2027 INDIVIDUAL & FAMILY

Preferred-Care Blue Plans

From everyday wellness to life's unexpected moments, you'll have the coverage and support you can trust—plus access to care whenever it's needed. In this guide, you will find plan details for **rural county residents**.



Kansas City



Blue KC Preferred-Care Blue Rural Plans

You're eligible for a Blue Cross and Blue Shield of Kansas City (Blue KC) Preferred-Care Blue plan if you live in one these rural counties.

Missouri

Andrew	Grundy
Atchison	Harrison
Bates	Henry
Benton	Holt
Buchanan	Livingston
Caldwell	Mercer
Carroll	Nodaway
Cass	Pettis
Clinton	Saline
DeKalb	St. Clair
Daviess	Vernon
Gentry	Worth

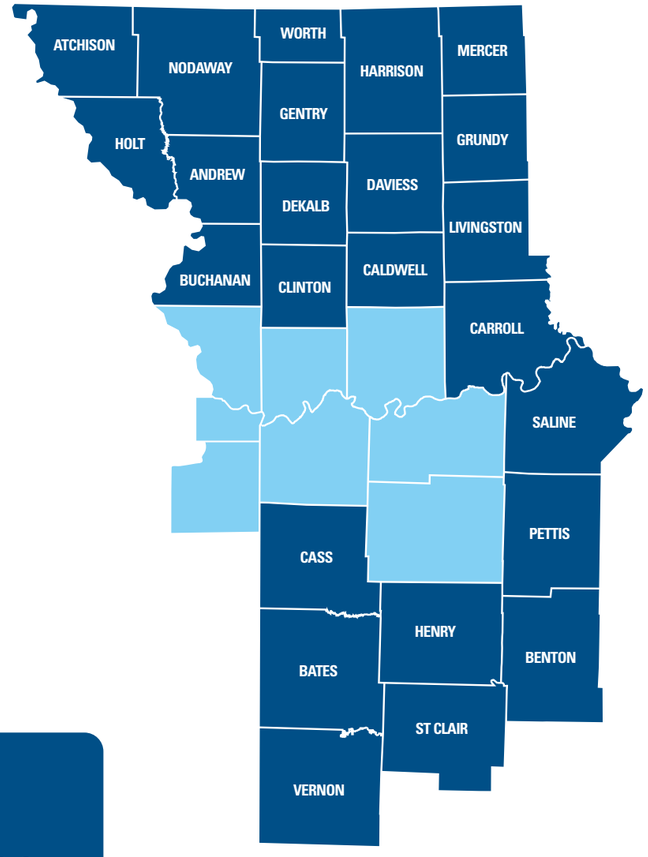


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2027 Individual & Family Plans

Blue KC is proud to offer a range of plan options to fit your health and lifestyle needs.

Here are some ways that could help lower your healthcare costs:

- All in-network cost-sharing (copays, deductibles and coinsurance) goes toward the out-of-pocket maximum.
- In-network preventive services are covered 100%.
- Plans that offer exclusive access to Spira Care have $0 copays for visits. This includes any related lab or X-ray services.
- See page 7 to find out if you qualify for financial assistance to help cover the costs of your health plan and healthcare.
- Virtual Care options let you consult with a doctor safely and comfortably from home.

Please visit BlueKC.com to learn more. For personal service, contact your broker or call Blue KC at 833-957-7956.



Levels of Coverage

To make it easy for you to shop and compare coverage for Individual & Family Plans—offered in or outside of the Health Insurance Marketplace—benefits are displayed within a designated level. These are known as "metal levels."

The metal levels are Platinum, Gold, Silver, and Bronze. Generally, premiums are highest for Platinum and Gold plans and you pay less in deductibles, coinsurance and copays. Premiums are generally lowest with Bronze plans and you pay more in deductibles, coinsurance and copays.

Blue KC offers Gold, Silver, and Bronze plans so you can choose a plan that best meets your needs. For example, a Gold plan may be right for someone who uses more healthcare services. If you use services less frequently, you may save money with a Bronze plan. Silver plans offer a balance of premiums and cost-sharing.

