



Kansas City

FULLY INSURED



MEMBER GUIDE

WELCOME TO BLUE KC



At Blue Cross and Blue Shield of Kansas City (Blue KC), we are here. Here for asking the big questions to get to the big ideas. For 80 years, our big ideas have had one thing in common: better healthcare for our members. We're committed to addressing the needs of the communities we serve through vital investments and partnerships—all with the goal of improving healthcare quality, affordability and access to care for our more than one million members.

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

This booklet includes the following sections:

- **Getting Started** – Ways to access the most important information about your plan.
- **Finding Care** – Tips and tools for connecting you to healthcare providers.
- **Pharmacy Benefits** – Helpful details about how you can fill prescriptions and save on your medication.
- **Living Healthy** – A run-down of health and wellness programs and benefits included with your plan.

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

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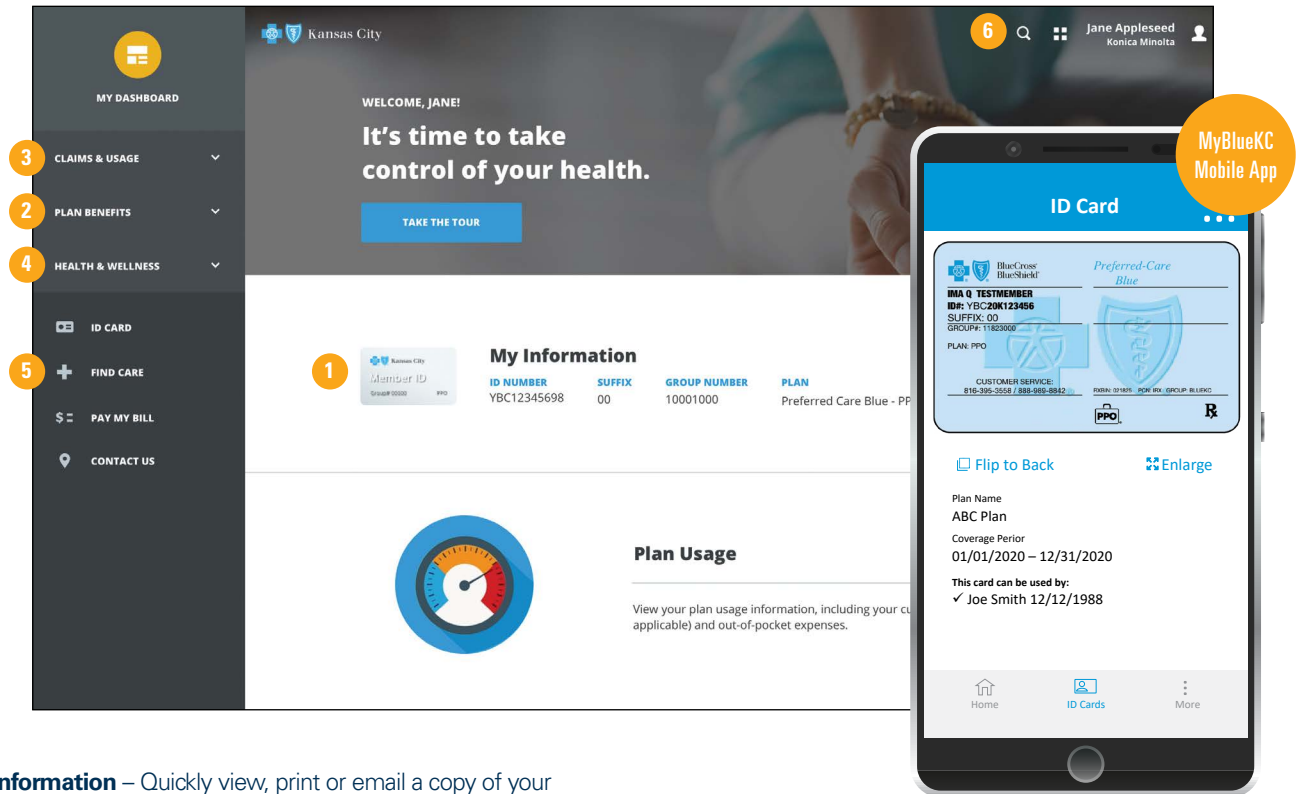




GETTING STARTED

YOUR MEMBER PORTAL ON MYBLUEKC.COM

Please register online at [MyBlueKC.com](https://mybluekc.com) or on the [MyBlueKC mobile app](#) to take advantage of helpful tools and information.



- 1. My Information** – Quickly view, print or email a copy of your member ID card.
- 2. Plan Benefits** – View your medical certificate, summary of benefits and coverage, and more. If your Blue KC policy includes pharmacy benefits, you'll have tools to help you locate a pharmacy, learn about the differences between generic and brand name medications, save on prescriptions and access the Blue KC Prescription Drug List.
- 3. Claims & Usage** – Check the status of your claims and export a list of past claims. You can view a copy of your Explanation of Benefits, which you receive after every visit to a healthcare provider. This section also includes graphs to illustrate your progress toward your deductible and out-of-pocket maximum.
- 4. Health & Wellness** – We're proud to offer a variety of resources to help you stay healthy and live well. Learn more about our A Healthier You™ wellness program and Healthy Companion™ condition management program.
- 5. Find Care** – This is where you can access the Blue KC Doctor and Hospital Finder. See which healthcare providers are covered by your network, and search for ones who can meet your specific needs. From this section you can also search for a pharmacy or dentist.
- 6. Ask Us** – Get answers to questions about your Blue KC policy or health insurance in general.

ACCESS YOUR ACCOUNT.

Go to [MyBlueKC.com](https://mybluekc.com) or download the [MyBlueKC mobile app](#) to access your health insurance information anytime, wherever you go.

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

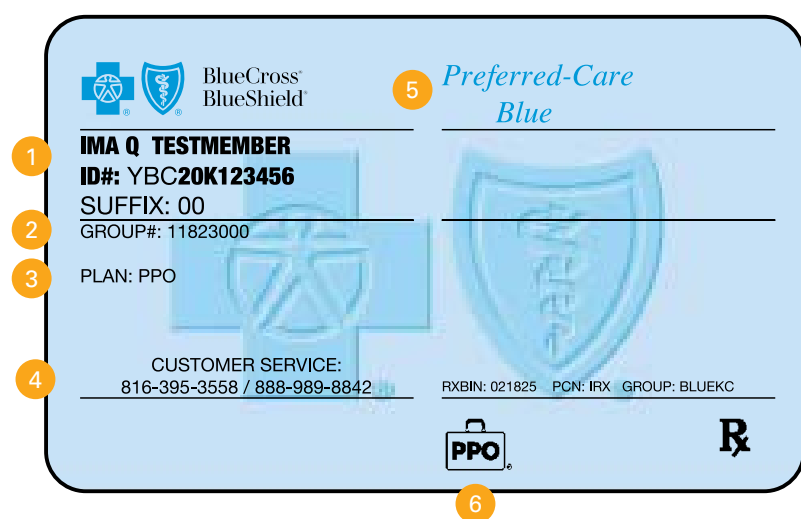
1. Go to [MyBlueKC.com](https://mybluekc.com) and click "register."
2. Click the link under **Don't have your ID card?**
3. Follow the instructions—you'll be asked to provide some general information and answer questions to verify your identity.

