



Blue Cross and Blue Shield of Kansas City

MEMBER GUIDE

Fully Insured No Rx



Blue Cross and Blue Shield of Kansas City
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Welcome To Blue KC

AT BLUE CROSS AND BLUE SHIELD OF KANSAS CITY (BLUE KC), WE ARE HERE. HERE FOR ASKING THE BIG QUESTIONS TO GET TO THE BIG IDEAS. FOR MORE THAN 80 YEARS, OUR BIG IDEAS HAVE HAD ONE THING IN COMMON: BETTER HEALTHCARE FOR OUR MEMBERS. WE'RE COMMITTED TO ADDRESSING THE NEEDS OF THE COMMUNITIES WE SERVE THROUGH VITAL INVESTMENTS AND PARTNERSHIPS—ALL WITH THE GOAL OF IMPROVING HEALTHCARE QUALITY, AFFORDABILITY AND ACCESS TO CARE, FOR OUR MORE THAN ONE MILLION MEMBERS.

Your Blue KC coverage brings you healthcare choices that fit the way you live, and we're here to help you navigate your healthcare experience and show you how to get the greatest benefits from your plan.

This booklet includes the following sections:

Getting Started

- Ways to access the most important information about your plan.

Finding Care

- Tips and tools for connecting you to healthcare providers.

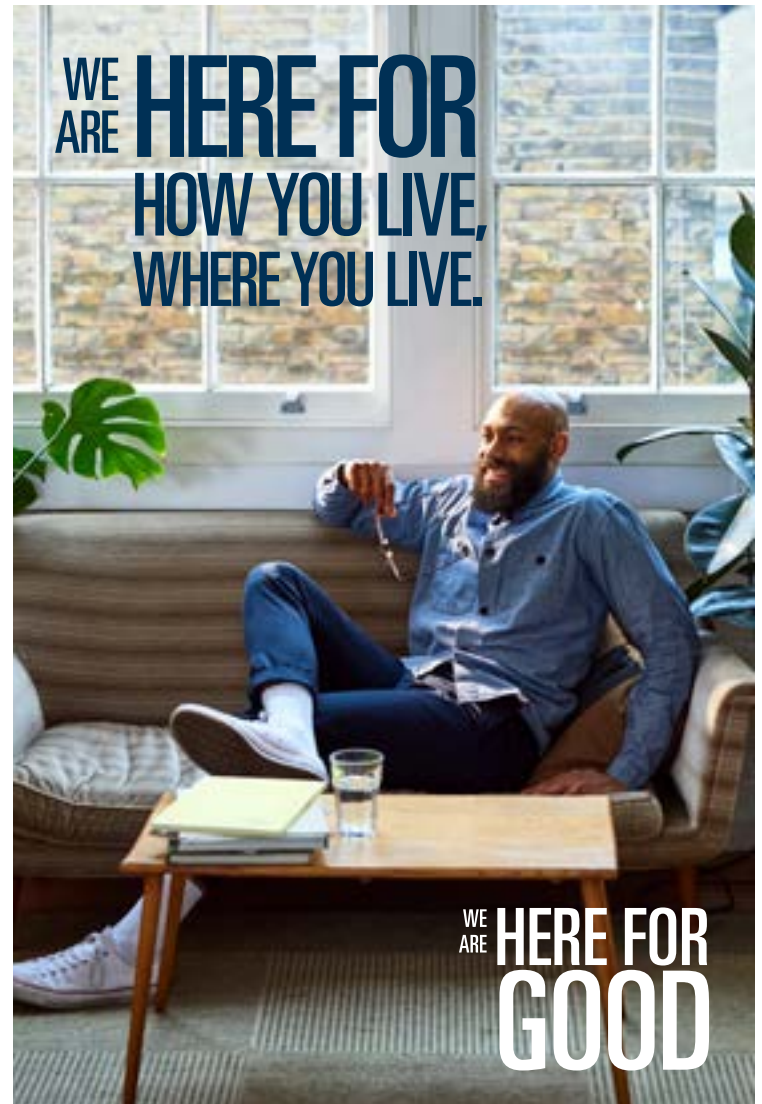
Living Healthy

- A run-down of health and wellness programs and benefits included with your plan.

Pharmacy Benefits

- Helpful details about how you can fill prescriptions and save on your medication.

Please review the following pages thoroughly, and file this in a safe place for future reference.



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Definitions You Should Know

COINSURANCE

The percentage of costs of a covered healthcare service you pay (for example, 20%) after you've paid your deductible.

COPAYMENT

The fixed amount (for example, \$25) you pay for a covered healthcare service, usually when you receive the service. The amount can vary, depending on the provider and the type of healthcare service.

DEDUCTIBLE

The amount you pay for services received before your health plan begins to pay. For example, if your deductible is \$1,000, your health plan will not pay for covered services until you've paid \$1,000 toward your covered healthcare expenses. After that, your health plan will pay for all covered services until the end of that benefit year.

EXPLANATION OF BENEFITS (EOB)

It looks like a bill, feels like a bill, but an EOB is not a bill. If you have a health plan, it's the statement you get from your insurance company after you receive services from a healthcare provider. The EOB lists several things including the services you received, the amount of cost your plan covers and the total amount billed to you. So, though it's not a bill, it often tells you what you'll end up paying. It also explains why a claim was or was not paid. Each time you receive an EOB, you should review it closely to see if there are any mistakes. Some companies recommend you keep all of your EOBs for at least two years.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

A plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more healthcare costs yourself before the insurance company starts to pay its share (your deductible). An HDHP can be combined with a Health Savings Account (HSA), allowing you to pay for certain medical expenses with money free from federal taxes.

HEALTH MAINTENANCE ORGANIZATION (HMO)

A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage. HMOs often provide integral care and focus on prevention and wellness.

HEALTH SAVINGS ACCOUNT (HSA)

An HSA allows you to pay for qualified medical expenses with tax-free money. To qualify for an HSA, you must have a high deductible health plan, otherwise known as an HDHP. In general, you can use the money in your HSA to pay for deductibles, copayments and other expenses not covered by your health plan, like dental or vision expenses. If you don't use all the money in your account by the end of the year, don't worry. The money rolls over from year to year. An HSA is also portable, so you can take it with you if you change employers.

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Definitions You Should Know

IN/OUT-OF-NETWORK

In many healthcare plans, such as a PPO or an HMO, an in-network provider is a doctor, hospital or other healthcare professional that has an agreement with your insurance company to provide services to plan members for a set rate.

This in-network provider specifically accepts your insurance carrier and plan type. That usually means your insurance company will pay a larger percentage of your healthcare charges.

An out-of-network provider is any provider that does not have a contract with your healthcare plan. Generally, your insurance company will pay less money or not pay anything at all for services you receive from out-of-network providers.

To save money, it's important to understand who is an in-network provider in your healthcare plan. To learn more, contact your health benefits administrator.

OPEN ENROLLMENT

Open enrollment, also known as annual enrollment, is a period of time usually, but not always, occurring once per year, when employees may make additions, changes or deletions to their elected benefit options. In most cases, employees can only make changes in benefits elections during open enrollment or when they have experienced a specific qualifying event like the birth of a child or marriage. During this time period, an employer will typically communicate to all eligible employees what options they have for their benefit program. Open enrollment is your opportunity to review your insurance and spending accounts benefits coverage and make choices for the upcoming calendar year. You should actively enroll during open enrollment to ensure your benefits meet your needs.

PREFERRED PROVIDER ORGANIZATION (PPO)

A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network. You can use doctors, hospitals and providers outside of the network for an additional cost.

PREMIUM

The amount you pay for your health plan, usually biweekly or monthly.

Want to learn more?



Review the Blue KC glossary online at [BlueKC.com/Consumer/Glossary.html](https://www.bluekc.com/Consumer/Glossary.html)

to find general definitions and examples of health insurance terms. Keep in mind that you'll need to refer to your certificate or contract documents for terms related to your specific health insurance plan. The terms found in those documents are legally binding and supersede the definitions and examples found in the glossary.

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Connect With Us

Whether you're looking for healthy tips or have a question to ask, our social media communities offer you a quick and easy way to connect, learn or just give a quick 'hello' to your hometown health insurance provider.



Blue KC Is Here To Help

Need help? Don't worry, we're just a phone call away. If you have any questions, comments or concerns, call Customer Service at the phone number listed on your member ID card. We're available Monday through Friday from 8 a.m. to 8 p.m. Central Time. Plus, tons of tools and resources are available to you 24/7 at [MyBlueKC.com](https://www.MyBlueKC.com).

Provider Directory

As a Blue KC member, you're part of the largest provider network in the Kansas City area, with extensive access to medical professionals who meet your specific healthcare needs. The Blue KC Find Care tool on [BlueKC.com](https://www.BlueKC.com) can help you find the most up-to-date and accurate information when you're looking to find or get basic information about a network doctor, hospital or other healthcare provider.

To view the most accurate information related to your Blue KC network, be sure to first log in as a member on [MyBlueKC.com](https://www.MyBlueKC.com). By doing so, the results from the Doctor and Hospital Finder will be tailored to your specific Blue KC network.



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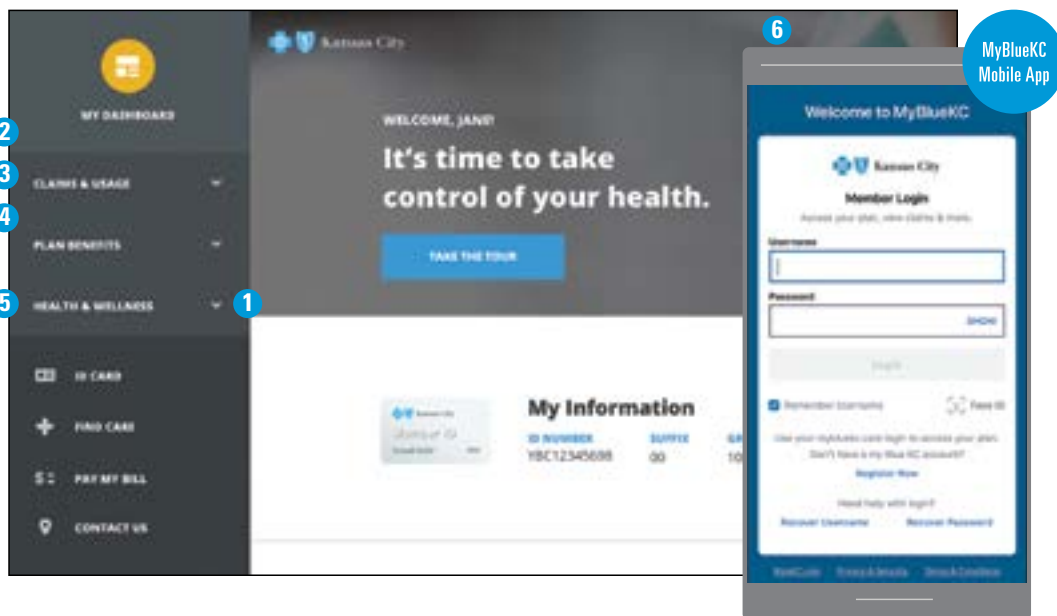
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Your Member Portal On MyBlueKC.com

Please register online at MyBlueKC.com or on the MyBlueKC mobile app to take advantage of helpful tools and information.

