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USD 263 MULVANE



Effective October 01, 2018 - September 30, 2019

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 (Per group anniversary benefit period)	\$5,000/\$10,000 individual/two-or-more persons
Coinsurance (Member portion for most services)	\$0
Maximum Out-of-Pocket (includes copays, deductible and coinsurance where applicable)	\$6,350/\$12,700 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	Subject to deductible
Telehealth visits	Subject to deductible
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-women visits/screenings Contraceptive methods

Drug Coverage	
Prescription Drugs & Mail Order	Integrated Drugs (Pharmacy Submitted) until deductible met, then covered with BlueRx Card \$15/\$50/\$75/\$150/20% up to \$250 with Mail order is 2 1/2 x copay with ResultsRx formulary. A 90-day supply is available through the Extended Supply Network. The quantity per prescription is a 30-day pharmacy supply or 90-day mail order supply. Designated Specialty Pharmacy.

Medical Services	
Emergency medical transportation	Subject to deductible
Inpatient surgery physician/surgical	Subject to deductible
Inpatient facility fee	Subject to deductible
Outpatient surgery physician/surgical	Subject to deductible
Outpatient lab and radiology (Includes Advanced Imaging)	Subject to deductible
Emergency room	Subject to deductible
Accidental Injury Services	Subject to deductible

Recovery/Special Needs	
Outpatient rehabilitation	Subject to deductible
Hospice	Subject to deductible
Home Social Work Visits	Subject to deductible
Mental Health	
Mental/behavioral health Inpatient Services Requires pre-admission certification from New Directions Behavioral Health at 1-800-952-5906	Subject to deductible
Outpatient Services	Subject to deductible
Other	
Maximum Lifetime Benefit	Unlimited
Eligible Dependents	Covered to age 26

* Combined benefit period maximum

BCBSKS reserves the right to adjust premiums accordingly should enrollment vary from the census.

Exclusions: The following procedures and all related services and supplies are not covered under this program. Services provided directly for or relative to diseases or injuries caused by or arising out of acts of war, insurrection, rebellion, armed invasion, or aggression; duplicate benefits provided under federal, state or local laws, regulations or programs, except Medicaid; cosmetic or reconstructive surgery (except as stated in the certificate); any keratotomy procedures; charges for personal items; convalescent or custodial/maintenance care or rest cures; blood or payments to donors of blood; any service or supply related to the medical management of obesity except for eligible preventive services; charges for services by immediate relatives or by members of your household; acupuncture and admissions for acupuncture; services related to temporomandibular joint dysfunction syndrome over the amount specified in the certificate; any medically-aided insemination procedure; services related to the reversal of sterilization procedures; mental illness or substance use disorder services provided by a non-eligible provider; hearing aids; eyeglasses or contact lenses (except after the removal of cataracts); unnecessary services and admissions; services or supplies which are experimental or investigative in nature; services not specifically listed as benefits in the certificate; services covered and payable by any medical expense payment provision of any automobile insurance policy.

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.