WE ARE HERE FOR MAKING OUR PLANS FIT YOURS.
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

SERVICE AREA AND NETWORKS

BLUE KC HEADQUARTERS

WYANDOTTE KANSAS

JOHNSON KANSAS

4 | SMALL GROUP PRODUCT GUIDE
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® with BlueCard®**
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 4,100+ local providers and 10 top hospitals – a network specially designed for sustained 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® and BCBS Global Core®**
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, 6,800+ 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.
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 4,100+ 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 4,100+ 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

OUT OF NETWORK (EPO and PPO coverage varies)

4,100+ providers and 10 hospitals primarily located in these six counties
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.

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

PRODUCT TYPE
Exclusive Provider Organization (EPO)

Spira Care Centers
Crossroads • Lee’s Summit • Liberty • Olathe • Shawnee • Tiffany Springs • Wyandotte

BlueSelect Plus
4,100+ providers and 10 hospitals primarily located in these six counties

NO COVERAGE
## Small Group Market Segment — 2-99*

<table>
<thead>
<tr>
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</table>

* 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.
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.
3 Subject to plan cost share.
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.
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

**Overland Park**
7341 W 133rd St
Overland Park, KS 66213

**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)
MINDFUL by Blue KC
NEW AND ENHANCED BEHAVIORAL HEALTH SERVICES

Behavioral health is the emerging health challenge many of our employer groups are facing.

Mindful By Blue KC is dedicated to reducing stigma around behavioral health in our communities while making care accessible and affordable for our members.

Mindful by Blue KC is a commitment to covering the health needs of the whole person. For those we serve, this initiative comes to life as a set of tools and resources to address stress, depression, anxiety, substance use and more. This ensures our members can access and afford the behavioral healthcare they need.

BEHAVIORAL HEALTH SERVICES FOR THE WHOLE PERSON
No matter what an employee is facing, the right treatment is the key to getting back in control.

Mindful by Blue KC services include:

- **Well-Being Resources**
  Help with major life events (i.e. divorce), stress, financial issues, childcare and other everyday challenges.

- **Online Therapy**
  Live chat, phone or video therapy sessions can be scheduled to help with conditions like depression, anxiety and stress. Accessible via text.

- **Blue KC Virtual Care App**
  A video visit can be scheduled with a behavioral health therapist right from the comfort of an individual’s home.

- **Online Self-Guided Tools**
  Helpful tools to address depression, anxiety, stress, substance use, chronic pain, sleep challenges and more.

- **Expedited Access Network**
  Team support to find the earliest possible behavioral health appointment in the event of a crisis.

- **Managed Behavioral Health**
  Help with identifying in-network providers by type and specialty in order to best meet an individual’s health needs.

- **Communication Support**
  We’ve created a “Mindful by Blue KC Playbook” for employers that includes touch points and a 4-week action plan to encourage employee utilization.
GOING BEYOND TRADITIONAL SERVICES

Mindful by Blue KC goes beyond the usual scope of standard EAP programs, with easier access to help, more ways to use it, and more care visits included. Mindful by Blue KC is designed to meet the needs of today’s employees while normalizing the use of behavioral health services.

Learn more at MindfulBlueKC.com
BLUE KC VIRTUAL CARE

With Blue KC Virtual Care, employees have access to care 24/7/365 right from a smartphone, tablet, or computer.

The Blue KC Virtual Care app and BlueKCVirtualCare.com is a convenient, affordable alternative to urgent care, or if a primary care doctor is unavailable, for minor issues.

No appointment necessary
Your employees have access to board-certified doctors any time of the day, including holidays, without the need to make an appointment.

Sick care and behavioral healthcare
Virtual Care is an excellent option for conditions like colds, flu, sore throats, rashes, urinary tract infections, and more. But it is also an option for behavioral health conditions like anxiety, depression, substance abuse, and more - available by appointment.

Download the Blue KC Virtual Care App
Go to your Apple or Google app store, or visit BlueKCVirtualCare.com.
SMALL GROUP
ACA PLAN OPTIONS
For Businesses with 2-50 Employees
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.

