

Jackson County
Preferred-Care Blue PPO Plan
Benefit & Rate Confirmation
(Effective January 1, 2017)



FILED
OCT 19 2016
MARY JO SPINO
COUNTY CLERK

**Benefit and Rate Confirmation
Jackson County – Preferred-Care Blue PPO Plan**

Preferred-Care Blue
Copayment, Deductible, Coinsurance and Limits

<i>Hospital and Physician</i>		
	<u>In Network</u>	<u>Out of Network</u>
Calendar Year Deductible		
Individual	\$1,000	\$2,500
Family	\$2,000	\$4,500
Coinsurance Member Pays		
Preferred		20%
Non-Preferred		40%
Out-of-Pocket Maximum <i>(Includes Deductible, Coinsurance & All Copays)</i>		
Preferred	<u>Individual</u> \$4,500	<u>Family</u> \$9,000
Non-Preferred	\$8,500	\$16,500
Physician Office Visit		
Preferred		
PCP		\$30 Copay*
Specialist		\$60 Copay*
Non-Preferred		Deductible & Coinsurance
*Copay applies to the Office Visit Charge Only. Other procedures performed in a Physician's office are subject to the applicable deductible and coinsurance level unless otherwise specified in the benefit schedule.		
Pediatric Obesity Office Visit (up to 4 per year for overweight and obese only)		
Preferred		No Copay
Non-Preferred		No Benefit
Pediatric Obesity Nutritional Counseling (up to 4 per year for overweight and obese only)		
Preferred		No Copay
Non-Preferred		No Benefit
Lab Services		
Preferred		
Physician's Office / Independent Lab		No Copay*
Outpatient Facility/Hospital		Deductible & Coinsurance
Non-Preferred		Deductible & Coinsurance
X-ray and other Radiology Procedures		
Preferred		Deductible & Coinsurance
Non-Preferred		Deductible & Coinsurance

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<i>Hospital and Physician (cont'd.)</i>	
Routine Preventive Care Preferred	Expanded (ACA Compliant) Women's Preventive*** Routine Services: 100% Related OV: 100% Deductible & Coinsurance
Non-Preferred	
Routine Vision Care	Not Covered
Prenatal Program	Yes
Emergency Room	\$250 Copay then Deductible & Preferred Coinsurance <i>Copay waived if admitted to a Hospital</i>
Urgent Care Benefit Preferred	\$60 Copay* Deductible & Coinsurance
Non-Preferred	

<i>Mental Illness/Substance Abuse</i>	
Inpatient Mental Illness/Substance Abuse	Deductible & Coinsurance
Outpatient Mental Illness/Substance Abuse Office Visit	\$30 Copay*
Outpatient Mental Illness/Substance Abuse Therapy	Deductible & Coinsurance

***Routine Women's Preventive required under the Affordable Care Act of 2010 ("ACA")

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<i>Ancillary/Miscellaneous</i>	
Air Ambulance	Deductible & Preferred Coinsurance
Ground Ambulance	Deductible & Preferred Coinsurance <i>No limit per trip</i>
Home Health Services	Deductible & Coinsurance <i>60 visit Calendar Year Maximum</i>
Skilled Nursing Facility	Deductible & Coinsurance <i>30 day Calendar Year Maximum</i>
Inpatient Hospice	Deductible & Coinsurance <i>14 Day Lifetime Max</i>
Outpatient Therapy (Speech, Hearing, Physical and Occupational)	Deductible & Coinsurance <i>Combined 60 visit Calendar Year Maximum for Physical & Occupational Therapy</i> <i>Combined 20 visit Calendar Year Maximum for Speech & Hearing Therapy</i>
Chiropractic Services <small>*Copay applies to the Office Visit Charge Only. Other procedures performed in a Chiropractor's office are subject to the applicable deductible and coinsurance level unless otherwise specified in the benefit schedule.</small>	Network: \$60 Copay* Non-Network: Deductible & Coinsurance
Infertility/Impotency	\$10,000 lifetime benefit maximum; drugs are covered at 50% after applicable copay

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<i>Outpatient Prescription Drugs</i>	
Network	BCBSKC Rx
Rx Deductible	None
Long-Term Supply – Mail order only	All covered drugs
Retail Copays: Tier 1/Tier 2/Tier 3	\$12/20% up to \$100/50% up to \$250
Mail Order Copays: Tier 1/Tier 2/Tier 3	\$24/20% up to \$200/50% up to \$500
Contraceptives:	Generic contraceptive drugs covered at 100% Injectables, implants, and devices covered at 100%
Over the Counter Drugs <i>(Prevacid OTC, Prilosec OTC, Loratadine/Loratadine-D tablets including rapidly dissolving tablets, and syrup (generic for Claritin and Alavert products) & Zyrtec</i>	\$1 Copay
Out-of-Network:	Retail: 50% after \$12/20%/50% Mail Order 50% after \$24/20%/50%
ExpressScripts Program:	BlueKC Network without Walgreen's Select Home Delivery Active Choice

<i>Other</i>	
Lifetime Maximum	Unlimited
Dependent Limiting Age	26
Maternity	Covered
Dependent Daughters	Covered for maternity
Eligibility/Termination	First day of month/last day of month
Domestic Partner Amendment – Coverage for same sex and opposite sex coverage	Covered
Coverage for Legally Married Same Sex Spouse	Yes
Wellness Fund (Group Total)	\$75,000 <i>*Amount applies to group as a whole and amount is not available for each unique product the group offers.</i>
Nurse Line	Yes

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<i>Underwriting</i>	
Minimum percent of Eligible employees covered	75%
Percentage threshold of total employee enrollment at renewal based on prior year's enrollment	90%
Classification of Eligible Employees	See Attached
Waiting Period	See Attached
Minimum Employer Contribution	75% cost of Eligible Employees/50% total account premium
Section 125 Enrollment Provisions	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
Start Date of Annual Enrollment Period	30 days prior to group anniversary date
End Date of Annual Enrollment Period	15 days after group anniversary date
Contract Term	12 months
Subsequent Renewal Terms	12 months
Renewal Notification	180 Days Preliminary; 120 Days Final
Next Renewal	1/1/18
Reinstatement Fee	\$500
Subject to ERISA	No

<i>Mandated Offerings</i>	
Pregnancy Termination	<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject

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Rates	
Employee Employee + One Family	See Cost Plus Agreement
Direct Bill Cobra	
Employee	\$602.81
Employee + One	\$1,377.47
Family	\$1,690.42

A Healthier You™	
<i>Select only one:</i>	
<input type="checkbox"/> AHY 100+ <input checked="" type="checkbox"/> AHY Platinum (1000+) <input type="checkbox"/> Decline AHY(approval needed)	
AHY for Subscriber and Spouse with Medical Coverage	Included in premium

Funding	
	<input type="checkbox"/> ASO
	<input checked="" type="checkbox"/> Cost Plus
	<input type="checkbox"/> Insured
	<input type="checkbox"/> Other

Confirmed by Jackson County:



Signature

Q. Troy Thomas
Chief Financial Officer

Title

October 19, 2016

Date

Accepted by Blue Cross and Blue Shield of Kansas City:



Signature

UNDERWRITER

Title

9/22/16


Date

APPROVED AS TO FORM



County Counselor

ATTEST:



Clerk of the County Legislature