



# 2017 BLUE OPTIONS

FOR KANSAS ADULTS, FAMILIES & CHILDREN





# 2017 BLUE OPTIONS



All Blue KC plans apply all in-network member cost-sharing (copays, deductibles, and coinsurance) to the out-of-pocket maximum and include 100% in-network coverage of preventive services.

Blue Cross and Blue Shield of Kansas City (Blue KC) can help you sort out what's best for you and how to get the benefits and coverage you need for you and your family. We can also help provide guidance on many products and benefits in case you qualify for financial help under the Affordable Care Act (ACA) guidelines.

Our product suite provides a full range of plan options. Choose the plan (product and network) that best fits your needs and budget, and enjoy the peace of mind that comes from knowing you made the right choice to protect yourself and your family.

## LEVELS OF COVERAGE

The ACA requires individual plans offered on and off the Federally Facilitated Marketplace (FFM), commonly referred to as the Exchange, to provide benefits at designated coverage or "metal" levels.

The defined metal levels are platinum, gold, silver and bronze. You can select a plan level that best suits your preferences.

Generally, premiums are higher for platinum plans, and you pay less in deductibles, coinsurance and copays. With bronze plans, premiums are generally lower, and you pay more in deductibles, coinsurance and copays.

Blue KC offers gold, silver and bronze level plans in its 2017 product offerings.



**Gold** – plans pay 80% of covered costs on average



**Silver** – plans pay 70% of covered costs on average



**Bronze** – plans pay 60% of covered costs on average



# THE BLUE KC PRODUCT FAMILIES

## Basic\*

This product is an affordable plan that provides a great option for individuals and families in the Kansas City metro area. The Basic product is an EPO plan, which means out-of-network benefits are not covered with the exception of Emergency Services and certain Mental Health office visits.

- Lowest-cost Blue KC plan other than the SafetyNet plan
- Provides two visits to your Primary Care Physician (PCP) at a low copay before deductible or coinsurance applies
- Prescription drugs from Walmart/Sam's Club pharmacies only
- Available only on the BlueSelect for Basic Individual network serving the five-county Kansas City metropolitan area, which includes Clay, Jackson and Platte counties in Missouri and Johnson and Wyandotte counties in Kansas
- There are no in-network providers outside of the Kansas City metropolitan area

## First

If you want 100 percent coverage for in-network services after you have paid your deductible, our First plans may work for you.

- Appeals to individuals and families that expect to use preventive care plus a few office visits, but also provides peace of mind that coverage will be there in the event of unexpected accidents or illnesses
- Your first four office visits include a copay and are not subject to the deductible
- Low-cost generic prescription drugs

## Saver

This product is a great way for the budget-minded to secure an affordable plan.

- Deductible set at a level that balances affordable premium and quality coverage
- Eligible for use with a tax-advantaged Health Savings Account (HSA)
- Except for preventive care, the deductible must be met before Blue KC pays benefits

## Standard

This product is great for those who want to know their coverage up front. Our Standard plans provide predictable coverage with clearly defined copays on the most common services.

- Designed for individuals and families who want cost certainty when they need commonly used services, along with coverage for unexpected accidents or illnesses
- Copays on office visits and prescription drugs
- Deductible and coinsurance reserved for less commonly used services
- Available only on the Preferred-Care Blue network

## SafetyNet

Our SafetyNet product is available to individuals under 30 years of age only, or those qualifying for hardship exemptions.

- Provides three visits to your PCP with a \$20 copay per visit before deductible or coinsurance applies
- Designed especially for individuals looking for coverage for unexpected accidents or illnesses
- Lowest premium and highest deductible and out-of-pocket maximum
- Except for preventive care and the first three PCP office visits, the deductible must be met before Blue KC pays benefits

## Short-Term Security

Designed to help protect your healthcare needs and financial security while you are in transition.

- Not considered Minimum Essential Coverage, and members who buy this product may also be subject to the individual mandate penalty
- Please note that short-term policies are only available for three-month coverage periods

\* Benefits under Basic products are limited to services provided by BlueSelect for Basic Individual Network providers.