**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 | CONSUMERSURANCE | SINGLE DEDUCTIBLE | FAMILY DEDUCTIBLE | SINGLE COP Premium | FAMILY COP Premium | TOTAL CARE Benefit | SFMA MODEL WORK | NETWORK CODE | BENGIT CARE | SPEC VISITS | HOSPITAL | EMERG RM | IMAGING | PRESCRIPTION DRUGS | RX NETWORK | DEDUCTIBLE TYPE |
|---------|---------------|----------------|------------------|-------------------|------------------|--------------------|--------------------|-------------------|----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----------------|-------------|----------------|
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.
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.
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<th>Plan Name</th>
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1. Priority Care Physicians include General Practice, Family Practice, Internal Medicine, and Pediatrics.
2. Only primary care services received at a Spira Care Center are at no charge. All other primary care services available through the BlueSelect Plus network are subject to deductible.
3. Spira Care Network includes all U.S. urgent care centers and network through the BlueSelect Plus network. The Spira Care Network is only available to employees (including their eligible dependents) who live in the 12 county metro area and seek care in the 6 counties of Clay, Jackson, Plate and Clinton in MO and Wyandotte and Johnson in KS.
4. Additional coinsurance may apply. Please see plan summary for list of network services covered and any exceptions.

Additional information may apply. Please see plan summary for list of network services covered and any exceptions.

**FULLY INSURED PLAN OPTIONS**

For Businesses with 51-99 Employees
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.
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For Businesses with 5-99 Employees

4 Additional coinsurance may apply. EPO plans do not provide coverage for Out of Network services except in cases of emergency.

3 A high performing network, BlueSelect Plus, is limited to groups located in the 12-county Kansas City metropolitan area which includes Clay, Jackson, Platte, Cass, Clinton, DeKalb, Johnson, Lafayette, Ray and Caldwell in Missouri, and Johnson and Wyandotte counties in Kansas. The BlueSelect Plus products are only available to employees who live in the 12 county metro area and seek care in the 6 counties of Clay, Jackson, Platte and St. Louis.

2 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 person.

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

# Deductible

BlueSelect Plus* EPO $7,000
- Single: $7,000
- Family: $14,000

Spira Care HSA
- Deductible: $7,000
- Out-of-Pocket Maximum: $12,000

EPO plans do not provide coverage for Out of Network services except in cases of emergency.

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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.

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- 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

<table>
<thead>
<tr>
<th>Member Coverage</th>
<th>Out-of-Network Network</th>
<th>Out-of-Network Single</th>
<th>Out-of-Network Family</th>
<th>PPO* Blue KC Preferred Care Providers</th>
<th>Spec Urgent Care ER</th>
<th>Facility/ Hospital</th>
<th>TR1</th>
<th>TR2</th>
<th>TR3</th>
<th>T4 Deductible Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice PCB PPO $3,900</td>
<td>10% 30%</td>
<td>$1,000 $2,000 $1,000 $2,000 $3,000 $7,000 $7,000 $14,000 $25 $25 $25 $100 + Ded/Coins</td>
<td>DedCare</td>
<td>$15 $15 $15 $100</td>
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</tr>
<tr>
<td>Choice PCB PPO $3,900</td>
<td>20% 40%</td>
<td>$2,000 $9,000 $2,000 $5,000 $9,000 $13,000 $10,000 $20,000 $25 $10 $25 $25 $25</td>
<td>DedCare</td>
<td>$15 $15 $15 $100</td>
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<td></td>
</tr>
<tr>
<td>Choice PCB PPO $8,000</td>
<td>20% 40%</td>
<td>$8,000 $10,000 $8,000 $10,000 $13,000 $13,000 $12,000 $20,000 $25 $25 $25 $25</td>
<td>DedCare</td>
<td>$15 $15 $15 $100</td>
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<td></td>
</tr>
<tr>
<td>Choice PCB BlueGaurd HSA $3,900</td>
<td>0% 30%</td>
<td>$3,000 $7,000 $3,000 $7,000 $3,000 $7,000 $7,000 $14,000</td>
<td>Deductible</td>
<td>$10 Deductible</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice BlueSelect Plus / PPO $4,500</td>
<td>0% 30%</td>
<td>$4,500 $9,000 $4,500 $9,000 $4,500 $9,000 $9,000 $18,000</td>
<td>Deductible</td>
<td>$10 $10 $40 $40 $100 + Ded/Coins</td>
<td>Deductible</td>
<td>$15 $15 $15 $100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice ESP Blue Care $7,500</td>
<td>0% N/A</td>
<td>$2,000 $2,000 N/A N/A N/A N/A</td>
<td></td>
<td>Spina No Charge Spina No Charge</td>
<td>Deductible</td>
<td>Deductible</td>
<td>Deductible</td>
<td>Deductible</td>
<td>Deductible $15 $25 Deductible</td>
<td></td>
</tr>
</tbody>
</table>