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

YOUR BLUE KC MEMBER ID CARD

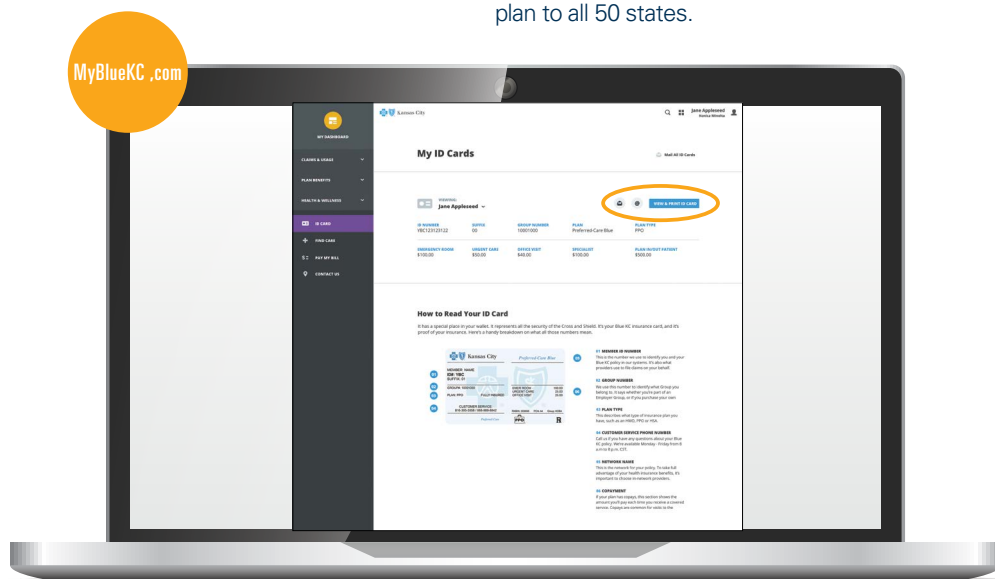
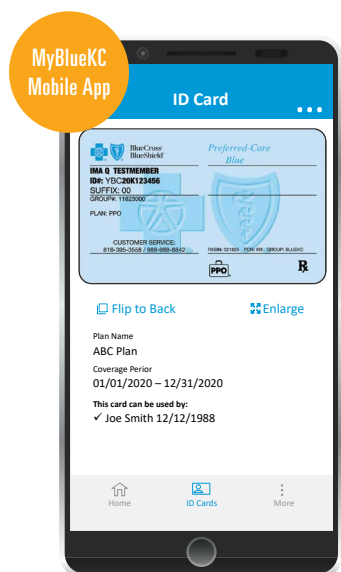
Please present your card anytime you visit your doctor, receive healthcare services or fill a prescription. It contains information healthcare professionals need to make sure your care is covered.

Understand and Access Your Member ID Card



- Member ID Number** – This is the number we use to identify you and your policy. It's also what providers use to file claims on your behalf.
- Group Number** – This number is used to identify our members by the employer that is offering their plan.
- Plan Type** – This describes what type of insurance plan you have (for example, an EPO, HMO, HPN or PPO plan).
- Customer Service Phone Number** – Call this number when you have a question about your Blue KC policy. Our Customer Service staff is available Monday through Friday from 8 a.m. to 8 p.m. Central Time. Additional contact information can be found on the back of your card.
- Network Name** – This is the network of hospitals, physicians and pharmacies that accept your Blue KC policy. It's important that you see healthcare providers who are in your network to ensure you maximize the benefits of your policy.
- Suitcase** – Blue KC members, excluding those with HMO and HPN plans, have access to our "BlueCard" program, which extends the benefits of your Blue KC plan to all 50 states.

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



ACCESS YOUR ACCOUNT

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

WHAT TO EXPECT ON YOUR NEW EXPLANATION OF BENEFITS (EOB)

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

Beginning in January of 2021 your Blue KC EOB will have a NEW look, making it easier to find the information you need. You'll see:

- A **simplified summary** providing high-level details of claim(s).
- A **new, easier-to-read, detailed breakdown of claim(s)** clearly highlighting your Blue KC discount, what Blue KC is covering, your copay, and more.
- A new section that highlights your **Blue KC savings**.
- **Deductible and maximum out-of-pocket summaries** that provide more information in a format that is similar to what you'll see online.
- *Plus*, Blue KC will now be **generating EOBs within approximately 14 days of a claim being processed** as opposed to each time a claim is processed. If multiple claims come in within the same window, they are included on the same EOB. This cuts down on the amount of paperwork you will receive, while still providing timely and important details on a regular basis.

Kansas City
2301 Main Street
Kansas City, MO 64108
P.O. Box 419169

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

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

2
Questions?
Please call Customer Service toll-free at 888-242-1487, Monday through Friday, from 8 a.m. to 8 p.m. Central Time. We're here to help.

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

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

• Log into [MyBlueKC.com](https://mybluekc.com) to find helpful information about your plan, customize your communication preferences, search for healthcare providers and more.

• See what we're doing out in the community by visiting [BlueKC.com/wellstocked](https://bluekc.com/wellstocked).

5 CHECK ENCLOSED SUMMARY

Total Charges:
\$1,500.00

This is the total amount for claims received for the dates of service 1/1/19 through 1/15/19.

Total Amount Paid by Blue KC:
\$495.00

This is the amount Blue KC paid for the billed services based on your benefits. Please see the claim detail section that follows for more information.

Amount You May Owe:
\$305.00

This is the amount the healthcare provider may bill you because you have a deductible, copay, coinsurance or if perhaps the service was not covered by your insurance plan. A breakdown of your total financial responsibility is shown in the claim detail section that follows.

Here's a look at your NEW Blue KC EOB!

- 1. This is Not a Bill:** Your EOB is documentation of how Blue KC has processed your claim. If you do receive a bill from your provider, you can use your EOB to ensure the amount billed is correct based on your Blue KC coverage.
- 2. Member Information:** Information about you and your insurance coverage. If an out of network claim has been filed, it is clearly noted here.
- 3. Total Number of Claims:** Information about your recent claim(s) within the time period outlined.
- 4. Narrative:** A brief overview of how your claim was processed.
- 5. Summary:** A simple overview to show how your claim is paid. Please review the Claim Details section for further details.

