

SMALL GROUP PRODUCT GUIDE

For Businesses with 2-99 Employees

WE ARE **HERE FOR** SIMPLIFYING THE COMPLEX.



WE ARE **HERE FOR GOOD**

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



Kansas City





**WE
ARE** **HERE TO** **MAKE YOUR
JOB EASIER.**

But what exactly does that mean?

It means that we're here to provide you—and your employees—with high-quality, affordable healthcare options.

We're here to make sure you have the support and services you need to be successful.

We're here to simplify the decision-making process so you can feel confident in your selections.

Most of all, we're here to offer the perspective and experience that come from working with small businesses in the region for more than 80 years.

We're here for good. And we're here for *you*.

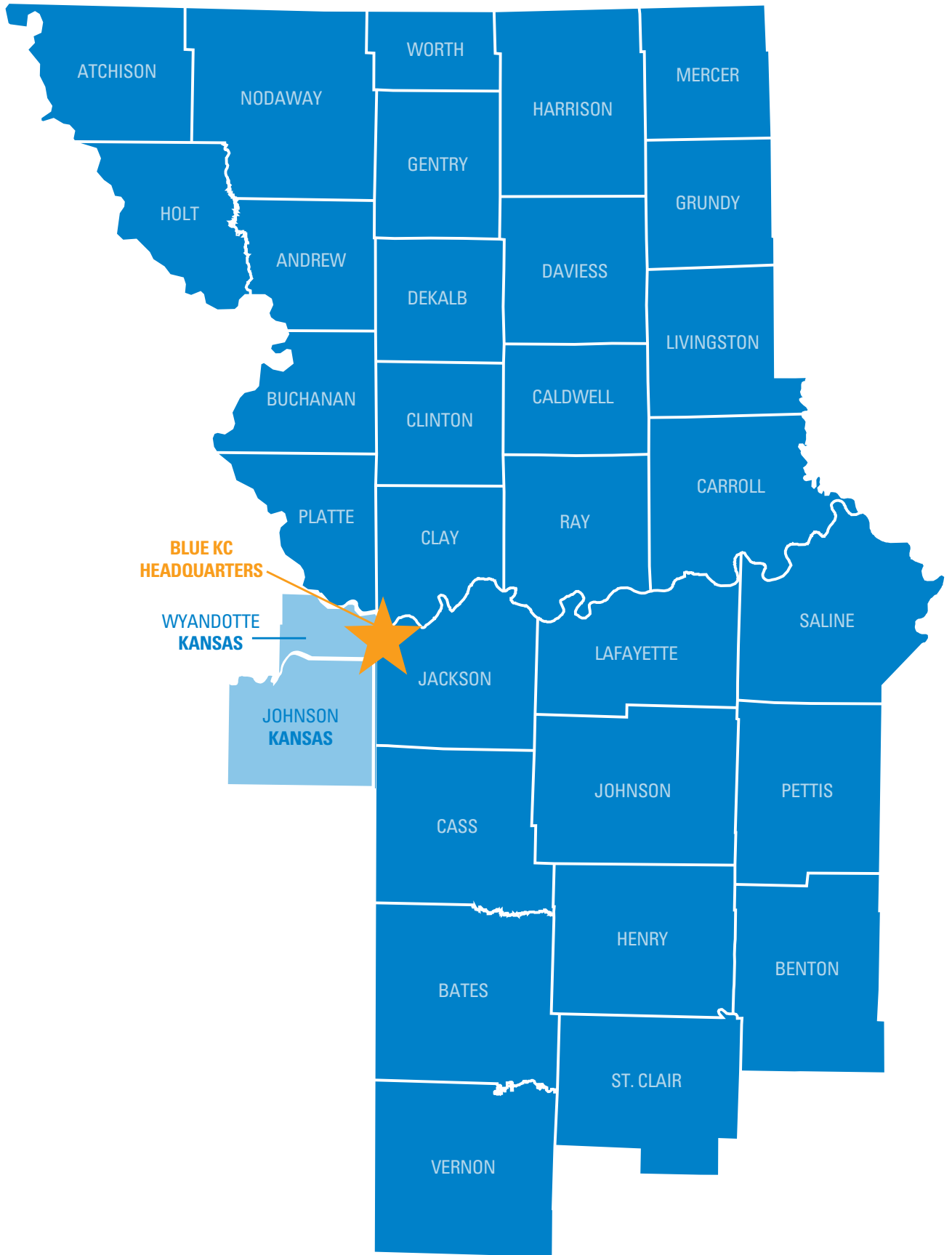
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SERVICE AREA AND NETWORKS



BLUE KC SERVICE AREA



OUR NETWORKS

Blue Cross and Blue Shield of Kansas City (Blue KC) understands the importance of access to high-quality healthcare services. Our provider contracting team ensures our networks deliver by negotiating rates that help keep care affordable while also ensuring each provider meets Blue KC's standards for high-quality care. When your employees select a Blue KC product, it's important for them to understand the provider network they have chosen.

Preferred-Care Blue®
Preferred-Care Blue (PPO) offers your employees the largest selection of providers within the Blue KC 32-county service area.

BlueSelect Plus
BlueSelect Plus (PPO or EPO) gives employees access to more than 3,600 local providers and 10 top hospitals – a network specially designed for sustainable savings and easy access to quality healthcare in and around the Kansas City metro area.

Spira Care™ + BlueSelect Plus
Spira Care Centers serve members' primary care needs, while access to the BlueSelect Plus (EPO) network offers coverage for any specialty needs outside the Care Centers.

BlueCard®
BlueCard (PPO) 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 through the BCBS Global Core® program.

Preferred-Care Blue® Network with BlueCard® PPO

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.

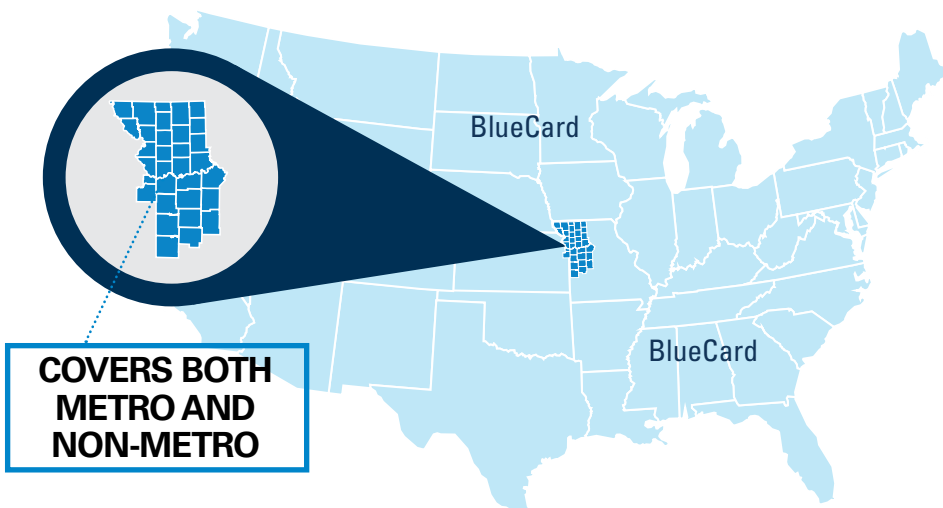
With the BlueCard program, your employees will be able to take their benefits with them wherever they go.

As the industry landscape changes and other carriers adjust their networks, 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
(BlueCard for outside 32-county service area).

PRODUCT TYPE
Preferred Provider Organization (PPO)



BlueSelect Plus Network (PPO or EPO)

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

The BlueSelect Plus network is specially designed for sustainable savings and easy access to quality healthcare in and around the Kansas City metro area. Small businesses that switch to the BlueSelect Plus network could pocket some big savings.

BlueSelect Plus offers affordability by using a strong hospital and provider network of more than 3,600 providers and 10 hospitals. When traveling outside the 32-county Blue KC service area, BlueSelect Plus members are covered under the BlueCard PPO network.

To choose a BlueSelect Plus plan, companies must be headquartered in the 12-county region listed below, and members must:

- ☑ Live in one of these 12 counties:
 - Missouri: Clay, Jackson, Platte, Cass, Clinton, DeKalb, Johnson, Lafayette, Ray, Caldwell
 - Kansas: Johnson, Wyandotte
- ☑ Seek care from any of the 3,600+ providers and ten hospitals primarily located in these six counties:
 - Missouri: Clay, Jackson, Platte, Clinton
 - Kansas: Johnson, Wyandotte

EPO:

In an Exclusive Provider Organization (EPO) insurance model, members must receive all care from in-network providers (12-county BlueSelect Plus network or BlueCard network outside the 32-county service area) except for emergency services. Non-emergency services received out-of-network **will not** be covered.

