



CARE LIVES HERE



lower cost quality care simplified experience

Bringing care back to healthcare

Spira Care, developed by Blue KC, combines integrated primary care and coverage in one place, simplifying the healthcare experience to make it more personal and affordable.

Blue KC members enrolled in Spira Care have access to convenient Care Centers located across the metro area, the expertise of our Care Guides to help them on their health journey, and all the benefits of the BlueSelect Plus network.

[SPIRACARE.COM](https://spiracare.com)

SPIRA CARE CENTERS OFFER:

INTEGRATED PRIMARY CARE



Routine
Preventive Care



Adult & Pediatric
Primary Care



Chronic Condition
Management



Patient Wellness
Follow-Ups



Behavioral Health
Consultation



Digital X-Rays*



Routine Lab
Draws



Health Coaches
On-Site

*X-rays are available at select locations only, must be ordered by a Spira Care provider and are at no additional cost to members.

CONVENIENT BENEFITS



A Select Number of
Generic Prescriptions**
Filled On-Site



Referrals & Scheduling for
In-Network Specialists



Support in Understanding
Your Plan's Network



Extended Hours for
Appointments



Access to A Healthier
You Platform



Online Appointment
Scheduling



Virtual Care and Online
Communication with
Your Care Team

**On-site prescription services for a select and limited number of the top generic prescriptions at your regular copay or deductible level.

All services and benefits provided at Spira Care Centers are based on your primary care needs only and must be ordered by a member of the Care Team. This includes digital X-rays, routine lab draws and prescriptions. Orders by a specialist or someone outside of the Care Center cannot be done or fulfilled at Spira Care.

Care at every step.

Spira Care combines primary care and health insurance into a single offering where members have access to Care Centers designed to deliver personal primary care and coordinate wellness, sick and long-term care. Learn more about what's offered at our Care Centers below.

Appointments Can Be Made for the Following Types of Care Needs:

Primary Care

Includes disease prevention, health maintenance, behavioral health consultations, member education, diagnosis and treatment of acute and chronic illnesses. Our Care Teams practice family medicine, managing common and long-term illnesses in children and adults, focusing on overall health and well-being. This includes disease prevention, health maintenance, behavioral health consultations, member education, diagnosis and treatment of acute and chronic illnesses.

Routine Preventive Care

Includes routine well exams, screenings, behavioral health consultations and immunizations intended to prevent or avoid illness or other health problems.

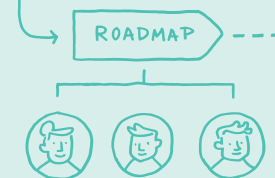
Chronic Condition Management

Integrated care and support to assist members (with a chronic condition like diabetes or heart disease) with the medical and behavioral care, knowledge, skills and resources they need to better manage their disease daily and to improve their quality of life.

Sick Care

Available for needs like the flu, sore throat, urinary tract infection, ear pain and pink eye. If you or your family member has a sick care need, please call to speak to a Triage Nurse about your symptoms and to inquire about a same- or next-day appointment.

Convenient Services and Benefits Offered:



Behavioral Health Consultations

Designed to help you understand your medical conditions, we provide brief and focused interventions for members as well as consultation sessions where both a medical provider and behavioral health clinician work with you in tandem. If you have an ongoing or long-term behavioral health need (such as therapy), we can work with you to identify a provider in your plan's network.

Select Generic Prescriptions Filled On-Site

Spira Care offers the convenience of on-site service for a limited number of select generic prescriptions. This service is intended to get you started on your medication as soon as possible based on a primary care need discussed in your visit. These prescriptions are offered at your regular copay or deductible level and can be paid for using a credit card and picked up during your appointment. Any refills will be set up through convenient mail order or at your preferred pharmacy.

Routine Lab Draws

We offer routine lab services for primary care needs at all Care Center locations as ordered by a Spira Care provider.

Digital X-Rays*

Select Spira Care Centers (Crossroads, Olathe and Shawnee) offer digital X-ray services. If your Spira Care provider orders X-rays for you and your Care Center does not offer this service, your Care Team will schedule a time at a Care Center that does.

