



# Working for

## USD 303 Ness City

October 1, 2022

Jim Lohmeyer

Group Sales Advisor

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

# ESSDACK Health Insurance Plan

## Comprehensive Major Medical<sup>SM</sup>

### Grandfathered Enhanced

**Effective October 1, 2022 – September 30, 2023**

Your financial responsibility is based on your provider's network: PPO (Blue Choice) or Traditional (CAP). Maximum benefits are available when services are received from Blue Choice providers. Non-Blue Choice & Non-CAP: The difference between the payment allowance and provider charge, additional 20% non-PPO network coinsurance amount\*, deductible, coinsurance or copay amount. CAP (Non-Blue Choice): Additional 20% non-PPO network coinsurance amount\*, deductible, coinsurance or copay amount. Blue Choice: Deductible, coinsurance or copay amount.

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

<b>Member Pays</b>			
	<b>Option A</b>	<b>Option B</b>	<b>Option C</b>
<b>Deductible</b> (Per group anniversary benefit period)	<b>\$700/\$1,400</b> individual/two-or-more persons.	<b>\$1,400/\$2,800</b> individual/two-or-more persons.	<b>\$2,200/\$4,400</b> individual/two-or- more persons.
<b>Coinsurance</b> (Member portion for most services)	20% of allowed amounts after deductible has been met.	20% of allowed amounts after deductible has been met.	20% of allowed amounts after deductible has been met.
<b>Coinsurance Maximum</b>	<b>\$1,400/\$2,800</b> individual/two-or-more persons.	<b>\$2,700/\$5,400</b> individual/two-or- more persons.	<b>\$3,900/\$7,800</b> individual/two-or- more persons.
<b>Total Deductible plus Coinsurance</b>	<b>\$2,100/\$4,200</b> individual/two-or-more persons.	<b>\$4,100/\$8,200</b> individual/two-or- more persons.	<b>\$6,100/\$12,200</b> individual/two-or- more persons.

<b>Doctor's Office Visits</b>	
<b>Home and office visits</b>	Subject to deductible/coinsurance.
<b>Telemedicine Visits</b>	Subject to deductible/coinsurance.
<b>Preventive care as defined by the Affordable Care Act</b>	Paid at 100% of the allowable charge. Some of the services include: Routine screenings Preventive immunizations Well-women visits/screenings Contraceptive methods

<b>Drug Coverage</b>	
<b>Prescription Drugs</b> <b>BlueRx Card - Retail</b>	\$15 Generic Copay <b>\$60 Name Brand Copay when no Generic is available,</b> <b>\$60 Plus Cost Difference for Name Brand when Generic is available</b> Maximum Supply: 30 days. A 90-day supply is available through the Extended Supply Network.
<b>BlueRx Mail Order</b>	\$35 Generic Copay <b>\$140 Name Brand Copay when no Generic is available</b> <b>\$140 Plus Cost Difference for Name Brand when Generic is available</b> Maximum Supply: 90 days  Select Formulary. <b>Mandatory Designated Specialty Pharmacy.</b>

<b>Medical Services</b>	
<b>Emergency medical transportation</b>	Subject to deductible/coinsurance.
<b>Inpatient surgery physician/surgical</b> Pre-admission certification required for all planned Inpatient admissions at 1-800-782-4437	Subject to deductible/coinsurance.
<b>Inpatient facility fee</b>	Subject to deductible/coinsurance.
<b>Outpatient surgery physician/surgical</b>	Subject to deductible/coinsurance.
<b>Outpatient lab and radiology (Includes Advanced Imaging)</b>	Subject to deductible/coinsurance.
<b>Emergency room</b>	Subject to deductible/coinsurance.
<b>Accidental Injury Services</b>	Subject to deductible/coinsurance.

<b>Recovery/Special Needs</b>	
<b>Outpatient rehabilitation</b>	Subject to deductible/coinsurance.
<b>Hospice</b>	Paid at 100% of the allowable charge.
<b>Home Social Work Visits</b>	Paid at 100% of the allowable charge.
<b>Mental Health</b>	
<b>Mental Illness &amp; Substance Use Disorders</b> <u>Inpatient Services</u> Requires pre-admission certification from New Directions Behavioral Health at 1-800-952-5906	Subject to deductible/coinsurance.
<b>Mental Illness &amp; Substance Use Disorders</b> <u>Outpatient Services</u>	Subject to deductible/coinsurance.
<b>Other</b>	
<b>Maximum Lifetime Benefit</b>	Unlimited.
<b>Eligible Dependents</b>	Covered to age 26.