PPO:

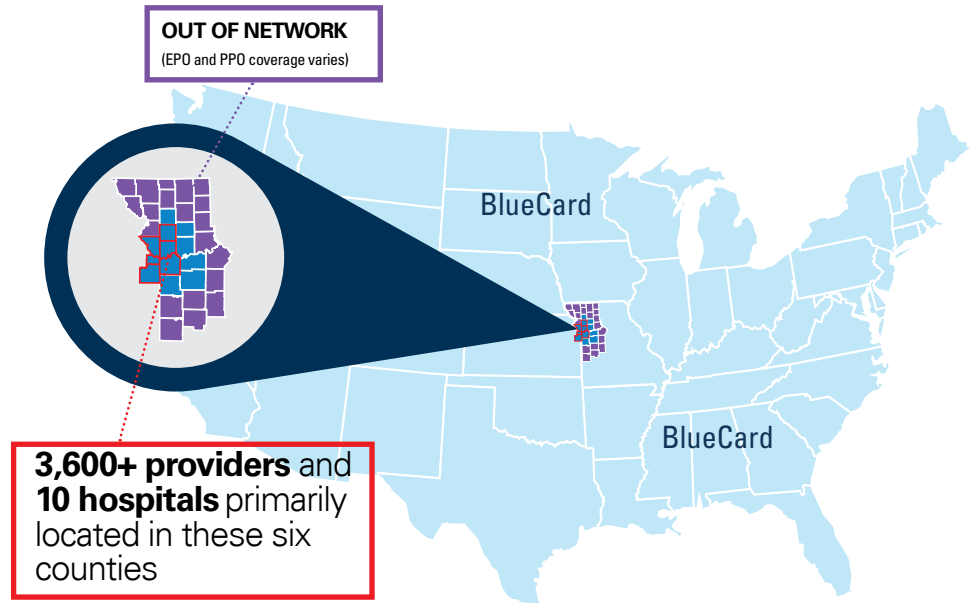
In a Preferred Provider Organization (PPO) insurance model, members are encouraged to receive care from in-network providers (12-county BlueSelect Plus network or BlueCard network outside the 32-county service area) but have the option to receive care from out-of-network providers at a higher cost.

IN-NETWORK HOSPITALS:

- AdventHealth Shawnee Mission
- Cameron Regional Medical Center
- Children's Mercy Hospital
- Children's Mercy Hospital – South
- Liberty Hospital
- North Kansas City Hospital
- Olathe Medical Center
- Truman Medical Center – Hospital Hill
- Truman Medical Center – Lakewood
- University of Kansas Hospital

BlueSelect Plus
(BlueCard for outside 32-county service area).

PRODUCT TYPE
Preferred Provider Organization (PPO) or Exclusive Provider Organization (EPO)



BlueSelect Plus (EPO) + Spira Care™

Where a simpler and more affordable experience comes first, and access remains a top priority

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 in and around 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 (12-county BlueSelect Plus network or BlueCard network outside the 32-county service area) except for emergency services. Non-emergency services received out-of-network are not covered.



SPIRA CARE™
by   Kansas City

Crossroads • Lee's Summit • Liberty • Olathe
Shawnee • Tiffany Springs • Wyandotte

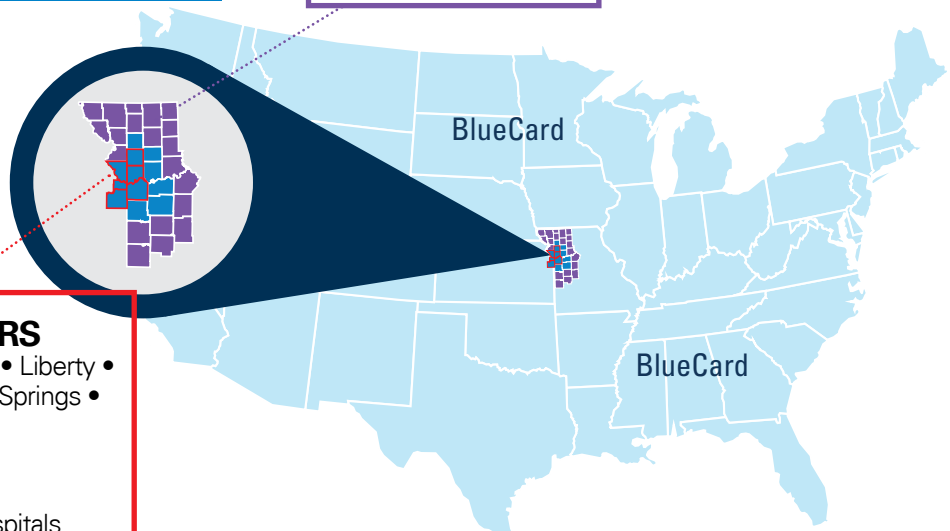
BlueSelect Plus + Spira Care

(BlueCard for outside 32-county service area).

PRODUCT TYPE

Exclusive Provider Organization (EPO)

NO COVERAGE



SPIRA CARE CENTERS

Crossroads • Lee's Summit • Liberty • Olathe • Shawnee • Tiffany Springs • Wyandotte

BLUESELECT PLUS

3,600+ providers and 10 hospitals primarily located in these six counties

QUICK REFERENCE GUIDE

Underwriting and Products

	Small Group Market Segment – 2-99*			
	ACA (2-50)	Level Funding ASO (5-99 ENROLLED)	Fully Insured (51-99)	ChamberCHOICE Level Funding ASO (5-99 ENROLLED)
Funding Type	Fully Insured	ASO - Level Funding	Fully Insured	ASO - Level Funding
Employer Application	YES	YES	YES	YES
Employee Application	YES	YES	YES	YES
Employer Size Survey	YES	YES	YES	YES
Participation Requirements	NO (IF 3 or more eligible FTEs)	NO	NO	NO
Contribution Requirements	NO	NO	NO	NO
Fully Underwritten	NO	YES	YES	YES
# of Plans Employer Can Offer	3	5	5	6
Effective Dates Available (Monthly)	1st and 15th	1st	1st and 15th	1st
HSA-Compatible Plan Options	YES	YES	YES	YES
Dental Plan Options Available	YES	YES	YES	YES
Vision Plan Options Available	YES	YES	YES	YES
Life Plan Options Available	YES	YES	YES	YES
ASO Packet Needed	NO	YES	NO	YES
Medical Networks Available				
Preferred-Care Blue (PCB) PPO**	YES	YES	YES	YES
BlueSelect Plus (BSP) PPO**	YES	YES	YES	YES
BlueSelect Plus (BSP) EPO	NO	YES	YES	NO
Spira Care with BSP EPO**	YES	YES	YES	YES
Pharmacy Networks Available	RxPremier and RxSelect**	RxPremier	RxPremier	RxPremier

* Based on Full-Time Eligible Employees.

** RxPremier (was National +), and RxSelect (was WAN). BSP PPO plans have RxSelect. BSP Spira Care plans + PCB PPO plans have RxPremier.



SPIRA CARE™

by   **Kansas City**

LOWER COST, QUALITY CARE, SIMPLIFIED EXPERIENCE

Bringing care back to healthcare.

Spira Care, developed by Blue KC, combines integrated primary care and coverage in one place, simplifying the healthcare experience to make it more personal and affordable. Blue KC members enrolled in Spira Care have access to convenient Care Centers located across the metro area, the expertise of our Care Guides to help them on their health journey, and all the benefits of the BlueSelect Plus network.

Spira Care is HSA Eligible! You can also offer your employees an option that provides affordable, convenient Care Center visits paired with a Health Savings Account (HSA). A member will incur a predictable affordable charge for an office visit at a Spira Care Center. Once a member has met their deductible, any future primary care needs at a Spira Care Center are at no additional cost.

SPIRA CARE MEMBERS HAVE ACCESS TO CARE CENTERS ACROSS THE METRO AREA, PLUS EXTENDED ACCESS TO THE BLUESELECT PLUS NETWORK.

SPIRA CARE FAST FACTS



No copays, no deductibles and no additional costs for procedures at Spira Care Centers. Routine labs and X-rays¹ at Spira Care Centers included².



All preventive services are 100 percent covered.



Access to Care Teams, including Care Guides, and all Spira Care Centers conveniently located throughout the Kansas City metro area.



In addition to Spira Care Centers, members have access to the BlueSelect Plus network for things like specialty care and hospitalization.³

¹ X-rays are available at select locations only, must be ordered by a Spira Care provider and are at no additional cost to members.

² For Spira Care members, there are no additional costs for any procedure provided at Spira Care Centers, but a select number of generic prescriptions can be filled on-site at your copay or deductible level.

Note: For HSA-eligible plans, a member will incur an affordable charge for their visit to a Spira Care Center, which includes follow-up services like routine lab draws and digital X-rays as ordered by a Spira Care physician.

³ Subject to plan cost share.





SPIRA CARE CENTERS OFFER:

INTEGRATED PRIMARY CARE



Routine Preventive Care



Adult & Pediatric
Primary Care



Chronic Condition
Management



Behavioral Health
Consultations



Digital X-Rays**



Routine Lab Draws



Patient Wellness
Follow-Ups



Health Coaches
On-Site

CONVENIENT BENEFITS



Select Number of Generic
Prescriptions Filled On-Site*



Referrals and Scheduling for
In-Network Specialists



Support in Understanding
Your Plan's Network



Extended Hours
for Appointments



Access to *A Healthier
You* Platform



Online Appointment
Scheduling



Virtual Care and Online
Communication with Your
Care Team

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

*Spira Care (HSA Eligible), non-preventive services have an affordable charge. Select prescriptions will be offered on-site at your regular copay level.

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

Spira Care Centers

Care Lives Here



THERE'S A SPIRA CARE CENTER NEAR YOU.