### OPTIONAL DENTAL & VISION PLANS

<table>
<thead>
<tr>
<th>Dental Plans</th>
<th>Vision Plans</th>
<th>Calendar Year Maximum</th>
<th>Deductible</th>
<th>Diagnostic &amp; Preventative</th>
<th>Basic Services</th>
<th>Major Services</th>
<th>Orthodontia</th>
<th>Non-Participating Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice Basic Vision &amp; Dental</td>
<td>$0</td>
<td>100% Member Responsibility</td>
<td>$1,200 Preventative does not apply to Calendar Year Max</td>
<td>$30 Indv / $50 Family / Base</td>
<td>PPO/GIC Provider - 80% Choice/GIC + Provider - 100%</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Diagnostic &amp; Preventative - 80% Base - 60%</td>
</tr>
<tr>
<td>Choice Value Vision &amp; Dental</td>
<td>$0</td>
<td>100% Member Responsibility</td>
<td>$3,000 Preventative does not apply to Calendar Year Max</td>
<td>$30 Indv / $50 Family / Base</td>
<td>PPO/GIC Provider - 80% Choice/GIC + Provider - 100%</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Diagnostic &amp; Preventative - 70% Base - 80% Major - 60%</td>
</tr>
<tr>
<td>Choice Extra Vision &amp; Dental</td>
<td>$10</td>
<td>100% Member Responsibility</td>
<td>$1,500 Preventative does not apply to Calendar Year Max</td>
<td>$30 Indv / $50 Family / Base</td>
<td>PPO/GIC Provider - 80% Choice/GIC + Provider - 100%</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Diagnostic &amp; Preventative - 70% Base - 80% Major - 60%</td>
</tr>
</tbody>
</table>

### DENTAL PLANS

| Level Funding ASO Plan Options
<table>
<thead>
<tr>
<th>ChamberCHOICE</th>
</tr>
</thead>
</table>

| CHOICE | $3,000 | 30% | Single Vision/Bifocal/Trifocal; 30% Off Retail; 35% Off Retail |
| CHOICE | $2,500 | 40% | Single Vision/Bifocal/Trifocal; 30% Off Retail; 35% Off Retail |
| CHOICE | $5,000 | 50% | Single Vision/Bifocal/Trifocal; 30% Off Retail; 35% Off Retail |

### NOTES

1. Blue 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 GIC Blue Cross Blue Shield national network.1
2. Blue 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 GIC Blue Cross Blue Shield national network.1
3. Non-Participating Providers: Seeing a non-participating dentist results in the highest out-of-pocket costs for covered services. Members may be responsible for filing claims and may be balanced billed by the non-participating provider.
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)
   ☐ Complete the Spira Care Disclosure form (if offering a Spira Care product)
   ☐ All responses to information requests and updates for underwriting and group setup.
   ☐ All finalized employee plan selections.
   ☐ EFT payment for 100% of 1st month’s remittance (Claims + Administrative Fees + Stop Loss Premium) (Check NOT required)
      • 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).

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

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](http://BlueKC.com),
or by contacting your Blue KC marketing representative.


- The Center for Consumer Information & Insurance Oversight, [www.CMS.gov](http://www.CMS.gov).

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 applies to specified health insurance policies with policy years ending after September 30, 2012, and before October 1, 2029, and applicable self-insured health plans with plan years ending after September 30, 2012, and before October 1, 2029.
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