- My Information** – Quickly view, print or email a copy of your member ID card.
- Claims & Usage** – Check the status of your claims and export a list of past claims. You can view a copy of your Explanation of Benefits, which you receive within approximately 14 days of a claim being processed. This section also includes graphs to illustrate your progress toward your deductible and out-of-pocket maximum.
- Plan Benefits** – View your medical certificate, summary of benefits and coverage, and more. If your Blue KC policy includes pharmacy benefits, you'll have tools to help you locate a pharmacy, learn about the differences between generic and brand name medications, save on prescriptions and access the Blue KC Prescription Drug List.
- Health & Wellness** – We're proud to offer a variety of resources to help you stay healthy and live well. Learn more about our **A Healthier You™** wellness program and a variety of other programs available.



- Find Care** – This is where you can access the Blue KC Doctor and Hospital Finder. See which healthcare providers are covered by your network, and search for ones who can meet your specific needs. From this section you can also search for a pharmacy or dentist.
- Contact Us** – Get answers to questions about your Blue KC policy or health insurance in general.

Register even if you don't have your member ID card using these three easy steps:

- Go to MyBlueKC.com and click **REGISTER**.
- Click the "I don't have my ID card" link.
- Follow the instructions—you'll be asked to provide some general information and answer questions to verify your identity.

NOTE: Once you've registered online, the same information can be used to access the MyBlueKC mobile app.



Visit MyBlueKC.com



or download the **MyBlueKC mobile app** to access your member ID card and much more, wherever you go.



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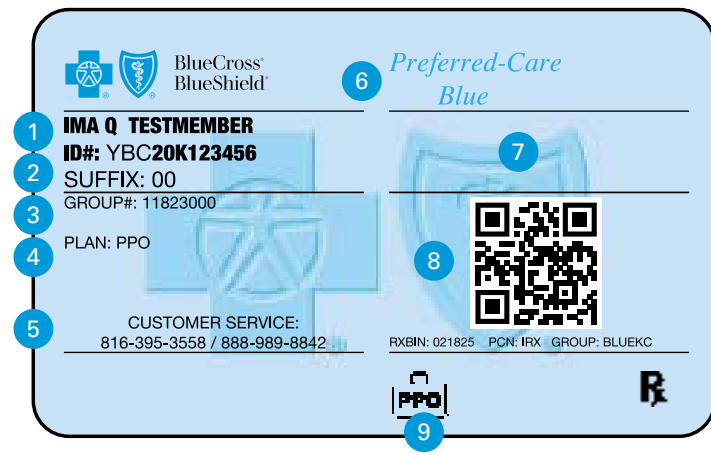
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Your Blue KC Member ID Card

Please present your card anytime you visit your doctor, receive healthcare services or fill a prescription. It contains information healthcare professionals need to make sure your care is covered.

Understand and Access Your Member ID Card



- Member ID Number** – Number we use to identify you and your policy. Contains a three letter alpha prefix, followed by your ID number. You do not need to include the alpha prefix when providing your member ID number.
- Suffix** – This number is unique for each member covered on your policy.
- Group Number** – Number we use to classify our members into groups, usually by the employer they receive their plan from, or a direct pay group.
- Plan Type** – Describes what type of plan you have (for example, a PPO plan).
- Customer Service Phone Number** – Our team is available Monday through Friday, from 8 a.m. to 8 p.m. Central Time. We're here to help.
- Network Name** – This is the network of hospitals, doctors and other healthcare professionals that accept your Blue KC policy. It's important that you see providers in this network to maximize the benefits of your policy.
- In Network Deductible & Out of Pocket** – This space will include your plan's applicable In Network Deductible and max Out of Pocket amounts.
- QR Code** – Use the camera on your mobile device to scan this code to view your benefit summary.
- Suitcase** – Some Blue KC members have access to the "BlueCard®" program, which extends to all 50 states.



A digital version of your Member ID Card is always available on the **MyBlueKC mobile app** OR on MyBlueKC.com.

Visit MyBlueKC.com

or download the **MyBlueKC mobile app** to access your member ID card and much more, wherever you go.

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What To Expect On Your Explanation Of Benefits (EOB)

When you visit a doctor or hospital, they work with Blue KC to file a claim on your behalf. These claims are outlined on your EOB. It's your go-to reference for important information like how much of your care was covered and how much you may still need to pay.

Blue KC generates EOBs within approximately 14 days of a claim being processed as opposed to each time a claim is processed. If multiple claims come in within the same window, they are included on the same EOB. This cuts down on the amount of paperwork you receive, while still providing timely and important details on a regular basis.

1 THIS IS NOT A BILL
This is an Explanation of Benefits.
Keep this document for your records.

2 Name of Insured: John Q Patient
Member ID: 1234567890
Group Number: 0000000000
OUT OF NETWORK CLAIM INCLUDED

3 TOTAL NUMBER OF CLAIMS: 2
Information below is for claims received from: 1/1/19 through 1/15/19

4 Dear John Q Patient:
The following is a summary (commonly referred to as an Explanation of Benefits (EOB)) for your recent medical claim(s) during the time period referenced above. This document will provide details of how your recent claim(s) were processed by Blue Cross and Blue Shield of Kansas City (Blue KC) and may include information about copays, deductibles, coinsurance or non-covered charges you may owe to the healthcare provider(s) listed below. Use this EOB to verify the accuracy of any bill you may receive from your healthcare provider(s).

5 SUMMARY

Total Charges: \$1,500.00	This is the total amount for claims received for the dates of service 1/1/19 through 1/15/19.
Total Amount Paid by Blue KC: \$495.00	This is the amount Blue KC paid for the billed services based on your benefits. Please see the claim detail section that follows for more information.
Amount You May Owe: \$305.00	This is the amount the healthcare provider may bill you because you have a deductible, copay, coinsurance or if perhaps the service was not covered by your insurance plan. A breakdown of your total financial responsibility is shown in the claim detail section that follows.

HERE'S A LOOK AT YOUR BLUE KC EOB!

- This is Not a Bill:** Your EOB is documentation of how Blue KC has processed your claim. If you do receive a bill from your provider, you can use your EOB to ensure the amount billed is correct based on your Blue KC coverage.
- Member Information:** Information about you and your insurance coverage. If an out of network claim has been filed, it is clearly noted here.
- Total Number of Claims:** Information about your recent claim(s) within the time period outlined.
- Narrative:** A brief overview of how your claim was processed.
- Summary:** A simple overview to show how your claim is paid. Please review the Claim Details section for further details.
- Claim Details:** This area combines critical payment information into one convenient summary. Please review this carefully as it clearly outlines the Blue KC negotiated savings as well as any fees and services for which you are responsible.
- Blue KC Discount Amount:** Blue KC has negotiated these savings with providers on your behalf. Please note any out-of-network provider may bill you for an additional amount based on contract status.

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6 **CLAIM DETAILS**

Claim # 8921F32D900
 Name of Insured: John G Patient
 Healthcare Provider Name: Your Doctor, MD
 Claim Network Status: **OUT OF NETWORK**

Date of Service	Type of Service	Total Charges	Not Covered/Not Eligible	Reason Code	Blue KC Discount Amount	Covered By Blue KC	Copay	Coinsurance	Applied to Deductible	Blue KC Payment Amount
1/1/19 1/1/19	OMP	\$1,000.00	\$0.00	CC	\$500.00	\$500.00	\$0.00	\$25.00	\$250.00	\$175.00
Totals		\$1,000.00	\$0.00		\$500.00	\$500.00	\$0.00	\$25.00	\$250.00	\$175.00

Amount You May Owe: \$275.00

Claim # 8921A24V672
 Name of Insured: John G Patient
 Healthcare Provider Name: Your Doctor, MD
 Claim Network Status: **In-Network**

Date of Service	Type of Service	Total Charges	Not Covered/Not Eligible	Reason Code	Blue KC Discount Amount	Covered By Blue KC	Copay	Coinsurance	Applied to Deductible	Blue KC Payment Amount
1/1/19 1/1/19	OMP	\$300.00	\$0.00		\$200.00	\$300.00	\$0.00	\$30.00	\$0.00	\$170.00
Totals		\$300.00	\$0.00		\$200.00	\$300.00	\$0.00	\$30.00	\$0.00	\$170.00

Amount You May Owe: \$30.00

TYPE OF SERVICE DESCRIPTION
 OMP - Outpatient Office Medical Services, Physician

REASON CODE DESCRIPTION
 CC - Choice Plus Contractual Allowance

To help protect your privacy, Blue KC does not include additional details beyond the Type of Service Description included on this EOB. Contact the healthcare provider who performed the service for more information.

13 **ANNUAL USAGE**

These totals are accurate as of the last claim shown on this document, if you received care more recently, unprocessed claims for that care will not yet be reflected on the totals shown here. You can also log into MyBlueKC.com to view your plan usage information, including your current deductible amount (if applicable) and out-of-pocket expenses.

ANNUAL DEDUCTIBLE

is the dollar amount you pay for covered healthcare services before your insurance plan starts to pay.

ANNUAL OUT-OF-POCKET MAX

is the maximum amount you pay for covered services.

14 **SAVINGS PROVIDED BY BLUE KC**

As a **Blue KC** member you have saved **\$700** on the services listed on this EOB.

8. **Covered by Blue KC:** This is the total of the claim after all discounts and other reductions. Deductible and coinsurance amounts are calculated from this figure.
9. **Copay:** The amount a member must pay each time a specific covered service is received, if your policy includes copayments.
10. **Coinsurance:** The percentage of an allowable charge you must pay for a covered service. Generally, the deductible must be met before your coinsurance applies.
11. **Applied to Deductible:** The portion of the claim being applied to your plan deductible. This amount must be paid by you before benefits become payable by Blue KC.
12. **Blue KC Payment Amount:** This is the amount that Blue KC will pay to the provider or member for the claim.
13. **Annual Usage:** This area documents what your deductible status was at the time the claim was processed. Many times, this information will be outdated by the time you receive an EOB. You can get your most recent and up-to-date deductible information in your member portal at MyBlueKC.com under the Claims & Usage section.
14. **Savings Provided by Blue KC:** This is the total amount that you have saved as a Blue KC member on this EOB.

Your EOBs are always available in your member portal on MyBlueKC.com under the Claims & Usage section. You can also sign up for paperless EOBs in the **Communication Preferences** section.

Plus download the [MyBlueKC mobile app](#) to access your EOBs and more anytime, wherever you go.

