

THE GREAT PLAINS CONFERENCE OF THE UMC
Comprehensive Major MedicalSM

Effective January 01, 2018 - December 31, 2018

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)	\$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	\$2,500/\$5,000 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	\$35 copay per visit (includes eye exams).
Preventive care as defined by the Affordable Care Act	Paid at 100% of the allowable charge. Some of the services include: Routine screenings Preventive immunizations Well-women visits/screenings Contraceptive methods

Drug Coverage	
Prescription Drugs & Mail order	BlueRx Card \$15/\$30/\$45; Mail order is 2 1/2 x copay. The quantity per prescription shall be the greater of a 34-day supply or 100 unit dosage, if defined as a maintenance drug.

Medical Services	
Emergency medical transportation	Subject to deductible/coinsurance
Inpatient surgery physician/surgical	Subject to deductible/coinsurance
Inpatient facility fee	Subject to deductible/coinsurance
Outpatient surgery physician/surgical	Subject to deductible/coinsurance
Outpatient lab and radiology	Pays at 100% to a combined maximum of \$300 for each covered person, each benefit period then subject to deductible/coinsurance

Medical Services	
Advanced imaging	Pays at 100% to a combined maximum of \$300 for each covered person, each benefit period then subject to deductible/coinsurance
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 health care	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	\$35 office visit copay
Other	
Maximum lifetime benefit	Unlimited
Eligible dependents	Covered to age 26

BCBSKS reserves the right to adjust premiums accordingly should enrollment vary from the census.

Exclusions: The following procedures and all related services and supplies are not covered under this program. Services provided directly for or relative to diseases or injuries caused by or arising out of acts of war, insurrection, rebellion, armed invasion, or aggression; duplicate benefits provided under federal, state or local laws, regulations or programs, except Medicaid; cosmetic or reconstructive surgery (except as stated in the certificate); any keratotomy procedures; charges for personal items; convalescent or custodial/maintenance care or rest cures; blood or payments to donors of blood; any service or supply related to the medical management of obesity except for eligible preventive services; charges for services by immediate relatives or by members of your household; acupuncture and admissions for acupuncture; services related to temporomandibular joint dysfunction syndrome over the amount specified in the certificate; any medically-aided insemination procedure; services related to the reversal of sterilization procedures; mental illness or substance use disorder services provided by a non-eligible provider; hearing aids; eyeglasses or contact lenses (except after the removal of cataracts); unnecessary services and admissions; services or supplies which are experimental or investigative in nature; services not specifically listed as benefits in the certificate; services covered and payable by any medical expense payment provision of any automobile insurance policy.

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.

THE GREAT PLAINS CONFERENCE OF THE UMC

High-Deductible Health Plan Comprehensive Major Medical™

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*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)	\$3,000/\$6,000 individual/two-or-more persons
Coinsurance (Member portion for most services)	\$0
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	Subject to deductible (includes eye exams)
Preventive care as defined by the Affordable Care Act	Paid at 100% of the allowable charge. Some of the services include: Routine screenings Preventive immunizations Well-women visits/screenings Contraceptive methods

Drug Coverage	
Prescription Drugs & Mail order	Subject to deductible, then covered with BlueRX Card \$15/\$50/\$75; Mail order is 2 1/2 x copay. The quantity per prescription shall be the greater of a 34-day supply or 100 unit dosage, if defined as a maintenance drug.

Medical Services	
Emergency medical transportation	Subject to deductible
Inpatient surgery physician/surgical	Subject to deductible
Inpatient facility fee	Subject to deductible
Outpatient surgery physician/surgical	Subject to deductible
Outpatient lab and radiology	Subject to deductible
Advanced imaging	Subject to deductible
Emergency room	Subject to deductible
Accidental Injury Services	Subject to deductible

Recovery/Special Needs	
Outpatient rehabilitation	Subject to deductible
Hospice	Subject to deductible

Recovery/Special Needs**Home health care**

Subject to deductible

Mental Health**Mental Illness & Substance Use Disorders
Inpatient Services**Requires pre-admission certification from
New Directions Behavioral Health at 1-800-
952-5906

