



PLAN A

Employee \$534.01
Employee/Child(ren) \$879.24
Employee /Spouse \$1,016.48
Employee/Dependents \$1,371.40

PLAN A

SUMMARY OF BENEFITS

This is a simplified summary of program benefits and NOT a legal document. It is not meant to confer any rights. Complete provisions of coverage are contained in each participant' s Certificate.

Deductible

You are responsible for a deductible of \$200 per person, \$400 family each benefit period.

Coinsurance

After your deductible is met, you are responsible for a portion of allowed charges. This is called "coinsurance". Your coinsurance for this program is 20% of the maximum allowance for covered services until your share equals \$500 (\$1,000 family) in a benefit period. Then, eligible covered services will be paid at 100% of the maximum allowance for the remainder of the benefit period, subject to the lifetime maximum.

Covered Services

The following services (subject to the deductible and coinsurance), paid at the maximum allowable charge, include but are not limited to:

- Hospital Services
- Medical-Surgical Services

Accidental Injury treatment is not subject to the deductible and coinsurance.

Maternity Benefits are available to any eligible female insured.

Unmarried Dependent Children are covered to age 23.

Benefit Period - January 1 through December 31 each year.

Lifetime Benefit Maximum for covered services is \$5,000,000 .

Hospital and Professional Provider Care - To receive maximum Blue Choice benefits you should use Blue Choice or Blue Plan Preferred Providers. Should you receive services from Non-Blue Choice or Non-Blue Plan Preferred Providers, the allowable charge for covered services will be subject to an additional coinsurance. You will be responsible for an extra 20% of the allowable charge for covered services up to a maximum of \$2,000 per person (\$4,000 family), in addition to any deductible, coinsurance or shared payment amounts of your basic program and any non-covered services. In addition, if the provider is not a contracting provider, you may also be responsible for the difference between our allowance and the provider' s charge. The allowance for a service provided by a non-contracting provider is 80% of the allowance for the same service provided by a contracting provider of Blue Cross and Blue Shield of Kansas with the same licensure or certification.

Exceptions to this limited payment:

- When service is required for a Medical Emergency or a life, limb, or function-threatening Accidental Injury.

Pre-Admission Certification - All admissions to hospitals and medical care facilities for inpatient care (including mental illness and substance use disorders) require pre-admission certification by Blue Cross and Blue Shield of Kansas unless the admission is for a Medical Emergency, a life-threatening condition, obstetrical care or occurs outside the 50 United States. Should it become necessary for you to be admitted to a hospital, your doctor should obtain pre-admission certification for the admission. It is important for you to inform your doctor that you are a Blue Choice insured because, if no pre-admission request is made, you may be financially responsible for any medically unnecessary services. Refer to your ID card for the numbers to call to obtain pre-certification.