

Retiree

benefits *guide*

Board of Police Commissioners



2024-2025

Welcome to Your Benefits!

Here's where to find ...

Welcome to Your Benefits!	2
Blue Medicare Advantage Plan	3
Blue Medicare Advantage Resources	4
Spira Care	5
Medicare Tie-In Plan G	6
Medical & Prescription (Rx) Insurance	8
Dental Insurance	9
Vision Insurance	10
Life Insurance	11
Contacts	12



Blue Medicare Advantage Plan

As a retiree of the Department, you have the option of enrolling in the Blue Medicare Advantage Plan. The premium for 2024 is \$123.00 per month per covered member. For more details, contact Sheri Blankenship at 816.395.2916.

IN-NETWORK BENEFIT OVERVIEW

Medical	
Ambulance services including ground and air	\$0 This copay applies to each one-way trip.
Annual wellness visit	\$0
Chiropractic services	\$20 - Medicare-covered
Emergency care	\$50 \$0 - Blue KC virtual care
Home health agency care <i>prior authorization required</i>	\$0
Immunizations	\$0 - Medicare-covered
Inpatient hospital care — per admission <i>prior authorization required</i>	\$0 per stay
Outpatient diagnostic tests and therapeutic services and supplies <i>prior authorization required</i>	\$0 - Diagnostic tests and procedures \$0 - Lab services \$0 - X-rays \$20 - Diagnostic radiology service (e.g., MRI, CAT Scan) \$20 - Therapeutic radiology services (e.g., radiation treatment for cancer)
Outpatient hospital services <i>prior authorization required</i>	\$0 - Observation \$0 - Minor surgical and other procedures in an outpatient hospital \$0 - Outpatient surgery
Outpatient rehabilitation services	\$0 - Telehealth visit \$20 - Medicare-covered occupational and physical therapy and/or speech and language pathology visit
Physician/practitioner services including doctor's office visits	\$0 - Telehealth visit \$0 - Primary care physician (PCP) visit \$20 - Specialist visit
Preventive care (e.g., flu vaccine, diabetic screenings)	\$0 - All Medicare-covered preventive services
Skilled Nursing Facility (SNF) care <i>prior authorization required</i>	\$0 per day, days 1-100
Urgently needed services	\$35
Medical deductible	Not applicable
Maximum out-of-pocket	\$7,550
Pharmacy	
One-month supply	\$2/\$6/\$47/\$100/33%
Three-month supply	\$0/\$18/\$141/\$300
Covered insulin	\$35 - One-month supply \$105 - Three-month supply
Prescription drug deductible	Not applicable

Blue Medicare Advantage Resources

MEMBER REWARDS PROGRAM

You can earn up to \$75 a year by completing a combination of these eligible activities:

- Annual physical exam — \$30
- Breast cancer screening — \$20
- Diabetic retinal exam — \$20
- Ten (10) or more SilverSneakers in-person gym visits in a calendar month — \$10
- Flu shot — \$5
- COVID-19 booster — \$5

You will receive your Blue Benefit Bucks MasterCard Prepaid Card (BBB) within 8-10 weeks after you've completed your first eligible healthy activity. Hold on to this card. It will be loaded with your other rewards once you've earned them!

*Member rewards expire 3/31/25.



SILVERSNEAKERS FITNESS PROGRAM

SilverSneakers is a fitness program included in your plan. You'll enjoy amenities such as fitness equipment, pools, and classes at participating locations.

How Does it Work?

- To find a participating location near you, call 888.423.4632 or visit silversneakers.com and enter your ZIP code.
- Register online at silversneakers.com to set up an account. You will be assigned a 16-digit member number. Please provide this number when visiting a fitness facility or if you are participating in online classes.
- For added convenience, download the SilverSneakers GO app from your favorite app store.

What If I Prefer to Exercise at Home? Or There's No Gym Near Me?

No problem! You can access SilverSneakers Steps, a self-directed physical activity and walking program. Visit silversneakers.com/steps-kit to order a kit with the tools to get fit, including a pedometer (counts your daily steps), resistance bands, and exercise ball, yoga strap, and educational information.

ADDITIONAL RESOURCES

To learn more about the following resources available to you, please reference your [2024 Member Handbook](#).