**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.**

**Customer Service: 800-432-3990  
Website: [www.bcbsks.com](http://www.bcbsks.com)**

## USD 303 NESS CITY Dental Care Program

**Full Decrease**

**Effective Oct 01, 2022**

This Dental Care Program offers coverage for preventive services, along with additional coverage for primary and periodontics services. Employees and each eligible dependent will receive benefits for all covered services each anniversary year.

<b>Covered Services</b>	
<p><b>PRIMARY</b>  80% payment</p>	<p>Inlays Simple extractions Repair of dentures Oral examinations Fillings (except gold) Fluoride (under age of 21) Emergency treatment for pain Dental imaging services required to treat or diagnose diseases or abnormalities of the teeth, surrounding tissue, and cavity detection Prophylaxis, including cleaning, scaling and polishing Endodontics General anesthesia when the dental treatment is covered Sealants limited to one application per tooth per lifetime per eligible insured between 5 and 17 years of age inclusive, and limited to permanent molars and bicuspids (20 teeth).</p>
<p><b>PERIODONTICS</b>  80% payment</p>	<p>Surgery of the bony structure supporting the teeth Periodontic treatment of the gums, consisting of examination, management and surgery</p>
<p>Dependents under age 12</p>	<p>Subject to cost-sharing</p>

### Monthly Premium

	<u>Employee</u>	<u>Emp/Child(ren)</u>	<u>Emp/Spouse</u>	<u>Family</u>
<b>Dental</b>	\$32.64	\$65.04	\$70.18	\$102.56

**Contracting Dentists:** Payment will be the maximum allowable charge for covered dental services. Payment will be sent directly to the dentist. The member will only be responsible for any coinsurance amounts and any charges for non-covered services.

**Non-Contracting Dentists In Company Service Area:** The member will be responsible for any difference between the payment allowance and the provider's charge, in addition to any coinsurance amounts and any charges for non-covered services. Payment will be sent directly to the member.

**Non-Contracting Dentists Outside Company Service Area:** Payment is based on usual, customary and reasonable charges. If the member does not sign payment over to the dentist, or the dentist does not submit the claim on the member's behalf, payment will be sent directly to the member.

**Coinsurance:** The coinsurance will be applied to the payments of a contracting dentist or a non-contracting dentist as described.

**Out-of-State Dentists:** As a BCBSKS member, you may go to any dentist located outside the state of Kansas that contracts with the local Blue Cross Plan. Payment amount is based on the local Blue Cross allowance arrangement with their contracting dentists. If the out-of-state Blue plan does not provide their discounted rates to BCBSKS, then the BCBSKS allowance is used. The member may be responsible for the difference between the allowed amount and the BCBSKS paid amount. BCBSKS payments will be sent directly to the member.

**Exclusions:** Services not listed as eligible dental services in the certificate; duplicate benefits provided under federal, state or local laws, regulations or programs (except for Medicaid); patient education services; hospital calls and consultations; lab work; occlusal adjustments; dental implants (except limited coverage under Prosthodontics); services for diseases or injuries caused by or arising out of acts of war or aggression; services for cosmetic purposes; payments under any provision of a Blue Cross and Blue Shield of Kansas certificate when the payment would duplicate payment for coverage made under another provision of the dental certificate (but only to the extent that such payment would exceed the charge for the service); services provided by a dentist for which there would customarily be no charge; medically unnecessary services; services related to alveolar ridge augmentations; services related to temporomandibular joint dysfunction syndrome over the amount specified in the certificate; orthodontic services; services covered and payable by any medical expense payment provision of any automobile insurance policy; services performed by immediate relatives or by members of the household of the employee; benefits received when a patient transfers during treatment, or if more than one dentist provides services for the same, payment for that benefit will not exceed the amount payable for one service.

