

2025 SHORT-TERM PLANS

LIMITED COVERAGE FOR ADULTS, FAMILIES & CHILDREN



Kansas City

UNDERSTAND BEFORE YOU BUY

IMPORTANT: This is a short-term, limited-duration policy, NOT comprehensive health coverage

This is a temporary limited policy that has fewer benefits and Federal protections than other types of health insurance options, like those on HealthCare.gov.

This Policy	Insurance on HealthCare.gov
Might not cover you due to preexisting health conditions like diabetes, cancer, stroke, arthritis, heart disease, mental health and substance use disorders	Can't deny you coverage due to preexisting health conditions
Might not cover things like prescription drugs, preventive screenings, maternity care, emergency services, hospitalization, pediatric care, physical therapy & more	Covers all essential health benefits
Might have no limit on what you pay out-of-pocket for care	Protects you with limits on what you pay each year out-of-pocket for essential health benefits
You won't qualify for Federal financial help to pay premiums & out-of-pocket costs	Many people qualify for Federal financial help
Doesn't have to meet Federal standards for comprehensive health coverage	All plans must meet Federal standards

Looking for comprehensive health insurance?

- **Visit HealthCare.gov** or call **1-800-318-2596** (TTY:1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."



Blue Cross and Blue Shield of Kansas City (Blue KC) offers affordable short-term health coverage if you are between jobs or when you need limited coverage for a period of transition in your life.

If you are temporarily without employer-paid health insurance, you can still have limited coverage with our Short-Term PPO plans offering access to our Preferred-Care Blue Network.

Short-Term plans provide you with a package of healthcare benefits to cover hospital, physician and emergency services, as well as many specialized services. **Coverage under a Short-Term plan is limited to three months with an option for a one month renewal.** Policies are medically underwritten and do not cover preexisting conditions or routine preventive vaccinations.¹

Federal law prohibits subscribers from purchasing a Blue KC Short-Term plan if you've held a Blue KC Short-Term plan in the last 12 months.

IMPORTANT INFORMATION:

¹A preexisting condition means any illness, injury or other condition for which medical advice, diagnosis, care, or treatment was received or recommended during the 12 months prior to the effective date of coverage.



SHORT-TERM PLAN OPTIONS

Short-Term three-month plans will renew automatically for an additional month if premiums are paid timely for a total of four-month coverage. While this product may be considered an affordable option for some, you are responsible for any applicable penalty for not having health coverage that qualifies as Minimum Essential Coverage. This plan does not comply with the new benefits, rating and other rules under the Affordable Care Act (ACA).

What You Pay:	SHORT-TERM 500		SHORT-TERM 1000		SHORT-TERM 2500		SHORT-TERM 5000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible								
Individual	\$500	\$500	\$1,000	\$1,000	\$2,500	\$2,500	\$5,000	\$5,000
Family	\$1,500	\$1,500	\$3,000	\$3,000	\$7,500	\$7,500	\$15,000	\$15,000
Out-of-Pocket Maximum								
Individual	\$2,500	\$5,000	\$3,000	\$6,000	\$4,500	\$9,000	\$7,000	\$14,000
Family	\$7,500	\$15,000	\$9,000	\$18,000	\$13,500	\$27,000	\$21,000	\$42,000
Coinsurance	20%	40%	20%	40%	20%	40%	20%	40%
PCP Visits								
Preferred-Care Blue [®] Network	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Urgent Care	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Specialist Visits	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Inpatient Hospital	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Emergency Room	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%
High-Tech Imaging	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Routine Preventive Care	20%	Deductible then 40%	20%	Deductible then 40%	20%	Deductible then 40%	20%	Deductible then 40%
Maternity + Newborn Care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Drugs	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Lifetime Maximum	\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000	

PLEASE NOTE: Short-term health insurance is medically underwritten and does not cover preexisting conditions. This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to read your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage. This coverage is not "minimum essential coverage." While this product may be considered an affordable option for some, you are responsible for any applicable penalty for not having health coverage that qualifies as Minimum Essential Coverage. This plan does not comply with the new benefits, rating and other rules under the Affordable Care Act (ACA). Individual applicants must be age 2 by January 1 to apply; or, they have to be enrolled with a parent.

