

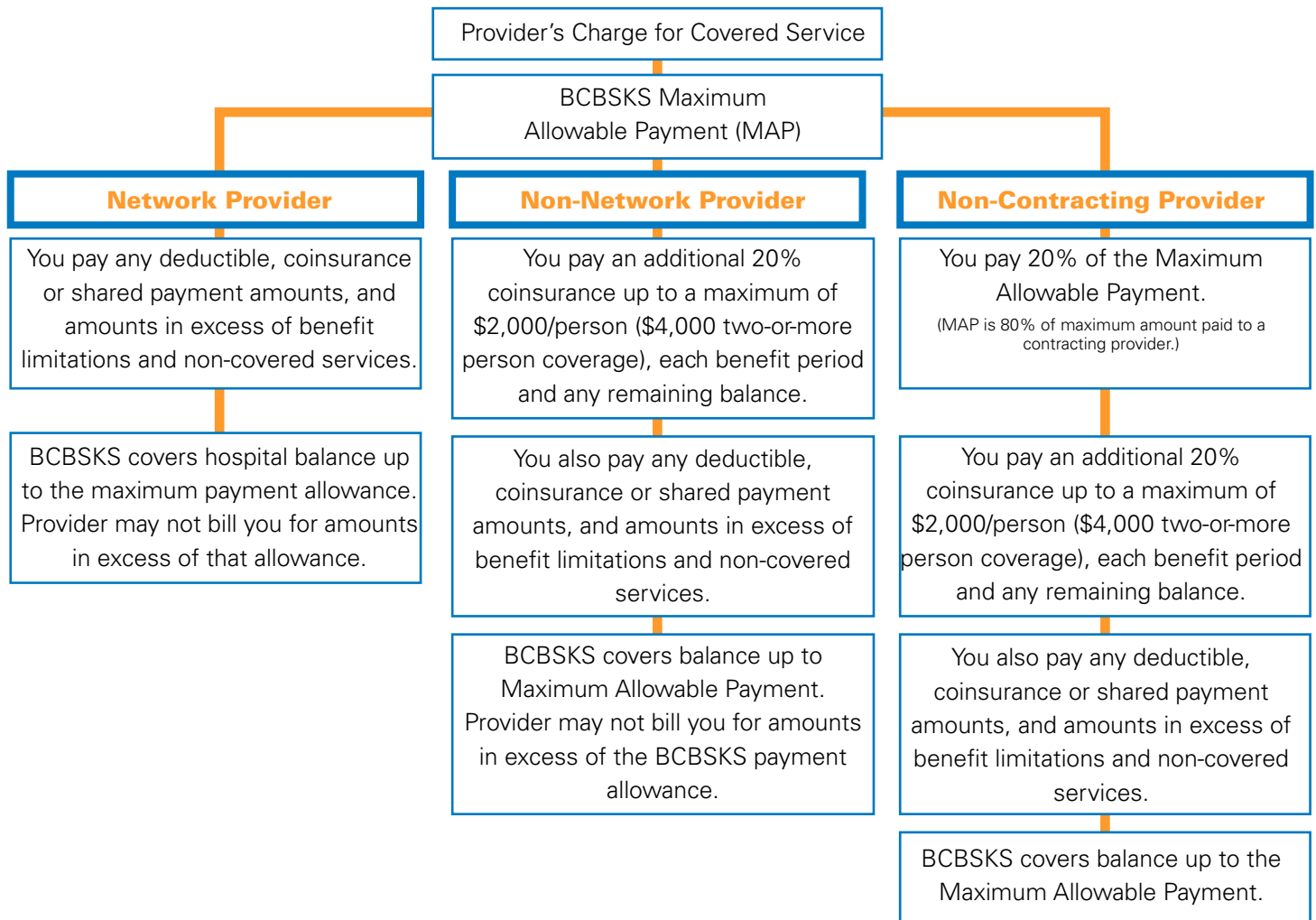


**BlueCross
BlueShield
of Kansas**

The Blue Choice Network

the largest statewide network

Our network includes more than 7,500 medical professionals statewide and most hospitals in the state. **Example of how payment is determined:**



The member cost share of the allowable charges, including deductibles, coinsurance and copays, applies toward the maximum out-of-pocket (MOOP). Non-contracting charges and coinsurance do not apply to the MOOP.

Out-of-Area (BlueCard®) Network Provider — *Greater Kansas City area:* The Blue Choice network will be the Blue Cross and Blue Shield of Kansas City Preferred-Care Blue network. *In another state:* Should you seek care in another state (or Blue Plan area), and the care is provided by a PPO contracting provider in that Plan area, the BlueCard arrangement will allow for the claim to be processed as a Blue Choice network provider and the additional out-of-network coinsurance would not apply.

Non-Contracting Out-of Area Provider — If seeking services from a non-contracting provider, you will be financially responsible for the difference between the BCBSKS maximum non-contracting allowance (which is 80 percent of the maximum allowance to a contracting provider) and the provider's charge. You will also be responsible for an *additional* 20 percent coinsurance amount,* in addition to the deductible, coinsurance or share payment amount of the program.

*Combined maximum of \$2,000 per person/\$4,000 family, per benefit period

Blue Choice Benefit Payment Example (Hospital)

		Blue Choice Hospital	Contracting Hospital	Non-Contracting Hospital
A.	Hospital charge	\$20,000	\$20,000	\$20,000
B.	BCBSKS Maximum Allowable Payment (MAP)	\$16,000	\$16,000	\$16,000
C.	Member's 20% non-contracting reduction in payment (no maximum)	\$0	\$0	-\$3,200
D.	Balance	\$16,000	\$16,000	\$12,800
E.	Blue Choice provider agreement discount (hospital only — additional 5%)	-\$800	\$0	\$0
F.	Balance	\$15,200	\$16,000	\$12,800
G.	Member's Non-Blue Choice Network benefit reduction – 20% coinsurance, to a maximum of \$2,000/person, \$4,000/family each benefit period	\$0	-\$2,000	-\$2,000
H.	Balance	\$15,200	\$14,000	\$10,800
I.	Member's benefit program deductible	-\$1,000	-\$1,000	-\$1,000
J.	Balance	\$14,200	\$13,000	\$9,800
K.	Member's benefit program coinsurance — 20% to a maximum of \$1,000/person, \$2,000 family each benefit period	-\$1,000	-\$1,000	-\$1,000
L.	BCBSKS Maximum Allowable Payment (MAP)	\$13,200	\$12,000	\$8,800
M.	Provider write-off (hold harmless) — \$4,000 (Blue Choice column also reflects \$800 discount shown in line E above.)	\$4,800 (E+M)	\$4,000	\$0
N.	Member's payment responsibility — difference between BCBSKS MAP (\$16,000) & Non-Contracting Hospital's Charge (\$20,000)	\$0	\$0	\$-4,000
O.	Member's financial responsibility — based on hospital selection	\$2,000 (I+K)	\$4,000 (G+I+K)	\$11,200 (C+G+I+K+N)
P.	Hospital's charge (line A above)	\$20,000	\$20,000	\$20,000