Crossroads

1916 Grand Boulevard
Kansas City, MO 64108

Lee's Summit

760 NW Blue Parkway
Lee's Summit, MO 64086

Liberty

8350 N Church Road
Kansas City, MO 64158

Olathe

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

Shawnee

10824 Shawnee Mission Parkway
Shawnee, KS 66203

Tiffany Springs

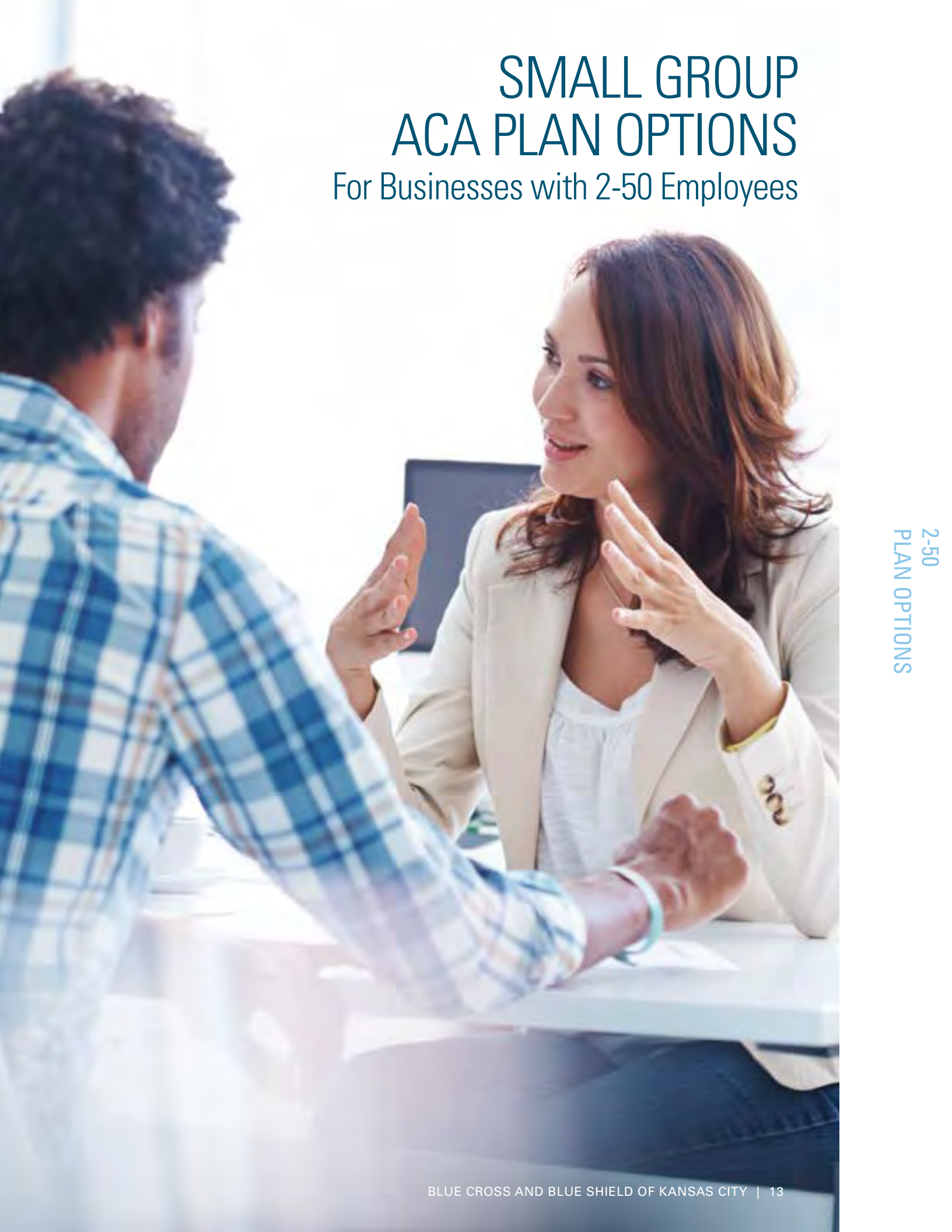
8765 N Ambassador Drive
Kansas City, MO 64154

Wyandotte

9800 Troup Avenue, Kansas City, KS 66111
(just East of Legends Outlets)

SMALL GROUP ACA PLAN OPTIONS

For Businesses with 2-50 Employees



2-50
PLAN OPTIONS



THE OPTIONS YOU WANT...

Options that provide certainty. Options that enhance freedom. Options that empower employees. Blue KC continues to offer you options that will help protect your budget.

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

...AND THE SUPPORT YOU NEED.

Blue KC can help you sort out what benefits will work best for your company, 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 which insurance plan will work best? Don't hesitate to contact your broker or Blue KC sales representative. They're here to inform, answer questions and help throughout the decision-making process.

SMALL GROUP ELIGIBILITY GUIDELINES



There must be at least one full-time eligible W-2 employee other than the owner to be eligible for a Blue KC small group plan.



If ONLY two full-time eligible employees, 100% participation is required.



At least one full-time eligible (enrolled) employee must reside and work in the 32-county Blue KC service area.



Blue KC does not accept Sole Proprietorships / Owner only groups.



We can write an owner and spouse group in KS. Legal documentation is required on spouse.



We cannot write an owner and spouse group in MO (considered a group of one).



Effective dates on the 1st and 15th of every month.



NO deductible credit from Direct Pay to Group. We do provide a deductible prorate depending on which quarter the group is sold (1st qtr – 0% prorate, 2nd quarter – 25% prorate, 3rd quarter – 50% prorate, 4th quarter – 75% prorate). With HSA (Saver) plans, there is NO prorate, we only give exact credit met from prior carrier (prior coverage must be GROUP coverage).

Due to state laws, eligibility requirements vary:

- For businesses established in the state of Missouri, the spouse or child under age 18 of an owner **is not considered** an employee, even if he or she is paid as a W-2 employee.
- For businesses established in the state of Kansas, a spouse or child under age 18 paid as a W-2 employee **is considered** an eligible employee, which satisfies the new guidelines.

When does Blue KC require documentation?

- **KS** and **MO** Sole Proprietorships (owner only) - [Cannot write](#)
- **MO** owner + spouse group - [Cannot write \(considered group of one\)](#)
- **KS** owner + spouse group - [Require documentation on spouse](#)
- **KS** and **MO** owner + 1 groups - [Require documentation on non-owner employee](#)
- **KS** and **MO** groups submitted with 3 or more full-time EEs - [No documentation required](#)

**Blue KC relies on employers to determine eligible employees based on state and federal guidelines.*

SMALL GROUP ACA PLAN OPTIONS

For Businesses with 2-50 Employees

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.

