

# 2014

## BLUE OPTIONS<sup>®</sup>

FOR ADULTS, FAMILIES & CHILDREN



Kansas City



# 2014

## BLUE OPTIONS



All Blue & U plans include 100% in-network coverage of preventive services as defined in the Affordable Care Act.

If you've been looking for health insurance coverage, you are probably confused like many individuals. 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 assistance under the Affordable Care Act (ACA) guidelines.

Our new Blue & U product suite provides a full range of plan options. Choose the plan 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 or your family.

## OUR NETWORKS



### Preferred-Care Blue

Preferred-Care<sup>®</sup> Blue offers Blue KC members the largest selection of providers within our 32-county service area.

### BlueSelect

A new, more limited provider network, BlueSelect, is available only in the 5-county Kansas City metropolitan area, which includes Clay, Jackson and Platte counties in Missouri, and Johnson and Wyandotte counties in Kansas.

### BlueCard

When you're a Blue KC member, you take your healthcare benefits with you— across the country and around the world — with the BlueCard<sup>®</sup> Program. BlueCard gives you access to doctors and hospitals almost everywhere. Outside of the U.S., you have access to doctors and hospitals in nearly 200 countries and territories around the world through the BlueCard Worldwide<sup>®</sup> Program.

# OUR NEW PRODUCT FAMILIES



## Blue & U Classic

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

- Designed for individuals and families that want cost certainty when they need commonly used services, along with coverage for unexpected accidents or illness.
- Eliminates uncertainty on the cost of office visits and other frequently accessed services.
- Copays on prescription drugs.
- Deductible and coinsurance reserved for less commonly used services.

## Blue & U First

If you want 100% in-network coverage 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 \$0 copay and are not subject to the deductible.
- The lowest cost generic prescription drugs of all the Blue & U product families.

## Blue & U Saver

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

- Will most always have a lower deductible than other plans.
- 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.

## Blue & U 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 Primary Care Physician (PCP) with a \$20 copay per visit before deductible or coinsurance applies.
- Designed especially for individuals looking for coverage for unexpected accidents or illness.
- Lowest premium and highest deductible, out-of-pocket maximum, and prescription drug expense.
- 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 would also be subject to the individual mandate penalty.

# METAL LEVELS



Beginning with plan years starting on or after January 1, 2014, the ACA will require new individual plans offered on and off the Health Insurance Marketplace, also referred to as the Exchange, to provide coverage 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.

**Platinum** – plans pay 90% of covered costs on average

**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

## HOW TO BUY BLUE KC PLANS

### *Direct from Blue KC or On-Exchange*

Another new change with the ACA is the introduction of the individual Health Insurance Marketplace, also referred to as the Exchange. Individuals can purchase health insurance directly from Blue KC or on the Exchange (for those who qualify for financial assistance).

Financial assistance 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 Exchange, but you can research and shop for the coverage that best meets your budget and health needs at [BlueKC.com](http://BlueKC.com). You can also get additional information about the ACA and an estimate of your subsidy at [KCHealthcareReform.org](http://KCHealthcareReform.org).

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

# YOU HAVE CHOICES



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 the area's only local, not-for-profit health insurance company.

	Directly from Blue KC		Health Insurance Marketplace* (ON EXCHANGE)		Minimum Essential Coverage <sup>2</sup>
	Preferred-Care Blue	BlueSelect <sup>1</sup>	Preferred-Care Blue	BlueSelect <sup>1</sup>	
<b>Blue &amp; U Classic (Copay Plan)</b>					
Platinum	•	•			✓
Gold	•	•	•	•	✓
Silver	•	•	•	•	✓
<b>Blue &amp; U First (First Visit Plan)</b>					
Platinum	•	•			✓
Gold	•	•	•	•	✓
Silver	•	•	•	•	✓
Bronze	•	•	•	•	✓
<b>Blue &amp; U Saver (HSA-Compatible Plan)</b>					
Gold	•	•			✓
Silver	• <sup>3</sup>	• <sup>3</sup>	•		✓
Bronze	• <sup>3</sup>	• <sup>3</sup>			✓
<b>Blue &amp; U SafetyNet<sup>4</sup></b>					
Catastrophic Plan (as defined by ACA)	•	•			✓
<b>Short-Term Security</b>					
Four plans from which to choose	•				

\* Blue Cross and Blue Shield of Kansas City is a Qualified Health Plan issuer on the Individual Health Insurance Marketplace.

