

2021 MEDICARE SUPPLEMENT

INSURANCE RATES FOR **KANSAS** RESIDENTS



Kansas City



WHAT IS MEDICARE?



Medicare is a federally backed health insurance program for people 65 or older, and younger people with certain disabilities or diseases. Medicare Supplement plans can help pay some of the healthcare costs that Original Medicare (Parts A and B) does not cover, such as copayments, coinsurance, and deductibles. These plans are currently sold in 10 standard plans plus two high-deductible plans, each with their own set of unique benefits. Of these 10, Blue KC currently offers six that best suit the needs of the members we serve, as well as a dental plan.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) made a significant change to Medigap. It prohibits Medigap plans from providing first dollar coverage of the Medicare Part B deductible for those “newly eligible” beneficiaries on or after January 1, 2020. Plans C and F have traditionally covered 100 percent of the Part B deductible, which is why those plans will not be options for newly eligible beneficiaries on or after January 1, 2020.

You are “newly eligible” if you turn 65 on or after January 1, 2020 or if you first become eligible for Medicare benefits due to age, disability, or ESRD on or after January 1, 2020.

Ready to find the coverage that’s right for you? Let’s get started.

BASIC BENEFITS

These four benefits are offered across all Medicare plans, so you’ll receive them no matter which one you choose.

Hospitalization

Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses

Part B coinsurance (generally 20 percent of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.

Blood

First three pints of blood each year. Plans K and L may require members to pay a portion of blood costs.

Hospice

Part A hospice care coinsurance or copayment. Plans K and L may require members to pay a portion of Part A hospice care coinsurance or copayments.



DIFFERENT NEEDS, DIFFERENT PLANS

BLUE CROSS AND BLUE SHIELD OF KANSAS CITY (BLUE KC) OFFERS THE PLANS HIGHLIGHTED IN BLUE.

MEDICARE FIRST
ELIGIBLE BEFORE
2020 ONLY

Benefits	A	B	D	G ¹	K ²	L ²	M	N ³	C	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	50%	75%	100%	100% ³	100%	100%
Blood (first three pints)	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%
Skilled nursing facility coinsurance			100%	100%	50%	75%	100%	100%	100%	100%
Medicare Part A deductible		100%	100%	100%	50%	75%	50%	100%	100%	100%
Medicare Part B deductible									100%	100%
Medicare Part B excess charges				100%						100%
Foreign travel emergency (up to plan limits)			80%	80%			80%	80%	80%	80%
Out-of-pocket limit					\$6,220	\$3,110				

1 Plans F and G also have a high deductible option, which require first paying a plan deductible of \$2,370 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. These high deductible options are not offered by Blue KC.

High deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

2 Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

3 Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

Plan A

For basic coverage at the lowest premium, choose Plan A. You'll be responsible for paying your Part A deductible and Part B deductible. The plan will pay the coinsurance thereafter, including hospitalization for 365 days after Medicare coverage ceases. It also pays for 20 percent of Part B coinsurance.

Plan F

You'll be entitled to all the coverage of Plan C, plus 100 percent of Medicare Part B excess charges.

Plan B

Plan B offers the basic coverage of Plan A, but also pays your Part A deductible.

Plan G

You'll be entitled to all the coverage of Plan F, except you will be responsible for paying your Part B deductible.

Plan C

Plan C provides a blend of coverage and affordability. It offers the basic coverage of Plan A, but also pays your Part A deductible and your Part B deductible. It also pays for your coinsurance for skilled nursing coverage and emergency care if you travel abroad.

Plan N

You'll be entitled to all the coverage of Plan D, except you will be subject to up to a \$20 copayment for office visits and up to a \$50 copayment for emergency services.



