Kansas City
A HIGHMARK COMPANY

Small Business. Big Plans.

2027 Small Group Product Guide

For businesses with 2-99 employees.

Partners In Success

Blue KC is here to provide the service you need to assist your clients.

At Blue KC, we know strong partnerships create better outcomes. We're committed to providing the service, expertise and support you need to confidently serve your clients throughout the year. We appreciate your partnership and look forward to continuing our success together.

Local Leadership

Ryan Roth

DVP, Small Group & Government Sales & Retention

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Barron Roberts

Director, Small Group and Individual Sales

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Account Coordinators
Melissa Hoover, melissa.hoover@bluekc.com
Allyson Smith, allyson.smith@bluekc.com

Our Networks

Small Group ACA Plan

For Businesses with 2–50 Employees

Fully Insured Plan

For Businesses with 51–99 Employees

Level Funding ASO Plan

For Businesses with 2–99 Employees

Ancillary Products

Coverage Choices

FROM HERE. FOR WHEREVER YOU ARE.

Coverage That Lives Where You Do

With over 85 years of experience working with small businesses in the region, you can count on Blue Cross and Blue Shield of Kansas City (Blue KC) to provide you with affordable plan options that can help support your team's well-being.

Small business. Big plans.

Your employees are at the heart of your business and at Blue KC, they're at the heart of everything we do. When you choose Blue KC you're partnering with a local health plan committed to helping your employees access the care, support, and resources they need to be their best. Backed by award-winning customer service, we're here to help make managing your health plan easier for you and your team.

With access to the BlueSelect Plus network offering exclusive access to Spira Care Centers and a variety of plan options, you can find the right balance of coverage, value, and support for your business.

New for 2027

All BlueSelect Plus health plans have access to Spira Care.

SPIRA CARE™

Existing group BSP plans will have Spira Care added to the plan upon renewal in 2027.

New group BSP plans will provide access to Spira Care upon effective date of sale.

Service Area and Networks

Quick Reference Guide

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

Census Enrollment Available for ACA Groups

* BSP PPO plans have RxSelect. BSP Spira Care plans + PCB PPO plans have RxPremier.

Preferred-Care Blue®

Blue KC understands the importance of access to a variety of healthcare services.

When your employees select a Blue KC product, it's important for them to understand the provider network they have chosen. Our provider contracting team ensures our networks deliver by negotiating rates that help keep care affordable while also ensuring each provider meets Blue KC's standards for care.

Preferred-Care Blue:

The largest selection within the Blue KC 32-county service area with 50+ in-network hospitals, 6,800+ in-network providers and national and worldwide PPO accessibility.

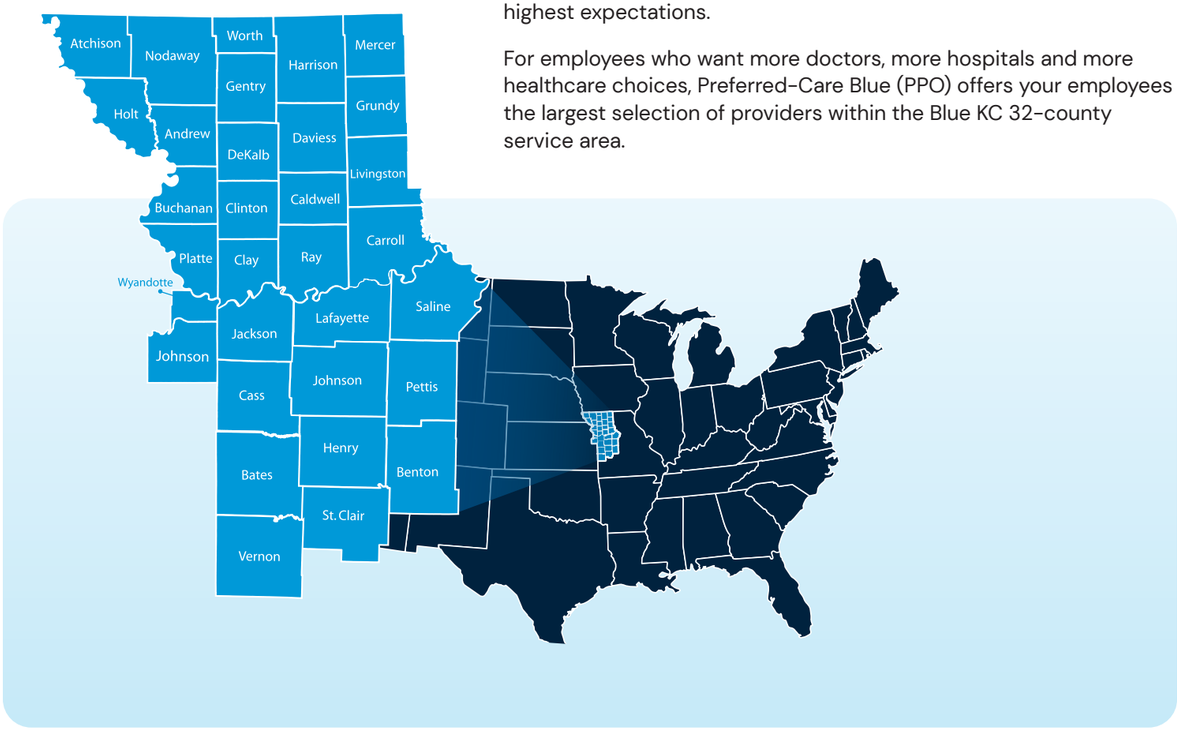
Preferred Provider Organization (PPO): **Extended out-of-network benefits provide some coverage, but higher-out-of-pocket costs will apply.** Benefits outside of the 50+ hospitals and 6,800+ providers are considered out-of-network and are subject to the plan's allowable charge. Out-of-network providers may bill for the remaining balance.

BlueCard Network:

Employees have access to the BlueCard network, which offers coverage nationwide. Cost applies toward annual deductible. Outside of the U.S., employees have access to doctors and hospitals in nearly 200 countries and territories through the BCBS Global Core program.

As the industry landscape changes and other carriers adjust their networks, Blue KC continues to lead the market in PPO network accessibility. When having the freedom to choose is at a premium, our premium network offering is built to exceed your employees' highest expectations.

For employees who want more doctors, more hospitals and more healthcare choices, Preferred-Care Blue (PPO) offers your employees the largest selection of providers within the Blue KC 32-county service area.



BlueSelect Plus with Spira Care

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

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

BlueSelect Plus:

In-network coverage if companies are headquartered in these counties in the Kansas City metro area.

AND

In-network coverage when seeking care from any of the 5,400+ providers and 16 hospitals in the network.

All other hospitals and their providers in the Kansas City metro area that are not in the BlueSelect Plus network (shown in light blue and grey) are considered out of network. Emergency services are always covered at the in-network cost share. Cost applies toward annual deductible.

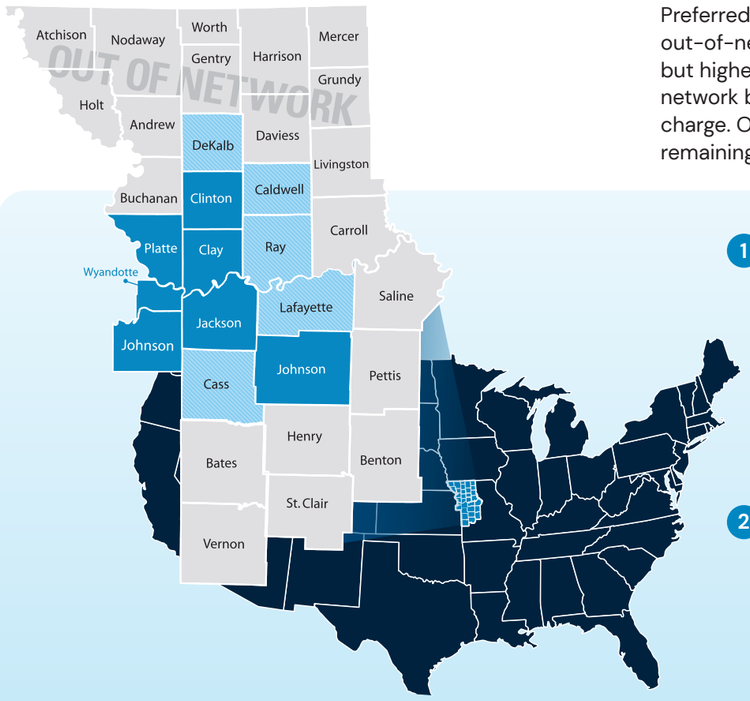
BlueCard Network:

Employees have access to the BlueCard network which offers coverage nationwide. Cost applies toward annual deductible. Outside the U.S., employees have access to doctors and hospitals in nearly 200 countries and territories through the BCBS Global Core program.

Out of Network:

Exclusive Provider Organization (EPO): No out-of-network coverage except for emergency services. If employees seek care out of network for non-emergency services they will be responsible for 100% of the costs associated with that care and will be billed in full. Out-of-network benefits are subject to the plan's allowable charge.

Preferred Provider Organization (PPO): Extended out-of-network benefits provide some coverage, but higher out-of-pocket costs will apply. Out-of-network benefits are subject to the plan's allowable charge. Out-of-network providers may bill for the remaining balance.



1 **To choose a BlueSelect Plus plan, companies must be headquartered in one of these counties:**

Missouri: Clay, Jackson, Platte, Cass, Clinton, DeKalb, Johnson, Lafayette, Ray, Caldwell

Kansas: Johnson, Wyandotte

2 **Employees must seek care from any of the 5,400+ providers and 16 hospitals located in these counties:**

Missouri: Clinton, Clay, Jackson, Johnson, Platte

Kansas: Johnson, Wyandotte

BlueSelect Plus with Spira Care

Access to to specialty hospitals

BlueSelect Plus also includes specialty hospital Ascentist Healthcare and over 50 ambulatory surgical centers (ASCs). ASCs are modern care facilities focused on providing same-day surgical care, including diagnostic and preventive procedures, and may be more cost effective.

Access to Spira Care

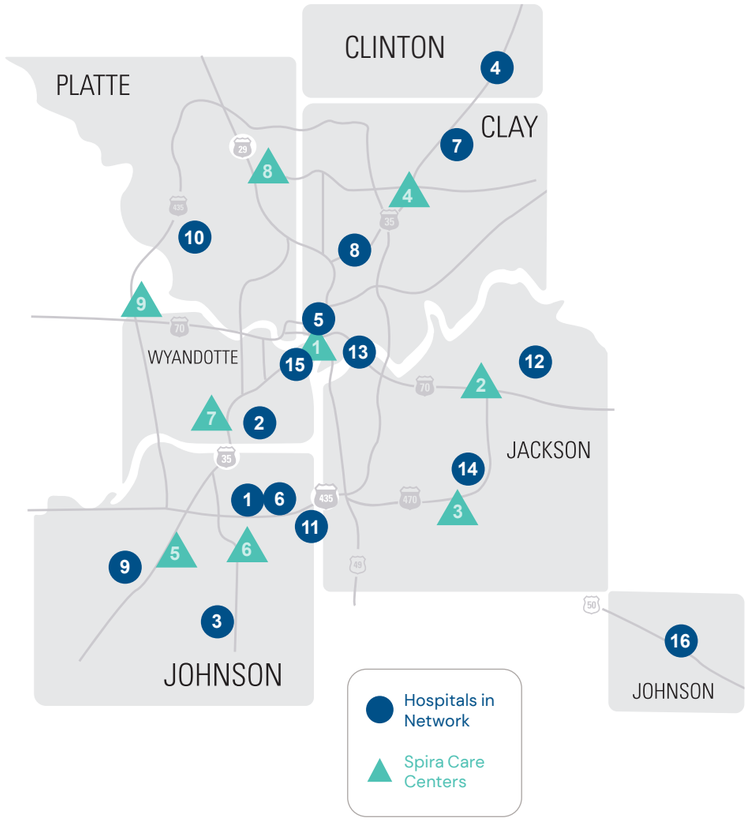
Blue KC members enrolled in a health plan with BlueSelect Plus also have access to nine Spira Care Centers in the Kansas City metro area. Spira Care is an advanced primary care model that gives members easy, convenient access to primary care services and the time they need with their physician and Care Team. See pages 9 and 10 for more information on Spira Care.

In-Network Hospitals:

1. AdventHealth College Boulevard
2. AdventHealth Shawnee Mission
3. AdventHealth South Overland Park
4. Cameron Regional Medical Center
5. Children's Mercy Hospital
6. Children's Mercy Hospital - South
7. Liberty Hospital
8. NKC Health
9. Olathe Medical Center
10. Providence Medical Center
11. St. Joseph Medical Center
12. St. Mary's Medical Center
13. University Health Hospital Hill
14. University Health Lakewood
15. University of Kansas Hospital
16. Western Missouri Medical Center Warrensburg

Spira Care Centers:

1. Spira Care Crossroads
2. Spira Care Independence
3. Spira Care Lee's Summit
4. Spira Care Liberty
5. Spira Care Olathe
6. Spira Care Overland Park
7. Spira Care Shawnee
8. Spira Care Tiffany Springs
9. Spira Care West



SPIRA CARE™

Blue KC is proud to offer health plans with exclusive access to Spira Care Centers located across the Kansas City metro area.