<sup>1</sup> BlueSelect network is only available in the 5-county Kansas City metropolitan area, which includes Clay, Jackson and Platte counties in Missouri, and Johnson and Wyandotte counties in Kansas.

<sup>2</sup> The checkmark denotes that a product qualifies as Minimum Essential Coverage under the ACA and if purchased, you will not be subject to the individual mandate penalty.

<sup>3</sup> Multiple plans are available at this metal level.

<sup>4</sup> Only available to individuals under the age of 30, or meeting certain hardship requirements. Individuals are not allowed to use subsidies for this plan.

# BLUE & U CLASSIC

Also known as “Copay” plans, these products offer cost certainty to individuals who want copayments on common services. Generally, other services not listed are subject to deductible and coinsurance.

What You Pay:	Platinum		Gold		Silver	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>						
Individual	\$0	\$1,000	\$1,500	\$2,500	\$5,000	\$5,000
Family	\$0	\$2,000	\$3,000	\$5,000	\$10,000	\$10,000
<b>Out-of-Pocket Maximum</b>						
Individual	\$2,000	\$4,000	\$3,500	\$7,000	\$6,250	\$12,500
Family	\$4,000	\$8,000	\$7,000	\$14,000	\$12,500	\$25,000
Coinsurance	10%	30%	10%	30%	10%	30%
<b>PCP Visits <sup>1</sup></b>						
Preferred-Care Blue Network	\$10 PCMH Copay, \$20 Copay for all others	Deductible then 30%	\$15 PCMH Copay, \$25 Copay for all others	Deductible then 30%	\$20 PCMH Copay, \$40 Copay for all others	Deductible then 30%
BlueSelect Network	\$20 Copay	Deductible then 30%	\$25 Copay	Deductible then 30%	\$40 Copay	Deductible then 30%
Urgent Care	\$30 Copay	Deductible then 30%	\$35 Copay	Deductible then 30%	\$60 Copay	Deductible then 30%
Specialist Visits	\$50 Copay	Deductible then 30%	\$50 Copay	Deductible then 30%	\$80 Copay	Deductible then 30%
Inpatient Hospital	\$400 Copay/day	Deductible then 30%	\$400 Copay/day	Deductible then 30%	\$500 Copay/day	Deductible then 30%
Emergency Room	\$200 Copay	\$200 Copay	\$300 Copay	\$300 Copay	\$400 Copay	\$400 Copay
High Tech Imaging	\$100 Copay/day	Deductible then 30%	\$200 Copay/day	Deductible then 30%	\$200 Copay/day	Deductible then 30%
Routine Preventive Care	\$0	Deductible then 30%	\$0	Deductible then 30%	\$0	Deductible then 30%
Maternity + Newborn Care	Applicable Cost-Sharing Applies	Deductible then 30%	Applicable Cost-Sharing Applies	Deductible then 30%	Applicable Cost-Sharing Applies	Deductible then 30%
<b>Prescription Drugs at a Retail Pharmacy <sup>2</sup></b>						
Preferred-Care Blue Network	Generic: \$10 Preferred: \$50 Non-Pref: \$80 Specialty: \$100	Deductible then 50%	Generic: \$10 Preferred: \$50 Non-Pref: \$80 Specialty: \$100	Deductible then 50%	Generic: \$10 Preferred: \$50 Non-Pref: \$80 Specialty: \$100	Deductible then 50%
BlueSelect <sup>3</sup> Network	Generic: \$7/12 Preferred: \$40/60 Non-Pref: \$60/90 Specialty: \$80/120	Deductible then 50%	Generic: \$7/12 Preferred: \$40/60 Non-Pref: \$60/90 Specialty: \$80/120	Deductible then 50%	Generic: \$7/12 Preferred: \$40/60 Non-Pref: \$60/90 Specialty: \$80/120	Deductible then 50%