Gold Plans
pay 80% of covered costs on average

Silver Plans
pay 70% of covered costs on average

Bronze Plans
pay 60% of covered costs on average

2027 ACA Individual & Family Plans

	GOLD	SILVER			BRONZE	
	Standard Gold	Standard Silver	First Silver	Community Silver	Standard Bronze	First Bronze
Networks	Preferred-Care Blue (24 Rural counties)	Preferred-Care Blue (24 Rural counties)	Preferred-Care Blue (24 Rural counties)	Preferred-Care Blue (24 Rural counties)	Preferred-Care Blue (24 Rural counties)	Preferred-Care Blue (24 Rural counties)
Service Area	Rural	Rural	Rural	Rural	Rural	Rural
Spira Care Access	⊗	⊗	⊗	⊗	⊗	⊗
Spira Care Visits	X	X	X	X	X	X
Single Deductible	$2,500	$6,400	$5,500	$6,900	$7,500	$9,900
Family Deductible	$5,000	$12,800	$11,000	$13,800	$15,000	$19,800
Coinsurance	25%	40%	40%	40%	50%	50%
Single OOP Max	$8,600	$10,300	$8,800	$8,550	$12,000	$12,000
Family OOP Max	$17,200	$20,600	$17,600	$17,100	$24,000	$24,000
Virtual Care and Behavioral Health Therapy	$30	$40	$0[2]	$0	$50	$0[2]
PCP Network Visits[1]	$30	$40	$30	$40	$50	$50
Urgent Care	$45	$60	3@$100/40% after Ded[4]	$90	$75	3@$125/50% after Ded[4]
Specialist Visits	$60	$80		$90	$100	
Hospital	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Emergency Room						
Prescription Drugs[3] **- Walgreen's Value Network**						
Low-Cost Generic	$15	$20	$5	$5	$25	$5
Generic	$15	$20	$20	$20	$25	$30
Preferred	$30	$40	$75 after Ded	$75 after Ded	$50 after Ded	$125 after Ded
Non-preferred	$60	$80 after Ded	$140 after Ded	$140 after Ded	$100 after Ded	$325 after Ded
Generic & Preferred Specialty	$250	$350 after Ded	50% after Ded	50% after Ded	$500 after Ded	50% after Ded
Non-preferred Specialty	$250	$350 after Ded	50% after Ded	50% after Ded	$500 after Ded	50% after Ded

Ded = Deductible
Coins = Coinsurance
Plans available both on and off exchange.
All BlueSelect plans offered in the 8 METRO counties.
Bronze plans are eligible to have an HSA.
Blue KC does not offer an HSA; members can obtain separately.

[1] Primary Care Physicians (PCP) include General Practice, Family Practice, Internal Medicine and Pediatrics.
[2] Virtual care visits do not accrue toward visit limit count when using a Blue KC virtual provider.
[3] Drug coverage provides for up to a 34-day supply.
[4] Copay for the FIRST THREE visits combined for Specialist and Urgent Care, then subject to deductible and coinsurance.

Enjoy Easy Access to Local Providers

As a Blue KC plan member, you'll have access to a large network of doctors, hospitals, medical centers, and more. That makes it easy to get the care you need, when you need it.

Preferred-Care Blue Network

Includes providers in the 24 rural counties (see map inside cover). Includes 50 in-network hospitals and approximately 6,200 in-network physicians. To see if your doctor is in our network or to get information about an in-network provider, use our online **Doctor & Hospital Provider Finder** by going to **BlueKC.com** and clicking "Find Care."

Pharmacy Network

- Walgreen's Value Network
- Price Chopper
- Hy-Vee
- Sam's Club
- Walmart

Exclusive Provider Organization (EPO) Designs

All of our plans are EPOs, which give you a balance of cost savings and flexibility.

Blue KC negotiates with providers to help keep coverage affordable while also ensuring access to healthcare services. You must receive services from in-network providers, except in an emergency.

Non-emergency services received from out-of-network providers will not be covered.

You do not need to designate a primary care physician or get referrals to see specialists or other healthcare providers.

Cost-Sharing Reductions

When you apply for Blue KC coverage through the Health Insurance Marketplace, you may be eligible to receive an additional level of savings called Cost-Sharing Reductions (CSRs).

CSRs are discounts that lower the amount you have to pay for deductibles, copayments, and coinsurance. CSRs are often called "extra savings" and are only available on Silver plans.

What your reduced costs could be with CSRs:

Federal Poverty Level		
100% – 150%	**151% – 200%**	**201% – 250%**
Most financial assistance and cost-sharing.	Medium financial assistance and cost-sharing.	Least financial assistance and cost-sharing.

