



2019 BLUE OPTIONS

BUSINESSES WITH 2-50 EMPLOYEES



Kansas City

2019 BLUE OPTIONS



WHAT'S NEW FOR 2019

Options that save money. Options that provide certainty. Options that enhance freedom. Options that empower employees. This year, Blue Cross and Blue Shield of Kansas City (Blue KC) is offering new options that will help protect your clients' budgets.

We're leading the way to lower costs. And leading the way to better health. After all, it's what every small business – and every employee – deserves.

NEW! BlueSelect Plus Network Plans

Offers immediate cost savings with lower premiums, plus access to quality care.

NEW! Spira Care Plans

Designed to make the healthcare experience simpler, more transparent and more affordable.

Preferred-Care Blue

The confidence of having more doctors, hospitals and healthcare choices, and coverage when traveling.

More Health Savings Account (HSA) Options

More tax-advantaged options for members to save on medical expenses.

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

Blue KC can help you sort out what benefits will work best for your company and your employees and their families.

Our products comply with the Affordable Care Act (ACA) benefit, rating and other regulations. Choose the plan that best fits your company's needs and budget. Then enjoy the peace of mind that comes from knowing you made the right choice to protect your employees and their families.

Unsure of what insurance plan will work best? Don't hesitate to contact your broker or Blue KC representative. They're here to inform, answer questions and help throughout the decision-making process.

BLUE KC NETWORKS CAN PAVE THE WAY TO SAVINGS.

What good is the best healthcare in the nation if you can't access it? Our provider contracting team ensures our networks deliver by negotiating rates that help keep care affordable, while also ensuring that each provider meets Blue KC's standards for high-quality care.

Before your employees choose a Blue KC product, it's important for them to understand their provider network options. Here's a closer look.

Preferred-Care Blue® with BlueCard®

When choice, access and peace of mind are top of mind.

For employees who want more doctors, more hospitals, and more healthcare choices, there's Preferred-Care Blue with BlueCard. This Preferred Provider Organization (PPO) offering gives members the largest selection of providers within our 32-county service area. Outside the 32-county

service area, the network gives members access to doctors and hospitals all across the country. With the BlueCard program, your employees will be able to take their benefits with them wherever they go.

As the industry landscape continues to change and other carriers continue to adjust network accessibility, Blue KC continues to lead the market in PPO network accessibility. With our PPO, the choices are abundant – 50 in-network hospitals, 6,200 in-network physicians, National and Worldwide PPO accessibility through our BlueCard program, plus the Global Core program and our suite of international products, BCBS Global.

When having the freedom to choose is at a premium, our premium network offering is built to exceed your employees' highest expectations.

PREFERRED-CARE BLUE
Covers both Metro and Non-KC Metro

BlueCard

NETWORK NAME:
Preferred-Care Blue + BlueCard

PRODUCT TYPE:
Preferred Provider Organization (PPO)

PLAN FAMILY:
Classic, First, Saver

OUR NETWORKS continued

NEW FOR 2019! BlueSelect Plus (PPO)

When savings is just as important as having quality care close to home.

BlueSelect Plus is a high-performance care network specially designed for sustainable savings and easy access to quality healthcare across the Kansas City metro area. Small businesses who switch to the BlueSelect Plus network could pocket some big savings.

