



Kansas City



2021 INDIVIDUAL & FAMILY

METRO PLANS



Kansas City

Blue KC Metro Plans

You're eligible for a Blue Cross and Blue Shield of Kansas City (Blue KC) Metro Plan if you live in one of the following counties in or near the Kansas City metro.

Missouri

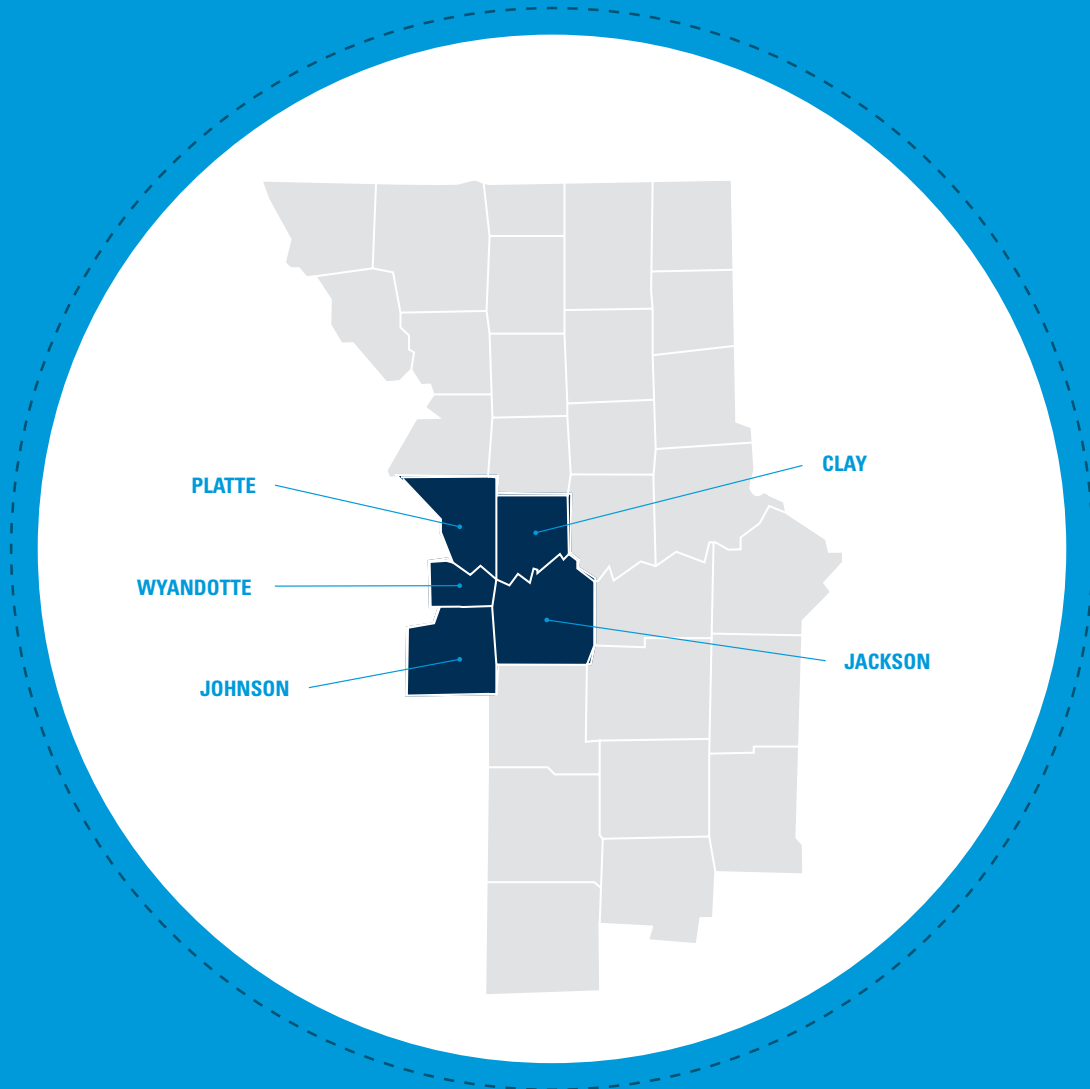
- Clay
- Jackson
- Platte

Kansas

- Johnson
- Wyandotte

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2021 ACA Individual & Family Plans

Affordable plan options to fit your needs and budget.

Today more than ever, quality healthcare is essential for you and your family. Blue KC is proud to offer a range of plan options to fit your health, lifestyle and financial needs.