PLAN A BENEFITS

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies.			
– First 60 days	All but \$1484	\$0	\$1484 (Part A deductible)
– 61 st thru 90 th day	All but \$371 a day	\$371 a day	\$0
– 91 st day and after:	All but \$742 a day	\$742 a day	\$0
<ul style="list-style-type: none"> • While using 60 lifetime reserve days • Once lifetime reserve days are used: 			
– Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
– Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
– First 20 days	All approved amounts	\$0	\$0
– 21 st thru 100 th day	All but \$185.50 a day	\$0	Up to \$185.50 a day
– 101 st day and after	\$0	\$0	All costs
Blood			
– First three pints	\$0	Three pints	\$0
– Additional amounts	100%	\$0	\$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid, up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
– First \$203 of Medicare-approved amounts [†]	\$0	\$0	\$203 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
– First three pints	\$0	All costs	\$0
– Next \$203 of Medicare-approved amounts [†]	\$0	\$0	\$203 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
– Tests for diagnostic services	100%	\$0	\$0

PARTS A&B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Home Healthcare Medicare-approved services			
– Medically necessary skilled-care services and medical supplies	100%	\$0	\$0
– Durable medical equipment	\$0	\$0	\$203 (Part B deductible)
• First \$203 of Medicare-approved amounts [†]			
• Remainder of Medicare-approved amounts	80%	20%	\$0

[†]Once you have been billed \$203 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



PLAN B BENEFITS

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Hospitalization*			
Semiprivate room and board, general nursing and miscellaneous services and supplies.			
– First 60 days	All but \$1,484	\$1,484 (Part A deductible)	\$0
– 61 st thru 90 th day	All but \$371 a day	\$371 a day	\$0
– 91 st day and after:			
• While using 60 lifetime reserve days	All but \$742 a day	\$742 a day	\$0
• Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
– Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
– First 20 days	All approved amounts	\$0	\$0
– 21 st thru 100 th day	All but \$185.50 a day	\$0	Up to \$185.50 a day
– 101 st day and after	\$0	\$0	All costs
Blood			
– First three pints	\$0	Three pints	\$0
– Additional amounts	100%	\$0	\$0
Hospice Care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid, up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
– First \$203 of Medicare-approved amounts [†]	\$0	\$0	\$203 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
– First three pints	\$0	All costs	\$0
– Next \$203 of Medicare-approved amounts [†]	\$0	\$0	\$203 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
– Tests for diagnostic services	100%	\$0	\$0

PARTS A&B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Home Healthcare Medicare-approved services			
– Medically necessary skilled-care services and medical supplies	100%	\$0	\$0
– Durable medical equipment	\$0	\$0	\$203 (Part B deductible)
• First \$203 of Medicare-approved amounts [†]			
• Remainder of Medicare-approved amounts	80%	20%	\$0

[†]Once you have been billed \$203 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



PLAN C BENEFITS

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Hospitalization*			
Semiprivate room and board, general nursing and miscellaneous services and supplies.			
– First 60 days	All but \$1,484	\$1,484 (Part A deductible)	\$0
– 61 st thru 90 th day	All but \$371 a day	\$371 a day	\$0
– 91 st day and after:			
• While using 60 lifetime reserve days	All but \$742 a day	\$742 a day	\$0
• Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
– Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
– First 20 days	All approved amounts	\$0	\$0
– 21 st thru 100 th day	All but \$185.50 a day	Up to \$185.50 a day	\$0
– 101 st day and after	\$0	\$0	All costs
Blood			
– First three pints	\$0	Three pints	\$0
– Additional amounts	100%	\$0	\$0
Hospice Care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid, up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan C is available if eligible for Medicare prior to January 1, 2020.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
– First \$203 of Medicare-approved amounts [†]	\$0	\$203 (Part B deductible)	\$0
– Remainder of Medicare-approved amounts	80%	20%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
– First three pints	\$0	All costs	\$0
– Next \$203 of Medicare-approved amounts [†]	\$0	\$203 (Part B deductible)	\$0
– Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
– Tests for diagnostic services	100%	\$0	\$0

PARTS A&B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Home Healthcare Medicare-approved services			
– Medically necessary skilled-care services and medical supplies	100%	\$0	\$0
– Durable medical equipment	\$0	\$203 (Part B deductible)	\$0
• First \$203 of Medicare-approved amounts [†]			
• Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Foreign Travel Not covered by Medicare – medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.			
– First \$250 each calendar year	\$0	\$0	\$250
– Remainder of charges	\$0	80% to a lifetime max benefit of \$50,000	20% and amounts over the \$50,000 lifetime max

[†]Once you have been billed \$203 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