NETWORK	PRODUCT NAME	METALLIC LEVEL	BENEFIT PROVISION															
			COINS.	SINGLE DEDUCTIBLE	FAMILY DEDUCTIBLE	SINGLE OOP MAX	FAMILY OOP MAX	BDTC 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	\$7,000	\$14,000	\$30	\$60	\$70	\$80	\$975 max 5	\$875	deductible	\$15/\$65/20%/d&30%	RxPremier	Embedded	
	OON		70%	\$1,000	\$2,000	\$14,000	\$28,000	N/A	ded/coins	ded/coins	ded/coins	ded/coins	\$875	ded/coins	ded+50% coins			
	FIRST PCB	GOLD	90%	\$1,750	\$3,500	\$3,750	\$7,500	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%	RxPremier	Embedded	
	OON		60%	\$1,750	\$3,500	\$7,500	\$15,000	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	ded/coins	ded/coins	ded/coins	ded/coins	ded/20%	ded/coins	d+\$10/d+\$55/d+20%/d+30%	RxPremier	Aggregate	
	OON		60%	\$3,000	\$6,000	\$5,000	\$10,000	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/20%	ded/coins	ded+50% coins			
	FIRST PCB	SILVER	100%	\$5,000	\$10,000	\$7,500	\$15,000	N/A	4 @ \$25 ⁶ /d&c	4 @ \$25 ⁶ /d&c	4 @ \$25 ⁶ /d&c	deductible	deductible	deductible	\$15/\$65/20%/d&30%	RxPremier	Embedded	
	OON		80%	\$5,000	\$10,000	\$15,000	\$30,000	N/A	ded/coins	ded/coins	ded/coins	ded/coins	deductible	ded/coins	ded+50% coins			
	CLASSIC PCB ⁵	SILVER	60%	\$4,000	\$8,000	\$8,000	\$16,000	\$30	\$60	\$70	\$80	\$975 max 5	\$875	ded/coins	\$15/\$65/20%/d&30%	RxPremier	Embedded	
	OON		40%	\$4,000	\$8,000	\$16,000	\$32,000	N/A	ded/coins	ded/coins	ded/coins	ded/coins	\$875	ded/coins	ded+50% coins			
	SAVER PCB	SILVER	90%	\$3,000	\$6,000	\$4,500	\$9,000	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/10%	ded/coins	d+\$10/d+\$55/d+20%/d+30%	RxPremier	Embedded	
	OON		60%	\$6,000	\$12,000	\$9,000	\$18,000	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/10%	ded/coins	ded+50% coins			
	TRADITIONAL PCB	SILVER	70%	\$3,250	\$6,500	\$8,000	\$16,000	N/A	\$60	ded/coins	ded/coins	\$100	ded/coins	ded/30%	ded/coins	\$15/\$50/20%/d+30%	RxPremier	Embedded
	OON		50%	\$3,250	\$6,500	\$16,000	\$32,000	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/30%	ded/coins	ded+50% coins			
	SAVER PCB	BRONZE	80%	\$4,500	\$9,000	\$6,750	\$13,500	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/20%	ded/coins	deductible + coinsurance	RxPremier	Embedded	
	OON		50%	\$9,000	\$18,000	\$13,500	\$27,000	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/20%	ded/coins	ded+50% coins			
	FIRST PCB	BRONZE	70%	\$6,500	\$13,000	\$8,150	\$16,300	N/A	4 @ \$25 ⁶ /d&c	4 @ \$25 ⁶ /d&c	4 @ \$25 ⁶ /d&c	ded/coins	ded/30%	ded/coins	Generic \$15; ded+coins others	RxPremier	Embedded	
	OON		50%	\$6,500	\$13,000	\$16,300	\$32,600	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/30%	ded/coins	ded+50% coins			
	SAVER VALUE PCB	BRONZE	50%	\$6,000	\$12,000	\$6,750	\$13,500	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/50%	ded/coins	ded+50% coins	RxPremier	Embedded	
	OON		40%	\$12,000	\$24,000	\$13,500	\$27,000	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/50%	ded/coins	ded+50% coins			
VALUE PCB	BRONZE	50%	\$7,500	\$15,000	\$8,150	\$16,300	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/50%	ded/coins	Generic \$15; ded+coins others	RxPremier	Embedded		
OON		40%	\$15,000	\$30,000	\$16,300	\$32,600	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/50%	ded/coins	ded+50% coins				
BlueSelect Plus (PPO)	SAVER BSP	SILVER	90%	\$3,000	\$6,000	\$4,500	\$9,000	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/10%	ded/coins	d+\$10/d+\$55/d+20%/d+30%	RxSelect	Embedded	
	OON		60%	\$6,000	\$12,000	\$9,000	\$18,000	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/10%	ded/coins	ded+50% coins			
	TRADITIONAL BSP	SILVER	70%	\$3,250	\$6,500	\$8,000	\$16,000	N/A	\$60	ded/coins	\$100	ded/coins	ded/30%	ded/coins	\$15/\$50/20%/d&30%	RxSelect	Embedded	
	OON		50%	\$3,250	\$6,500	\$16,000	\$32,000	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/30%	ded/coins	ded+50% coins			
	SAVER BSP	BRONZE	80%	\$4,500	\$9,000	\$6,750	\$13,500	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/20%	ded/coins	deductible + coinsurance	RxSelect	Embedded	
	OON		50%	\$9,000	\$18,000	\$13,500	\$27,000	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/20%	ded/coins	ded+50% coins			
	TRADITIONAL BSP	BRONZE	60%	\$6,500	\$13,000	\$8,000	\$16,000	N/A	\$60	ded/coins	\$100	ded/coins	ded/40%	ded/coins	Generic \$15; ded+coins others	RxSelect	Embedded	
	OON		50%	\$6,500	\$13,000	\$16,000	\$32,000	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/40%	ded/coins	ded+50% coins			
	SAVER VALUE BSP	BRONZE	50%	\$6,000	\$12,000	\$6,750	\$13,500	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/50%	ded/coins	ded+50% coins	RxSelect	Embedded	
	OON		40%	\$12,000	\$24,000	\$13,500	\$27,000	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/50%	ded/coins	ded+50% coins			
	VALUE BSP	BRONZE	50%	\$7,500	\$15,000	\$8,150	\$16,300	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/50%	ded/coins	Generic \$15; ded+coins others	RxSelect	Embedded	
	OON		40%	\$15,000	\$30,000	\$16,300	\$32,600	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	GOLD	100%	\$2,500	\$5,000	\$3,000	\$6,000	N/A	\$0/ded	deductible	deductible	deductible	deductible	deductible	\$15/\$70/20%/d&30%	RxPremier	Embedded	
	OON		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	deductible	N/A	N/A			
	SPIRA CARE w/ BSP	SILVER	100%	\$5,000	\$10,000	\$6,500	\$13,000	N/A	\$0/ded	deductible	deductible	deductible	deductible	deductible	\$15/\$70/20%/d&30%	RxPremier	Embedded	
	OON		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	deductible	N/A	N/A			
	SPIRA CARE w/ BSP	BRONZE	100%	\$7,800	\$15,600	\$8,150	\$16,300	N/A	\$0/ded	deductible	deductible	deductible	deductible	deductible	\$15/\$70/20%/d&30%	RxPremier	Embedded	
OON		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	deductible	N/A	N/A				

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 2020 Missouri Prescription Drug List link and Kansas members should select the 2020 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.

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 six 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
- Amounts for services or supplies billed by Out-of-Network Providers that are Non-Participating that are not eligible for separate reimbursement according to Our payment policy
- Amounts for non-Emergency services billed by Out-of-Network Providers that are Non-Participating when proof of service is not established or supported by Your medical record

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 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

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
- 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.

A woman with braided hair, wearing a bright pink blazer over a dark blue button-down shirt, is looking intently at a laptop screen. She is wearing large, geometric earrings. The background is blurred, showing what appears to be a meeting room with a whiteboard.

FULLY INSURED OPTIONS

For Businesses with 51-99 Employees

THE BEST OF BOTH WORLDS

Blue KC's portfolio for employer groups with 51-99 employees has been curated from our most popular plans over the years combined with our innovative new offerings, including Spira Care. This package offers a mix of PPO and EPO plan designs on our broader Preferred-Care Blue network and our competitively priced BlueSelect Plus network.

FLEXIBILITY & CHOICE ARE THE CORNERSTONES

With multiple options, your employees are empowered to choose a plan that best fits their needs and budget. Some plan designs are the same across the Preferred-Care Blue and BlueSelect Plus networks, giving your employees ultimate flexibility and choice.



