



SUMMARY OF BENEFITS

This is a simplified summary of program benefits and NOT a legal document. It is not meant to confer any rights. Complete provisions of coverage are contained in each participant' s Certificate.

Deductible

You are responsible for a deductible of \$200 per person, \$400 family each benefit period.

Coinsurance

After your deductible is met, you are responsible for a portion of allowed charges. This is called "coinsurance". Your coinsurance for this program is 20% of the maximum allowance for covered services until your share equals \$500 (\$1,000 family) in a benefit period. Then, eligible covered services will be paid at 100% of the maximum allowance for the remainder of the benefit period, subject to the lifetime maximum.

Covered Services

The following services (subject to the deductible and coinsurance), paid at the maximum allowable charge, include but are not limited to:

- Hospital Services
- Medical-Surgical Services
- Preventive Care Services (routine services such as physicals and eye exams).

Accidental Injury treatment is not subject to the deductible and coinsurance.

Maternity Benefits are available to any eligible female insured.

Unmarried Dependent Children are covered to age 23.

Benefit Period - 12 consecutive months beginning on the date this coverage becomes effective and each yearly period thereafter.

Lifetime Benefit Maximum for covered services is \$5,000,000 .

Outpatient Prescription Drugs - Subject to a copay of \$10.00 generic drugs; \$15.00 brand name or compound drugs.

Dental Care Services

- Primary (preventive) (such as exams, cleanings and fillings) - 100%
- Supplemental Primary (such as space maintainers, oral surgery and crowns) - 50%*
- Prosthodontics (such as dentures and bridges) - 50%*
- Periodontics (such as treatment of gums and surgery of bone structure supporting the teeth) - 100%

* Some or all services under this portion of the program are subject to a 240-day waiting period. Refer to your certificate for specific information.

How to File a Claim

Contracting providers should file claims for covered services directly with the Blue Cross and Blue Shield Company that services the area in which they practice. Should a provider choose not to file eligible claims for you, secure an itemized statement (including your ID number, doctor's name and diagnosis) from that provider and send it along with a claim form within 90 days to the Blue Cross and Blue Shield Company that services the area in which they practice.

If You Have a Problem

If you have any questions regarding your coverage or the processing of your claims, contact Blue Cross and Blue Shield of Kansas, 1133 Topeka Boulevard, Topeka, Kansas 66629-0001. You may also contact us by calling: Blue Cross and Blue Shield of Kansas - Toll free 1-800-432-3990; Topeka, 785-291-4180.

To receive the fastest service, please have this information available: your identification number; your group number; employee's name; patient's name; date of service; type of service; doctor's name or hospital's name; and total amount of the claim.