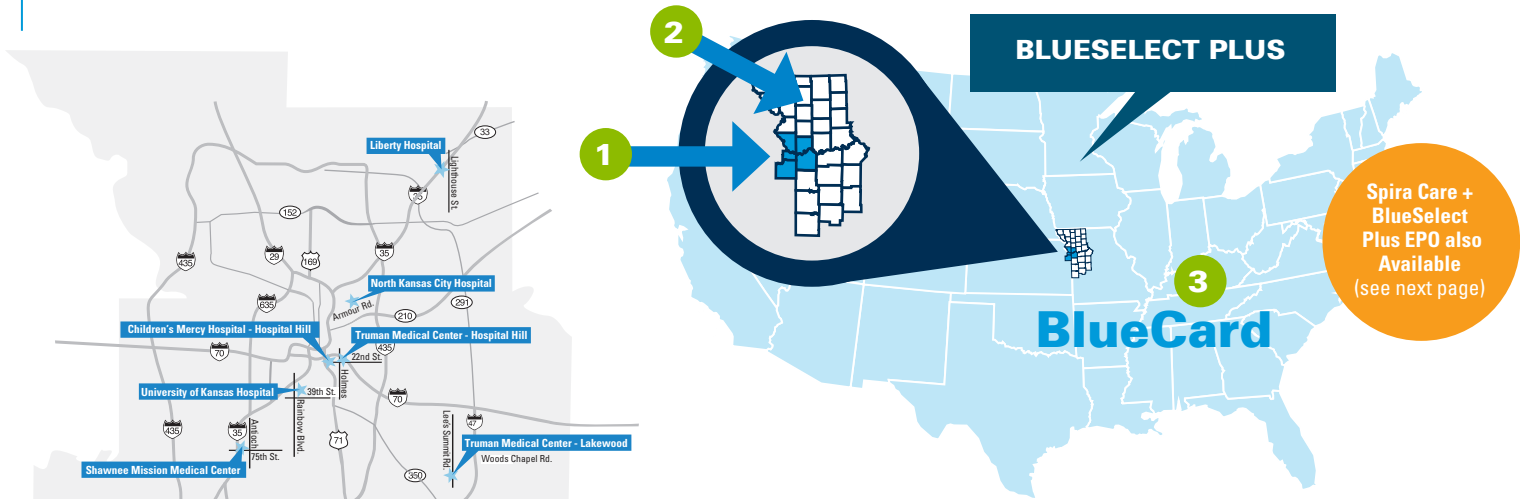
BlueSelect Plus (PPO) offers affordability by using a high-performance hospital and provider network. The plan is available for employees who reside in, and whose businesses are headquartered in, the five county Kansas City metropolitan area, which includes Clay, Jackson and Platte counties in Missouri, and Johnson and Wyandotte counties in Kansas. When traveling outside the 32-county Blue KC service area, BlueSelect Plus members are covered under the BlueCard PPO network.

Unmatched, sustainable savings.

Many of the new plans have the same design and cost-sharing as the Preferred-Care Blue plans, but by using a select network of providers, your employees will save with lower premiums. Provider network discounts achieve as much as an additional 10 percent savings on claim expenses compared to other Blue KC networks, and provider contracts limit exposure on high-cost claimants for greater stability.

Convenient access to high-quality care, including:

- Children’s Mercy Hospital • Children’s Mercy Hospital – South • Liberty Hospital • North Kansas City Hospital • Olathe Medical Center • Shawnee Mission Medical Center • Truman Medical Center – Hospital Hill • Truman Medical Center – Lakewood • University of Kansas Hospital



NETWORK NAME:
BlueSelect Plus + BlueCard

PRODUCT TYPE:
Preferred Provider Organization (PPO)

PLAN FAMILY:
Saver, Saver Value

**9 TOP HOSPITALS + OVER 3,600 PROVIDERS
ACROSS THE KANSAS CITY METRO**

	BlueSelect Plus PPO	BlueSelect Plus EPO
1	<p>When receiving care in BlueSelect Plus Network (Clay, Jackson and Platte counties in Missouri, Johnson and Wyandotte counties in Kansas)</p>	<p>In-network coverage when using any of the 3,600+ providers and <u>nine hospitals</u> in the five Kansas City metro counties.</p> <p>Important note: All other hospitals (and their providers) in the Kansas City metro area that are <u>not in the BlueSelect Plus network</u> are considered out-of-network. With the EPO plan, member is responsible for 100% of costs. With the PPO plan, the member’s out-of-network benefits provide some coverage, but higher out-of-pocket costs will apply.*</p> <p>Emergency services are always covered at the in-network cost share.</p>
2	<p>When receiving care outside the BlueSelect Plus Network within the 32-county service area</p>	<p>KEY DIFFERENCE BETWEEN PPO & EPO</p> <p>Out-of-network coverage, meaning higher out-of-pocket costs will apply.*</p> <p>No coverage except for emergency services. Member is responsible for 100% of costs.</p>
3	<p>When receiving care outside the 32-county service area (when traveling or on vacation)</p>	<p>Access to the BlueCard network which provides in-network access to medical care.</p> <p>Access to the BlueCard network which provides in-network access to medical care. If member uses a non-BlueCard provider, they do not have out-of-network coverage except for emergency services.*</p>
<p>*Out-of-network benefits are subject to the plan’s allowable charge. Out-of-network providers may bill the member for the remaining balance.</p>		

NEW! Spira Care™ + BlueSelect Plus (EPO)

When a simpler and more affordable experience comes first. And access comes a close second.