51-99
PLAN OPTIONS

FULLY INSURED PLAN OPTIONS

For Businesses with 51-99 Employees

Plan Name	Member Coinsurance		Deductible				Out-of-Pocket Maximum				Copay / Cost-Share - Per Occurrence					RX Copay / Cost-Share				Deductible Type ²
	Network	Out-of-Network	Network		Out-of-Network		Network		Out-of-Network		Network ⁴					Network				
			Single	Family	Single	Family	Single	Family	Single	Family	PCP ¹	Spec	Urgent Care	ER	Facility / Hospital	TR 1	TR2	TR3	TR4	
PCB PPO \$500 (OOPM \$1,500)	10%	30%	\$500	\$1,000	\$500	\$1,000	\$1,500	\$3,000	\$3,000	\$6,000	\$20	\$20	\$20	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$500 (OOPM \$3,500)	20%	40%	\$500	\$1,500	\$500	\$1,500	\$3,500	\$7,000	\$7,000	\$14,000	\$25	\$25	\$25	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$1,000 (OOPM \$2,500)	20%	40%	\$1,000	\$2,000	\$1,000	\$2,000	\$2,500	\$5,000	\$5,000	\$10,000	\$25	\$25	\$25	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$1,000 (OOPM \$4,000)	20%	50%	\$1,000	\$3,000	\$1,000	\$3,000	\$4,000	\$8,000	\$8,000	\$16,000	\$30	\$30	\$30	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$1,500 (OOPM \$4,500)	20%	40%	\$1,500	\$4,500	\$1,500	\$4,500	\$4,500	\$9,000	\$9,000	\$18,000	\$35	\$35	\$35	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$1,500 (OOPM \$6,000)	20%	40%	\$1,500	\$3,000	\$1,500	\$3,000	\$6,000	\$12,000	\$12,000	\$24,000	\$35	\$35	\$35	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$2,000 (OOPM \$5,000)	20%	40%	\$2,000	\$6,000	\$2,000	\$6,000	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$2,700 (OOPM \$5,400)	20%	40%	\$2,700	\$5,400	\$2,700	\$5,400	\$5,400	\$10,800	\$10,800	\$21,600	\$40	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$3,000 (OOPM \$3,000)	0%	20%	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000	\$6,000	\$12,000	\$40	\$40	\$40	Deductible	Deductible	\$15	\$70	\$110	\$200	Emb
PCB PPO \$3,000 (OOPM \$5,000)	20%	40%	\$3,000	\$6,000	\$3,000	\$6,000	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$4,000 (OOPM \$4,000)	0%	20%	\$4,000	\$8,000	\$4,000	\$8,000	\$4,000	\$8,000	\$8,000	\$16,000	\$40	\$40	\$40	Deductible	Deductible	\$15	\$70	\$110	\$200	Emb
PCB PPO \$5,000 (OOPM \$6,500)	20%	40%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,500	\$13,000	\$13,000	\$26,000	\$40	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB BlueSaver HSA \$2,800 (OOPM \$2,800)	0%	20%	\$2,800	\$5,600	\$2,800	\$5,600	\$2,800	\$5,600	\$5,600	\$11,200	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible				Emb
PCB BlueSaver HSA \$4,000 (OOPM \$5,500)	20%	40%	\$4,000	\$8,000	\$4,000	\$8,000	\$5,500	\$11,000	\$11,000	\$22,000	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins				Emb
PCB BlueSaver HSA \$5,000 (OOPM \$6,450)	10%	30%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,450	\$12,900	\$12,900	\$25,800	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins				Emb
BlueSelect Plus ³ PPO \$1,000 (OOPM \$4,000)	20%	50%	\$1,000	\$3,000	\$1,000	\$3,000	\$4,000	\$8,000	\$8,000	\$16,000	\$30	\$30	\$30	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
BlueSelect Plus ³ PPO \$2,000 (OOPM \$4,000)	20%	50%	\$2,000	\$4,000	\$2,000	\$4,000	\$4,000	\$8,000	\$20,000	\$40,000	\$40	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
BlueSelect Plus ³ BlueSaver HSA \$3,000 (OOPM \$3,000)	0%	30%	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000	\$15,000	\$30,000	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible				Emb
BlueSelect Plus ³ PPO \$3,000 (OOPM \$3,000)	0%	20%	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000	\$6,000	\$12,000	\$40	\$40	\$40	Deductible	Deductible	\$15	\$70	\$110	\$200	Emb
BlueSelect Plus ³ PPO \$3,000 (OOPM \$5,000)	20%	40%	\$3,000	\$6,000	\$3,000	\$6,000	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
BlueSelect Plus ³ PPO \$4,000 (OOPM \$4,000)	0%	30%	\$4,000	\$8,000	\$4,000	\$8,000	\$4,000	\$8,000	\$20,000	\$40,000	\$40	\$40	\$40	\$100 + Deductible	Deductible	\$15	\$70	\$110	\$200	Emb
BlueSelect Plus ³ EPO \$4,000 (OOPM \$4,000)	0%	N/A	\$4,000	\$8,000	N/A	N/A	\$4,000	\$8,000	N/A	N/A	\$40	\$40	\$40	\$100 + Deductible	Deductible	\$15	\$70	\$110	\$200	Emb
BlueSelect Plus ³ BlueSaver PPO HSA \$5,000 (OOPM \$6,450)	10%	40%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,450	\$12,900	\$32,250	\$64,500	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins				Emb
BlueSelect Plus ³ BlueSaver EPO HSA \$5,000 (OOPM \$6,450)	10%	N/A	\$5,000	\$10,000	N/A	N/A	\$6,450	\$12,900	N/A	N/A	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins				Emb
PCB Personal Blue PPO HRA (OOPM \$3,000)	0%	20%	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000	\$6,000	\$12,000	\$40	\$40	\$40	Deductible	Deductible	\$15	\$70	\$110	\$200	Emb
PCB AffordaBlue (OOPM \$5,500)	0%	20%	\$5,500	\$11,000	\$5,500	\$11,000	\$5,500	\$11,000	\$11,000	\$22,000	\$30	\$30	\$30	Deductible	Deductible	\$20	Not Covered			Emb
BlueSelect Plus ³ Spira Care EPO HSA ⁶ \$3,000	0%	N/A	\$3,000	\$6,000	N/A	N/A	\$3,000	\$6,000	N/A	N/A	Deductible ⁶	Deductible	Deductible	Deductible	Deductible	Deductible				Emb
BlueSelect Plus ³ Spira Care EPO \$1,500	0%	N/A	\$1,500	\$3,000	N/A	N/A	\$1,500	\$3,000	N/A	N/A	Spira No Charge ⁷ BSP @ Ded	Deductible	Deductible	Deductible	Deductible	\$15	\$50	Deductible	Emb	
BlueSelect Plus ³ Spira Care EPO \$3,500	0%	N/A	\$3,500	\$7,000	N/A	N/A	\$3,500	\$7,000	N/A	N/A	Spira No Charge ⁷ BSP @ Ded	Deductible	Deductible	Deductible	Deductible	\$15	\$50	Deductible	Emb	
BlueSelect Plus ³ Spira Care EPO \$7,000	0%	N/A	\$7,000	\$14,000	N/A	N/A	\$7,000	\$14,000	N/A	N/A	Spira No Charge ⁷ BSP @ Ded	Deductible	Deductible	Deductible	Deductible	\$15	\$50	Deductible	Emb	

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%.

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 2020 Missouri Prescription Drug List link and Kansas members should select the 2020 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 Only primary care services received at a Spira Care Center are at no additional charge. All services for members with an HSA plan, and all other primary care services available through the BlueSelect Plus network, are subject to deductible.

LEVEL FUNDING ASO PLAN OPTIONS

For Businesses with 5-99 Employees



COMPREHENSIVE, COST-CONSCIOUS CARE

Blue KC's Level Funding Administrative Services Only (ASO) options provide a cost-effective, customized alternative to traditional, fully insured small group health plans. The plans have been designed to be fully funded. Blue KC will help you evaluate your maximum claims risk and then blend specific and aggregate stop-loss insurance to create level funding you can budget for each month.

The monthly level funded money remitted to Blue KC will include:

- Administrative costs and stop-loss insurance
- Claims funding

Your maximum annual claims, including claims run-out liability, are predetermined to create level funding that is easy to administer. Employees can elect the following coverage levels:

- Employee Only
- Employee and Spouse
- Employee and Children
- Employee and Family

Your level funding has been carefully designed to ensure that you neither over- nor under-fund your plan. However, in the event your claims experience is lower than expected, you will receive back two-thirds of your unused claims dollars. Blue KC will retain one-third as a deferred administrative fee.

Advantages of Blue KC's Level Funding ASO Options



Predictable – Gain control over your health benefits budget and have an opportunity to get back a portion of your unused claims dollars. Quarterly reports are provided for employers to track their funding, overall expenses and potential for refund.



Affordable – Self-funded medical plan may be less costly than similar fully insured coverage options subject to modified community rating guidelines and may be exempted from some taxes and fees.



Comprehensive Coverage – Plans include comprehensive medical and pharmacy benefits along with Blue KC's award-winning customer service, comprehensive chronic condition management programs and innovative health advocacy support.