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CLAIM DETAILS

Claim # 19121F32D900

Name of Insured: John Q Patient

Healthcare Provider Name: Your Doctor, MD

Claim Network Status: **OUT OF NETWORK**

Dates of Service	Type of Service	Total Charges	Not Covered/Not Eligible	Reason Code	Blue KC Discount Amount	Covered by Blue KC	Copay	Coinsurance	Applied to Deductible	Blue KC Payment Amount
1/1/19-1/1/19	OMP	\$1,000.00	\$0.00	CC	\$500.00	\$500.00	\$0.00	\$25.00	\$250.00	\$225.00
Totals		\$1,000.00	\$0.00		\$500.00	\$500.00	\$0.00	\$25.00	\$250.00	\$225.00

Amount You May Owe: \$275.00

Claim # 19131A24V872

Name of Insured: John Q Patient

Healthcare Provider Name: Your Doctor, MD

Claim Network Status: **In-Network**

Dates of Service	Type of Service	Total Charges	Not Covered/Not Eligible	Reason Code	Blue KC Discount Amount	Covered by Blue KC	Copay	Coinsurance	Applied to Deductible	Blue KC Payment Amount
1/1/19-1/1/19	OMP	\$500.00	\$0.00		\$200.00	\$300.00	\$0.00	\$30.00	\$0.00	\$270.00
Totals		\$500.00	\$0.00		\$200.00	\$300.00	\$0.00	\$30.00	\$0.00	\$270.00

Amount You May Owe: \$30.00

TYPE OF SERVICE DESCRIPTION

OMP – Outpatient/Office Medical Services, Physician

REASON CODE DESCRIPTION

CC – Choice Plus Contractual Allowance

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

6. **Claim Details:** This area combines critical payment information into one convenient summary. Please review this carefully as it clearly outlines the Blue KC negotiated savings as well as any fees and services for which you are responsible.

7. **Blue KC Discount Amount:** Blue KC has negotiated these savings with providers on your behalf. This is one of the most valuable aspects of having coverage with Blue KC.

8. **Covered by Blue KC:** This is the total of the claim after all discounts and other reductions. Deductible and coinsurance amounts are calculated from this figure.

9. **Copay:** The amount a member must pay each time a specific covered service is received, if your policy includes copayments.

10. **Coinsurance:** The percentage of an allowable charge you must pay for a covered service. Generally, the deductible must be met before your coinsurance applies.

11. **Applied to Deductible:** The portion of the claim being applied to your plan deductible. This amount must be paid by you before benefits become payable by Blue KC.

12. **Blue KC Payment Amount:** This is the amount that Blue KC will pay to the provider or member for the claim.

13. **Annual Usage:** This area documents what your deductible status was at the time the claim was processed. Many times, this information will be outdated by the time you receive an EOB. You can get your most recent and up-to-date deductible information in your member portal at [MyBlueKC.com](https://www.MyBlueKC.com) under the Claims & Usage section.

14. **Savings Provided by Blue KC:** This is the total amount that you have saved as a Blue KC member on this EOB.

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ANNUAL USAGE

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

FAMILY DEDUCTIBLE

A deductible is the amount you pay for covered healthcare services before your insurance plan



\$3,000.00 Total Deductible

\$590.55 Applied to Deductible

\$2,409.45 Remaining to Meet Deductible

FAMILY OUT-OF-POCKET MAX

Out-of-pocket max costs include deductibles, coinsurance, and copayments for covered services.



\$5,000.00 Total Out-of-Pocket Max

\$590.55 Applied to Out-of-Pocket Max



\$4,409.45 Remaining Out-of-Pocket Max

* Some plan designs may not include all copayments in the out-of-pocket accumulation.

14

SAVINGS PROVIDED BY BLUE KC

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

ACCESS YOUR
ACCOUNT.  

Your EOBs are always available in your member portal on [MyBlueKC.com](https://www.MyBlueKC.com), under the Claims & Usage section. You can also sign up for paperless EOBs in the "Communication Preferences" section. Plus download the **MyBlueKC** mobile app to access your EOBs and more anytime, wherever you go.



MYBLUEKC MOBILE APP

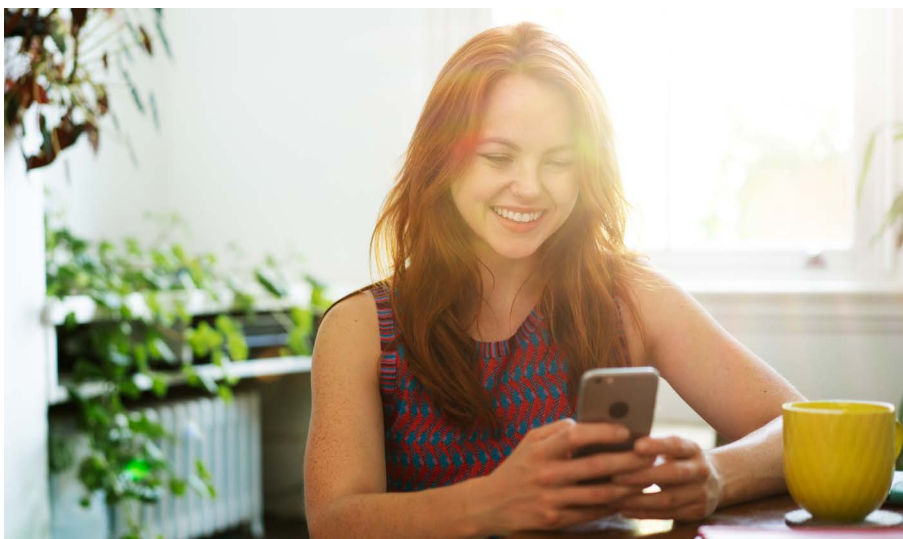
Access your health insurance information anytime, wherever you go

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

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

Registration is simple!

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



THE MYBLUEKC APP PUTS SO MUCH IN YOUR HANDS.

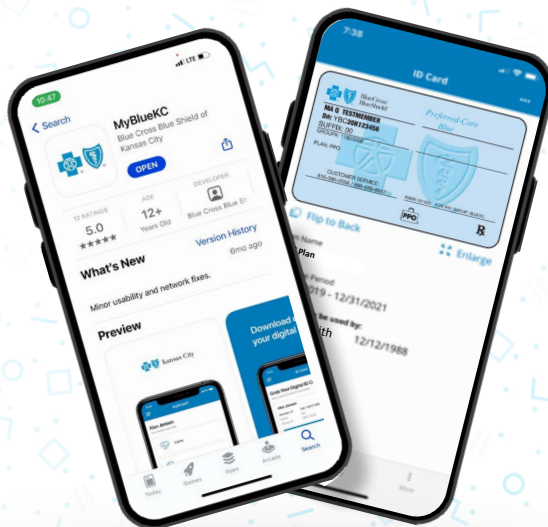
Find doctors and specialists in your network.



Access benefit information about your plan.



View details about your claims.



Download your digital ID card.



Review spending for the current plan year.



Understand costs with a Cost Estimator.

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

Download the
MyBlueKC
MOBILE APP

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



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



FINDING CARE

KNOWING WHERE TO GO FOR CARE STARTS HERE

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



Learn about all of your care options.

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



Primary Care Doctor

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



Virtual Care

Mobile technology makes care more accessible than ever. Now, you can have a video visit with a doctor or behavioral healthcare provider, right from home or wherever you are. All you need is a smartphone, tablet, or computer – and you can either download the Blue KC Virtual Care app or visit [BlueKCVirtualCare.com](https://www.BlueKCVirtualCare.com). **COST \$\$**



Retail Health Clinic

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



Urgent Care

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



Emergency Room/ Community Hospital

Immediate care for life-threatening emergencies. Always go to the emergency room if your health is in danger or call 911. However, for less severe injuries or illnesses, the ER can be expensive and wait times can average over 4 hours. **COST \$\$\$\$\$**

Smaller community/neighborhood hospitals may advertise both "emergency" and "urgent" care. However, emergency room rates are generally charged for any type of visit at these facilities.