PLAN F BENEFITS

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Hospitalization*			
Semiprivate room and board, general nursing and miscellaneous services and supplies.			
– First 60 days	All but \$1,484	\$1,484 (Part A deductible)	\$0
– 61 st thru 90 th day	All but \$371 a day	\$371 a day	\$0
– 91 st day and after:			
• While using 60 lifetime reserve days	All but \$742 a day	\$742 a day	\$0
• Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
– Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
– First 20 days	All approved amounts	\$0	\$0
– 21 st thru 100 th day	All but \$185.50 a day	Up to \$185.50 a day	\$0
– 101 st day and after	\$0	\$0	All costs
Blood			
– First three pints	\$0	Three pints	\$0
– Additional amounts	100%	\$0	\$0
Hospice Care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.			
	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid, up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan F is available if eligible for Medicare prior to January 1, 2020.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
– First \$203 of Medicare-approved amounts [†]	\$0	\$203 (Part B deductible)	\$0
– Remainder of Medicare-approved amounts	80%	20%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	100%	\$0
Blood			
– First three pints	\$0	All costs	\$0
– Next \$203 of Medicare-approved amounts [†]	\$0	\$203 (Part B deductible)	\$0
– Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
– Tests for diagnostic services	100%	\$0	\$0

PARTS A&B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Home Healthcare Medicare-approved services			
– Medically necessary skilled-care services and medical supplies	100%	\$0	\$0
– Durable medical equipment	\$0	\$203 (Part B deductible)	\$0
• First \$203 of Medicare-approved amounts [†]			
• Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Foreign Travel Not covered by Medicare - medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.			
– First \$250 each calendar year	\$0	\$0	\$250
– Remainder of charges	\$0	80% to a lifetime max benefit of \$50,000	20% and amounts over the \$50,000 lifetime max

[†]Once you have been billed \$203 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



PLAN G BENEFITS

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies.			
– First 60 days	All but \$1,484	\$1,484 (Part A deductible)	\$0
– 61 st thru 90 th day	All but \$371 a day	\$371 a day	\$0
– 91 st day and after:			
• While using 60 lifetime reserve days	All but \$742 a day	\$742 a day	\$0
• Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
– Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
– First 20 days	All approved amounts	\$0	\$0
– 21 st thru 100 th day	All but \$185.50 a day	Up to \$185.50 a day	\$0
– 101 st day and after	\$0	\$0	All costs
Blood			
– First three pints	\$0	Three pints	\$0
– Additional amounts	100%	\$0	\$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid, up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
– First \$203 of Medicare-approved amounts [†]	\$0	\$0	\$203 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	100%	\$0
Blood			
– First three pints	\$0	All costs	\$0
– Next \$203 of Medicare-approved amounts [†]	\$0	\$0	\$203 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
– Tests for diagnostic services	100%	\$0	\$0

PARTS A&B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Home Healthcare Medicare-approved services			
– Medically necessary skilled-care services and medical supplies	100%	\$0	\$0
– Durable medical equipment	\$0	\$0	\$203 (Part B deductible)
• First \$203 of Medicare-approved amounts [†]			
• Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Foreign Travel Not covered by Medicare - medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.			
– First \$250 each calendar year	\$0	\$0	\$250
– Remainder of charges	\$0	80% to a lifetime max benefit of \$50,000	20% and amounts over the \$50,000 lifetime max

[†]Once you have been billed \$203 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



PLAN N BENEFITS

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Hospitalization*			
Semiprivate room and board, general nursing and miscellaneous services and supplies.			
– First 60 days	All but \$1,484	\$1,484 (Part A deductible)	\$0
– 61 st thru 90 th day	All but \$371 a day	\$371 a day	\$0
– 91 st day and after:			
• While using 60 lifetime reserve days	All but \$742 a day	\$742 a day	\$0
• Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
– Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
– First 20 days	All approved amounts	\$0	\$0
– 21 st thru 100 th day	All but \$185.50 a day	Up to \$185.50 a day	\$0
– 101 st day and after	\$0	\$0	All costs
Blood			
– First three pints	\$0	Three pints	\$0
– Additional amounts	100%	\$0	\$0
Hospice Care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid, up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. – First \$203 of Medicare-approved amounts [†] – Remainder of Medicare-approved amounts	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense. \$0 80%	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense. \$0 ● ←	\$203 (Part B deductible) ● ←
Part B Excess Charges (Above Medicare-approved amounts)	\$0	\$0	All costs
Blood – First three pints – Next \$203 of Medicare-approved amounts [†] – Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$203 (Part B deductible) \$0
Clinical Laboratory Services – Tests for diagnostic services	100%	\$0	\$0