# OUR NETWORKS

## Preferred-Care Blue®

Preferred-Care Blue (PPO) offers Blue KC members the largest selection of providers within our 32-county service area. Outside of our 32-county service area, this network allows you to take your healthcare benefits with you across the country with the BlueCard program. BlueCard gives you access to doctors and hospitals almost everywhere.

## BlueSelect

A more limited provider network, BlueSelect (PPO) only includes providers in the five-county Kansas City metropolitan area, which includes Clay, Jackson and Platte counties in Missouri, and Johnson and Wyandotte counties in Kansas. BlueSelect, however, **does not** include providers in the remaining 27-county Blue KC service area. Like Preferred-Care Blue, the BlueSelect network also includes access to the national BlueCard network outside of our 32-county service area. BlueSelect offers greater affordability by using a smaller provider network than Preferred-Care Blue.

## BlueSelect for Basic Individual

BlueSelect for Basic Individual (EPO) is the same five-county Kansas City metropolitan area network as BlueSelect. However, the BlueSelect for Basic Individual network does not include any participating provider network outside of the Kansas City metropolitan area. This network offers greater affordability by using a smaller provider network limited to the Kansas City metropolitan area and does not include the national BlueCard network.

When you look for a Blue KC product, it's important for you to know the differences between both our networks and our products so you can choose the right option. Please take note of the difference between our PPO (Preferred Provider Organization) and EPO (Exclusive Provider Organization) product types when it comes to out-of-network benefits. Our EPO coverage does not offer out-of-network coverage except for Emergency Services and certain Mental Health office visits. PPO benefits cover out-of-network at a lower benefit level.



# FIND AN IN-NETWORK PROVIDER

When you select a Blue KC product, it's important for you to also understand the provider network you have chosen.

## Provider Networks

Blue KC negotiates with providers to help keep coverage affordable while also ensuring our members have access to high-quality healthcare services. All providers meet our quality of care standards.

## In-network providers offer benefits covered at the highest level.

By choosing to visit an in-network provider, you will pay less than you would if you visit an out-of-network provider. Your plan may not cover, or may not pay as much of, your medical costs billed by out-of-network providers, meaning that you will pay more out-of-pocket than if you had chosen an in-network medical provider.

The **Blue KC Doctor & Hospital Provider Finder** on BlueKC.com can help you find the most up-to-date and accurate information when you're looking to find, or get basic information about, an in-network doctor, hospital or other healthcare provider.

## Provider Finder Features

Here are just a few of the features you'll find when using the Blue KC Doctor & Hospital Provider Finder:

- Ability to search for in-network doctors and providers by name, procedure, specialty and more
- One search tool to find doctors and providers in your neighborhood or across the country
- Helpful filters, including hospital affiliation and network

## To find an in-network doctor or provider in the:

### Preferred-Care Blue Network

- Visit BlueKC.com
- Select **Find a Doctor** from the top of our home page
- Under the heading **Choose Your Network**, click the down arrow and check the box next to **Preferred-Care Blue Network (PCB)**