Spira Care is a combined care and insurance offering developed by Blue KC. Spira Care members enjoy access to comprehensive, personal primary care at convenient Care Centers, as well as access to all the benefits of the BlueSelect Plus network within the Kansas City metro area.

Spira Care is built on an Exclusive Provider Organization (EPO) insurance model. Members must receive all care from in-network providers (BlueSelect Plus network in the Kansas City area or BlueCard network outside the 32-county service area) except for emergency services. Non-emergency services received out-of-network are not covered. [See map on previous page for additional details.](#)

A plan that puts care first.

An innovative new plan from Blue KC, Spira Care combines the convenience of no-additional cost primary care with all the benefits of the BlueSelect Plus network. One where care and coverage come together under one roof. One that puts their health, happiness and productivity at the center of it all.

No additional cost: Primary care – including x-rays (at select locations), labs and behavioral health services – is completely covered at the convenient Spira Care centers.

No deductibles or copays*: Employees pay no additional cost for procedures received at any Spira Care location.

Personal Care Guides: Real, live, local experts help employees navigate the oftentimes confusing world of healthcare. They can coordinate care, explain benefits, manage claims, refer to specialists and more.

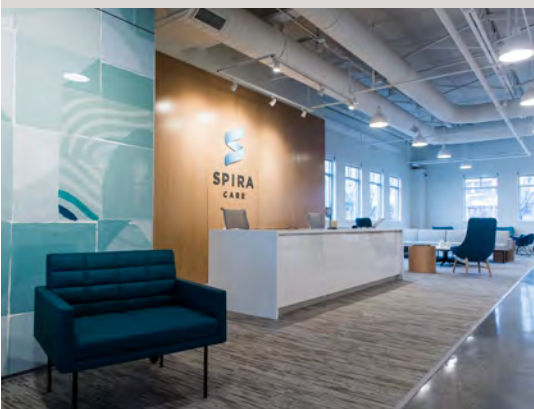
Broad and trusted network: Employees have access to more than 3,600 physicians and specialists across the BlueSelect Plus network, which includes nine leading hospitals. And that's in addition to our Spira Care centers.

**There are no additional costs for any procedure provided at Spira Care Centers, but select prescriptions are available on-site subject to applicable copay.*

NETWORK NAME:
Spira Care + BlueSelect Plus

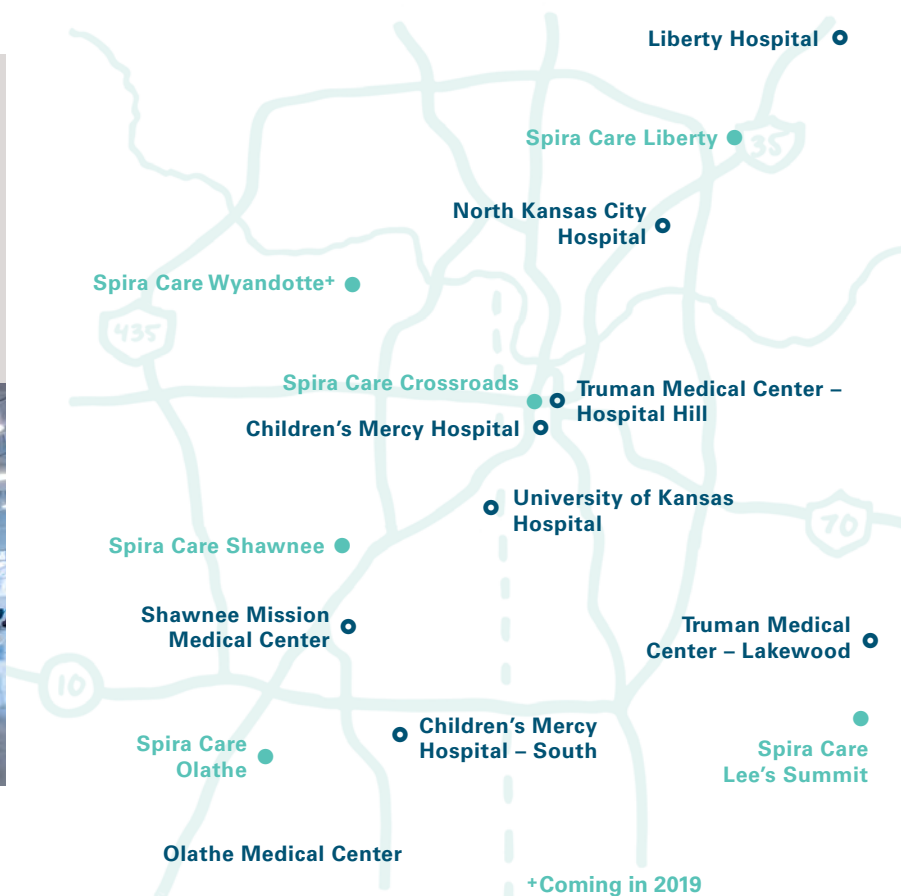
PRODUCT TYPE:
Exclusive Provider Organization (EPO)