Here are some of the ways we help make healthcare affordable:

- All in-network cost-sharing (copays, deductibles and coinsurance) goes toward the out-of-pocket maximum.
- In-network preventive services are covered 100%.
- Our Spira Care plans have \$0 copays for visits to our care center. This includes any related lab or X-ray services.
- We can help you find out if you qualify for financial help to pay for your health plan and healthcare (see page 5).

Please visit BlueKCforYou.com to learn more. For personal service, contact your broker or call Blue KC at 833.504.0837.



Levels of Coverage

To make it easy for you to shop and compare coverage, all Individual & Family plans—offered on and off the Exchange—provide benefits at a designated level. These are known as “metal levels.”

Metal levels are Platinum, Gold, Silver and Bronze. Generally, premiums are highest for Platinum and Gold plans and you pay less in deductibles, coinsurance and copays. Premiums are generally lowest with Bronze plans and you pay more in deductibles, coinsurance and copays.

Blue KC offers Gold, Silver and Bronze plans so you can choose a plan that best meets your needs. For example, a Gold plan may be right for someone who uses more healthcare services. If you use services less frequently, you may save money with a Bronze plan. Silver plans offer a balance of premiums and cost sharing.



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

Network Options

Community and Spira Care plans offer a choice of two provider networks. Both include providers in and near the Kansas City metro. To see if your doctor is in our networks or to get information about an in-network provider, use our Doctor & Hospital Provider Finder at BlueKC.com and then click on “Find Care.”

Hospitals included:

BlueSelect (EPO)

- AdventHealth Shawnee Mission
- Cameron Regional Medical Center
- Liberty Hospital
- North Kansas City Hospital
- Olathe Health
- Truman Medical Center
(Hospital Hill and Lakewood)
- University of Kansas Health System

BlueSelect Plus (EPO)

- All of the hospitals above in the BlueSelect network
- PLUS Children’s Mercy
(Hospital Hill and South)

Pharmacy Network

- All Metro plans use the RxSelect network

Spira Care Centers

Metro Silver and Bronze plans are built on BlueSelect and BlueSelect Plus, but also include Spira Care Centers as options for \$0 primary care. Spira Care Center locations:

Crossroads

1916 Grand Boulevard
Kansas City, MO 64108

Lee’s Summit

760 NW Blue Parkway
Lee’s Summit, MO 64086

Liberty

8350 N Church Road
Kansas City, MO 64158

Olathe

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

NEW Overland Park location

7341 W 133rd Street
Overland Park, KS 66213
(opening late 2020)

Shawnee

10824 Shawnee Mission Parkway
Shawnee, KS 66203

Tiffany Springs

8765 N Ambassador Drive
Kansas City, MO 64154

Wyandotte

9800 Troup Avenue
Kansas City, KS 66111

Exclusive Provider Organization (EPO) Designs

All of our plans are EPOs, which give you a balance of cost savings and flexibility.

- Blue KC negotiates with providers to help keep coverage affordable while also ensuring access to high-quality healthcare services. You must receive services from in-network providers, except in an emergency. Non-emergency services received from out-of-network providers will not be covered.
- You do not need to designate a primary care physician or get referrals to see specialists or other healthcare providers.

What is Spira Care?



A simpler, more personal and affordable healthcare experience.

INTEGRATED PRIMARY CARE



Routine Preventive Care



Adult & Pediatric Primary Care



Chronic Condition Management



Patient Wellness Follow-Ups



Behavioral Health Consultation



Digital X-Rays*



Routine Lab Draws



Health Coaches On-Site

CONVENIENT BENEFITS



A Select Number of Generic Prescriptions** Filled On-Site



Referrals & Scheduling for In-Network Specialists



Support in Understanding Your Plan's Network



Extended Hours for Appointments



24/7 Urgent Care coverage with Blue KC Virtual Care App



Online Appointment Scheduling



Virtual Care and Online Communication with Your Care Team




*X-rays are available at select locations only, must be ordered by a Spira Care provider and are at no additional cost to members.

**On-site prescription services for a select and limited number of the top generic prescriptions at your regular copay or deductible level.

All services and benefits provided at Spira Care Centers are based on your primary care needs only and must be ordered by a member of the Care Team. This includes digital X-rays, routine lab draws and prescriptions. Orders by a specialist or someone outside of the Care Center cannot be done or fulfilled at Spira Care.

