



Kansas City



BLUE MEDICARE
ADVANTAGE
OF KANSAS CITY FOR

CITY OF KANSAS CITY RETIREES 2020

BLUE MEDICARE ADVANTAGE OF KANSAS CITY

DESIGNED FOR CITY OF KANSAS CITY RETIREES

Of the many Medicare Advantage plan choices out there, only one was created with local knowledge of the Kansas City community. Blue Cross and Blue Shield of Kansas City (Blue KC) is the Kansas City company you know and trust. We're proud to offer you extras like dental and vision allowances, a SilverSneakers® fitness benefit, a monthly over-the-counter items allowance and transportation for medical appointments. **Our plan also includes a large local network of doctors and hospitals.** We invite you to discover the Blue KC difference for yourself. As you'll see, we are committed to helping you understand Medicare to find the right plan for your health and budget.



KANSAS CITY
MISSOURI

WHAT YOU'LL FIND INSIDE:

- Program Description
- 2020 Benefits Summary
- Frequently Asked Questions
- How to Enroll

ENROLLING IS EASY

The 2020 City of Kansas City Retiree Open Enrollment Period is November 4 to November 22, 2019. To learn more or to enroll, choose the option that's best for you:

1. Your plan will renew for 2020 effective January 1, 2020, and there is **no action needed** to remain enrolled in this plan if you are happy with it.
2. Make a one-on-one appointment with a benefits specialist. To make an appointment, contact a Blue KC benefits specialist at 816-360-1059.

If you have questions, please contact your benefits specialist at the Retirement Division of the City's Human Resources Department at 816-513-1928. Or, please contact your Blue KC Benefits Specialist at 816-360-1059.

After you enroll:

Take advantage of your Blue Medicare Advantage benefits.

Once you are a Blue Medicare Advantage member, call 1-866-508-7140 and follow the prompts (press 1 then 2) for Customer Service or support. For those who are hearing or speech impaired, call TTY: 711.

BLUE MEDICARE ADVANTAGE

Medicare can be confusing. There are many options, and choosing the wrong one can prove costly. Original Medicare, comprised of Parts A and B, is the traditional fee-for-service program offered through the federal government. Under Original Medicare, you may be responsible for paying annual deductibles and 20 percent of your medical bills for services covered under Parts A and B, with no limit on Medicare-covered expenses.

Medicare Part C allows private health insurance companies like Blue KC to provide Medicare benefits, known as Medicare Advantage plans. These plans replace Original Medicare and offer additional benefits and financial protection not offered through Original Medicare plans.

BLUE MEDICARE ADVANTAGE ALL-IN-ONE PLANS COVER:

PART A HOSPITAL

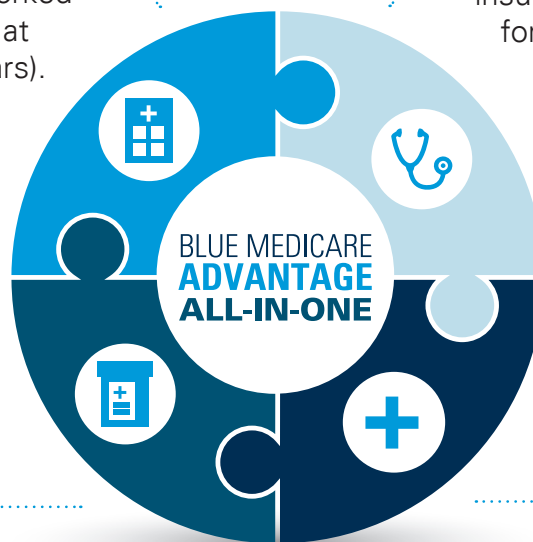
Medicare Part A is hospital insurance that's free as long as you have worked and paid Social Security taxes for at least 40 calendar quarters (10 years). It helps cover costs if you are a patient in a hospital, a skilled nursing facility or hospice care.

PART B MEDICAL

Medicare Part B is medical insurance that helps cover costs for doctors' services, outpatient hospital care, durable medical equipment and other medical services. You must continue to pay your Part B premium if you enroll in a Medicare Advantage plan.

PART D PRESCRIPTIONS

Medicare Part D is outpatient prescription drug coverage. It is offered through private health insurance companies at a separate cost, or built into a Medicare Advantage plan.



EXTRA BENEFITS

Blue Medicare Advantage offers valuable extra coverage like dental, vision, hearing, SilverSneakers® membership, over-the-counter items allowance, acupuncture and more!.

