The Kansas City Board of Public Utilities

HEALTH BENEFIT PLAN

FOR RETIREES

PREFERRED-CARE BLUE
PREFERRED PROVIDER ORGANIZATION

Amended and Restated Effective October 1, 2020

TO ALL ELIGIBLE RETIRED EMPLOYEES:

The Plan is designed to provide adequate protection and to meet the health needs of You and Your dependents. The purpose of the Plan is to help protect You and Your family from the financial problems that can be caused by an accident or sickness.

The Plan is as comprehensive as possible while being consistent with sound financial policy. To help You understand the Plan and how it will best serve You, the following pages of this Summary Plan Description describe the Benefits available.

We hope that each of You will enjoy good health, but injuries and sickness are always a possibility and usually unexpected and expensive.

Should You have any questions about Your Coverage, please contact Your Employer.

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Amendments, if any, are located in the back of this Plan Document.

BENEFIT SCHEDULE

Group Name: Board of Public Utilities Retirees	**Effective Date:** October 1, 2020
Preexisting Condition Exclusion Period: None	**Dependent Limiting Age:** 26

The Covered Services described in the Benefit Schedule are subject to the conditions, limitations and exclusions of the Plan.

	PREFERRED PROVIDER	**NON-PREFERRED PROVIDER**
Covered Services	**Copayment, Coinsurance and Limitations**	**Coinsurance and Limitations**
Calendar Year Deductible (Individual/Family)	$100/$200	
Out-of-Pocket Maximum (Individual/Family)	$2,000/$4,000	
Physician Services	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance
Chiropractic Services	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance
Diagnostic and Routine Preventive Mammograms, Pap Smears and PSA tests.	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance
Emergency Services	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance
Ambulance	Deductible then 20% Coinsurance *$150 maximum Allowable Charge per use*	Deductible then 20% Coinsurance
Inpatient Hospital Services	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance *Inpatient hospital services in a Non-Participating Provider Hospital inside the Service Organization Service Area are limited to a $200 maximum per day.*

BENEFIT SCHEDULE

	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
Covered Services	**Copayment, Coinsurance and Limitations**	**Coinsurance and Limitations**
Outpatient Services in a Hospital or Other Outpatient Facility	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance *Outpatient services at a Non-Participating Provider Hospital or at a Non-Participating Provider outpatient facility inside the Service Organization Service Area are limited to $200 per day.*
Durable Medical Equipment	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance
Private Duty Nursing	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance
	$2,000 Calendar Year Maximum	
Outpatient Therapy (Speech, Physical, and Occupational Services)	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance
Outpatient Mental Illness and Substance Abuse	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance *Outpatient services at a Non-Participating Provider Hospital or at a Non-Participating Provider outpatient facility inside the Service Organization Service Area are limited to $200 per day.*
Inpatient Mental Illness and Substance Abuse	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance *Inpatient hospital services in a Non-Participating Provider Hospital inside the Service Organization Service Area are limited to a $200 maximum per day.*
Organ Transplant	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance

BENEFIT SCHEDULE

	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
Covered Services	**Copayment, Coinsurance and Limitations**	**Coinsurance and Limitations**
Outpatient Prescription Drugs	Covered through **SavRx** *(see short term supplies)*	
Outpatient Prescription Drug Out-of-Pocket Maximum (Individual/Family)	$500/$1,000	
Short-Term Supplies	20% Coinsurance	
Long-Term Supplies through Mail Order	20% Coinsurance	
Lifetime Maximum	Unlimited	