Understanding The Coverage You Need

Providing the keys for learning and understanding your coverage.

BlueCross BlueShield of Kansas

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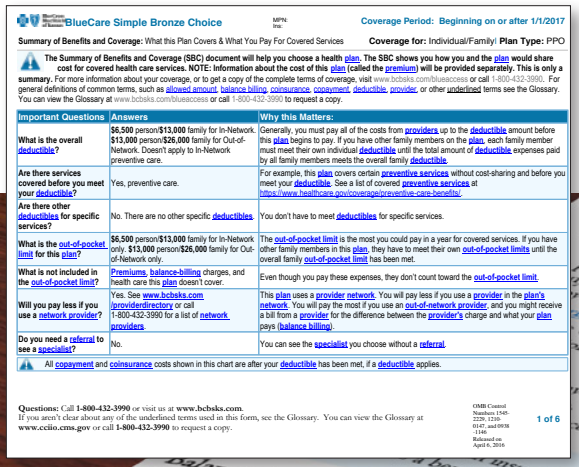
Blue Cross and Blue Shield of Kansas is here to help you as more components of health care reform law become effective. We've produced this information to help you keep up-to-date and guide you through the disclosure process of the Summary of Benefits and Coverage and Uniform Glossary.

Standardized, consumer-friendly forms

As part of the Affordable Care Act, the federal government requires group health plans and health insurance issuers offering group and individual coverage **to provide consumers two key documents.** These documents provide consumers information needed to compare coverage options in different types of plans. *This requirement applies to fully insured and self-insured group health plans regardless of grandfathered status.*



BlueCare Simple Bronze Choice — MPN: Ins: — Coverage Period: Beginning on or after 1/1/2017

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services — **Coverage for:** Individual/Family | **Plan Type:** PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbsks.com/blueaccess or call 1-800-432-3990. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.bcbsks.com/blueaccess or call 1-800-432-3990 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	$6,500 person/$13,000 family for In-Network. $13,000 person/$26,000 family for Out-of-Network. Doesn't apply to In-Network preventive care.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes, preventive care.	For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No. There are no other specific deductibles.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	$6,500 person/$13,000 family for In-Network only. $13,000 person/$26,000 family for Out-of-Network only.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbsks.com/providerdirectory or call 1-800-432-3990 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing).
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Questions: Call **1-800-432-3990** or visit us at **www.bcbsks.com**.
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at **www.cciio.cms.gov** or call **1-800-432-3990** to request a copy.

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- Summary of Benefits and Coverage – The SBC summarizes the key features of a health plan, such as the covered benefits, cost-sharing provisions and coverage limitations. SBCs include a new, standardized plan comparison tool called "coverage examples," similar to the Nutrition Facts label required for packaged foods.
- Uniform Glossary – This glossary of terms written in plain language, helps consumers understand some of the most common but confusing jargon used in health insurance.

The SBC is not a guideline or example. It must be replicated using the exact wording, format and layout as set forth by the U.S. Department of Health and Human Services. Both of these forms are the direct result of model forms created through a public process led by the National Association of Insurance Commissioners (NAIC) and several representatives of insurers, health care professionals, consumer advocacy groups and others.

Time frames for delivery of SBCs

There are different time frames in place involving SBC distribution, depending on when enrollment occurs.

Time frames for Blue Cross and Blue Shield of Kansas providing SBCs to group	
New business	No later than seven business days after receipt of application. The SBC must be distributed by the first day of coverage IF information in the SBC has changed between the time the group applies for coverage and the first day of coverage.
At renewal	No later than when renewal materials are distributed
Upon request	No later than seven business days after the request

Time frames for group providing SBCs to employees and dependents	
Initial enrollment	SBC should be sent with enrollment application materials. If application materials are not provided for enrollment, each employee and dependent must be provided an SBC no later than the first date of enrollment eligibility. If SBC information changes between the time the group applies for coverage and the first day of coverage, each employee must be provided an updated SBC by first day of coverage.
Renewal	SBC should be provided when renewal materials are delivered no later than 30 days prior to the group's renewal date.
Special enrollment	Provide SBC within 90 days of enrollment.
Upon request	Provide SBC no later than seven business days after the request.

Continued →

Paper and electronic SBCs

SBCs may be provided in either paper or electronic format.

- The SBCs can be found on the secure section of our website after a member logs in at: bcbsks.com/blueaccess
- The Uniform Glossary can be found at: bcbsks.com/sbcglossary

Consumers can also find the glossary on these government websites:

- healthcare.gov
- cciio.cms.gov
- dol.gov/ebsa/healthreform

Delivering the SBCs

Blue Cross and Blue Shield of Kansas will prepare and provide the SBCs to plan administrators. Groups are responsible for distributing the documents to their employees and dependents.

SBCs for dependents

You may provide one copy of the SBC to an employee and dependents if they reside at the same address. If any dependents live at a different location, you must also send them an SBC.

Penalties for non-compliance

Group health plans and health insurance issuers willfully failing to provide required information will be subject to a fine of not more than $1,000 for each such failure. Each failure to deliver the SBC to an individual constitutes a separate offense under the Affordable Care Act.

Trust in Blue

Through all the health care changes since 1942, Blue Cross and Blue Shield of Kansas continues our well-grounded tradition of providing proper guidance to policyholders that trust us with their health. Contact your local BCBSKS sales representative for any questions you might have concerning the Summary of Benefits Coverage and Uniform Glossary.