Original Medicare doesn't cover all of your healthcare expenses.

You may pay
20%
of medical expenses

In most cases, Original Medicare beneficiaries must pay 20 percent of their medical bills, plus their Part B premiums and any applicable deductibles.

2020 NEW BENEFIT DETAILS

CHOOSE FROM MORE DOCTORS AND HOSPITALS.

Our members want options, and we've added many more. We've built a larger Blue Medicare Advantage network on the foundation of the strong local relationships we enjoy throughout the Kansas City community.

PATIENT-FOCUSED CARE.

We are committed to improving healthcare delivery through strong doctor-patient relationships. We work closely with Primary Care Physicians (PCPs) to give them the support they need to help you achieve your best health. Your PCP will advise you and work directly with other healthcare specialists in our network to ensure you're getting the best care for your needs while taking the guesswork out of your hands.

OUR BLUE MEDICARE ADVANTAGE MEMBERS ENJOY:



ANNUAL DENTAL ALLOWANCE

\$500 annual allowance for preventive and comprehensive dental services.



POST-DISCHARGE MEALS

Up to 7 days of pre-cooked, refrigerated meals (2 meals per day) following discharge from an inpatient stay (through



A CULTURE BUILT AROUND MEMBER SERVICE

Hassle-free claims and prompt attention are part of the Blue KC member service experience.



LOCAL EXPERTISE

Blue KC maintains strong relationships with trusted physicians and hospitals in the Kansas City community.



ONE OF THE MOST RECOGNIZED AND RESPECTED BRANDS

Blue KC has been your source of trusted guidance and leadership for more than 80 years.



EMERGENCY COVERAGE WHEN YOU TRAVEL

Blue Medicare Advantage provides worldwide emergency room/urgent care coverage.

2020 BENEFITS AT A GLANCE

MEDICAL BENEFIT DESIGN	Blue Medicare Advantage (PPO) Plan 1		Blue Medicare Advantage (HMO) Plan 2	Blue Medicare Advantage (HMO) Plan 3
	In Network	Out of Network	In Network	In Network
PREMIUM				
Monthly Premium	\$101		\$273	\$0
DEDUCTIBLE				
Annual Medical Deductible	\$0	\$0	\$0	\$0
DOLLAR MAXIMUMS				
Maximum Out-of-Pocket (MOOP)	\$2,000	\$10,000	\$2,000	\$3,400
HOSPITAL CARE				
Inpatient Services (Per Admission)	\$165 for days 1–5 \$0 for days 6–90 ²	\$165 for days 1–5 \$0 for days 6–90 ^{1,2}	\$150 copay for days 1–5 \$0 for days 6–90 ²	\$200 copay for days 1–7 \$0 for days 8–90 ²
EMERGENCY MEDICAL CARE				
Emergency Room Care	\$50 copay	\$50 copay	\$50 copay	\$65 copay
Urgent Care	\$10 copay	\$10 copay	\$25 copay	\$30 copay
PHYSICIAN OFFICE VISITS				
Primary Care Physician (PCP) Visits	\$5 copay	\$5 copay ¹	\$10 copay	\$5 copay
Physician Specialist	\$30 copay	\$30 copay ¹	\$20 copay	\$30 copay
Physical/Speech Therapy	\$30 copay ²	\$30 copay ^{1,2}	\$10 copay	\$30 copay
OUTPATIENT DIAGNOSTIC SERVICES				
Opioid Treatment Services	\$5 copay	\$5 copay	\$5 copay	\$5 copay
Outpatient Diagnostic Procedures/ Tests	100% covered ²	100% covered ^{1,2}	100% covered ²	100% covered ²
Outpatient Lab Services	100% covered ²	100% covered ^{1,2}	100% covered ²	100% covered ²
Outpatient Diagnostic Radiological Services	\$100 copay ²	\$100 copay ^{1,2}	100% covered ²	\$225 copay ²
<p>This information is not a complete description of benefits. Contact the plan for more information. Please refer to your Evidence of Coverage book upon enrollment for more details on your benefits.</p> <p>¹For benefits year 2018, in the PPO plan only, all Medicare-covered out-of-network cost sharing will be the same as in network to assist with plan transition and network change.</p> <p>²Services may require prior authorization.</p>				