OUR NETWORK

Our provider contracting team ensures our networks deliver by negotiating rates that help keep care affordable, while also ensuring that each provider meets Blue KC's standards for high-quality care.

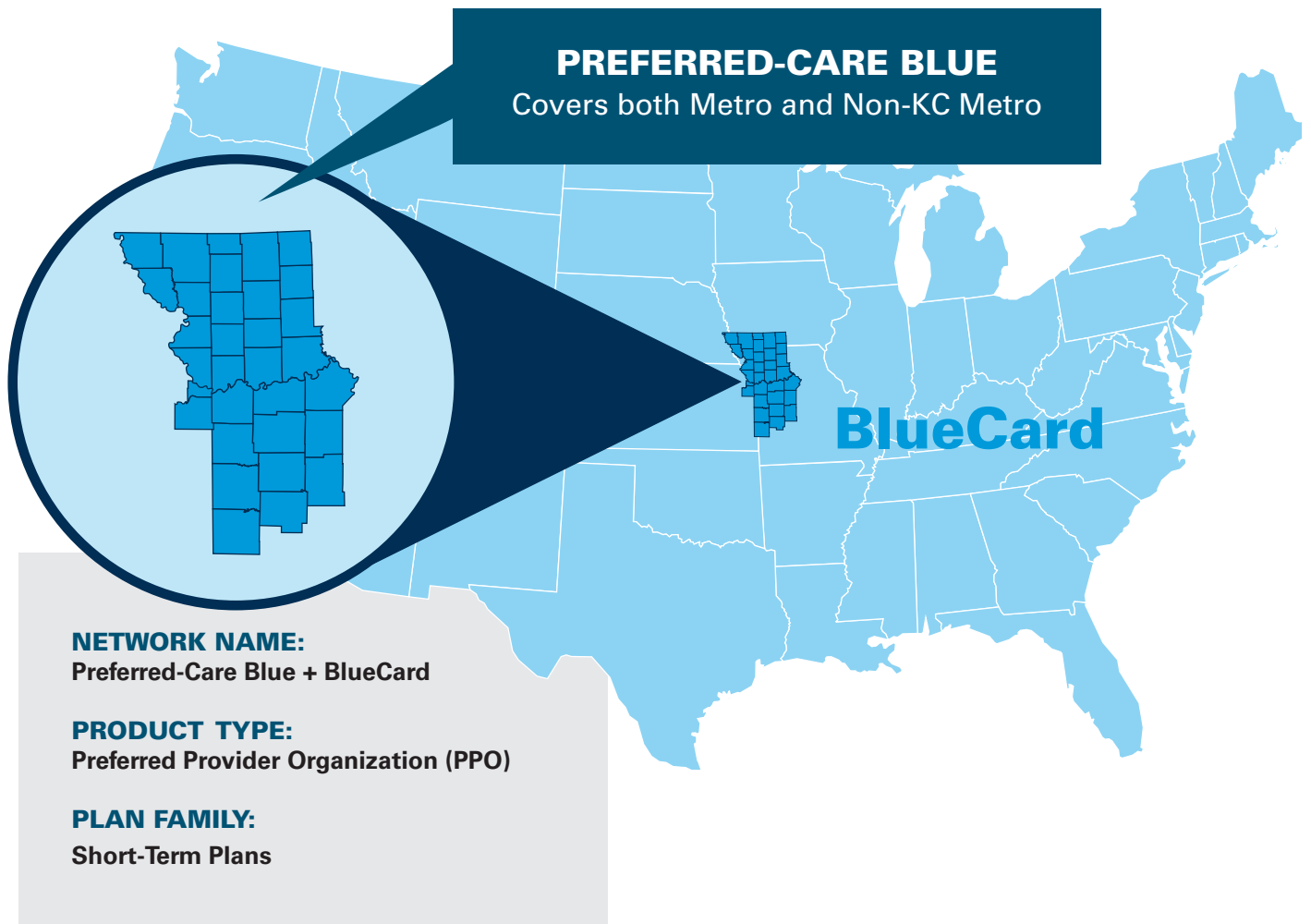
Before you choose a Blue KC product, it's important for you to understand your provider network options. Here's a closer look.