Routine labs and X-rays taken at a Spira Care Center are done based on a primary care need and ordered from a Spira Care provider only. We do not accept or facilitate orders from providers outside a Spira Care Center.

Access to Care Guides

Care Guides are personal guides, many with nursing and benefit backgrounds, to support you on your health journey. They can help you schedule specialty care needs outside your Care Center and explain benefits. Now you have a single point of contact for both care and coverage questions to help you find the right place, right time and right people to help you on your health journey. It truly is care with you at the center.

Health Coaches

Health Coaches facilitate the process of behavior change and help members move closer to their wellness vision by co-creating a personalized and strategic action plan. Through coaching, members are empowered to initiate change and set personally motivating session goals to address a variety of concerns such as stress, exercise, nutrition, sleep or work-life balance.

Seamless. Personal. Primary Care.

Wherever you are on your health journey, Spira Care is in your corner. We've created two distinct and simple Spira Care options, Spira Care and Spira Care (HSA Eligible), to support you and your family's unique primary care needs. Visit SpiraCare.com to learn more.



Quinn's Care



At the Care Center: Adult & Pediatric Primary Care, Referrals & Scheduling for In-Network Specialists, Digital X-Rays

QUINN

Enrolled in Spira Care

Age 35

Training for a marathon
Mother of two

Quinn receives all-in-one personal primary care at Spira Care. That means ongoing well-woman care and nutrition recommendations, as well as strep throat tests for her son and X-rays after her daughter's soccer injury. And, thanks to Spira Care's inviting waiting area full of books and snacks, her young family loves how welcome they feel during their Care Center visits.

She still has the option to take her son to his ear, nose and throat specialist for his allergy needs, and these visits are applied toward a simple annual deductible. The convenience of the "no additional cost" Care Centers combined with the flexibility of her plan's network makes Spira Care the ideal choice for Quinn and her family.



DAVE

Enrolled in Spira Care

Age 58

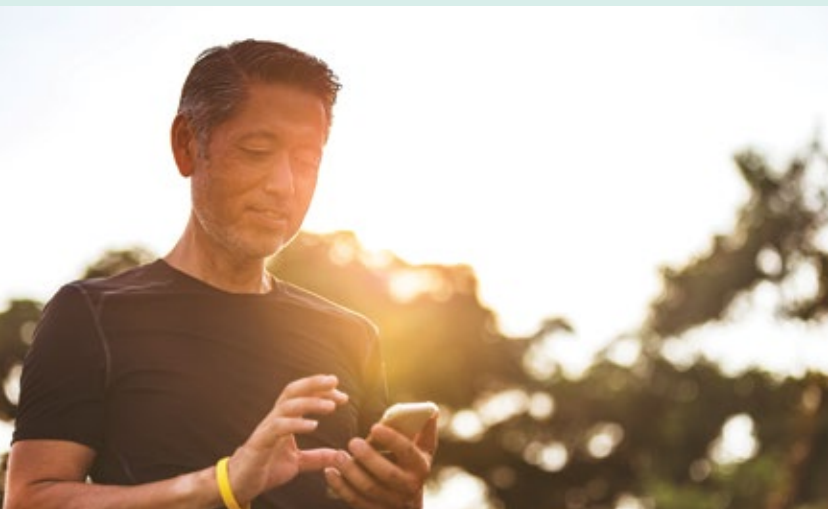
Recently diagnosed with heart disease
Little experience with insurance

With Spira Care, Dave has access to a Care Guide to answer his questions about primary and chronic condition care needs. Dave meets with his primary care doctor and the behavioral health consultant for brief check-ins to better manage his heart disease and learn how to handle the stress that comes with his diagnosis. These services are at no additional cost and any specialty appointments scheduled throughout the year with an in-network specialist are applied toward a simple annual deductible.

Dave's Care



At the Care Center: Adult Primary Care, Behavioral Health Consultations, Routine Lab Draws, Referrals & Scheduling for In-Network Specialists



Jake's Care



At the Care Center: Adult Primary Care, Behavioral Health Consultations, Routine Lab Draws

JAKE

Enrolled in Spira Care (HSA Eligible)

Age 45
Recently promoted

Since taking on greater responsibilities at work, Jake loves the fact that he doesn't have to worry about budgeting for his primary care services with his Spira Care (HSA Eligible) plan. Jake deposits tax-free earnings into his Health Savings Account (HSA) and uses those funds to pay for qualified medical expenses, including an affordable charge for any doctor visit at a Spira Care Center. Jake's preventive care services are still covered at 100 percent, and once he has met his deductible, any future primary care needs at a Spira Care Center are at no additional cost to Jake.