MEDICAL BENEFIT DESIGN	Blue Medicare Advantage (PPO)		Blue Medicare Advantage (HMO) Plan 2	Blue Medicare Advantage (HMO) Plan 3
	In Network	Out of Network	In Network	In Network
OUTPATIENT DIAGNOSTIC SERVICES				
Outpatient Therapeutic Radiological Services	20% coinsurance ²	20% coinsurance ^{1,2}	100% covered ²	20% coinsurance ²
Outpatient X-Ray Services	100% covered ²	100% covered ^{1,2}	100% covered ²	100% covered ²
OUTPATIENT HOSPITAL SERVICES				
Outpatient Hospital Services (Surgery)	\$100 copay ²	\$100 copay ^{1,2}	\$100 copay ²	\$225 copay ²
AMBULANCE SERVICES				
Ambulance Services	\$100 copay (authorization may be required for non-emergency services)	\$100 copay ¹ (authorization may be required for non-emergency services)	\$100 copay (authorization may be required for non-emergency services)	\$150 copay (authorization may be required for non-emergency services)
Transportation	Not covered	Not covered	Not covered	Not covered
DURABLE MEDICAL EQUIPMENT				
Durable Medical Equipment	20% coinsurance ²	20% coinsurance ^{1,2}	20% coinsurance ²	20% coinsurance ²
Prosthetics	20% coinsurance ²	20% coinsurance ^{1,2}	20% coinsurance ²	20% coinsurance ²
Diabetic Supplies	100% covered ²	20% coinsurance ^{1,2}	100% covered ²	100% covered ²
RENAL DIALYSIS SERVICES				
Renal Dialysis	100% covered	100% covered ¹	100% covered	100% covered
OTHER SERVICES				
Acupuncture	Not covered	Not covered	Not covered	Not covered
Over-the-Counter Items (OTC)	\$25/month ³	\$25/month ³	\$25/month ³	\$25/month ³
Meal Benefit	14 meals post-discharge ⁴	14 meals post-discharge ⁴	14 meals post-discharge ⁴	14 meals post-discharge ⁴

This information is not a complete description of benefits. Contact the plan for more information. Please refer to your Evidence of Coverage book upon enrollment for more details on your benefits.

¹For benefits year 2020, in the PPO plan only, all Medicare-covered out-of-network cost sharing will be the same as in network to assist with plan transition and network change.

²Services may require prior authorization.

³Online, in-store and delivery options through Solutran only. Unused balance does not carry over month to month

⁴ Within 7 day period following hospital stay. Meals through Moms Meals only..

MEDICAL BENEFIT DESIGN	Blue Medicare Advantage (PPO) Plan 1		Blue Medicare Advantage (HMO) Plan 2		Blue Medicare Advantage (HMO) Plan 3	
	In Network	Out of Network	In Network	In Network	In Network	In Network
PREVENTIVE SERVICES						
Medicare-Covered Preventive Services	100% covered	100% covered ¹	100% covered	100% covered	100% covered	100% covered
Other Immunizations	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Membership in Health Club/ Fitness Classes (through SilverSneakers)	100% covered (through SilverSneakers locations only)		100% covered (through SilverSneakers locations only)	100% covered (through SilverSneakers locations only)	100% covered (through SilverSneakers locations only)	100% covered (through SilverSneakers locations only)
DRUG BENEFITS						
Part B Rx	20% coinsurance ²	20% coinsurance ^{1, 2}	20% coinsurance ²	20% coinsurance ²	20% coinsurance ²	20% coinsurance ²
PREVENTIVE DENTAL SERVICES						
Preventive Dental	\$125 annual allowance	Not covered	Not covered	Not covered	Not covered	Not covered
Comprehensive Dental	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
VISION SERVICES						
Vision Exams for Medical Conditions of the Eye	\$30 copay	\$30 copay ¹	\$20 copay	\$20 copay	\$30 copay	\$30 copay
Routine Vision Exam (through EyeMed)	\$5 copay	Not covered	\$10 copay	\$10 copay	\$0 copay	\$0 copay
Vision Hardware (through EyeMed)	\$150 annual allowance	Not covered	\$150 annual allowance	\$150 annual allowance	\$150 annual allowance	\$150 annual allowance
HEARING SERVICES						
Medicare-Covered Hearing Exams	\$30 copay	\$30 copay ¹	\$30 copay	\$30 copay	\$30 copay	\$30 copay
Routine Hearing Exam (through TruHearing)	\$0 copay	Not covered	\$45 copay	\$45 copay	\$0 copay	\$0 copay
Hearing Aids Allowance (through TruHearing)	\$500 allowance every year	Not covered	\$699–\$999 copay per hearing aid (limited to 1 aid per ear per year)	\$699–\$999 copay per hearing aid (limited to 1 aid per ear per year)	\$699–\$999 copay per hearing aid (limited to 1 aid per ear per year)	\$699–\$999 copay per hearing aid (limited to 1 aid per ear per year)
<p>This information is not a complete description of benefits. Contact the plan for more information. Please refer to your Evidence of Coverage book upon enrollment for more details on your benefits.</p> <p>¹For benefits year 2020, in the PPO plan only, all Medicare-covered out-of-network cost sharing will be the same as in network to assist with plan transition and network change.</p> <p>²Services may require prior authorization.</p>						