LEVEL FUNDING ASO PLAN OPTIONS

For Businesses with 5-99 Employees

Plan Name	Member Coinsurance		Deductible				Out-of-Pocket Maximum				Copay / Cost-Share - Per Occurrence					RX Copay / Cost-Share				Deductible Type ²
	Network	Out-of-Network	Network		Out-of-Network		Network		Out-of-Network		Network ⁴					Network				
			Single	Family	Single	Family	Single	Family	Single	Family	PCP ¹	Spec	Urgent Care	ER	Facility / Hospital	TR 1	TR2	TR3	TR4	
PCB PPO \$500 (OOPM \$1,500)	10%	30%	\$500	\$1,000	\$500	\$1,000	\$1,500	\$3,000	\$3,000	\$6,000	\$20	\$20	\$20	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$500 (OOPM \$3,500)	20%	40%	\$500	\$1,500	\$500	\$1,500	\$3,500	\$7,000	\$7,000	\$14,000	\$25	\$25	\$25	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$1,000 (OOPM \$2,500)	20%	40%	\$1,000	\$2,000	\$1,000	\$2,000	\$2,500	\$5,000	\$5,000	\$10,000	\$25	\$25	\$25	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$1,000 (OOPM \$4,000)	20%	50%	\$1,000	\$3,000	\$1,000	\$3,000	\$4,000	\$8,000	\$8,000	\$16,000	\$30	\$30	\$30	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$1,500 (OOPM \$4,500)	20%	40%	\$1,500	\$4,500	\$1,500	\$4,500	\$4,500	\$9,000	\$9,000	\$18,000	\$35	\$35	\$35	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$1,500 (OOPM \$6,000)	20%	40%	\$1,500	\$3,000	\$1,500	\$3,000	\$6,000	\$12,000	\$12,000	\$24,000	\$35	\$35	\$35	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$2,000 (OOPM \$5,000)	20%	40%	\$2,000	\$6,000	\$2,000	\$6,000	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$2,700 (OOPM \$5,400)	20%	40%	\$2,700	\$5,400	\$2,700	\$5,400	\$5,400	\$10,800	\$10,800	\$21,600	\$40	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$3,000 (OOPM \$3,000)	0%	20%	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000	\$6,000	\$12,000	\$40	\$40	\$40	Deductible	Deductible	\$15	\$70	\$110	\$200	Emb
PCB PPO \$3,000 (OOPM \$5,000)	20%	40%	\$3,000	\$6,000	\$3,000	\$6,000	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$4,000 (OOPM \$4,000)	0%	20%	\$4,000	\$8,000	\$4,000	\$8,000	\$4,000	\$8,000	\$8,000	\$16,000	\$40	\$40	\$40	Deductible	Deductible	\$15	\$70	\$110	\$200	Emb
PCB PPO \$5,000 (OOPM \$6,500)	20%	40%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,500	\$13,000	\$13,000	\$26,000	\$40	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB BlueSaver HSA \$2,800 (OOPM \$2,800)	0%	20%	\$2,800	\$5,600	\$2,800	\$5,600	\$2,800	\$5,600	\$5,600	\$11,200	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible				Emb
PCB BlueSaver HSA \$4,000 (OOPM \$5,500)	20%	40%	\$4,000	\$8,000	\$4,000	\$8,000	\$5,500	\$11,000	\$11,000	\$22,000	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins				Emb
PCB BlueSaver HSA \$5,000 (OOPM \$6,450)	10%	30%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,450	\$12,900	\$12,900	\$25,800	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins				Emb
BlueSelect Plus ³ PPO \$1,000 (OOPM \$4,000)	20%	50%	\$1,000	\$3,000	\$1,000	\$3,000	\$4,000	\$8,000	\$8,000	\$16,000	\$30	\$30	\$30	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
BlueSelect Plus ³ PPO \$2,000 (OOPM \$4,000)	20%	50%	\$2,000	\$4,000	\$2,000	\$4,000	\$4,000	\$8,000	\$20,000	\$40,000	\$40	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
BlueSelect Plus ³ BlueSaver HSA \$3,000 (OOPM \$3,000)	0%	30%	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000	\$15,000	\$30,000	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible				Emb
BlueSelect Plus ³ PPO \$3,000 (OOPM \$3,000)	0%	20%	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000	\$6,000	\$12,000	\$40	\$40	\$40	Deductible	Deductible	\$15	\$70	\$110	\$200	Emb
BlueSelect Plus ³ PPO \$3,000 (OOPM \$5,000)	20%	40%	\$3,000	\$6,000	\$3,000	\$6,000	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
BlueSelect Plus ³ PPO \$4,000 (OOPM \$4,000)	0%	30%	\$4,000	\$8,000	\$4,000	\$8,000	\$4,000	\$8,000	\$20,000	\$40,000	\$40	\$40	\$40	\$100 + Deductible	Deductible	\$15	\$70	\$110	\$200	Emb
BlueSelect Plus ³ EPO \$4,000 (OOPM \$4,000)	0%	N/A	\$4,000	\$8,000	N/A	N/A	\$4,000	\$8,000	N/A	N/A	\$40	\$40	\$40	\$100 + Deductible	Deductible	\$15	\$70	\$110	\$200	Emb
BlueSelect Plus ³ BlueSaver PPO HSA \$5,000 (OOPM \$6,450)	10%	40%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,450	\$12,900	\$32,250	\$64,500	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins				Emb
BlueSelect Plus ³ BlueSaver EPO HSA \$5,000 (OOPM \$6,450)	10%	N/A	\$5,000	\$10,000	N/A	N/A	\$6,450	\$12,900	N/A	N/A	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins				Emb
PCB Personal Blue PPO HRA (OOPM \$3,000)	0%	20%	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000	\$6,000	\$12,000	\$40	\$40	\$40	Deductible	Deductible	\$15	\$70	\$110	\$200	Emb
PCB AffordaBlue (OOPM \$5,500)	0%	20%	\$5,500	\$11,000	\$5,500	\$11,000	\$5,500	\$11,000	\$11,000	\$22,000	\$30	\$30	\$30	Deductible	Deductible	\$20	Not Covered			Emb
BlueSelect Plus ³ Spira Care EPO HSA ⁶ \$3,000	0%	N/A	\$3,000	\$6,000	N/A	N/A	\$3,000	\$6,000	N/A	N/A	Deductible ⁶	Deductible	Deductible	Deductible	Deductible	Deductible				Emb
BlueSelect Plus ³ Spira Care EPO \$1,500	0%	N/A	\$1,500	\$3,000	N/A	N/A	\$1,500	\$3,000	N/A	N/A	Spira No Charge ⁷ BSP @ Ded	Deductible	Deductible	Deductible	Deductible	\$15	\$50	Deductible	Emb	
BlueSelect Plus ³ Spira Care EPO \$3,500	0%	N/A	\$3,500	\$7,000	N/A	N/A	\$3,500	\$7,000	N/A	N/A	Spira No Charge ⁷ BSP @ Ded	Deductible	Deductible	Deductible	Deductible	\$15	\$50	Deductible	Emb	
BlueSelect Plus ³ Spira Care EPO \$7,000	0%	N/A	\$7,000	\$14,000	N/A	N/A	\$7,000	\$14,000	N/A	N/A	Spira No Charge ⁷ BSP @ Ded	Deductible	Deductible	Deductible	Deductible	\$15	\$50	Deductible	Emb	

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%

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 2020 Missouri Prescription Drug List link and Kansas members should select the 2020 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 Only primary care services received at a Spira Care Center are at no additional charge. All services for members with an HSA plan, and all other primary care services available through the BlueSelect Plus network, are subject to deductible.



ChamberCHOICE: A LEVEL FUNDING ASO OPTION

For Businesses with 5-99 Employees

Today's small business employers are under constant pressure to mind the bottom line. That's why there's ChamberCHOICE – a suite of hand-picked health insurance products designed in partnership with the Greater Kansas City Chamber of Commerce for small employers across the Kansas City region.

[Chamber membership is not required to select these plans.](#)

ChamberCHOICE Level Funding Administrative Services Only (ASO) plans provide a great alternative to traditional, fully insured small group health plans. The plans have been designed to be fully funded. Blue KC will help you evaluate your maximum claims risk and then blend specific and aggregate stop-loss insurance to create level funding you can budget for each month.

ChamberCHOICE works for small employers. And their employees.

ChamberCHOICE is based on a health insurance model called Defined Contribution. Employers provide employees with a health insurance allowance, or “contribution,” to spend on their healthcare. It’s a win-win because employees get to choose the plan that fits their needs. And employers get to control their annual costs.

What is Defined Contribution?

With a group-based Defined Contribution model, the business (employer) sets a specified amount to contribute to employees’ health insurance premiums while providing a menu of group health insurance options for their employees to choose from. Employees can then choose the plan option that best fits their needs and budget. ChamberCHOICE gives employees a choice of six plan options.

How can Defined Contribution help small businesses?

By making health insurance more affordable for small business owners, Defined Contribution health plans can help small businesses compete for and retain the most qualified employees. Defined Contribution plans also eliminate the uncertainty of fluctuating insurance premiums for employers. Even if healthcare costs go up, the employer’s contribution remains stable;

employees are free to look at other plan options during Open Enrollment or continue with a plan they like and accept any cost increases.

The monthly level funded money remitted to Blue KC will include:

- Administrative costs and stop-loss insurance
- Claims funding

Your maximum annual claims, including claims run-out liability, are predetermined to create level funding that is easy to administer. Employees can elect the following coverage levels:

- Employee Only
- Employee and Spouse
- Employee and Children
- Employee and Family

Disclosure Notices

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

Blue KC subcontracts with other organizations to perform certain 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.

FOR MORE INFORMATION ON ChamberCHOICE,
VISIT US ONLINE AT **BlueKC.com/ChamberCHOICE.**

ChamberCHOICE

LEVEL FUNDING ASO PLAN OPTIONS

For Businesses with 5-99 Employees

With ChamberCHOICE, employers offer six unique Level Funding ASO medical plans. Employees then have the freedom to choose the plan that best fits their coverage needs. If an employer opts to offer dental and vision coverage, employees have a choice of three dental/vision plans. ChamberCHOICE Level Funding ASO plans require a minimum of five enrollees to participate.

MEDICAL PLANS	Member Coinsurance		Deductible				Out-of-Pocket Maximum				Copay / Cost-Share per Occurrence					RX Copay / Cost-Share				Deductible Type	
	Network	Out-of-Network	Network		Out-of-Network		Network		Out-of-Network		Network					Network					
			Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	PCP ¹	Spec	Urgent Care	ER	Facility / Hospital	TR1	TR2		TR3
CHOICE PCB PPO \$1,000	10%	30%	\$1,000	\$2,000	\$1,000	\$2,000	\$3,500	\$7,000	\$7,000	\$14,000	\$25	\$25	\$25	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$100	\$200	Emb	
CHOICE PCB PPO \$2,500	20%	40%	\$2,500	\$5,000	\$2,500	\$5,000	\$5,000	\$10,000	\$10,000	\$20,000	\$25	\$25	\$25	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$100	\$200	Emb	
CHOICE PCB PPO \$5,000	20%	40%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,500	\$13,000	\$13,000	\$26,000	\$30	\$30	\$30	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$100	\$200	Emb	
CHOICE PCB BlueSaver HSA \$3,500	0%	20%	\$3,500	\$7,000	\$3,500	\$7,000	\$3,500	\$7,000	\$7,000	\$14,000	Deductible										Emb
CHOICE BlueSelect Plus ² PPO \$4,500	0%	30%	\$4,500	\$9,000	\$4,500	\$9,000	\$4,500	\$9,000	\$9,000	\$18,000	\$40	\$40	\$40	\$100 + Ded/Coins	Deductible	\$15	\$70	\$100	\$200	Emb	
CHOICE BSP ³ Spira Care EPO ⁴ \$3,000	0%	N/A	\$3,000	\$6,000	N/A	N/A	\$3,000	\$6,000	N/A	N/A	Spira No Charge ⁴ BSP Ded	Deductible	Deductible	Deductible	Deductible	\$15	\$50	Deductible		Emb	

¹Primary Care Physicians include General Practice, Family Practice, Internal Medicine, and Pediatrics

²To select a BlueSelect Plus plan, companies must be headquartered in the 12-county region. Additionally, members must live in one of these 12 counties: (Missouri) Clay, Jackson, Platte, Cass, Clinton, DeKalb, Johnson, Lafayette, Ray, Caldwell, and (Kansas) Johnson and Wyandotte.