COMMON MEDICAL CONCERNS

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

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

GO ONLINE. 

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

FIND A DOCTOR OR HOSPITAL

Estimate Your Medical Costs & Learn Ways to Save

The Blue KC **Doctor and Hospital Finder** with the built-in **Cost Estimator Tool** helps you make more informed decisions about your health.

- Narrow search using filters
- Estimate costs
- Find out networks a provider participates
- Learn about treatment options
- Understand treatment timelines
- Read and write provider reviews
- Compare providers
- Review doctor quality information



START YOUR SEARCH

Log into MyBlueKC.com, select **FIND CARE**, then select **FIND A DOCTOR OR HOSPITAL** to find the most up-to-date search results for doctors, hospitals or other healthcare providers in your network.



Use categories to estimate your medical costs based on procedure or treatment type, plus ways to save!

Costs for procedures - Get cost estimates for medical procedures, such as "MRI," "flu shot" or "eye exam"

Treatment timelines - Search treatment information for long-term medical conditions that include stages of healing, such as "total knee replacement" or "coronary bypass surgery"

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

GET MORE FROM YOUR SEARCH



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

Search by Location - Search by city or ZIP

Search by Plan - Your plan's network should display, but if it does not, you can find your network name at the top of your Blue KC member ID card

Search by Category

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

TO SEARCH AS A GUEST

STEP 1: Visit BlueKC.com

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

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

STEP 4: Select Your Network under the Select a Medical Network dropdown

STEP 5: Set Your Location by Zip Code

STEP 6: Explore Your Options

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

ACCESS YOUR ACCOUNT

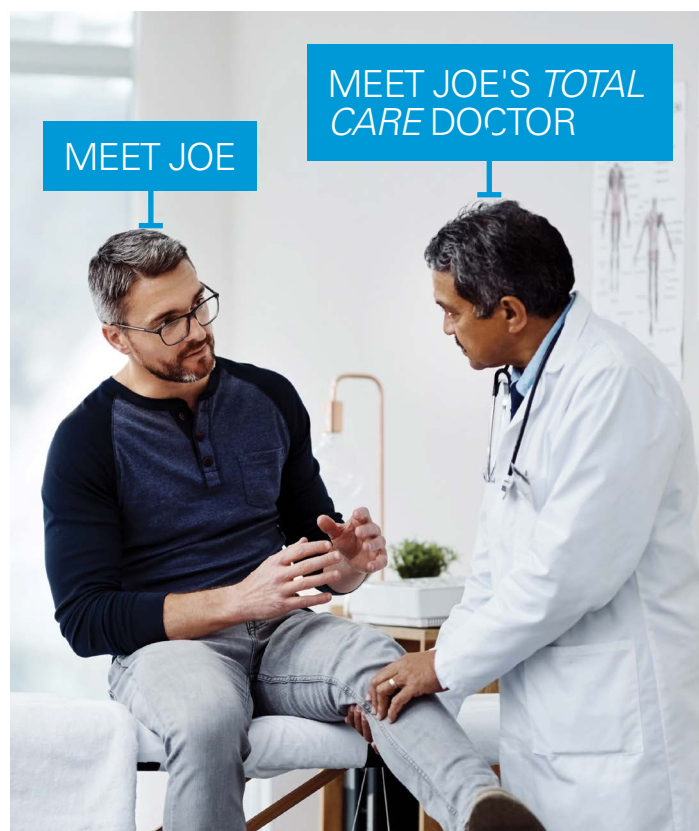


Go to **MyBlueKC.com** or download the **MyBlueKC** mobile app to access your health insurance information anytime, wherever you go.

CHOOSE A DOCTOR WHO IS COMMITTED TO PROVIDING A BETTER EXPERIENCE

FIND A *TOTAL CARE* DOCTOR IN YOUR NETWORK

Total Care by Blue KC is a network of doctors that provide a deeper focus on helping patients get healthy faster—and stay healthy longer.



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

RECEIVES COORDINATED, QUALITY CARE

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

FEELS CONNECTED

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

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

AVOIDS UNNECESSARY CARE

Because Joe's doctors are well connected and informed, they recommend tests and treatments that are evidence-based and appropriate. He gets the right care at the right time and place.

GETS HEALTHY FASTER, STAYS HEALTHY LONGER

With more proactive, more personalized healthcare, Joe is on the right path to getting healthy faster and staying healthy longer. As a result, he ultimately spends less time at the doctor and less money on things like prescriptions, procedures and emergency care.

When you select a *Total Care* provider, you receive quality, comprehensive care when and how you need it.

FIND A TOTAL CARE PROVIDER

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

ACCESS YOUR ACCOUNT.

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

24/7 ACCESS TO VIRTUAL CARE

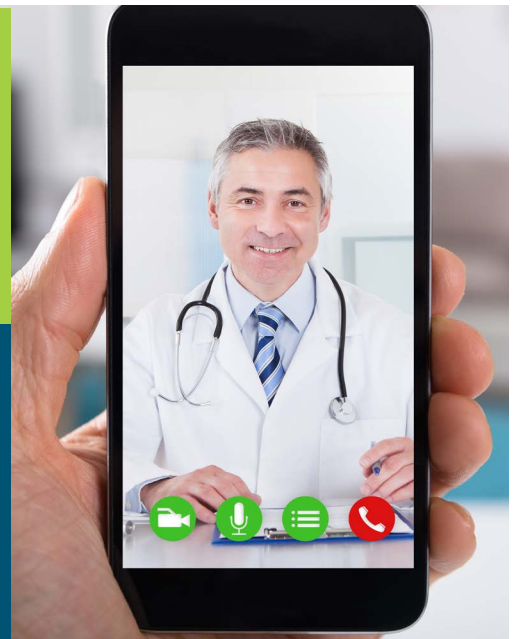
Online or Mobile Doctor Visits

Get care wherever you are for common medical issues

Why use virtual care?

	Short wait times		Connect with your camera phone or computer with camera
	Meet with licensed, U.S. board-certified physicians and behavioral healthcare providers		Get the care you need – including some prescriptions ¹
	Feel safe with private, secure, HIPAA-compliant tool		Save on drive time or office wait time
	Rest assured if you are traveling and need care quick		Pay much less than going to emergency room

- **Urgent or sick care needs** available 24/7
- **Behavioral healthcare needs** by appointment
- **Affordable visits based on your plan's benefits** (costs can vary for behavioral healthcare provider type)



What can be treated?

COMMON MEDICAL ISSUES, SUCH AS:

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

BEHAVIORAL HEALTHCARE ISSUES, SUCH AS:

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

How do I start an appointment?

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



VIRTUAL CARE IS NOT FOR EMERGENCIES

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

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

GO ONLINE. 