PLAN FAMILY:
Spira Care



Five locations NOW OPEN.

Plus access to BlueSelect Plus EPO Network
(see previous page).



2019 SMALL GROUP NETWORK & PLAN COMPARISON

Choices. And more choices. It's what over one million members have come to expect from Blue KC, the area's only local, not-for-profit health insurance company. No one offers more network options or more health plan options than your trusted Blue KC.

1 Primary Care Physicians 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>. Missouri members should select the 2018 Missouri Prescription Drug List link and Kansas members should select the 2018 Kansas Prescription Drug List link.
 4 Embedded – An individual deductible you must satisfy each calendar year before benefits will be paid. Aggregate – The entire family deductible must be satisfied each calendar year before benefits for any covered person will be paid.
 5 These Preferred-Care Blue plans use the lower PCP copayment for Patient-Centered Medical Home (PCMH) visits and the higher for all others; for parity purposes, mental health providers are treated as PCPs.
 6 Copay for the first four visits combined for PCP, Specialist, and Urgent Care.
 7 A more limited provider network, BlueSelect Plus is recommended only for groups located in the 5-county Kansas City metro area, which includes Clay, Jackson, and Platte counties in Missouri, and Johnson and Wyandotte counties in Kansas. BlueSelect Plus offers affordability by using a smaller hospital network than Preferred-Care Blue. Spira Care EPO members must receive all care from in-network providers (BlueSelect Plus network in the Kansas City area or BlueCard network outside of the 32-county service area) except for emergency services. Groups enrolled in Spira products do not have out-of-network benefits. In-network pharmacy for PPO BlueSelect Plus plans utilize the Walgreens Advantage Network, which allows members to fill prescriptions at Walgreens and many other pharmacies. All other pharmacies, including CVS, are considered out-of-network. The mail order ratio for long-term prescriptions is 2.5 times the retail copayments.