Preferred-Care Blue® with BlueCard®

For individuals who want more doctors, more hospitals, and more healthcare choices, there's Preferred-Care Blue with BlueCard. The Preferred Provider Organization (PPO)

offering gives you the largest selection of providers within our 32-county service area. Outside the 32-county service area, the network gives you access to BlueCard where you will be able to take your benefits with you wherever you go.

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



LIMITED PREVENTIVE SERVICES¹

Information about limited preventive care and the related office visit covered by your Blue KC Short-Term Plan

Limited preventive care services and the related office visit for limited preventive services are covered **subject to the cost sharing terms and limitations of your Contract/Certificate of Coverage**. Services must be billed with a primary diagnosis of preventive to be covered. Not all plans will cover all preventive services at the same cost sharing.

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 or tests for the existing condition are not preventive care and are subject to deductibles, copays, and/or coinsurance.

The following summary of services is being provided for informational purposes only, is subject to change and does not guarantee payment. Your provider has access to current diagnosis and procedure codes associated with these services for correct claims submission.



- Prostate exams and prostate specific antigen (PSA) tests
- Pelvic exams and pap smears, including those performed at the direction of a physician in a mobile facility certified by the Centers for Medicare and Medicaid Services (CMS)
- Mammograms if ordered by a physician, including those performed at the direction of a physician in a mobile facility certified by CMS
- Colorectal cancer exams and laboratory tests consisting of a digital rectal exam and the following: fecal occult blood test, fecal DNA test, flexible sigmoidoscopy, colonoscopy; double contrast barium enema
- Lead testing
- Influenza vaccine - annually
- COVID vaccine - annually
- Childhood immunizations (age 6 and under):*
 - At least 5 doses against diphtheria, pertussis, tetanus
 - At least 4 doses against polio, Haemophilus influenza Type B (Hib)
 - At least 3 does of vaccine against hepatitis B
 - 2 doses of vaccine against measles, mumps and rubella (MMR)
 - 2 doses of vaccine against varicella
 - At least 4 doses of vaccine against pediatric pneumococcal (PCV7)
 - At least one dose of vaccine against hepatitis A
 - 3 doses of vaccine against rotavirus
 - Such other vaccines and dosages as may be prescribed by the State Department of Health

* Children who did not receive the recommended immunization by age six are eligible for catch-up vaccinations.

¹ Short-term health insurance is medically underwritten and does not cover preexisting conditions. This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to read your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage. This coverage is not "minimum essential coverage." While this product may be considered an affordable option for some, you are responsible for any applicable penalty for not having health coverage that qualifies as Minimum Essential Coverage. This plan does not comply with the new benefits, rating and other rules under the Affordable Care Act (ACA). Individual applicants must be age 2 by January 1 to apply; or, they have to be enrolled with a parent.

² Covered Services include catch-up immunization for a dependent child over the age of 6 who has not previously received the immunization.

EXCLUSIONS AND LIMITATIONS

Below is a summary of exclusions and limitations for this plan. Be sure to read your member contract for additional details and to understand the definition of these terms.

Covered Services do not include, and no Benefits will be provided for any of the following services, supplies, equipment or care; or for any complications, related to, or received in connection with, such services, supplies, equipment or care that are:

- For a Preexisting Condition as defined in the Contract.
- For services or supplies received if there is no legal obligation for payment or for which no charge had been made; or for services or supplies received where a portion of the charge has been waived. This includes, but is not limited to full or partial waiver of any applicable Deductible, Coinsurance or Copayment amounts.
- Subject to Our Approval in Advance requirement and such approval was not obtained.
- For injuries or illnesses related to Your job to the extent You are covered or are required to be covered by a worker's compensation benefit whether or not You file a claim. If You enter into a settlement giving up Your right to recover future medical benefits under a worker's compensation benefit, medical benefits that would have been compensable except for the settlement will not be Covered Services.
- Not Medically Necessary.
- Not specifically covered under the Contract.
- Experimental or Investigative as determined by Us at Our sole discretion. (KS Only)
- Experimental or Investigative as determined by Us at Our sole discretion, except as specifically provided under clinical trials as described in the Contract. (MO only)
- For military service connected disabilities or conditions for which You are legally entitled to services and for which You have no obligation to pay.
- For losses due in whole or in part to war or any action of war.
- For Custodial, convalescent, or respite care, except as specifically provided under the Home Hospice benefit, including but not limited to meals delivered to Your home, companionship, and homemaker services, that do not require services of licensed professional nurses in Our opinion even if provided by skilled nursing personnel.
- For music therapy, remedial reading, recreational therapy, and other forms of education or special education except as specified under the Diabetes benefit.
- For marital counseling or counseling to assist in achieving more effective intra or interpersonal development; dietary counseling, except as specifically provided; decisional, social, or educational development; vocational development, work hardening programs.
- For cosmetic purposes, other than to correct birth defects or to correct a defect incurred through an Accidental Injury as defined in the Contract. Removal or replacement of a breast implant that was initially done for augmentation or for cosmetic purposes. Cosmetic rhinoplasty whether an independent procedure or done in conjunction with any other surgical procedure. Cosmetic is defined as surgery, procedure or therapy intended to: 1) improve or alter an individual's appearance, self-esteem, where functional impairment is not present; or 2) treat an individual's psychological symptoms or psychosocial complaint related to the individual's appearance.
- For any equipment or supplies that condition the air including environmental evaluations, heating pads, cooling pads (circulating or non-circulating), including hot water bottles, personal care items, wigs and their care, items for comfort and convenience, spas, whirlpools, Jacuzzis, and any other primarily non-medical equipment, stethoscopes, blood pressure devices, and Durable Medical Equipment that would normally be provided by a Skilled Nursing Facility. Repair or replacement of prosthetic or orthotic devices are Covered Services only when Medically Necessary and necessitated as indicated in the Covered Services section.
- For hypnotism, hypnotic anesthesia, acupuncture, acupressure, biofeedback (including neurofeedback), rolfing, massage therapy and/or any services provided by a massage therapist, aroma therapy and other forms of alternative treatment.
- For genetic testing, except as specifically provided under the Contract; examinations or treatment ordered by a court.
- For collection and storage of autologous (self-donated) blood, umbilical cord blood, or any other blood or blood product in the absence of a known disease or planned surgical procedure.
- Provided by You, Your Immediate Family Members or members of Your immediate household.
- For vision services and hearing care services including cochlear implants, except as otherwise specifically provided in the Contract, including but not limited to hearing aids, pleoptic and orthoptic training that is not for convergence insufficiency, eyeglasses, contact lenses, and the examination for fitting of these items.

EXCLUSIONS AND LIMITATIONS (CONTINUED)