Meet with a family doctor or behavioral healthcare provider using your computer or smartphone. Have your Blue KC member ID card handy and download the Blue KC Virtual Care mobile app, or visit **BlueKCvirtualcare.com**.

THE BLUECARD PROGRAM

Across the Country and Around the Globe

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



**Available for Blue KC
PPO & EPO plans only**

TheBlueCard

Now, Home Is Where The Card Is

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

Locate doctors and hospitals

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

- Log into [MyBlueKC.com](https://mybluekc.com)
- Click **Find Care**, then navigate to **Find a Doctor or Hospital**
- Enter **Location** (e.g., "New York, NY") and **search terms** (e.g., "general practice" or "urgent care")
- Using filters, scroll to the **Networks** filter and choose **BlueCard** to narrow results

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

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

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

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

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

[continued on next page](#)

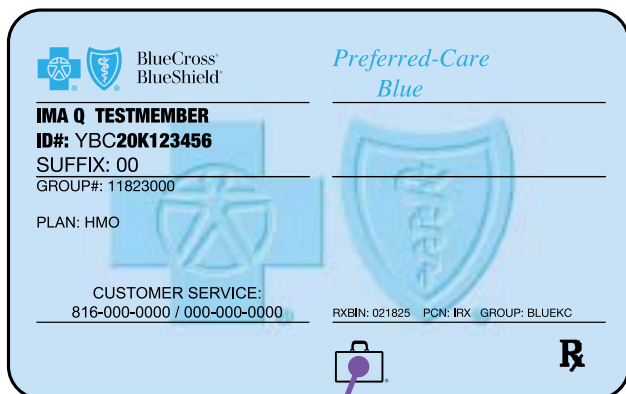
In the United States

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



After you receive care, you should:

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



Around the World



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

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

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

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

In an emergency, go to the nearest hospital.

GO ONLINE.



Traveling in the U.S.? Log into MyBlueKC.com and search for doctors/hospitals based on destination and the BlueCard network.

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



GETTING THE MOST OUT OF YOUR PREVENTIVE CARE

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



From immunizations to routine check-ups to cancer screenings, getting the best healthcare means making smart decisions about routine preventive care services that can help keep you healthy.

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

Four helpful tips when receiving routine preventive care:

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

Important things to keep in mind:

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

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

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

GO ONLINE. 

Visit [BlueKC.com/preventive](https://www.bluekc.com/preventive) to find a listing of routine preventive care services that may be covered by your plan.

KNOW WHAT CARE REQUIRES APPROVAL

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

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

When Authorization is Required

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

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

When Authorization is NOT Required

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

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

Requesting Prior Authorization

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

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

Information Needed

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

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

When Authorizations are Approved

- When the service has been approved, an authorization number will be faxed or a call placed to the ordering physician or facility.
- It's the responsibility of the ordering physician or facility to complete the pre-service authorization process for your scheduled medical procedure. They can obtain verification by emailing prior_auth@bluekc.com.
- **IMPORTANT!** Authorization from Blue KC does not guarantee claim payment. Services must be covered by your health plan and you must be eligible at the time services are rendered. Claims submitted for unauthorized procedures are subject to denial.

When Authorizations are Denied

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

GO ONLINE. 

Visit [BlueKC.com/priorauth](https://www.bluekc.com/priorauth) to log into your member portal and find a comprehensive list of services that require prior authorization.

PRIOR AUTHORIZATION FOR HIGH-TECH IMAGING

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

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

When Authorization is Required

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

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

When Authorization is NOT Required

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



Requesting Prior Authorization

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

Information Needed

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

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

When Authorizations are Approved

When the service has been approved, an authorization number will be faxed to the ordering physician and requested facility. **eviCore**

will approve the specific facility performing the imaging study and the CPT code or codes for diagnostic imaging. Your physician should contact **eviCore** for changes to the facility.

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

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

When Authorizations are Denied

Should a service be denied, **eviCore** will notify the ordering physician/facility via fax, and will contact you in writing to provide a rationale for the determination within one working day of decision. This communication sets forth the appeal options per current state policy. **eviCore** also offers the ordering physician a consultation with an **eviCore** Medical Director prior to denying a request. Your provider can perform a peer-to-peer consultation up until the anticipated date of service. However, if your case is 60 days or older, your provider will be required to start a new case with **eviCore**.





PHARMACY BENEFITS

MAKE THE MOST OF YOUR PHARMACY BENEFITS



We know how important your pharmacy benefits are to you. Blue KC, together with Pharmacy Benefit Manager (PBM), provides safe, easy and cost-effective ways for you to get the medication you need.

Let's get started making the most of your pharmacy benefits. You have several ways to fill prescriptions. Each option offers convenient services to help you make the most of your pharmacy plan. Here's what you need to know about each:



RETAIL NETWORK

You have access to fill your prescriptions at thousands of retail pharmacies and many national drug stores, supermarkets and large retailers.



HOME DELIVERY

Our home delivery program can save you time and money by delivering maintenance medications directly to your home. Learn more on the next page.



SPECIALTY PHARMACY

Our specialty pharmacy can help you manage your chronic conditions and specialty therapies. Learn more about these benefits on the next page.

ACCESS YOUR ACCOUNT.

Go to **MyBlueKC.com** or download the **MyBlueKC mobile app** to find your Prescription Drug List (PDL) which lists the prescriptions covered by your plan.

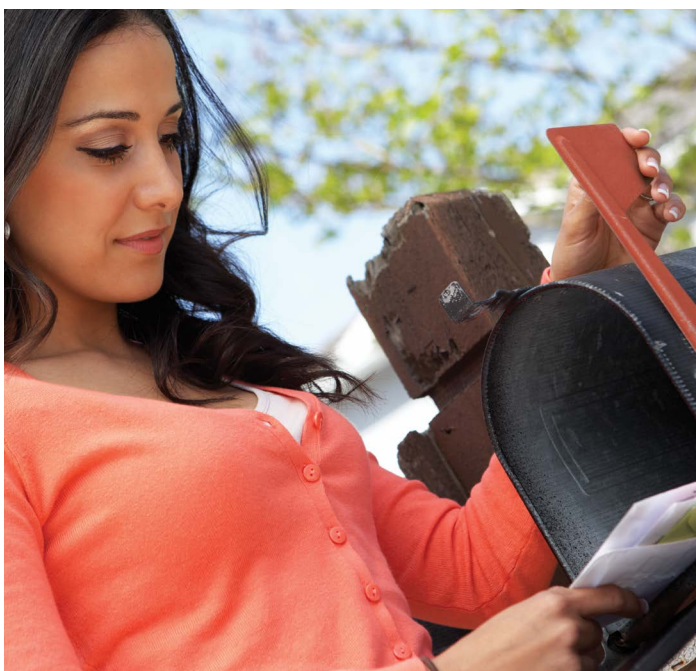
NOTE: The app makes it even easier to always have access to your member ID card, which includes your pharmacy information.