Experience the difference advanced primary care can make. Blue KC is the local healthcare leader putting members first, while transforming how healthcare is designed, delivered and experienced.

Blue KC health plans with Spira Care bring healthcare and coverage together to put patients at the center of everything.

Spira Care is advanced primary care for newborns, infants, children, adolescents, and adults that gives patients easy, convenient access to primary care services and the time they need with their physician and Care Team.

Primary care for the whole family.

- Advanced Primary Care*
- Behavioral Health Support
- Chronic Medical Condition Management
- Diabetes Education and Health Coaching
- Digital X-Rays*
- Injuries*
- Immunizations*
- Routine Lab Draws*
- Routine Preventive Care
- Sick Care
- And more

Learn more about Spira Care's nine locations, hours and Care Teams at SpiraCare.com.

A Spira Care Center is Just Around the Corner

Nine locations across the KC metro.

Spira Care Crossroads
1916 Grand Boulevard
Kansas City, MO 64108

Spira Care Independence
3717 S Whitney Avenue
Independence, MO 64055

Spira Care Lee's Summit
760 NW Blue Parkway
Lee's Summit, MO 64086

Spira Care Liberty
8350 N Church Road
Kansas City, MO 64158

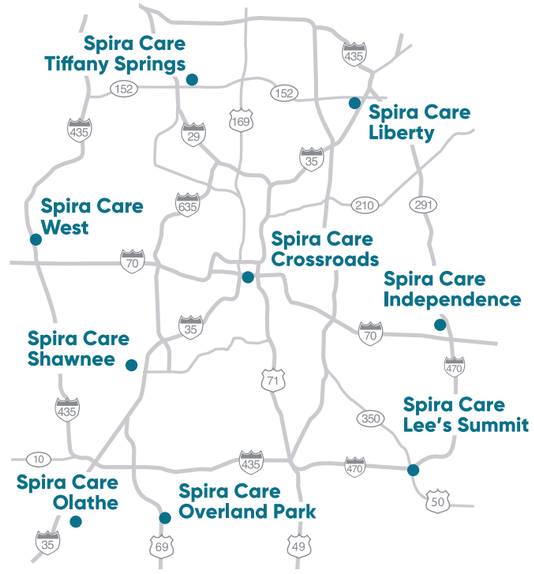
Spira Care Olathe
15710 W 135th Street, Suite 200
Olathe, KS 66062

Spira Care Overland Park
7341 W 133rd Street
Overland Park, KS 66213

Spira Care Shawnee
10824 Shawnee Mission Parkway
Shawnee, KS 66203

Spira Care Tiffany Springs
8765 N Ambassador Drive
Kansas City, MO 64154

Spira Care West
9800 Troup Avenue
Kansas City, KS 66111



Blue KC plans with exclusive access to Spira Care Centers:

	Without a Health Savings Account (HSA)	With a Health Savings Account (HSA)
Spira Care	No additional cost* for primary care services.	• Low additional cost ($60* per appointment) for primary care services. • Members will receive a bill for services at Spira Care Centers until they meet their out-of-pocket max. • Preventive services are covered at 100%.
Plan's Network	Members have all the benefits of their plan's network for things like specialty care and emergency services. Based on plan enrollment, costs will apply towards an annual deductible or applicable copay.	

*Services provided at Spira Care Centers are based on your primary care needs only and must be ordered by a member of the Spira Care Team. This includes digital x-rays, routine labs and immunizations. Orders by a specialist or someone outside of the Care Center cannot be completed or fulfilled at Spira Care Centers. Health coverage through any of the Blue KC plans cannot be used for an on-the-job or work-related injury or illness. X-ray services are available at all locations except Lee's Summit and Liberty. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

Small Group ACA Plan Options

For businesses with 2-50 employees.

Small Group ACA Plan Options

For businesses with 2-50 employees.

The options you want.

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

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

The support you need.

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

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

Small group eligibility guidelines:

- There must be at least one full-time eligible W-2 employee other than the owner to be eligible for a Blue KC small group plan.
- If only two full-time eligible employees, additional documentation is required.
- At least one full-time eligible (enrolled) employee must reside and work in the 32-county Blue KC service area.
- Blue KC **does not accept** Sole Proprietorships / Owner-only groups.
- We **can write** an owner and spouse group in Kansas. Legal documentation is required on spouse.
- We **cannot write** an owner and spouse group in Missouri (considered a group of one).
- Effective dates on the 1st and 15th of every month.

Due to state laws, eligibility requirements vary:

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

Kansas and **Missouri**	Sole Proprietorships (owner only)	Cannot write
	Owner + 1 groups	Require documentation on non-owner employee
	Groups submitted with 3 or more full-time EEs	No documentation required
Missouri	Owner + spouse group	Cannot write (considered group of one)
Kansas	Owner + spouse group	Require documentation on spouse

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

Acceptable forms of documentation for these eligibility requirements include a W-2, KW-3 (Kansas Groups), payroll register, or employer quarterly wage and tax statement. Blue KC relies on employers to determine eligible employees based on state and federal guidelines.

Small Group ACA Plan Options

For businesses with 2-50 employees.

Choices and more choices. It's what over one million members have come to expect from Blue KC, the area's only local, not-for-profit health insurance company.

		Deductible[1]				Coinsurance		Out-of-Pocket Maximum			
		Network		Out of Network		Network	Out of Network	Network		Out of Network	
	HSA	Single	Family	Single	Family			Single	Family	Single	Family
Medical Products Available on Preferred-Care Blue Network (PPO)											
First Enhanced PCB Silver (PPO)	No	$0 Medical $8,200 Rx	$0 Medical $16,400 Rx	$0 Medical $8,200 Rx	$0 Medical $16,400 Rx	30%	50%	$12,000	$24,000	$24,000	$48,000
Classic PCB Gold (PPO)[2]	No	$1,500	$3,000	$1,500	$3,000	10%	30%	$7,000	$14,000	$14,000	$28,000
First PCB Gold (PPO)[3]	No	$2,000	$4,000	$2,000	$4,000	10%	40%	$6,000	$12,000	$12,000	$24,000
Saver PCB Gold (PPO)[1]	Yes	$2,500	$5,000	$5,000	$10,000	20%	40%	$5,000	$10,000	$10,000	$20,000
First PCB Silver (PPO)[3]	No	$5,500	$11,000	$5,500	$11,000	20%	30%	$8,900	$17,800	$17,800	$35,600
Classic PCB Silver (PPO)[3]	No	$5,000	$10,000	$5,000	$10,000	40%	60%	$8,700	$17,400	$17,400	$34,800
Saver PCB Silver (PPO)	Yes	$4,000	$8,000	$8,000	$16,000	25%	40%	$8,000	$16,000	$16,000	$32,000
Traditional PCB Silver (PPO)	No	$4,000	$8,000	$4,000	$8,000	30%	50%	$8,600	$17,200	$17,200	$34,400
Saver PCB Bronze (PPO)	Yes	$6,000	$12,000	$12,000	$24,000	50%	60%	$8,500	$17,000	$17,000	$34,000
First PCB Bronze (PPO)[3]	No	$6,850	$13,700	$6,850	$13,700	50%	60%	$11,000	$22,000	$22,000	$44,000
Value PCB Bronze (PPO)	No	$8,000	$16,000	$16,000	$32,000	50%	60%	$9,500	$19,000	$19,000	$38,000
Saver PCB Bronze - 100% (PPO)	Yes	$8,500	$17,000	$17,000	$34,000	0%	0%	$8,500	$17,000	$17,000	$34,000
First PCB Bronze - 100% (PPO)	No	$9,250	$18,500	$9,250	$18,500	0%	50%	$9,250	$18,500	$18,500	$37,000
Medical Products Available on BlueSelect Plus Network (PPO)											
Spira Care Saver BSP Silver (PPO)	Yes	$4,000	$8,000	$8,000	$16,000	25%	40%	$8,000	$16,000	$16,000	$32,000
Spira Care BSP Silver (PPO)	No	$4,000	$8,000	$4,000	$8,000	30%	50%	$8,600	$17,200	$17,200	$34,400
Spira Care Saver PPO BSP Bronze (PPO)	Yes	$6,000	$12,000	$12,000	$24,000	50%	60%	$8,500	$17,000	$17,000	$34,000
First Spira Care Value BSP Bronze (PPO)	No	$8,750	$17,500	$17,500	$35,000	50%	60%	$10,000	$20,000	$20,000	$40,000
First Spira Care BSP Bronze – 100% (PPO)	No	$10,000	$20,000	$10,000	$20,000	0%	50%	$10,000	$20,000	$20,000	$40,000
Medical Products Available on BlueSelect Plus Network (EPO)											
First Spira Care Enhanced BSP Silver (EPO)[5]	No	$0 Medical $8,200 Rx	$0 Medical $16,400 Rx	N/A	N/A	40% Medical 30% Rx	100%	$12,000	$24,000	N/A	N/A
First Spira Care BSP Gold (EPO)[5]	No	$3,900	$7,800	N/A	N/A	0%	100%	$3,900	$7,800	N/A	N/A
First BSP + Spira Care Silver (EPO)[5,6]	No	$5,000	$10,000	N/A	N/A	20%	100%	$9,000	$18,000	N/A	N/A
First Spira Care BSP Silver (EPO)[5]	No	$5,000	$10,000	N/A	N/A	20%	100%	$8,000	$16,000	N/A	N/A
Spira Care Saver EPO BSP Bronze (EPO)[5]	Yes	$6,500	$13,000	N/A	N/A	20%	100%	$9,000	$18,000	N/A	N/A
First Spira Care BSP Bronze (EPO)[5]	No	$8,000	$16,000	N/A	N/A	20%	100%	$10,600	$21,200	N/A	N/A

		Copay / Cost-Share - Per Occurrence						RX Copay / Cost-Share / Network[4]							
		Network						Network							
Spira Care	Other PCP	Primary Care (PCP)[3,5]	Virtual Care/ Telehealth	Urgent Care[3]	Specialist[3]	Hospital[2]	Emergency Room	Low-Cost Generic	Generic	Preferred	Non-Preferred	Gen. & Pref. Specialty	Non-Pref. Specialty	Rx Network	Part D Credibility
Ded/Coins	Ded/Coins	$50	$0	5@$120/ D+C	5@ $120/ D+C	$2,500/Day	$1,000	$5	$15	D+$75	D+$125	D+30%	D+30%	RxPremier	N
$0	$60	$40	$0	$80	$80	$975/Day 5 Day Max[2]	$975	$5	$15	$70	D+30%	D+35%	D+35%	RxPremier	Y
Ded/Coins	Ded/Coins	$35	$0	5@$50/D+C	5@$50/D+C	Ded/Coins	Ded/Coins	$5	$15	$70	D+30%	D+35%	D+35%	RxPremier	Y
Ded/Coins	Ded/Coins	Ded/Coins	$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+$5	D+$15	D+$70	D+30%	D+35%	D+35%	RxPremier	Y
Ded/Coins	Ded/Coins	$35	$0	5@$50/D+C	5@$50/D+C	Ded/Coins	Ded/Coins	$5	$20	$75	D+30%	D+35%	D+35%	RxPremier	Y
Ded/Coins	Ded/Coins	$50	$0	$100	$100	$975/Day 5 Day Max[2]	$975	$5	$20	$75	D+30%	D+35%	D+35%	RxPremier	Y
Ded/Coins	Ded/Coins	Ded/Coins	$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+$5	D+$20	D+$75	D+10%	D+20%	D+20%	RxPremier	Y
Ded/Coins	Ded/Coins	$60	$0	$120	$120	Ded/Coins	Ded/Coins	$5	$20	$75	D+30%	D+35%	D+35%	RxPremier	Y
Ded/Coins	Ded/Coins	Ded/Coins	$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+50%	D+50%	D+50%	D+50%	D+50%	D+50%	RxPremier	Y
Ded/Coins	Ded/Coins	$60	$0	5@$100/D+C	5@$100/D+C	Ded/Coins	Ded/Coins	$5	$30	D+$120	D+40%	D+50%	D+50%	RxPremier	Y
Ded/Coins	Ded/Coins	Ded/Coins	$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	$5	$30	D+$120	D+40%	D+50%	D+50%	RxPremier	Y
Ded/Coins	Ded/Coins	Ded	$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	RxPremier	Y
Ded/Coins	Ded/Coins	$40	$0	5@$120/D+C	5@$120/D+C	Ded	Ded	$5	$30	$90	$250	$500	$500	RxPremier	Y
Spira Care	Other PCP														
Ded/Coins	Ded/Coins	$0	$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+$5	D+$20	D+$75	D+10%	D+20%	D+20%	RxSelect - Walgreens	Y
$0	$60	$0	$0	$120	$120	Ded/Coins	Ded/Coins	$5	$20	$75	D+30%	D+35%	D+35%	RxSelect - Walgreens	Y
Ded/Coins	Ded/Coins	$0	$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+50%	D+50%	D+50%	D+50%	D+50%	D+50%	RxSelect - Walgreens	Y
$0	$50	$0	$0	5@$120/D+C	5@$120/D+C	Ded/Coins	Ded/Coins	$5	$30	D+$120	D+40%	D+50%	D+50%	RxSelect - Walgreens	Y
$0	$40	$0	$0	5@$120/D+C	5@$120/D+C	Ded	Ded	$5	$30	$90	$250	$500	$500	RxSelect - Walgreens	Y
Spira Care	Other PCP														
$0	$75	$0	$0	5@$100/D+C	5@$100/D+C	$2,500/Day	$1,200	$5	$15	D+$75	D+$125	D+30%	D+30%	RxPremier	N
$0	$50	$0	$0	5@$120/D+C	5@$120/D+C	Deductible	Deductible	$5	$15	$70	$350	Deductible	Deductible	RxPremier	Y
$0	$50	$0	$0	5@$80/D+C	5@$80/D+C	Ded/Coins	Ded/Coins	$5	$20	$75	D+30%	D+35%	D+35%	RxPremier	Y
$0	$60	$0	$0	5@$120/D+C	5@$120/D+C	Ded/Coins	Ded/Coins	$5	$20	$75	D+30%	D+35%	D+35%	RxPremier	Y
$0	Ded/Coins	$0	$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+$5	D+$30	D+$120	D+30%	D+35%	D+35%	RxPremier	Y
$0	$60	$0	$0	5@$120/D+C	5@$120/D+C	Ded/Coins	Ded/Coins	$5	$30	D+$120	D+30%	D+35%	D+35%	RxPremier	Y

