

**USD 261 Haysville
Dual Option
Comprehensive Major Medical Program**



Effective October 01, 2023-September 30, 2024

Maximum benefits are available when services are received from Blue Choice providers. Your financial responsibility is based on the provider network you select. **Non-Blue Choice & Non-CAP:** Difference between the payment allowance and provider charge, additional 20% coinsurance amount, deductible, coinsurance or copay amount **CAP (Non-Blue Choice):** Additional 20% coinsurance amount,* deductible, coinsurance or copay amount **Blue Choice:** Deductible, coinsurance or copay amount

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

Member Pays	
Deductible (Per group anniversary benefit period)	Option 1: \$500/\$1,000 individual/two-or-more persons Option 2: \$1,000/\$2,000 individual/two-or-more persons
Coinsurance (Member portion for most services)	20% of allowed amounts after deductible has been met
Coinsurance Maximum	\$5,000/ \$10,000 individual/two-or-more persons
Maximum Out-of-Pocket (includes copays, deductible and coinsurance where applicable)	\$6,350/\$12,700 individual/two-or-more persons after the maximum out-of-pocket amount has been reached, eligible benefits will be paid at 100% of the allowed amount for the remainder of the benefit period.
Doctor's office visits	
Home and office visits Telehealth visits	\$25 office visit copay \$25 office visit copay
Preventive care as defined by the <i>Affordable Care Act</i>	Paid at 100% of the allowable charge. Some of the services include: • Routine screenings • Preventive immunizations • Well-woman visits/screenings • Contraceptive methods
Drug coverage	
Prescription Drugs & Mail order	BlueRx Card Retail Option 1: \$15/\$50/\$75 Option 2: Subject to \$100/\$200 RX deductible, then 50/50 coinsurance The quantity per prescription shall be the greater of a 34-day supply or 100 unit dosage, if defined as a maintenance drug. Mail Order: Option 1: \$37.50/\$125/\$187.50; 90-day supply Option 2: Subject to retail deductible and coinsurance-90-day supply Specialty: Option 1: \$100 copay; 34-day supply. Option 2: Subject to retail deductible and coinsurance; 34-day supply Must use designated specialty pharmacy for all specialty prescription.
Medical services	
Emergency medical transportation Inpatient surgery physician/surgical Inpatient facility fee Outpatient surgery physician/surgical Outpatient lab and radiology (<i>Includes Advanced imaging</i>)	Subject to deductible/coinsurance Subject to deductible/coinsurance Subject to deductible/coinsurance Subject to deductible/coinsurance Pays at 100% of allowable charges up to a combined maximum of \$300 for each covered person, each benefit period

Medical Services (continued)	
Emergency room	\$100 copay then subject to deductible/coinsurance
Accidental Injury Services	Pays 100% up to \$1,000 per person each benefit period, then subject to deductible/coinsurance
Recovery/Special needs	
Outpatient rehabilitation	Subject to deductible/coinsurance
Hospice	Subject to deductible/coinsurance
Home social work visits	Subject to deductible/coinsurance
Mental health	
Mental/behavioral health Inpatient Services Requires pre-admission certification from New Directions Behavioral Health at 1-800-952-5906	Subject to deductible/coinsurance
Outpatient Services	\$25 office visit copay
Other	
Maximum lifetime benefit	Unlimited
Eligible dependents	Covered to age 26

Renewals/New Groups - BCBSKS reserves the right to adjust premiums accordingly should enrollment vary from the census.

Exclusions:

Duplicate benefits provided under federal, state or local laws, regulations or programs except Medicaid; services involving cosmetic or reconstructive surgery except as stated in the certificate; charges for personal items; convalescent or custodial care or rest cure; all keratotomy procedures; services related to temporomandibular joint dysfunction syndrome; blood or payments to donors of blood; any service or supply related to the medical management of obesity; services related to the reversal of sterilization procedures; any medically-aided insemination procedure; charges for services by immediate relatives or by members of the household; acupuncture and admission for acupuncture; medically unnecessary services and admissions; services covered and payable under any medical expense payment provision of any automobile insurance policy; mental illness or substance use disorder services provided by a non-eligible provider; services, supplies or treatments not specifically listed as covered in the member's certificate.

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.