### BlueSelect Network

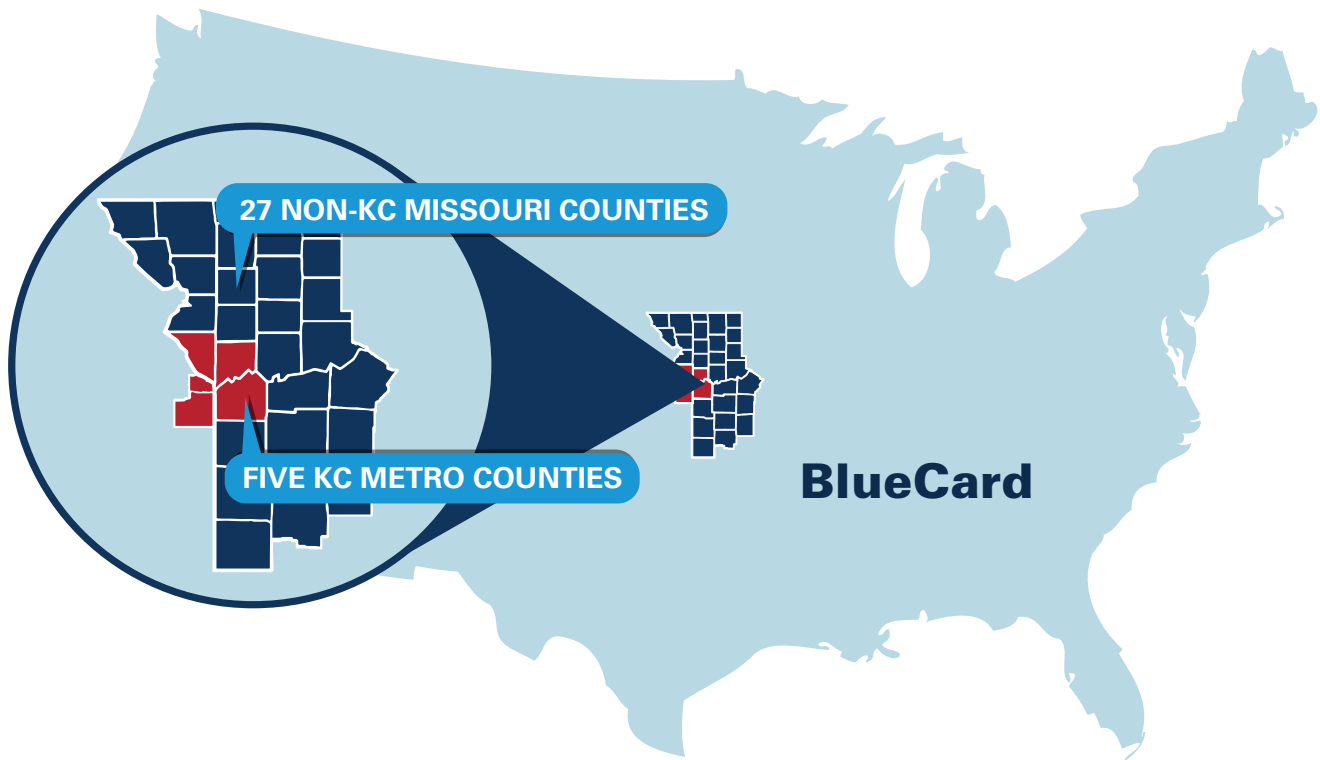
- Visit BlueKC.com
- Select **Find a Doctor** from the top of our home page
- Under the heading **Choose Your Network**, click the down arrow and check the box next to **BlueSelect Network (Select)**

### BlueSelect for Basic Individual Network

- Visit BlueKC.com
- Select **Find a Doctor** from the top of our home page
- Under the heading **Choose Your Network**, click the down arrow and check the box next to **BlueSelect for Basic Individual Network**

# NETWORK AND BENEFIT MAPS

When you look for a Blue KC product, it's important for you to know the differences between our networks so you can choose the right option. The Blue KC network maps below represent the coverage areas and the plans that apply. The distinction in treatment of out-of-network benefits between EPO and PPO product types is important. Please take time to look over these differences so you know what to expect.



<p><b>COVERS BOTH KC METRO AND NON-KC METRO</b></p>	<p><b>OUT-OF-NETWORK</b></p>	<p><b>COVERS KC METRO</b></p> <p><b>NOT COVERED</b></p>
<p><b>NETWORK</b> Preferred-Care Blue + BlueCard</p> <p><b>PRODUCT TYPE</b> Preferred Provider Organization (PPO)</p> <p><b>PLAN FAMILY</b> First, Saver, Standard, SafetyNet, Short-Term</p>	<p><b>NETWORK</b> BlueSelect + BlueCard</p> <p><b>PRODUCT TYPE</b> Preferred Provider Organization (PPO)</p> <p><b>PLAN FAMILY</b> First, Saver, SafetyNet</p>	<p><b>NETWORK</b> BlueSelect for Basic Individual</p> <p><b>PRODUCT TYPE</b> Exclusive Provider Organization (EPO)</p> <p><b>PLAN FAMILY</b> Basic</p>

# 2017 KANSAS INDIVIDUAL AND FAMILY PLAN COMPARISON

## For Johnson and Wyandotte Counties

When choosing a health plan, the first thing you want is plenty of choices. While that seems obvious, not every insurance company offers the range of plans and options that are available through Blue KC. It’s what nearly one million members have come to expect from one of the area’s local, not-for-profit health insurance companies.