³EPO members must receive all care from in-network providers (BlueSelect Plus in the 12-county Kansas City area or BlueCard network outside of the 32-county area) except for emergency services.

⁴Only primary care services received at a Spira Care Center are at no additional charge. All other primary care services available through the BlueSelect Plus network are subject to deductible.

OPTIONAL DENTAL & VISION PLANS	Vision Plans					Dental Plans						
	Routine Exam	Frames	Std. Plastic Lenses ¹	Contact Lens Exam	Contact Lenses ²	Calendar Year Maximum	Deductible	Diagnostic & Preventative	Basic Services	Major Services	Orthodontics	Non-Participating Providers ³
CHOICE Base Vision & Dental	\$0	35% Off Retail	\$50/\$70/\$105	100% Member Responsibility	15% Off Retail / 100% Member Responsibility	\$1,000 Preventative does not apply towards Calendar Year Max	\$50 Indv / \$150 Family • Basic	PPO/GRID Providers ⁶ - 100% Choice/GRID+ Providers ⁷ - 100%	PPO/GRID Providers ⁶ - 90% Choice/GRID+ Providers ⁷ - 70%	Not Covered	Not Covered	Diagnostic & Preventative - 80% Basic - 60%
CHOICE Value Vision & Dental	\$0	\$130 Allowance ³	\$10/\$10/\$10	Std. Lens to \$40 Allowance ⁴	\$130 Allowance ⁵	\$1,000 Preventative does apply towards Calendar Year Max	\$50 Indv / \$150 Family • Basic & Major	PPO/GRID Providers ⁶ - 100% Choice/GRID+ Providers ⁷ - 100%	PPO/GRID Providers ⁶ - 80% Choice/GRID+ Providers ⁷ - 70%	PPO/GRID Providers ⁶ - 50% Choice/GRID+ Providers ⁷ - 50%	Not Covered	Diagnostic & Preventative - 80% Basic - 60% Major - 40%
CHOICE Buy-up Vision & Dental	\$10	\$150 Allowance ³	\$25/\$25/\$25	Std. Lens to \$40 Allowance ⁴	\$150 Allowance ⁵	\$1,500 Preventative does apply towards Calendar Year Max	\$50 Indv / \$150 Family • Basic & Major	PPO/GRID Providers ⁶ - 100% Choice/GRID+ Providers ⁷ - 100%	PPO/GRID Providers ⁶ - 90% Choice/GRID+ Providers ⁷ - 80%	PPO/GRID Providers ⁶ - 60% Choice/GRID+ Providers ⁷ - 50%	Not Covered	Diagnostic & Preventative - 80% Basic - 60% Major - 40%

¹Single Vision/Bifocal/Trifocal; ²Conventional/Disposable; ³20% off balance over Allowance; ⁴Premium Lens: 10% off Retail;

⁵Conventional: 15% off balance > Allowance; Disposable: 100% member responsibility > Allowance; Medically Necessary: \$0 Copay

See Benefits Summaries for Out-of-Network benefits

Limits: Routine Exam: 1 per 12 months; Frames: 1 per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 per 12 or 24 months (check plan details)

⁶Blue Dental PPO Providers: The preferred network of coverage 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.

⁷Blue Dental Choice Providers: An additional network of coverage 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.

⁸Non-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

LEVEL FUNDING ASO SETUP CHECKLIST

Step 1 – Required to Finalize ASO Rates

Must be completed and received by Blue KC by the 5th of the month PRIOR to the plan effective date.

- Complete and submit applications
(included in this PDF packet and available on BlueKC.com – Broker portal)
 - Group Application for Level Funding ASO
 - Group Application for Insured Dental and/or Life (must indicate if declining coverage)
 - Submit Completed Member Applications for Level Funding ASO (available on the BlueKC.com – Broker portal or through EasyApps)

Step 2 – Required for Final Sale and Group Setup

Must be completed by the 20th of month PRIOR to plan effective date.

- Complete Level Funding ASO Options Application and Agreement Package.
Scan and submit to Blue KC. From Step 1:
 - Group Application for Level Funding ASO
 - Group Application for Dental and/or Life (must indicate if declining coverage)
 - Administrative Services Agreement
 - Complete plan sponsor information, sign and date
 - Exhibit B – Attach Rate Card from the Blue Q proposal packet, initial page
 - Excess Health and Accident Coverage Agreement (Stop Loss)
 - Complete Coverage Effective Dates and Plan Sponsor Information
 - Complete plan sponsor information, sign and date
 - Complete Auto-Pay Authorization form (required for Level Funding ASO)
- All responses to information requests and updates for underwriting and group setup.
- All finalized employee plan selections.
- Binder payment for 100% of 1st month's remittance (Claims + Administrative Fees + Stop Loss Premium)
 - Based on final quote and census
 - EFT Draft will occur on the 1st of the month
 - Will be applied to 1st month's invoice due
- Submit Employer Group Size Survey (available on BlueKC.com – Broker portal)

Important – If signed applications, agreements and employee plan selections are not received by the 20th, coverage WILL be delayed until the first of the following service period (30+ days out).

Note:

- First automatic withdrawal for 100% of amount due will take effect on the first day of the second service period (month 2).
- Notify Blue KC immediately of any banking changes that will impact your automatic withdrawal.

LEVEL FUNDING ASO EMPLOYER CONSIDERATIONS

Billing & Payment

Blue KC Level Funding ASO plans will require electronic remittance of all plan funds (monthly maximum claims liability, administrative fees, and stop-loss insurance fees) by the first of the month. If the funds are not received, all claims payments will be put on hold until appropriate funds are received. If remittance is not received by the end of the month, your plan will be terminated (including Stop-Loss Insurance and Administrative Services).

Date	Sample Monthly Billing Cycle for May
April 20	E-bill Generated (viewable online within 48 hours)
May 1	May payment due
May 1	May remittance pulled via Electronic Fund Transfer (EFT)
May 10	Blue KC confirms May payment has posted
May 10	If payments have not posted, all claims payments will be immediately pended
May 31	If May payment has not posted, plan will be terminated effective May 1, and May claims will be denied

Note – Employers electing a Blue KC Level Funding ASO Options plan will be required to provide Blue KC with a binder payment equal to the first month remittance (maximum claims liability, administrative services fees and Stop-Loss Insurance). This must be received prior to any plan setup occurring in Blue KC’s systems.

Important: Self-Funded Plan Group Responsibilities

Offering a Self-Funded Group Health Plan has many unique benefits; however, there are also additional actions and responsibilities. Blue KC recommends that employers work with legal counsel to ensure they are able to fully fulfill the obligations of the Self-Funded Group Health Plan. Below is a list of helpful resources:

- Health Benefits Plan Resource Guide, provided by Blue KC and available online at BlueKC.com, or by contacting your Blue KC marketing representative.
- The Employee Benefits Security Administration’s guide, “Understanding Your Fiduciary Responsibilities Under a Group Plan,” available at <http://www.dol.gov/ebsa/publications/ghpfiduciaryresponsibilities.html>.
- The Center for Consumer Information & Insurance Oversight, www.CMS.gov.
- Minimum Essential Coverage Reporting (section 6055) is the responsibility of the Group. More information is available at <https://www.irs.gov/affordable-care-act/questions-and-answers-on-information-reporting-by-health-coverage-providers-section-6055>.

LEVEL FUNDING ASO DEFINITIONS

Self Funding

As an employer, when you choose to provide a self-funded medical plan, you are responsible for your employees' medical benefits directly. Your company assumes direct risk for the payment of claims filed with your plan. Blue KC Level Funding ASO plans have been specifically packaged for ease of administration and limited risk.

The Medical Plan

Blue KC offers a suite of Level Funding ASO plan designs. You may select up to five plan designs for your employees to choose from. Blue KC will provide a benefit booklet explaining the plan benefits, exclusions, and limitations.

Administrative Services Agreement

Blue KC will manage all claims administration for your medical plan. The Administrative Services Agreement is the contract you will sign authorizing Blue KC to process claims, billing, reporting, enrollment, membership changes, customer services, materials fulfillment, etc.

Stop-Loss Insurance Policy

The Stop-Loss Insurance Policy, also referred to as an Excess Loss Insurance Policy, protects your self-funded group health plan from catastrophic claims incurred by a single covered member (specific stop loss) or overall protections in the event that all of the claims exceed the dollar amount budgeted (aggregate stop loss). Blue KC Level Funding ASO plans include specific stop loss at \$20,000 and aggregate stop loss of 120 percent. This coverage will be for a 12-month contract period plus an additional 12-month run-out period. The Stop-Loss Insurance Policy outlines the coverage included with your Blue KC Level Funding ASO plan.

Note – The stop-loss policy is issued by Missouri Valley Life and Health Insurance Company (MVLH), a wholly-owned subsidiary of Blue KC.

Claim Funding

Blue KC Level Funding ASO plans have been specifically designed to determine your maximum claims liability. Once determined, the amount of your maximum claims liability will be remitted by you to Blue KC each month based on enrollment on the 20th day of the prior month. Money not paid out in claims in a given month will roll over. If your claims exceed the aggregate or specific stop-loss thresholds, your Stop-Loss Insurance Policy covers the additional eligible claims.

