



MEMBER GUIDE



Kansas City

Fully Insured

WELCOME TO BLUE KC



WE'RE HERE FOR HOW YOU LIVE, WHERE YOU LIVE.

WE ARE
HERE FOR
GOOD.

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.

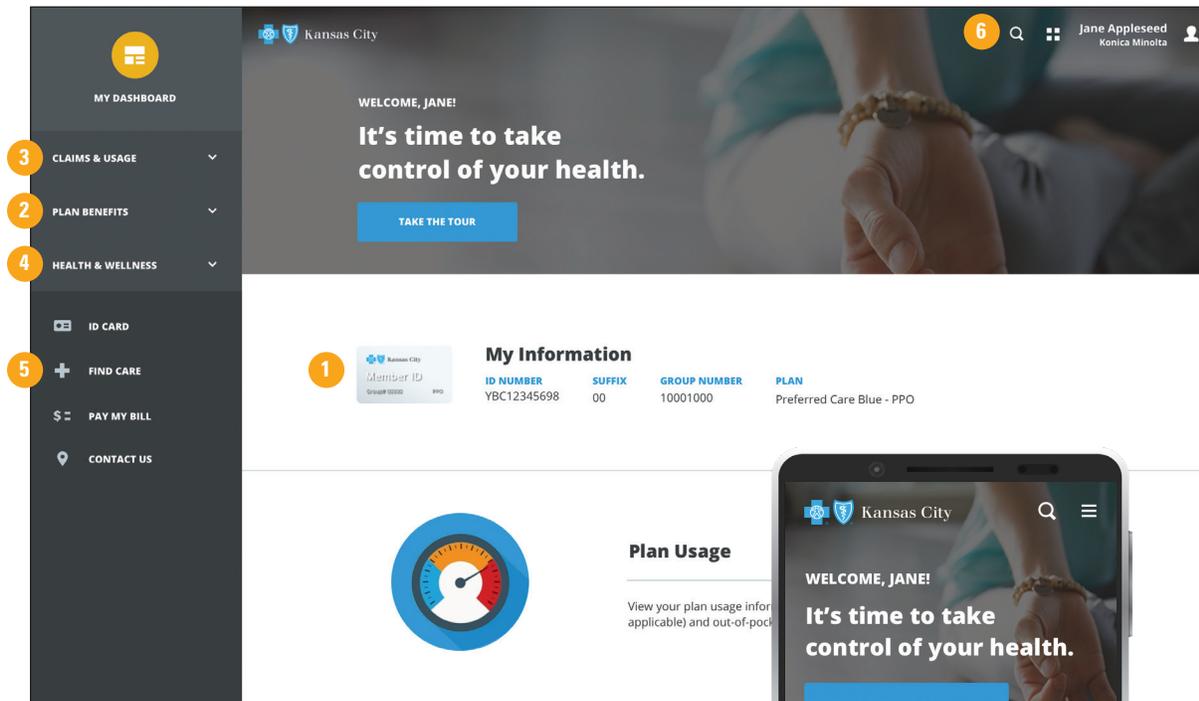




GETTING STARTED

YOUR MEMBER PORTAL ON MYBLUEKC.COM

You deserve to enjoy all the benefits of being a Blue KC member, and our member portal can help you find just what you need. Simply register online at MyBlueKC.com to take advantage of the tools and information available to you.



- 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.

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

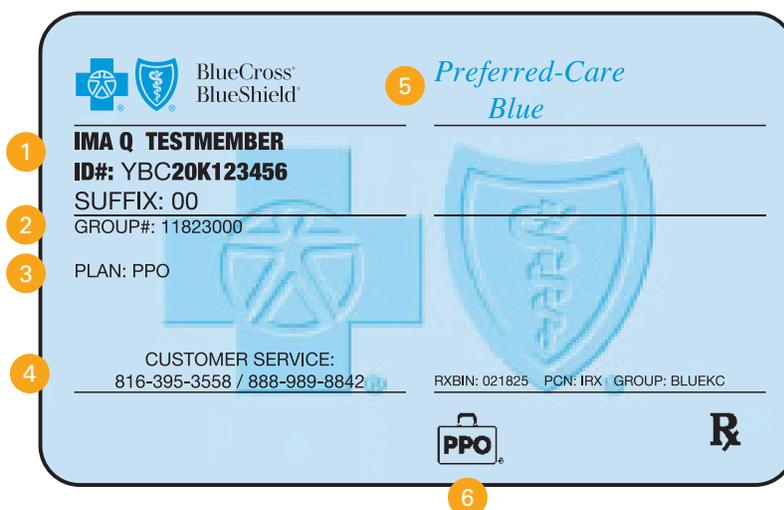
1. Go to **MyBlueKC.com** and click "register"
2. Click the link under "Don't have your ID card?"
3. Follow the instructions—you'll be asked to provide some general information and answer questions to verify your identity.

