BlueCross BlueShield of Kansas

USD 437 Auburn Washburn Blue Choice Comprehensive Major Medical

Program High Deductible Health Plan (qualifies for HSA)

Option A

Effective January 1, 2022 - December 31, 2022

Maximum benefits are available when services are received from Blue Choice providers. Your financial responsibility is based on the provider network you select. **Non-Blue Choice & Non-CAP**: Difference between the payment allowance and provider charge, additional 20% coinsurance amount, deductible, coinsurance or copay amount **CAP** (Non-Blue Choice): Additional 20% coinsurance amount,* deductible, coinsurance or copay amount **Blue Choice**: Deductible, coinsurance or copay amount

*Limited to a combined \$2,000 per person, \$4,000 two-or-more persons each benefit period.

| Member Pays | | |
|--|---|--|
| Deductible (calendar year benefit period) | \$3,500/\$7,000 individual/two-or-more persons | |
| Coinsurance (Member portion for most services) | 40% | |
| Maximum Out-of-Pocket (includes copays, deductible and coinsurance where applicable) | \$4,500/\$9,000 individual/two-or-more persons after the maximum out-of-pocket amount has been reached, eligible benefits will be paid at 100% of the allowed amount for the remainder of the benefit period | |
| | Doctor's office visits | |
| Home and office visits (includes Telemedicine and eye exam) | Subject to deductible/coinsurance | |
| Preventive care as defined by the Affordable Care Act | Paid at 100% of the allowable charge. Some of the services include: • Routine screenings • Preventive immunizations • Well-woman visits/screenings • Contraceptive methods | |
| | Drug coverage | |
| Prescription Drugs & Mail order | The quantity per prescription shall be the greater of a 34-day supply or 100 unit dosage, if defined as a maintenance drug. Integrated Drugs (Pharmacy Submitted) subject to deductible then 50% Mail order is same as retail | |
| | Medical services | |
| Emergency medical transportation Inpatient surgery physician/surgical Inpatient facility fee Outpatient surgery physician/surgical Outpatient lab and radiology Advanced imaging Emergency room Accidental Injury Services | Subject to deductible/coinsurance | |

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An independent licensee of the Blue Cross Blue Shield Association.

| Recovery/Special needs | | |
|--|---|--|
| Outpatient rehabilitation Hospice Home Social Work Visits | Subject to deductible/coinsurance Subject to deductible/coinsurance Subject to deductible/coinsurance | |
| | Mental health | |
| Mental/behavioral health Inpatient Services Requires pre-admission certification from New Directions Behavioral Health at 1-800-952-5906 | Subject to deductible/coinsurance | |
| Outpatient Services | Subject to deductible/coinsurance | |
| | Other | |
| Maximum lifetime benefit | Unlimited | |
| Eligible dependents | Covered to age 26 | |
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Exclusions

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 certificate; charges for personal items; convalescent or custodial care or rest cure; all keratotomy procedures; services related to temporomandibular joint dysfunction syndrome; blood or payments to donors of blood; any service or supply related to the medical management of obesity; 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 certificate.

This is a brief summary of the coverage available under this program. It is not a legal document. The exact provisions of the benefits and exclusions are contained in the certificate.