All Plans - All cost-sharing (Deductible, Coinsurance and Copays) apply to the Out-of-Pocket Max. In-Network cost-sharing applies to the In-Network Out-of-Pocket Max only. Out-of-Network cost-sharing applies to the Out-of-Network Out-of-Pocket Max only

All Plans - Primary Care Physicians include General Practice, Family Practice, Internal Medicine, and Pediatrics

[1] **Plan Deductibles** may be embedded or aggregate. All deductibles are embedded unless otherwise noted. Embedded - An individual deductible you must satisfy each calendar year before benefits will be paid. Aggregate - The entire family deductible must be satisfied each calendar year before benefits for any person will be paid. ALL deductibles are embedded, except for Saver PCB Gold which is aggregate.

[2] **Classic PCB**: Inpatient (IP) Hospital, IP Mental Illness, IP Substance Abuse, and IP Maternity Services are combined and count toward the five days covered at the applicable copay per calendar year. After the fifth day, Inpatient services will not be subject to any cost-sharing for the remainder of the calendar year

[3] **First PCB**: Copay applies to the first five combined specialist and urgent care visits. The copay limit does not apply to PCP or mental health visits.

[4] **Mail-Order Rx**: Cost sharing is 3x for a Long-Term supply

[5] **Spira Care**: $0 cost share at Spira Care Centers, Copay and/or D+C other primary care providers, $60 allowable for Saver plans

[6] **First BSP + Spira**: $0 cost share at Spira Care Centers. Copay applies to the first five combined non-Spira specialist and urgent care visits. The copay limit does not apply to PCP or mental health visits.

Exclusions and Limitations

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

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

Services and supplies are NOT covered if they are not specifically covered under the Contract, are received in connection with or related to a complication of a non-covered service or supply, are not Medically Necessary or are Experimental/Investigative, or are subject to our Prior Authorization requirement and such approval was not obtained. Services or supplies received are NOT covered if there is no legal obligation for payment or for services or supplies received where a portion of the charge has been waived. This includes, but is not limited to full or partial waiver of any applicable Cost-Sharing.

In addition, the following services and supplies are NOT covered:

- For injuries/illnesses related to an individual's job or care for any injury/illness incurred while on active or reserve military duty, or resulting from war or any act of war
- Custodial, convalescent, or respite care and/or services performed by an individual's immediate family members or household members
- For cosmetic purposes, including removal of scars or tattoos, surgical treatment of scarring secondary to acne or chicken pox, and/or hairplasty or hair removal
- Personal care and convenience items; nonmedical equipment; and/or Durable Medical Equipment that would normally be provided by a Skilled Nursing Facility
- Repairs and replacement of prosthetic and/or orthotic devices
- For hypnotism, hypnotic anesthesia, acupuncture, acupressure, rolfing, massage therapy and/or any services provided by a massage therapist, aromatherapy, wilderness, adventure, camping, outdoor, other similar programs, and other forms of alternative treatment, regardless of diagnosis
- Genetic testing and/or services ordered or requested in connection with criminal actions (including diversion agreements), divorce, and/or child custody/visitation
- Blood donor expenses
- Adult vision services, including radial keratotomy and refractive keratoplasty procedures
- Except as specifically provided in your Contract, dental services and complications of dental treatment are not covered. If your Contract does provide coverage for pediatric dental (age 18 and under), these services are subject to frequency limits as described in your Contract
- Medical or dental management of conditions of the temporomandibular joint or correcting deformities of the jaw
- For the treatment of obesity or morbid obesity, except as specifically provided in your Contract
- In-vitro fertilization, artificial insemination, ovulation induction, and other medical procedures related to infertility
- Marital counseling; counseling to improve intra or interpersonal development; music therapy; remedial reading; recreational therapy; and/or other forms of education or special education
- Occupational therapy provided on a routine basis as part of a standard program for all patients
- Elective pregnancy termination
- Megavitamin therapy; nutritional-based therapy; nutritional assessment testing; and/or saliva hormone testing
- Involuntary inpatient commitments from a Non-Participating Provider after the Covered Person has been screened and stabilized
- Speech therapy for vocal cord training/retraining due to vocational strain and/or weak cords
- Services or supplies received from any provider in a country where the terms of any legislative or regulatory action taken by the United States would prohibit payment or reimbursement for such services
- Extracorporeal shock wave therapy due to musculoskeletal pain or musculoskeletal conditions and for electrical stimulation
- For medications which are not on the formulary drug list
- For certain infusion therapy/injectables unless obtained from a designated specialty pharmacy or designated home infusion vendor
- Brand name drugs for the first six months following FDA approval for a new indication of an existing drug unless a shorter exclusion period is recommended by Our Pharmacy and Therapeutics Committee, which includes community physicians and pharmacists
- Amounts for services or supplies billed by Out-of-Network Providers that are Non-Participating that are not eligible for separate reimbursement according to Our payment policy
- Amounts for non-Emergency services billed by Out-of-Network Providers that are Non-Participating when proof of service is not established or supported by Your medical record
- We provide benefits for gender affirming care in accordance with our medical policy. Services for surgical procedures related for gender affirming care will not be covered. These services must be Prior Authorized by Blue KC or its Delegates.

Missouri-Only Exclusions and Limitations

- Services related to the diagnosis or treatment (including drugs) of infertility or related conditions
- Services received for (or in preparation for) any diagnosis or treatment of impotency (including drugs); penile prosthesis and its implantation; and/or reversal of sterilization procedures
- Cranial (head) remodeling devices, including but not limited to Dynamic Orthotic Cranioplasty ("DOC Bands"), except as specifically provided
- Sales tax
- For covered persons age 18 and under, routine eye exams are limited to 1 per calendar year; 1 pair of lenses per calendar year and 1 set of frames up to the Allowable Charge
- Private Duty Nursing is limited to 150 visits per calendar year
- Home Health Care Services are limited to 100 visits per calendar year
- Habilitative and Rehabilitative Physical Therapy are limited to 20 visits each per calendar year
- Habilitative and Rehabilitative Occupational Therapy are limited to 20 visits each per calendar year
- Pulmonary Therapy is limited to 20 visits per calendar year
- Cardiac Therapy is limited to 36 visits per calendar year
- Wigs are limited to 1 per calendar year following treatment for cancer
- Travel and Lodging for Transplant Services is limited to $150 per day, up to 60 days per calendar year
- Skilled Nursing Facility is limited to 90 days per calendar year
- Hearing aids are limited to 1 set every 4 years for covered persons age 18 and under.
- Biofeedback (including neurofeedback), except as specifically provided

Kansas-Only Exclusions and Limitations

- Services received for (or in preparation for) any diagnosis or treatment of sexual dysfunction (including drugs and prosthesis); and any related complications unless the Covered Person has a documented disease resulting in impotence; and/or reversal of sterilization procedures
- Sales tax, to the extent it exceeds our Allowable Charge
- Laboratory services performed by an independent laboratory that is not approved by Medicare
- Rehabilitative Speech Therapy is limited to 90 visits each per calendar year
- Hearing care services, including but not limited to hearing aids and the examination for fitting of these items
- Biofeedback (including neurofeedback)
- Lodging or travel to and from a health professional or health facility
- Cranial (head) remodeling devices, including but not limited to Dynamic Orthotic Cranioplasty ("DOC Bands")
- For covered persons age 18 and under, 3 pairs of lenses per calendar year and 3 sets of frames up to the Allowable Charge for each
- For wigs and their care

Disclosure Notices

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

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

NEW BUSINESS

Curv Underwriting Guidelines

To obtain a Level Funded ASO or Non-ACA Fully Insured (51-99) underwritten quote, groups must have a minimum of **5 ENROLLED employees.**

What we need:

- Completed applicable Blue KC Group application:
  - Level Funded ASO 5-99 (section I and III needed for initial underwriting).

    OR
  - Fully Insured 51-99 (section I and V needed for initial underwriting).
- Group's complete renewal (renewal **must** match the requested effective date).
- Most recent current carrier bill.
- Blue KC census template. **Must be on our template** (include dependent information if applicable).
- Level Funded ASO groups will be asked to submit claims experience.

For the groups listed below, we will not require a group-specific renewal. We will require current rates, benefits, applicable employer application, Blue KC Curv census template, and a recent invoice*.

- Small groups coming out of associations, consortiums, professional employer organization, etc.
- Groups in ACA plans that have 5 or more enrolled employees.
- Groups with 5 or more enrolled employees shopping off-renewal.
- Prospective virgin groups with 5 or more enrolled employees (Level Funded ASO) or 51 or more enrolled employees (Fully Insured). Note: Current rates and benefits are not required for virgin groups.

- Groups with renewals greater than **40%** are NOT eligible for Curv.
- Groups with less than 5 employees enrolling are NOT eligible for Curv.
- If additional or fewer employees and/or dependents elect to enroll AFTER Curv underwriting is complete, fully completed health applications are required on those new employees/dependents for underwriting review OR we will rerun revised census through Curv. Rates potentially subject to change.
- **To avoid delays in processing we ask that you please hold the group and not submit until you have ALL documents that we require – Blue KC will prioritize new group submissions based on accurate and complete submissions.**
- Please send new group submissions directly to your New Business Unit Coordinator and CC your Sales Consultant – this will again ensure the most timely and efficient processing.

*Traditional ASO or Level Funded ASO groups will be required to also submit claims experience reporting.

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

Fully Insured Plan Options

For businesses with 51-99 employees.

The best of both worlds.

Blue KC's portfolio for employer groups with 51-99 employees has been curated from our most popular plans over the years combined with our innovative offerings, including Spira Care, working to bring you lower cost plan options for 2027. This package offers a mix of PPO and EPO plan designs on our broader Preferred-Care Blue network and our competitively priced BlueSelect Plus network.

Flexibility and choice are the cornerstones.

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

Fully Insured Plan Options

For businesses with 51-99 employees.