Jake has enough on his plate, so he prefers scheduling his check-ups online and loves the flexibility of the Care Centers' extended appointment hours.

TINA

Enrolled in Spira Care (HSA Eligible)

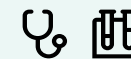
Age 29
Avid Rock Climber
Mom to three children

Financial planning is important to Tina and her family. With the Spira Care (HSA Eligible) plan, Tina knew her employer would make a one-time contribution into her Health Savings Account, and she could designate a monthly pre-tax contribution to help pay for expected and unexpected healthcare needs. With her HSA, Tina has peace of mind knowing she has money saved in an account that will follow her family wherever they go.

In addition to her family's preventive visits which are covered at 100 percent, Tina's husband manages his diabetes by meeting with his Spira Care Team several times a year, with an affordable charge per visit. Any routine lab draws or tests ordered from those visits are included and can be done at the Care Center.

Tina finds Spira Care convenient, simple to use and supportive of her family's healthcare needs.

Tina's Care



At the Care Center:
Adult & Pediatric
Primary Care,
Routine Lab Draws



FAQ

Q: How do I know if Spira Care is right for me?

A: This offering is crafted for members looking to simplify and personalize their healthcare experience. If you and your family's health needs in the next year will largely fall within primary care, including routine labs, digital X-rays* and routine behavioral health consultations, you can enjoy the peace of mind that comes with choosing Spira Care, where you'll have the support of a Care Team and assistance with any services needed outside the Care Center and in your plan's network.

Q: What prescriptions are filled at Spira Care?

A: Spira Care offers the convenience of on-site prescription services for a limited number of select generic prescriptions. This service is intended to get you started on your medication as soon as possible based on a primary care need discussed in your visit. These prescriptions are offered at your regular copay or deductible level and can be paid for using a credit card and picked up during your appointment. Any refills will be set up through convenient mail order or at your preferred pharmacy.

Q: What about prescriptions that can't be filled at Spira Care?

A: If you are written a prescription by a Spira Care physician that cannot be filled at a Spira Care Center, the Care Team will facilitate prescription services through convenient mail order or at your preferred pharmacy at your regular cost-sharing level. We only fill prescriptions ordered by Spira Care physicians.

Q: Where can I go for needs beyond what is offered at Spira Care, like specialty care or emergency situations?

A: You have access to your plan's network within the Kansas City metro area and the national BlueCard network when traveling outside the 32-county service area. For emergency situations, you are covered both in and out of your plan's network. Services beyond Spira Care (for example, a visit to a specialist or an emergency room) are subject to a person's plan deductible.

*X-rays are available at select locations only, must be ordered by a Spira Care provider and are at no additional cost to members.

Q: I already have a primary care or pediatric physician I love. Can I still go there?

A: While the plan is ideal for members who utilize the Care Centers, members still have access to all providers in their plan's network. Many families enjoy the convenient benefits and integrated services offered at Spira Care including adult and pediatric primary care. Families also have access to a team of Care Guides for care and coverage questions.

Q: Do I need to schedule an appointment or can I walk in? When are the Care Centers open?

A: To ensure the best member experience, you need to schedule an appointment for all care needs. This includes wellness check-ups, physicals, sick care, chronic condition management, immunizations, medical management and refills.

In the event a Care Center is at capacity, we will work with you on an alternative solution such as availability at another Care Center or finding an option in your plan's network (subject to your deductible).

Schedules vary by Care Center. Please visit [SpiraCare.com](https://www.spiracare.com) for each Care Center's hours of operation.

Q: Are there plans to expand Spira Care and build new Care Centers in the future?

A: Yes, there are plans to expand Spira Care as our membership grows, adding more convenient Care Centers throughout the metro area in both Kansas and Missouri.