<sup>1</sup> Preferred-Care Blue uses the lower copayment for Patient-Centered Medical Home (PCMH) visits and the higher copay for all others.

<sup>2</sup> The copayment for mail order long-term prescriptions is 2.5 times the retail copayments.

<sup>3</sup> 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.

**NEED RATES?** Visit us online at [BlueKC.com](http://BlueKC.com) or call 888-800-4478.

# BLUE & U FIRST

Also known as “First Visit” plans, these products are especially attractive to individuals who do not frequently visit a healthcare provider.

What You Pay:	Platinum		Gold		Silver		Bronze	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>								
Individual	\$1,200	\$1,200	\$2,700	\$2,700	\$4,750	\$4,750	\$6,250	\$6,250
Family	\$2,400	\$2,400	\$5,400	\$5,400	\$9,500	\$9,500	\$12,500	\$12,500
<b>Out-of-Pocket Maximum</b>								
Individual	\$1,200	\$2,400	\$2,700	\$5,400	\$4,750	\$9,500	\$6,250	\$12,500
Family	\$2,400	\$4,800	\$5,400	\$10,800	\$9,500	\$19,000	\$12,500	\$25,000
Coinsurance	0%	20%	0%	20%	0%	20%	0%	20%
<b>PCP Visits</b>								
Preferred-Care Blue <sup>1</sup> Network	\$0 Copay for first 4 visits, Deductible 5+ visits	Deductible then 20%	\$0 Copay for first 4 visits, Deductible 5+ visits	Deductible then 20%	\$0 Copay for first 4 visits, Deductible 5+ visits	Deductible then 20%	\$0 Copay for first 4 visits, Deductible 5+ visits	Deductible then 20%
Urgent Care <sup>1</sup>	\$0 Copay for first 4 visits, Deductible 5+ visits	Deductible then 20%	\$0 Copay for first 4 visits, Deductible 5+ visits	Deductible then 20%	\$0 Copay for first 4 visits, Deductible 5+ visits	Deductible then 20%	\$0 Copay for first 4 visits, Deductible 5+ visits	Deductible then 20%
Specialist Visits <sup>1</sup>	\$0 Copay for first 4 visits, Deductible 5+ visits	Deductible then 20%	\$0 Copay for first 4 visits, Deductible 5+ visits	Deductible then 20%	\$0 Copay for first 4 visits, Deductible 5+ visits	Deductible then 20%	\$0 Copay for first 4 visits, Deductible 5+ visits	Deductible then 20%
Inpatient Hospital	Deductible	Deductible then 20%	Deductible	Deductible then 20%	Deductible	Deductible then 20%	Deductible	Deductible then 20%
Emergency Room	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
High Tech Imaging	Deductible	Deductible then 20%	Deductible	Deductible then 20%	Deductible	Deductible then 20%	Deductible	Deductible then 20%
Routine Preventive Care	\$0	Deductible then 20%	\$0	Deductible then 20%	\$0	Deductible then 20%	\$0	Deductible then 20%
Maternity + Newborn Care	Deductible	Deductible then 20%	Deductible	Deductible then 20%	Deductible	Deductible then 20%	Deductible	Deductible then 20%
<b>Prescription Drugs at a Retail Pharmacy <sup>2</sup></b>								
Preferred-Care Blue Network	Generic: \$4 Preferred: \$55 Non-Pref: \$100 Specialty: Ded.	Deductible then 50%	Generic: \$4 Preferred: \$55 Non-Pref: \$100 Specialty: Ded.	Deductible then 50%	Generic: \$4 Preferred: \$65 Non-Pref: \$120 Specialty: Ded.	Deductible then 50%	Deductible	Deductible then 50%
BlueSelect <sup>3</sup> Network	Generic: \$4/10 Preferred: \$50/80 Non-Pref: \$80/120 Specialty: Ded.	Deductible then 50%	Generic: \$4/10 Preferred: \$50/80 Non-Pref: \$80/120 Specialty: Ded.	Deductible then 50%	Generic: \$4/10 Preferred: \$50/80 Non-Pref: \$80/120 Specialty: Ded.	Deductible then 50%	Selected Pharmacies Only; Deductible	Deductible then 50%