PARTS A&B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Home Healthcare Medicare-approved services – Medically necessary skilled-care services and medical supplies – Durable medical equipment <ul style="list-style-type: none"> • First \$203 of Medicare-approved amounts[†] • Remainder of Medicare-approved amounts 	100% \$0 80%	\$0 \$0 20%	\$0 \$203 (Part B deductible) \$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Foreign Travel Not covered by Medicare - medically necessary emergency care services beginning during the first 60 days of each trip outside the USA. – First \$250 each calendar year – Remainder of charges	\$0 \$0	\$0 80% to a lifetime max benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime max

[†]Once you have been billed \$203 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



DENTAL PLAN INFORMATION

When you choose dental insurance from Blue KC, you'll never think twice about keeping up on regular dental check-ups and care. Thanks to our stability and more than 80 years of experience, we're able to offer comprehensive dental plans. And, because we're located in Kansas City, we'll handle your claims, billing, and customer service locally so you can expect the most responsive service in town.

We also provide an extensive list of in-network dentists, ensuring that you have choice and convenience in your dental care decisions. And, we've made finding a local dentist simple. Just go to [BlueKC.com](https://www.bluekc.com) to access our Dental Provider Directory and find a network dentist close to where you live or work.

DENTAL SERVICE TYPE	BLUE DENTAL PPO PROVIDERS ¹	BLUE DENTAL CHOICE PROVIDERS ²	NON-PARTICIPATING PROVIDERS ³
	DEDUCTIBLE, COINSURANCE AND LIMITATIONS		
Calendar Year Deductible	Combined Basic Services: \$50 per Covered Person		
Diagnostic and Preventive Services Deductible Does Not Apply <ul style="list-style-type: none"> Oral evaluations – 2 per calendar year X-rays – complete mouth 1 every 3 calendar years; single tooth 12 per calendar year; bitewing 2 occurrences per calendar year Teeth cleaning – 2 per calendar year Fluoride treatment – 2 per calendar year age 19 and under Sealant application on posterior tooth – 1 treatment per tooth every 3 years (age 14 and under) Fixed and removable space maintainer (initial appliance only) Emergency treatment – temporary pain relief 	100%	85%	80%
Basic Services Deductible Applies* <ul style="list-style-type: none"> 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 	80%	70%	60%
Major Services	Not Covered		
Orthodontia Services	Not Covered		
Calendar Year Maximum	\$1,000 Combined per Covered Person <i>Preventive goes toward the Calendar Year Maximum</i>		

¹ Blue Dental PPO Providers: The preferred network of dentists in the Blue KC service area. Lowest out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID Blue Cross and Blue Shield national network.

² 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.

³ 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.

*Seniors may have the 6-month waiting period for Basic Services benefits waived. In order to receive this waiver, enrollment must occur at the same time the senior enrolls in a Medicare Supplement plan from Blue KC.

These plans are not endorsed by or part of the Federal Government. All Medicare Supplement Plans offered by Blue KC are also available to individuals under the age of 65, disabled, and enrolled in Medicare.

MEDICARE SUPPLEMENT BENEFITS FOR KANSAS RESIDENTS

DISCLOSURES

This outline shows benefits and premiums of policies sold for effective dates on or after January 1, 2021. Policies sold for effective dates prior to January 1, 2021 may have different benefits and/or premiums. Plans E, H, I and J are no longer available for sale.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to Blue KC, P.O. Box 419071, Kansas City, Missouri 64141-6071. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

RENEWAL CONDITIONS

You may renew this policy as long as you live by paying the premium on time. We cannot cancel or refuse to renew your policy, or place any restrictions on it, other than for non-payment or for fraudulent misstatements made by you in your application for the policy. The ability to move from one product to another may be restricted.