Metro Plans

Compare benefits and cost-sharing to find the right plan for your needs.

| |  GOLD COMMUNITY |  SILVER SPIRA CARE |  BRONZE SPIRA CARE |
|---|--|--|--|
| DESCRIPTION | Provides predictable coverage with clear copays on the most common services, paired with a low deductible. | \$0 copay at Spira Care Spira Care centers combine integrated primary care and coverage in one personal, affordable place, along with the benefits of the BlueSelect or BlueSelect Plus network. | \$0 copay at Spira Care Spira Care centers combine integrated primary care and coverage in one personal, affordable place, along with the benefits of the BlueSelect or BlueSelect Plus network. |
| NETWORK OPTIONS | BlueSelect or BlueSelect Plus | BlueSelect or BlueSelect Plus | BlueSelect or BlueSelect Plus |
| SINGLE DEDUCTIBLE | \$1,250 | \$5,000 | \$7,300 |
| FAMILY DEDUCTIBLE | \$2,500 | \$10,000 | \$14,600 |
| COINSURANCE | 20% | 0% | 0% |
| SINGLE OOP MAXIMUM | \$6,250 | \$6,500 | \$8,300 |
| FAMILY OOP MAXIMUM | \$12,500 | \$13,000 | \$16,600 |
| SPIRA VISITS | N/A | \$0 | \$0 |
| VIRTUAL CARE | \$10 | \$0/\$10 ⁴ | \$0/\$10 ⁴ |
| PCP NETWORK VISITS ¹ | \$15 | \$0/Ded ⁴ | \$0/Ded ⁴ |
| URGENT CARE | \$40 | Deductible | Deductible |
| SPECIALIST VISITS | \$40 | Deductible ⁴ | Deductible ⁴ |
| HOSPITAL | Deductible/Coinsurance | Deductible | Deductible |
| EMERGENCY ROOM | Deductible/Coinsurance | Deductible | Deductible |
| PRESCRIPTION DRUGS ^{2,3} RxSelect Network | Tier 1: \$15 Tier 2: \$70 Tier 3: Ded & 30% Tier 4: \$500 | Tier 1: \$15 Tier 2: \$70 Tier 3: Ded & 30% Tier 4: \$500 | Tier 1: \$20 Tier 2: Ded & 50% Tier 3: Ded & 50% Tier 4: \$500 |

¹ Primary Care Physicians (PCP) include General Practice, Family Practice, Internal Medicine and Pediatrics.

² 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. Cost-sharing for out-of-network pharmacy claims in all PPO products is 50% coinsurance after deductible.

³ Tier 4 specialty medications should be filled through the mail-order pharmacy to receive the lowest copay. Members will be charged up to two times the applicable copay 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>.

⁴ In-network visits outside of the Spira network (except for preventive services) are subject to deductible.

You may be eligible for financial assistance

Financial help in the form of advanced premium tax credits (APTC), also called subsidy, may be available if your income is between 100%-400% of the Federal Poverty Level (FPL). To receive financial aid, you must purchase your health plan through the Exchange. You can research and shop for Blue KC coverage that best meets your budget and health needs at BlueKCforYou.com.

When you apply for Blue KC coverage through the Exchange, you may be eligible to receive an additional level of savings called cost-sharing reductions (CSR). These lower costs on deductibles, copays and coinsurance are based on your income and family size.

If your income is between 100%-250% of the Federal Poverty Level, you may be eligible for premium assistance and cost-sharing reduction if a Silver plan is purchased.

For plans effective January 1, 2021, the following guidelines will be used to determine subsidy and cost-sharing reductions.


2020 Federal Poverty Level Chart*

| Household Size | 100% | 150% | 200% | 250% | 300% | 400% |
|----------------|----------|----------|----------|-----------|-----------|-----------|
| 1 | \$12,760 | \$19,140 | \$25,520 | \$31,900 | \$38,280 | \$51,040 |
| 2 | \$17,240 | \$25,860 | \$34,480 | \$43,100 | \$51,720 | \$68,960 |
| 3 | \$21,720 | \$32,580 | \$43,440 | \$54,300 | \$65,150 | \$86,880 |
| 4 | \$26,200 | \$39,330 | \$52,400 | \$65,500 | \$78,600 | \$104,800 |
| 5 | \$30,680 | \$46,020 | \$61,360 | \$76,700 | \$92,040 | \$122,720 |
| 6 | \$35,160 | \$52,740 | \$70,320 | \$87,900 | \$105,480 | \$140,640 |
| 7 | \$39,640 | \$59,460 | \$79,280 | \$99,100 | \$118,920 | \$158,560 |
| 8 | \$44,120 | \$66,180 | \$88,240 | \$110,300 | \$132,360 | \$176,480 |

* Chart is for the 48 continuous states and the District of Columbia.