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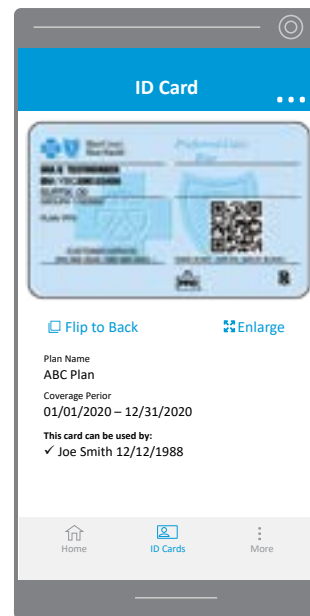
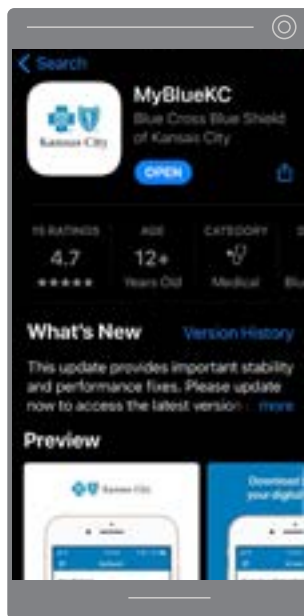
Access your health insurance information anytime, wherever you go.

The MyBlueKC app makes it easy to manage your Blue KC coverage – no matter where you are. The app will help you understand your healthcare plan and how it works.

From claims to out-of-pocket costs to finding care, you'll have the information you need to manage your plan and get the most from your Blue KC coverage. All you need is a smartphone and the MyBlueKC app.

Registration is simple!

If you've already registered on our website, MyBlueKC.com, you can use that same log in for the app. Otherwise, follow the steps to easily register. The app provides a customized experience based on your plan and coverage.



THE MYBLUEKC APP PUTS SO MUCH IN YOUR HANDS.



Download your digital ID card



Access benefit information about your plan



View details about your claims



Review spending for the current plan year



Understand costs with a Cost Estimator



Find doctors and specialists in your network

Use the app to learn about other benefits and programs that come with your Blue KC coverage.

Download the MYBlueKC Mobile App



You're just moments away from being able to manage your Blue KC coverage on-the-go. Simply download and take control.



Questions?

Please call Blue KC Customer Service at the number listed on your member ID card.

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Getting Started

A simple, secure way to connect with your healthcare.

Texting has never been healthier. With our innovative messaging platform, you can manage your health at the speed of life – and get even more out of your Blue KC coverage. Simply opt in, and we'll deliver messages related to your health and health plan right to your mobile device.

Get important messages, live a healthier life.

Connect with a secure mobile portal where you can receive all kinds of important health information.



Health and wellness tips



Suggestions on where to go for care



Cost-saving tips



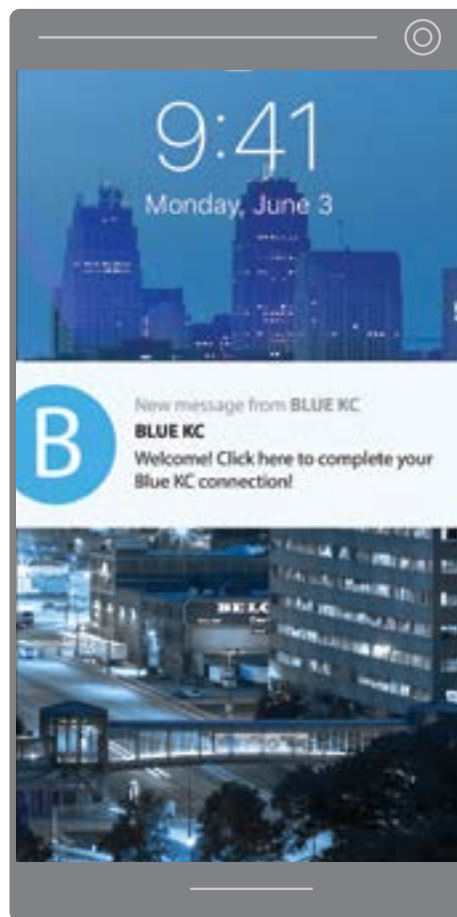
Member-only offers



Policy information and updates

Designed with your health and privacy in mind.

- A secure space for personalized messages about your care and coverage
- A secure and HIPAA-compliant portal
- Any person on your policy can opt-in at any time
- You can opt out of the service at any time by replying **STOP**



How to opt in for Blue KC text message alerts.



You're just moments away from being able to manage your Blue KC healthcare on-the-go. Simply opt-in and take control. Call this number to sign up: 1-888-625-0529, or text BLUEKC to 73529. If you're a Spira Care member, call: 1-888-625-0530 or text SPIRACARE to 73529



Blue Cross and Blue Shield of Kansas City

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Finding Care

Knowing Where To Go For Care Starts Here

Getting the right care, at the right place and the right time, can save you time, money and improve your overall health.

Learn about all of your care options.

You have a lot of choices of where to go for medical care. We can help you sort through these options, so that you do what's right for your health, and your wallet. The next time you're wondering where to turn, visit BlueKC.com/WTG.



Primary Care Doctor

The go-to place for managing your healthcare. Your primary care doctor monitors your overall health and should help coordinate all the care you receive. Because your doctor knows your medical history best, it's always a good idea to consult with them before seeking alternate care.
COST \$



Urgent Care

Immediate care for pressing, but not life-threatening, conditions. In some communities, urgent care facilities are open 24/7. The wait time is shorter than an emergency room.
COST \$\$\$\$



Emergency Room/Community Hospital

Immediate care for life-threatening emergencies. Always go to the emergency room (ER) if your health is in danger or call 911. However, for less severe injuries or illnesses, the ER can be expensive and wait times can average over four hours. Smaller community/neighborhood hospitals may advertise both **emergency** and **urgent** care. However, emergency room rates are generally charged for any type of visit at these facilities.
COST \$\$\$\$\$



Virtual Care

Mobile technology makes care more accessible than ever. Now, you can have a video visit with a doctor or behavioral healthcare provider, right from home or wherever you are. All you need is a smartphone, tablet or computer – and you can either download the **MyBlueKC** mobile app or visit MyBlueKC.com.
COST \$\$



Retail Health Clinic

Located within retail stores, these health centers are designed to handle minor, non-emergent, health issues at your convenience. Retail health clinics are typically staffed by licensed nurse practitioners, physician assistants, and in some instances, physicians.
COST \$\$\$



Behavioral Health

In a unique role exclusive to Blue KC health plans, Mindful Advocates are available 24/7 to help with behavioral healthcare needs. Learn more at MindfulBlueKC.com

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Finding Care

Common Medical Concerns

	Primary Care Doctor \$	Blue KC Virtual Care \$\$	Retail Health Clinic \$\$\$	Urgent Care Center \$\$\$\$	Emergency Room/ Community Hospital \$\$\$\$\$
Mild Asthma	X	X	X	X	
Minor Headaches	X	X	X	X	
Sprains, Strains	X	X	X	X	
Nausea, Vomiting, Diarrhea	X	X	X	X	
Bumps, Cuts, Scrapes	X	X	X	X	
Burning with Urination	X	X	X	X	
Coughs, Sore Throat	X	X	X	X	
Ear and Sinus Pain	X	X	X	X	
Eye Swelling, Irritation, Redness or Pain	X	X	X	X	
Minor Allergic Reactions	X	X	X	X	
Minor Fevers, Colds	X	X	X	X	
Rashes, Minor Burns	X	X	X	X	
Back Pain	X			X	
X-rays	X			X	
Animal bites	X			X	
Stitches	X			X	
Vaccinations	X				
Cut or wound that won't stop bleeding					X
Any life-threatening or disabling condition including difficulty breathing					X
Sudden or unexplained loss of consciousness					X
Chest pain, numbness in face, arm or leg; difficulty speaking					X
Severe shortness of breath					X
High fever with stiff neck, mental confusion or difficulty breathing					X
Coughing up or vomiting blood					X
Major injuries					X
Possible broken bones					X

For many members, deductibles and coinsurance may also apply, which can make an even greater difference in the cost between an emergency room and other care options.

Visit [BlueKC.com/WTG](https://www.bluekc.com/WTG) to best determine where to go for medical care.

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Finding Care

Find A Doctor Or Hospital

Estimate your medical costs and learn ways to save.

At [MyBlueKC.com](https://www.MyBlueKC.com), members have access to **Find Care**, a **cost-sharing estimate** and **price comparison tool** that empowers members to see and compare costs for healthcare. With this tool, members can better understand healthcare expenses before visiting a doctor or scheduling care.

- Find providers in your network
- Narrow search using filters
- Estimate costs
- Read and write provider reviews
- Compare providers
- Review doctor quality information



Get more from your search

Use categories to expand your search and feel more empowered with your healthcare decisions:

Search by Location

Search by city or ZIP.

Search by Plan

For current members, your plan's network should display. If it does not, you can find your network name at the top of your Blue KC member ID card.

Search by Category

- Name of doctor or specialty - Search by first or last name, or a specialty, such as **general practice** or **OB/GYN**.
- Facility name or type of facility – Enter the name of a hospital or clinic, or types of facilities near you and the support you might need.

Search by Costs for Procedures

Find Care enables members to search for procedures and estimate their out of pocket costs for medical procedures such as a **knee replacement** or **MRI**.

Condition Information

Search conditions such as **deviated septum** or **lumbar (low back pain)**. Read medical information to find treatment options and doctors, which can provide insights into how you can lower your total costs and find the support you might need.

To Search as a New Member or Guest*

Step 1: Visit [BlueKC.com](https://www.BlueKC.com)

Step 2: Select Find Care, in the upper right corner of the page

Step 3: Tell us whether you're getting an employer plan, or shopping for an individual/family plan

Step 4: Select **Your Network** under the **Select a Medical Network** dropdown

Step 5: Explore your Options

*Searching as a guest will not allow you to estimate costs, research condition information or view treatment timelines

Find Care



Visit [MyBlueKC.com](https://www.MyBlueKC.com)



or download the **MyBlueKC mobile app** to access your health insurance information anytime, wherever you go.



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Finding Care

Save and Earn with SmartShopper

Compare convenient, in-network locations and choose the best option.

Costs for medical procedures are unpredictable. In fact, the same test or procedure can vary by hundreds or even thousands of dollars, depending on where you go. SmartShopper helps bring visibility to what you may pay.

SmartShopper pays eligible members cash rewards for choosing a SmartShopper-eligible provider for certain routine procedures, preventive exams, imaging scans and scheduled surgeries. The reward you receive will vary depending on the procedure you need.

Integrated online for convenience

To make the experience easy, you can find SmartShopper on the Blue KC member portal, MyBlueKC.com. Simply log in and search for the procedure or test you need. SmartShopper will display providers and costs, which you can compare side by side. The program leverages the existing local and national network of providers and facilities that you trust today.

Taking care of your health is important, and so is your budget. This innovation is part of Blue KC's commitment to cost transparency and cost savings.



It pays to shop.

Step one: Shop

- When your doctor recommends a medical test or procedure, evaluate your options for care at [MyBlueKC.com](https://www.mybluekc.com)

Step two: Get care

- Receive care at a reward-eligible location of your choice, in your plan's network.