Year-End Settlement

In the event your plan does not incur the budgeted maximum claims liability, the medical plan will share the benefits of a positive claims experience. Two-thirds of the unused claims funds will be returned to the medical plan and one-third will be retained by Blue KC to help offset administrative costs (deferred administration fee). Settlement reconciliation will occur 15 months post the contract period (plan year).

Contractual Agreements

As an employer, you are directly responsible for your self-funded medical plan. Any services provided by Blue KC to help administer your plan must be supported by contracts. The following legal documents must be agreed to and signed by both parties.

- Business Associate Agreement (BAA)
- Administrative Services Agreement (ASA)
- Excess Loss Agreement (MVLH)

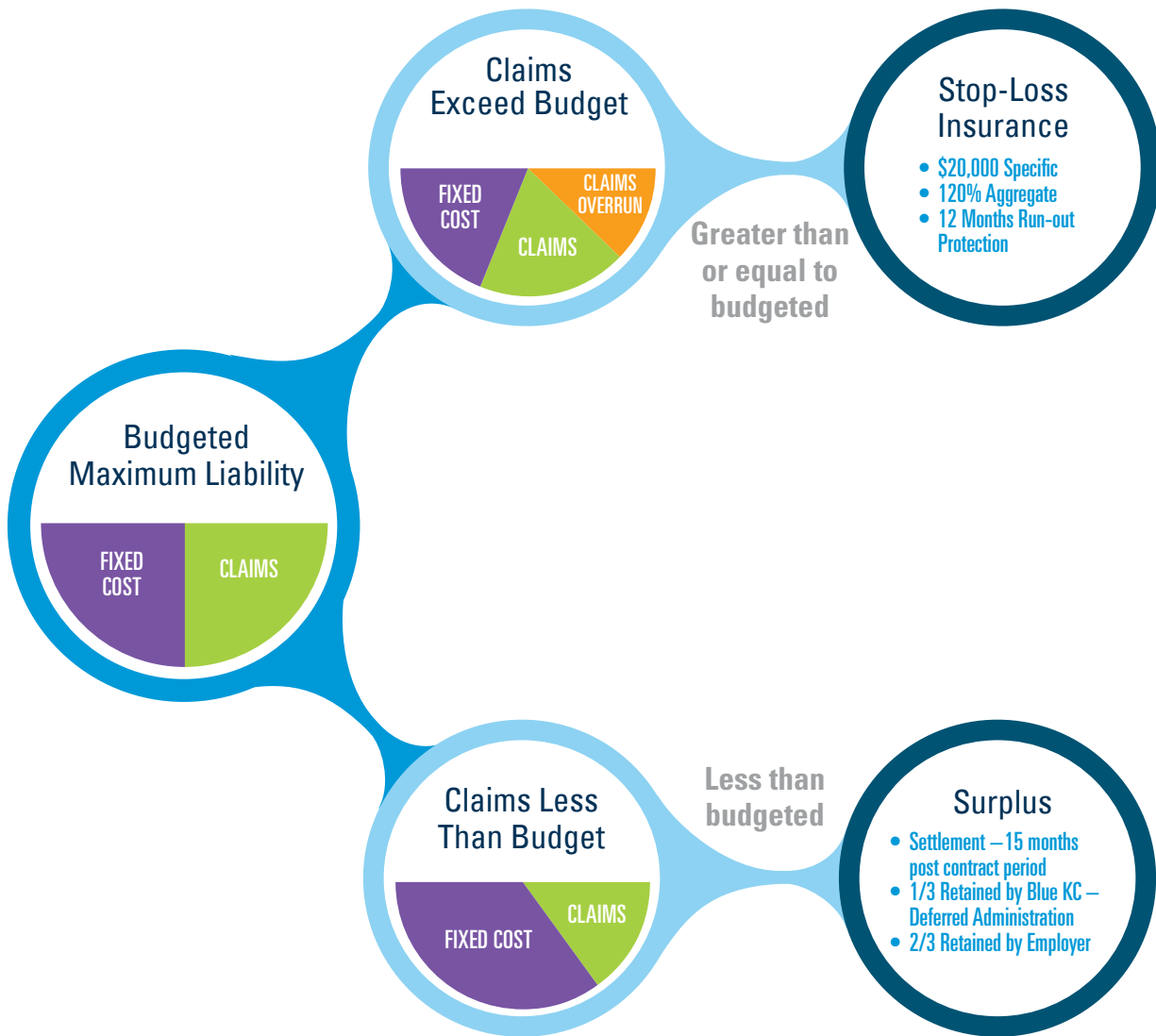
Financial Responsibility

The PCORI fee does not apply to plan years ending on or after Oct. 1, 2019. However, for non-calendar-year plans that ended between Jan. 1, 2019 and Sept. 30, 2019, there is one last PCORI payment due by July 31, 2020.

LEVEL FUNDING ASO

UNDERSTANDING YOUR PLAN

This guide was created to provide a quick overview of how the Blue KC Level Funding ASO plans function. These are self-funded plans designed specifically for the needs of small employers. Comprised of maximum claims funding, administrative services and stop-loss insurance, the Blue KC Level Funding ASO plans are easy to administer.

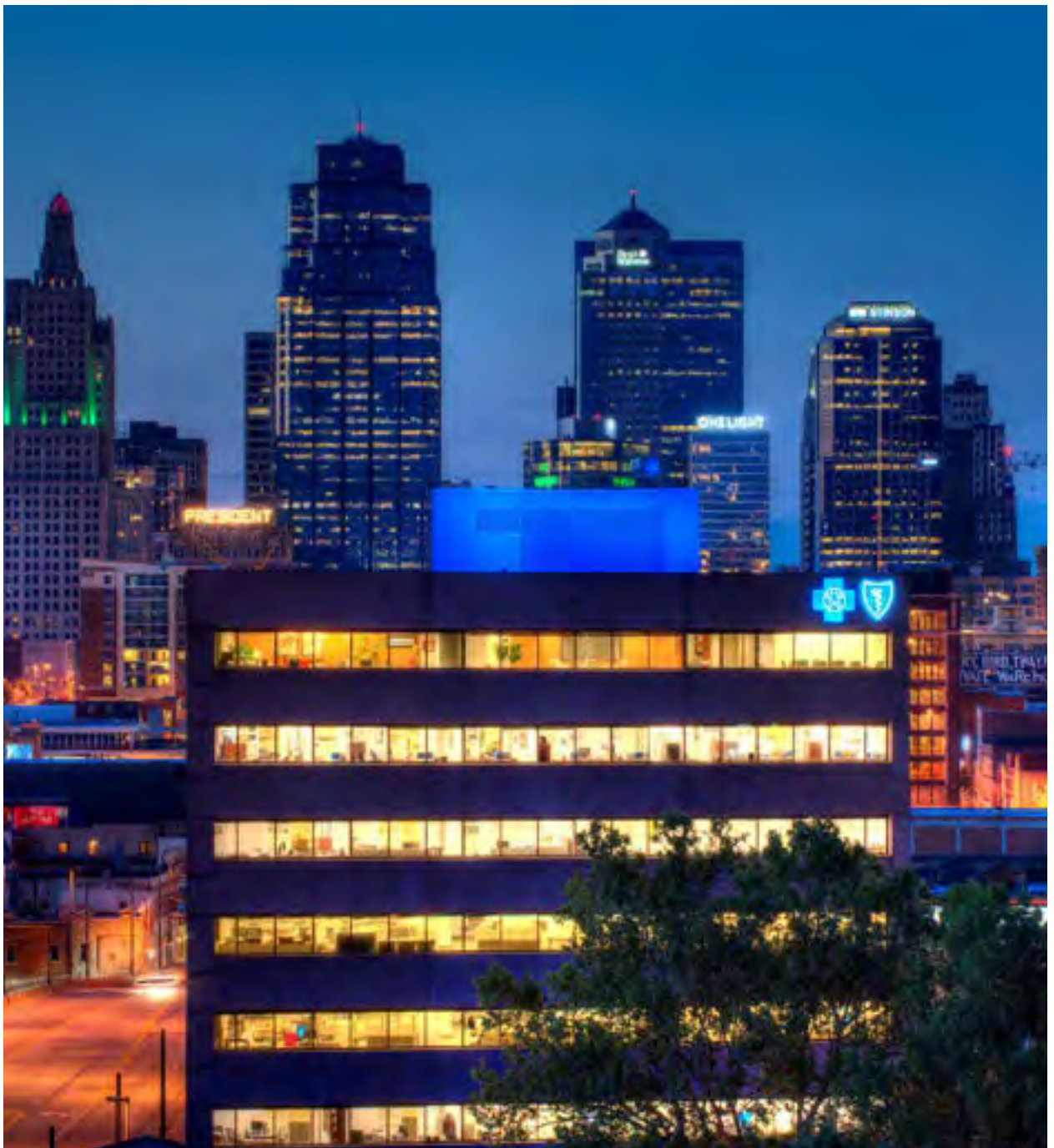


Please note Fixed Costs include administration fees and stop-loss insurance premiums.

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 your options, visit us online at BlueKC.com. Prefer to talk in person? Call your broker or contact a small group Blue KC representative at 816-395-2939.



WE
ARE **HERE FOR GOOD**



2301 Main Street | Kansas City, MO 64108
816-395-2939 | BlueKC.com

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