- Diabetes care management
- Mindful by Blue KC behavioral health tools & resources
- Blue KC virtual care
- Companion and caregiver support
- Musculoskeletal support
- Care management for chronic conditions
- BenefitsCheckUp

Spira Care

Your Blue Medicare Advantage Plan includes exclusive access to Spira Care Centers. Spira Care gives you easy access to the advanced primary care services you need, and they are conveniently located across the Kansas City metro area. Your costs at Spira Care Centers are at the same benefit level as other advanced primary care providers.

COMPREHENSIVE SERVICES

- Advanced primary care
- Routine preventive care
- Sick care
- Chronic medical condition management
- Behavioral health consultations
- Digital x-rays
- Routine lab draws
- Immunizations
- Diabetes education and health coaching

TO LEARN MORE

Call Spira Care at
877.774.7265 or visit
spiracare.com

SPIRA CARE LOCATIONS



Spira Care Crossroads

1916 Grand Boulevard
Kansas City, MO 64108

Spira Care Independence

(Opening December 2022)
3717 S Whitney Avenue
Independence, MO 64055

Spira Care Lee's Summit

760 NW Blue Parkway
Lee's Summit, MO 64086

Spira Care Liberty

8350 N Church Road
Kansas City, MO 64158

Spira Care Olathe

15710 W 135th Street, Suite 200
Olathe, KS 66062

Spira Care Overland Park

7341 W 133rd Street
Overland Park, KS 66213

Spira Care Shawnee

10824 Shawnee Mission Parkway
Shawnee, KS 66203

Spira Care Tiffany Springs

8765 N Ambassador Drive
Kansas City, MO 64154

Spira Care Wyandotte

9800 Troup Avenue
Kansas City, KS 66111

Medicare Tie-In Plan G

The Medicare Tie-In Plan G is offered through Blue Cross Blue Shield of Kansas City. It is available only to retirees and/or spouses enrolled in Medicare. The plan provides nationwide coverage, which means you do not need to live in the Kansas City area to take advantage of this plan. Monthly costs are based on your age at the time of your enrollment.

Prescription drugs are not included in Medicare Tie-In Plans. Medicare Part D offers prescription coverage; however, the Department does not offer Medicare Part D plans.

MISSOURI PLAN G RATES ARE AS FOLLOWS

Age	Male	Female
Disabled	\$226	\$226
65	\$219	\$198
66	\$223	\$202
67	\$227	\$205
68	\$231	\$210
69	\$235	\$215
70	\$239	\$217
71	\$248	\$225
72	\$254	\$231
73	\$261	\$238
74	\$269	\$245
75	\$277	\$251
76	\$284	\$258
77	\$291	\$264
78	\$300	\$272
79	\$308	\$280
80	\$316	\$287
81	\$324	\$296
82	\$333	\$303
83	\$343	\$312
84	\$351	\$319
85+	\$361	\$328

Premium rates are based on the age and gender of the insured. Premiums may change once per 12-month period due to medical costs.

For rates other than the state of Missouri, please contact Sheri Blankenship at 816.395.2916.

MEDICAL & PRESCRIPTION DRUG IN-NETWORK BENEFIT SUMMARIES

Enrollment in the HMO plan is currently closed meaning only retirees and their families currently enrolled in the HMO plan can elect this plan. **PLEASE NOTE:** The Department will be sunsetting HMO plan effective May 1, 2025.

	EPO	PPO	HMO
Network	BlueSelect Plus	Preferred-Care Blue	Blue-Care
Medical			
Deductible			
Individual	None	\$400	None
Family	None	\$800	None
Member coinsurance			
	None	10%	None
Out-of-pocket maximum			
Individual	\$2,500	\$2,500	\$3,000
Family	\$5,000	\$5,000	\$6,000
Preventive care	No cost	No cost	No cost
Office visit			
Primary care	\$20 copay	\$20 copay	\$35 copay
Specialist	\$40 copay	\$20 copay	\$70 copay
Urgent care	\$40 copay	\$20 copay	\$70 copay
Emergency room (copay waived if admitted)	\$200 copay	\$200 copay + deductible then 10% coinsurance	\$250 copay
Hospital services			
Inpatient/outpatient	No cost	Deductible then 10% coinsurance	\$60 copay per day (no cost after 5 per calendar year)
MRI, MRA, CT/PET scans	\$200 copay per day	Deductible, then 10% coinsurance	\$200 copay per day
Pharmacy			
Retail (up to 34 days)			
Tier 1	\$10 copay	\$10 copay	\$10 copay
Tier 2	\$30 copay	\$30 copay	\$30 copay
Tier 3	\$50 copay	\$50 copay	\$50 copay
Mail order (up to 102 days)			
Tier 1	\$20 copay	\$20 copay	\$20 copay
Tier 2	\$60 copay	\$60 copay	\$60 copay
Tier 3	\$100 copay	\$100 copay	\$100 copay

Deductibles and out-of-pocket maximums run on a calendar year (January 1) basis.