Step three: Earn a reward

- After your claim is paid, SmartShopper will mail you a reward check.

Prefer to shop over the phone or need a little extra help.



Call 1-855-476-5027 to contact the **SmartShopper's Personal Assistant Team** or you can reach a Blue KC customer advocate by calling the number on the back of your ID card.

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Finding Care

Choose A Doctor Who Is Committed To A Better Experience

Find a *Total Care* doctor in your network.

TOTAL CARE BY BLUE KC IS A NETWORK OF DOCTORS COMMITTED TO ENHANCING THE OVERALL HEALTH OF THEIR PATIENTS, PROVIDING PREVENTIVE SERVICES AND WELLNESS COACHING, AND WORKING WITH PATIENTS WITH CHRONIC CONDITIONS TO MEET THEIR CARE NEEDS.

Benefits that Joe can experience with his *Total Care* doctor:



Receives Coordinated, **QUALITY** Care

Joe and his doctor work together to evaluate Joe's current health status and create a tailored plan that will help him better manage his health. Joe's medical history, health successes and challenges are collected and easily accessible by all of his doctors.

Feels Connected

Joe can stay focused on his health with guidance and support from his doctor who:

- Reminds him to schedule preventive medical tests
- Coordinates follow-up care
- Connects with specialists in Joe's network
- Provides specialized care plans for Joe's conditions
- Is committed to providing quality and cost-effective care for Joe

Avoids Unnecessary Care

Because Joe's doctors are well connected and informed, they recommend tests and treatments that are evidence-based and appropriate for Joe.

Proactive, Personalized Approach

Joe works closely with his doctor to find ways to manage his health. His doctor is committed to helping him spend less time at the doctor's office and ultimately less money on things like prescriptions, procedures and emergency care.

Total Care providers are committed to ensuring you receive coordinated care focused on you.

Find A *Total Care* Provider

- Log into [MyBlueKC.com](https://www.mybluekc.com), select FIND CARE, then select FIND A DOCTOR OR HOSPITAL.
- Enter your search criteria.
- From your search results, use filters to narrow your results by provider gender, distance, specialty and/or languages spoken.
- Filter by *TOTAL CARE* to only see *Total Care* providers.

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Finding Care

24/7 Access To Virtual Care Online Or Mobile Doctor Visits

Get care wherever you are for common medical issues.

What can be treated?

Common medical issues, such as:

- COVID-19
- Sinus Pain
- Mild Asthma
- Mild Allergic Reactions
- Minor Headaches
- Burning with Urination
- Cold Sores
- Sprains, Strains
- Pink Eye
- Nausea, Vomiting, Diarrhea
- Bumps, Cuts, Scrapes
- Coughs, Sore Throat
- Eye Swelling, Irritation, Redness or Pain
- Minor Fevers, Colds
- Rashes, Minor Burns

Behavioral healthcare issues, such as:

- Anxiety
- Bereavement/grief
- Bipolar disorder
- Depression
- OCD
- PTSD/trauma
- Panic attack



WHY USE VIRTUAL CARE?



Short wait times



Meet with licensed, U.S. board-certified physicians and behavioral healthcare providers



Feel safe with private, secure, HIPAA-compliant tool



Rest assured if you are traveling and need care quick



Connect with your camera phone or computer with camera



Get the care you need – including some prescriptions¹



Save on drive time or office wait time



Pay much less than going to emergency room

¹ Blue KC does not guarantee a prescription will be written.

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Finding Care

How do I start an appointment?

1. Download the [MyBlueKC mobile app](#) or visit [MyBlueKC.com](#).
2. Create an account using your Blue KC member ID card for reference.
3. View a list of available doctors, their experience and ratings, and select one.
4. **For urgent or sick care needs:** Stream a live visit directly online or your mobile device.
5. **For behavioral healthcare therapy:** Schedule your session with a psychologist or counselor.



Virtual sick care needs available 24/7



Behavioral healthcare therapy and medication by appointment



Affordable visits based on your plan's benefits (costs can vary for behavioral healthcare provider type)

Virtual Care Is Not For Emergencies

If you have a serious medical concern, go to the emergency room or call 911.



Meet with a family doctor or behavioral healthcare provider using your computer or smartphone. Have your Blue KC member ID card handy.



Visit [MyBlueKC.com](#)



or download the [MyBlueKC mobile app](#)



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The BlueCard Program Across The Country And Around The Globe

With your Blue KC member ID card, you can stay covered no matter where life takes you.

Your Blue KC membership gives you a world of healthcare choices across the country and around the globe. Follow these simple steps to put the power of Blue KC coverage to work for you.

HMO members only have out-of-network benefits in the case of an emergency or when prior authorized by Blue KC.

Blue KC HMO plan members can leverage the Away From Home program, which provides convenient healthcare coverage while you are away from your Home HMO.

Blue High Performance Network (BlueHPN) members are required to receive healthcare services from in-network, BlueHPN healthcare providers. Services received from out-of-network, non-BlueHPN healthcare providers will only be covered in urgent or emergent situations.

Have peace of mind knowing you can easily navigate care and visit the full list of doctors and hospitals close to where you live and work, while also having access to emergency and urgent care when you're away thanks to the BlueHPN national network – all without the need for referrals.

Locate Doctors and Hospitals

With your Blue KC member ID card handy, follow these steps:

- Log into MyBlueKC.com
- Click Find Care, then navigate to Find a Doctor or Hospital
- Enter Location (e.g., "New York, NY") and search terms (e.g., "general practice" or "urgent care")

If you're a PPO member, always use an in-network doctor or hospital to ensure you receive the highest level of benefits.



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In the United States

1. Always carry your current Blue KC ID card or access your card from MyBlueKC.com.
2. Find a nearby doctor or hospital using the methods listed on previous page.
3. Call Blue KC for precertification or prior authorization, if necessary. The phone number is located on your Blue KC member ID card.
4. When you arrive at the participating doctor's office or hospital, show the provider your ID card. The provider will identify your benefits through one of these symbols:



After you receive care, you should:

- Not have to complete any claim forms
- Not have to pay upfront for medical services, except for the usual out-of-pocket expenses (non-covered services, deductible, copay and coinsurance)
- Receive an explanation of benefits from Blue KC



Around the World

BCBS Global Core provides international medical coverage for world travelers and those living abroad.

1. Verify your international benefits with Blue KC before leaving the United States as coverage may be different outside the country.
2. Always carry your current Blue KC member ID card.
3. Call the Blue Cross Blue Shield Global Core (BCBS Global Core) at **1-800-810-BLUE (2583)** or call collect at **1-804-673-1177** to locate a doctor. An assistance coordinator will arrange a physician appointment or hospitalization if necessary. This line is available 24/7.
4. Please see below for steps that should be taken for inpatient and professional services.

Inpatient claim: In most cases, you should not need to pay upfront for inpatient care at participating BCBS Global Core hospitals except for the out-of-pocket expenses (non-covered services, deductible, copay and coinsurance) you normally pay. The hospital should submit the claim on your behalf. In addition to contacting the BCBS Global Core Service Center, call Blue KC for precertification or preauthorization. Refer to the phone number on your Blue KC member ID card. Note: This number is different from the phone number listed above.

Professional claim: You pay upfront for care received from a doctor and/or non-participating hospital. Complete a BCBS Global Core International claim form and send it with the bill(s) to the BCBS Global Core Service Center (the address is on the form). The claim form is available from Blue KC, the BCBS Global Core Service Center or online at BCBSglobalcore.com.

In an emergency, go to the nearest hospital.



Traveling in the U.S.?

Log into MyBlueKC.com and search for doctors/hospitals based on destination and the **BlueCard network**.



Traveling abroad?

Call BCBS Global Core at **1-800-810-BLUE (2583)** to locate a doctor or visit BCBSglobalcore.com.

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Getting The Most Out Of Your Preventive Care

A few moments of prevention can lead to a lifetime of good health.

FROM IMMUNIZATIONS TO ROUTINE CHECK-UPS TO CANCER SCREENINGS, GETTING THE BEST HEALTHCARE MEANS MAKING SMART DECISIONS ABOUT ROUTINE PREVENTIVE CARE SERVICES THAT CAN HELP KEEP YOU HEALTHY.

Many types of routine preventive care and the related office visit are covered at 100% with no out-of-pocket costs to you when they're received at an in-network doctor or facility. Use the tips below and go to [BlueKC.com/preventive](https://www.bluekc.com/preventive) to find a listing of services and more information.

Important things to keep in mind:

Remember to receive preventive care from in-network healthcare providers. Access the Blue KC Doctor and Hospital Finder after logging in at [MyBlueKC.com](https://www.bluekc.com) to find healthcare providers in your network.

Services must be billed with a primary diagnosis of preventive to be covered at 100%. Routine preventive care services are subject to the terms, conditions and limitations of your Contract/Certificate of Coverage. Not all plans will cover all preventive services at 100%, so be sure to consult your Certificate of Coverage for details.

Your provider may order tests during your preventive care visit that are not preventive care. These tests may be subject to deductibles, copays and/or coinsurance. Your provider may also treat an existing condition (or you may have symptoms of an illness at the time of your visit). Treatment, tests or office visits for that existing condition are not preventive care and are subject to deductibles, copays and/or coinsurance.



Four helpful tips when receiving routine preventive care:

1. Make sure your doctor is in your plan's network.
2. When you schedule your appointment, say that you want preventive care screenings and tests that are 100% covered by your plan.
3. Ask if any tests or treatments done during your appointment might not be considered preventive care.
4. Ask if talking about other health problems that are not considered preventive care during your appointment will lead to extra costs.



Visit [BlueKC.com/preventive](https://www.bluekc.com/preventive)

to find a listing of routine preventive care services that may be covered by your plan.

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Know What Care Requires Approval

Blue KC wants you to receive the most effective, appropriate care and treatment available. We also want to protect you from incurring additional or unnecessary costs. That's why we require your healthcare provider to get approval—also known as prior authorization—for certain services.

Here's a bit more information about how prior authorization works:

When Authorization is Required

- All scheduled medical and surgical admissions
- Certain prescription drugs
- Out-of-network chiropractic services
- Dental implants, bone grafts/reconstruction, orthognathic surgery
- Blepharoplasty
- Cochlear devices
- Breast augmentation
- Genetic testing for breast and colon cancer
- Intensity modulated radiation therapy
- Insulin pumps
- Organ and tissue transplants
- Wheelchairs or power operated vehicles
- Ventricular assist devices
- Bariatric Surgery
- High Tech Imaging
- In-Lab Sleep Studies
- Some Durable Medical Equipment (DME) items, including wheelchairs, power operated vehicles, speech generating devices, insulin pumps, bone growth stimulators and more.

Visit [BlueKC.com/priorauth](https://www.bluekc.com/priorauth) to see all services that require approval.

When Authorization is NOT Required

- Emergent admissions or procedures
- Most 23-Hour Observation Admissions

Visit [BlueKC.com/priorauth](https://www.bluekc.com/priorauth) to see all services that require approval.