NETWORK	PRODUCT NAME	METALLIC LEVEL									BENEFIT PROVISION							
			COINS.	SINGLE DEDUCTIBLE	FAMILY DEDUCTIBLE	SINGLE OOP MAX	FAMILY OOP MAX	BDTC VISITS	SPIRA VISITS	NETWORK VISITS ¹	URGENT CARE	SPEC VISITS	HOSPITAL	EMERG. ROOM	IMAGING	PRESCRIPTION DRUGS ^{2,3}	RX NETWORK	DEDUCTIBLE TYPE ⁴
Preferred-Care Blue (PPO)	CLASSIC PCB ⁵	GOLD	100%	\$1,000	\$2,000	\$6,500	\$13,000	\$25	N/A	\$50	\$60	\$80	\$800 max ⁵	\$500	ded/coins	\$10/\$55/20%/d&30%	Natl +	Embedded
	OON		70%	\$1,000	\$2,000	\$13,000	\$26,000	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	\$500	ded/coins	ded+50% coins		
	FIRST PCB	GOLD	90%	\$1,750	\$3,500	\$3,500	\$7,000	N/A	N/A	4 @ \$25 ⁶ /d&c	4 @ \$25 ⁶ /d&c	4 @ \$25 ⁶ /d&c	ded/coins	ded/10%	ded/coins	\$10/\$55/20%/d&30%	Natl +	Embedded
	OON		60%	\$1,750	\$3,500	\$7,000	\$14,000	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/10%	ded/coins	ded+50% coins		
	SAVER PCB	GOLD	80%	\$1,500	\$3,000	\$2,500	\$5,000	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/20%	ded/coins	d+\$10/d+\$55/d+20%/d+30%	Natl +	Aggregate
	OON		60%	\$1,500	\$3,000	\$5,000	\$10,000	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/20%	ded/coins	ded+50% coins		
	CLASSIC PCB ⁵	SILVER	60%	\$4,000	\$8,000	\$7,900	\$15,800	\$40	N/A	\$60	\$80	\$100	\$900 max ⁵	\$700	ded/coins	\$10/\$55/20%/d&30%	Natl +	Embedded
	OON		40%	\$4,000	\$8,000	\$15,800	\$31,600	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	\$700	ded/coins	ded+50% coins		
	FIRST PCB	SILVER	100%	\$5,000	\$10,000	\$6,500	\$13,000	N/A	N/A	4 @ \$15 ⁶ /d&c	4 @ \$15 ⁶ /d&c	4 @ \$15 ⁶ /d&c	ded/coins	ded/0%	ded/coins	\$10/\$55/20%/d&30%	Natl +	Embedded
	OON		80%	\$5,000	\$10,000	\$13,000	\$26,000	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/0%	ded/coins	ded+50% coins		
	SAVER PCB	SILVER	90%	\$3,000	\$6,000	\$4,500	\$9,000	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/10%	ded/coins	d+\$10/d+\$55/d+20%/d+30%	Natl +	Embedded
	OON		60%	\$3,000	\$6,000	\$9,000	\$18,000	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/10%	ded/coins	ded+50% coins		
	SAVER PCB	BRONZE	80%	\$4,500	\$9,000	\$6,000	\$12,000	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/20%	ded/coins	deductible + coinsurance	Natl +	Embedded
	OON		50%	\$4,500	\$9,000	\$12,000	\$24,000	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/20%	ded/coins	ded+50% coins		
	FIRST PCB	BRONZE	80%	\$6,500	\$13,000	\$7,150	\$14,300	N/A	N/A	4 @ \$25 ⁶ /d&c	4 @ \$25 ⁶ /d&c	4 @ \$25 ⁶ /d&c	ded/coins	ded/20%	ded/coins	generic \$15; ded + coins others	Natl +	Embedded
	OON		70%	\$6,500	\$13,000	\$14,300	\$28,600	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/20%	ded/coins	ded+50% coins		
SAVER VALUE PCB	BRONZE	50%	\$6,000	\$12,000	\$6,750	\$13,500	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/50%	ded/coins	ded+50% coins	Natl +	Embedded	
OON		40%	\$12,000	\$24,000	\$13,500	\$27,000	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/50%	ded/coins	ded+50% coins			
BlueSelect Plus (PPO)	SAVER BSP ⁷	SILVER	90%	\$3,000	\$6,000	\$4,500	\$9,000	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/10%	ded/coins	d+\$10/d+\$55/d+20%/d+30%	WAN	Embedded
	OON		60%	\$3,000	\$6,000	\$9,000	\$18,000	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/10%	ded/coins	ded+50% coins		
	SAVER BSP ⁷	BRONZE	80%	\$4,500	\$9,000	\$6,000	\$12,000	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/20%	ded/coins	deductible + coinsurance	WAN	Embedded
	OON		50%	\$4,500	\$9,000	\$12,000	\$24,000	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/20%	ded/coins	ded+50% coins		
	SAVER VALUE BSP ⁷	BRONZE	50%	\$6,000	\$12,000	\$6,750	\$13,500	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/50%	ded/coins	ded+50% coins	WAN	Embedded
OON		40%	\$12,000	\$24,000	\$13,500	\$27,000	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/50%	ded/coins	ded+50% coins			
Spira Care with BlueSelect Plus (EPO)	SPIRA CARE w/BSP ⁷	GOLD	100%	\$2,500	\$5,000	\$3,000	\$6,000	N/A	\$0	ded	ded	deductible	deductible	deductible	deductible	\$15/\$50/20%/d&30%	Natl +	Embedded
	OON		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	deductible	N/A		
	SPIRA CARE w/BSP ⁷	SILVER	100%	\$5,000	\$10,000	\$6,500	\$13,000	N/A	\$0	ded	ded	deductible	deductible	deductible	deductible	\$15/\$50/20%/d&30%	Natl +	Embedded
	OON		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	deductible	N/A		
	SPIRA CARE w/BSP ⁷	BRONZE	100%	\$7,500	\$15,000	\$7,900	\$15,800	N/A	\$0	ded	ded	deductible	deductible	deductible	deductible	\$15/\$50/20%/d&30%	Natl +	Embedded
OON		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	deductible	N/A			

NEW FOR 2019

New Network Options can help lower costs for employers and employees. This makes many of our 2019 plans more attractive than ever.