With CSRs you save on:

- Single/Family Deductible
- Coinsurance
- Single/Family Out-of-Pocket Maximum
- Virtual Care
- PCP Visits
- Urgent Care
- Specialist Visits
- Hospital
- Emergency Room
- Prescription Drugs

You May Be Eligible For Financial Assistance

Financial Income/Household Size Eligibility Chart*

Household/ Family Size	2025 Federal Poverty Level for the 48 Contiguous States (Annual Income)						
	100%	133%	138%	150%	200%	300%	400%
1	$15,960	$21,227	$22,025	$23,940	$31,920	$47,880	$63,840
2	$21,640	$28,781	$29,863	$32,460	$43,280	$64,920	$86,560
3	$27,320	$36,336	$37,702	$40,980	$54,640	$81,960	$109,280
4	$33,000	$43,890	$45,540	$49,500	$66,000	$99,000	$132,000
5	$38,680	$51,444	$53,378	$58,020	$77,360	$116,040	$154,720
6	$44,360	$58,999	$61,217	$66,540	$88,720	$133,080	$177,440
7	$50,040	$66,533	$69,055	$75,060	$100,080	$150,120	$200,160
8	$55,720	$74,108	$76,894	$83,580	$111,440	$167,160	$222,880
Each person over 8, add	$5,680	$7,554	$7,838	$8,520	$11,360	$17,040	$22,720

Source: https://www.medicaidplanningassistance.org/federal-poverty-guidelines

Save More

As a Blue KC member, you have access to valuable programs designed to help you save money, stay healthy, and enjoy exclusive perks.



Rx Savings Solutions

This program can help you lower your pharmacy costs by automatically searching for the lowest prices on prescription drugs. If a price is lower than the standard pricing used by Blue KC's pharmacy benefits manager, you'll receive an alert to notify you of the potential savings.

Rewards Program

Get rewarded for taking care of your health. Eligible members qualify to earn a $25 digital gift card for completing their annual preventive visit. Members can also earn an additional $25 digital gift card for completing their Health Risk Assessment (HRA). To complete both, members must be registered at **BlueKC.com/ACARewards**.

Blue365®

Members can take advantage of exclusive deals and discounts on health and lifestyle products and services. Simply register and shop online at **Blue365Deals.com/BlueKC**. Blue365 offers discounts on:

- Gym memberships
- Eyewear and contacts
- Healthy meal programs
- Travel
- Apparel and footwear
- Personal care
- Smartwatches
- And more!

Virtual Care

Get the healthcare you need from the safety and comfort of home. Services include 24/7 Virtual Care visits and scheduled behavioral health therapy. Members can connect anywhere using the Blue KC Virtual Care app (download in your phone's app store) or online at **BlueKCVirtualCare.com**. In-network providers may also offer virtual visits.

Stay Healthier

Your Blue KC membership gives you access to care and support designed to fit your life.



Chronic Condition Management

Blue KC's chronic condition management program provides members with chronic health condition access to resources and one-on-one support. Tools and resources include educational reminders, online tips and clinical support. Members with these conditions are automatically enrolled:

- Asthma
- Heart Failure
- COPD
- High Blood Pressure
- Depression
- Metabolic Syndrome
- Diabetes
- Stress and Anxiety
- Heart Disease

Care Management App

Connect with our local KC Care team to help you manage your conditions, receive maternal health support, manage pain, and more. Download the app by searching Blue KC Care Management in your app store.

Behavioral Health

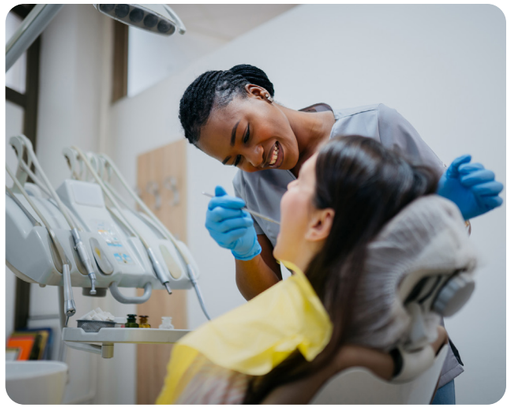
Blue KC is thinking differently about coverage and care, enhancing the behavioral health services provided in member health plans. Mindful by Blue KC is a behavioral health initiative dedicated to reducing the stigma around behavioral health, while making behavioral healthcare accessible and affordable.

Stand-Alone Dental Plans

Good dental health is important to your overall well-being.

Blue KC offers comprehensive Individual & Family Dental plans at affordable prices.

- $0 in-network preventive care
- Savings on covered dental procedures
- Two networks with expansive local and national access



In-network dental benefits (non-participating dental benefits are available).