Preferred-Care Blue

		Deductible[1]				Coinsurance		Out-of-Pocket Maximum			
		Network		Out of Network		Network	Out of Network	Network		Out of Network	
	HSA	Single	Family	Single	Family			Single	Family	Single	Family
Products Available on Preferred-Care Blue Network											
PCB PPO $500 (OOPM $1,500)	No	$500	$1,000	$500	$1,000	10%	30%	$1,500	$3,000	$3,000	$6,000
PCB PPO $500 (OOPM $3,500)	No	$500	$1,500	$500	$1,500	20%	40%	$3,500	$7,000	$7,000	$14,000
PCB PPO $1,000 (OOPM $2,500)	No	$1,000	$2,000	$1,000	$2,000	20%	40%	$2,500	$5,000	$5,000	$10,000
PCB PPO $1,000 (OOPM $4,000)	No	$1,000	$3,000	$1,000	$3,000	20%	50%	$4,000	$8,000	$8,000	$16,000
PCB PPO $1,500 (OOPM $4,500)	No	$1,500	$4,500	$1,500	$4,500	20%	40%	$4,500	$9,000	$9,000	$18,000
PCB PPO $1,500 (OOPM $6,000)	No	$1,500	$3,000	$1,500	$3,000	20%	40%	$6,000	$12,000	$12,000	$24,000
PCB PPO $2,000 (OOPM $5,000)	No	$2,000	$6,000	$2,000	$6,000	20%	40%	$5,000	$10,000	$10,000	$20,000
PCB PPO $2,700 (OOPM $5,400)	No	$2,700	$5,400	$2,700	$5,400	20%	40%	$5,400	$10,800	$10,800	$21,600
PCB PPO $3,000 (OOPM $3,000)	No	$3,000	$6,000	$3,000	$6,000	0%	20%	$3,000	$6,000	$6,000	$12,000
PCB Personal Blue PPO HRA $3,000 (OOPM $3,000)	No	$3,000	$6,000	$3,000	$6,000	0%	20%	$3,000	$6,000	$6,000	$12,000
PCB PPO $3,000 (OOPM $5,000)	No	$3,000	$6,000	$3,000	$6,000	20%	40%	$5,000	$10,000	$10,000	$20,000
PCB PPO $3,000 (OOPM $9,100)	No	$3,000	$6,000	$3,000	$6,000	50%	50%	$9,100	$18,200	$20,000	$40,000
NEW PCB PPO $3,500 (OOPM $3,500)	No	**$3,500**	**$7,000**	**$7,000**	**$14,000**	**0%**	**30%**	**$3,500**	**$7,000**	**$14,000**	**$28,000**
PCB BlueSaver $3,500 (OOPM $3,500)	Yes	**$3,500**	**$7,000**	**$3,500**	**$7,000**	0%	20%	**$3,500**	**$7,000**	**$7,000**	**$14,000**
NEW PCB PPO $3,500 (OOPM $7,000)	No	**$3,500**	**$7,000**	**$7,000**	**$14,000**	**20%**	**40%**	**$7,000**	**$14,000**	**$14,000**	**$28,000**
PCB PPO $4,000 (OOPM $4,000)	No	$4,000	$8,000	$4,000	$8,000	0%	20%	$4,000	$8,000	$8,000	$16,000
PCB BlueSaver HSA $4,000 (OOPM $5,500)	Yes	$4,000	$8,000	$4,000	$8,000	20%	40%	$5,500	$11,000	$11,000	$22,000
PCB PPO $4,000 (OOPM $9,100)	No	$4,000	$8,000	$4,000	$8,000	50%	50%	$9,100	$18,200	$20,000	$40,000
NEW PCB PPO $5,000 (OOPM $5,000)	No	**$5,000**	**$10,000**	**$10,000**	**$20,000**	**0%**	**30%**	**$5,000**	**$10,000**	**$20,000**	**$40,000**
NEW PCB PPO BlueSaver $5,000 (OOPM $5,000)	Yes	**$5,000**	**$10,000**	**$10,000**	**$20,000**	**0%**	**30%**	**$5,000**	**$10,000**	**$20,000**	**$40,000**
PCB BlueSaver HSA $5,000 (OOPM $6,450)	Yes	$5,000	$10,000	$5,000	$10,000	10%	30%	$6,450	$12,900	$12,900	$25,800
PCB PPO $5,000 (OOPM $6,500)	No	$5,000	$10,000	$5,000	$10,000	20%	40%	$6,500	$13,000	$13,000	$26,000
PCB PPO $5,000 (OOPM $9,100)	No	$5,000	$10,000	$5,000	$10,000	50%	50%	$9,100	$18,200	$20,000	$40,000
PCB AffordaBlue $5,500 (OOPM $7,500)	No	$5,500	$11,000	$5,500	$11,000	**20%**	**40%**	**$7,500**	**$15,000**	**$15,000**	**$30,000**
PCB PPO BlueSaver $6,500 (OOPM $6,500)	Yes	$6,500	$13,000	$6,500	$13,000	0%	20%	$6,500	$13,000	$13,000	$26,000
PCB PPO $6,500 (OOPM $8,000)	No	$6,500	$13,000	$13,000	$26,000	20%	40%	$8,000	$16,000	$16,000	$32,000
PCB PPO $8,000 (OOPM $8,000)	No	$8,000	$16,000	$16,000	$32,000	0%	30%	$8,000	$16,000	$16,000	$32,000
PCB PPO $9,000 (OOPM $9,000)	No	$9,000	$18,000	$18,000	$36,000	0%	30%	$9,000	$18,000	$18,000	$36,000
NEW PCB PPO BlueSaver $8,000 (OOPM $8,000)	Yes	**$8,000**	**$16,000**	**$16,000**	**$32,000**	**0%**	**30%**	**$8,000**	**$16,000**	**$32,000**	**$64,000**

Copay / Cost-Share - Per Occurrence						Rx Copay / Cost-Share / Network						
Network						Network - Rx Premier						
Primary Care (PCP)[2]	Virtual Care/ Telehealth[3]	Urgent Care	Specialist	Hospital	Emergency Room	Generic	Preferred	Non-Preferred	Generic Specialty	Preferred Specialty	Non-Pref. Specialty	Part D Credibility
$20	$0	$40	$40	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$20	$0	$40	$40	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$20	$0	$40	$40	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$25	$0	$50	$50	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$30	$0	$60	$60	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$30	$0	$60	$60	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$35	$0	$70	$70	Ded	Ded	$15	$70	$110	$15	$110	$200	Y
$35	$0	$70	$70	Ded	Ded	$15	$70	$110	$15	$110	$200	Y
$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$35	$0	**$70**	**$70**	**Ded**	$250 + Ded/Coin	**$15**	**$70**	**$110**	**$15**	**$110**	**$200**	Y
Ded	$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Y
$35	$0	**$70**	**$70**	**Ded**	**$250 + Ded/Coin**	**$15**	**$70**	**$110**	**$15**	**$110**	**$200**	Y
$35	$0	$70	$70	Ded	Ded	$15	$70	$110	$15	$110	$200	Y
Ded/Coins	$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Y
$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$35	$0	**$70**	**$70**	**Ded**	**$250 + Ded/Coin**	**$15**	**$70**	**$110**	**$15**	**$110**	**$200**	Y
Ded	$0	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	Y
Ded/Coins	$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Y
$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
1–5 $50[4] 6+ Ded	**$0**	**1–5 $50[4] 6+ Ded**	**1–5 $50[4] 6+ Ded**	Ded	Ded	**$15**	**Ded/Coins**	**Ded/Coins**	**$15**	**Ded/Coins**	**Ded/Coins**	Y
Ded	$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Y
$35	$0	$70	$70	Ded/Coins	$250 + Ded/Coins	$15	$70	$110	$15	$110	$200	Y
$35	$0	$70	$70	Ded/Coins	$250 + Ded/Coins	$15	$70	$110	$15	$110	$200	Y
$35	$0	$70	$70	Ded/Coins	$250 + Ded/Coins	$15	$70	$110	$15	$110	$200	Y
Ded	$0	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	Y

Note: Bolded plan options are new or changing for 2027.

[1] All deductibles are embedded. Embedded - An individual deductible you must satisfy each calendar year before benefits will be paid. Aggregate - The entire family deductible must be satisfied each calendar year before benefits for any person will be paid.

[2] Primary Care Physicians include General Practice, Family Practice, Internal Medicine and Pediatrics.

[3] Telehealth benefits apply to virtual visits for primary care, Blue KC Virtual Care, and behavioral health.

[4] Copay for the first five visits combined for PCP, Specialist and Urgent Care.

Fully Insured Plan Options

For businesses with 51-99 employees.

BlueSelect Plus with Spira Care

		Deductible[1]				Coinsurance		Out-of-Pocket Maximum			
		Network		Out of Network		Network	Out of Network	Network		Out of Network	
	HSA	Single	Family	Single	Family			Single	Family	Single	Family
Products Available on BlueSelect Plus Network											
BSP PPO Spira Care $1,000 (OOPM $4,000)	No	$1,000	$3,000	$1,000	$3,000	20%	50%	$4,000	$8,000	$8,000	$16,000
BSP PPO Spira Care $2,000 (OOPM $4,000)	No	$2,000	$4,000	$2,000	$4,000	20%	50%	$4,000	$8,000	$20,000	$40,000
BSP PPO Spira Care $3,000 (OOPM $3,000)	No	$3,000	$6,000	$3,000	$6,000	0%	20%	$3,000	$6,000	$6,000	$12,000
BSP PPO Spira Care $3,000 (OOPM $5,000)	No	$3,000	$6,000	$3,000	$6,000	20%	40%	$5,000	$10,000	$10,000	$20,000
BSP PPO Spira Care $3,000 (OOPM $9,100)	No	$3,000	$6,000	$3,000	$6,000	50%	50%	$9,100	$18,200	$20,000	$40,000
BSP Spira Care BlueSaver $3,500 (OOPM $3,500)	Yes	**$3,500**	**$7,000**	**$3,500**	**$7,000**	0%	30%	**$3,500**	**$7,000**	$15,000	$30,000
BSP Spira Care PPO $4,000 (OOPM $4,000)	No	$4,000	$8,000	$4,000	$8,000	0%	30%	$4,000	$8,000	$20,000	$40,000
BSP Spira Care EPO $4,000 (OOPM $4,000)	No	$4,000	$8,000	N/A	N/A	0%	N/A	$4,000	$8,000	N/A	N/A
BSP Spira Care PPO $4,000 (OOPM $9,100)	No	$4,000	$8,000	$4,000	$8,000	50%	50%	$9,100	$18,200	$20,000	$40,000
BSP Spira Care BlueSaver PPO $5,000 (OOPM $6,450)	Yes	$5,000	$10,000	$5,000	$10,000	10%	40%	$6,450	$12,900	$32,250	$64,500
NEW BSP Spira Care PPO $5,000 (OOPM $5,000)	**No**	**$5,000**	**$10,000**	**$10,000**	**$20,000**	**0%**	**30%**	**$5,000**	**$10,000**	**$20,000**	**$40,000**
NEW BSP Spira Care PPO BlueSaver $5,000 (OOPM $5,000)	**Yes**	**$5,000**	**$10,000**	**$10,000**	**$20,000**	**0%**	**30%**	**5,000**	**$10,000**	**$20,000**	**$40,000**
BSP Spira Care BlueSaver EPO $5000 (OOPM $6,450)	Yes	$5,000	$10,000	N/A	N/A	10%	N/A	$6,450	$12,900	N/A	N/A
NEW BSP Spira Care PPO First Visit $5,000 (OOPM $7,500)[6]	**No**	**$5,000**	**$10,000**	**$10,000**	**$20,000**	**20%**	**40%**	**7,500**	**$15,000**	**$15,000**	**$30,000**
BSP Spira Care PPO $5,000 (OOPM $9,100)	No	$5,000	$10,000	$5,000	$10,000	50%	50%	$9,100	$18,200	$20,000	$40,000
BSP Spira Care PPO $6500 (OOPM $8,000)	No	$6,500	$13,000	$13,000	$26,000	20%	40%	$8,000	$16,000	$16,000	$32,000
BSP Spira Care PPO $8000 (OOPM $8,000)	No	$8,000	$16,000	$16,000	$32,000	0%	30%	$8,000	$16,000	$16,000	$32,000
BSP Spira Care PPO $9000 (OOPM $9,000)	No	$9,000	$18,000	$18,000	$36,000	0%	30%	$9,000	$18,000	$18,000	$36,000
NEW BSP Spira Care PPO BlueSaver $8,000 (OOPM $8,000)	**Yes**	**$8,000**	**$16,000**	**$16,000**	**$32,000**	**0%**	**30%**	**$8,000**	**$16,000**	**$32,000**	**$64,000**
BSP Spira Care EPO Copay Plan (OOPM $5,000)	No	$0	$0	N/A	N/A	0%	N/A	$5,000	$10,000	N/A	N/A
BSP Spira Care EPO $1,500 (OOPM $1,500)	No	$1,500	$3,000	N/A	N/A	0%	N/A	$1,500	$3,000	N/A	N/A
BSP Spira Care HSA EPO $3,500 (OOPM $3,500)	Yes	**$3,500**	**$7,000**	N/A	N/A	0%	N/A	**$3,500**	**$7,000**	N/A	N/A
BSP Spira Care EPO $3,500 (OOPM $3,500)	No	$3,500	$7,000	N/A	N/A	0%	N/A	$3,500	$7,000	N/A	N/A
BSP Spira Care EPO $3,500 (OOPM $9,100)	No	$3,500	$7,000	N/A	N/A	50%	N/A	$9,100	$18,200	N/A	N/A
BSP Spira EPO $5000 (OOPM $5,000)	No	$5,000	$10,000	N/A	N/A	0%	N/A	$5,000	$10,000	N/A	N/A
BSP Spira Care EPO $7,000 (OOPM $7,000)	No	$7,000	$14,000	N/A	N/A	0%	N/A	$7,000	$14,000	N/A	N/A

Copay / Cost-Share - Per Occurrence							Rx Copay / Cost-Share / Network						
Network							Network - Rx Premier						
Primary Care (PCP)[2]		Virtual Care/ Telehealth[3]	Urgent Care	Specialist	Hospital	Emergency Room	Generic	Preferred	Non-Preferred	Generic Specialty	Preferred Specialty	Non-Pref. Specialty	Part D Credibility
Spira Care	Other PCP												
$0	$25	$0	$50	$50	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$0	$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$0	$35	$0	$70	$70	Ded	Ded	$15	$70	$110	$15	$110	$200	Y
$0	$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$0	$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$0	Ded	$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Y
$0	$35	$0	$70	$70	Ded	**$250 + Ded**	$15	$70	$110	$15	$110	$200	Y
$0	$35	$0	$70	$70	Ded	**$250 + Ded**	$15	$70	$110	$15	$110	$200	Y
$0	$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
Ded/Coins	Ded/Coins	$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Y
$0	**$35**	**$0**	**$70**	**$70**	**Ded**	**$250 + Ded**	**$15**	**$70**	**$110**	**$15**	**$110**	**$200**	Y
Ded	**Ded/Coins**	**$0**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	Y
Ded/Coins	Ded/Coins	$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Y
$0	**$35**	**$0**	**1-5 $70**	**6+ Ded/ Coins**	**Ded/Coins**	**$250 + Ded/Coins**	**$15**	**$70**	**$110**	**$15**	**$110**	**$200**	Y
$0	$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$0	$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$0	$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$0	$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
Ded	**Ded**	**$70**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	Y
$0	$75	$0	$150	$150	$500	**$250**	$15	$70	$110	$15	$110	$200	Y
$0	Ded	$0	Ded	Ded	Ded	Ded	$15	$70	$110	$15	$110	$200	Y
Ded	Ded	$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Y
$0	Ded	$0	Ded	Ded	Ded	Ded	$15	$70	$110	$15	$110	$200	Y
$0	Ded	$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	$15	$70	$110	$15	$110	$200	Y
$0	Ded	$0	Ded	Ded	Ded	Ded	$15	$70	$110	$15	$110	$200	Y
$0	Ded	$0	Ded	Ded	Ded	Ded	$15	$70	$110	$15	$110	$200	Y

Note: Bolded plan options are new or changing for 2027.

