

An Independent Licensee of the Blue Cross and Blue Shield Association

University of Central Missouri

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This Benefit Summary provides only highlights of the services covered by Blue Cross and Blue Shield of Kansas City (Blue KC). For Additional details, exclusions and limitations refer to your member certificate available at <u>MyBlueKC.com</u>.

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D`Ub'HmdY	DfYZYffYX'Dfc j]XYf'Cf [Ub]nUh]cb'flDDCŁ Members can receive services from any hospital or physician, but receive greater benefits when using in-network providers.
AYXJWU``BYhk cf_flgL A complete listing of network hospitals and physicians is available on <u>MyBlueKC.com</u> . This plan includes additional discounts when you access care through UCM Custom Plan.	=b`5fYU. BlueSelect Plus Ch\Yf`8Yg][bUhYX`BYhkcf_'Zcf`5XX]h]cbU``8]gWc i bhg: UCM Custom Plan C i h!cZ!5fYU. BlueCard PPO/EPO
8 YX i Wh]V`Y – 9 a VYXXYX	

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¨=Ζ΄mciˈbYYX´]a a YXJUhY´a YXJWU``UhhYbh]cbÅ	=b!BYhkcf I7A 7 ighc a `D`Ub	=b!BYhkcf_	Cih!cZ!BYhkcf_
If[Ybh`7UfY`7YbhYf`CZZ]WY`J]g]h	\$60 Copay/Visit, no Deductible	\$60 Copay/Visit, no Deductible	50% Coinsurance after Deductible
9 a Yf [Yb\m'GYf j]WYg Copay Waived if Admitted Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	\$200 Copay/Visit, then Deductible, then 20% Coinsurance	\$200 Copay/Visit, then Deductible, then 20% Coinsurance	\$200 Copay/Visit, then In- Network Deductible, then 20% Coinsurance
; fc i bX 5 a V i UbWY Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	20% Coinsurance after Deductible	20% Coinsurance after Deductible	20% Coinsurance after In- Network Deductible
5]f [°] 5 a V i `UbWY	20% Coinsurance after Deductible	20% Coinsurance after Deductible	20% Coinsurance after In- Network Deductible
ʿ=Zʿmci`\UjYʿU`\cgd]hU`ʿghUm Å	=b!BYhkcf I7A [`] 7 ighc a 'D`Ub	=b!BYhkcf_	Cih!cZ!BYhkcf_
<cgd]hu``:uw]`]hm`:yyg Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider</cgd]hu``:uw]`]hm`:yyg 	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
D\mg]W]Ub`flGif[YcbŁ`GYfj]WYg	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
`=Z`mci`bYYX`\Y`d`fYWcjYf]b[`cf`\UjY`ch\Yf`gdYW]U``\YU`h\`bYYXgÅ	=b!BYhkcf I7A 7 ighca Ɗ`Ub	=b!BYhkcf_	Cih!cZ!BYhkcf_
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G____YX B i fg]b [7UfY Prior Authorization Policy Applies Maximum benefit of 30 Day(

GdYWJU`hm`D \ Uf a UWm A Specialty Pharmacy is one that provides specialized care for patients with complex chronic health conditions. Learn more about the drugs covered by your plan, drug category/ tier, prior authorization and step therapy by reviewing your prescription drug list at <u>MyBlueKC.com</u>	OptumRx Specialty Services D<. 855-427-4682		
C i hdUh]Ybh'DfYgWf]dh]cb'8f i ['C i h!cZ!DcW_Yh'@] a]hg The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	=b!BYhk cf_ Combined with Medical Out-of-Pocket Limits	C i h!cZ!BYhkcf_ Combined with Medical Out-of-Pocket Limits	
	Combined with Medical Out-of-Pocket Limits	Combined with Medical Out-of-Pocket Limits	
FI'GUj]b[g'Gc`ih]cbg A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at <u>MyBlueKC.com</u> and stay up-to-date on cost saving opportunities. 9 a U]`. <u>info@rxsavingsllc.com</u> D<. 1-800-268-4476		
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K\Yb'mci'igY'U'fYhU]`'cf'gdYW]U`hm'd\UfaUWm"""			

ID: 2013460457, Group: 27255000

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