Plan Name	BlueDental Preventive 1000		BlueDental 1000		BlueDental Plus 1000		BlueDental Plus 1200		BlueDental Plus 1500	
BlueDental Network	PPO	Choice	PPO	Choice	PPO	Choice	PPO	Choice	PPO	Choice
	Coinsurance (Plan Pays)		Coinsurance (Plan Pays)		Coinsurance (Plan Pays)		Coinsurance (Plan Pays)		Coinsurance (Plan Pays)	
DIAGNOSTIC & PREVENTIVE	100%	85%	100%	85%	100%	85%	100%	85%	100%	85%
BASIC[1] Requires a 6-month waiting period	Not covered		80%	70%	80%	70%	80%	70%	80%	70%
MAJOR Requires a 12-month waiting period	Not covered		Not covered		50%	50%	50%	50%	50%	50%
ORTHODONTIA	Not covered		Not covered		Not covered		Not covered		Not covered	
Deductible[2]	$0	$0	Preventive: $0 Basic: $50 Major: Not covered		Preventive: $0 Basic: $50 Major: $200		Preventive: $0 Basic: $50 Major: $150		Preventive: $0 Basic: $50 Major: $150	
Calendar Year Maximum	Blue KC pays up to $1,000/each covered person		Blue KC pays up to $1,000/each covered person		Blue KC pays up to $1,000/each covered person		Blue KC pays up to $1,200/each covered person		Blue KC pays up to $1,500/each covered person	
RATE/MONTH										
Child 3	$18.66		$29.75		$34.70		$37.18		$39.66	
Adult (Under 65)	$18.66		$33.52		$43.43		$45.91		$48.39	
Adult (65+)	$20.14		$36.19		$46.90		$49.58		$52.26	

[1] The waiting period for Basic Services and Major Services can be waived with prior coverage from Blue KC or another carrier. The individual must have at least six months of continuous prior coverage to waive the Basic Services waiting period, and at least 12 months of continuous prior coverage to waive the Major Services waiting period. The individual must apply for Blue KC coverage within 30 days of prior coverage ending.

[2] Deductible amount for Basic Services and Major Services are per each covered person.

[3] A child is under the age of 18; rates are based on the contract holder's age as of January 1 of the current year. The Dependent Limiting Age is 26.

Refer to the dental contract for complete terms and conditions.

Dental Service Types

Diagnostic & Preventive Care Dental (Type I) Services

No waiting period from effective date. Deductible does not apply.

- **Oral evaluations** – two per calendar year
- **X-rays** – complete mouth once every three calendar years; single tooth – 12 per calendar year; bitewing—two occurrences per calendar year
- **Teeth cleaning** – two per calendar year
- **Fluoride treatment** – two per calendar year age 19 and under
- **Sealant application on posterior tooth** – one treatment per tooth every three years (age 14 and under)
- **Fixed and removable space maintainer** – initial appliance only
- **Emergency treatment** – temporary pain relief

Basic Care Dental (Type II) Services

Requires a six-month waiting period from effective date. Deductible applies.

- **Fillings** – composite fillings on all teeth
- Recommendation of existing inlays, crowns and bridges
- **Endodontic**s – root canals and pulpal therapy
- **Tooth extraction** – simple and surgical, including wisdom teeth
- **General anesthesia** – payable only if provided in connection with a covered service

Major Dental (Type III) Services

Requires a 12-month waiting period from effective date. Deductible applies.

- **Periodontics** – gum/tissue care and surgery
- Single crowns, inlays, onlays, bridges and dentures
- **Maintenance of prosthodontics** – adjustment/repair of dentures

About Our Dental Networks

BlueDental PPO Providers

The preferred network of more than 1,200 dentists in the Blue KC service area offers the highest discount level of Blue KC dental networks, resulting in the lowest out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID Blue Cross and Blue Shield national network.

BlueDental Choice Providers

The BlueDental Choice network offers access to over 1,500 local in-network dentists but has higher out-of-pocket costs for covered services compared to other Blue KC dental networks. Outside of our service area, providers are available through the GRID+ Blue Cross and Blue Shield national network.

Non-Participating Providers

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

Dental Plan Exclusions and Limitations

Some covered services have limitations based on age or how often they're used. Definitions of covered services may vary by plan. Plans have exclusions, limitations and terms under which they may be continued in force or discontinued. In addition, the following services and supplies are NOT covered:

- Experimental services, supplies or procedures
- Treatment of any jaw joint disorder, such as a joint disorder commonly known as temporomandibular joint disorder (TMJ)
- Replacement of lost, missing or stolen dental appliances and certain damaged dental appliances
- Those services defined as not Medically Necessary for the diagnosis, care or treatment of a condition
- All other limitations and exclusions in the dental contract

Preventive services are available starting at the effective date of coverage, while other services require a waiting period. Services requiring a waiting period include basic restorative, major restorative, endodontics, periodontics and oral surgery needs, like root canals, tooth extractions and preparation of the mouth for dentures, and anesthesia (when used during a covered service).

