Effective Date: 01/01/2021



An Independent Licensee of the Blue Cross and Blue Shield Association

University of Central Missouri

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This Benefit Summary provides only highlights of the services covered by Blue Cross and Blue Shield of Kansas City (Blue KC). For Additional details, exclusions and limitations refer to your member certificate available at MyBlueKC.com.

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D`Ub`HmdY	DfYZYffYX'Dfc j]XYf'Cf [Ub]nUh]cb'flDDCt Members can receive services from any hospital or physician, but receive greater benefits when using in-network providers.
AYX]WU``BYhkcf_flgk A complete listing of network hospitals and physicians is available on MyBlueKC.com. This plan includes additional discounts when you access care through UCM Custom Plan.	=b'5fYU. BlueSelect Plus Ch\Yf'8Yg][bUhYX'BYhkcf_'Zcf'5XX]h]cbU''8]gWcibhg: UCM Custom Plan Cih!cz!5fYU. BlueCard PPO/EPO

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`=Z`mci`bYYX`]a a YX]UhY`a YX]WU``UhhYbh]cbÅ	=b!BYhkcf I7A 7 ighc a 'D'Ub	=b!BYhkcf_	Cih!cZ!BYhkcf_
If [Ybh'7UfY'7YbhYf'CZZ]WY'J]g]h	\$60 Copay/Visit, no Deductible	\$60 Copay/Visit, no Deductible	50% Coinsurance after Deductible
9 a Yf [YbWm'GYf j]WYg Copay Waived if Admitted Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	\$200 Copay/Visit, then Deductible, then 20% Coinsurance	\$200 Copay/Visit, then Deductible, then 20% Coinsurance	\$200 Copay/Visit, then In- Network Deductible, then 20% Coinsurance
; fc i bX 5 a V i UbWY Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	20% Coinsurance after Deductible	20% Coinsurance after Deductible	20% Coinsurance after In- Network Deductible
5]f'5 a V i `UbWY	20% Coinsurance after Deductible	20% Coinsurance after Deductible	20% Coinsurance after In- Network Deductible
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and the Control of th			
<cgd]hu`: \$200="" applies="" authorization="" benefit="" day="" for="" in-area="" maximum="" non-participating="" of="" out-of-network="" policy="" prior="" provider<="" td="" uw]`]hm`:="" yyg=""><td>20% Coinsurance after Deductible</td><td>20% Coinsurance after Deductible</td><td>50% Coinsurance after Deductible</td></cgd]hu`:>	20% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Prior Authorization Policy Applies		2070 00111001101100 01101	0070 0011100101100 01101

G_]``YX`B i fg]b ['7UfY Prior Authorization Policy Applies Maximum benefit of 30 Day(

ID: 2013460457, Group: 27255000 3 | 7

GdYW]U hm D\Uf a UWm A Specialty Pharmacy is one that provides specialized care for patients with complex chronic health conditions. Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com	OptumRx Specialty Services D<. 855-427-4682	
C i hdUh]Ybh'DfYgWf]dh]cb'8f i ['C i h!cz!DcW_Yh'@] a]hg The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	:b!BYhkcf_ Combined with Medical Out-of-Pocket Limits	C i h!cz!BYh k cf_ Combined with Medical Out-of-Pocket Limits
FI'GUj]b[g'Gc`ih]cbg A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. 9 a U]`. info@rxsavingsllc.com D<. 1-800-268-4476	

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