2020 PRESCRIPTION DRUG BENEFIT DESIGN

PRESCRIPTION DRUG BENEFIT		Blue Medicare Advantage (PPO) Plan 1 Pharmacy	Blue Medicare Advantage (HMO) Plan 2 Pharmacy	Blue Medicare Advantage (HMO) Plan 3 Pharmacy
PRESCRIPTION DRUG BENEFITS SUMMARY				
Individual Deductible		\$0	\$0	\$0
Initial Coverage Limit (ICL)		\$4,020	\$4,020	\$4,020
True Out-of-Pocket (TrOOP)		\$6,350	\$6,350	\$6,350
MEMBER COST SHARING RETAIL 30-DAY SUPPLY UP TO INITIAL COVERAGE LIMIT (ICL)				
Tier 1 Preferred Generic Drugs		\$5	\$4	\$5
Tier 2 Generic Drugs		\$10	\$9	\$10
Tier 3 Preferred Brand Drugs		\$25	\$30	\$45
Tier 4 Non-Preferred Brand Drugs		\$50	\$55	\$80
Tier 5 Specialty Drugs		33% coinsurance	33% coinsurance	33% coinsurance
MEMBER COST SHARING 90-DAY SUPPLY AT RETAIL AND MAIL ORDER UP TO INITIAL COVERAGE LIMIT (ICL)				
Tier 1 Preferred Generic Drugs		\$10	\$8	\$15
Tier 2 Generic Drugs		\$20	\$18	\$30
Tier 3 Preferred Brand Drugs		\$50	\$60	\$135
Tier 4 Non-Preferred Brand Drugs		\$100	\$110	\$240
Tier 5 Specialty Drugs		Not offered	Not offered	Not offered

MEMBER COST SHARING RETAIL 30-DAY SUPPLY BETWEEN INITIAL COVERAGE LIMIT AND TRUE OUT-OF-POCKET (TrOOP), COVERAGE GAP OR DONUT HOLE				
Tier 1 Preferred Generic Drugs	\$5	\$4	Standard coverage gap	Standard coverage gap
Tier 2 Generic Drugs		\$9		cost sharing
Tier 3 Preferred Brand Drugs		\$30	Standard coverage gap	25% coinsurance for generics
Tier 4 Non-Preferred Brand Drugs		\$55	25% coinsurance for generics	25% coinsurance for brands
Tier 5 Specialty Drugs		33% coinsurance	25% coinsurance for brands	
MEMBER COST SHARING 90-DAY SUPPLY AT RETAIL AND MAIL ORDER BETWEEN INITIAL COVERAGE LIMIT AND TRUE OUT-OF-POCKET (TrOOP), COVERAGE GAP OR DONUT HOLE				
Tier 1 Preferred Generic Drugs	\$10	\$8	Standard coverage gap	Standard coverage gap
Tier 2 Generic Drugs		\$18		cost sharing
Tier 3 Preferred Brand Drugs		\$60	Standard coverage gap	25% coinsurance for generics
Tier 4 Non-Preferred Brand Drugs		\$110	25% coinsurance for generics	25% coinsurance for brands
Tier 5 Specialty Drugs	Not offered	Not offered	Not offered	Not offered
MEMBER COST SHARE ABOVE TRUE OUT-OF-POCKET (TrOOP) – RETAIL				
Generic	Max of \$3.60 or 5% coinsurance	Max of \$3.60 or 5% coinsurance	Max of \$3.60 or 5% coinsurance	Max of \$3.60 or 5% coinsurance
Brand	Max of \$8.95 or 5% coinsurance	Max of \$8.95 or 5% coinsurance	Max of \$8.95 or 5% coinsurance	Max of \$8.95 or 5% coinsurance
MEMBER COST SHARE ABOVE TRUE OUT-OF-POCKET (TrOOP) – MAIL				
Generic	Max of \$3.60 or 5% coinsurance	Max of \$3.60 or 5% coinsurance	Max of \$3.60 or 5% coinsurance	Max of \$3.60 or 5% coinsurance
Brand	Max of \$8.95 or 5% coinsurance	Max of \$8.95 or 5% coinsurance	Max of \$8.95 or 5% coinsurance	Max of \$8.95 or 5% coinsurance
This information is not a complete description of benefits. Contact the plan for more information. Please refer to your Evidence of Coverage book upon enrollment for more details on your benefits.				