- Unless specifically covered under the Contract, for all dental services; complications of dental treatment; temporomandibular joint disorder; and orthognathic surgery. Injections for treatment of pain that are in close proximity to the teeth or jaw and due to a dental cause. For orthodontic treatment, or surgical correction of a malocclusion. For dental splints, dental prostheses, extractions or any treatment on or to the teeth, gums or jaws and other services customarily provided by a dentist. Services related to injuries caused by or arising out of the act of biting or chewing are also excluded.
- For all prescription drugs.
- For drugs and medicines that do not require a prescription for their use.
- Prescription drugs purchased from a Physician for self-administration outside a Hospital.
- Chemosurgery, laser, dermabrasion, chemical peel, salabrasion, collagen injections or other skin abrasion procedures associated with the removal of scars, tattoos and/or which are performed as a treatment of scarring secondary to acne or chicken pox.
- For staff consultations required by Hospital rules and regulations.
- For the treatment of obesity or morbid obesity, including but not limited to Mason Shunt, banding, gastroplasty, intestinal bypass, gastric balloons, stomach stapling, jejunal bypass, wiring of the jaw, as well as related office visits, laboratory services, prescription drugs, medical weight reduction programs, nutrients, and diet counseling (except as otherwise specified in the Contract) and health services of a similar nature whether or not it is part of a treatment plan for another illness. This exclusion also applies to any complications arising from any of the above.
- For surgical procedures on the cornea including radial keratotomy and other refractive keratoplasty procedures, except when used to correct medical conditions other than refractive errors (such as nearsightedness) or following cataract surgery.
- For hairplasty or hair removal, regardless of reason or diagnosis.
- For, or related to the surgical insertion of a penile prosthesis including the cost of the prosthesis (except as otherwise specified in the Contract).
- For orthotics unless otherwise specified.
- For foot orthotics, including shoes, except as specifically covered under the Diabetes benefit.
- For support/surgical stockings (for the lower extremities), including but not limited to custom made stockings.
- For corrective shoes unless permanently attached to a brace.
- For routine foot care, unless specifically covered under the Contract.
- For, or related to an Organ Transplant not specifically covered in the Contract.
- For lodging or travel to and from a health professional or health facility.
- For health and dental services resulting from Accidental Injuries arising out of a motor vehicle accident to the extent such services are payable under any expense payment provisions (by whatever terminology used, including such benefits mandated by law) of any automobile insurance policy.
- For interest charges, document processing or copying fees, mailing costs, collection fees, telephone consultations, for charges when no direct contact is provided including but not limited to Physician team conferences, charges for missed appointments, charges for completion of forms or other nonmedical charges.
- Provided for an Emergency Medical Condition Admission in excess of the first 48 hours if We are not notified within 48 hours of the Admission, or as soon as reasonably possible.
- Obtained in an emergency room which are not Emergency Services.
- Health services and associated expenses for megavitamin therapy; psychosurgery; nutritional-based therapy for alcoholism, substance abuse, or other medical conditions; services and supplies for smoking cessation programs and treatment of nicotine addiction.
- For learning disabilities, developmental delays, mental retardation and autistic disorders.
- Health services, which are related to complications arising from treatments or services otherwise excluded under the Contract, except for complications, related to maternity care as indicated in the Contract.
- Methadone, L.A.A.M. (1-Alpha-Acetyl-Methadol) Cyclazocine, or their equivalents when prescribed as maintenance for substance abuse; provided however, Methadone will be covered if prescribed as detoxification treatment in a federally approved detoxification program but shall only be covered for a maximum of up to six consecutive months. (MO Only)

EXCLUSIONS AND LIMITATIONS (CONTINUED)