GET STARTED

Log into your pharmacy benefits account by following these easy steps:

- Log into [MyBlueKC.com](https://www.mybluekc.com).
- Click [Plan Benefits](#) on the left and then select [Pharmacy Plan Info](#).
- From that screen click the [View Your Pharmacy Benefits](#) button to be redirected to the our PBM's site.
- Once you're redirected to the our PBM's homepage, you can **enroll in home delivery**, **find a network pharmacy**, **check medication coverage** and much more.

Use the same credentials that you use on **MyBlueKC.com** to access the **MyBlueKC mobile app**. Find **Pharmacy Benefits** on the app under **Plan Benefits & Coverage Information**.



HOME DELIVERY

Follow the instructions above to enroll in our home delivery program and have a three-month supply of maintenance medication (those you take regularly) delivered directly to your home. Here's what else this program can offer:

- **Cost Savings** – You may pay less for your medication with a three-month supply through home delivery.
- **Convenience** – Get free standard shipping on medications delivered to your mailbox.
- **24/7 Access and Reminders** – Speak to a pharmacist who can answer your questions any time, any day.



SPECIALTY PHARMACY

Specialty medications can be important to maintaining or improving your health and quality of life. If you take a specialty medication, our specialty pharmacy can help by providing resources and personalized, therapy-specific support. Here are just a few of the support services available to you:

- Access to your medications at the lowest cost.
- 24/7 access to personalized patient care from knowledgeable pharmacists and nurses who specialize in your condition.
- Proactive refill reminders with timely delivery and shipping in confidential packaging.

PHARMACY HELP

- **GENERAL QUESTIONS OR ASSISTANCE:** Call Pharmacy Customer Service at the number listed on your member ID card, Monday through Friday, from 8 a.m. to 5 p.m. Central Time with any questions. Our Pharmacy Benefit Manager's customer service team is available to answer your questions after hours.
- **HOME DELIVERY ASSISTANCE:** 1-844-579-7774
- **SPECIALTY MEDICATION ASSISTANCE:** 1-855-427-4682

USE RX SAVINGS SOLUTIONS TO SAVE ON PRESCRIPTIONS

Yes, there's something you can do about prescription costs.

Rx Savings Solutions is a secure, online tool that helps you find ways to save money on your prescription drugs. Your health plan offers this service free of charge to all members and their dependants enrolled in medical benefits.

This is how it should be...



SELECTION

Discover all the options available to treat your condition and compare them to your current prescription(s).



PRICE

Know exactly what a medication costs, if your plan covers it, and the impact on your deductible.



CONVENIENCE

Never miss a savings opportunity, even in the doctor's office, and request a lower-cost prescription in just a few clicks.



ASSISTANCE

If you have a savings opportunity, the experienced Rx Savings staff can work directly with your doctor to help you make safe changes and start saving quickly!

This is how you can save...



SAME DRUG, DIFFERENT FORM

Believe it or not, a capsule might cost more than a tablet or liquid form - or vice versa. You never know, but now you will.



DIFFERENT DRUG, SAME TREATMENT

There is usually more than one medication available to treat a medical condition. We show you all of them, along with their costs.



SAME INGREDIENTS, DIFFERENT PILLS

If a drug has two active ingredients, the price can skyrocket! Take the active ingredients separately at the same time for the same treatment at a lower cost.



SAME ACTIVE INGREDIENT, LOWER PRICE

If a generic is available, we'll find it. If there is more than one option, you'll know exactly what each one costs.

START SAVING WITH RX SAVINGS SOLUTIONS.

- Log into [MyBlueKC.com](https://mybluekc.com) and select: Plan Benefits → Pharmacy Plan Info → Spend Less on Prescription Drugs (or use the quick link: myrxss.com/bluekc).
- See your current savings opportunities or search any medication for savings. You can also view your prescription history and share with your doctors.
- If you have a savings opportunity, talk to your doctor or pharmacist to discuss your options.

OR

- Rx Savings Solutions' experienced pharmacists can work directly with your doctor or pharmacist to make safe changes that save you money. Call Blue KC Customer Service at the number found on your member ID card for assistance.
- Receive notifications when new savings opportunities are available.

GO ONLINE! 

START SAVING!

Go to [MyBlueKC.com](https://mybluekc.com) to log in and access your pharmacy benefits and Rx Savings Solutions (or use quick link: myrxss.com/bluekc). If you have a savings opportunity Rx Savings Solutions can help make changes with your doctor.



LIVING HEALTHY



MINDFUL BY BLUE KC

Behavioral health services for the whole you.



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

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

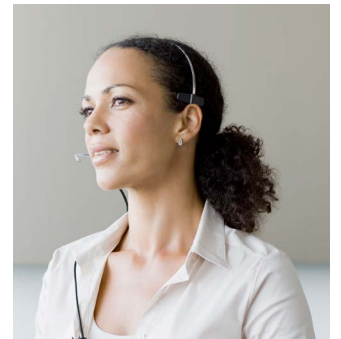
Mindful by Blue KC is a program that works to reduce the stigma surrounding behavioral health. It makes care more accessible and affordable, so you get the care you need.

It all starts with the Mindful Advocate

Our licensed behavioral health clinicians will match you to providers and guide your care plan.

A Mindful Advocate is your single point of contact for:

- Listening
- Navigating care
- Crisis management
- Benefits guidance
- Connecting you to care
- Follow-up



MINDFUL BY BLUE KC SERVICES



Get help with major life events.



Have live chat therapy sessions.



Schedule a video visit via the **Blue KC Virtual Care** app.



Connect to immediate care in event of a crisis.

Your Mindful by Blue KC Well-Being Resources include **three visits** (face-to-face, virtual, by phone, etc.) **per issue, at no cost.**

GO ONLINE.  OR CALL. 

To learn more, visit **MindfulBlueKC.com**. Talk with a Mindful Advocate 24 hours a day, 7 days a week. Call **833-302-MIND** (6463). Or call the behavioral health number on the back of your member ID card.

A HEALTHIER YOU™

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

The A Healthier You™ program gives you convenient online and mobile access to wellness tools that you can use to live your healthiest life. Plus, the more you visit, the more chances you'll have to win gift cards to some popular retailers.

TWO ways to connect



Log into MyBlueKC.com

Visit your A Healthier You portal from your computer using Google Chrome, then click on Health & Wellness.



Download the App

Go to your app store, then search for Blue KC A Healthier You app.



Scan this code or visit the app store to download the app to your favorite device.



With every tap, create a healthier you



TAKE YOUR HEALTH RISK ASSESSMENT.



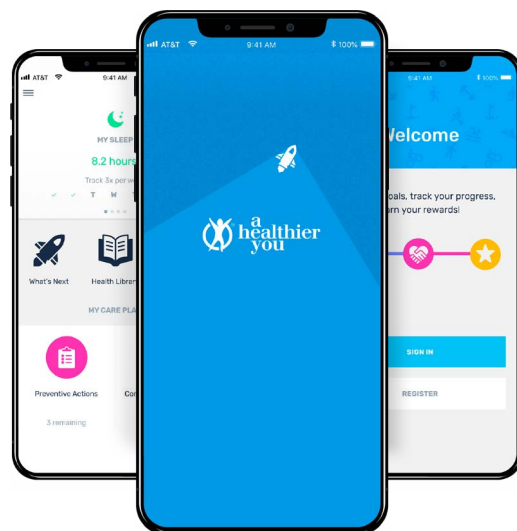
CONNECT A DEVICE TO TRACK YOUR STEPS, SLEEP, NUTRITION AND MORE.