Cost Sharing Reduction

If you qualify for Cost Sharing Reduction and choose a Spira Care Silver Plan, your deductibles and out-of-pocket maximums will be reduced as follows:

| |  SPIRA CARE | | |
|---|---|--|--|
| FEDERAL POVERTY LEVEL | 100% to 150% | 151% to 200% | 201% to 250% |
| NETWORK OPTIONS | BlueSelect or BlueSelect Plus | BlueSelect or BlueSelect Plus | BlueSelect or BlueSelect Plus |
| SINGLE DEDUCTIBLE | \$300 | \$1,250 | \$3,750 |
| FAMILY DEDUCTIBLE | \$600 | \$2,500 | \$7,500 |
| COINSURANCE | 0% | 0% | 0% |
| SINGLE OOP MAXIMUM | \$950 | \$2,500 | \$6,500 |
| FAMILY OOP MAXIMUM | \$1,900 | \$5,000 | \$13,000 |
| SPIRA VISITS | \$0 | \$0 | \$0 |
| VIRTUAL CARE ^{4,5} | \$0/\$10 | \$0/\$10 | \$0/\$10 |
| PCP NETWORK VISITS ^{1,4} | Deductible | Deductible | Deductible |
| URGENT CARE | Deductible | Deductible | Deductible |
| SPECIALIST VISITS ⁴ | Deductible | Deductible | Deductible |
| HOSPITAL | Deductible | Deductible | Deductible |
| EMERGENCY ROOM | Deductible | Deductible | Deductible |
| PRESCRIPTION DRUGS ^{2,3} RxSelect Network | Tier 1: \$15 Tier 2: \$70 Tier 3: Ded & 30% Tier 4: \$500 | Tier 1: \$15 Tier 2: \$70 Tier 3: Ded & 30% Tier 4: \$500 | Tier 1: \$15 Tier 2: \$70 Tier 3: Ded & 30% Tier 4: \$500 |

¹ Primary Care Physicians (PCP) include General Practice, Family Practice, Internal Medicine and Pediatrics.

² 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. Cost-sharing for out-of-network pharmacy claims in all PPO products is 50% coinsurance after deductible.

³ Tier 4 specialty medications should be filled through the mail-order pharmacy to receive the lowest copay. Members will be charged up to two times the applicable copay 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>.

⁴ In-network visits outside of the Spira network (except for preventive services) are subject to deductible.

⁵ Copay is \$0 with a Spira Care provider or via BlueKC Virtual Care app; \$10 with an in-network eligible provider.

Extra Benefits

The following benefits and services are included with Blue KC plans at little or no extra cost.



Virtual Care

Get the healthcare you need from the safety and comfort of home. Services include 24/7 Urgent Care visits and scheduled behavioral health therapy. Members can connect anywhere using the Blue KC Virtual Care app (download in your phone's app store) or online at www.bluekcvirtualcare.com. In-network providers may also offer virtual visits.



Mindful by Blue KC

Our new and enhanced behavioral health program is dedicated to:

- Reducing stigma around behavioral health
- Making care accessible and affordable for members
- Providing tools and resources to address stress, depression, anxiety, substance use and more

Mindful Advocates

Exclusive to Blue KC, our Mindful Advocates are licensed behavioral health clinicians who match members to providers and help guide their care plan. The Mindful Advocates are just one call away and available 24/7.



Rx Savings Solutions

This free program can help you lower your pharmacy costs by automatically searching for the lowest prices on prescription drugs. If a price is lower than the standard pricing used by Blue KC's pharmacy benefits manager, you'll receive an alert to notify you of the potential savings.



Healthy Companion™ Program

Healthy Companion supports members with chronic health conditions by providing access to resources and one-on-one support. Tools and resources include educational reminders, online tips and clinical support. The level of support is tailored to members according to their needs and preferences.