MONTHLY RETIREE PREMIUMS

Retirees under 65	EPO	PPO	HMO
Retiree only	\$839.23	\$924.42	\$904.15
Retiree + 1 dependent	\$1,688.51	\$1,859.86	\$1,819.12
Retiree + family	\$2,496.75	\$2,750.10	\$2,689.86
Retirees 65 and over			
Retiree only	\$740.20	\$815.30	\$797.47
Retiree + 1 dependent <65	\$1,846.32	\$2,033.60	\$1,989.13
Retiree + spouse >65	\$1,479.55	\$1,629.63	\$1,594.02
Retiree + 1 <65 w/ dependents	\$2,898.69	\$3,192.74	\$3,122.93
Retiree + spouse >65 with dependents	\$2,531.94	\$2,788.79	\$2,727.80
Retiree + spouse with dependents Medicare	\$2,367.46	\$2,607.59	\$2,550.59

Medical & Prescription (Rx) Insurance

In 2024-2025, Blue Cross Blue Shield of Kansas City (Blue KC) will administer three comprehensive medical plans.

Plan	EPO	PPO	HMO
Network	BlueSelect Plus	Preferred-Care Blue	Blue-Care
Overview	<p>Narrow network with deeper discounts within the KC metro with access to broad national network</p> <p>Most favorable employee contributions</p> <p>Most favorable network discounts, which means you will pay less out of your pocket when you visit a provider</p> <p>Richest plan design (least member out-of-pocket costs) of the Department's three plans</p>	<p>Blue KC's most broad network, essentially covers majority/most contracted providers with access and coverage for out-of-network providers</p> <p>Slight plan design changes from current PPO plan</p> <ul style="list-style-type: none"> Out-of-pocket maximum of \$2,500 for individuals/\$5,000 for family; copays now apply to out-of-pocket maximum 	<p>Local HMO option</p> <p>Slight plan design changes from current HMO plan</p> <ul style="list-style-type: none"> Out-of-pocket maximum of \$3,000 for individuals/\$6,000 for family Increased office visit (PCP/Specialist) copay \$70 urgent care copay \$60/day hospital services copay (max \$300)
Local network coverage	<p>In-network only coverage (except emergencies)</p> <p>Narrow network with deeper discounts applies to Blue KC service area only</p>	<p>In- and out-of-network coverage</p>	<p>In-network only coverage (except emergencies)</p> <p>Limited to Blue KC service area</p>
Coverage outside 32 county Blue KC service area?	<p>Yes — National and international coverage through BlueCard network</p>	<p>Yes — National and international coverage through BlueCard network</p>	<p>No — Except emergencies and home away program</p>
Primary care physician required?	<p>No</p>	<p>No</p>	<p>Yes</p>

Dental Insurance

The Department will continue to offer a choice of two dental plans through Blue KC. Keep in mind, the information in the chart provided is a summary only. Please refer to your certificate for complete details of plan benefits, limitations, and exclusions.

DENTAL BENEFIT SUMMARY

Provider Network	Base plan			Buy-up plan		
	Blue Dental PPO	Blue Dental Choice	Non-Participating	Blue Dental PPO	Blue Dental Choice	Non-participating
Calendar year deductible (basic and major services)	\$25 individual/\$75 family			\$25 individual/\$75 family		
Type I — diagnostic and preventive services <ul style="list-style-type: none"> Oral evaluations — two per calendar year X-rays — complete mouth one every three calendar years; single tooth 12 per calendar year; bitewing two per calendar year Teeth cleaning — two per calendar year 	No charge	No charge	10%	No charge	No charge	10%
Type II — basic services <ul style="list-style-type: none"> Fillings — composite fillings Recementation of existing inlays, crowns and bridges Endodontics — root canals and pulpal therapy Periodontics — gum/tissue care and surgery 	20%	20%	40%	20%	20%	40%
Type III — major services <ul style="list-style-type: none"> Single crowns, inlays, onlays, bridges and dentures Maintenance of Prosthodontics — adjust/ repair of dentures 	50%	50%	75%	50%	50%	75%
Type IV — orthodontia services <ul style="list-style-type: none"> Adult and dependent 	Not covered			50%	50%	50%
Calendar year maximum*	\$1,000			\$2,000		
Orthodontia lifetime maximum*	Not covered			\$2,000	\$2,000	\$1,000

*Per person

Dental rewards — If you have calendar year claims between \$1-\$300, you will receive \$250 in rewards to use next year and beyond. Your accumulated rewards total is capped at \$500.