Subject to deductible

Outpatient Services

Subject to deductible

Other**Maximum lifetime benefit**

Unlimited

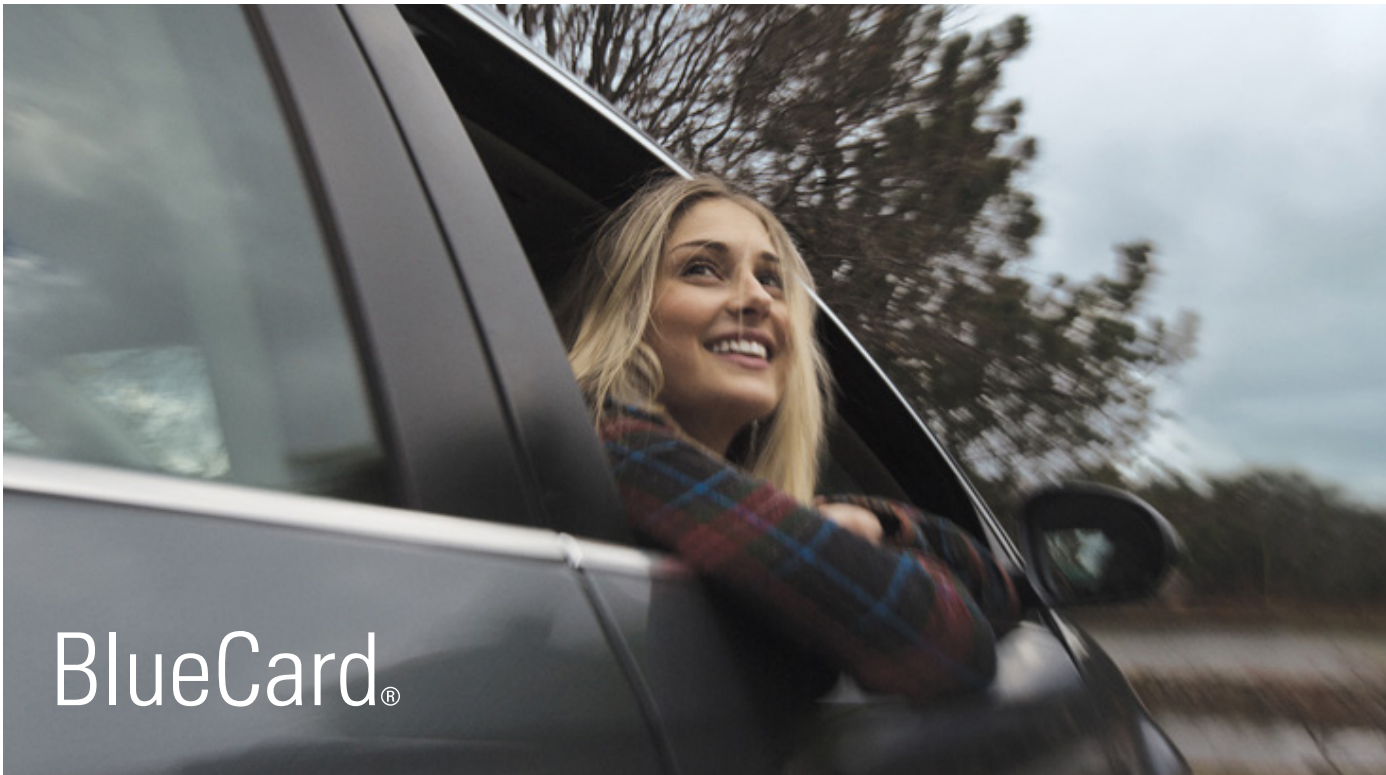
Eligible dependents

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Across the country and around the world...we've got you covered.

As a Blue Cross and Blue Shield member, you take your healthcare benefits with you — across the country and around the world. Your membership gives you a world of choices. Within the United States, you're covered whether you need care in urban or rural areas. Outside the United States, you have access to doctors and hospitals around the world through the Blue Cross Blue Shield Global Core program.

Designed to save you money.

In most cases, when you travel or live outside your Blue Cross and Blue Shield (BCBS) company's service area, you can take advantage of savings the local BCBS company has negotiated with its doctors and hospitals. For covered services, you should not have to pay any amount above these negotiated rates and any applicable out-of-pocket expenses.

To locate doctors and hospitals wherever you or a covered dependent need care (have your member ID card handy):

- Visit bcbsks.com. 
- Use the Blue Cross Blue Shield Global Core app for Android,* iPhone, iPad and iPod Touch.** 
(Rates from your wireless provider may apply.)
- Call BlueCard Access® at 1.800.810.BLUE (2583). 

Take charge of your health, wherever you are.

In the United States

- Always carry your current member ID card.
- If you're a PPO member, always use a BlueCard PPO doctor or hospital to ensure you receive the highest level of benefits.
- Call your BCBS company for precertification or prior authorization, if necessary. Refer to the phone number on the back of your member ID card.
- When you arrive at the participating doctor's office or hospital, show the provider your ID card. The provider will identify your benefit level through one of these symbols:



Traditional/
Indemnity
Benefits



PPO
Benefits

After you receive care, you should:

- Not have to complete any claim forms.
- Not have to pay upfront for medical services, except for the out-of-pocket expenses (noncovered services, deductible, copayment and coinsurance) you normally pay.
- Receive an explanation of benefits from your BCBS company.

In an emergency, go directly to the nearest hospital.



An independent licensee of the
Blue Cross Blue Shield Association.

Around the world

- Always carry your current member ID card.
- Before you travel, contact your BCBS company for coverage details. Coverage outside the United States may be different.
- If you need medical assistance, call the Service Center for Blue Cross Blue Shield Global Core at 1.800.810.BLUE (2583) or call collect at 1.804.673.1177, 24 hours a day, seven days a week. An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization, if necessary.

Inpatient claim: Call the Service Center if you need inpatient care. In most cases, you should not need to pay upfront for inpatient care except for the out-of-pocket expenses (noncovered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit the claim on your behalf.

In addition to contacting the Service Center, call your BCBS company for precertification or preauthorization. Refer to the phone number on the back of your member ID card. *Note: this number is different from the Service Center phone numbers listed above.*

Professional claim: You may need to pay upfront for care received from a doctor and/or hospital. Complete a Blue Cross Blue Shield Global Core International claim form and send it with the bill(s) to the Service Center (the address is on the form). You can also submit your claim online or through the Blue Cross Blue Shield Global Core mobile app. The claim form is available from your BCBS company or online at www.bcbsglobalcore.com.

To learn more about the programs described here,
call your BCBS company.

The Blue Cross Blue Shield Global Core program was formerly known as BlueCard Worldwide®.

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TheBlueCard®
Now, Home Is Where The Card Is®