Members with the following conditions are automatically enrolled:

- Asthma
- COPD
- Depression
- Diabetes
- Heart Disease
- Heart Failure
- High Blood Pressure
- Metabolic Syndrome
- Stress and Anxiety



Blue365®

Members can take advantage of exclusive deals and discounts on health and lifestyle products and services. Simply register and shop online. You can also receive weekly emails with special offers. Top brands include:

- Beltone
- Fairmont Hotel
- Jenny Craig
- LasikPlus
- Nutrisystem
- QualSight Lasik
- Reebok
- And many more

Stand-alone Dental Plans

Good dental health is important to your overall wellbeing. Blue KC offers comprehensive Individual and Family dental plans at affordable prices.

- Payments as low as \$15 per month
- \$0 cost in-network preventive care
- Savings on covered dental procedures
- Two networks with expansive local and national access

| IN-NETWORK DENTAL BENEFITS (NON-PARTICIPATING DENTAL BENEFITS ARE AVAILABLE) | | | | | | | | |
|--|---|--------|---|--------|---|--------|---|--------|
| Plan Name | BlueDental Preventive 1000 | | BlueDental 1000 | | BlueDental Plus 1000 | | BlueDental Plus 1500 | |
| BLUE DENTAL NETWORK | PPO | Choice | PPO | Choice | PPO | Choice | PPO | Choice |
| | Coinsurance (Plan Pays) | | Coinsurance (Plan Pays) | | Coinsurance (Plan Pays) | | Coinsurance (Plan Pays) | |
| Diagnostic & Preventive | 100% | 85% | 100% | 85% | 100% | 85% | 100% | 85% |
| Basic¹ Requires a 6-month waiting period | Not Covered | | 80% | 70% | 80% | 70% | 80% | 70% |
| Major¹ Requires a 12-month waiting period | Not Covered | | Not Covered | | 50% | 50% | 50% | 50% |
| Orthodontia | Not Covered | | Not Covered | | Not Covered | | Not Covered | |
| Deductible² | \$0 | \$0 | Preventive: \$0 | | Preventive: \$0 | | Preventive: \$0 | |
| | | | Basic: \$50 | | Basic: \$50 | | Basic: \$50 | |
| | | | Major: Not covered | | Major: \$200 | | Major: \$150 | |
| Calendar Year Maximum | Blue KC pays up to: \$1,000/each covered person | | Blue KC pays up to: \$1,000/each covered person | | Blue KC pays up to: \$1,000/each covered person | | Blue KC pays up to: \$1,500/each covered person | |
| Rate/Month | | | | | | | | |
| Adult | \$15 | | \$27 | | \$35 | | \$39 | |
| Child ³ | \$15 | | \$24 | | \$28 | | \$32 | |

Preventive services are available from the effective date of coverage, while other services require a waiting period. Services requiring a waiting period include basic restorative, major restorative, endodontics, periodontics and oral surgery needs, like root canals, tooth extractions and preparation of the mouth for dentures, and anesthesia (when used during a covered service).

¹ The waiting period for Basic Services and Major Services can be waived with prior coverage from Blue KC or another carrier. The individual must have at least six months of continuous prior coverage to waive Basic Services waiting period and at least 12 months of continuous coverage to waive the Major Services waiting period. The individual must apply for Blue KC coverage within 30 days of prior coverage ending.

² Deductible amount for Basic Services and Major Services are per each covered person.

³ A child is under the age of 18; rates are based on the contract holder's age as of January 1 of the current year. The Dependent Limiting Age is 26. Refer to the dental contract for complete terms and conditions.

Additional Dental Plan Information

Dental Service Types

Diagnostic & Preventive Care Dental (Type I) Services

Deductible does not apply.

- Oral evaluations – two per calendar year
- X-rays – complete mouth once every three calendar years; single tooth – 12 per calendar year; bitewing – two occurrences per calendar year
- Teeth cleaning – two per calendar year
- Fluoride treatment – two per calendar year (age 19 and under)
- Sealant application on posterior tooth – one treatment per tooth every three years (age 14 and under)
- Fixed and removable space maintainer (initial appliance only)
- Emergency treatment – temporary pain relief

Basic Care Dental (Type II) Services*

Requires a six-month waiting period from effective date. Deductible applies.

- Fillings – composite fillings on all teeth
- Recementation of existing inlays, crowns and bridges
- Endodontics – root canals and pulpal therapy
- Tooth extraction (simple and surgical, including wisdom teeth)
- General Anesthesia – payable only if provided in connection with a covered service

Major Dental (Type III) Services*

Requires a 12-month waiting period from effective date. Deductible applies.