Requesting Prior Authorization

Your healthcare provider will submit a request for prior authorization via an electronic form, phone or fax (contact information is on the back of your member ID card). Blue KC processes requests within 36 hours from the date of receipt to include one additional business day.

- **IMPORTANT:** Prior authorization requests for prescription drugs can only be submitted by your physician via an electronic form, found by visiting: [BlueKC.com/consumer/find-a-form.html](https://www.bluekc.com/consumer/find-a-form.html)

Information Needed

To ensure the authorization process is as quick and efficient as possible, we highly recommend that the physician's office submitting requests have the following information:

- Recent clinical information including prior tests, lab work and/or imaging performed related to this diagnosis
- Working or differential diagnosis and notes from your last visit related to the diagnosis
- Type and duration of treatment performed
- Your name and address
- Your Blue KC member ID number
- Provider name, address, tax ID and NPI

When Authorizations are Approved

- When the service has been approved, an authorization number will be faxed or a call placed to the ordering physician or facility.
- It's the responsibility of the ordering physician or facility to complete the pre-service authorization process for your scheduled medical procedure. They can obtain verification by emailing prior_auth@bluekc.com.

IMPORTANT: Authorization from Blue KC does not guarantee claim payment. Services must be covered by your health plan and you must be eligible at the time services are rendered. Claims submitted for unauthorized procedures are subject to denial.

When Authorizations are Denied

Should a service be denied, Blue KC will notify the ordering physician or facility via fax, and will contact you in writing to provide a reason for the denial and information about how you can appeal the decision. This communication begins the appeal options per current state policy. Blue KC also offers the ordering physician a consultation with a Blue KC Medical Director, known as the peer-to-peer process. The peer-to-peer process must be initiated within 24 hours of the denial notice and completed within seven days.



Visit [BlueKC.com/priorauth](https://www.bluekc.com/priorauth)

to log into your member portal and find a comprehensive list of services that require prior authorization.

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Prior Authorization For High-Tech Imaging

For all outpatient high-tech imaging services, make sure your doctor requests prior authorization from Blue KC's contracted partner, eviCore, before tests are performed.

Here's some information about how prior authorization for these services works

Requesting Prior Authorization

Your healthcare provider will contact eviCore at evicore.com or via phone toll-free at 888-693-3211. They can also fax your request on an approved fax form to 888-693-3210. Fax forms are available at evicore.com or by calling 888-693-3211.

Information Needed

To ensure the authorization process is as quick and efficient as possible, we highly recommend that the physician's office submitting requests have the following information:

- Recent clinical information including prior tests, lab work and /or imaging performed related to this diagnosis
- Working or differential diagnosis and notes from your last visit related to the diagnosis
- Type and duration of treatment performed
- Your name and address
- Your Blue KC member ID number
- Provider name, address, tax ID and NPI

When Authorizations are Approved

When the service has been approved, an authorization number will be faxed to the ordering physician and requested facility. eviCore will approve the specific facility performing the imaging study and the CPT code or codes for diagnostic imaging. Your physician should contact eviCore for changes to the facility.

It's the responsibility of the performing facility to confirm that the referring physician completed the pre-service authorization process for advanced imaging procedures. They can obtain verification via evicore.com or by calling 888-693-3211.

IMPORTANT: Authorization from eviCore does not guarantee claim payment. Services must be covered by your health plan and you must be eligible at the time services are rendered. Claims submitted for unauthorized procedures are subject to denial.

When Authorizations are Denied

Should a service be denied, eviCore will notify the ordering physician/facility via fax, and will contact you in writing to provide a rationale for the determination within one working day of decision. This communication sets forth the appeal options per current state policy. eviCore also offers the ordering physician a consultation with an eviCore Medical Director if their request is unable to be approved. Your provider can perform a peer-to-peer consultation anytime. However, if your case is 60 days or older, a new request is needed, as clinical conditions may change over time.

When Authorization is Required

All outpatient, non-emergent, diagnostic advanced imaging & cardiology services including:

- MRI/MRA
- CT/CTA
- PET
- Cardiac CT, MR, PET
- Nuclear Stress
- Echo
- Stress Echo

When Authorization is NOT Required

- Inpatient Radiology
- Radiology testing done in the Emergency Room
- Most 23-Hour Observation Admissions



Blue Cross and Blue Shield of Kansas City

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Behavioral Health Services For Blue KC Members



WHOLE PERSON HEALTH SUPPORT

Behavioral health refers to the relationship between your behavior and overall well-being. Your behavioral health impacts your ability to function in everyday life and your concept of self.



Stress, depression, anxiety, substance use and other behavioral health issues can affect how you manage your physical health and daily living challenges. When you're in touch with your behavioral health, you can take better care of the whole you.

Mindful by Blue KC is a behavioral health initiative dedicated to reducing the stigma around behavioral health in our communities while making care more accessible and affordable.



IT ALL STARTS WITH THE MINDFUL ADVOCATE

In a unique role exclusive to Blue KC health plans, there is a Mindful Advocate available to help 24/7 for:



In-the-moment support



Help locating and referring to in-network providers



Care navigation



Help connecting to expedited treatment options in crisis situations

Mindful Advocates are licensed behavioral health clinicians who can help members access tools including in-person, text, online therapy and virtual visit options specific to the members' behavioral healthcare needs. Learn more at [MindfulBlueKC.com](https://www.MindfulBlueKC.com).

One phone call can match you to the right care and services.



Call 833-302-MIND (6463)

or call the behavioral health number on your ID card.

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A Healthier You™

Take control, get healthier, earn chances to win great prizes.



WHOLE PERSON HEALTH SUPPORT

The **A Healthier You™** program gives you convenient online and mobile access to wellness tools that you can use to live your healthiest life. Plus, you'll earn points that can be redeemed for chances to win gift cards to some popular retailers.

WITH EVERY TAP, CREATE A HEALTHIER YOU™



Take your **Health Risk Assessment**.



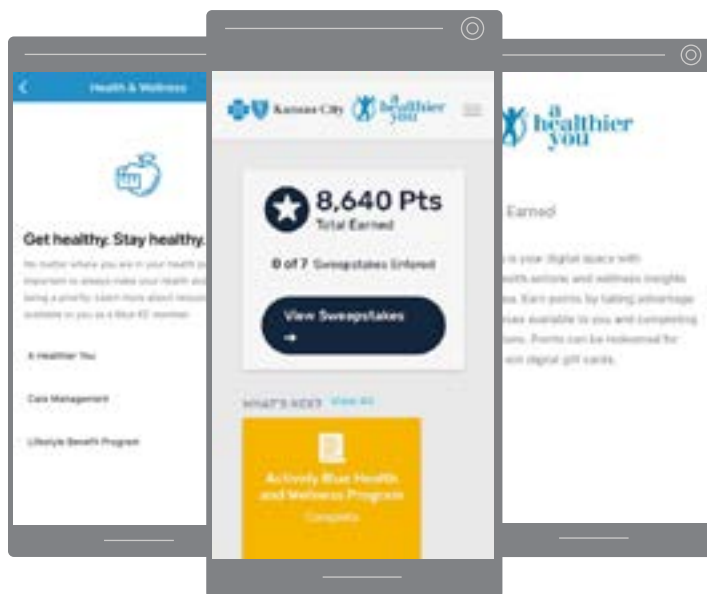
Connect a device to track your steps, sleep, nutrition and more.



Get reminders for actions you can take to help you stay on top of preventive care and chronic conditions.



Complete health actions to earn points to enter monthly sweepstakes.



Access **A Healthier You™**.



Visit your **A Healthier You™** portal on [MyBlueKC.com](https://www.mybluekc.com) – your healthy place for wellness support and helpful digital tools. You can also download the **MyBlueKC** mobile app to access **A Healthier You™** anytime, wherever you go. Simply click on the Health & Wellness tab to access **A Healthier You™**.

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Maternity Support Right From The Start

Looking out for moms-to-be and babies.



WHOLE PERSON HEALTH SUPPORT

Your pregnancy is covered by your Blue KC health plan – starting with your first doctor’s visit. Coverage varies, so be sure to check your plan for details. Most cover:

- Prenatal care (vitamins, gestational diabetes testing, Rh incompatibility testing, STD testing)
- Childbirth (including any complications)
- Post-birth (breastfeeding equipment, birth control, etc.)

Once your baby arrives, **make sure to contact your HR department to have them added to your plan.** You must add your baby to your plan within 30 days of birth.¹



Parenthood deserves a 24/7 Mindful Advocate

Expectant and new moms may experience stress, anxiety, the baby blues or post-partum depression. A Mindful Advocate is here to support you. For help, call **833-302-MIND (6463)** or the behavioral health number on your member ID card, or visit [MindfulBlueKC.com](https://www.mindfulbluekc.com) to learn more.

Breast pump benefit

Most Blue KC plans cover the allowable charge for a breast pump purchase.² At about 30 weeks get a prescription from your doctor, then order your pump by contacting an in-network provider.³

Well & High-Risk Prenatal Support

This program offers tools, resources and answers to questions to help you navigate your pregnancy. You can also find support from a prenatal nurse case manager if you’re experiencing a high-risk pregnancy. To get started, please visit [MyBlueKC.com](https://www.mybluekc.com). The Welcome Assessment can be found on the pregnancy tab under *Program Forms*.

For more information:



Visit [MyBlueKC.com](https://www.mybluekc.com)

click Health Programs (under Health & Wellness), then the Pregnancy tab.



Call Customer Service

at the number on your member ID card with questions about your maternity benefits.

¹ Be sure to choose your pediatrician earlier in your pregnancy so you can be sure they are in-network. You can find in-network pediatricians by logging into MyBlueKC.com.

² If you are unsure if your plan includes the breast pump benefit, please call Customer Service at the number listed on your member ID card.

³ Find the provider listing on MyBlueKC.com. Go to Health Programs (located under Health & Wellness), then the Pregnancy tab.

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Blue365®

Save money, live healthy.



WHOLE PERSON HEALTH SUPPORT

Blue365® is an online destination featuring healthy deals and discounts for our members.

With Blue365®, great deals are yours for every aspect of your life. Save on workout apparel, meal programs, gym memberships and much more!

CHECK OUT DISCOUNTS FROM TOP BRANDS LIKE THESE



Visit Blue365deals.com/BlueKC to take advantage of all the savings.



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Lifestyle Program Benefit

Lose weight and feel your best.



WHOLE PERSON HEALTH SUPPORT

Blue KC invites you to get healthier with this covered benefit that helps you lose weight and feel your best. If you qualify, we'll match you with a program that fits your lifestyle and keeps you on track with one-on-one support from a trained health coach, including virtual options.

Blue KC has partnered with Solera to offer you a personalized experience from leading health solutions like WW (Weight Watchers® reimagined). And the best part? **It's completely paid for by your health plan if you qualify.**



Pick the right program for you

Choose from a variety of programs, from virtual personal coaching to small group meetings. Each program has milestones to help you stay on track and earn free tools.