VISITOR/TRAVEL BENEFIT (PPO)

Your Blue Medicare Advantage PPO includes a Visitor/Travel Benefit through Blue Cross Blue Shield Medicare Advantage PPO network sharing.

The network sharing benefit allows Blue Medicare Advantage PPO members to obtain in-network benefits when traveling or living in the service areas of the Blue Medicare Advantage PPO plans as long as the member sees a contracted Medicare Advantage PPO provider. Coverage for the MA PPO networks listed may not be available in the entire state. Please call Customer Service to confirm network availability.

You can search for a Blue Medicare Advantage PPO network sharing provider online at **MyBlueKCMA.com**.

Blue Medicare Advantage PPO members can see any contracted doctor or hospital and receive the highest level of benefits. Blue Medicare Advantage PPO members can also see non-contracted providers but will have a lower level of benefits which will result in higher out-of-pocket costs.

Blue Medicare Advantage PPO shared networks are available in 39 states and one territory:

Alabama	Michigan	Puerto Rico
California	Minnesota	Rhode Island
Colorado	Missouri	South Carolina
Connecticut	Montana	Tennessee
Florida	Nebraska	Texas
Georgia	Nevada	Utah
Hawaii	New Hampshire	Virginia
Idaho	New Jersey	Washington
Illinois	New Mexico	West Virginia
Indiana	New York	Wisconsin
Kansas	North Carolina	
Kentucky	Ohio	
Louisiana	Oklahoma	
Maine	Oregon	
Massachusetts	Pennsylvania	

FREQUENTLY ASKED QUESTIONS

Who can join?

You're eligible for Blue Medicare Advantage if the following conditions are met:

1. You're enrolled in Medicare Part A and Part B, and
2. For HMO coverage only, you live within our service area, which includes the following counties:
Kansas: Johnson and Wyandotte;
Missouri: Cass, Clay, Clinton, Jackson, Lafayette, Platte and Ray.

Enrollment and disenrollment for this plan follow the Centers for Medicare and Medicaid Services (CMS) guidelines.

Do I still pay the Medicare Part B premium?

Yes, you must continue to pay your Medicare Part B premium.

Which doctors and hospitals can I use?

Blue Medicare Advantage has a network of doctors, hospitals and other providers. If you are an HMO plan member and use a provider that is not in our network, the plan may not pay for these services. Blue Medicare Advantage (PPO) members are encouraged to use in-network plan providers. Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. For a decision about whether Blue KC will cover an out-of-network service, we encourage you or your provider to ask Blue KC for a pre-service organization determination before the service is received.

How do I get a list of participating Blue Medicare Advantage providers?

If you are comfortable using the internet, you can find an up-to-date list of participating providers at BlueKCMA.com. You can also call our Customer Service team for help locating a provider or to request a printed copy of our provider directory. Please contact Blue Medicare Advantage at 1-866-508-7140 and follow the prompts (press 1 then 2). For those who are hearing or speech impaired, call TTY: 711. The Customer Service team is available Monday through Friday from 8 a.m. to 8 p.m.

Do I give up my Medicare benefits to join a Blue Medicare Advantage plan?

No. By law, Medicare Advantage plans provide the same benefits as Original Medicare. You get all your Original Medicare benefits, plus many that Medicare doesn't offer, such as hearing exams and SilverSneakers fitness membership.

What do I need in order to visit a specialist?

While your physician will help coordinate your visit to a specialist, a referral is not required for services obtained. A prior authorization may be necessary depending on the service.

Am I covered for services while I am traveling outside my service area?

If an illness or injury occurs while you are traveling outside your service area, you have coverage for urgent and emergency care. This applies to travel within and outside the United States.

Am I covered if I go to an out-of-network provider?

HMO plan members:

Services from an out-of-network provider (someone who is not in the Blue Medicare Advantage network) are typically not covered. These services will be covered only in the following instances:

1. During a medical emergency when you need urgent care and the network is not available (generally, when you are out of the area),
2. If you need out-of-area dialysis services, or
3. In limited other cases when Blue KC authorizes

PPO plan members:

Blue Medicare Advantage (PPO) members are encouraged to use in-network plan providers. Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. For a decision about whether Blue KC will cover an out-of-network service, we encourage you or your provider to ask Blue KC for a pre-service organization determination before the service is received.