<sup>1</sup> \$0 copay for first four visits combined for PCP, Specialist, and Urgent Care.

<sup>2</sup> The copayment for mail order long-term prescriptions is 2.5 times the retail copayments.

<sup>3</sup> 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.

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# BLUE & U SAVER

Also known as “HSA” plans, these products are for individuals who want to build medical wealth through a Health Savings Account (HSA).<sup>1</sup>

What You Pay:	Gold		Silver		Silver (Saver 2)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>						
Individual	\$1,500	\$1,500	\$2,500	\$2,500	\$1,800	\$1,800
Family	\$3,000	\$3,000	\$5,000	\$5,000	\$3,600	\$3,600
<b>Out-of-Pocket Maximum</b>						
Individual	\$2,000	\$4,000	\$4,000	\$8,000	\$4,500	\$9,000
Family	\$4,000	\$8,000	\$8,000	\$16,000	\$9,000	\$18,000
Coinsurance	10%	40%	10%	40%	50%	60%
PCP Visits	Deductible then 10%	Deductible then 40%	Deductible then 10%	Deductible then 40%	Deductible then 50%	Deductible then 60%
Urgent Care	Deductible then 10%	Deductible then 40%	Deductible then 10%	Deductible then 40%	Deductible then 50%	Deductible then 60%
Specialist Visits	Deductible then 10%	Deductible then 40%	Deductible then 10%	Deductible then 40%	Deductible then 50%	Deductible then 60%
Inpatient Hospital	Deductible then 10%	Deductible then 40%	Deductible then 10%	Deductible then 40%	Deductible then 50%	Deductible then 60%
Emergency Room	Deductible then 10%	Deductible then 10%	Deductible then 10%	Deductible then 10%	Deductible then 50%	Deductible then 50%
High Tech Imaging	Deductible then 10%	Deductible then 40%	Deductible then 10%	Deductible then 40%	Deductible then 50%	Deductible then 60%
Routine Preventive Care	\$0	Deductible then 30%	\$0	Deductible then 30%	\$0	Deductible then 30%
Maternity + Newborn Care	Deductible then 10%	Deductible then 40%	Deductible then 10%	Deductible then 40%	Deductible then 50%	Deductible then 60%
<b>Prescription Drugs at a Retail Pharmacy <sup>2</sup></b>						
Preferred-Care Blue Network	Deductible then Generic: \$10 Preferred: \$50 Non-Pref: \$80 Specialty: \$100	Deductible then 50%	Deductible then Generic: \$10 Preferred: \$50 Non-Pref: \$80 Specialty: \$100	Deductible then 50%	Deductible then Generic: \$10 Preferred: \$50 Non-Pref: \$80 Specialty: \$100	Deductible then 50%
BlueSelect <sup>3</sup> Network	Deductible then Generic: \$7/12 Preferred: \$40/60 Non-Pref: \$60/90 Specialty: \$80/120	Deductible then 50%	Deductible then Generic: \$7/12 Preferred: \$40/60 Non-Pref: \$60/90 Specialty: \$80/120	Deductible then 50%	Deductible then Generic: \$7/12 Preferred: \$40/60 Non-Pref: \$60/90 Specialty: \$80/120	Deductible then 50%