- Periodontics – gum/tissue care and surgery
- Single crowns, inlays, onlays, bridges and dentures
- Maintenance of Prosthodontics – adjustment/repair of dentures

About Our Dental Networks

Blue Dental PPO Providers

- The preferred network of dentists in the Blue KC service area. **Lower** out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID Blue Cross and Blue Shield national network.

Blue Dental Choice Providers

- An additional network of dentists in the Blue KC service area. **Higher** out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID+ Blue Cross and Blue Shield national network.

Non-Participating Providers

- Seeing a non-participating dentist results in the **highest** out-of-pocket costs for covered services. Members may be responsible for filing claims and may be balanced billed by the non-participating provider.

Dental Plan Exclusions and Limitations

Some covered services have limitations based on age or how often they're used. Definitions of covered services may vary by plan. Plans have exclusions, limitations and terms under which they may be continued in force or discontinued. In addition, the following services and supplies are NOT covered:

- Experimental services, supplies or procedures
- Treatment of any jaw joint disorder, such as a joint disorder commonly known as temporomandibular joint disorder (TMJ)
- Replacement of lost, missing or stolen dental appliances and certain damaged dental appliances
- Those services defined as not Medically Necessary for the diagnosis, care or treatment of a condition
- All other limitations and exclusions in the dental contract

* Requirements for waiver of waiting period:

- The individual must have at least six months of continuous prior coverage to waive Basic Services waiting period and at least 12 months of continuous coverage to waive the Major Services waiting period.
- Individual must apply for Blue KC dental coverage within 30 days of prior coverage ending.

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/2021exclusions.

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
- 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
- For the treatment of obesity or morbid obesity, except as specifically provided in your Contract
- For medications which are not on the formulary drug list

Missouri Only Exclusions and Limitations

- Services related to the diagnosis or treatment (including drugs) of infertility or related conditions
- Hypnotism, hypnotic anesthesia, and massage therapy
- Services received for (or in preparation for) any diagnosis or treatment of impotency (including drugs); penile prosthesis and its implantation; and/or reversal of elective sterilization procedures
- Sales tax
- For speech therapy due to otitis media and ear infections
- For covered persons age 18 and under, routine eye exams are limited to 1 per calendar year; 1 pair of lenses per calendar year and 1 set of frames up to the Allowable Charge
- Private Duty Nursing is limited to 150 visits per calendar year
- Home Health Care Services are limited to 100 visits per calendar year
- Habilitative and Rehabilitative Physical Therapy are limited to 20 visits each per calendar year
- Habilitative and Rehabilitative Occupational Therapy are limited to 20 visits each per calendar year
- Pulmonary Therapy is limited to 20 visits per calendar year
- Cardiac Therapy is limited to 36 visits per calendar year
- Wigs are limited to 1 per calendar year following treatment for cancer
- Travel and Lodging for Organ Transplant Services is limited to \$150 per day, up to 60 days per calendar year
- Hearing aids are limited to 1 set every 3 years
- Biofeedback (including neurofeedback), except as specifically provided
- Cranial (head) remodeling devices, including but not limited to Dynamic Orthotic Cranioplasty (“DOC Bands”), except as specifically provided
- Skilled Nursing Facility is limited to 90 days per calendar year

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
- Rehabilitative Speech Therapy is limited to 90 visits per calendar year
- 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

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.

Notes

Notes

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Get started now.

The Affordable Care Act Open Enrollment Period is November 1, 2020 through December 15, 2020. Your new coverage will be effective January 1, 2021.

You can purchase health insurance directly from Blue KC or on the Exchange. You must enroll through the Exchange to receive financial aid, but you can still shop, compare and find the right plan for you at [BlueKCforYou.com](https://www.BlueKCforYou.com).

We're here to help.

Regardless of where you choose to purchase your health insurance, we encourage you to contact your broker or a Blue KC representative to answer your questions and help guide you through the process.

Call Blue KC at 833.504.0837 or visit us online at [BlueKCforYou.com](https://www.BlueKCforYou.com).

For additional help, 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, 1-844-395-7126 (Toll free), languagehelp@bluekc.com. For TTY services, please call 1-816-842-5607.



2301 Main Street
Kansas City, MO 64108

1-833-504-0837

[BlueKC.com](https://www.BlueKC.com)