GET REMINDERS FOR PREVENTIVE EXAMS.



COMPLETE HEALTH ACTIONS TO EARN POINTS TO ENTER MONTHLY SWEEPSTAKES.



GO ONLINE. 

For a closer look at A Healthier You, download the Blue KC A Healthier You app, or visit your A Healthier You portal on MyBlueKC.com – your healthy place for wellness support and helpful digital tools.



A HEALTHY START FOR MOTHERS AND BABIES

Stay healthy during pregnancy and beyond.

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

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

Once your baby arrives, **make sure they are added to your health plan by calling the Customer Service number** on your member ID card. You must add your baby to your plan within 30 days of birth.¹



Motherhood deserves a 24/7 Mindful Advocate

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

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

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

³ Find the provider listing on MyBlueKC.com under Health Programs, then the Pregnancy tab.



Breast pump benefit

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

GO ONLINE.  OR CALL. 

For more information, go to **MyBlueKC.com**, click *Health Programs*, then the *Pregnancy* tab. For questions about your maternity benefits, call the Customer Service at the number on your member ID card.



BLUE365®

Save money, live healthy, year 'round.

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

With Blue365®, great deals are yours for every aspect of your life - like 20% off at Reebok.com, discounted products through Jenny Craig or a gym membership for only \$25 a month.

CHECK OUT THESE DISCOUNTS FROM TOP BRANDS



GO ONLINE. 

To take advantage of all the savings, all you have to do is sign up at **Blue365deals.com/BlueKC**.

LIFESTYLE PROGRAM BENEFIT

Lose weight and feel your best.



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

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



Pick the right program for you

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



Get free digital tools!

After you qualify and are matched to a lifestyle program, we'll send a **smart scale** within a week (digital programs only) and an **activity tracker** after 4 weeks.*



It's a covered benefit – that means no cost!

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

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

GO ONLINE. 

Find out if you qualify: Take a 1-minute quiz at Solera4me.com/BlueKC.

DIABETES SELF-MANAGEMENT

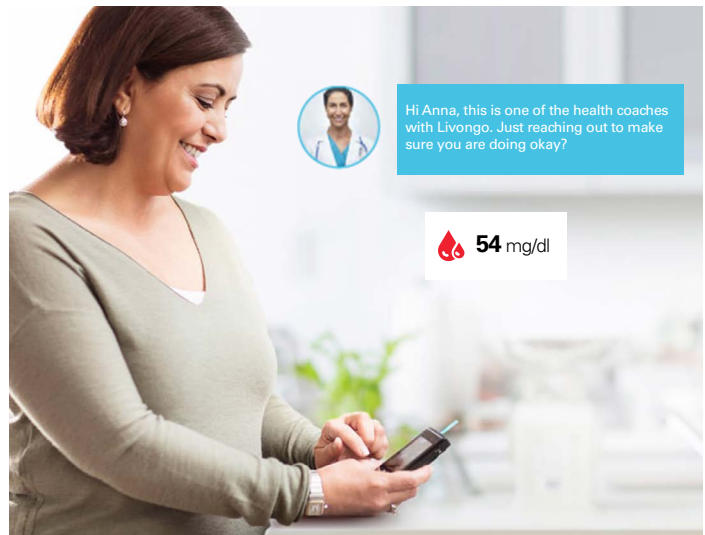
Unlimited strips and unlimited lancets, all for free.

For members of participating employers only

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

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

- Personalized tips with each blood glucose check
- Send a health summary report directly from your meter
- Optional family alerts keep everyone in the loop
- Reorder strips right from your meter
- Real-time support when you're out of range
- Automatic uploads mean no more paper logbooks



GO ONLINE.  OR CALL. 

Two ways to sign up: join.livongo.com/BlueKC/register use code **BlueKC**. Or call (800) 945-4355.

CHRONIC CONDITION MANAGEMENT

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

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

You're not alone on your health journey

Count on our dedicated, in-house registered nurses for specialized support and care reminders to keep you on track. As part of this program, our nurses can assist with your care plan, answer questions, and provide support and encouragement.



Call on Blue KC's team of in-house registered nurses to learn more if you have one of the following conditions:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Heart Disease
- Heart Failure
- High Blood Pressure
- Metabolic Syndrome

CALL. 

If you've been diagnosed with a chronic condition and would like immediate support, contact our team of chronic condition clinical professionals. Call **816-395-2076** or toll free **1-866-859-3813**.

COMPLEX MEDICAL CASE MANAGEMENT

Answers and support in life's toughest moments.



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



Traumatic Brain Injury

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



Transplant Surgery Program

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



High-Risk Maternity

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

CALL.  OR EMAIL. 

We will be there when you need us. If you'd like more information about the Blue KC complex medical case management program, call **816-395-2060** or toll-free **1-800-892-6116**. You can also email our specialized team at Care_Management@BlueKC.com.



ONCOLOGY

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



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

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

A single point of contact to connect the dots:



CALL.  **OR EMAIL.** 

We are here for you. If you would like more information about the Blue KC Oncology program and support, call **816-395-2060** or toll-free **1-800-892-6116**. You can also email our specialized team at **Care_Management@BlueKC.com**.

TRANSITIONS OF CARE PROGRAM

Navigating a complex healthcare system can be challenging.



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

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



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

CALL.  OR EMAIL. 

For more information on the Transitions of Care program, call **816-395-2060** or toll-free **1-800-892-6116**. You can also email our specialized team at Care_Management@BlueKC.com.

ADVANCED ILLNESS PROGRAM

Care that's deeply personal and highly respected.

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

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

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



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



CALL.  OR EMAIL. 

For more information about the Advanced Illness program, call **816-395-2060** or toll-free **1-800-892-6116**. You can also email our specialized team at Care_Management@BlueKC.com.





MORE INFORMATION

IMPORTANT INFORMATION ABOUT YOUR PLAN

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

About your Benefit Summary

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

Member Rights and Responsibilities

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

You have the right to:

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

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

You have the responsibility to:

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

How to Obtain Care After Hours

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

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

Online (Website) Security Policy

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

About Utilization Management

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

Prior Authorization

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

Concurrent Review

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

Retrospective Review

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

Case Management

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

Prescription Drug Benefit

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

About our Networks and Providers

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

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

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

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

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

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

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

About “Waiver of Coverage”

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

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

About Coverage Exclusions and Limitations

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

About Mandated Benefits and Notifications

Women's Health and Cancer Rights Act

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

Newborns' and Mothers' Health Protection Act Notice

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

Summary of Benefits and Coverage Notice

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

Newborn Coverage for Employer-Sponsored Health Plans

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

About Getting Answers

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

- *Blue KC offers TDD/TTY services for deaf, hard of hearing, and speech impaired members. Dial 816-842-5607 to reach a telecommunications device. Blue KC provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and providing written information in other formats (large print, audio, accessible electronic formats and other formats).*
- *Blue KC provides language assistance to members who do not speak English that allows communication with Blue KC staff regarding covered benefits. By placing a call to the Customer Service number provided on your ID card, arrangements will be made by the representative taking your call to provide translation services as needed to successfully provide requested information.*

Thank you for allowing Blue KC to serve you.