[1] All deductibles are embedded. Embedded - An individual deductible you must satisfy each calendar year before benefits will be paid. Aggregate - The entire family deductible must be satisfied each calendar year before benefits for any person will be paid.

[2] Primary Care Physicians include General Practice, Family Practice, Internal Medicine and Pediatrics.

[3] Telehealth benefits apply to virtual visits for primary care, Blue KC Virtual Care, and behavioral health.

[4] EPO (Exclusive Provider Organization) plans do not provide coverage for out-of-network services except in cases of emergency.

[5] HSA members will incur a flat, affordable charge when visiting a Spira Care Center. Spira Care services will be at no charge once the deductible is met.

[6] First Visits apply to urgent care and specialist care only. First Visits do not apply to PCP or mental health providers.

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

Level Funding ASO Plan Options

For businesses with 2-99 employees.

Comprehensive, cost-conscious care.

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

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

- Administrative costs and stop-loss insurance
- Claims funding

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

- Employee only
- Employee and spouse
- Employee and children
- Employee and family

Level Funding ASO Plan Options

For businesses with 2-99 employees.

Preferred-Care Blue

		Deductible[1]				Coinsurance		Out-of-Pocket Maximum			
		Network		Out of Network		Network	Out of Network	Network		Out of Network	
	HSA	Single	Family	Single	Family			Single	Family	Single	Family
Products Available on Preferred-Care Blue Network											
PCB PPO $500 (OOPM $1,500)	No	$500	$1,000	$500	$1,000	10%	30%	$1,500	$3,000	$3,000	$6,000
PCB PPO $500 (OOPM $3,500)	No	$500	$1,500	$500	$1,500	20%	40%	$3,500	$7,000	$7,000	$14,000
PCB PPO $1,000 (OOPM $2,500)	No	$1,000	$2,000	$1,000	$2,000	20%	40%	$2,500	$5,000	$5,000	$10,000
PCB PPO $1,000 (OOPM $4,000)	No	$1,000	$3,000	$1,000	$3,000	20%	50%	$4,000	$8,000	$8,000	$16,000
PCB PPO $1,500 (OOPM $4,500)	No	$1,500	$4,500	$1,500	$4,500	20%	40%	$4,500	$9,000	$9,000	$18,000
PCB PPO $1,500 (OOPM $6,000)	No	$1,500	$3,000	$1,500	$3,000	20%	40%	$6,000	$12,000	$12,000	$24,000
PCB PPO $2,000 (OOPM $5,000)	No	$2,000	$6,000	$2,000	$6,000	20%	40%	$5,000	$10,000	$10,000	$20,000
PCB PPO $2,700 (OOPM $5,400)	No	$2,700	$5,400	$2,700	$5,400	20%	40%	$5,400	$10,800	$10,800	$21,600
PCB PPO $3,000 (OOPM $3,000)	No	$3,000	$6,000	$3,000	$6,000	0%	20%	$3,000	$6,000	$6,000	$12,000
PCB Personal Blue PPO HRA $3,000 (OOPM $3,000)	No	$3,000	$6,000	$3,000	$6,000	0%	20%	$3,000	$6,000	$6,000	$12,000
PCB PPO $3,000 (OOPM $5,000)	No	$3,000	$6,000	$3,000	$6,000	20%	40%	$5,000	$10,000	$10,000	$20,000
PCB PPO $3,000 (OOPM $9,100)	No	$3,000	$6,000	$3,000	$6,000	50%	50%	$9,100	$18,200	$20,000	$40,000
NEW PCB PPO $3,500 (OOPM $3,500)	No	**$3,500**	**$7,000**	**$7,000**	**$14,000**	**0%**	**30%**	**$3,500**	**$7,000**	**$14,000**	**$28,000**
PCB BlueSaver $3,500 (OOPM $3,500)	Yes	**$3,500**	**$7,000**	**$3,500**	**$7,000**	0%	20%	**$3,500**	**$7,000**	**$7,000**	**$14,000**
NEW PCB PPO $3,500 (OOPM $7,000)	No	**$3,500**	**$7,000**	**$7,000**	**$14,000**	**20%**	**40%**	**$7,000**	**$14,000**	**$14,000**	**$28,000**
PCB PPO $4,000 (OOPM $4,000)	No	$4,000	$8,000	$4,000	$8,000	0%	20%	$4,000	$8,000	$8,000	$16,000
PCB BlueSaver HSA $4,000 (OOPM $5,500)	Yes	$4,000	$8,000	$4,000	$8,000	20%	40%	$5,500	$11,000	$11,000	$22,000
PCB PPO $4,000 (OOPM $9,100)	No	$4,000	$8,000	$4,000	$8,000	50%	50%	$9,100	$18,200	$20,000	$40,000
NEW PCB PPO $5,000 (OOPM $5,000)	No	**$5,000**	**$10,000**	**$10,000**	**$20,000**	**0%**	**30%**	**$5,000**	**$10,000**	**$20,000**	**$40,000**
NEW PCB PPO BlueSaver $5,000 (OOPM $5,000)	Yes	**$5,000**	**$10,000**	**$10,000**	**$20,000**	**0%**	**30%**	**$5,000**	**$10,000**	**$20,000**	**$40,000**
PCB BlueSaver HSA $5,000 (OOPM $6,450)	Yes	$5,000	$10,000	$5,000	$10,000	10%	30%	$6,450	$12,900	$12,900	$25,800
PCB PPO $5,000 (OOPM $6,500)	No	$5,000	$10,000	$5,000	$10,000	20%	40%	$6,500	$13,000	$13,000	$26,000
PCB PPO $5,000 (OOPM $9,100)	No	$5,000	$10,000	$5,000	$10,000	50%	50%	$9,100	$18,200	$20,000	$40,000
PCB AffordaBlue $5,500 (OOPM $7,500)	No	$5,500	$11,000	$5,500	$11,000	**20%**	**40%**	**$7,500**	**$15,000**	**$15,000**	**$30,000**
PCB PPO BlueSaver $6,500 (OOPM $6,500)	Yes	$6,500	$13,000	$6,500	$13,000	0%	20%	$6,500	$13,000	$13,000	$26,000
PCB PPO $6,500 (OOPM $8,000)	No	$6,500	$13,000	$13,000	$26,000	20%	40%	$8,000	$16,000	$16,000	$32,000
PCB PPO $8,000 (OOPM $8,000)	No	$8,000	$16,000	$16,000	$32,000	0%	30%	$8,000	$16,000	$16,000	$32,000
PCB PPO $9,000 (OOPM $9,000)	No	$9,000	$18,000	$18,000	$36,000	0%	30%	$9,000	$18,000	$18,000	$36,000
NEW PCB PPO BlueSaver $8,000 (OOPM $8,000)	Yes	**$8,000**	**$16,000**	**$16,000**	**$32,000**	**0%**	**30%**	**$8,000**	**$16,000**	**$32,000**	**$64,000**

Copay / Cost-Share - Per Occurrence						Rx Copay / Cost-Share / Network						
Network						Network - Rx Premier						
Primary Care (PCP)[2]	Virtual Care/ Telehealth[3]	Urgent Care	Specialist	Hospital	Emergency Room	Generic	Preferred	Non-Preferred	Generic Specialty	Preferred Specialty	Non-Pref. Specialty	Part D Credibility
$20	$0	$40	$40	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$20	$0	$40	$40	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$20	$0	$40	$40	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$25	$0	$50	$50	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$30	$0	$60	$60	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$30	$0	$60	$60	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$35	$0	$70	$70	Ded	Ded	$15	$70	$110	$15	$110	$200	Y
$35	$0	$70	$70	Ded	Ded	$15	$70	$110	$15	$110	$200	Y
$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$35	$0	**$70**	**$70**	**Ded**	$250 + Ded/Coin	**$15**	**$70**	**$110**	**$15**	**$110**	**$200**	Y
Ded	$0	Ded	Ded	Ded	$250 + Ded/Coin	Ded	Ded	Ded	Ded	Ded	Ded	Y
$35	$0	**$70**	**$70**	**Ded**	$250 + Ded/Coin	**$15**	**$70**	**$110**	**$15**	**$110**	**$200**	Y
$35	$0	$70	$70	Ded	Ded	$15	$70	$110	$15	$110	$200	Y
Ded/Coins	$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Y
$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
1–5 $50[4] 6+ Ded	**$0**	**1–5 $50[4] 6+ Ded**	**1–5 $50[4] 6+ Ded**	Ded	Ded	**$15**	**Ded/ Coins**	**Ded/ Coins**	**$15**	**Ded/ Coins**	**Ded/ Coins**	Y
Ded	$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Y
$35	$0	$70	$70	Ded/Coins	$250 + Ded/Coins	$15	$70	$110	$15	$110	$200	Y
$35	$0	$70	$70	Ded/Coins	$250 + Ded/Coins	$15	$70	$110	$15	$110	$200	Y
$35	$0	$70	$70	Ded/Coins	$250 + Ded/Coins	$15	$70	$110	$15	$110	$200	Y
Ded	$0	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	Y

Note: Bolded plan options are new or changing for 2027.

[1] All deductibles are embedded. Embedded - An individual deductible you must satisfy each calendar year before benefits will be paid. Aggregate - The entire family deductible must be satisfied each calendar year before benefits for any person will be paid.

[2] Primary Care Physicians include General Practice, Family Practice, Internal Medicine and Pediatrics.

[3] Telehealth benefits apply to virtual visits for primary care, Blue KC Virtual Care, and behavioral health.

[4] Copay for the first five visits combined for PCP, Specialist and Urgent Care.

Level Funding ASO Plan Options

For businesses with 2-99 employees.