"With Spira Care, our employees are paying less for healthcare premiums – and taking home more of their hard-earned dollars. We have confidence that they are getting great primary care at a center that keeps costs in check."

- Employer group offering Spira Care

"Spira Care is best in class! I have never had a better, more customized experience with a healthcare provider. I felt like a priority and getting to know me was an important expectation of the Care Team."

- Spira Care Member

"The care was fantastic. My doctor took the time to talk with me. It was so great to get some much-needed questions about my health answered."

- Spira Care Member



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Spira Care Centers

Care Lives Here



THERE'S A SPIRA CARE CENTER NEAR YOU.

Crossroads

1916 Grand Boulevard
Kansas City, MO 64108

Lee's Summit

760 NW Blue Parkway
Lee's Summit, MO 64086

Liberty

8350 N Church Road
Kansas City, MO 64158

Olathe

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

Shawnee

10824 Shawnee Mission Parkway
Shawnee, KS 66203

Tiffany Springs

Coming in early 2020

8765 N Ambassador Drive
Kansas City, MO 64154

Wyandotte

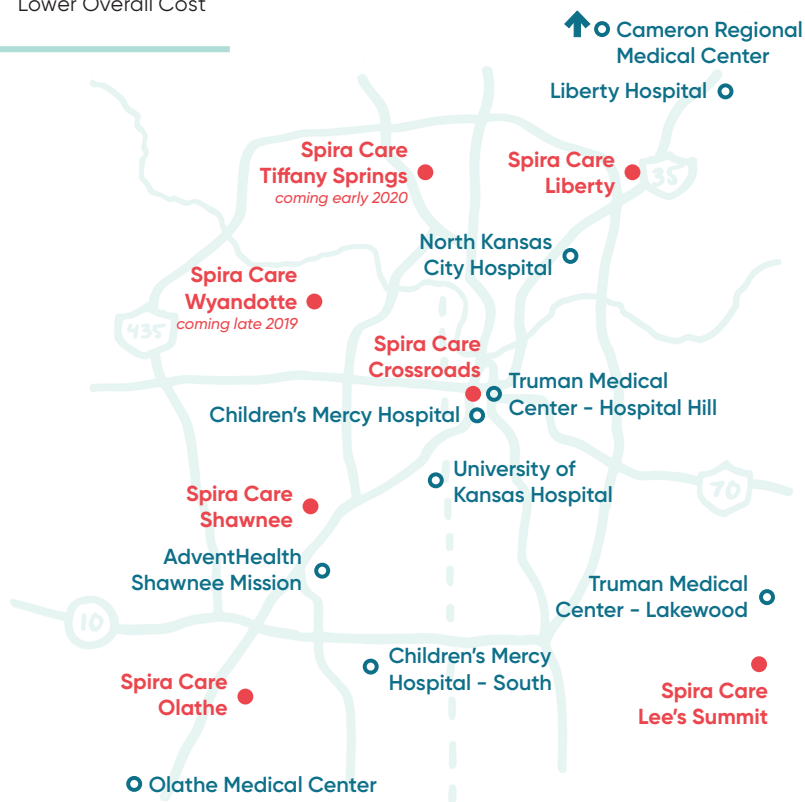
Coming in late 2019

9800 Troup Avenue
Kansas City, KS 66111

Spira Care & BlueSelect Plus Network

Spira Care Centers serve members' primary care needs while access to the BlueSelect Plus network offers coverage for any specialty needs outside the Care Centers.

- 3,600+ Physicians & Specialists
- 11,000 Access Points
- Lower Overall Cost
- In- & Out-of-Network Emergency Room Coverage
- Higher-Quality Care



To learn about the Care Teams at the Care Centers and for hours, visit [SpiraCare.com](https://www.spiracare.com).

Members must receive all care from in-network providers (BlueSelect Plus network in the Kansas City area or BlueCard network outside the 32-county Blue KC service area, when traveling or on vacation, for example). If a member is on a Preferred Provider Organization (PPO) insurance plan, they do have out-of-network coverage, meaning 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 the member for the remaining balance.