CANCELLATION BY INSURED (FOR INDIVIDUAL POLICIES ONLY)

You may cancel this policy at any time by written notice delivered or mailed to the insurer, effective upon receipt of such notice or on such late date as may be specified in such notice. In the event of cancellation or

death of the insured, the insurer will promptly return the unearned portion of any premium paid. The earned premium shall be computed by the use of the short-rate table as filed with the state official having supervision of the insurance in the state where the insured resided when the policy was issued pro-rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

RIGHT TO CHANGE PREMIUM

Your benefits are designed to cover cost-sharing amounts under Medicare. These benefits will be changed automatically to coincide with any changes in the applicable Medicare deductible and coinsurance amounts. In addition, premiums may be modified to correspond with such changes at any time by providing you with at least 30 days notice. The notice may be provided via contract rider or some other appropriate means and will be mailed to you at the address which appears on our records. If you continue payment of premium after notice has been provided, it is agreed that such change is acceptable to you.

NOTICE

This policy may not fully cover all of your medical costs.

BLUE KC IS NOT CONNECTED WITH MEDICARE

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office at 1-800-772-1213 or consult **The Medicare Handbook**, available online at <https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf>, for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and complete all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

EXCLUSIONS FOR KANSAS RESIDENTS

We will not make payment for:

1. Services to the extent that Medicare will pay for them.
2. Any service or item for which benefit payment is not available under the provisions of Part A or Part B of Medicare, except for skilled nursing facility benefits, unless specifically covered as a benefit of this contract.
3. Any service or item excluded by Part A or Part B of Medicare.
4. Any charge which exceeds an amount recognized as reasonable by Medicare.
5. Services to the extent they are obtained without cost to you from any federal, state, municipal or other governmental body or agency.
6. Services for injuries or diseases related to your job to the extent you are covered or are required to be covered by a workers' compensation law. If you enter into a settlement giving up your right to recover future medical benefits under a workers' compensation law, we will not pay for those medical services that would have been payable except for that settlement.
7. For services or supplies received from any provider in a country where the terms of any sanction, embargo, boycott, executive order or other legislative or regulatory action taken by the Congress, President or an administrative agency of the United States would prohibit payment or reimbursement by Blue KC for such services.

2021 MEDICARE SUPPLEMENT

HEALTH ONLY | INSURANCE PREMIUM RATES FOR PLANS A, C, F, G & N: KANSAS RESIDENTS

ATTAINED AGE ¹	PLAN A Underwritten/ First Eligible		PLAN C Underwritten/ First Eligible		PLAN F Underwritten/ First Eligible		PLAN G Underwritten/ First Eligible		PLAN N Underwritten/ First Eligible	
	MONTHLY PREMIUM		MONTHLY PREMIUM		MONTHLY PREMIUM		MONTHLY PREMIUM		MONTHLY PREMIUM	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Disabled	\$138	\$127	\$194	\$177	\$196	\$178	\$149	\$138	\$162	\$146
65	\$138	\$127	\$194	\$177	\$196	\$178	\$149	\$138	\$162	\$146
66	\$143	\$136	\$201	\$190	\$201	\$191	\$154	\$147	\$165	\$158
67	\$163	\$143	\$230	\$201	\$231	\$201	\$177	\$154	\$190	\$165
68	\$173	\$160	\$242	\$226	\$244	\$227	\$187	\$174	\$200	\$185
69	\$179	\$165	\$255	\$232	\$256	\$234	\$196	\$179	\$209	\$191
70	\$190	\$170	\$268	\$240	\$268	\$241	\$205	\$185	\$218	\$197
71	\$198	\$176	\$277	\$248	\$278	\$248	\$215	\$191	\$230	\$203
72	\$205	\$180	\$291	\$256	\$292	\$256	\$224	\$196	\$240	\$209
73	\$215	\$187	\$302	\$263	\$303	\$264	\$234	\$203	\$249	\$216
74	\$224	\$192	\$315	\$271	\$316	\$272	\$243	\$209	\$260	\$225
75	\$230	\$198	\$326	\$277	\$327	\$278	\$251	\$215	\$270	\$230
76	\$242	\$202	\$340	\$286	\$341	\$287	\$262	\$220	\$278	\$236
77	\$249	\$206	\$352	\$295	\$353	\$295	\$271	\$225	\$290	\$242
78	\$260	\$215	\$362	\$301	\$365	\$302	\$280	\$232	\$299	\$248
79	\$267	\$219	\$374	\$308	\$375	\$309	\$289	\$237	\$308	\$255
80	\$275	\$225	\$387	\$317	\$388	\$318	\$299	\$244	\$319	\$261
81	\$286	\$229	\$399	\$324	\$401	\$325	\$308	\$249	\$328	\$268
82	\$292	\$236	\$411	\$330	\$412	\$331	\$317	\$254	\$340	\$273
83	\$301	\$242	\$424	\$341	\$425	\$341	\$326	\$262	\$349	\$278
84	\$310	\$247	\$435	\$348	\$436	\$349	\$335	\$269	\$359	\$287
85+	\$345	\$276	\$485	\$390	\$486	\$391	\$374	\$300	\$401	\$321