This is a brief summary of the coverage available under this program. It is not a legal document.  
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# 2022 Contract Changes Summary



*Changes are effective at anniversary unless otherwise indicated*

**ACA Preventive Change** – Colorectal screening for cancer now covered from age 45 to 75 years of age. Previously covered from 50 to 75 years of age.

**Handicapped Dependent Children** – Change requests must be received within 60 days rather than 63 days.

## *Prescription drug program*

**Formulary** – The list of preferred medication is subject to change periodically. Members can obtain the most accurate prescription drug coverage by selecting the BCBSKS Select Medication List at [bcbsks.com/drugs](http://bcbsks.com/drugs).

**Diabetic Supplies** – Continuous Glucose Monitor added to the list of diabetic supplies.

**Prescription Drug Supply Refill/Reissue** – Prescription refill available after 75% depletion on mail order for controlled and non-controlled substances. Prescription refill available after 75% depletion for non-controlled substances or 85% depletion for controlled substances at retail pharmacy. Change from 2/3 of previously issued supply was exhausted.

**Self-Administered IV Drugs** – Coverage for certain self-administered IV drugs including hemophilia drugs will be covered under the pharmacy benefit.

# Reduce your specialty drug cost with HighTouchRx™

Only 1% of members account for 50% of specialty drug spend.<sup>1</sup> And yet specialty drugs make up half of current total drug spend.

HighTouchRx™

To manage your specialty costs, HighTouchRx can find that small percentage of members with complex conditions, determine if drug therapy opportunities apply, then perform high-touch outreach when appropriate.

## How it works:

**HighTouchRx™** – Outreach is a full-service program featuring a dedicated team of clinical rules pharmacists and data scientists.

- 1 They identify actionable savings opportunities by applying analytics to integrated medical and pharmacy claims data, as well as case outcomes.
- 2 Prime pharmacists then provide outreach to prescribers for these high-cost members with specialty conditions.

## Benefits

- Reporting suite features a user-friendly dashboard that summarizes opportunities and quarterly savings performance
- Program ranks interventions by impact
- Easy implementation

Contact your Blue Cross and Blue Shield of Kansas representative for more information and learn how HighTouchRx can help reduce your specialty costs.



Blue Cross and Blue Shield of Kansas is an independent licensee of the Blue Cross Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Prime Therapeutics LLC is an independent company that provides pharmacy benefit management services. Blue Cross and Blue Shield of Kansas, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Prime internal data, 2020.<sup>1</sup>  
7136-C1 ©Prime Therapeutics LLC 12/21



## MedsYourWay™ RETAIL

**A break-through, integrated shopping experience helping your employees save time and money at their local pharmacy.**

### SITUATION

- 3 out of 4 consumers use discount cards to access lower medication prices. However, the consumer is left finding the best option amongst all available cards and must present it at the pharmacy.<sup>1</sup>
- Discount cards diminish employee perception of Blue Cross and Blue Shield of Kansas plan value and reduces plan visibility into claims for drug utilization reviews.

### SOLUTION

MedsYourWay helps simplify the brick-and-mortar shopping experience by automatically comparing plan covered benefit price to discount card prices at the pharmacy, without needing to present a separate discount card. In addition, employees can access discounts on non-covered and prescribed over-the-counter medications.

- ✓ **Employees pay the lowest price available without presenting a separate discount card**
- ✓ **Covered purchases apply toward employee deductible**
- ✓ **Savings up to 96% on covered drugs processed through the DDC<sup>2</sup>**
- ✓ **Savings of up to 80% on 28,000 non-covered generics and OTCs<sup>2</sup>**
- ✓ **Applies at most retail pharmacies**

### HOW DOES IT WORK?

Without a vested interest in a specific discount drug card, MedsYourWay scans several discount card prices, compares them to the employee's benefit price and provides them with the lowest available price. Unlike using a separate discount card, MedsYourWay allows covered drugs to apply toward employee deductible. Groups benefit through improved employee perception and ability to maintain line of sight to all claims.

<sup>1</sup> GoodRx, 2021

<sup>2</sup> Milliman analysis against Prime's commercial client claims from October 2020-March 2021 and DDC fee schedule as of 1Q2021.



