue Medicare Advantage plans.

The Blue Medicare Advantage and Blue Medicare Advantage Comprehensive plans include an annual allowance for preventive and comprehensive services.

Blue Medicare Advantage Choice has an annual allowance for preventive and minor services.

For more information regarding your plan, contact Customer Service at **800-222-7645**.

Mom's Meals

Mom's Meals is the meal and nutrition benefit available to all Blue Medicare Advantage members. Members will receive 14 home delivered meals over a seven-day period after hospital discharges.

To learn more about Mom's Meals, visit momsmeals.com.

EyeMed

EyeMed vision benefits are available to all Blue Medicare Advantage members. Through EyeMed, members will receive an eyewear allowance and one routine eye exam per year. The eyewear allowance can go toward eyewear, lenses and contacts.

To learn more about vision benefits through EyeMed, contact EyeMed Customer Service Center at **866-292-9825** or eyemed.com.

TruHearing

Blue Medicare Advantage members have access to hearing care through TruHearing. Benefits include one routine hearing exam and discounts on hearing aids.

Call TruHearing at **888-929-6346** to schedule a hearing exam with a provider near you.



Blue365[®]

As a Blue Cross member, you have access to exclusive deals and discounts. Blue365 helps make living a healthier lifestyle more fun and affordable.

Get exclusive deals and discounts for things like:

- Travel
- Healthy eating and meal delivery
- Fitness products
- Personal care

Start saving today!

Go to bcbsks.com/mawelcome, navigate to the Programs section and select Blue365 to sign up.





Preparing for your doctor's visit

Health plans vary in their coverage of brand-name drugs, emergency care and different types of surgery.

Review your Evidence of Coverage prior to your appointment so you know what your plan covers. This is readily available at bcbsks.com/mawelcome.

Schedule your preventive care screenings

Most Blue Cross plans pay 100% of the cost for preventive care – things like colonoscopies, well-woman visits and immunizations – when you see a doctor in your network.

Where to get care

Knowing where to go for medical care can save you time and money. It can also help get you the best care for your situation. See the chart on page 9 for assistance in making the right decision for your health care needs.

	Doctor's office	Urgent care	Emergency room
When to go	When you have any medical concern, your primary doctor knows you best and has your medical records. Your doctor oversees your care and can provide routine services and preventive exams. Your doctor can help you manage your medication and refer you to a specialist, if needed.	When you need care quickly, but it is not an emergency and your primary doctor may not be available. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.	When you need immediate treatment of a very serious or critical condition. The ER is for the treatment of life-threatening or very serious conditions that require immediate medical attention.
Type of care¹	<ul style="list-style-type: none"> • Routine checkups • Immunizations • Preventive services • Manage your overall health 	<ul style="list-style-type: none"> • Common infections (e.g., strep throat) • Minor skin conditions (e.g., poison ivy) • Flu and fever (below 104°) • Earache/sore throat 	<ul style="list-style-type: none"> • Heavy bleeding • Large open wounds • Chest pain • Major burns • Severe head injury • Broken bones • Shortness of breath
Cost and wait times²	<p>Low cost</p> <ul style="list-style-type: none"> • Often requires a copay and/or coinsurance • Normally requires an appointment • Little wait time with a scheduled appointment 	<p>Medium cost</p> <ul style="list-style-type: none"> • Often requires a copay and/or coinsurance usually higher than an office visit • Walk-in patients are welcome, but waiting periods may be longer as patients with more urgent needs will be treated first 	<p>High cost</p> <ul style="list-style-type: none"> • Often requires a much higher copay and/or coinsurance • Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first

¹ This is a sample list of services and may not be all-inclusive.

² Cost and time information represent averages only and are not tied to a specific condition, level of coverage or treatment. Your out-of-pocket costs will vary depending on your plan type.



How your health expenses are paid

When you see a doctor in your network, your doctor will submit a claim after you've had a visit or medical procedure. The doctor's office may ask you to pay some or all of the bill before you leave depending on your health plan.