Exclusions and Limitations

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

Services and supplies covered by Medicare Part A, Part B, or Part C (Medicare Advantage), regardless of whether or not you are actually enrolled in Medicare, are NOT covered. This exclusion applies to all Covered Persons eligible to enroll under Medicare Part A, Part B, or Part C (Medicare Advantage), or otherwise entitled to Medicare benefits, from the date of their eligibility or entitlement to Medicare benefits, including Covered Persons who do not enroll or otherwise make application for Medicare benefits.

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

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

- For injuries/illnesses related to an individual's job or care for any injury/illness incurred while on active or reserve military duty, or resulting from war or any act of war
- Custodial, convalescent or respite care and/or services performed by an individual's immediate family members or household members
- For cosmetic purposes, including removal of scars or tattoos, surgical treatment of scarring secondary to acne or chickenpox, and/or hairplasty or hair removal
- Personal care and convenience items; nonmedical equipment; and/or Durable Medical Equipment that would normally be provided by a Skilled Nursing Facility
- Repairs and replacement of prosthetic and/or orthotic devices
- For hypnotism, hypnotic anesthesia, acupuncture, acupressure, rolfing, massage therapy and/or any services provided by a massage therapist, aromatherapy, wilderness, adventure, camping, outdoor, other similar programs, and other forms of alternative treatment, regardless of diagnosis
- Genetic testing and/or services ordered or requested in connection with criminal actions (including diversion agreements), divorce and/or child custody/visitation
- Blood donor expenses
- Adult vision services, including radial keratotomy and refractive keratoplasty procedures
- Except as specifically provided in your Contract, dental services and complications of dental treatment are not covered. If your Contract does provide coverage for pediatric dental (age 18 and under), these services are subject to frequency limits as described in your Contract
- Medical or dental management of conditions of the temporomandibular joint or correcting deformities of the jaw
- In-vitro fertilization, artificial insemination, ovulation induction and other medical procedures related to infertility
- Non-prescription enteral feedings and other nutritional and electrolyte supplements
- Marital counseling; counseling to improve intra or interpersonal development; music therapy; remedial reading; recreational therapy; and/or other forms of education or special education
- Occupational therapy provided on a routine basis as part of a standard program for all patients
- Elective pregnancy termination
- Megavitamin therapy; nutritional-based therapy; nutritional assessment testing; and/or saliva hormone testing
- Involuntary inpatient commitments from a Non-Participating Provider after the Covered Person has been screened and stabilized
- Speech therapy for vocal cord training/retraining due to vocational strain and/or weak cords
- Services or supplies received from any provider in a country where the terms of any legislative or regulatory action taken by the United States would prohibit payment or reimbursement for such services
- Extracorporeal shock wave therapy due to musculoskeletal pain or musculoskeletal conditions and for electrical stimulation
- For the treatment of obesity or morbid obesity, except as specifically provided in your Contract
- For medications that are not on the formulary drug list
- Pediatric dental services

Missouri-Only Exclusions and Limitations

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

Kansas-Only Exclusions and Limitations

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

Disclosure Notices

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

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

Plan benefits shown may be enhanced for some individuals (e.g., American Indians and Alaskan Natives with incomes at or under 300% of the Federal Poverty Level, and for individuals eligible for cost-sharing subsidies). Please contact Blue KC to obtain additional plan details for individuals meeting these classifications.

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

Get Started Now

The Marketplace Open Enrollment Period starts **November 1, 2026**. Your new coverage will be effective **January 1, 2027**, if you choose a plan by **December 15, 2026**.

You can purchase health insurance directly from Blue KC or in the Marketplace. You must enroll through the Marketplace to receive financial aid, but you can still shop, compare and find the right plan for you at BlueKC.com.

We're here to help.

Regardless of where you choose to purchase health insurance, we encourage you to contact your broker or a Blue KC representative to answer questions and help guide you through the process.

Call Blue KC at 833-957-7956 or visit us online at BlueKC.com.

Additional Help

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)

Blue KC 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, **866-859-3822** (Toll free), or email **LanguageHelp@BlueKC.com**. For TTY services, please call **816-842-5607**.

From here. For wherever you are.

That's the Benefit of Blue.®

Kansas City

BlueKC.com

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