YOUR BLUE KC MEMBER ID CARD

The Blue KC member ID card is your key to unlocking all the coverage and benefits your plan has to offer.

You should 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 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, a 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.
- 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 plans, have access to our “BlueCard” program, which extends the benefits of your Blue KC plan to all 50 states.

You can quickly view, print or email a copy of your member ID card from your member portal at [MyBlueKC.com](https://mybluekc.com).

My ID Cards

VIEWING: Jane Applesseed

ID NUMBER	SUFFIX	GROUP NUMBER	PLAN	PLAN TYPE
YBC121131122	00	13001000	Preferred-Care Blue	PPO

EMERGENCY ROOM: \$100.00 | URGENT CARE: \$50.00 | OFFICE VISIT: \$40.00 | SPECIALIST: \$100.00 | PLAN IN-DENT PAYMENT: \$500.00

How to Read Your ID Card

It has a special place in your wallet. It represents all the security of the Cross and Shield. It's your Blue KC insurance card, and it's proof of your insurance. Here's a handy breakdown on what all those numbers mean.

- MEMBER ID NUMBER**
This is the number we use to identify you and your Blue KC policy to our systems. It's also what providers use to file claims on your behalf.
- GROUP NUMBER**
We use this number to identify what Group you belong to. It says whether you're part of an Employer Group, or if you purchased your own.
- PLAN TYPE**
This describes what type of insurance plan you have, such as preferred, PPO or HMO.
- CUSTOMER SERVICE PHONE NUMBER**
Call us if you have any questions about your Blue KC policy. Hours available Monday - Friday from 8 a.m. to 8 p.m. CST.
- NETWORK NAME**
This is the network for your policy. To take full advantage of your health insurance benefits, it's important to choose in-network providers.
- COPAYMENT**
If your plan has copays, this section shows the amount you'll pay each time you receive a covered service. Copays are common for visits to the

- 1. Member Information Section** – Information about you and your recent claim.
- 2. This Is Not A Bill** – Your EOB is just a 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.
- 3. Narrative** – A brief overview of how your claim was processed.
- 4. Claim-at-a-Glance** – A simple equation to show how your claim is paid. Please review the Detailed Explanation section for further details.
- 5. Detailed Explanation of this Claim** – 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.
- 6. Blue KC Member Savings** – 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.
- 7. Other** – Amounts deducted from the Billed Charges for a variety of reasons. Amounts in this column may reduce your out-of-pocket expenses.
- 8. Allowable Charges** – 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. 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.
- 11. Coinsurance** – The percentage of an allowable charge you must pay for a covered service. Generally, the deductible must be met before your coinsurance applies.
- 12. Plan Payment** – This is the amount that Blue KC will pay to the provider or member for the claim.
- 13. Deductible Information** – 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 under the Claims & Usage section.

View your EOB online

Your EOBs are always available in your member portal on MyBlueKC.com, under the **Claims & Usage** section.

WANT YOUR EOB ELECTRONICALLY INSTEAD OF VIA MAIL?

If you want to opt-out of receiving paper copies of your EOB, simply manage the communication preferences in the profile section of your member portal on MyBlueKC.com.





FINDING CARE

KNOW WHERE TO GO

Go to the right place—for the right care—at the right time

Make the best decision about where to go for medical care. With many options to get care quickly, it can be confusing knowing where to go and how much you might have to pay.



YOUR DOCTOR



your go-to health expert

If it's not a life-threatening emergency, your doctor is usually the best option.

If you need medical care, but it is not an emergency, always call your primary care doctor for an appointment. Your doctor knows your health history and can help provide better care over time and help prevent future health issues.

VIRTUAL CARE



24/7 virtual doctor visit

Get care for common health problems wherever you are 24/7.

Use your smartphone or computer to meet with a board-certified doctor for a quick and convenient virtual visit. These doctors are contracted with Blue KC through American Well (Amwell*).

Download the Amwell app 

-or-

Go to Amwell.com 

TIP: Be sure to select **Blue KC** from the plan drop-down list.

URGENT CARE



RETAIL HEALTH CLINIC



your back-up option

If your doctor can't see you today or the office is closed, urgent care is an option for issues that can't wait.

