Kansas

2027 Summary of Benefits

Blue Medicare Advantage Freedom (PPO)

Jackson, Lyon, Osage, Pottawatomie, Shawnee and Wabaunsee counties

Effective from January 1, 2027 through December 31, 2027

An independent licensee of the Blue Cross Blue Shield Association

Section 1: Introduction

Introduction

This document is a summary of drug and health services covered by Blue Medicare Advantage Freedom (PPO). The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage."

Blue Medicare Advantage Freedom (PPO), offered through Blue Cross and Blue Shield of Kansas, is a PPO plan with a Medicare contract. Enrollment in this plan depends on contract renewal.

This information is not a complete description of benefits. Call **866-943-4144 (TTY: 711)** for more information.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **866-943-4144 (TTY: 711).**

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Blue Medicare Advantage Freedom (PPO) covers and what you pay. If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on https://www.medicare.gov.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at https://www.medicare.gov or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Who can join?

To join Blue Medicare Advantage Freedom (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in the state of Kansas: Jackson, Lyon, Osage, Pottawatomie, Shawnee and Wabaunsee.

Hours of Operations

From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time.

From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time. You may receive a messaging service on weekends and holidays. Please leave a message and your call will be returned the next business day.

Phone Numbers and Website

If you have any questions, call toll-free at 866-943-4144 (TTY:711) or visit our website at bcbsks.com/medicare/ma-welcome.

Which doctors and hospitals can I use?

Blue Cross and Blue Shield of Kansas has a network of doctors, hospitals and other providers. As a result, you may pay less for your covered benefits. However, you may also use providers that are not in our network.

Please call 866-943-4144 (TTY:711) or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at 866-943-4144 (TTY: 711).

Understanding the Benefits

- [ ] The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit bcbsks.com/medicare/forms or call 866-943-4144 to view a copy of the EOC.

- [ ] Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

Understanding Important Rules

- [ ] In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

- [ ] Benefits, premiums and/or copayments/co-insurance may change on January 1, 2028.

- [ ] Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

- [ ] Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

Section 2: Summary of Benefits

Notes: Services with a "[1]" may require prior authorization. Plans may offer supplemental benefits in addition to Part C benefits. Please see "Section 3: Optional Supplementals" for these additional benefits.

Category	Blue Medicare Advantage Freedom (PPO)
Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services	
Monthly Plan Premium with Part B Premium Credit Reduction	$0 per month You must continue to pay your Medicare Part B premium. With this plan, the monthly premium you pay to the Social Security Administration (SSA) is reduced by a $100 premium credit.
Deductible	There is no annual deductible.
Maximum Out-of-Pocket (MOOP)	Your maximum out-of-pocket responsibility represents the most you will pay for copays, coinsurance, and other costs for Medicare-covered services throughout the year. This does not apply to prescription drugs and other select supplemental benefits (as noted). $6,500 annually for services you receive from in-network providers. $10,750 annually for services you receive from in and out-of-network providers combined. Your limit for services received from in-network providers will count toward this limit.
Inpatient Care	
Inpatient Hospital Care[1] **Prior Authorization may be required**	Our plan covers an unlimited number of days for an inpatient hospital stay. In-network: $425 copay per day for days 1 to 6. $0 copay per day for days 7 and beyond. Out-of-network: 50% coinsurance per stay.

Category	Blue Medicare Advantage Freedom (PPO)
Inpatient Mental Health Care[1] **Prior Authorization may be required**	Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. In-network: $350 copay per day for days 1 to 6. $0 copay per day for days 7 to 90. Out-of-network: 50% coinsurance per stay.
Outpatient Care and Services	
Outpatient Surgery	In-network: $375 copay Out-of-network: 50% coinsurance
Ambulatory Surgery Center	In-network: $300 copay Out-of-network: 50% coinsurance
Doctor's Office Visits	**Primary Care Provider (PCP):** In-network: $0 copay Out-of-network: 50% coinsurance **Specialist:** In-network: $50 copay Out-of-network: 50% coinsurance
Preventive Care	Our plan covers one annual physical exam per year, in addition to Medicare-covered preventive services. In-network: $0 copay Out-of-network: 50% coinsurance
Telehealth	**Primary Care Provider (PCP):** In-network: $0 copay Out-of-network: 50% coinsurance **Specialist:** In-network: $50 copay Out-of-network: 50% coinsurance