Spira Care

Personal, primary care with no deductibles and no copays* at the Care Centers

SPIRA CARE, developed by Blue KC, combines integrated primary care and coverage in one place, simplifying the healthcare experience to make it more personal and affordable. Blue KC members enrolled in Spira Care have access to convenient Care Centers located across the metro area, the expertise of our Care Guides to help them on their health journey, and all the benefits of the BlueSelect Plus network.

Fast Facts

- No copays*, no deductibles and no additional costs for procedures at Spira Care Centers.
- Routine labs and X-rays** at Spira Care Centers included.
- Access to Care Teams, including Care Guides, and all Spira Care Centers conveniently located throughout the Kansas City metro area.
- In addition to Spira Care Centers, members have access to their plan's network for things like specialty care and hospitalization.

Lower Cost, Quality Care, Simplified Experience

Steady, personal, integrated primary care improves member health and lowers short- and long-term healthcare costs to employers and members. Every member has a complete Care Team – including Care Guides – to help you in your health journey.



SPIRA CARE CENTERS OFFER:

INTEGRATED PRIMARY CARE



Routine Preventive Care



Adult & Pediatric
Primary Care



Chronic Condition
Management



Behavioral Health
Consultations



Digital X-Rays**



Routine Lab Draws



Patient Wellness
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Support in Understanding
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Extended Hours
for Appointments



Access to *A Healthier
You* Platform



Online Appointment
Scheduling



Virtual Care and Online
Communication with Your
Care Team

All services and benefits provided at Spira Care Centers are based on your primary care needs only and must be ordered by a member of the Care Team. This includes digital X-rays, routine lab draws and prescriptions. Orders by a specialist or someone outside of the Care Center cannot be completed or fulfilled at Spira Care.

*For Spira Care members, there are no additional costs for any procedure provided at Spira Care Centers, but a select number of generic prescriptions can be filled on-site at your copay or deductible level.

**X-rays are available at select locations only, must be ordered by a Spira Care provider and are at no additional cost to members.

Understanding Your Plan's Network

Check with your HR department to determine if your company is offering an EPO and/or PPO Spira Care plan.



While your primary care needs can be handled at your Spira Care Center, we recognize that certain circumstances call for outside care — like seeing a specialist, long-term behavioral health support or being admitted to a hospital.

For needs outside of a Care Center, you will have access to your plan's network within the Kansas City metro area and the nationwide BlueCard network for care when traveling outside your service area (applies toward your annual deductible).

It is important to understand if your plan is on an EPO or PPO insurance model. Ask your human resources representative or look on your member ID card.

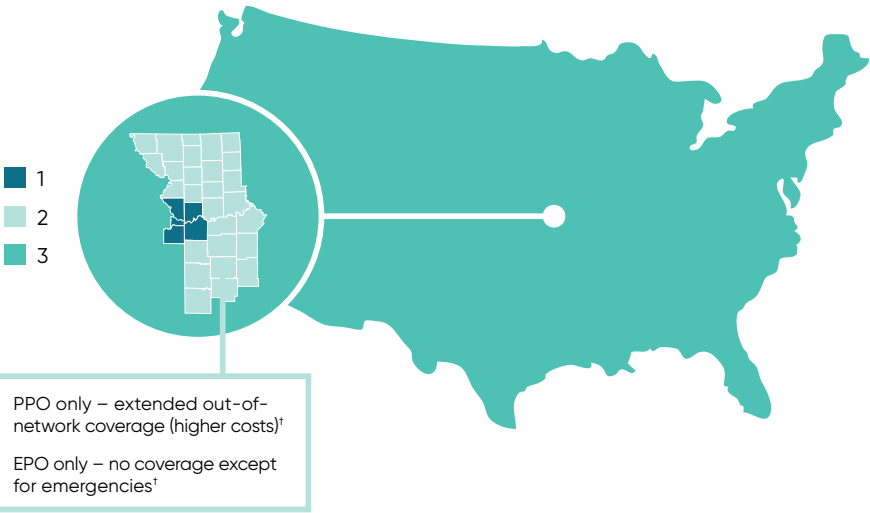
EPO

In an Exclusive Provider Organization (EPO) insurance model, members must receive all care from in-network providers (BlueSelect Plus network in the Kansas City area or BlueCard network outside the 32-county service area) except for emergency services. Non-emergency services received out-of-network will not be covered.

