

Jackson County
BlueSaver PPO Plan
Benefit & Rate Confirmation
(Effective January 1, 2017)



FILED
OCT 19 2016
MARY JO SPINO
COUNTY CLERK

**Benefit and Rate Confirmation
Jackson County – BlueSaver PPO Plan**

Preferred-Care Blue
Copayment, Deductible, Coinsurance and Limits

<i>Hospital and Physician</i>							
Calendar Year Deductible							
Individual	\$2,600						
Family	\$5,200						
Coinsurance Member Pays							
Preferred	0%						
Non-Preferred	20%						
Out-of-Pocket Maximum <i>(Includes Deductible, Coinsurance & All Copays)</i>							
Preferred	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; padding: 0 10px;"><u>Individual</u></td> <td style="text-align: center; padding: 0 10px;"><u>Family</u></td> </tr> <tr> <td style="text-align: center; padding: 0 10px;">\$2,600</td> <td style="text-align: center; padding: 0 10px;">\$5,200</td> </tr> <tr> <td style="text-align: center; padding: 0 10px;">\$6,500</td> <td style="text-align: center; padding: 0 10px;">\$13,000 ✓</td> </tr> </table>	<u>Individual</u>	<u>Family</u>	\$2,600	\$5,200	\$6,500	\$13,000 ✓
<u>Individual</u>	<u>Family</u>						
\$2,600	\$5,200						
\$6,500	\$13,000 ✓						
Non-Preferred	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; padding: 0 10px;"><u>Individual</u></td> <td style="text-align: center; padding: 0 10px;"><u>Family</u></td> </tr> <tr> <td style="text-align: center; padding: 0 10px;">\$2,600</td> <td style="text-align: center; padding: 0 10px;">\$5,200</td> </tr> <tr> <td style="text-align: center; padding: 0 10px;">\$6,500</td> <td style="text-align: center; padding: 0 10px;">\$13,000 ✓</td> </tr> </table>	<u>Individual</u>	<u>Family</u>	\$2,600	\$5,200	\$6,500	\$13,000 ✓
<u>Individual</u>	<u>Family</u>						
\$2,600	\$5,200						
\$6,500	\$13,000 ✓						
Physician Office Visit	Deductible & Coinsurance						
Pediatric Obesity Office Visit (up to 4 per year for overweight and obese only)							
Preferred	No Copay						
Non-Preferred	Deductible & Coinsurance						
Pediatric Obesity Nutritional Counseling (up to 4 per year for overweight and obese only)							
Preferred	No Copay						
Non-Preferred	No Benefit						
Lab Services Performed in a Physician's Office / Independent Lab	Deductible & Coinsurance						
X-ray and other Radiology Procedures	Deductible & Coinsurance						
Routine Preventive Care							
Preferred	Expanded (ACA Compliant) Women's Preventive***						
Non-Preferred	Routine Services: 100% Related OV: 100% Deductible & Coinsurance						

Same as last yr.
WBT

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

**Benefit and Rate Confirmation
Jackson County – BlueSaver PPO Plan**

<i>Hospital and Physician (cont'd.)</i>	
Routine Vision Care	Not Covered
Prenatal Program	Yes
Emergency Room	Deductible & Preferred Coinsurance
Urgent Care Benefit	Deductible & Coinsurance

<i>Mental Illness/Substance Abuse</i>	
Inpatient Mental Illness/Substance Abuse	Deductible & Coinsurance
Outpatient Mental Illness/Substance Abuse	Deductible & Coinsurance

<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	Deductible & Coinsurance
Infertility/Impotency	\$10,000 lifetime benefit maximum; drugs are covered at 50% after deductible and applicable copay

**Benefit and Rate Confirmation
Jackson County – BlueSaver PPO Plan**

Outpatient Prescription Drugs	
Network	BCBSKC Rx
Long-Term Supply – Mail order only	All covered drugs
Retail Copays: Tier 1/Tier 2/Tier 3	In Network: Deductible then no Copay Out of Network: Deductible then 50% after \$12/20%/50%
Mail Order Copays: Tier 1/Tier 2/Tier 3	In Network: Deductible then no Copay Out of Network: Deductible then 50% after \$24/20%/50%
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>	Deductible then 100%
ExpressScripts Program:	BlueKC Network without Walgreen's Select Home Delivery Active Choice

Other	
Lifetime Maximum	Unlimited
Dependent Limiting Age	26
Maternity	Covered
Dependent Daughters Eligibility/Termination	Covered for maternity 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>
Bank Selection	UMB
Nurse Line	Yes

**Benefit and Rate Confirmation
Jackson County – BlueSaver PPO Plan**

<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


**Benefit and Rate Confirmation
Jackson County – BlueSaver PPO Plan**

Rates	
Employee Employee + One Family	See Cost Plus Agreement
Cobra	
Employee	\$569.05
Employee + One	\$1,311.68
Family	\$1,591.44

A Healthier You™	
Select only one:	
<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
 2/22/16

 Date

APPROVED AS TO FORM



 County Counselor

ATTEST:



 Clerk of the County Legislature