

# Summary of Benefits and Coverage (SBC) and Uniform Glossary

*What you need to do and  
how we can help you.*



*Blue Cross and Blue Shield of Kansas is here to help you* as more components of health care reform law become effective. We've produced this information to help you keep up-to-date and guide you through the disclosure process of the Summary of Benefits and Coverage and Uniform Glossary.

## Standardized, consumer-friendly forms

As part of the Affordable Care Act, the federal government requires group health plans and health insurance issuers offering group and individual coverage **to provide consumers two key documents.** These documents provide consumers information needed to compare coverage options in different types of plans. *This requirement applies to fully insured and self-insured group health plans regardless of grandfathered status.*

- **Summary of Benefits and Coverage** – The SBC summarizes the key features of a health plan, such as the covered benefits, cost-sharing provisions and coverage limitations. SBCs include a new, standardized plan comparison tool called “coverage examples,” similar to the Nutrition Facts label required for packaged foods.
- **Uniform Glossary** – This glossary of terms written in plain language, helps consumers understand some of the most common but confusing jargon used in health insurance.

The SBC is not a guideline or example. It must be replicated using the exact wording, format and layout as set forth by the U.S. Department of Health and Human Services. Both of these forms are the direct result of model forms created through a public process led by the National Association of Insurance Commissioners (NAIC) and several representatives of insurers, health care professionals, consumer advocacy groups and others.

Coverage Period: 1/1/0001 – 1/1/0002

**BlueCare Elite Choice**

Summary of Benefits and Coverage: What this Plan Covers & What it Costs      Coverage for: Individual/Family/ Plan Type: PPO

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.bcbks.com/bbsaccs](http://www.bcbks.com/bbsaccs) or by calling 1-800-432-3990.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$1,000 person / \$3,000 family. Doesn't apply to preventive care.	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	Yes. \$100 person / \$300 family for prescription drug coverage. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an out-of-pocket limit on my expenses?	Yes. \$2,000 person / \$6,000 family. Plus a 20% co-insurance for non-PPO providers. \$2,000 person / \$6,000 family.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, balance charges, precept and health care that doesn't cover.	
Is there an overall annual limit on what the plan pays?	No.	
Does this plan use a network of providers?	Yes. See <a href="http://www.bcbks.com/membercenter">www.bcbks.com/membercenter</a> or call 1-800-432-3990 for a participating provider.	
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	
Are there services this plan doesn't cover?	Yes.	

Questions? Call 1-800-432-3990 or visit us at [www.bcbks.com](http://www.bcbks.com). For more information, see the Glossary. You can view the Glossary of Benefits and Coverage in Spanish español, por favor llame al 1-800-432-3990. Blue Cross and Blue Shield of Kansas Association.

### Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan document.
- **Bold blue** text indicates a term defined in this Glossary.
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- See page 4 for an example showing how **deductibles**, **co-insurance** and **out-of-pocket limits** work together in a real life situation.

**Allowed Amount**  
Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your **provider** charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**.)

**Appeal**  
A request for your health insurer or **plan** to review a decision or a **grievance** again.

**Balance Billing**  
When a **provider** bills you for the difference between the provider's charge and the **allowed amount**. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A **preferred provider** may **not** balance bill you for covered services.

**Co-insurance**  
Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the **allowed amount** for the service. You pay co-insurance **plus** any **deductibles** you owe. For example, if the **health insurance** or **plan's** allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

**Complications of Pregnancy**  
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

**Co-payment**  
A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

**Deductible**  
The amount you owe for health care services your **health insurance** or **plan** covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

**Durable Medical Equipment (DME)**  
Equipment and supplies ordered by a health care **provider** for everyday or extended use. Coverage for DME may include oxygen equipment, wheelchairs, crutches or blood testing strips for diabetes.

**Emergency Medical Condition**  
An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

**Emergency Medical Transportation**  
Ambulance services for an **emergency medical condition**.

**Emergency Room Care**  
**Emergency services** you get in an emergency room.

**Emergency Services**  
Evaluation of an **emergency medical condition** and treatment to keep the condition from getting worse.

Jane pays 100%      Her plan pays 0%

(See page 4 for a detailed example.)

Glossary of Health Coverage and Medical Terms      OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146      Page 1 of 4

## Time frames for delivery of SBCs

There are different time frames in place involving SBC distribution, depending on when enrollment occurs.

Time frames for Blue Cross and Blue Shield of Kansas providing SBCs to group	
New business	No later than seven business days after receipt of application. The SBC must be distributed by the first day of coverage IF information in the SBC has changed between the time the group applies for coverage and the first day of coverage.
At renewal	No later than when renewal materials are distributed
Upon request	No later than seven business days after the request

Time frames for group providing SBCs to employees and dependents	
Initial enrollment	<p>SBC should be sent with enrollment application materials.</p> <p>If application materials are not provided for enrollment, each employee and dependent must be provided an SBC no later than the first date of enrollment eligibility.</p> <p>If SBC information changes between the time the group applies for coverage and the first day of coverage, each employee must be provided an updated SBC by first day of coverage.</p>
Renewal	SBC should be provided when renewal materials are delivered no later than 30 days prior to the group's renewal date.
Special enrollment	Provide SBC within 90 days of enrollment.
Upon request	Provide SBC no later than seven business days after the request.

## Delivering the SBCs

Blue Cross and Blue Shield of Kansas will prepare and provide the SBCs to plan administrators. Groups are responsible for distributing the documents to their employees and dependents.

### Paper and electronic SBCs

SBCs may be provided in either paper or electronic format.

- The SBCs can be found on the secure section of our website after a member logs in at: [bcbsks.com/blueaccess](https://bcbsks.com/blueaccess)
- The Uniform Glossary can be found at: [bcbsks.com/sbcglossary](https://bcbsks.com/sbcglossary)

Consumers can also find the glossary on these government websites:

- [healthcare.gov](https://healthcare.gov)
- [cciio.cms.gov](https://cciio.cms.gov)
- [dol.gov/ebsa/healthreform](https://dol.gov/ebsa/healthreform)

## SBCs for dependents

You may provide one copy of the SBC to an employee and dependents if they reside at the same address. If any dependents live at a different location, you must also send them an SBC.

## Penalties for non-compliance

Group health plans and health insurance issuers willfully failing to provide required information will be subject to a fine of not more than \$1,000 for each such failure. Each failure to deliver the SBC to an individual constitutes a separate offense under the Affordable Care Act.

## Trust in Blue

Through all the health care changes since 1942, Blue Cross and Blue Shield of Kansas continues our well-grounded tradition of providing proper guidance to policyholders that trust us with their health. Contact your local BCBSKS sales representative for any questions you might have concerning the Summary of Benefits Coverage and Uniform Glossary.



[bcbsks.com](https://bcbsks.com)