Blue Cross and Blue Shield of Kansas City (Blue KC) can help guide you to sort out what’s best for you and how to get the benefits and coverage you need for you and your family. We can also help provide guidance on many products and benefits in case you qualify for financial help under the Affordable Care Act (ACA) guidelines.

Our product suite provides a full range of plan options. Choose the plan (product and network) that best fits your needs and budget and enjoy the peace of mind that comes from knowing you made the right choice to protect yourself or your family.

Our Networks

**Preferred-Care Blue**
Preferred-Care Blue® offers Blue KC members the largest selection of providers within our 32-county service area. Outside of our 32-county service area, this network allows you to take your healthcare benefits with you across the country with the BlueCard program. BlueCard gives you access to doctors and hospitals almost everywhere.

**BlueSelect**
A more limited provider network, BlueSelect is available only to residents of the five-county Kansas City metropolitan area, which includes Clay, Jackson and Platte counties in Missouri, and Johnson and Wyandotte counties in Kansas. Like Preferred-Care Blue, the BlueSelect network also includes access to the national BlueCard network outside of our 32-county service area. BlueSelect offers greater affordability by using a smaller provider network than Preferred-Care Blue.

**BlueSelect for Basic Individual**
BlueSelect for Basic Individual is the same five-county Kansas City metropolitan area network as BlueSelect. However, the BlueSelect for Basic Individual network does not include any participating provider network outside of the Kansas City metropolitan area. This network offers greater affordability by using a smaller provider network limited to the Kansas City metropolitan area.
When you select a Blue KC product, it's important for you to also understand the provider network you have chosen.

**Provider Networks**

Blue KC negotiates with providers to help keep coverage affordable while also ensuring our members have access to high quality healthcare services. All providers meet our quality of care standards.

In-network providers offer benefits covered at the highest level. By choosing to visit an in-network provider, you will pay less than you would if you visit an out-of-network provider. Your plan may not cover, or may not pay as much of, your medical costs billed by out-of-network providers, meaning that you will pay more out-of-pocket than if you had chosen an in-network medical provider.

The Blue KC Doctor & Hospital Provider Finder on 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, an in-network doctor, hospital, or other healthcare provider.

### Provider Finder Features

Here are just a few of the features you’ll find when using the Blue KC Doctor & Hospital Provider Finder:

- Ability to search for in-network doctors and providers by name, procedure, specialty and more
- One search tool to find doctors and providers in your neighborhood or across the country
- Helpful filters, including hospital affiliation and network

To find an in-network doctor or provider in the:

**Preferred-Care Blue Network**

- Visit BlueKC.com
- Select **Find a Doctor** from the top of our home page
- Under the heading **Choose Your Network**, click the down arrow and check the box next to **Preferred-Care Blue Network (PCB)**

**BlueSelect Network**

- Visit BlueKC.com
- Select **Find a Doctor** from the top of our home page
- Under the heading **Choose Your Network**, click the down arrow and check the box next to **BlueSelect Network (Select)**

**BlueSelect for Basic Individual Network**

- Visit BlueKC.com
- Select **Find a Doctor** from the top of our home page
- Under the heading **Choose Your Network**, click the down arrow and check the box next to **BlueSelect for Basic Individual Network**
THE BLUE KC
PRODUCT FAMILIES

**Basic**
This product is an affordable plan that provides a great option for individuals and families in the Kansas City metro area.

- Lowest cost Blue KC plan other than the SafetyNet plan.
- Provides two visits to your Primary Care Physician (PCP) at a low copay before deductible or coinsurance applies.
- Prescription drugs from Walmart/Sam’s Club pharmacies only.
- Available only on the BlueSelect for Basic Individual network serving Johnson and Wyandotte counties in Kansas and Clay, Platte and Jackson counties in Missouri.
- There are no in-network providers outside of the Kansas City metropolitan area.

**Classic**
This product is great for those who want to know their coverage up front. Our Classic plans provide predictable coverage with clearly defined copays on the most common services.

- Designed for individuals and families that want cost certainty when they need commonly used services, along with coverage for unexpected accidents or illnesses.
- Eliminates uncertainty on the cost of office visits and other frequently accessed services.
- Copays on prescription drugs.
- Deductible and coinsurance reserved for less commonly used services.

**First**
If you want 100% coverage for in-network services after you have paid your deductible, our First plans may work for you.

- Appeals to individuals and families that expect to use preventive care plus a few office visits, but also provides peace of mind that coverage will be there in the event of unexpected accidents or illnesses.
- Your first four office visits include a $0 copay and are not subject to the deductible.
- Low cost generic prescription drugs.

**Saver**
This product is a great way to secure an affordable plan for the budget-minded.

- Deductible set at a level that balances affordable premium and quality coverage.
- Eligible for use with a tax advantaged Health Savings Account (HSA).
- Except for preventive care, the deductible must be met before Blue KC pays benefits.

**SafetyNet**
Our SafetyNet product is available to individuals under 30 years of age only, or those qualifying for hardship exemptions.