Get free digital tools

After you qualify and are matched to a lifestyle program, we'll send a smart scale within a week (digital programs only) and an activity tracker after four weeks.*

It's a covered benefit – that means no additional cost to you



If you qualify, this benefit is paid for 100%. And so is your matching lifestyle program.

*For participants who complete four weeks of activity meeting Diabetes Prevention Program guidelines. Applies to select activity tracker models. Limited to one per person. While supplies last. Solera Health reserves the right to discontinue at any time. Solera4me is provided by Solera Health, an independent company.



Visit Solera4me.com/BlueKC

and find out if you qualify by taking a brief quiz.

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Diabetes Self-Management

Unlimited strips, unlimited lancets and a digital glucose monitor, at no additional cost.



CHRONIC CONDITIONS

For members of participating employers only

When you have diabetes, there's a lot to keep up with every day. The Livongo for Diabetes program makes it easier to keep track of your blood sugar. If you qualify, we'll send you a free glucose meter, plus all the strips and lancets you need.

This easy digital program helps track your glucose and provide instant support for abnormal readings.



Personalized tips with each blood glucose check



Send a health summary report directly from your meter



Optional family alerts keep everyone in the loop



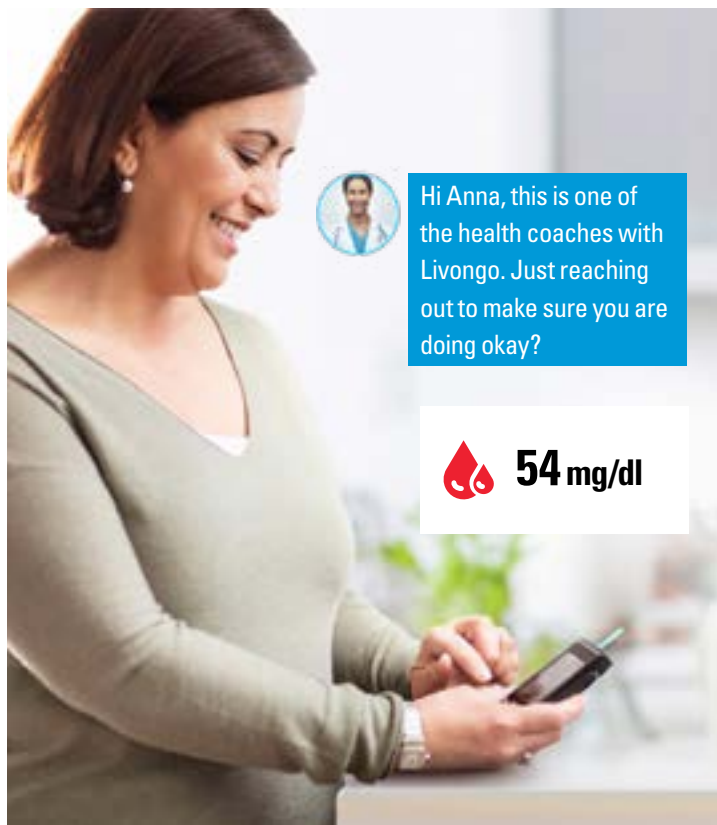
Reorder strips right from your meter



Real-time support when you're out of range



Automatic uploads mean no more paper logbooks



Two ways to sign up:



Visit join.livongo.com/BlueKC/register and use code **BlueKC**



Call (800) 945-4355

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Chronic Condition Management

Here to help you manage your condition every step of the way.



CHRONIC CONDITIONS

If you live with a chronic condition, you're not alone. Chronic conditions affect about six in 10 American adults. With support from Blue KC, you can learn how to avoid potential problems and keep your health problems from getting worse.

We're here to help with your health journey

Our dedicated, in-house registered nurses provide specialized support based on your condition, as well as helping you stay on track with care reminders. Our in-house social workers help members with chronic conditions address social determinants of health, involving access to food, transportation and more, which can pose additional challenges.

The Blue KC Chronic Condition Management Program supports the following conditions:

- Asthma (including Pediatric Asthma)
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes (including Pediatric Diabetes)
- Heart Disease
- Heart Failure
- High Blood Pressure

Blue KC has trained Registered Nurses (RN) who can assist with your conditions.

It's easy to connect with your Blue KC RN with the Blue KC Care Management app. This app is available at no additional cost and allows you to:

- Keep a diary of your symptoms
- Set daily reminders to take medications
- Read helpful articles about your condition and healthcare coverage

How to get started with the Blue KC Care Management app:

1. Using your mobile device, search for **Blue KC Care Management** in the App Store or Google Play and download the app
2. Create an account
3. Follow the instructions to set up your account
4. Your access code is: **kchealth**



Contact our team of chronic condition clinical professionals.



Call 816-395-2060 or toll free 1-800-892-6116 if you've been diagnosed with a chronic condition and would like immediate support.



Email Care_Management@BlueKC.com to send a message to our specialized team.

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Complex Medical Case Management

Answers and support in life's toughest moments.



COMPLEX CARE

If you or a covered dependent are experiencing a significant injury or illness, a complex chronic condition or a comorbidity, we're here for you. We know members with a complex condition may be limited in their ability to perform basic daily functions. Our in-house registered nurses have been specially trained to improve a member's functional health status, when possible, and reduce the need for expensive medical services.



Traumatic Brain Injury

If you've experienced a brain injury, our specialized in-house team will offer support and guidance through your recovery journey.



Transplant Surgery Program

Our in-house transplant experts will make sure you're well-informed and well-prepared for this life-changing process.



High-Risk Maternity

A high-risk pregnancy can be very complex, often with risks of complications for the mother and/or baby. If you're a high-risk mom, our expert obstetric team of OB/GYNs, NICU nurses, pediatric nurses and OB nurses can help you have a healthy pregnancy.

We will be there when you need us.



Call 816-395-2060 or toll-free 1-800-892-6116 if you'd like more information about the Blue KC complex medical case management program.



Email Care_Management@BlueKC.com to send a message to our specialized team.

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Oncology

A team in your corner to help you through the fight.



COMPLEX CARE

If you've just been diagnosed or are battling cancer, Blue KC is here to guide you. Our highly experienced and specialized oncology team, led by an oncology doctor, will make sure your questions are answered and you get the best care possible.

Your assigned certified nurse case manager also ensures your full spectrum of care is addressed, including facilitating communication between your primary care team and all specialists so that any healthcare needs beyond the cancer treatment are met.



A SINGLE POINT OF CONTACT TO CONNECT THE DOTS:



Help explain your diagnosis



Discuss your treatment options



Manage your symptoms



Recommend or review best practice treatment plans with your providers

We are here for you.



Call 816-395-2060 or toll-free 1-800-892-6116

If you would like more information about the Blue KC Oncology program and support.



Email Care_Management@BlueKC.com

to send a message to our specialized team.

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Transitions Of Care Program

Navigating a complex healthcare system can be challenging.



COMPLEX CARE

When it's time for you to return home, we want to make sure it's for good.

We're committed to helping you transition from the hospital to home, because it's the key to providing you with high-quality care and reducing your likelihood of readmission or the costly use of the emergency room.

A clinician from our dedicated team will teach you to manage your medications and use your medical equipment. We're also here to help coordinate your therapy visits, follow-up appointments and new diagnoses.

For more information on the Transitions of Care program:



Call 816-395-2060 or toll-free 1-800-892-6116



Email Care_Management@BlueKC.com to send a message to our specialized team.



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Advanced Illness Program

Care that's deeply personal and highly respected.



COMPLEX CARE

You and your family don't have to face tough choices alone.

Blue KC's Advanced Illness Management program will help you and your family manage your condition, clarify end-of-life goals and work through sensitive issues with the support and guidance of a highly-trained social worker.

Through this program, we can help define your goals for care and advocate for you to improve your quality of life, as well as help avoid complications and unnecessary care.

For more information about the Advanced Illness program:



Call 816-395-2060 or toll-free 1-800-892-6116.



Email Care_Management@BlueKC.com to send a message to our specialized team.

Even in the most complex circumstances, we're here to invest in your care, treat you with dignity and grace and help you make the right care decisions for you and your family.



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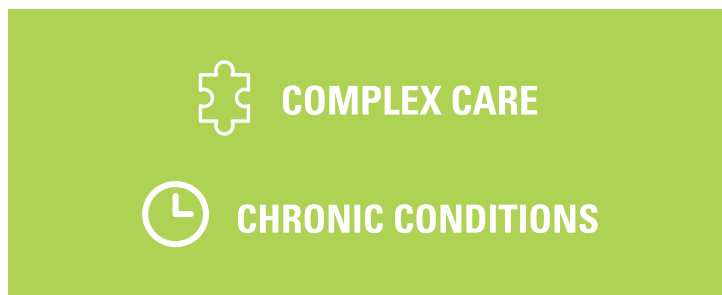
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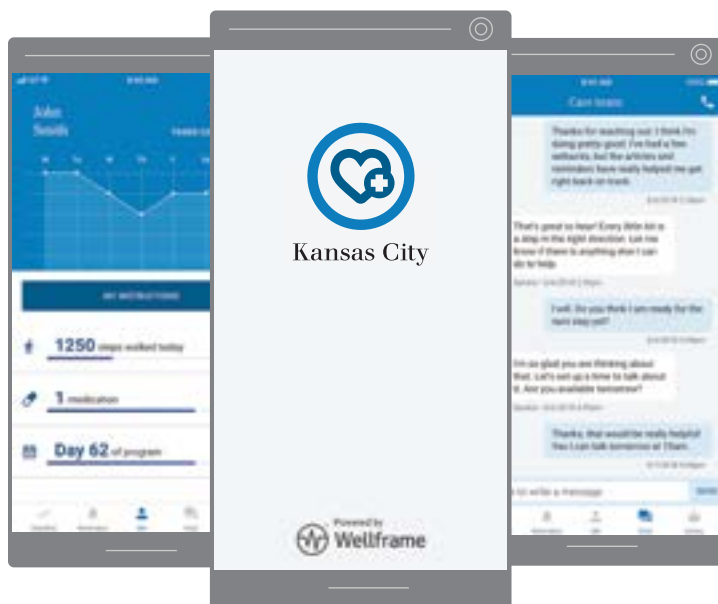
Blue KC Care Management App

Support is right at your fingertips.



Manage your health and take control of your ongoing health conditions right from your smartphone or tablet.

With the Blue KC Care Management app, you can find resources and personalized support from the Blue KC Care Team for chronic conditions (diabetes, asthma, etc.), cancer, maternal health and more.



USE THE APP IN BETWEEN DOCTORS' VISITS TO:



Chat with a Blue KC nurse



Set appointment and medication reminders



Get ideas for daily tasks to help you reach your health goals



Access clinically approved articles and videos



Track individual progress and milestones

Download the Blue KC Care Management app.

Tap into the support of the Blue KC Care Management app. Simply scan the QR code with your phone's camera and download the app to your favorite mobile device, then sign up.



The Blue KC Access Code is: **kchealth**

Once downloaded, you can also connect through the **MyBlueKC** mobile app.



Questions?