		Plan Availability <sup>1</sup>		Coinsurance		Deductible		Out-of-Pocket Maximum										Pharmacy <sup>4</sup>					Deductible Type <sup>6</sup>
		Plan Name	Directly from Blue KC	Marketplace	In Network	Out of Network	In Network Single	In Network Family	Out of Network Single	Out of Network Family	In Network <sup>2</sup> Single	In Network <sup>2</sup> Family	Out of Network Single	Out of Network Family	PCP <sup>3</sup>	Specialist	Urgent Care	ER	Tier 1	Tier 2	Tier 3	Tier 4 <sup>5</sup>	
Preferred-Care Blue with BlueCard	First PCB Gold	●			0%	20%	\$2,700	\$5,400	\$2,700	\$5,400	\$4,000	\$8,000	\$8,000	\$16,000	\$5 Copay first 4 visits, Ded/Coins 5+ visits <sup>7</sup>	\$5 Copay first 4 visits, Ded/Coins 5+ visits <sup>7</sup>	\$5 Copay first 4 visits, Ded/Coins 5+ visits <sup>7</sup>	Deductible	\$10	\$55	20% (Max \$250)	Ded then 30%	Embedded
	First PCB Silver	●			0%	20%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,000	\$12,000	\$12,000	\$24,000	\$10 Copay first 4 visits, Ded/Coins 5+ visits <sup>7</sup>	\$10 Copay first 4 visits, Ded/Coins 5+ visits <sup>7</sup>	\$10 Copay first 4 visits, Ded/Coins 5+ visits <sup>7</sup>	Deductible	\$10	\$55	20% (Max \$250)	Ded then 30%	Embedded
	First PCB Bronze	●	●		0%	20%	\$6,900	\$13,800	\$6,900	\$13,800	\$7,150	\$14,300	\$14,300	\$28,600	\$30 Copay first 4 visits, Ded/Coins 5+ visits <sup>7</sup>	\$30 Copay first 4 visits, Ded/Coins 5+ visits <sup>7</sup>	\$30 Copay first 4 visits, Ded/Coins 5+ visits <sup>7</sup>	Deductible	Ded then \$10	Ded then \$55	Ded then 20% (Max \$250)	Ded then 30%	Embedded
	Saver PCB Gold	●	●		10%	40%	\$1,500	\$3,000	\$1,500	\$3,000	\$3,000	\$6,000	\$6,000	\$12,000	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then \$10	Ded then \$55	Ded then 20% (Max \$250)	Ded then 30%	Aggregate
	Saver PCB Silver	●	●		10%	40%	\$3,000	\$6,000	\$3,000	\$6,000	\$5,000	\$10,000	\$10,000	\$20,000	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then \$10	Ded then \$55	Ded then 20% (Max \$250)	Ded then 30%	Embedded
	Saver PCB Bronze	●	●		20%	50%	\$5,500	\$11,000	\$5,500	\$11,000	\$6,550	\$13,100	\$13,100	\$26,200	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then \$10	Ded then \$55	Ded then 20% (Max \$250)	Ded then 30%	Embedded
	Standard PCB Gold	●			20%	50%	\$1,250	\$2,500	\$1,250	\$2,500	\$4,750	\$9,500	\$9,500	\$19,000	\$20 Copay	\$50 Copay	\$65 Copay	Ded then \$250	\$10	\$30	\$75	30%	Embedded