¹Premium rates are based on the age and gender of the insured and will automatically increase on January 1 following a birthday which places the insured into the next age classification upon which premiums are based. Premiums may change once per 12-month period due to medical costs.

2021 MEDICARE SUPPLEMENT

HEALTH & DENTAL* | INSURANCE PREMIUM RATES FOR PLANS A, C, F, G & N: KANSAS RESIDENTS

ATTAINED AGE ¹	PLAN A Underwritten/ First Eligible		PLAN C Underwritten/ First Eligible		PLAN F Underwritten/ First Eligible		PLAN G Underwritten/ First Eligible		PLAN N Underwritten/ First Eligible	
	MONTHLY PREMIUM		MONTHLY PREMIUM		MONTHLY PREMIUM		MONTHLY PREMIUM		MONTHLY PREMIUM	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Disabled	\$163	\$152	\$219	\$202	\$221	\$203	\$174	\$163	\$187	\$171
65	\$163	\$152	\$219	\$202	\$221	\$203	\$174	\$163	\$187	\$171
66	\$168	\$161	\$226	\$215	\$226	\$216	\$179	\$172	\$190	\$183
67	\$188	\$168	\$255	\$226	\$256	\$226	\$202	\$179	\$215	\$190
68	\$198	\$185	\$267	\$251	\$269	\$252	\$212	\$199	\$225	\$210
69	\$204	\$190	\$280	\$257	\$281	\$259	\$221	\$204	\$234	\$216
70	\$215	\$195	\$293	\$265	\$293	\$266	\$230	\$210	\$243	\$222
71	\$223	\$201	\$302	\$273	\$303	\$273	\$240	\$216	\$255	\$228
72	\$230	\$205	\$316	\$281	\$317	\$281	\$249	\$221	\$265	\$234
73	\$240	\$212	\$327	\$288	\$328	\$289	\$259	\$228	\$274	\$241
74	\$249	\$217	\$340	\$296	\$341	\$297	\$268	\$234	\$285	\$250
75	\$255	\$223	\$351	\$302	\$352	\$303	\$276	\$240	\$295	\$255
76	\$267	\$227	\$365	\$311	\$366	\$312	\$287	\$245	\$303	\$261
77	\$274	\$231	\$377	\$320	\$378	\$320	\$296	\$250	\$315	\$267
78	\$285	\$240	\$387	\$326	\$390	\$327	\$305	\$257	\$324	\$273
79	\$292	\$244	\$399	\$333	\$400	\$334	\$314	\$262	\$333	\$280
80	\$300	\$250	\$412	\$342	\$413	\$343	\$324	\$269	\$344	\$286
81	\$311	\$254	\$424	\$349	\$426	\$350	\$333	\$274	\$353	\$293
82	\$317	\$261	\$436	\$355	\$437	\$356	\$342	\$279	\$365	\$298
83	\$326	\$267	\$449	\$366	\$450	\$366	\$351	\$287	\$374	\$303
84	\$335	\$272	\$460	\$373	\$461	\$374	\$360	\$294	\$384	\$312
85+	\$370	\$301	\$510	\$415	\$511	\$416	\$399	\$325	\$426	\$346

¹Premium rates are based on the age and gender of the insured and will automatically increase on January 1 following a birthday which places the insured into the next age classification upon which premiums are based. Premiums may change once per 12-month period due to medical costs.

* More information about Blue KC dental plans can be found on page 16 of this brochure.