Category	Blue Medicare Advantage Freedom (PPO)
Emergency Care	Services are available worldwide up to $50,000. You do not have to pay your Emergency Room copay if you are admitted to a hospital within 24 hours. In-network: $130 copay Out-of-network: $130 copay
Urgently Needed Services	In-network: $50 copay Out-of-network: $50 copay
Diagnostic Services, Labs, and Imaging *(Costs for these services may vary based on place of service)* **Prior Authorization may be required for MRI's, CT Scans, etc.**	**Diagnostic Tests and Procedures:** In-network: $0 copay Out-of-network: 50% coinsurance **Lab Services:** In-network: $0 copay Out-of-network: 50% coinsurance **X-rays:** In-network: $0 copay Out-of-network: 50% coinsurance **Diagnostic Radiology Services (including MRIs, CT Scans, etc.) at a PCP or Specialist's Office:** In-network: $50 copay Out-of-network: 50% coinsurance **Diagnostic Radiology Services (including MRIs, CT Scans, etc.) at a Freestanding or Outpatient Facility:** In-network: $250 copay Out-of-network: 50% coinsurance **Therapeutic Radiology Services:** In-network: 20% coinsurance Out-of-network: 50% coinsurance

Category	Blue Medicare Advantage Freedom (PPO)
Hearing Services	**Medicare-Covered Exams to Diagnose and Treat Hearing and Balance Issues:** In-network: $50 copay Out-of-network: 50% coinsurance **Routine Hearing Exams:** Our plan covers one routine hearing exam per year. In-network: $0 copay Out-of-network: 50% coinsurance **Hearing Aids:** You pay $295, $695, $1,095 or $1,495 per hearing aid for up to two TruHearing hearing aids every year (one per ear per year). You must see a TruHearing provider to use this benefit. ***Routine Hearing Exam and Hearing Aid cost-shares are not subject to the maximum out-of-pocket.***

Category	Blue Medicare Advantage Freedom (PPO)
Dental Services	**Medicare-Covered Dental Services:** In-network: $50 copay Out-of-network: 50% coinsurance Our plan pays up to $2,500 for preventive and comprehensive dental services every year for services received in-network or out-of-network. **Preventive Dental Services:** • Routine cleanings (up to 2 every year) • Bitewing x-rays (up to 2 every year) • Oral exams (up to 2 every year) • Fluoride treatment (up to 2 every year) In-network: $0 copay Out-of-network: 50% coinsurance **Comprehensive Dental Services:** Reference Evidence of Coverage for additional detail on covered comprehensive services / limitations. • Restorative • Endodontics • Periodontics • Extractions • Prosthodontics and Oral / Maxillofacial Services In-network: 50% coinsurance Out-of-network: 50% coinsurance ***Non Medicare-Covered Preventive Dental Service cost-shares are not subject to the maximum out-of-pocket.***

Category	Blue Medicare Advantage Freedom (PPO)
Vision Services	**Medicare-Covered Diabetic Eye Exams and Glaucoma Screenings:** In-network: $0 copay Out-of-network: 50% coinsurance **All Other Medicare-Covered Eye Exams:** In-network: $50 copay Out-of-network: 50% coinsurance **Medicare-Covered Eyewear:** In-network: $50 copay Out-of-network: 50% coinsurance **Routine Eye Exams:** Our plan covers one routine eye exam per year. In-network: $0 copay Out-of-network: You have an exam allowance of $85 every year. Any amount spent over $85 is your responsibility. **Frames, Lenses, and Contact Lenses:** You have an eyewear allowance of $200 every year. Any amount spent over $200 is your responsibility. ***Routine Eye Exam and Non-Medicare-Covered Eyewear cost-shares are not subject to the maximum out-of-pocket.***