Once the claim has been received by Blue Cross, it will be processed to:

- Make sure the visit or medical procedure listed within the claim is covered by your plan.
- Ensure the visit or medical procedure is charged at a discounted rate for seeing an in-network doctor.
- Determine how much you will be responsible to pay depending on your health plan – if you have a copay, if you're working towards meeting a deductible, if it's a preventive care service, etc.

Once your claim has been processed, you can check the status through your Medicare Advantage member portal. This will provide you information about the total amount charged, what discounts you receive and what you will be responsible for paying.

Understanding your Explanation of Benefits (EOB)

EOBs are an easy-to-read record of your claims, providing you a complete view of your out-of-pocket health care expenses.

An EOB is created each time you or someone on your plan has a medical expense like a doctor's visit, a prescription filled or medical procedure. All EOBs can be viewed through your Medicare Advantage member portal (see page 3).

- 1 Total cost** | This shows the difference between what the provider charges and the amount your plan actually approves.
- 2 Plan's share** | This is the amount Blue Cross paid for the visit or procedure.
- 3 Your share** | This is the amount you will be billed by your doctor.

TOTALS for medical and hospital claims	Amount providers have billed the plan	Total cost (amount the plan has approved)	Plan's share	Your share
Totals for this month (for claims processed from January 1 to January 31, 2020)	\$245.50	\$129.95	\$83.25	\$45.00
Totals for 2020 (all claims processed through January 31, 2020)	\$245.50	\$708.91	\$518.52	\$179.80

ANNUAL LIMIT - this limit gives you financial protection

This limit is the most you will have to pay in "out-of-pocket" costs (you pay and insurance pays a portion) for medical and hospital services covered by the plan.

This yearly limit is called your "out-of-pocket maximum." It puts a limit on how much you have to pay, but it does not put a limit on the amount of care you can get.

Your out-of-pocket spending for services not covered by the plan does not count toward your yearly out-of-pocket maximum. This limit does not apply to services not covered by the plan.

When you have reached your limit in out-of-pocket costs, **you will be paying out of pocket for all services except services not covered by the plan.**

You keep getting your covered medical and hospital services as usual, and **the plan will pay the full cost for the rest of the year.** Your out-of-pocket spending for services that are not covered by Medicare does not count toward your out-of-pocket maximum.

As of January 31, 2020, you have had \$179.80 in out-of-pocket costs that count toward your \$6,200.00 out-of-pocket maximum for covered services.

Glossary

As you've read through this handbook, you may have come across an unfamiliar word or term. These terms are frequently used within your health plan information and usage documents, and may be mentioned to you when at the doctor's office or hospital.

Allowed Amount

The amount Blue Cross determines as the maximum amount paid for the medical service provided.

Coinsurance

Coinsurance is your share of the cost of a covered medical service after you've met your deductible for your benefit period.

Copayment or Copay

A copayment is the set dollar amount you pay (for example, the \$20 you pay when you check out at the doctor's office) for medical services or prescription drugs at the time you receive them.

Deductible

A deductible is the set dollar amount you pay toward covered medical services each benefit period before Blue Cross starts paying toward those services.

Explanation of Benefits (EOB)

You receive an EOB after a visit to a doctor, health care provider, pharmacy or facility. An EOB lists details of the medical service received including date, amounts paid by Blue Cross, and the cost you may owe.

In-Network/Out-of-Network Providers

In-network providers are health care providers and facilities that contract with Blue Cross or participate in the BlueCard program. You may pay less if you see an in-network provider.

Out-of-Pocket Maximum

The maximum dollar amount you pay for covered services in a benefit period before Blue Cross pays 100% of covered services. It includes your deductible, coinsurance and copayments.

You + Blue

We're happy you are a part of the Blue Cross family. Thank you for joining us, and welcome to health care the Kansas way.

We care about your health and well-being and are proud to be your partner for a healthier you.

Stay informed, connected and join the conversation. Follow us!





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An independent licensee of the Blue Cross Blue Shield Association.