Percentages are member paid coinsurance levels.

MONTHLY RETIREE PREMIUMS

	Base plan	Buy-up plan
Retiree	\$27.53	\$40.80
Retiree + 1 dependent	\$52.17	\$77.37
Retiree + family	\$79.67	\$118.12



Kansas City

Vision Insurance

Vision coverage is offered through VSP. The benefit frequency plan year is May 1 through April 30. Please refer to your certificate for complete details of plan benefits, limitations, and exclusions.

VISION BENEFIT SUMMARY

	In-network	Out-of-network
Exams		
Exams	\$10 copay	Up to \$45
Contact lens fitting and evaluation	\$60 max copay	N/A
<i>Frequency</i>		<i>Every 12 months</i>
Lenses		
Single vision lenses	\$25 copay	Up to \$30
Lined bifocal lenses	\$25 copay	Up to \$50
Lined trifocal lenses	\$25 copay	Up to \$65
Lenticular	\$25 copay	Up to \$100
<i>Frequency</i>		<i>Every 12 months</i>
Frames: up to plan allowance, then 20% off over allowance		
Retail frame allowance	\$165 allowance	Up to \$70
Featured frame brand allowance	\$215 allowance	N/A
Visionworks retail allowance	\$215 allowance	N/A
Walmart and Sam's retail allowance	\$90 allowance	N/A
<i>Frequency</i>		<i>Every 24 months</i>
Contact lenses: in lieu of eyeglass benefit		
Elective contact lenses	\$165 allowance	Up to \$105
Medically necessary	\$25 copay	Up to \$210
<i>Frequency</i>		<i>Every 12 months</i>
Covered lens enhancements		
Standard progressives	Covered in full	Up to \$50
Polycarbonate (children)	Covered in full	N/A

MONTHLY RETIREE PREMIUMS

Employee	\$6.32
Employee + 1 dependent	\$12.64
Employee + family	\$20.34



Life Insurance

The Department provides, at a low group rate, Basic Life Insurance through The Standard. In the event of your death, our Life insurance policy helps to provide a general safety net for your beneficiaries. Your coverage is equal to \$10,000. As a retiree, you may enroll in Spouse Basic Life with a coverage amount of \$10,000. When you or your spouse reaches age 70, your coverage will be reduced to \$5,000.

The cost for retirees is \$1.35 per \$1,000 of benefit. The cost for adding spouse coverage is \$5.49 a month.



Contacts

MEDICAL AND PRESCRIPTION

Blue Medicare Advantage Plan & Medicare Tie-In Plan G

Sheri Blankenship: 816.395.2916

Member services: 888.892.8907

Website: medicarebluekc.com/bopc

Blue KC

Member services: 816.395.2393 (local),
888.279.8183 (toll free)

Website: bluekc.com

MEDICARE CONSULTANT

Courtenay Brummer: 816.751.2637

courtenay.brummer@lockton.com

DENTAL

Blue KC

Member services: 816.395.2393 (local),
888.279.8183 (toll free)

Prospective member inquiries: 816.396.2916

Website: www.bluekc.com

VISION

VSP

Member services: 800.877.7195

Website: www.vsp.com

LIFE INSURANCE

The Standard

Member services: 888.937.4783

Website: www.standard.com

This document is intended to merely highlight or summarize certain aspects of the employer's benefit program(s). It is not a certificate or an official plan document. Your rights and obligations under the program(s) are set forth in the official plan documents. All statements in this summary are subject to the terms of the official plan documents, as interpreted by the appropriate plan fiduciary. In the case of an ambiguity or outright conflict between a provision in this summary and a provision in the plan documents, the terms of the plan documents control. The employer reserves the right to review, change, or terminate the plan, or any benefits under it, for any reason, at any time, and without advance notice to any person.