	Standard PCB Silver	●	●		20%	50%	\$3,500	\$7,000	\$3,500	\$7,000	\$7,150	\$14,300	\$14,300	\$28,600	\$30 Copay	\$65 Copay	\$75 Copay	Ded then \$400	\$15	\$50	\$100	40%	Embedded
	Standard PCB Bronze	●	●		50%	60%	\$6,650	\$13,300	\$6,650	\$13,300	\$7,150	\$14,300	\$14,300	\$28,600	\$45 Copay first 3 visits, Ded/Coins 4+ visits	Ded then 50%	Ded then 50%	Ded then 50%	\$35	Ded then 35%	Ded then 40%	Ded then 45%	Embedded
SafetyNet PCB <sup>8</sup>	●			0%	20%	\$7,150	\$14,300	\$7,150	\$14,300	\$7,150	\$14,300	\$14,300	\$28,600	\$20 Copay first 3 visits, Ded/Coins 4+ visits	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Embedded	
BlueSelect <sup>9</sup> with BlueCard	First Select Silver	●	●		0%	20%	\$5,000	\$10,000	\$6,500	\$13,000	\$6,000	\$12,000	\$25,000	\$50,000	\$10 Copay first 4 visits, Ded/Coins 5+ visits <sup>7</sup>	\$10 Copay first 4 visits, Ded/Coins 5+ visits <sup>7</sup>	\$10 Copay first 4 visits, Ded/Coins 5+ visits <sup>7</sup>	Deductible	\$8/\$15	\$60/ \$90	20% (Max \$250)/ 30%	Ded then 30%/ Ded then 40%	Embedded
	First Select Bronze	●	●		0%	20%	\$6,900	\$13,800	\$8,300	\$16,600	\$7,150	\$14,300	\$25,000	\$50,000	\$30 Copay first 4 visits, Ded/Coins 5+ visits <sup>7</sup>	\$30 Copay first 4 visits, Ded/Coins 5+ visits <sup>7</sup>	\$30 Copay first 4 visits, Ded/Coins 5+ visits <sup>7</sup>	Deductible	Ded then \$8/ Ded then \$15	Ded then \$60/ Ded then \$90	Ded then 20% (Max \$250)/ Ded then 30%	Ded then 30%/ Ded then 40%	Embedded
	Saver Select Gold	●	●		10%	40%	\$1,500	\$3,000	\$2,750	\$5,500	\$3,000	\$6,000	\$25,000	\$50,000	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then \$8/ Ded then \$15	Ded then \$60/ Ded then \$90	Ded then 20% (Max \$250)/ Ded then 30%	Ded then 30%/ Ded then 40%	Aggregate
	SafetyNet Select <sup>8</sup>	●			0%	20%	\$7,150	\$14,300	\$7,150	\$14,300	\$7,150	\$14,300	\$25,000	\$50,000	\$20 Copay first 3 visits, Ded/Coins 4+ visits	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Embedded
BlueSelect for Basic Individual <sup>10</sup>	Basic Select Silver	●	●		40%	N/A	\$3,500	\$7,000	N/A	N/A	\$5,000	\$10,000	N/A	N/A	\$10 Copay first 2 visits, Ded/Coins 3+ visits	Ded then 40%	Ded then 40%	Ded then 40%	\$10	Rx deductible: \$1,000			Embedded
	Basic Select Bronze	●	●		40%	N/A	\$6,350	\$12,700	N/A	N/A	\$7,150	\$14,300	N/A	N/A	\$30 Copay first 2 visits, Ded/Coins 3+ visits	Ded then 40%	Ded then 40%	Ded then 40%	\$20	Rx deductible: \$800			Embedded

