



BLUE MEDICARE  
**ADVANTAGE**

## **2024 Blue KC Simply Blue (PPO) Frequently Asked Questions** (Broker use only, not for distribution)

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### **Q: What is the difference between the Classic bundle and the Active bundle?**

**A:** The Classic bundle includes:

- ✓ \$1,000 Flex Benefit for dental, hearing aids, eyewear, and transportation and \$500 for over-the-counter retail products (OTC).
- ✓ Personal Emergency Response Device (PERS)
- ✓ Daily Activity Support 20 hours (Papa Pals)
- ✓ Balance training mobile app
- ✓ Foot Care for Chronic Conditions (Belle)
- ✓ SilverSneakers

**A:** The Active bundle includes:

- ✓ \$2,500 Flex benefit for OTC, dental, hearing aids, eyewear and transportation combined.
- ✓ SilverSneakers
- ✓ NOTE: this bundle does not include PERS, Papa Pals, balance training, or foot care for chronic conditions (Belle).

### **Q: What do we do if a current member wants to change to the Simply Blue Active Bundle from the Classic Bundle?**

**A:** The member should call Blue Medicare Advantage Customer Service and request this change by December 7. A new application is not required.

### **Q: When enrolling a member in Simply Blue how do I select Classic bundle or Active bundle?**

**A:** In the electronic application, you will have four choices: Classic bundle, Active bundle, Classic bundle with dental buy-up, or Active bundle with dental buy-up. You must elect which bundle by Dec. 7 (during AEP) and during SEP you must elect which bundle by the effective date. If a bundle is not selected, it will revert to Classic bundle.

### **Q: How does a member use medical out-of-network benefits?**

**A:** When a member uses out-of-network benefits, and the healthcare provider accepts traditional Medicare, the provider will bill Blue Medicare Advantage. The member will still pay standard cost shares. The provider is reimbursed at the usual, customary, and reasonable rates for the area.

If the provider will not bill Blue Medicare Advantage, and the member chooses to receive services at this provider, the member will pay the cost and submit their claim to be reimbursed the Medicare allowed amount minus any applicable cost sharing. The provider would not be allowed to balance bill the member above the Medicare allowable. So, if the provider has agreed to see the member, then the in-network benefit would match the out-of-network benefit. The allowable amount would be applied to the member's maximum out of pocket (MOOP). In the case of all our plans, the MOOP for in and out-of-network benefits is the same.

**Q: How do I submit an out-of-network claim?**

**A:** Members may submit their receipts for direct reimbursement requests via the claims form available in the Member portal at [mybluekcma.com](http://mybluekcma.com) or mail their itemized receipt including their name, member ID, and date of birth to: Blue Medicare Advantage, Attn: Government Programs, P.O. Box 410080, Kansas City, MO 64141.

**Q: If a member on the Active Bundle chooses to use their \$2,500 flex benefit for dental, are there restrictions on how it can be spent?**

**A:** The member may use their flex benefit for non-Medicare covered dental service such as dentures or implants. They are not restricted to the traditional benefits of a dental plan.

**Q: If a member on the Active Bundle enrolls in the \$25/mo dental OSB, and they want to use their \$2,500 flex benefit for dental, how does that work?**

**A:** The member will use their \$2,000 dental benefit from the OSB aligned to the dental benefit. The member may then use their \$2,500 flex benefit for other services such as dentures or implants because the flex benefit is not restricted to the traditional benefits of a dental plan. The member's Blue Medicare Advantage ID Card serves as their dental card as well.

**Q. Can Lasik and cataract surgery expenses be covered by the flex benefit?**

- **Lasik:** Yes, this is a non-Medicare covered "eye" service, so the associated cost share is eligible for payment via flex dollars. At point of service, the card may not work which would require the member to submit a reimbursement request.
- **Cataract Surgery:** When the surgery is a covered Medicare service, flex dollars cannot be used to cover the copay. If, however, the member elects for the non-covered corrective lens, then flex dollars could be used to pay for the non-covered lens.

**Q: Will members get a new Blue Benefit Bucks (BBB) card if they change from Classic to Active?**

**A:** No, they will use the BBB card from the previous year which will be reloaded on 1/1/24 with the benefits of their chosen plan.

**Q: What if a member enrolls mid-year? Do they get their full flex dollars or is it prorated?**

**A:** The full amount is loaded onto their BBB card.

**Q: Does the Simply Blue PPO plan have a preferred and standard pharmacy network like Essential PPO?**

**A:** No, only the Blue KC Essential PPO has a preferred and standard pharmacy network for Tier 1 and Tier 2.

**Q: Where can I find the list of Blue KC Medicare Advantage Dental Network?**

**A:** You can log into your Broker Portal in Forms/Documents. This list is specific to Blue Medicare Advantage plans for 1/1/24 effective dates.

**Q: If I want to drop the Dental Buy-Up (OSB) is it a new app?**

**A:** No, this can be done at any time.

**Q: If I want to add the Dental Buy-Up is it a new app?**

**A:** Yes, and this can only be done during AEP, OEP, and SEP.

**Q: Are the dental benefits changing?**

**A:** No, only the network of providers is changing. Blue KC is launching the Blue KC Medicare Advantage Dental Network. We have a third-party administrator – Dominion National – to process our claims. Members should direct all questions to Blue Medicare Advantage Customer Service at 866-508-7140 and not to Dominion Dental.

**Q: Can all MA members go to Spira Care?**

**A:** Yes, all members can go to Spira Care. There are nine locations.

**Q: Are Mayo and MD Anderson in Blue KC's national network?**

**A:** Provider status is subject to change. At this time MD Anderson and the Rochester MN Mayo Clinic\* are both in network. \*The Mayo clinic locations in Arizona and Florida are not in network.

**Q: Can a member call in and ask for OTC catalog?**

**A:** Yes. Members using mail order will automatically be sent a catalog.

**Q: Will members get a new Blue Benefit Bucks card for 2024?**

**A:** No, members will KEEP their current Blue Benefit Bucks card (white card) and we will simply reload the card with the appropriate amounts for the plan they select for 2024. As a reminder, 2023 Flex and OTC amounts but be utilized by 12/31/2024. Member Reward dollars for 2023 must be utilized by 3/31/2024.

**Q: How do I find out if a provider or facility is in-network for local and national networks**

**A:** Go to [www.MedicareBlueKC.com/find-care](http://www.MedicareBlueKC.com/find-care) and select the Part C card button "Find a Provider." Continue to locate providers in the Blue Medicare Advantage service area. Looking for a Blue National Network provider? Look under "Other Directory Links" in the bottom right corner for "Find a Provider Nationwide." Enter the code RKN when prompted after entering zip code.

**Q: What hospitals are included in the 2024 Blue Medicare Advantage Network?**

**A:** We're frequently asked what hospitals are available in our service area. Here is a handy list of the top hospitals for reference:

- AdventHealth
- Bates County Memorial
- Belton Regional Medical Center
- Cameron Regional
- Excelsior Springs Hospital
- HCA Midwest Health System
  - Belton Regional Medical Center
  - Centerpoint Medical Center
  - Lafayette Regional Health Center
  - Lee's Summit Medical Center
  - Menorah Medical Center
  - Overland Park Regional Medical Center
  - Research Medical Center
- Liberty Hospital
- Mosaic Life Care (PPO plans only)
- Nevada Regional Medical Center
- North Kansas City Hospital
- Olathe Health System
- Providence Medical Center
- Saint Luke's Health System
- St. Joseph Medical Center
- St. Mary's Medical Center
- University Health Truman Medical Center
- The University of Kansas Hospital