BlueSelect Plus with Spira Care

		Deductible[1]				Coinsurance		Out-of-Pocket Maximum			
		Network		Out of Network		Network	Out of Network	Network		Out of Network	
	HSA	Single	Family	Single	Family			Single	Family	Single	Family
Products Available on BlueSelect Plus Network											
BSP PPO Spira Care $1,000 (OOPM $4,000)	No	$1,000	$3,000	$1,000	$3,000	20%	50%	$4,000	$8,000	$8,000	$16,000
BSP PPO Spira Care $2,000 (OOPM $4,000)	No	$2,000	$4,000	$2,000	$4,000	20%	50%	$4,000	$8,000	$20,000	$40,000
BSP PPO Spira Care $3,000 (OOPM $3,000)	No	$3,000	$6,000	$3,000	$6,000	0%	20%	$3,000	$6,000	$6,000	$12,000
BSP PPO Spira Care $3,000 (OOPM $5,000)	No	$3,000	$6,000	$3,000	$6,000	20%	40%	$5,000	$10,000	$10,000	$20,000
BSP PPO Spira Care $3,000 (OOPM $9,100)	No	$3,000	$6,000	$3,000	$6,000	50%	50%	$9,100	$18,200	$20,000	$40,000
BSP Spira Care BlueSaver $3,500 (OOPM $3,500)	Yes	**$3,500**	**$7,000**	**$3,500**	**$7,000**	0%	30%	**$3,500**	**$7,000**	$15,000	$30,000
BSP Spira Care PPO $4,000 (OOPM $4,000)	No	$4,000	$8,000	$4,000	$8,000	0%	30%	$4,000	$8,000	$20,000	$40,000
BSP Spira Care EPO $4,000 (OOPM $4,000)	No	$4,000	$8,000	N/A	N/A	0%	N/A	$4,000	$8,000	N/A	N/A
BSP Spira Care PPO $4,000 (OOPM $9,100)	No	$4,000	$8,000	$4,000	$8,000	50%	50%	$9,100	$18,200	$20,000	$40,000
BSP Spira Care BlueSaver PPO $5,000 (OOPM $6,450)	Yes	$5,000	$10,000	$5,000	$10,000	10%	40%	$6,450	$12,900	$32,250	$64,500
NEW BSP Spira Care PPO $5,000 (OOPM $5,000)	**No**	**$5,000**	**$10,000**	**$10,000**	**$20,000**	**0%**	**30%**	**$5,000**	**$10,000**	**$20,000**	**$40,000**
NEW BSP Spira Care PPO BlueSaver $5,000 (OOPM $5,000)	**Yes**	**$5,000**	**$10,000**	**$10,000**	**$20,000**	**0%**	**30%**	**5,000**	**$10,000**	**$20,000**	**$40,000**
BSP Spira Care BlueSaver EPO $5000 (OOPM $6,450)	Yes	$5,000	$10,000	N/A	N/A	10%	N/A	$6,450	$12,900	N/A	N/A
NEW BSP Spira Care PPO First Visit $5,000 (OOPM $7,500)[6]	**No**	**$5,000**	**$10,000**	**$10,000**	**$20,000**	**20%**	**40%**	**7,500**	**$15,000**	**$15,000**	**$30,000**
BSP Spira Care PPO $5,000 (OOPM $9,100)	No	$5,000	$10,000	$5,000	$10,000	50%	50%	$9,100	$18,200	$20,000	$40,000
BSP Spira Care PPO $6500 (OOPM $8,000)	No	$6,500	$13,000	$13,000	$26,000	20%	40%	$8,000	$16,000	$16,000	$32,000
BSP Spira Care PPO $8000 (OOPM $8,000)	No	$8,000	$16,000	$16,000	$32,000	0%	30%	$8,000	$16,000	$16,000	$32,000
BSP Spira Care PPO $9000 (OOPM $9,000)	No	$9,000	$18,000	$18,000	$36,000	0%	30%	$9,000	$18,000	$18,000	$36,000
NEW BSP Spira Care PPO BlueSaver $8,000 (OOPM $8,000)	**Yes**	**$8,000**	**$16,000**	**$16,000**	**$32,000**	**0%**	**30%**	**$8,000**	**$16,000**	**$32,000**	**$64,000**
BSP Spira Care EPO Copay Plan (OOPM $5,000)	No	$0	$0	N/A	N/A	0%	N/A	$5,000	$10,000	N/A	N/A
BSP Spira Care EPO $1,500 (OOPM $1,500)	No	$1,500	$3,000	N/A	N/A	0%	N/A	$1,500	$3,000	N/A	N/A
BSP Spira Care HSA EPO $3,500 (OOPM $3,500)	Yes	**$3,500**	**$7,000**	N/A	N/A	0%	N/A	**$3,500**	**$7,000**	N/A	N/A
BSP Spira Care EPO $3,500 (OOPM $3,500)	No	$3,500	$7,000	N/A	N/A	0%	N/A	$3,500	$7,000	N/A	N/A
BSP Spira Care EPO $3,500 (OOPM $9,100)	No	$3,500	$7,000	N/A	N/A	50%	N/A	$9,100	$18,200	N/A	N/A
BSP Spira EPO $5000 (OOPM $5,000)	No	$5,000	$10,000	N/A	N/A	0%	N/A	$5,000	$10,000	N/A	N/A
BSP Spira Care EPO $7,000 (OOPM $7,000)	No	$7,000	$14,000	N/A	N/A	0%	N/A	$7,000	$14,000	N/A	N/A

Copay / Cost-Share - Per Occurrence							Rx Copay / Cost-Share / Network						
Network							Network - Rx Premier						
Primary Care (PCP)[2]		Virtual Care/ Telehealth[3]	Urgent Care	Specialist	Hospital	Emergency Room	Generic	Preferred	Non-Preferred	Generic Specialty	Preferred Specialty	Non-Pref. Specialty	Part D Credibility
Spira Care	Other PCP												
$0	$25	$0	$50	$50	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$0	$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$0	$35	$0	$70	$70	Ded	Ded	$15	$70	$110	$15	$110	$200	Y
$0	$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$0	$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$0	Ded	$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Y
$0	$35	$0	$70	$70	Ded	**$250 + Ded**	$15	$70	$110	$15	$110	$200	Y
$0	$35	$0	$70	$70	Ded	**$250 + Ded**	$15	$70	$110	$15	$110	$200	Y
$0	$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
Ded/Coins	Ded/Coins	$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/ Coins	Ded/ Coins	Ded/ Coins	Y
$0	**$35**	**$0**	**$70**	**$70**	**Ded**	**$250 + Ded**	**$15**	**$70**	**$110**	**$15**	**$110**	**$200**	Y
Ded	**Ded/Coins**	**$0**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	Y
Ded/Coins	Ded/Coins	$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/ Coins	Ded/ Coins	Ded/ Coins	Y
$0	**$35**	**$0**	**1–5 $70**	**6+ Ded/ Coins**	**Ded/ Coins**	**$250 + Ded/Coins**	**$15**	**$70**	**$110**	**$15**	**$110**	**$200**	Y
$0	$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$0	$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$0	$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
$0	$35	$0	$70	$70	Ded/Coins	**$250 + Ded/Coins**	$15	$70	$110	$15	$110	$200	Y
Ded	**Ded**	**$70**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	**Ded**	Y
$0	$75	$0	$150	$150	$500	**$250**	$15	$70	$110	$15	$110	$200	Y
$0	Ded	$0	Ded	Ded	Ded	Ded	$15	$70	$110	$15	$110	$200	Y
Ded	Ded	$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Y
$0	Ded	$0	Ded	Ded	Ded	Ded	$15	$70	$110	$15	$110	$200	Y
$0	Ded	$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	$15	$70	$110	$15	$110	$200	Y
$0	Ded	$0	Ded	Ded	Ded	Ded	$15	$70	$110	$15	$110	$200	Y
$0	Ded	$0	Ded	Ded	Ded	Ded	$15	$70	$110	$15	$110	$200	Y

Note: Bolded plan options are new or changing for 2027.

[1] All deductibles are embedded. Embedded - An individual deductible you must satisfy each calendar year before benefits will be paid. Aggregate - The entire family deductible must be satisfied each calendar year before benefits for any person will be paid.

[2] Primary Care Physicians include General Practice, Family Practice, Internal Medicine and Pediatrics.

[3] Telehealth benefits apply to virtual visits for primary care, Blue KC Virtual Care, and behavioral health.

[4] EPO (Exclusive Provider Organization) plans do not provide coverage for out-of-network services except in cases of emergency.

[5] HSA members will incur a flat, affordable charge when visiting a Spira Care Center. Spira Care services will be at no charge once the deductible is met.

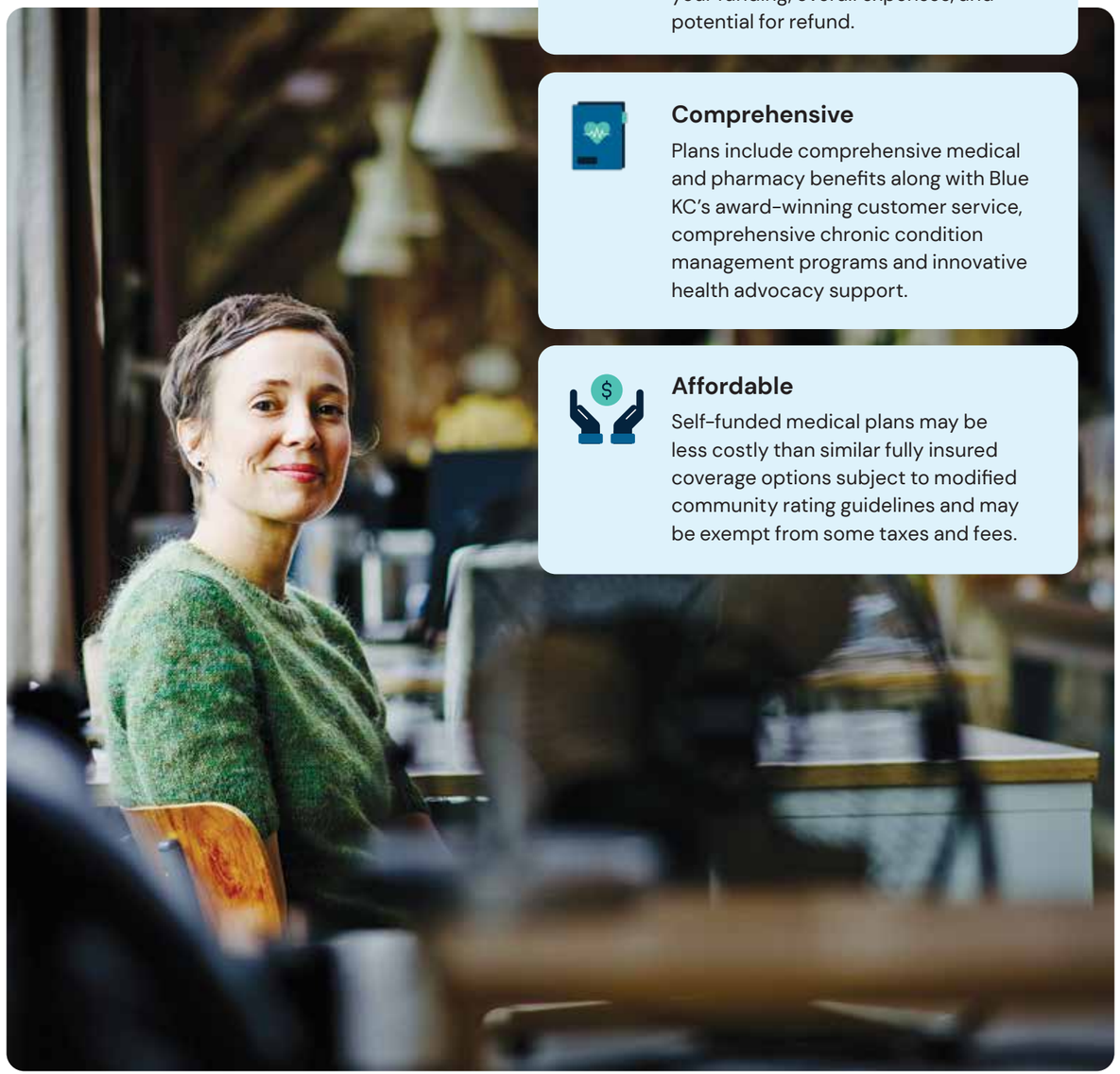
[6] First Visits apply to urgent care and specialist care only. First Visits do not apply to PCP or mental health providers.

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

Level Funding ASO

Smart, steady, all-in solutions.

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



Predictable

Gain control over your health benefits budget and have an opportunity to receive a portion of your unused claims dollars.

Quarterly reports are provided to track your funding, overall expenses, and potential for refund.

Comprehensive

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

Affordable

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

Level Funding ASO

This guide provides a quick overview of how the Blue KC Level Funding ASO plans function.

These are self-funded plans designed specifically for the needs of small employers. Comprised of maximum claims funding, Administrative Services and Stop-Loss Insurance, the Blue KC Level Funding ASO plans are easy to administer.

Group customers must maintain active medical coverage with Blue KC at the time of the settlement calculation in order to be eligible to receive a surplus.

Please note fixed costs include administration fees and Stop-Loss Insurance premiums.

Level Funding ASO Employer Considerations

Billing and Payment:

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

Date	Sample Monthly Billing Cycle for May
April 20	Invoice generated (viewable in Premium Billing portal)
May 1	May payment due
May 1	May remittance pulled via Electronic Fund Transfer (EFT)
May 10	Blue KC confirms May payment has posted
May 10	If payments have not posted, all claims payments will be immediately pended
May 31	If May payment has not posted, plan will be terminated effective May 1, and May claims will be denied

Note – The first month's payment will be drafted following the first month's generated invoice. All subsequent payments will be automatically withdrawn via ACH on the 1st of the month.

Important: Self-Funded Plan Group Responsibilities:

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

- Member Guide, available at: BlueKC.com/EmployerMemberGuide
- The Employee Benefits Security Administration's guide, Understanding Your Fiduciary Responsibilities Under a Group Plan, available at dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/publications/understanding-your-fiduciary-responsibilities-under-a-group-health-plan.
- The Center for Consumer Information & Insurance Oversight, www.CMS.gov.
- Minimum Essential Coverage Reporting (section 6055) is the responsibility of the Group. More information is available at irs.gov/affordable-care-act/questions-and-answers-on-information-reporting-by-health-coverage-providers-section-6055.