*Blue & U Saver plans continued on next page*

<sup>1</sup> For family coverage in plans with an individual deductible under \$2,500, the entire family deductible must be satisfied each calendar year before benefits will be paid. High deductible plans may not be compatible with a Health Savings Account for some individuals (i.e., individuals eligible for cost-sharing reductions and American Indians/Alaskan Natives with incomes at or below 300% of the Federal Poverty Level).

<sup>2</sup> The copayment for mail order long-term prescriptions is 2.5 times the retail copayments.

<sup>3</sup> 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.

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# BLUE & U SAVER

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What You Pay:	Bronze		Bronze (Saver 2)	
	In-Network	Out-of-Network	In-Network	Out-of- Network
<b>Deductible <sup>1</sup></b>				
Individual	\$5,000	\$5,000	\$3,000	\$3,000
Family	\$10,000	\$10,000	\$6,000	\$6,000
<b>Out-of-Pocket Maximum</b>				
Individual	\$6,250	\$12,500	\$6,250	\$12,500
Family	\$12,500	\$25,000	\$12,500	\$25,000
Coinsurance	10%	40%	50%	60%
PCP Visits	Deductible then 10%	Deductible then 40%	Deductible then 50%	Deductible then 60%
Urgent Care	Deductible then 10%	Deductible then 40%	Deductible then 50%	Deductible then 60%
Specialist Visits	Deductible then 10%	Deductible then 40%	Deductible then 50%	Deductible then 60%
Inpatient Hospital	Deductible then 10%	Deductible then 40%	Deductible then 50%	Deductible then 60%
Emergency Room	Deductible then 10%	Deductible then 10%	Deductible then 50%	Deductible then 50%
High Tech Imaging	Deductible then 10%	Deductible then 40%	Deductible then 50%	Deductible then 60%
Routine Preventive Care	\$0	Deductible then 30%	\$0	Deductible then 30%
Maternity + Newborn Care	Deductible then 10%	Deductible then 40%	Deductible then 50%	Deductible then 60%
<b>Prescription Drugs at a Retail Pharmacy <sup>2</sup></b>				
Preferred-Care Blue Network	Deductible then Generic: \$10 Preferred: \$50 Non-Pref: \$80 Specialty: \$100	Deductible then 50%	Deductible then 50%	Deductible then 50%
BlueSelect <sup>3</sup> Network	Deductible then Generic: \$7/12 Preferred: \$40/60 Non-Pref: \$60/90 Specialty: \$80/120	Deductible then 50%	Selected Pharmacies Only; Deductible then 50%	Deductible then 50%

<sup>1</sup> For family coverage in plans with an individual deductible under \$2,500, the entire family deductible must be satisfied each calendar year before benefits will be paid. High deductible plans may not be compatible with a Health Savings Account for some individuals (i.e., individuals eligible for cost-sharing reductions and American Indians/Alaskan Natives with incomes at or below 300% of the Federal Poverty Level).

<sup>2</sup> The copayment for mail order long-term prescriptions is 2.5 times the retail copayments.

<sup>3</sup> 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.

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# BLUE & U SAFETYNET

Available to individuals under 30 years of age only, or those qualifying for hardship exemptions. Also known as “Catastrophic” plans, these products are designed to provide an emergency safety net for unexpected medical costs.\*