# Welcome to BlueAccess®

Our secure online member portal is the gateway to your health information

## Access your information – quickly and securely

Our secure online member portal allows you to:

- View benefits, including eligibility and deductible/coinsurance information
- Check your claims
- View, download and monitor medical expenses through your Explanation of Benefits (EOBs)
- View, download or print your digital ID card

## Registration is quick and simple

If you already have a BlueAccess account, log in to view your health plan information. If you don't have an account, registration is easy.

- 1 Go to [bcbsks.com/blueaccess](https://bcbsks.com/blueaccess).
- 2 Click *Register for a BlueAccess account*.
- 3 Have your ID card handy and follow the step-by-step instructions.



- 3 **Summary of Benefits and Coverage (SBC) and Contract/Certificate** | View details about your coverage and contract.

- View your copay, deductible and coinsurance amounts
- Common medical coverage information
- Coverage for specific tests or treatments

- 4 **Strive, powered by WebMD ONE** | Use this health and wellness platform to take a Health Assessment and generate a personalized health plan to reach your well-being goals.

- 5 **Blue365®** | Exclusive health and fitness deals and discounts.

- 1 **Manage My Account** | Edit and manage your preferences and go paperless.
- 2 **Forms** | Order a new ID card, find authorization forms and other forms related to your health insurance coverage.

Visit us at [bcbsks.com](https://bcbsks.com)





# Get care 24/7

See a doctor from the comfort of your own home – or anywhere else for that matter. Safe and secure, it's the quality care you need, made easier.

## What is Telemedicine?

Telemedicine, also called telehealth, is an **alternative to in-person visits**. It allows healthcare professionals to evaluate, diagnose and treat patients at a distance via secure video/audio connections.

With Blue Cross and Blue Shield of Kansas coverage, you can **visit live with a doctor** on your computer or mobile device when it's **convenient for you**.

If you are in need of telemedicine services, call your doctor first. If your doctor does not provide this service, call toll-free 844-733-3627 to see what other telemedicine options may be available to you.

## Patient benefits:

- » Less time away from work
- » No travel expenses or time
- » Easier if you have a child or elder in your care
- » Privacy
- » No exposure to other potentially contagious patients

## When can I use it?

Consult a doctor for common conditions like:

- » Cold/Flu
- » Fever
- » Rash
- » Sinus infection
- » Pink eye
- » Ear infection
- » Behavioral health

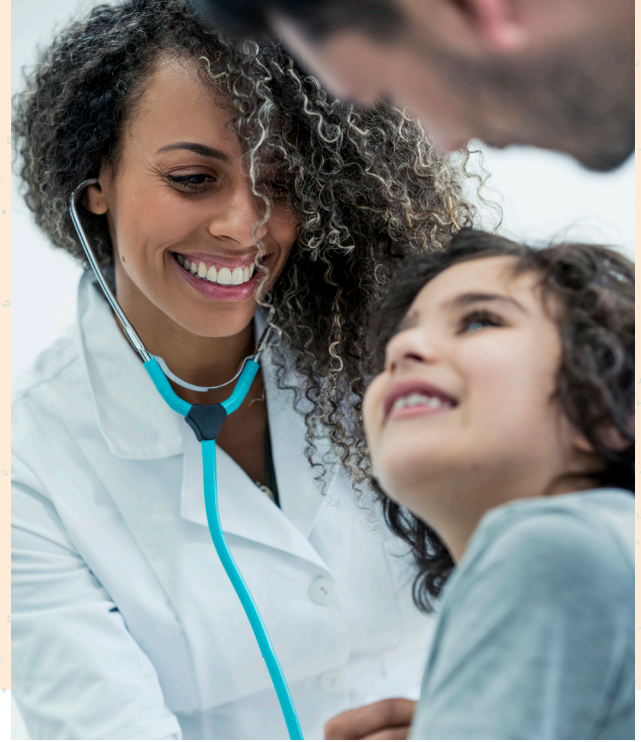
# What's covered under the Affordable Care Act?