<sup>1</sup> Blue KC is a Qualified Health Plan issuer on the Individual Health Insurance Marketplace. With the exception of Short-Term Security plans, all Blue KC products qualify as Minimum Essential Coverage under the Affordable Care Act (ACA), meaning you will not be subject to the individual mandate penalty for any months you are enrolled in the product.

<sup>2</sup> Copays and Pharmacy apply toward the out-of-pocket maximum for all ACA plans.

<sup>3</sup> Primary Care Physicians include General Practice, Family Practice, Internal Medicine and Pediatrics.

<sup>4</sup> Maintenance medications must be filled through the mail-order pharmacy to receive the lowest copay. Individuals will be charged two times the applicable copay for a maintenance medication at retail pharmacies after the second prescription is filled.

<sup>5</sup> Tier 4 specialty medications should be filled through the mail-order pharmacy to receive the lowest cost-sharing. Individuals will be charged up to two times the applicable cost-sharing for a specialty medication at retail pharmacies. Some specialty medications are only available through the mail order pharmacy. A list of those medications is available at <http://www.bluekc.com/whatweoffer/individual/medicalplans>. Kansas members should select the 2017 Kansas Prescription Drug List link.

<sup>6</sup> Embedded – An individual deductible you must satisfy each calendar year before benefits will be paid. Aggregate – The entire family deductible must be satisfied each calendar year before benefits for any covered person will be paid.

<sup>7</sup> Copay for the first four visits combined for PCP, Specialist, and Urgent Care.

<sup>8</sup> SafetyNet plans are only available to individuals under the age of 30, or meeting certain hardship requirements. Individuals are not allowed to use subsidies for this plan.

<sup>9</sup> A more limited provider network, BlueSelect, only includes providers in the 5-county Kansas City metro area, which includes Clay, Jackson and Platte counties in Missouri, and Johnson and Wyandotte counties in Kansas. BlueSelect offers affordability by using a smaller hospital network than Preferred-Care Blue. The BlueSelect network includes a tiered pharmacy network; the first set of copays applies to selected pharmacies and the second set of higher copays applies to all other in-network pharmacies.

<sup>10</sup> **Individuals enrolled in Basic plans do not have out-of network benefits.** The BlueCard network is not available with Basic plans in the individual market. Basic in-network pharmacy includes Walmart and Sam’s Club. Other pharmacies are considered out-of-network.

# SHORT-TERM SECURITY

Short-Term Security plans are available for three-month coverage periods and can keep you covered while you're in between health insurance plans. Blue KC's Short-Term Security is a great option for individuals and families temporarily without health insurance. While this product may be considered an affordable option for some, as of January 2014, you are responsible for any applicable penalty for not having health coverage that qualifies as Minimum Essential Coverage.

What You Pay:	Plan 1		Plan 2		Plan 3		Plan 4	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>								
Individual	\$500	\$500	\$1,000	\$1,000	\$2,500	\$2,500	\$5,000	\$5,000
Family	\$1,500	\$1,500	\$3,000	\$3,000	\$7,500	\$7,500	\$15,000	\$15,000
<b>Out-of-Pocket Maximum</b>								
Individual	\$2,500	\$5,000	\$3,000	\$6,000	\$4,500	\$9,000	\$7,000	\$14,000
Family	\$7,500	\$15,000	\$9,000	\$18,000	\$13,500	\$27,000	\$21,000	\$42,000
Coinsurance	20%	40%	20%	40%	20%	40%	20%	40%
<b>PCP Visits</b>								
Preferred-Care Blue® Network	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Urgent Care	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Specialist Visits	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Inpatient Hospital	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Emergency Room	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%
Hig- Tech Imaging	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Routine Preventive Care	20%	Deductible then 40%	20%	Deductible then 40%	20%	Deductible then 40%	20%	Deductible then 40%
Maternity + Newborn Care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Prescription Drugs</b>								
Preferred-Care Blue Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

PLEASE NOTE: **Short-Term Security is not required to and does not comply with the new benefits, rating and other rules under the Affordable Care Act (ACA).** Short-Term plans are non-renewable, require underwriting and exclude pre-existing conditions. While this product may be considered an affordable option for some, as of January 2014, you are responsible for any applicable penalty for not having health coverage that qualifies as Minimum Essential Coverage.

Please note that short-term policies are only available for three-month coverage periods.





# HOW TO BUY BLUE KC PLANS

Individuals can purchase health insurance directly from Blue KC or from the Marketplace.

Financial help in the form of Premium Tax Credits (subsidies) is available to help those who cannot afford health insurance. These subsidies can only be used on the Marketplace, but you can research and shop for the coverage that best meets your budget and health needs at BlueKC.com. Regardless of where you choose to purchase your health insurance, we encourage you to contact your broker or a Blue KC representative to help guide you through the process.