STEP 1

Required to Finalize ASO Rates:

- ☐ **All required documents for Curv underwriting or fully completed applications if not Curv eligible (applications are available on the BlueKC.com agent portal—EasyApps and FormFire submissions also accepted).**
  - Level Funding ASO group application (only sections I and III need to be completed)

STEP 2

Required for Final Sale and Group Setup:

- ☐ **Complete Level Funding ASO Agreement Packet (from step 1) then scan and submit to Blue KC.**
  - Group application for Level Funding ASO
  - Group application for dental, life, and vision (must indicate if declining coverage)
  - Excess health and accident stop-loss coverage application
  - Employer size survey
  - Excess health and accident coverage agreement
  - Administrative services agreement
  - Business associate agreement
  - Group automatic payment authorization for (ACH form)
  - Spira Care disclosure form (if offering a Spira Care product)
- ☐ **All finalized employee plan selections.**

Please Note

- Groups will be enrolled in auto-pay by Blue KC
- Notify Blue KC immediately of any banking changes that will impact your automatic withdrawal
- The first month's payment, and all subsequent monthly payments, will be automatically withdrawn via ACH on the 1st of the month

Definitions:

Self Funding

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

The Medical Plan

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

Administrative Services Agreement

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

Stop-Loss Insurance Policy

The Stop-Loss Insurance Policy, also referred to as an Excess Loss Insurance Policy, protects your self-funded group health plan from catastrophic claims incurred by a single covered member (specific stop loss) or overall protections in the event that all of the claims exceed the dollar amount budgeted (aggregate stop loss). Blue KC Level Funding ASO plans include specific stop loss at $20,000 and aggregate stop loss of 120%. This coverage will be for a 12-month contract period plus an additional 12 month run-out period. Per the ASA, a settlement is calculated 9 months after the 12-month contract period. Group customers must maintain active medical coverage with Blue KC at the time of the settlement calculation to be eligible to receive a surplus. The Stop-Loss Insurance Policy outlines the coverage included with your Blue KC Level Funded ASO plan.

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

Claim Funding

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

Year-End Settlement

In the event your plan does not incur the budgeted maximum claims liability, the medical plan will share the benefits of a positive claims experience. Two-thirds of the unused claims funds will be returned to the medical plan and one-third will be retained by Blue KC to help offset administrative costs (deferred administration fee). Settlement reconciliation will occur 9 months post the contract period (plan year). Group customers must maintain active medical coverage with Blue KC at the time of the settlement calculation in order to be eligible to receive a surplus.

Contractual Agreements

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

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

Financial Responsibility

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

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

ChamberCHOICE Level Funding ASO

ChamberCHOICE Level Funding ASO

For businesses with 2-99 employees.

For small business.

Blue KC has made small business a priority for more than 85 years. We understand the unique challenges you face.

Today's small employers are under constant pressure to mind the bottom line. That's why there's ChamberCHOICE – a suite of hand-picked health insurance products designed in partnership with the Greater Kansas City Chamber of Commerce for small employers across the Kansas City region. Chamber membership is not required to select these plans.

ChamberCHOICE Level Funding Administrative Services Only (ASO) plans provide a great alternative to traditional, fully insured small group health plans. The plans have been designed to be fully funded.

Blue KC will help you evaluate your maximum claims risk and then blend specific and aggregate stop-loss insurance to create level funding you can budget for each month.

For employers and employees.

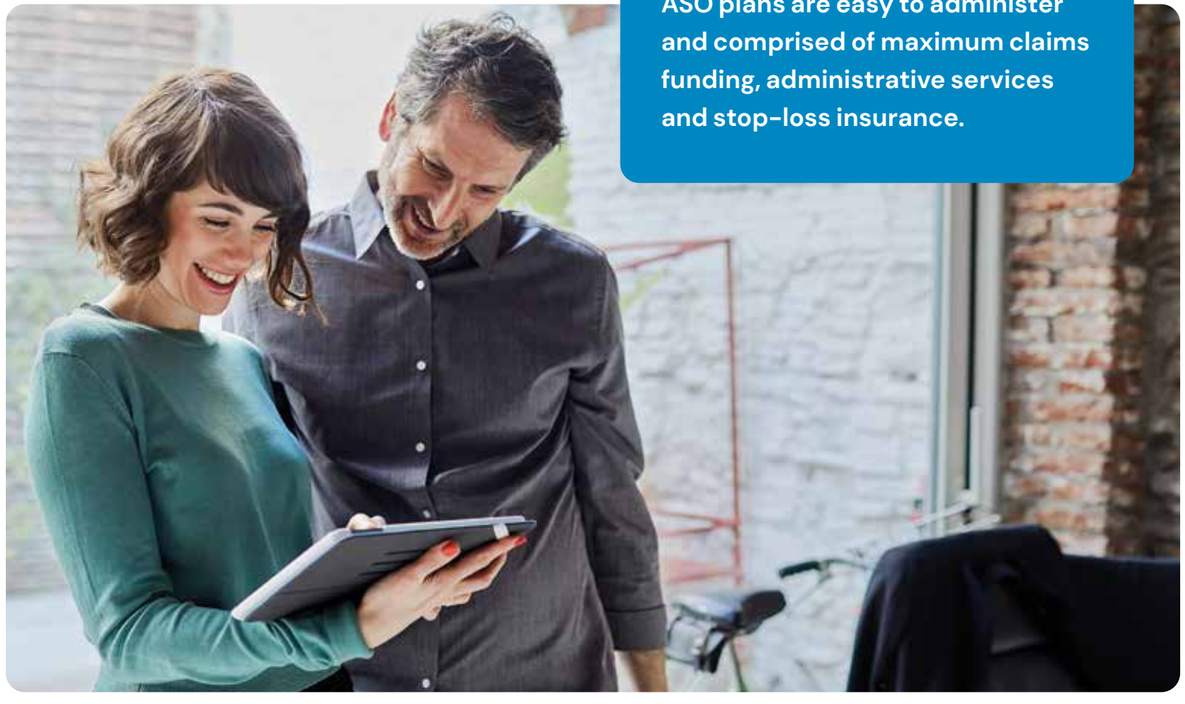
ChamberCHOICE offers a packaged combination of plan options for small employers. Offer one plan or as many that fit your needs. The monthly level-funded money remitted to Blue KC will include:

- Administrative costs and stop-loss insurance
- Claims funding

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

- Employee only
- Employee and spouse
- Employee and children
- Employee and family

The ChamberCHOICE Level Funding ASO plans are easy to administer and comprised of maximum claims funding, administrative services and stop-loss insurance.



ChamberCHOICE Level Funding ASO

For businesses with 2-99 employees.

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

ChamberCHOICE

		Deductible[1]				Coinsurance		Out-of-Pocket Maximum			
		Network		Out of Network				Network		Out of Network	
	HSA	Single	Family	Single	Family	Network	Out of Network	Single	Family	Single	Family
Medical Products Available on Preferred-Care Blue Network											
Choice PCB PPO $1,000 (OOPM $3,500)	No	$1,000	$2,000	$1,000	$2,000	10%	30%	$3,500	$7,000	$7,000	$14,000
Choice PCB PPO $2,500 (OOPM $5,000)	No	$2,500	$5,000	$2,500	$5,000	20%	40%	$5,000	$10,000	$10,000	$20,000
Choice PCB BlueSaver HSA $3,500 (OOPM $3,500)	Yes	$3,500	$7,000	$3,500	$7,000	0%	20%	$3,500	$7,000	$7,000	$14,000
CHOICE PCB PPO $5,000 (OOPM $6,500)	No	$5,000	$10,000	$5,000	$10,000	20%	40%	$6,500	$13,000	$13,000	$26,000
Medical Products Available on BlueSelect Plus Network											
Choice BSP **SPIRA CARE** EPO[4] $3,000 (OOPM $3,000)	No	$3,000	$6,000	N/A	N/A	0%	N/A	$3,000	$6,000	N/A	N/A
Choice BSP **SPIRA CARE** PPO $4,500 (OOPM $4,500)	No	$4,500	$9,000	$4,500	$9,000	0%	30%	$4,500	$9,000	$9,000	$18,000

Copay / Cost-Share - Per Occurrence							Rx Copay / Cost-Share / Network						
Network							Network - Rx Premier						
Primary Care (PCP)[2]	Virtual Care/ Telehealth[3]	Urgent Care	Specialist	Hospital	Emergency Room		Generic	Preferred	Non-Preferred	Generic Specialty	Preferred Specialty	Non-Pref. Specialty	Part D Credibility
$20	$0	$40	$40	Ded/Coins	**$250 + Ded/Coins**		$15	$70	$100	$15	$100	$200	Y
$20	$0	$40	$40	Ded/Coins	**$250 + Ded/Coins**		$15	$70	$100	$15	$100	$200	Y
Ded	$0	Ded	Ded	Ded	Ded		Ded	Ded	Ded	Ded	Ded	Ded	Y
$25	$0	$50	$50	Ded/Coins	**$250 + Ded/Coins**		$15	$70	$100	$15	$100	$200	Y
Spira Care	**Other PCP**												
$0	Ded	$0	Ded	Ded	Ded	Ded	$15	$70	$110	$15	$110	$200	Y
$0	$35	$0	$70	$70	Ded	**$250 + Ded**	$15	$70	$100	$15	$100	$200	Y

Note: Bolded benefits are changing for 2027.

[1] All deductibles are embedded. Embedded - An individual deductible you must satisfy each calendar year before benefits will be paid. Aggregate - The entire family deductible must be satisfied each calendar year before benefits for any person will be paid.

[2] Primary Care Physicians include General Practice, Family Practice, Internal Medicine and Pediatrics.

[3] Telehealth benefits apply when to virtual visits for primary care, Blue KC Virtual Care, and behavioral health.

[4] EPO (Exclusive Provider Organization) plans do not provide coverage for out-of-network services except in cases of emergency.

Optional Dental & Vision Plans

	Vision Plans				
	Routine Exam	Frames	Std. Plastic Lenses[1]	Contact Lens Exam	Contact Lenses[2]
Choice Base Vision & Dental	$0	35% Off Retail	$50/$70/$105	100% Member Responsibility	15% Off Retail / 100%Member Responsibility
Choice Value Vision & Dental	$0	$130 Allowance[3]	$10/$10/$10	Std. Lens to $40 Allowance[4]	$130 Allowance[5]
Choice Buy-up Vision & Dental	$10	$150 Allowance[3]	$25/$25/$25	Std. Lens to $40 Allowance[4]	$150 Allowance[5]

Dental Plans						
Calendar Year Maximum	Deductible	Diagnostic & Preventative	Basic Services	Major Services	Orthodontics	Non-Participating Providers[8]
$1,000 Preventative **does not apply** towards Calendar Year Max	$50 Individual / $150 Family Basic	PPO/GRID Providers[6] – 100% Choice/GRID+ Providers[7] – 100%	PPO/GRID Providers[6] – 90% Choice/GRID+ Providers[7] – 70%	Not Covered	Not Covered	Diagnostic & Preventative - 80% Basic - 60%
$1,000 Preventative **does apply** towards Calendar Year Max	$50 Individual / $150 Family Basic& Major	PPO/GRID Providers[6] – 100% Choice/GRID+ Provider[7] – 100%	PPO/GRID Providers[6] – 80% Choice/GRID+ Providers[7] – 70%	PPO/GRID Providers[6] – 50% Choice/GRID+ Providers[7] – 50%	Not Covered	Diagnostic & Preventative - 80% Basic - 60% Major - 40%
$1,500 Preventative **does not apply** towards Calendar Year Max	$50 Individual / $150 Family Basic& Major	PPO/GRID Providers[6] – 100% Choice/GRID+ Providers[7] – 100%	PPO/GRID Providers[6] – 90% Choice/GRID+ Providers[7] – 80%	PPO/GRID Providers[6] – 60% Choice/GRID+ Providers[7] – 50%	Not Covered	Diagnostic & Preventative - 80% Basic - 60% Major - 40%

[1] Single Vision/Bifocal/Trifocal; [2] Conventional/Disposable; [3] 20% off balance over Allowance; [4] Premium Lens: 10% off Retail;

[5] Conventional: 15% off balance >Allowance; Disposable: 100% member responsibility >Allowance; Medically Necessary: $0 Copay.
See Benefits Summaries for Out-of-Network benefits Limits: Routine Exam: 1 per 12 months; Frames: 1 per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 per 12 or 24 months (check plan details).

[6] Blue Dental PPO Providers: The preferred network of coverage in the Blue KC service area. Lowest out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID Blue Cross and Blue Shield national network.

[7] Blue Dental Choice Providers: An additional network of coverage in the Blue KC service area. Higher out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID+ Blue Cross and Blue Shield national network.

[8] Non-Participating Providers: Seeing a non-participating dentist results in the highest out-of pocket costs for covered services. Members may be responsible for filing claims and may be balanced billed by the non-participating provider.

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

2027 Dental Rates

Small group dental preventive does not apply to calendar year maximum.

BlueDental PPO Provider Network:

Access to 1,100+ local in-network providers offering the highest discount level, resulting in the lowest out-of-pocket costs for covered services. Outside the Blue KC service area, members have access to the GRID+ Blue Cross Blue Shield National Network including 342,000+ access points nationwide.

BlueDental Choice Provider Network:

Largest access to in-network providers with 1,500+ local providers. Outside the Blue KC service area, members have access to the GRID+ Blue Cross Blue Shield Network including 391,000 access points nationwide.

For more information about our competitive dental options contact your broker or Blue KC representative.