If you are sick or injured while away from the Blue Medicare Advantage service area, you may wish to contact your PCP, who may be able to address your problem over the phone. You can also visit an emergency room or urgent care center as appropriate for your symptoms. If you choose urgent care, remember that you must visit a facility that is licensed as an urgent care center.

Is Blue Medicare Advantage a Medigap supplemental plan?

No. A supplemental plan or Medigap plan is health insurance sold by private insurance companies to fill the “gaps” in Original Medicare coverage.

Blue Medicare Advantage is a Medicare Advantage plan. Medicare Advantage plans are health plan options that are part of the Medicare program. When you enroll in Blue KC coverage, you choose to get your Medicare benefits through Blue KC, a Medicare Advantage organization with a Medicare contract, instead of through Original Medicare. Blue Medicare Advantage gives you all of the benefits of Original Medicare, plus extras such as routine vision and hearing exams, hearing aid coverage and fitness club benefits.

What is the difference between your red, white and blue Medicare card and your Blue Medicare Advantage member ID card?

When you first become eligible for Medicare, you receive a red, white and blue Medicare ID card in the mail. Upon your enrollment with Blue KC, you will receive a separate Blue Medicare Advantage member ID card. Since you have chosen to get your Medicare benefits through Blue KC, you must use your Blue Medicare Advantage member ID card for all medical services.

If you accidentally use your red, white and blue Medicare ID card for services as a Blue Medicare Advantage member, Medicare will not pay for these services, and you may have to pay the full cost yourself. We recommend you keep your red, white and blue Medicare ID card in a safe place at home in case you need it at a later date. Keep your Blue Medicare Advantage member ID card with you at all times. Call Blue Medicare Advantage Customer Service right away if your Blue Medicare Advantage member ID card is lost, stolen or damaged.

Can I be enrolled in two Medicare Advantage plans at the same time?

No. You may be enrolled in only one Medicare Advantage plan at a time. You may change from one plan to another plan only at certain designated times, such as the annual Open Enrollment Period and during special enrollment periods. Also, you may not have a Medicare Advantage plan and a Medigap supplement plan at the same time.

HOW TO ENROLL

During the 2020 City of Kansas City Retiree Open Enrollment Period, City of Kansas City retirees need to make important decisions about 2020 Medicare Advantage coverage, including switching from one plan to a different plan. To assist you in making elections, eligible City of Kansas City retirees may:

1. Attend one of the retiree benefits information sessions, OR
2. Contact your Blue KC Benefits Specialist at 816-360-1059 to schedule a one-on-one meeting, OR
3. Contact the Retirement Division of the City's Human Resources Department at 816-513-1928

If you have questions about your plan options, call your Blue KC Benefits Specialist at 816-360-1059, Monday through Friday from 8:30 a.m. to 4:30 p.m.

What happens next

Use this handy checklist to keep track of next steps. You will receive the following from Blue KC after the Centers for Medicare and Medicaid Services (CMS) accepts your automatic enrollment.

CHECK HERE



MEMBER ID CARD

You will receive two member ID cards by mail. Be sure to carry your card with you to doctor visits, tests and any other medical appointments. You will no longer need to use your red, white and blue Medicare ID card.



WELCOME KIT

This includes information regarding your enrollment.



BLUE MEDICARE ADVANTAGE DOCUMENTS

Necessary documents will be mailed to you as required by CMS.



START USING YOUR PLAN

If you are a member and have questions, call 1-866-508-7140 and follow the prompts (press 1 then 2). For those who are hearing or speech impaired, call TTY: 711).



START USING SILVERSNEAKERS AT PARTICIPATING FACILITIES



Blue Cross and Blue Shield of Kansas City's Blue Medicare Advantage includes both HMO and PPO plans with Medicare contracts. Enrollment in Blue Medicare Advantage depends on contract renewal.

This information is not a complete description of benefits. Contact 816-360-1059 for more information. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message, and your call will be returned the next business day.

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association. The HMO products are offered by Blue-Advantage Plus of Kansas City, Inc. and the PPO products are offered by Missouri Valley Life and Health Insurance Company, both wholly-owned subsidiaries of Blue Cross and Blue Shield of Kansas City.

Y0126_20-639_M