- Provides three visits to your PCP with a $20 copay per visit before deductible or coinsurance applies.
- Designed especially for individuals looking for coverage for unexpected accidents or illnesses.
- Lowest premium and highest deductible and out-of-pocket maximum.
- Except for preventive care and the first three PCP office visits, the deductible must be met before Blue KC pays benefits.

**Short-Term Security**
Designed to help protect your healthcare needs and financial security while you are in transition.

- Not considered Minimum Essential Coverage, and members who buy this product may also be subject to the individual mandate penalty.

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* Benefits under Basic products are limited for Missouri residents to services provided by BlueSelect for Basic Individual Network providers. Services provided by Non-Preferred (i.e., out-of-network) providers are not covered except for Emergency Services and certain Mental Health office visits.
UNDERSTANDING METAL LEVELS

The ACA requires individual plans offered on and off the Federally-Facilitated Marketplace, commonly referred to as the Exchange, to provide benefits at designated coverage, or "metal" levels.

The defined metal levels are platinum, gold, silver and bronze. You can select a plan level that best suits your preferences. Generally, premiums are higher for platinum plans, and you pay less in deductibles, coinsurance and copays. With bronze plans, premiums are generally lower, and you pay more in deductibles, coinsurance and copays.

Blue KC offers gold, silver, and bronze level plans in its 2016 product offerings.

Platinum – plans pay 90% of covered costs on average
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

HOW TO BUY BLUE KC PLANS

Individuals can purchase health insurance directly from Blue KC or from the Marketplace.

Financial help in the form of Premium Tax Credits (subsidies) is available to help those who cannot afford health insurance. These subsidies can only be used on the Marketplace, but you can research and shop for the coverage that best meets your budget and health needs at BlueKC.com. You can also get additional information about the ACA and an estimate of your subsidy by visiting LiveFearlessKC.com.

Regardless of where you choose to purchase your health insurance, we encourage you to contact your broker or a Blue KC representative to help guide you through the process.
## 2016 Individual and Family Plan Comparison

When choosing a health plan, the first thing you want is plenty of choices. While that seems obvious, not every insurance company offers the range of plans and options that are available through Blue KC.

It’s what nearly one million people have come to expect from the area’s only local, not-for-profit health insurance company.

<table>
<thead>
<tr>
<th>Network</th>
<th>Plan Name</th>
<th>Directly from Blue KC</th>
<th>Marketplace</th>
<th>In Network</th>
<th>Out of Network</th>
<th>Deductible</th>
<th>Out-of-Pocket Maximum</th>
<th>Co-pay/Per Occurrence</th>
<th>Pharmacy</th>
<th>Deductible Type</th>
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1 Blue KC is a Qualified Health Plan issuer on the Individual Health Insurance Marketplace. With the exception of Short-Term Security plans, all Blue KC products qualify as Minimum Essential Coverage under the Affordable Care Act (ACA), meaning you will not be subject to the individual mandate penalty for any months you are enrolled in the product.

2 Blue Distinction Total Care Providers are those primary care providers recognized as Patient Centered Medical Home, ACO or other recognized enhanced primary care practices.

3 Primary Care Physicians include General Practice, Family Practice, Internal Medicine, and Pediatrics.

4 Maintenance medications must be filled through the mail-order pharmacy to receive the lowest co-pay. Individuals will be charged two times the applicable co-pay for a maintenance medication at retail pharmacies after the second prescription is filled.

5 Embedded – An individual deductible you must satisfy each calendar year before benefits will be paid. Aggregate – The entire family deductible must be satisfied each calendar year before benefits for any covered person will be paid.

6 Maintenance medications must be filled through the mail-order pharmacy to receive the lowest co-pay. Individuals will be charged two times the applicable co-pay for a maintenance medication at retail pharmacies after the second prescription is filled.

7 Your individual deductible must satisfy each calendar year before benefits will be paid. Aggregate – The entire family deductible must be satisfied each calendar year before benefits for any covered person will be paid.

8 Individual Deductible: A deductible is the amount you must pay for covered services before insurance begins to pay for your health care.

9 Aggregate Deductible: The total amount you must pay for covered services in one plan year before your insurance plan begins to pay for your health care.

10 Out-of-Pocket Maximum: The total amount you pay for covered services in one plan year, including the deductible, co-pays, coinsurance, and any other charges.

11 Co-pay/Per Occurrence: The amount the insurance plan pays after you satisfy the deductible.

12 Pharmacy: The pharmacy network includes Blue Select Preferred and Blue Select Plus.

13 Deductible Type: Embedded – An individual deductible you must satisfy each calendar year before benefits will be paid. Aggregate – The entire family deductible must be satisfied each calendar year before benefits for any covered person will be paid.

14 Out-of-Network: Coverage is only available to individuals under the age of 30, or meeting certain hardship requirements. Individuals are not allowed to use subsidies for this plan.

* SafetyNet plans are only available to individuals under the age of 30, or meeting certain hardship requirements. Individuals are not allowed to use subsidies for this plan.