Preventive services covered under the ACA



# Preventive services

The items listed below are services that some consumers can receive without any cost-sharing, meaning they will not pay deductibles, copays or coinsurance for the preventive services outlined. Preventive services must be provided by an eligible contracting provider as outlined in the member benefit description. **Preventive services are subject to change.**



## Preventive services for adults

- Abdominal aortic aneurysm screening for men of specified ages who have ever smoked
- Alcohol misuse screening and counseling
- Aspirin use to prevent cardiovascular disease for men and women of certain ages
- Behavioral counseling to promote a healthy lifestyle in adults with cardiovascular risk factors
- Blood pressure screening for all adults
- Cholesterol screening for adults of certain ages or at higher risk, and coverage for certain statins in adults 40-75 years old at increased risk of cardiovascular disease
- Colorectal cancer screening for adults 45-75 years old
- Depression screening for adults
- Type 2 diabetes screening for adults aged 35-70 who are overweight or obese
- Diet counseling for adults with high cholesterol, cardiovascular disease and diet-related chronic disease
- Counseling adults with fair skin types to reduce risk of skin cancer
- Exercise interventions to prevent falls in certain adults at increased risk for falls
- Hepatitis B virus infection screening in persons at high risk of infection
- Hepatitis C virus infection screening for adults at higher risk
- HIV pre-exposure prophylaxis (PrEP) for persons who are at high risk of HIV acquisition
- HIV screening for all adults at higher risk
- Lung cancer screening of adults of increased risk
- Routine immunizations for adults – doses, recommended ages and recommended populations vary
- Obesity screening and counseling for all adults
- Sexually transmitted infection (STI) prevention counseling for adults at higher risk
- Syphilis screening for all adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculin screening in adults of increased risk
- Unhealthy drug use screening via questionnaire (does not include testing biological specimens)

## Preventive services for women including pregnant women

- Anemia screening on a routine basis for pregnant women
- Bacteriuria urinary tract or other infection screening for pregnant women
- Behavioral counseling interventions for healthy weight and weight gain in pregnancy
- Breast cancer genetic test (BRCA) counseling for women at higher risk for breast cancer
- Breast cancer mammography screenings
- Breast cancer chemoprevention counseling for women at higher risk and providing of coverage for certain drugs taken for chemoprevention
- Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women
- Cervical cancer screening
- Chlamydia infection screening for sexually active younger women and other women at higher risk
- Contraception – select contraceptive methods, sterilization procedures, and patient education and counseling, including emergency contraceptives
- Counseling interventions for pregnant and postpartum persons at increased risk of perinatal depression
- Domestic and interpersonal violence screening and counseling for all women
- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at increased risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Human immunodeficiency virus (HIV) screening and counseling for women of higher risk
- Human papillomavirus (HPV) testing every three years for women who are 21 or older
- Osteoporosis screening for women over age 60 depending on risk factors
- Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Syphilis screening for all pregnant women
- Screening for preeclampsia in pregnant women and coverage for low-dose aspirin in women after 12 weeks gestation who are at high risk of preeclampsia



### Stay informed

For more information on health care and preventive services, please visit [healthcare.gov](https://www.healthcare.gov).

## Preventive Services for Children

- Congenital hypothyroidism screening for newborns
- Counseling of children and adolescents with fair skin types to reduce risk of skin cancer
- Fluoride supplementation for children without fluoride in their water source
- Fluoride varnish for infants and children
- Gonorrhea preventive medication for the eyes of all newborns
- Hematocrit or hemoglobin screening for children
- HIV screening for adolescents at higher risk
- Interventions to prevent initiation of tobacco use among school aged children and adolescents
- Iron supplements for children of certain ages at risk for anemia
- Lead screening for children at risk of exposure
- Medical history for all children throughout development
- Obesity screening and counseling
- Phenylketonuria (PKU) screening in newborns
- Sickle cell screening for newborns
- Screening for major depressive disorder in adolescents
- Sexually transmitted infection (STI) prevention counseling for adolescents at higher risk
- Tuberculin testing for children at increased risk of tuberculosis

## Preventive Services for Children: Bright Future Recommendations\*

- Alcohol, drug and tobacco use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children of all ages
- Depression screening for adolescents
- Developmental screening for children under age 3, and surveillance throughout childhood
- Dyslipidemia screening for children at higher risk of lipid disorders
- Hearing screening for all newborns; and for children once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years
- Height, weight and body mass index measurements for children
- Immunization vaccines for children from birth to age 18 – doses, recommended ages, and recommended populations vary
- Oral health assessment for young children
- Vision screening

\*Bright Futures is a national health promotion and preventive initiative, led by the American Academy of Pediatrics.

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