PPO

In a Preferred Provider Organization (PPO) insurance model, members are encouraged to receive care from in-network providers (BlueSelect Plus network in the Kansas City area or BlueCard network outside the 32-county service area) but have the option to receive care from out-of-network providers at a higher cost.

BlueSelect Plus Network: EPO & PPO Differences



	EPO Plan Type	PPO Plan Type
1. When receiving care in the BlueSelect Plus network (Clay, Clinton, Jackson and Platte counties in Missouri, and Johnson and Wyandotte counties in Kansas).	<p>You have in-network coverage when using any of the 3,600+ providers in the six area counties and ten hospitals in the network.</p> <p>Important note: All other hospitals (and their providers) in the Kansas City metro area that are not in the BlueSelect Plus network are considered out-of-network. With the EPO plan type, you will be responsible for 100% of costs associated with any care received out of network. With the PPO plan type, your out-of-network benefits provide some coverage, but higher out-of-pocket costs will apply.[‡] Emergency services are always covered at the in-network cost share.</p>	
†KEY DIFFERENCE		
2. When receiving care outside the BlueSelect Plus network within the 32-county Blue KC service area.	No coverage except for emergency services. You will be responsible for 100% of costs.	Out-of-network coverage, meaning higher out-of-pocket costs will apply. [‡]
3. When receiving care outside the 32-county Blue KC service area (when traveling or on vacation, for example).	You have access to the BlueCard network which provides you in-network access to medical care. If you use a non-BlueCard provider, you do not have out-of-network coverage except for emergency services. [‡]	You have access to the BlueCard network which provides you in-network access to medical care.

[†]Out-of-network benefits are subject to the plan's allowable charge. Out-of-network providers may bill the member for the remaining balance.



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.bluekc.com/moeipo or by calling 1-877-410-6716. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-877-410-6716 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$1,000 individual / \$2,000 family.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Preventive care services are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$1,000 individual / \$2,000 family.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.BlueKC.com or call 1-877-410-6716 for a list of in- network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your in- network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No charge	Not covered	None
	Specialist visit	No charge	Not covered	Same limitations as primary care.
	Preventive care/screening/immunization	No charge, Deductible does not apply	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	Not covered	None
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.BlueKC.com/dl	Generic drugs, including Specialty drugs	RxPremier: Retail \$15 copay /fill, Deductible does not apply; Mail Order \$15 copay /fill, Deductible does not apply	Not covered	Covers up to 34 day supply (retail) and between 35 to 102 day supply (mail order). Prescriptions for a specialty drug will need to be filled at a designated specialty pharmacy and are limited to a 34 day supply.
	Preferred brand drugs, including Specialty drugs	RxPremier: Retail \$50 copay /fill, Deductible does not apply; Mail Order \$125 copay /fill, Deductible does not apply	Not covered	Covers up to 34 day supply (retail) and between 35 to 102 day supply (mail order). Prescriptions for a specialty drug will need to be filled at a designated specialty pharmacy and are limited to a 34 day supply.
	Non-preferred brand drugs, including Specialty drugs	RxPremier: Retail No charge; Mail Order No charge	Not covered	Covers up to 34 day supply (retail) and between 35 to 102 day supply (mail order). Prescriptions for a specialty drug will need to be filled at a designated specialty pharmacy and are limited to a 34 day supply.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	Not covered	Certain outpatient surgeries and services must be prior authorized. Failure to obtain approval may result in the cost of the service being your responsibility.
	Physician/surgeon fees	No charge	Not covered	None
If you need immediate medical attention	Emergency room care	No charge	In- Network Deductible , then no charge	None
	Emergency medical transportation	No charge	In- Network Deductible , then no charge	None
	Urgent care	No charge	Not covered	Same limitations as primary care.
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	Not covered	Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
	Physician/surgeon fees	No charge	Not covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge	Not covered	Your employer participates in an employee assistance program. This program may provide additional mental health or substance abuse benefits.
	Inpatient services	No charge	Not covered	Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
If you are pregnant	Office visits	No charge	Not covered	Cost sharing does not apply for preventive services . Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No charge	Not covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Childbirth/delivery facility services	No charge	Not covered	None
If you need help recovering or have other special health needs	Home health care	No charge	Not covered	60 visit Calendar Year maximum.
	Rehabilitation services	No charge	Not covered	Physical and occupational: 60 combined visit Calendar Year maximum. Speech and hearing: 20 combined visit Calendar Year maximum.
	Habilitation services	No charge	Not covered	None
	Skilled nursing care	No charge	Not covered	30 day Calendar Year maximum. Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
	Durable medical equipment	No charge	Not covered	Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
	Hospice services	No charge	Not covered	14 day Lifetime maximum at an inpatient hospice facility. Prior authorization is required for service received at an inpatient facility. Failure to obtain approval may result in the cost of the service being your responsibility.
If your child needs dental or eye care	Children's eye exam	No charge	Not covered	Limited to one eye exam per Calendar Year.
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)		
• Acupuncture	• Bariatric surgery	• Cosmetic surgery
• Dental care	• Hearing aids	• Infertility treatment
• Long-term care	• Routine foot care	• Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
• Chiropractic care	• Non-emergency care when traveling outside the U.S.	• Private-duty nursing
• Routine eye care limited to one eye exam per Calendar Year		