2021 MEDICARE SELECT

HEALTH ONLY

INSURANCE PREMIUM RATES FOR PLANS B, C, F, G & N: KANSAS RESIDENTS

Medicare Select Participating Hospitals

- » Belton Regional Hospital, Belton, MO
- » Cass Medical Center, Harrisonville, MO
- » Centerpoint Medical Center, Independence, MO
- » Excelsior Springs Medical Center, Excelsior Springs, MO
- » Lafayette Regional Health Center, Lexington, MO
- » Lee's Summit Medical Center, Lee's Summit, MO
- » Menorah Medical Center, Overland Park, KS
- » North Kansas City Hospital, North Kansas City, MO
- » Overland Park Regional Medical Center, Overland Park, KS
- » Research Medical Center, Kansas City, MO
- » University of Kansas Medical Center, Kansas City, KS

Medicare Select is a Medicare supplement policy that requires you to use hospitals within its network to be eligible for the hospital benefits available under your contract. This restriction is required only for inpatient hospital stays.

While there are no network restrictions on physicians (i.e., you are able to see your doctor of choice), you may want to check whether your physician has privileges at a Medicare Select participating hospital. This will ensure you are eligible for the available hospital benefits under your contract (in the case of an inpatient hospital admission).

ATTAINED AGE ¹	PLAN B Underwritten/ First Eligible		PLAN C Underwritten/ First Eligible		PLAN F Underwritten/ First Eligible		PLAN G Underwritten/ First Eligible		PLAN N Underwritten/ First Eligible	
	MONTHLY PREMIUM		MONTHLY PREMIUM		MONTHLY PREMIUM		MONTHLY PREMIUM		MONTHLY PREMIUM	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Disabled	\$140	\$128	\$165	\$150	\$166	\$150	\$127	\$115	\$132	\$120
65	\$140	\$128	\$165	\$150	\$166	\$150	\$127	\$115	\$132	\$120
66	\$144	\$137	\$170	\$162	\$171	\$163	\$131	\$125	\$136	\$128
67	\$165	\$144	\$194	\$170	\$196	\$171	\$149	\$131	\$156	\$136
68	\$174	\$161	\$204	\$191	\$205	\$191	\$159	\$147	\$164	\$150
69	\$183	\$168	\$215	\$197	\$215	\$197	\$165	\$150	\$171	\$158
70	\$191	\$173	\$227	\$203	\$228	\$204	\$175	\$158	\$179	\$162
71	\$200	\$177	\$236	\$209	\$237	\$211	\$182	\$161	\$187	\$168
72	\$206	\$183	\$247	\$216	\$247	\$216	\$190	\$166	\$196	\$172
73	\$217	\$189	\$257	\$225	\$258	\$225	\$198	\$172	\$204	\$177
74	\$226	\$193	\$268	\$230	\$269	\$231	\$205	\$177	\$212	\$183
75	\$234	\$200	\$276	\$236	\$277	\$237	\$214	\$182	\$220	\$187
76	\$244	\$204	\$288	\$242	\$288	\$244	\$221	\$187	\$229	\$193
77	\$252	\$211	\$298	\$249	\$299	\$249	\$229	\$192	\$237	\$198
78	\$262	\$216	\$306	\$256	\$308	\$257	\$237	\$197	\$246	\$203
79	\$271	\$221	\$318	\$262	\$319	\$263	\$245	\$202	\$254	\$208
80	\$277	\$227	\$328	\$269	\$329	\$270	\$252	\$206	\$262	\$213
81	\$288	\$231	\$340	\$275	\$341	\$275	\$262	\$212	\$270	\$217
82	\$296	\$240	\$349	\$281	\$351	\$283	\$270	\$217	\$277	\$226
83	\$303	\$244	\$359	\$288	\$360	\$290	\$277	\$223	\$286	\$230
84	\$314	\$249	\$370	\$295	\$371	\$296	\$284	\$226	\$295	\$235
85+	\$348	\$280	\$412	\$329	\$413	\$330	\$318	\$253	\$328	\$263

¹ Premium rates are based on the age and gender of the insured and will automatically increase on January 1 following a birthday which places the insured into the next age classification upon which premiums are based. Premiums may change once per 12-month period due to medical costs.