Category	Blue Medicare Advantage Freedom (PPO)
Mental Health Care[1]	**Outpatient Group Therapy Visit:** In-network: $40 copay Out-of-network: 50% coinsurance **Outpatient Individual Therapy Visit:** In-network: $40 copay Out-of-network: 50% coinsurance
Skilled Nursing Facility (SNF)[1]	Our plan covers up to 100 days in a SNF. In-network: $10 copay per day for days 1 to 20. $221 copay per day for days 21 to 100. Out-of-network: 50% coinsurance
Outpatient Rehabilitation	**Occupational Therapy Visit:** In-network: $40 copay for evaluations and 20% coinsurance for therapy visits Out-of-network: 50% coinsurance **Physical Therapy and Speech and Language Therapy Visit:** In-network: $40 copay for evaluations and 20% coinsurance for therapy visits Out-of-network: 50% coinsurance
Ambulance	Ground ambulance: $350 copay per one-way trip Air ambulance: 20% coinsurance per one-way trip
Transportation	Not covered
Prescription Drugs	
Medicare-Covered Part B Drugs	**Chemotherapy Drugs:** In-network: 0% to 20% coinsurance Out-of-network: 50% coinsurance **Other Part B Drugs:** In-network: 0% to 20% coinsurance Out-of-network: 50% coinsurance

Category	Blue Medicare Advantage Freedom (PPO)
Additional Covered Benefits	
Cardiac Rehabilitation Services	Limited to a maximum of two 1-hour sessions per day for up to 36 sessions or up to 36 weeks. In-network: $10 copay Out-of-network: 50% coinsurance
Chiropractic Care	Medicare-covered services are limited to manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position). In-network: $15 copay Out-of-network: 50% coinsurance
Dialysis	In-network: 20% coinsurance Out-of-network: 20% coinsurance
Diabetic Supplies and Services[1]	In-network: 0% to 20% coinsurance Out-of-network: 20% coinsurance Diabetic Supplies are covered at 0% to 20% coinsurance, depending on the supplier. 0% coinsurance applies when supplies are manufactured by our preferred supplier, Ascensia. 20% coinsurance applies when Diabetic Supplies are received from all other suppliers at an in-network location. Diabetic Therapeutic Shoes and Inserts are covered in-network at 20% coinsurance.
Durable Medical Equipment (DME) & Prosthetic Devices	In-network: 20% coinsurance Out-of-network: 50% coinsurance

Category	Blue Medicare Advantage Freedom (PPO)
Podiatry	Medicare-covered podiatry services are limited to foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. In-network: $50 copay Out-of-network: 50% coinsurance
Home Health Care	In-network: $0 copay Out-of-network: 50% coinsurance
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Please see the Evidence of Coverage for more information about hospice care and coverage.
Meals	Our plan covers up to 14 home delivered meals by Mom's Meals over 7-Day period after an inpatient hospital discharge. In-network: $0 copay
Opioid Treatment Services	In-network: $50 copay Out-of-network: 50% coinsurance
Outpatient Substance Abuse	**Group Therapy Visit:** In-network: $45 copay Out-of-network: 50% coinsurance **Individual Therapy Visit:** In-network: $45 copay Out-of-network: 50% coinsurance
Over-the-Counter (OTC) Drugs	Our plan covers up to $50 allowance every 3 months for the purchase of over-the-counter drugs. Any remaining balance will roll over until the end of the year.

Category	Blue Medicare Advantage Freedom (PPO)
Fitness Benefit	Health Club Membership/Fitness classes at participating SilverSneakers® locations. In-network: $0 copay

Blue Cross and Blue Shield Medicare Advantage Contact Information

Call

866-943-4144

Calls to this number are free. Hours are 8 a.m. to 8 p.m., seven days a week. You may reach a messaging service on Thanksgiving, Christmas, and holidays and weekends from April 1 through September 30. Please leave a message and your call will be returned the next business day.

Free language interpreter services available for non-English speakers.

TTY

711

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Calls to this number are free. Hours are 8 a.m. to 8 p.m., seven days a week. You may reach a messaging service on Thanksgiving, Christmas, and holidays and weekends from April 1 through September 30. Please leave a message and your call will be returned the next business day.

Fax

1-800-426-6535

Write

BCBS Kansas
PO Box 211355
Eagan, MN 55121

Website

bcbsks.com/medicare/ma-welcome

IMPORTANT INFORMATION:

2027 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Blue Cross and Blue Shield of Kansas - H7063

For 2027, Blue Cross and Blue Shield of Kansas - H7063 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★☆☆
Health Services Rating:	★★½☆☆
Drug Services Rating:	★★★½☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online
Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?
Contact Blue Cross and Blue Shield of Kansas 7 days a week from 8:00 a.m. to 8:00 p.m. Central time at 866-943-4144 (toll-free) or 800-766-3777 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time. Current members please call 800-222-7645 (toll-free) or 711 (TTY).

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Kansas

866-943-4144 (TTY: 711)

bcbsks.com/mawelcome

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