BLUE CROSS AND BLUE SHIELD OF KANSAS CITY

PRIVACY PRACTICES NOTICE

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

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

Summary of Our Privacy Practices

We may use and disclose your personal and medical information, (medical information includes data submitted by providers, lab results and other health care or wellness programs you elect to participate in) without your permission, for treatment, payment, and health care operations activities. We may use and disclose your personal and medical information, without your permission in support of efficient operation of a health insurance marketplace (e.g., qualified health plan application assistance), when required or authorized by law for public health activities, law enforcement, judicial and administrative proceedings, research, and certain other public benefit functions. To facilitate the above described uses and disclosures of your information, we may participate in an information network or exchange that involves other health plans or healthcare providers.

We may disclose your personal and medical information to your family members, friends, and others you involve in your enrollment, health care, or payment for your health care. We may disclose your medical information to appropriate public and private agencies in disaster relief situations.

We may disclose to your employer whether you are enrolled or disenrolled in the health plans it sponsors. We may disclose summary health information to your employer for certain limited purposes. If you are

enrolled in an employer sponsored group health plan, we may disclose your medical information to your employer to administer your group health plan if your employer explains the limitations on its use and disclosure of your medical information in the plan document for your group health plan. We will not otherwise use or disclose your personal and medical information without your written authorization.

We protect oral, written and electronic information through policies regarding acceptable use of our systems and protection of member data, training on appropriate safeguards and technical solutions that control access to and limit exposure of member data..

You have the right to examine and receive a copy of your personal and medical information. You have the right to receive an accounting of certain disclosures we may make of your personal and medical information. You have the right to request that we amend, further restrict use and disclosure of, or communicate in confidence with you about your personal and medical information.

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

Contact Information

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

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

Contact Office: Privacy Office

Blue Cross and Blue Shield of Kansas City

P. O. Box 417012

Kansas City, MO 64141

Telephone: 816-395-3784 or toll free at 1-800-932-1114

Fax: 816-395-2862 E-mail: privacy@bluekc.com

Organizations Covered by this Notice

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

Blue Cross and Blue Shield of Kansas City

Blue-Advantage Plus of Kansas City, Inc.

Good Health HMO, Inc.

Missouri Valley Life and Health Insurance Company

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your personal and medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information.

We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect July 7, 2017 and will remain in effect unless we replace it.

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

Uses and Disclosures of Your Medical Information

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

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

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

- health care quality assessment and improvement activities;
- reviewing and evaluating health care provider and health plan performance, qualifications and competence, health care training programs, health care provider and health plan accreditation, certification, licensing and credentialing activities;

- conducting or arranging for medical reviews, audits, and legal services, including fraud and abuse detection and prevention;

- underwriting and premium rating our risk for health coverage, and obtaining stop-loss and similar reinsurance for our health coverage obligations (although we are prohibited from using or disclosing any genetic information for these underwriting purposes); and

- business planning, development, management, and general administration, including customer service, grievance resolution, claims payment and health coverage improvement activities, de-identifying medical information, and creating limited data sets for health care operations, public health activities, and research.

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

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

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

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

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

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

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

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

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

Health-Related Products and Services: Where permitted by law, we may use your medical information to communicate with you about health-related products, benefits and services, and payment for those products, benefits and services that we provide or include in our benefits plan. We may use your medical information to communicate with you about treatment alternatives that may be of interest to you.

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

Public Health and Benefit Activities: We may use and disclose your medical information, without your permission, when required by law, and when authorized by law for the following kinds of public health and public benefit activities:

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

Uses and Disclosures of Your Personal Information

Where permitted by law, we may use your personal information to communicate with you and certain state/federal government agencies: (1) in support of efficient operation of a health insurance marketplace (e.g., qualified health plan application assistance); (2) about health-related products, benefits and services; and (3) about payment for those products, benefits and

services that we provide or include in our benefits plan. We may use your personal information to communicate with you about the health care providers in our networks, replacement of or enhancements to your health plan, and health-related products or services that are available only to our enrollees that add value to our benefits plans.

Your Rights

If you wish to exercise any of the rights set out in this section, you should submit your request in writing to our Privacy Office. You may obtain a form by calling Customer Service at the phone number on the back of your ID card to make your request.

Access: You have the right to examine and to receive a copy of your personal and medical information, with limited exceptions. This may include an electronic copy in certain circumstances if you make this request in writing.

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

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

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

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

We may deny your request only for certain reasons. If we deny your request, we will provide you a written explanation. If we accept your request, we will make your amendment part of your medical information and use reasonable efforts to inform others of the amendment who we know may have and rely on the unamended information to your detriment, as well as persons you want to receive the amendment.

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

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

We will accommodate your request if it is reasonable, specifies the means or location for communicating with you, and continues to permit us to collect premiums and pay claims under your health plan. Please note that an explanation of benefits and other information that we issue to the subscriber about health care that you received for which you did not request confidential communications, or about health care received by the subscriber or by others covered by the health plan in which you participate, may contain sufficient information to reveal that you obtained health care for which we paid, even though you requested that we communicate with you about that health care in confidence.

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

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

Complaints

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

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

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, 816-395-6340 (local), 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 1-844-395-7126.

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 1-844-395-7126.

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 1-844-395-7126。

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 1-844-395-7126.

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 1-844-395-7126 an.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 [Blue KC]에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-395-7126 로 전화하십시오.

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 1-844-395-7126.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue KC ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-395-7126.

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 1-844-395-7126.

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 1-844-395-7126.

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 1-844-395-7126.

Laotian: ຖ້າທ່ານ, ຫຼື ຄົນ ທ່ານ ກຳລັງ ຊ່ວຍ ເຫຼືອ, ມີ ອຳນາດ ຖາມ ວຽກ ກ່ຽວ ກັບ Blue KC, ທ່ານ ມີ ສິດ ຄູ່ ທາງ ລະ ໄດ້ ຮັບ ການ ຊ່ວຍ ເຫຼືອ ອະ ລະ ັ ຂ ມູ ນ ຂໍ າ ວ ສານ ທີ່ ບໍ່ ມີ ນາ ສາ ຂອງ ທ່ານ ບໍ່ ມີ ຄ່ າ ໃ ຊ າ ຈ າ ຍ. ການ ໂອ ລົມ ກັບ ນາ ຍາ ພາ ສາ, ໃ ຫ ໃ ທ ຫາ 1-844-395-7126.

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 1-844-395-7126 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 1-844-395-7126. 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 1-844-395-7126 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 1-844-395-7126.

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



ADDITIONAL RESOURCES



Connect With Us

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



Blue KC Is Here To Help

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

Provider Directory

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

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



2301 Main Street | Kansas City, MO 64108
1-888-989-8842 | [BlueKC.com](https://www.BlueKC.com)