<b>What You Pay:</b>	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	\$6,350	\$6,350
Family	\$12,700	\$12,700
<b>Out-of-Pocket Maximum</b>		
Individual	\$6,350	\$12,700
Family	\$12,700	\$25,400
Coinsurance	0%	20%
PCP Visits	\$20 Copay for first 3 visits, Deductible for 4+ visits	Deductible then 20%
Urgent Care	Deductible	Deductible then 20%
Specialist Visits	Deductible	Deductible then 20%
Inpatient Hospital	Deductible	Deductible then 20%
Emergency Room	Deductible	Deductible
High Tech Imaging	Deductible	Deductible then 20%
Routine Preventive Care	\$0	Deductible then 20%
Maternity + Newborn Care	Deductible	Deductible then 20%
<b>Prescription Drugs</b>		
Preferred-Care Blue Network	Deductible	Deductible then 50%
BlueSelect Network	Selected Pharmacies Only; Deductible	Deductible then 50%

\* Blue & U SafetyNet products are available only to individuals under 30 years of age, or those qualifying for hardship exemptions, and are sold with the option of either the Preferred-Care Blue or BlueSelect network. Individuals are not allowed to use subsidies for this plan.

**NEED RATES?** Visit us online at [BlueKC.com](http://BlueKC.com) or call 888-800-4478.

# SHORT-TERM SECURITY

Short-Term Security plans 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.

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%
High 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, beginning in January 2014, you will also be responsible for any applicable penalty for not having health coverage that qualifies as Minimum Essential Coverage.

**NEED RATES?** Visit us online at [BlueKC.com](http://BlueKC.com) or call 888-800-4478.

# LET'S GET STARTED

The time is right and the options are abundant, so why wait to get the benefits you need?

**If you need more information or have questions, contact your broker or call Blue KC at 888-800-4478. You can also visit us online at [BlueKC.com](http://BlueKC.com).**

## 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/2014exclusions](http://BlueKC.com/2014exclusions).

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

Hypnotism, hypnotic anesthesia, acupuncture, acupressure, rolfing, massage therapy, 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

Sex transformations and related charges

Blood donor expenses

Vision services, including radial keratotomy and refractive keratoplasty procedures

Hearing care services, including but not limited to hearing aids and the examination for fitting of these items

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 in Covered Persons age 19 or older

In-vitro fertilization, artificial insemination, ovulation induction, and other medical procedures related to infertility

Biofeedback (including neurofeedback)

Lodging or travel to and from a health professional or health facility, except as specifically provided

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; saliva hormone testing and/or services and supplies for smoking cessation programs and treatment of nicotine addiction

Services and supplies to the extent they are payable by Medicare

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 or due to otitis media and ear infections.

Services received for (or in preparation for) any diagnosis or treatment of impotency (including drugs); penile prosthesis and its implantation; and/or reversal of sterilization procedures

Cranial (head) remodeling devices, including but not limited to Dynamic Orthotic Cranioplasty ("DOC Bands")

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

Sales tax

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 calendar year maximum

Outpatient services received from a Non-Participating provider hospital or facility inside Our Service Area are limited to \$200 calendar year maximum

Inpatient hospital services received from a Non-Participating provider hospital inside Our Service Area are limited to \$200 per day for up to 30 days per calendar year per Covered Person

## Missouri Only Exclusions and Limitations

Services related to the diagnosis or treatment (including drugs) of infertility or related conditions

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 not to exceed \$130

Private Duty Nursing is limited to 100 visits per calendar year

Home Health Care Services are limited to 90 visits per calendar year

Physical Therapy (Habilitative and Rehabilitative combined) is limited to 20 visits per calendar year

Occupational Therapy (Habilitative and Rehabilitative combined) is limited to 20 visits 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

Skilled Nursing Facility limited to 90 days per calendar year

## Kansas Only Exclusions and Limitations

Speech and Hearing Therapy (Habilitative and Rehabilitative combined) is limited to 90 visits per calendar year

For covered persons age 18 and under, 3 pairs of lenses per calendar year and 3 sets of frames not to exceed \$130 each

## Language access services

A Spanish translation of this brochure is available by contacting Blue KC at 816-395-BLUE (2583).

## 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 (i.e., 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 (i.e., 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.



# Kansas City

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