2021 MEDICARE SELECT

HEALTH & DENTAL*

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- » North Kansas City Hospital, North Kansas City, MO
- » Overland Park Regional Medical Center, Overland Park, KS
- » Research Medical Center, Kansas City, MO
- » University of Kansas Medical Center, Kansas City, KS

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ATTAINED AGE ¹	PLAN B Underwritten/ First Eligible		PLAN C Underwritten/ First Eligible		PLAN F Underwritten/ First Eligible		PLAN G Underwritten/ First Eligible		PLAN N Underwritten/ First Eligible	
	MONTHLY PREMIUM		MONTHLY PREMIUM		MONTHLY PREMIUM		MONTHLY PREMIUM		MONTHLY PREMIUM	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Disabled	\$165	\$153	\$190	\$175	\$191	\$175	\$152	\$140	\$157	\$145
65	\$165	\$153	\$190	\$175	\$191	\$175	\$152	\$140	\$157	\$145
66	\$169	\$162	\$195	\$187	\$196	\$188	\$156	\$150	\$161	\$153
67	\$190	\$169	\$219	\$195	\$221	\$196	\$174	\$156	\$181	\$161
68	\$199	\$186	\$229	\$216	\$230	\$216	\$184	\$172	\$189	\$175
69	\$208	\$193	\$240	\$222	\$240	\$222	\$190	\$175	\$196	\$183
70	\$216	\$198	\$252	\$228	\$253	\$229	\$200	\$183	\$204	\$187
71	\$225	\$202	\$261	\$234	\$262	\$236	\$207	\$186	\$212	\$193
72	\$231	\$208	\$272	\$241	\$272	\$241	\$215	\$191	\$221	\$197
73	\$242	\$214	\$282	\$250	\$283	\$250	\$223	\$197	\$229	\$202
74	\$251	\$218	\$293	\$255	\$294	\$256	\$230	\$202	\$237	\$208
75	\$259	\$225	\$301	\$261	\$302	\$262	\$239	\$207	\$245	\$212
76	\$269	\$229	\$313	\$267	\$313	\$269	\$246	\$212	\$254	\$218
77	\$277	\$236	\$323	\$274	\$324	\$274	\$254	\$217	\$262	\$223
78	\$287	\$241	\$331	\$281	\$333	\$282	\$262	\$222	\$271	\$228
79	\$296	\$246	\$343	\$287	\$344	\$288	\$270	\$227	\$279	\$233
80	\$302	\$252	\$353	\$294	\$354	\$295	\$277	\$231	\$287	\$238
81	\$313	\$256	\$365	\$300	\$366	\$300	\$287	\$237	\$295	\$242
82	\$321	\$265	\$374	\$306	\$376	\$308	\$295	\$242	\$302	\$251
83	\$328	\$269	\$384	\$313	\$385	\$315	\$302	\$248	\$311	\$255
84	\$339	\$274	\$395	\$320	\$396	\$321	\$309	\$251	\$320	\$260
85+	\$373	\$305	\$437	\$354	\$438	\$355	\$343	\$278	\$353	\$288

¹ Premium rates are based on the age and gender of the insured and will automatically increase on January 1 following a birthday which places the insured into the next age classification upon which premiums are based. Premiums may change once per 12-month period due to medical costs.

* More information about Blue KC dental plans can be found on page 16 of this brochure.

MY PLAN INFORMATION

I have purchased Medicare Supplement plan _____ with a premium of \$_____ paid on a(n) _____ basis. This amount does not include any optional riders.
(premium mode)

Name and address of agent/broker:

NOTES

NOTES

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.

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. 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 تساعدك 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 ຫຼື ອ, ມີ ອຳ ນາດ ທ່ານ ຈຳ ບວນ ດ້ວຍ Blue KC, ທ່ານ ມີ ສິດ ທ່ານ ຈະ ໄດ້ ຮັບ ການ ຊ່ວຍ ຫຼື ອະ ລະ ອຳ ນາດ ມູ ນ ຂໍ ຈາກ ທ່ານ ທ່ານ ບໍ່ ມາ ສາ ຂອງ ທ່ານ ທ່ານ ບໍ່ ມາ ຄ່ າ ຈຳ ຈັດ ຈາຍ. ການ ໂອ້ ນຶມ ກັບ ນາຍ ພາ ສາ, ໃຫ້ ໂທ ຫາ 1-844-395-7126.

Pennsylvanian Dutch: Wann du hoscht en Froog, odder ebber, wu du helpscht, 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.



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