Please call Blue KC Customer Service at the number listed on your member ID card.



Blue Cross and Blue Shield of Kansas City

IMPORTANT INFORMATION ABOUT YOUR PLAN



IMPORTANT INFORMATION ABOUT YOUR PLAN

As a current or prospective member of Blue Cross and Blue Shield of Kansas City (Blue KC), we believe it is important for you to fully understand all aspects of your health plan. This information is provided to help you understand your rights and your coverage. Please read the following information carefully.

About your Benefit Summary

Your benefit summary is for informational purposes only and contains only a partial, general description of plan benefits. This summary is provided to give you a brief outline of your benefits. It does not constitute a contract. Consult your plan documents (Schedule of Benefits and Certificate of Coverage) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan. As with all healthcare plans, there are certain services that are not covered. Some services are subject to limitations. All the terms and conditions of your plan are subject to the terms of the contract and to applicable law and regulations. The availability of a plan or program may vary by geographic service area.

Member Rights and Responsibilities

As a member of Blue KC you have certain rights and responsibilities. For your benefit we have outlined the rights and responsibilities of our members for the various plans we offer.

You have the right to:

- Receive considerate and courteous care with respect and recognition of personal privacy, dignity and confidentiality.
- Have a candid discussion of medically necessary and appropriate treatment options or services for your condition from any participating physician, regardless of cost or benefit.
- Receive medically necessary and appropriate care or services from any participating physician or other participating healthcare provider from those available as listed in your managed care plan directory or from any nonparticipating physician or other healthcare provider.
- Receive information and diagnosis in clear and understandable terms, and ask questions to ensure you understand what you are told by your physician and other medical personnel.
- Participate with Providers and practitioners in making decisions about your healthcare, including accepting and refusing medical or surgical treatments.
- Give informed consent to treatment and make advance treatment directives, including the right to name a surrogate decision maker in the event you cannot participate in decision making.

- Discuss your medical records with your physician and have health records kept confidential, except when disclosure is required by law or to further your treatment.
- Be provided with information about your managed healthcare plan, its services and the practitioners and providers providing care, as well as have the opportunity to make recommendations about your rights and responsibilities.
- Communicate any concerns with your managed healthcare plan regarding care or services you received, receive an answer to those concerns within a reasonable time, and initiate the complaint and grievance procedure if you are not satisfied.

You have the responsibility to:

- Respect the dignity of other members and those who provide care and services through your managed healthcare plan.
- Ask questions of your treatment physician or treatment provider until you fully understand the care you are receiving and participate in developing mutually agreed upon treatment goals to the degree possible.
- Follow the mutually agreed upon plans and instructions for care that you have discussed with your healthcare practitioner, including those regarding medications. Comply with all treatment follow-up plans, and be aware of the medical consequences of not following instructions.
- Communicate openly and honestly with your treatment provider regarding your medical history, health conditions, and the care you receive.
- Keep all scheduled healthcare appointments and provide advance notification to the appropriate provider if it is necessary to cancel an appointment.
- Know how to use the services of your managed healthcare properly.
- Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.

How to Obtain Care After Hours

If you need to obtain care after normal business hours, on the weekend or on a holiday, use the following options:

- 1) Emergency care – If you are in need of emergency care, seek services at the nearest network emergency department, if possible. If the situation is critical, visit the nearest non-network emergency department.
- 2) Urgent care – If you are in need of urgent care, call the physician office to speak to an on-call doctor after regular hours.
- 3) Non-urgent care – If the need for care is not urgent or an emergency, we encourage you to wait and call during normal business hours.

Online (Website) Security Policy

Blue KC has implemented numerous security features to prevent the unauthorized release of or access to personal information. Please see BlueKC.com for further information about online security.

About Utilization Management

At Blue KC, your healthcare treatment is important to us. That's why we've put in place a process called Utilization Management. Utilization Management works to review requests for coverage of service for the most appropriate and medically necessary care for your health. The following contains summary statements on how Blue KC Utilization Management services operate.

Prior Authorization

Prior authorization involves a review by Blue KC, along with your physician, of elective inpatient admissions and selected outpatient procedures before the service takes place to ensure you are receiving the most appropriate care. After collecting all information, the need for the service is either jointly confirmed by your physician and Blue KC, or suggestions are made for an alternative setting or alternative procedure. Please be aware that Blue KC employees are not compensated for conducting reviews based on denials of coverage.

Concurrent Review

Concurrent review takes place during a member's hospital stay and again provides an opportunity for Blue KC to work with your physician in the coordination of your care. Concurrent review allows Blue KC and your physician to actively monitor your progress to ensure that ongoing hospitalization is appropriate.

Retrospective Review

There are times when the healthcare services you receive may not successfully meet the authorization and concurrent review processes detailed above. If this occurs, a review of the received services is performed retrospectively by Blue KC nursing staff to ensure that the service meets medically necessary and appropriate standards included in your coverage.

Case Management

Patients with chronic, catastrophic, high-risk, or high-cost conditions are referred to the Case Management Program for assistance that goes beyond short-term discharge planning. The pro-active case manager serves as an ongoing patient advocate, working in partnership with your physician to coordinate care and resources required to maximize your medical outcome. There are specialty case managers available for pediatrics, obstetrics and transplants.

Prescription Drug Benefit

Blue KC uses prior authorization for some classes of drugs. Prior authorization is required in situations where there are safety concerns, significant risk of drug/drug interactions and to ensure that the manufacturer's recommended dosing guidelines are followed. The Pharmacy and Therapeutics Committee determines the necessity and extent of prior authorization.

About our Networks and Providers

Blue KC has developed large provider networks to give you many choices when selecting a provider for your healthcare needs. We do not provide healthcare services and, therefore, cannot guarantee any results or outcomes of healthcare services. Participating providers in our networks are independent contractors in private practice and are neither the employees nor agents of Blue KC. Certain providers, including your Primary Care Physician (PCP) or OB/GYN, may be affiliated with an Independent Practice Association (IPA), a physician

medical group, an integrated delivery system or other provider groups. A member who selects one of these providers may be referred by the provider to specialists and hospitals within that same system or group.

Blue KC and Good Health HMO, Inc., dba Blue-Care (collectively referred to as “BCBSKC”) enter into contracts with healthcare providers in order to develop provider networks to serve our members. These contractual relationships are not intended to interfere with or influence the exercise of a provider’s independent medical judgment.

Participating providers may contract with BCBSKC under many different types of financial arrangements, which include, but are not limited to: discounted fee-for service payments; fixed monthly payments for each member (“capitation”); on a per day basis (“per diem”), and fixed fees for each case (“case rate”). Some providers may be compensated by a physician-hospital organization (PHO), or a similar provider organization that is compensated by BCBSKC on a capitated or other basis.

Blue KC subcontracts with other organizations (or vendors, or entities) to perform certain health services such as utilization management (i.e., hospital concurrent review, prior authorizations, peer medical necessity review, denials/approvals, appeals), member complaints, provider credentialing, and case management for members with complex and catastrophic conditions.

Certain Participating providers, in Blue-Advantage and Blue-Care, may also be eligible to receive additional payments for effectively managing their patients’ care. These payments may be in the form of financial incentives for those providers who meet specific standards for the quality of care they provide. The categories of criteria used to evaluate providers for these incentives may include, without limitation, quality of care, patient access, utilization protocols, pharmacy prescriptions and office administration. Examples of specific criteria used to evaluate providers may include, but are not limited to: immunization and preventive screening services; patient satisfaction; availability for appointments; cost effective utilization of specialists, hospitals or other services; and, use of electronic claims submission. Interested members may request a copy of the provider incentive plan by writing to *BCBSKC-Customer Service, Attn: Written Correspondence Unit, 2301 Main Street, Kansas City, MO 64108*. BCBSKC expressly reserves the right to modify, suspend, or terminate, at any time, the provider incentive plan.

Nothing in the provider incentive plan is intended to limit the provider’s obligation to provide medically necessary services to our members. Please remember that the provider network is subject to change without notice. It is important for you to always ask your physician if he/she is a network provider for your healthcare plan. To find the most up to date provider directories, or to obtain the professional qualifications of primary and specialty care practitioners, such as medical school attended, residency completed, and board certification status, visit ***BlueKC.com*** and click ***Find a Doctor***.

About “Waiver of Coverage”

If you have waived, or currently are waiving medical coverage for yourself or your dependents (including your spouse) because of other health coverage, you or your dependents may be able to enroll in this plan in the future, if you request enrollment within 31 days after your other group coverage ends. In addition, you may be able to enroll yourself and certain dependents, if

you request enrollment within 31 days after a marriage, birth, adoption or placement for adoption. If you waive medical coverage for yourself or your dependents while Medicaid coverage or coverage under a state children's health insurance program (CHIP) is in effect, you and your dependents may be able to enroll in this plan if you or your dependents lose eligibility for that coverage, provided you request enrollment within 60 days after that coverage ends. If you or your dependents become eligible for a state premium assistance subsidy from Medicaid or CHIP with respect to this plan, you and your dependents may be eligible to enroll in this plan, provided you request enrollment within 60 days after such eligibility is determined. If you are waiving medical coverage for any other reason, or if you fail to complete the enclosed application for coverage, you may be limited to enrolling only during the annual enrollment period. If you are waiving dental coverage, you are limited to enrolling only during the annual enrollment period. If you waive the life or disability coverage, you may be required to submit, at your own expense, evidence of good health.

About Coverage Exclusions and Limitations

Your plan may not cover or may limit coverage for certain services and supplies. Please consult your Certificate of Coverage for a complete list of exclusions and limitations.

About Mandated Benefits and Notifications

Women's Health and Cancer Rights Act

Along with benefits detailed in your Certificate of Coverage and Schedule of Benefits, your benefits include coverage for (1) breast reconstruction following a mastectomy, including reconstruction of the other breast to produce a symmetrical appearance; (2) prosthesis; and (3) treatment of physical complications from all stages of mastectomy, including lymphedemas. This coverage is subject to copayments, coinsurance and deductibles consistent with other benefits under your plan. This notice is being provided in accordance with the "Women's Health and Cancer Rights Act of 1998" which is a federal law.

Newborns' and Mothers' Health Protection Act Notice

Under the terms of the Newborn and Mother's Health Act of 1996, the Plan generally may not restrict Covered Services for any Hospital length of stay in connection with childbirth for the mother or newborn child to less than forty-eight (48) hours following vaginal delivery (not including the day of delivery), or less than ninety-six (96) hours following a cesarean section (not including the day of surgery). Nothing in this paragraph prohibits the mother's or newborn's attending Provider, after consulting with the mother, from discharging the mother or her newborn earlier than the specified time frames or from requesting additional time for hospitalization. In any case, the Plan may not require that a Provider obtain authorization from the Plan for prescribing a length of stay not in excess of forty-eight (48) or ninety-six (96) hours, as applicable. However, preauthorization is required to use certain Providers or facilities, or to reduce out-of-pocket costs.