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Blue Cross and Blue Shield of Kansas City at 816-395-2953 or www.BlueKC.com, Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <https://www.dol.gov/ebsa/contactEBSA/consumerassistance.html>, Healthcare.gov at www.Healthcare.gov or call 1-800-318-2596. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: your [plan](#) at 1-888-989-8842, Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, Missouri Department of Insurance at 1-800-726-7390 or the Kansas Department of Insurance at 1-800-432-2484.

Does this plan provide Minimum Essential Coverage? Yes.
If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes.
If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

—————To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.—————

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#), and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$1,000
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$1,000
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$1,060

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$1,000
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$700
Copayments	\$300
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$30
The total Joe would pay is	\$1,030

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$1,000
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,000
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,000

Note: These numbers assume the patient does not participate in the [plan's](#) wellness program. If you participate in the [plan's](#) wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 1-816-395-2121.

Discrimination is Against the Law

Blue KC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue KC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue KC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service, 844-395-7126 (Toll free), languagehelp@bluekc.com.

If you believe that Blue KC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Appeals Department, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, APPEALS@bluekc.com. You can file a grievance in person or by mail, or email. If you need help filing a grievance, the Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

If you, or someone you're helping, has questions about Blue KC, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-877-410-6716.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-410-6716.

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

1-877-410-6716.

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-410-6716.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-410-6716 an.

Korean: 가 [Blue KC] 1-877-410-6716 .

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue KC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-877-410-6716.

Arabic: إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص Blue KC ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-410-6716.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue KC, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-877-410-6716.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue KC, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-877-410-6716.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue KC, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-410-6716.

Laotian: ຖ້າ ທ່ານ, ຫຼື ຄົນ ະທ່ານ ກຳ ລັງ ຊ່ວຍ ເຫຼື ອ, ມ ະ ຄາ ຖາ ມ ກ ງ ອ ກັບ Blue KC, ທ່ານ ມ ື ສ ດ ະ ທ ຈະ ໄດ້ ຮັບ ການ ຊ່ວຍ ເຫຼື ອ ແລະ ະ ຂໍ້ ມູ ນ ຂໍ້ າ ວ ສາ ນ ະ ທ ເປັ ນ ພາ ສາ ຂ ອງ ທ່ານ ະ ບ ມ ຄໍ າ ໃ ຊ້ ຈໍ າ ອ. ການ ໂອ້ ວົມ ກັບ ນາ ຍ ພາ ສາ, ໃ ທ້ ໂທ ຫາ 1-877-410-6716.

Pennsylvanian Dutch: “Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-877-410-6716 uffrufe.

Persian: اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Blue KC، داشته باشید حق این را دارید که کمک اطلاعات به زبان خود را به طور رایگان دریافت نمایید. 1-877-410-6716 تماس حاصل نمایید.

Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-877-410-6716 tiin bilbilaa.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-410-6716.

For TTY services, please call 1-816-842-5607.