BlueDental PPO Includes Type I and Type II services	Enrolled EEs	EE	EE+SP	EE+CH	FAM
PPO: 100/80 Choice: 100/70 OON: 80/60 $1,000 Annual Max	2-9	$24.22	$48.55	$62.40	$91.39
	10-74	$22.21	$44.43	$57.12	$83.87
	75-99	$20.31	$40.72	$52.25	$76.90

BlueDental Plus Includes Type I, II and III services	Enrolled EEs	EE	EE+SP	EE+CH	FAM
PPO: 100/80/50 Choice: 100/70/50 OON: 80/60/40 $1,000 Annual Max	2-9	$34.69	$69.39	$76.26	$115.60
	10-74	$31.20	$62.40	$68.64	$104.08
	75-99	$28.03	$56.26	$61.87	$93.61
PPO: 100/80/50 Choice: 100/70/50 OON: 80/60/40 $1,500 Annual Max	2-9	$37.54	$75.20	$82.08	$124.81
	10-74	$34.16	$68.23	$74.35	$113.28
	75-99	$30.99	$61.99	$67.70	$102.91
PPO: 100/90/60 Choice: 100/80/50 OON: 80/60/40 $1,000 Annual Max	2-9	$35.22	$70.33	$77.53	$117.41
	10-74	$31.73	$63.36	$69.92	$105.87
	75-99	$28.67	$57.22	$63.03	$95.41
PPO: 100/90/60 Choice: 100/80/50 OON: 80/60/40 $1,500 Annual Max	2-9	$38.07	$76.16	$83.24	$126.61
	10-74	$34.59	$69.27	$75.63	$115.07
	75-99	$31.52	$62.93	$68.76	$104.71

BlueDental Preferred with Orthodontics Includes Type I, II, III and IV services	Enrolled EEs	EE	EE+SP	EE+CH	FAM
PPO: 100/80/50/50 Choice: 100/70/50/50 OON: 80/60/40/40 $1,000 Annual Max	10-74	$31.20	$62.40	$85.04	$120.37
	75-99	$28.03	$56.26	$78.27	$110.11
PPO: 100/80/50/50 Choice: 100/70/50/50 OON: 80/60/40/40 $1,500 Annual Max	10-74	$34.16	$68.23	$90.86	$129.78
	75-99	$30.99	$61.99	$84.09	$119.31
PPO: 100/90/60/50 Choice: 100/80/50/50 OON: 80/60/40/40 $1,000 Annual Max	10-74	$31.73	$63.36	$86.31	$122.16
	75-99	$28.67	$57.22	$79.43	$111.91
PPO: 100/90/60/50 Choice: 100/80/50/50 OON: 80/60/40/40 $1,500 Annual Max	10-74	$34.59	$69.27	$92.02	$131.47
	75-99	$31.52	$62.93	$85.25	$121.11

- All plans include access to all networks.
- All rates based on number of enrolled employees.
- Plan summaries and rates are available in Blue Q for new business.
- Small group dental plans have no waiting periods for Type I-IV services.
- All plans have a $50 (individual) / $150 (family) calendar year deductible for each covered person for Type II and Type III services.
- BlueDental Plus and BlueDental Preferred plans combine the calendar year deductible for Type II and Type III services.

2027 Vision Rates

Blue Vue small group vision plans.

In-Network	Routine Exam	Retinal Imaging	Frames	Std Plastic Lenses[1]	Contact Lens Exam	Contact Lenses[2]	Rates	
Blue Vue Base	$0	Up to $39	35% off Retail	$50/$70/$105	100% Member Responsibility	15% off Retail/100% Member Responsibility	EE	$2.18
							EE+SP	$3.92
							EE+CH	$4.03
							EE+Fam	$7.63
Blue Vue 10/100	$10	Up to $39	$100 Allowance[3]	$25/$25/$25	Std Lens: to $40 Allowance[4]	$115 Allowance[5]	EE	$5.17
							EE+SP	$9.31
							EE+CH	$9.56
							EE+Fam	$18.10
Blue Vue 10/130	$10	Up to $39	$130 Allowance[3]	$25/$25/$25	Std Lens: to $40 Allowance[4]	$130 Allowance[5]	EE	$5.80
							EE+SP	$10.44
							EE+CH	$10.73
							EE+Fam	$20.30
Blue Vue 0/130	$0	Up to $39	$130 Allowance[3]	$10/$10/$10	Std Lens: to $40 Allowance[4]	$130 Allowance[5]	EE	$6.94
							EE+SP	$12.49
							EE+CH	$12.84
							EE+Fam	$24.29
Blue Vue 10/150	$10	Up to $39	$150 Allowance[3]	$25/$25/$25	Std Lens: to $40 Allowance[4]	$150 Allowance[5]	EE	$6.99
							EE+SP	$12.58
							EE+CH	$12.93
							EE+Fam	$24.47
Blue Vue 0/150	$0	Up to $39	$150 Allowance[3]	$0/$0/$0	Std Lens: to $40 Allowance[4]	$150 Allowance[5]	EE	$8.82
							EE+SP	$15.88
							EE+CH	$16.32
							EE+Fam	$30.87
Blue Vue 10/200	$10	Up to $39	$200 Allowance[3]	$10/$10/$10	Std Lens: to $40 Allowance[4]	$200 Allowance[5]	EE	$9.59
							EE+SP	$17.26
							EE+CH	$17.74
							EE+Fam	$33.57
Blue Vue 0/200	$0	Up to $39	$200 Allowance[3]	$0/$0/$0	Std Lens: to $40 Allowance[4]	$200 Allowance[5]	EE	$10.89
							EE+SP	$19.60
							EE+CH	$20.15
							EE+Fam	$38.12

[1] Single Vision/Bifocal/Trifocal [2] Conventional/Disposable [3] 20% off balance over Allowance [4] Premium Lens: 10% off Retail

[5] Conventional: 15% off balance >Allowance; Disposable: 100% member responsibility >Allowance; Medically Necessary: $0 Copay
See Benefits Summaries for Out-of-Network benefits.

Limits: Routine Exam: 1 per 12 months; Frames: 1 per 12 or 24 months (check plan details).
Standard Plastic Lenses: 1 per 12 or 24 months (check plan details).
Large Group rates are available. Please contact Blue KC for more information.

Blue KC Virtual Care

Members have access to 24/7 urgent care and scheduled behavioral health support from their phone or computer.

Members can connect with trusted providers for everything from sore throats to stress management—anytime, anywhere it works for them.

It is a convenient, affordable alternative to urgent care, or if a primary care doctor is unavailable, for minor issues.

$0 virtual urgent care and behavioral health visits using the **MyBlueKC app** or **MyBlueKC.com** helps increase member access to affordable medical and mental healthcare.

No appointment necessary for sick care.

Virtual care is an excellent option for colds, flu, sore throats and other common conditions with no appointment necessary. Your employees have access to board-certified doctors any time of the day, including holidays, without the need to make an appointment.

Behavioral healthcare is available by appointment.

Help is also available for behavioral health conditions like anxiety, depression and substance use—available by appointment.

Download the MyBlueKC App

Go to the Apple or Google app store or visit **MyBlueKC.com**.

GET IT ON Google Play | Download on the App Store

Behavioral Health

Someone on your side, 24/7.

Blue KC gives members access to a dedicated Mindful Advocate—a specially trained support professional to match members to the right care and services to help get them on the path to feeling better.

A Mindful Advocate can:

- Listen and provide support in the moment
- Link members to well-being resources
- Connect members to the right kind of care for their unique needs
- And more

One call is all it takes.

Members can call **833-302-MIND (6463)** and say "Mindful" when asked their reason for calling to connect with a Mindful Advocate.

Blue KC is proud to offer enhanced behavioral health services* provided in member health plans like:

- 24/7 Mindful Advocate support
- Behavioral health virtual care
- Online tools for wellbeing and resilience
- Psychotherapy or group counseling, inpatient and outpatient rehabilitation or medication assisted treatment
- Primary care providers, therapists, psychologists, and psychiatrists
- Digital program on prevention and treatment of substance use disorder
- Expedited access network

To learn more about these service visit BlueKC.com/BH.

Life and Disability

Flexible solutions to help attract and retain a talented workforce and stay competitive in the marketplace.

Blue KC has partnered with Principal and USAble Life who are experts in offering flexible, affordable and competitive products for your employees including Term Life, Voluntary Life, Short-Term Disability and Long-Term Disability, Accident and Critical Illness insurance.

Principal®

Life and Disability:

Principal offers Term Life, Voluntary Life, Short-Term Disability, Long-Term Disability, Accident and Critical Illness insurance. Principal also offers online benefits administration programs, no matter the size of company or budget.

USAble Life℠

Small Group Life and Disability:

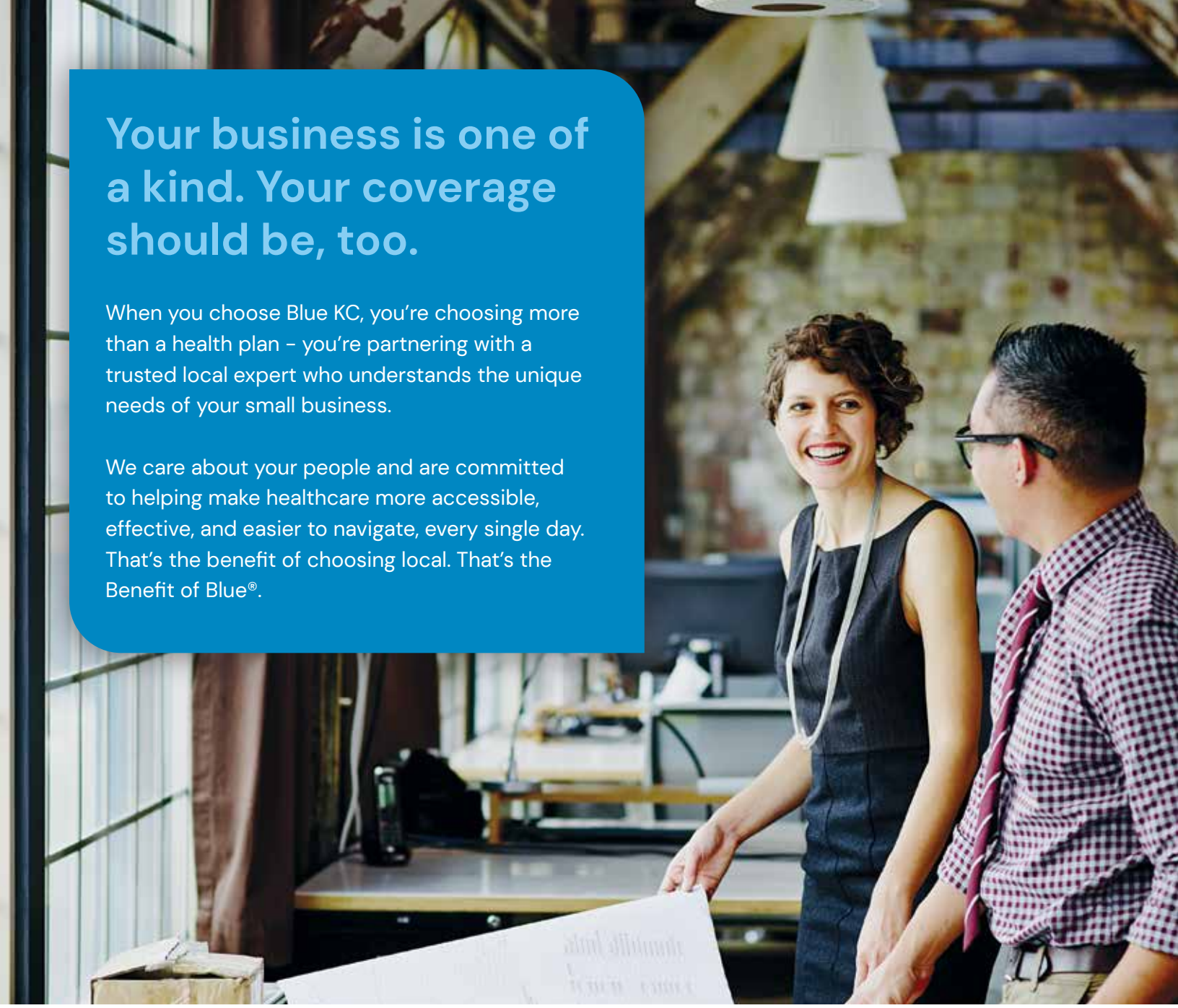
USAble Life offers Small Group Plans for Life/Accidental Death and Dismemberment and Long-Term Disability. Their full range of group, voluntary and supplemental products protect your employees on all fronts.

*Normal cost-sharing and out-of-pocket maximum limits apply.

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

Notes

Notes



Your business is one of a kind. Your coverage should be, too.

When you choose Blue KC, you're choosing more than a health plan – you're partnering with a trusted local expert who understands the unique needs of your small business.

We care about your people and are committed to helping make healthcare more accessible, effective, and easier to navigate, every single day. That's the benefit of choosing local. That's the Benefit of Blue®.

For more information, visit us at BlueKC.com. Prefer to talk in person? Call your broker or contact a small group Blue KC representative.

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