## Premiums

<table>
<thead>
<tr>
<th>Network</th>
<th>Plan Name</th>
<th>Directly from Blue KC</th>
<th>Marketplace</th>
<th>In Network</th>
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**SHORT-TERM SECURITY**

Short-Term Security plans can keep you covered while you’re in between health insurance plans. Blue KC’s Short-Term Security is a great option for individuals and families temporarily without health insurance. While this product may be considered an affordable option for some, as of January 2014, you are responsible for any applicable penalty for not having health coverage that qualifies as Minimum Essential Coverage.

<table>
<thead>
<tr>
<th>What You Pay:</th>
<th>Plan 1</th>
<th>Plan 2</th>
<th>Plan 3</th>
<th>Plan 4</th>
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<tr>
<td></td>
<td>In-Network</td>
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<td>Out-of-Network</td>
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<tr>
<td><strong>Deductible</strong></td>
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<tr>
<td>Individual</td>
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<td>$500</td>
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<td>Family</td>
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<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
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<td><strong>PCP Visits</strong></td>
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<td>Preferred-Care Blue Network</td>
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<td>Deductible then 20%</td>
<td>Deductible then 40%</td>
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<td>Urgent Care</td>
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<td>Specialist Visits</td>
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<td>Prescription Drugs</td>
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PLEASE NOTE: Short-Term Security is not required to and does not comply with the new benefits, rating, and other rules under the Affordable Care Act (ACA). Short-Term plans are non-renewable, require underwriting, and exclude pre-existing conditions. While this product may be considered an affordable option for some, as of January 2014, you are responsible for any applicable penalty for not having health coverage that qualifies as Minimum Essential Coverage.
NETWORK AND BENEFIT MAPS

When you look for a Blue KC product, it’s important for you to know the differences between our networks so you can choose the right option. The Blue KC network maps below represent the coverage areas and the plans that apply. The distinction in treatment of out-of-network benefits between EPO and PPO product types is important. Please take time to look over these differences so you know what to expect.
QUESTIONS?

If you need more information or have questions, contact your broker or call Blue KC at 816-395-2583 or toll free at 888-800-4478. You can also visit us online at BlueKC.com.

LET’S GET STARTED

The time is right and the options are abundant, so why wait to get the benefits you need? If you need more information or have questions, contact your broker or call Blue KC at 816-395-2939. You can also visit us online at BlueKC.com.

EXCLUSIONS AND LIMITATIONS

Plans have exclusions, limitations and terms under which they may be continued in force or discontinued. These exclusions and limitations are also available at BlueKC.com/2016exclusions.

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), 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:

- 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
- Acupuncture, acupressure, rolfing, services provided by a massage therapist, aromatherapy and other forms of alternative treatment
- Genetic testing and/or services ordered or requested in connection with criminal actions (including diversion agreements), divorce, and/or child custody/visitation
- Sex transformations and related charges
- 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
- Growth hormone therapy and testing for growth hormone deficiencies in Covered Persons age 19 or older
- 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
EXCLUSIONS AND LIMITATIONS (CONTINUED)

- 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
- Diagnostic services, including high-tech imaging, performed at a Non-Participating imaging center inside Our Service Area are limited to a $200 calendar year maximum
- Outpatient services received from a Non-Participating provider hospital or facility inside Our Service Area are limited to a $200 calendar year maximum
- Inpatient hospital services received from a Non-Participating provider hospital inside Our Service Area are limited to $200 per day for up to 30 days per calendar year per Covered Person
- Organ Transplant Services received from Non-Preferred Providers will be subject to a $100,000 lifetime maximum. Any and all Organ Transplant Services received from Non-Preferred Providers (including follow-up services) provided through Us will be subject to the lifetime maximum

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 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 100 visits per calendar year
- Home Health Care Services are limited to 90 visits per calendar year
- Physical Therapy (Habilitative and Rehabilitative combined) is limited to 20 visits per calendar year
- Occupational Therapy (Habilitative and Rehabilitative combined) is limited to 20 visits 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 Organ Transplant Services is limited to $150 per day, up to 60 days per calendar year
- Hearing aids are limited to 1 set every 3 years
- Biofeedback (including neurofeedback), except as specifically provided
- Cranial (head) remodeling devices, including but not limited to Dynamic Orthotic Cranioplasty (“DOC Bands”), except as specifically provided
- Skilled Nursing Cranioplasty 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 prostheses); 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
- For speech therapy due to otitis media and ear infections, unless such services are to restore speech to a previous level of functioning
- Speech and Hearing Therapy (Habilitative and Rehabilitative combined) 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 per calendar year and 3 sets of frames up to the Allowable charge for each

Language access services

A Spanish translation of this brochure is available by visiting BlueKC.com or by contacting Blue KC at 816-395-BLUE (2583).

Spanish (Español): Para obtener asistencia en Español, llame al Blue KC en 816-395-2583 de 8 a.m. – 5 p.m. CST.

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