Pharmacy Networks

National Plus (Natl +): Blue KC's broadest pharmacy network includes all major pharmacies – 68,000+ in all.

Walgreens Advantage Network (WAN): Blue KC's limited pharmacy network includes Walgreens, Walmart, Sam's Club and Costco, but excludes CVS/Target pharmacies.

NEW FOR 2019

There are no separate pharmacy deductibles for all Small Group ACA plans.



EXCLUSIONS AND LIMITATIONS

Plans have exclusions, limitations and terms under which they may be continued in force or discontinued.

If an individual is enrolled in Medicare, Benefits for Covered Services will be coordinated with any benefits paid by Medicare. This limitation will not apply if the employer, by law, is not permitted to allow the contract to be secondary to Medicare.

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
- For the treatment of obesity or morbid obesity, except as specifically provided in your Contract
- In-vitro fertilization, artificial insemination, ovulation induction, and other medical procedures related to infertility
- Non-prescription enteral feedings and other nutritional and electrolyte supplements
- Marital counseling; counseling to improve intra or interpersonal development; music therapy; remedial reading; recreational therapy; and/or other forms of education or special education
- Occupational therapy provided on a routine basis as part of a standard program for all patients
- Elective pregnancy termination
- Megavitamin therapy; nutritional-based therapy; nutritional assessment testing; and/or saliva hormone testing
- Involuntary inpatient commitments from a Non-Participating Provider after the Covered Person has been screened and stabilized
- Speech therapy for vocal cord training/retraining due to vocational strain and/or weak cords
- Services or supplies received from any provider in a country where the terms of any legislative or regulatory action taken by the United States would prohibit payment or reimbursement for such services
- Extracorporeal shock wave therapy due to musculoskeletal pain or musculoskeletal conditions and for electrical stimulation
- Diagnostic services, including high-tech imaging, performed at a Non-Participating imaging center inside Our Service Area are limited to \$200 per day
- Outpatient services received from a Non-Participating provider hospital or facility inside Our Service Area are limited to \$200 per day
- Inpatient hospital services received from a Non-Participating provider hospital inside Our Service Area are limited to \$200 per day per Covered Person
- For certain infusion therapy/injectables unless obtained from a designated specialty pharmacy or designated home infusion vendor
- Brand name drugs for the first 6 months following FDA approval for a new indication of an existing drug unless a shorter exclusion period is recommended by Our Pharmacy and Therapeutics Committee, which includes community physicians and pharmacists

Continued on page 10

EXCLUSIONS AND LIMITATIONS (CONTINUED)

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 sterilization procedures
- Cranial (head) remodeling devices, including but not limited to Dynamic Orthotic Cranioplasty ("DOC Bands"), except as specifically provided
- 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
- Skilled Nursing Facility is limited to 90 days per calendar year
- Hearing aids are limited to 1 set every 3 years
- Biofeedback (including neurofeedback), except as specifically provided
- For speech therapy due to otitis media and ear infections, unless such services are to restore speech to a previous level of functioning
- Habilitative and Rehabilitative Speech/Hearing Therapy are limited to 90 visits each per calendar year
- Hearing care services, including but not limited to hearing aids and the examination for fitting of these items
- Biofeedback (including neurofeedback)
- Lodging or travel to and from a health professional or health facility
- Cranial (head) remodeling devices, including but not limited to Dynamic Orthotic Cranioplasty ("DOC Bands")
- For covered persons age 18 and under, 3 pairs of lenses per calendar year and 3 sets of frames up to the Allowable charge for each
- For wigs and their care

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.

Kansas Only Exclusions and Limitations

- 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

LET'S GET STARTED

The time is right. The options are many. Empower your employees with the Blues, and they'll have coverage that fits their lives – and keeps them happy, healthy and productive.

For more information on 2019 Blue Options, visit us online at **BlueKC.com/BlueOptions**. Prefer to talk in person? Call your broker or contact a small group Blue KC representative at **816-395-3378**.





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Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross Blue Shield Association.