- Mental Illness and/or substance abuse services received from a Non-Participating Provider provided in connection with or to comply with involuntary inpatient commitments after the Covered Person has been screened and stabilized, unless the Covered Person cannot be safely transferred or there is not a Preferred Provider who will accept the transfer.
- Mental Illness and/or substance abuse services provided in connection with or to comply with the sentencing of a criminal activity for outpatient, partial hospitalization, residential or inpatient treatment. (MO Only)
- For non-prescription enteral feedings and other nutritional and electrolyte supplements. This does not apply to the treatment of phenylketonuria or any inherited disease of amino or organic acids.
- For personal care and convenience items.
- Occupational therapy provided on a routine basis as part of a standard program for all patients.
- Received for, or in preparation for, any treatment (including drugs) for infertility by any name called and any related complications. 'Infertility' as used here means any medical condition causing the inability or diminished ability to reproduce. Treatment for infertility shall include, but not be limited to, reversal of sterilization, all artificial means of conception including but not limited to sperm collection and/or preservation, artificial insemination, in vitro fertilization, in vivo fertilization, embryo transplants, gamete intra fallopian transplant (GIFT), zygote intra fallopian transplant (ZIFT), and related tests and procedures, surrogate parenting, not Medically Necessary amniocentesis, and any other experimental fertilization procedure or fertility drugs.
- For contraceptive devices and implants such as diaphragms, intrauterine devices, and any other type of contraceptive device.
- For contraceptive substances such as, but not limited to birth control pills and injections.
- For health services and associated expenses for elective pregnancy termination, except when the life of the mother would be endangered if the fetus was carried to term.
- For maternity services.
- Received for or in preparation for any diagnosis or treatment (including drugs) of impotency and any related complications.
- Services and supplies to the extent they are payable by Medicare.
- For growth hormone therapy for the diagnosis of idiopathic or genetic short stature, intrauterine growth retardation or small for gestational age.
- For cranial (head) remodeling devices, including but not limited to Dynamic Orthotic Cranioplasty ("DOC Bands") except for post-operative care of congenital birth defects and birth abnormalities caused by synostotic plagiocephaly and craniosynostosis. (KS only)
- For cranial (head) remodeling devices, including but not limited to Dynamic Orthotic Cranioplasty ("DOC Bands"), except as otherwise specifically provided in the Contract. (MO Only)
- For services or supplies received from any provider in a country where the terms of any sanction, embargo, boycott, Executive Order or other legislative or regulatory action taken by the Congress, President or an administrative agency of the United States would prohibit payment or reimbursement by Us for such services.
- For sales tax.
- For services, supplies, equipment or care received in connection with a non-covered service, supply, equipment or care.
- For extracorporeal shock wave therapy due to musculoskeletal pain or musculoskeletal conditions and for electrical stimulation, except as specifically provided in the Contract.
- For nutritional assessment testing and saliva hormone testing.
- For certain infusion therapy/injectables unless obtained from a designated specialty pharmacy or designated home infusion vendor
- For any services required by a diversion agreement or by order of a court to attend an alcohol or drug safety action program, or for evaluations and diagnostic tests ordered or requested in connection with criminal actions, divorce, child custody, or child visitation proceedings. (KS only)
- Screening examinations or services available, arranged by, or received from any governmental body or entity, including school districts. (KS only)
- For Applied Behavior Analysis services received as part of any Part C early intervention program or provided by any school district. (MO only)
- For speech therapy for vocal cord training/retraining due to vocational strain and/or weak cords, conceptual handicap, psychosocial speech.
- Newborns are only eligible for coverage when added as a dependent under a family plan. Newborns cannot be the only member on an individual plan.

Disclosure Notices

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

Premiums are owed by the Contractholder. Premiums may not be paid by third parties unless related to the Contractholder by blood or marriage or required by law.

MY PLAN INFORMATION

I have purchased a Short-Term plan with a premium of \$_____ paid on a monthly basis. This amount does not include any optional riders.

Short-Term plans require Blue KC to initiate recurring ACH/electronic debits to your account in the amount of your monthly premium on the 5th day of each month. Even if your premium amount changes in the future, this automatic draft will remain in effect until you cancel your recurring setup at MyBlueKC.com. If you require any assistance from customer support please contact Blue KC at 816-395-2950 or PO Box 419169 Kansas City, MO 64141-6169, or by fax at 816-471-2269.

Your monthly bill is viewable at MyBlueKC.com and will allow you to view the amount to be debited prior to payment. If there are any changes to your bank account/card information, please update your information at MyBlueKC.com.

Update your information on MyBlueKC.com to ensure continued monthly premium payments.

Name and address of agent/broker: _____

Discrimination is Against the Law

Blue Cross and Blue Shield of Kansas City ("Blue KC") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Blue KC does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue KC:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact 816-395-3558 (local) or 888-989-8842.

Blue KC's Section 1557 Coordinator can be reached by contacting: Section 1557 Coordinator, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, APPEALS@bluekc.com.

If you believe that Blue KC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Appeals Department, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, APPEALS@bluekc.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Appeals Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at Blue KC's website: <https://www.bluekc.com/consumer/non-discrimination-information/>

If you need these services, contact Customer Service, **1-866-859-3822 (TTY:711)**, languagehelp@bluekc.com.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al **1-866-859-3822 (TTY:711)**

如果您,或是您正在協助的對象,有關於 Blue KC 方面的問題,您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員,請撥電話 **1-866-859-3822 (TTY:711)**

LET'S GET STARTED

If you need more information or have questions, contact your broker or call Blue KC at **888.800.4478**.

You can also visit us online at **BlueKC.com**.





1-888-800-4478 | BlueKC.com