# EXCLUSIONS AND LIMITATIONS

Plans have exclusions, limitations and terms under which they may be continued in force or discontinued. These exclusions and limitations are also available at [BlueKC.com/2017exclusions](http://BlueKC.com/2017exclusions).

Services and supplies covered by Medicare Part A, Part B, or Part C (Medicare Advantage), regardless of whether or not you are actually enrolled in Medicare, are NOT covered. This exclusion applies to all Covered Persons eligible to enroll under Medicare Part A, Part B, or Part C (Medicare Advantage), or otherwise entitled to Medicare benefits, from the date of their eligibility or entitlement to Medicare benefits, including Covered Persons who do not enroll or otherwise make application for Medicare benefits.

Services and supplies are NOT covered if they are not specifically covered under the Contract, are received in connection with or related to a complication of a non-covered service or supply, are not Medically Necessary or are Experimental/Investigative, or are subject to Our Prior Authorization requirement and such approval was not obtained. Services or supplies received are NOT covered if there is no legal obligation for payment or for services or supplies received where a portion of the charge has been waived. This includes, but is not limited to, full or partial waiver of any applicable Cost-Sharing.

In addition, the following services and supplies are NOT covered:

- For injuries/illnesses related to an individual's job or care for any injury/illness incurred while on active or reserve military duty, or resulting from war or any act of war
- Custodial, convalescent, or respite care and/or services performed by an individual's immediate family members or household members
- For cosmetic purposes, including removal of scars or tattoos, surgical treatment of scarring secondary to acne or chicken pox, and/or hairplasty or hair removal
- Personal care and convenience items; nonmedical equipment; and/or Durable Medical Equipment that would normally be provided by a Skilled Nursing Facility
- Repairs and replacement of prosthetic and/or orthotic devices
- Acupuncture, acupressure, rolfing, services provided by a massage therapist, aromatherapy and other forms of alternative treatment
- Genetic testing and/or services ordered or requested in connection with criminal actions (including diversion agreements), divorce, and/or child custody/visitation
- Blood donor expenses
- Adult vision services, including radial keratotomy and refractive keratoplasty procedures

- Except as specifically provided in your Contract, dental services and complications of dental treatment are not covered. If your Contract does provide coverage for pediatric dental (age 18 and under), these services are subject to frequency limits as described in your Contract
- Medical or dental management of conditions of the temporomandibular joint or correcting deformities of the jaw
- Growth hormone therapy and testing for growth hormone deficiencies except as specifically identified
- In-vitro fertilization, artificial insemination, ovulation induction, and other medical procedures related to infertility
- Non-prescription enteral feedings and other nutritional and electrolyte supplements
- Marital counseling; counseling to improve intra or interpersonal development; music therapy; remedial reading; recreational therapy; and/or other forms of education or special education
- Occupational therapy provided on a routine basis as part of a standard program for all patients
- Elective pregnancy termination
- Megavitamin therapy; nutritional-based therapy; nutritional assessment testing; and/or saliva hormone testing
- Involuntary inpatient commitments from a Non-Participating Provider after the Covered Person has been screened and stabilized
- Speech therapy for vocal cord training/retraining due to vocational strain and/or weak cords
- Services or supplies received from any provider in a country where the terms of any legislative or regulatory action taken by the United States would prohibit payment or reimbursement for such services
- Extracorporeal shock wave therapy due to musculoskeletal pain or musculoskeletal conditions and for electrical stimulation
- Diagnostic services, including high-tech imaging, performed at a Non-Participating imaging center inside Our Service Area are limited to a \$200 per day
- Outpatient services received from a Non-Participating provider hospital or facility inside Our Service Area are limited to a \$200 per day
- Inpatient hospital services received from a Non-Participating provider hospital inside Our Service Area are limited to \$200 per day per Covered Person