Summary of Benefits and Coverage Notice

If you would like a copy of the Summary of Benefits and Coverage (SBC) for the product you are enrolling in, please see your employer for a copy. The SBC is available free of charge. SBCs are also available electronically at BlueKC.com. The information in the SBC is subject to change prior to your effective date.

Newborn Coverage for Employer-Sponsored Health Plans

How to add a newborn onto your policy: Upon the birth of a child, you must submit an application or online enrollment to your employer for the newborn within 31 days following the birth. If an application or online enrollment is submitted within 31 days following the birth, the child will be added to your policy retroactive to his/her birth date and additional premium will be charged (if applicable).

About Getting Answers

Providing exceptional customer service means our members are able to get answers to their questions in a timely and accurate manner. While the above information is meant to provide you with as much information as possible, we realize questions will arise from time to time. You may find answers to many of your questions at BlueKC.com. Our Customer Service representatives are also available to answer any of your questions. Call them at the number listed on your ID card or the number on the benefit summary in your enrollment packet.

Blue Cross and Blue Shield of Kansas City complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Blue KC:

- *Provides free aids and services to people with disabilities to communicate effectively with us, such as:*
 - *Qualified sign language interpreters*
 - *Written information in other formats (large print, audio, accessible electronic formats, other formats)*

- *Provides free language services to people whose primary language is not English, such as:*
 - *Qualified interpreters*
 - *Information written in other languages*

If you need these services, contact Customer Service, 1-844-395-7126 (TTY:711), languagehelp@bluekc.com.

Thank you for allowing Blue KC to serve you.

BLUE CROSS AND BLUE SHIELD OF KANSAS CITY

PRIVACY PRACTICES NOTICE

THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Summary of Our Legal Duty and Privacy Practices

To provide health insurance and health plan related services to you as our member, we will collect personal and medical information regarding your health conditions, the health care services you receive, and the payment for those conditions and services. We are required by applicable federal and state law to maintain the privacy of the personal and medical information we collect from and about you. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your information.

We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect September 1, 2021 and will remain in effect unless we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make any change in our privacy practices and the new terms of our notice applicable to all personal and medical information we maintain, including information we created or received before we made the change. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our health plan subscribers at the time of the change.

Please review this entire notice for details about the uses and disclosures we may make of your personal and medical information, about your rights and how to exercise them, and about complaints regarding or additional information about our privacy practices.

Contact Information

The complete Notice of Privacy Practices is available on our website – www.BlueKC.com

For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this notice or copies in other languages, please contact our Privacy Office.

Contact Office: Privacy Office
Blue Cross and Blue Shield of Kansas City
P. O. Box 417012
Kansas City, MO 64141
Telephone: 816-395-3784 or toll free at 1-800-932-1114
Fax: 816-395-2862 E-mail: privacy@bluekc.com

Organizations Covered by this Notice

This notice applies to the privacy practices of the organizations listed below. They may share with each other your information, (information includes data submitted by providers, lab results and other health care programs you elect to participate in) and the information of others they service, for the health care operations of their joint activities.

Blue Cross and Blue Shield of Kansas City
Good Health HMO, Inc.

Blue-Advantage Plus of Kansas City, Inc.
Missouri Valley Life and Health Insurance Company

Information Collected

The information we collect about you may include information such as your name, phone number, social security number, address, date of birth, financial and health information, insurance claims information, and other medical information. Most of this information will be obtained from you, your employer, or the health care providers who bill for services provided to you. We may also obtain information about you from other insurers, service providers, consumer reporting agencies and third parties.

Uses and Disclosures of Your Information

Treatment: We may disclose your information, without your permission, to a physician or other health care provider to treat you.

Payment: We may use and disclose your information, without your permission, for payment activities. Payment activities include paying claims from physicians, hospitals and other health care providers for services delivered to you that are covered by your health plan, determining your eligibility for benefits, coordinating your benefits with other payers, determining the medical necessity of care delivered to you, obtaining premiums for your health coverage, issuing explanations of benefits to the subscriber of the health plan in which you participate, and the like. We may disclose your information to a health care provider or another health plan for their payment activities.

Health Care Operations: We may use and disclose your information, without your permission, for health care operations. Health care operations include:

- health care quality assessment and improvement activities;
- reviewing and evaluating health care provider and health plan performance, qualifications and competence, health care training programs, health care provider and health plan accreditation, certification, licensing and credentialing activities;
- conducting or arranging for medical reviews, audits, and legal services, including fraud and abuse detection and prevention;
- underwriting and premium rating our risk for health coverage, and obtaining stop-loss and similar reinsurance for our health coverage obligations (although we are prohibited from using or disclosing any genetic information for these underwriting purposes); and
- business planning, development, management, and general administration, including customer service, grievance resolution, claims payment and health coverage improvement activities, de-identifying information, and

creating limited data sets for health care operations, public health activities, and research.

We may disclose your information to another health plan or to a health care provider subject to federal privacy protection laws, as long as the plan or provider has or had a relationship with you and the information is for that plan's or provider's health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

Health Information Exchange. To facilitate the above described uses and disclosures of your information, we may participate in an information network or exchange that involves other health plans or healthcare providers.

Business Associates: We may disclose your information to businesses that provide services to us. We will obtain written agreement from those businesses that they will protect your information consistent with this Notice prior to disclosing your information.

Your Authorization: You may give us written authorization to use your information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time.

Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. To the extent (if any) that we maintain or receive psychotherapy notes about you, most disclosures of these notes require your authorization. Also, to the extent (if any) that we use or disclose your information for our fundraising practices, we will provide you with the ability to opt out of future fundraising communications. In addition, most (but not all) uses and disclosures of information for marketing purposes, and disclosures that constitute a sale of protected health information, require your authorization. Unless you give us written authorization, we will not use or disclose your information for any purpose other than those described in this notice.

Family, Friends, and Others Involved in Your Care or Payment for Care: We may disclose your information to a family member, friend or any other person you involve in your care or payment for your health care. We will disclose only the information that is relevant to the person's involvement.

We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your care in appropriate situations, such as a medical emergency or during disaster relief efforts.

We will provide you with an opportunity to object to these disclosures, unless you are not present or are incapacitated or it is an emergency or disaster relief situation. In those situations, we will use our professional judgment to determine whether disclosing your information is in your best interest under the circumstances.

Your Employer: We may disclose to your employer whether you are enrolled or disenrolled in a health plan that your employer sponsors.

We may disclose summary health information to your employer to use to obtain premium bids for the health insurance coverage offered under the group health plan in which you participate or to decide whether to modify, amend or terminate that group health plan. Summary health information is aggregated claims history, claims expenses or types of claims experienced by the enrollees in your group health plan. Although summary health information will be stripped of all direct identifiers of these enrollees, it still may be possible to identify information contained in the summary health information as yours.

We may disclose your information and the information of others enrolled in your group health plan to your employer to administer your group health plan. Before we may do that, your employer must amend the plan document for your group health plan to establish the limited uses and disclosures it may make of your information. Please see your group health plan document for a full explanation of those limitations.

Health-Related Products and Services: Where permitted by law, we may use your personal information to communicate with you and certain state/federal government agencies: (1) in support of efficient operation of a health insurance marketplace (e.g., qualified health plan application assistance); (2) to communicate with you about health-related products, benefits and services, and

(3) payment for those products, benefits and services that we provide or include in our benefits plan. We may use your information to communicate with you about treatment alternatives that may be of interest to you.

These communications may include information about the health care providers in our networks, about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our enrollees that add value to our benefits plans.

Other Disclosures: We may use and disclose your information, without your permission, to unaffiliated third parties when required by law, and when authorized by law for the following kinds of activities:

- for public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence;
 - to avert a serious and imminent threat to health or safety;
 - for health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention agencies;
 - for research;
 - in response to court and administrative orders and other lawful process;
 - to law enforcement officials with regard to crime victims and criminal activities;
 - to coroners, medical examiners, funeral directors, and organ procurement organizations;
 - to the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody; and
- as authorized by state worker's compensation laws.

Disclosures Requiring an Authorization: Other than disclosures described above or as permitted by applicable law, we will obtain your authorization prior to disclosing your information. We must obtain your authorization to use your information for marketing purposes, to sell your information, to use your genetic information for underwriting purposes, or to disclose psychotherapy notes. Certain types of information, such as substance use treatment information, HIV testing, and genetic information may require authorization or be subject to additional restrictions under the law.

Your Rights

If you wish to exercise any of the rights set out in this section, you should submit your request in writing to our Privacy Office. You may obtain a form by calling Customer Service at the phone number on the back of your ID card to make your request. We do not and will not require you to waive your rights under 45 CFR Part 160, subparts C or D, as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

we know may have and rely on the unamended information to your detriment, as well as persons you want to receive the amendment.

Access: You have the right to examine and to receive a copy of your personal and medical information or have a copy of your information provided to another person on your behalf, with limited exceptions. This may include an electronic copy in certain circumstances. Your request must be made in writing.

We may charge you reasonable, cost-based fees for a copy of your personal and medical information, for mailing the copy to you, and for preparing any summary or explanation of your personal and medical information you request. Contact our Privacy Office for information about our fees.

Disclosure Accounting: You have the right to a list of instances in which we disclose your personal and medical information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities.

We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than 6 years before the date of your request. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to your additional requests. Contact our Privacy Office for information about our fees.

Amendment: You have the right to request that we amend your personal and medical information.

We may deny your request only for certain reasons. If we deny your request, we will provide you a written explanation. If we accept your request, we will make your amendment part of your information and use reasonable efforts to inform others of the amendment who

Restriction: You have the right to request that we restrict our use or disclosure of your personal and medical information for treatment, payment or health care operations, or with family, friends or others you identify. We are not required to agree to your request. If we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. Any agreement we may make to a request for restriction must be in writing signed by a person authorized to bind us to such an agreement.

Confidential Communication: You have the right to request that we communicate with you about your personal and medical information in confidence by means or to locations that you specify. You must make your request in writing, and your request must represent that the information could endanger you if it is not communicated in confidence as you request.

We will accommodate your request if it is reasonable, specifies the means or location for communicating with you, and continues to permit us to collect premiums and

pay claims under your health plan. Please note that an explanation of benefits and other information that we issue to the subscriber about health care that you received for which you did not request confidential communications, or about health care received by the subscriber or by others covered by the health plan in which you participate, may contain sufficient information to reveal that you obtained health care for which we paid, even though you requested that we communicate with you about that health care in confidence.

Electronic Notice: If you receive this notice on our Web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact our Privacy Office to obtain this notice in written form.

Breach Notification: In the event of breach of your unsecured personal and health information, we will provide you notification of such a breach as required by law or where we otherwise deem appropriate.

Complaint

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your personal and medical information, about amending your personal and medical information, about restricting our use or disclosure of your personal and medical information, or about how we communicate with you about your personal and medical information, you may complain to our Privacy Office.

You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, HHH Building, Washington, D.C. 20201. You may contact the Office for Civil Rights' Hotline at 1-800-368-1019 or e-mail ocrmail@hhs.gov. We support your right to the privacy of your personal and medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.



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