# EXCLUSIONS AND LIMITATIONS (CONTINUED)

## Kansas Only Exclusions and Limitations

- Biofeedback (including neurofeedback)
- Lodging or travel to and from a health professional or health facility
- Hearing care services, including but not limited to hearing aids and the examination for fitting of these items
- Services received for (or in preparation for) any diagnosis or treatment of sexual dysfunction (including drugs and prosthesis); and any related complications unless the Covered Person has a documented disease resulting in impotence; and/or reversal of sterilization procedures
- Sales tax, to the extent it exceeds our Allowable Charge
- Laboratory services performed by an independent laboratory that is not approved by Medicare
- For speech therapy due to otitis media and ear infections, unless such services are to restore speech to a previous level of functioning
- Cranial (head) remodeling devices, including but not limited to Dynamic Orthotic Cranioplasty ("DOC Bands")
- For covered persons age 18 and under, 3 pairs of lenses per calendar year and 3 sets of frames up to the Allowable charge for each
- Habilitative and Rehabilitative Speech/Hearing Therapy limited to 90 visits each per calendar year

## Disclosure Notices

All plans that cover prescription drugs are considered creditable coverage for Medicare Part D.

Blue KC subcontracts with other organizations (or vendors, or entities) to perform certain health services such as utilization management (e.g., hospital concurrent review, prior authorizations, peer medical necessity review, denials/approvals, appeals), member complaints, provider credentialing, and case management for members with complex and catastrophic conditions.

Plan benefits shown may be enhanced for some individuals (e.g., American Indians and Alaskan Natives with incomes at or under 300% of the Federal Poverty Level, and for individuals eligible for cost-sharing subsidies). Please contact Blue KC to obtain additional plan details for individuals meeting these classifications.

Premiums are owed by the Contractholder. Premiums may not be paid by third parties unless related to the Contractholder by blood or marriage or required by law.

## **Discrimination is Against the Law**

Blue KC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue KC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue KC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service, 844-395-7126 (Toll free), [languagehelp@bluekc.com](mailto:languagehelp@bluekc.com).

If you believe that Blue KC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Appeals Department, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, [APPEALS@bluekc.com](mailto:APPEALS@bluekc.com). You can file a grievance in person or by mail, or email. If you need help filing a grievance, the Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you, or someone you're helping, has questions about Blue KC, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-395-7126.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-395-7126.

Chinese: 如果您, 或是您正在協助的對象, 有關於 Blue KC 方面的問題, 您 有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員, 請撥電話 1-844-395-7126。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-395-7126.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-395-7126 an.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 [Blue KC]에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-395-7126 로 전화하십시오.



Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue KC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-844-395-7126.

#### Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue KC ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-395-7126.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue KC, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-844-395-7126.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue KC, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-395-7126.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue KC, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-395-7126.

Laotian: ຖ້າ ທ່ານ ຫຼື ຄົນ ທ່ານ ກຳ ລັງ ຊ່ວຍ ເຫຼືອ, ມີ ຄຳ ຖາມ ກ່ຽວ ກັບ Blue KC, ທ່ານ ມີ ສິດ ທີ່ ຈະ ໄດ້ ຮັບ ການ ຊ່ວຍ ເຫຼືອ ອາດ ຈະ ຂໍ ມູ ນ ຂໍ ຈະ ສາມ ທີ່ ເປັນ ນາ ສາ ຂອງ ທ່ານ ບໍ່ ມີ ຄ່າ ຈ້າ ຈ້າ ຈ່າ ຈ່າ. ການ ໂອ້ ລົມ ກັບ ນາ ຍາ ສາ, ໃຫ້ ໂທ ຫາ 1-844-395-7126.

Pennsylvanian Dutch: "Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-844-395-7126 uffrufe.

#### Persian:

اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Blue KC، داشته باشید حق این را دارید که کمک اطلاعات به زبان خود را به طور رایگان دریافت نمایید 1-844-395-7126. تماس حاصل نمایید.

Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-844-395-7126 tiin bilbilaa.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-395-7126.

For TTY services, please call 1-816-842-5607.

## NOTES

[illegible]



## LET'S GET STARTED

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If you need more information or have questions, contact your broker or call Blue KC at **816.395.2583** or toll-free at **888.800.4478**. You can also visit us online at **BlueKC.com**.





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