Urgent care centers and retail health clinics (normally a walk-in clinic found inside a retail store) can save you time and money when you have a non-life threatening illness or injury.

EMERGENCY ROOM



COMMUNITY HOSPITAL



for true emergencies

If your health or life are threatened, never wait. Call 911 or go straight to the nearest emergency room.

Emergency rooms (ER) are not for routine healthcare. When you go to the ER, a doctor, who may not be familiar with your medical history, determines whether you need emergency care. If you use the ER for a non-emergency, it may cost you more. **

IMPORTANT NOTE:

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

*American Well's online Care Group is an independent provider contracted to participate in Blue KC's commercial provider networks.
** You must notify Blue KC of any emergency hospital admission within 48 hours of the admission time, or as soon as reasonably possible.

This is not medical advice. Consult a medical professional and seek assistance in an emergency. Please note that benefits are subject to applicable co-pays, deductibles, coinsurance and other provisions of your member contract.

Guide to Finding the Right Care Option

	Primary Care Physician	Virtual Care (Amwell)	Retail Health Clinic	Urgent Care Center	Hospital/Community Emergency Room
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.

Use this guide 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.

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



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

Go to MyBlueKC.com to log in and search for doctors or hospitals, plus review costs and treatment timelines for over 1,600 healthcare services.

CHOOSE A DOCTOR WHO IS COMMITTED TO PROVIDING A BETTER EXPERIENCE

FIND A TOTAL CARE DOCTOR IN YOUR NETWORK

Blue Distinction Total Care ("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.

EXPERIENCE THE DIFFERENCE. FIND A TOTAL CARE PROVIDER

- Log into [MyBlueKC.com](https://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 **BDTC** to only see Total Care providers ("BDTC" is an abbreviation for Blue Distinction **Total Care**).

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

24/7 ACCESS TO VIRTUAL CARE

Online or Mobile Doctor Visits

Get care wherever you are for common medical issues

Why use virtual care?

	AVERAGE WAIT TIME IS 3 MINUTES		Connect with your camera phone or computer with camera
	Meet with licensed, U.S. board-certified physicians with an average 15 years' experience		Get the care you need – including some prescriptions ²
	Feel safe with Amwell's 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 ³



Average virtual care wait time is **3 MINUTES**

What can be treated?

Common medical issues, such as:

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

How do I make an appointment?

Your network includes American Well (Amwell)¹, a group of virtual care providers. To make an appointment:

1. Download the **Amwell Mobile App** or visit Amwell.com.
2. Create an account using your Blue KC member ID card for reference. Ensure you choose **Blue KC** from the drop-down list.
3. View a list of available doctors, their experience and ratings, and select one.
4. Stream a live visit directly online or your mobile device.



¹ American Well's Online Care Group is an independent provider contracted to participate in Blue KC's commercial provider networks.

² Blue KC does not guarantee a prescription will be written.

³ If special Amwell benefits apply, this will be noted as a "Designated Telehealth" benefit on your certificate. You can access your certificate on MyBlueKC.com.

VIRTUAL CARE IS NOT FOR EMERGENCIES If you have a serious medical concern, go to the emergency room or call 911.

Meet with a doctor using your computer or smartphone.

Have your Blue KC member ID card handy and download the Amwell mobile app, or visit Amwell.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. Contact Blue KC Customer Service for more information.

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:



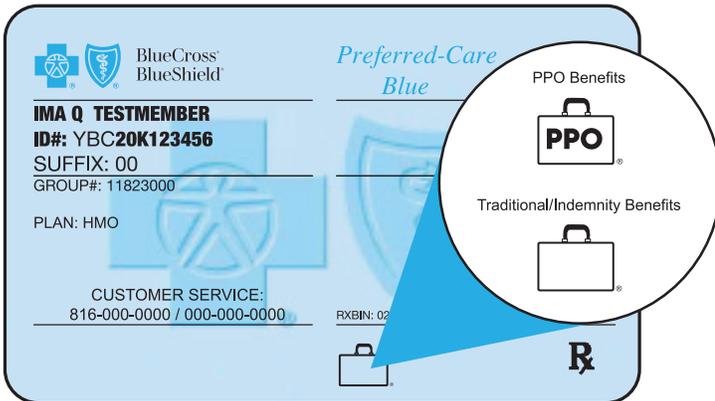
Traditional/
Indemnity
Benefits



PPO
Benefits

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.



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.mybluekc.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.

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.

BEHAVIORAL HEALTH BENEFITS AVAILABLE TO YOU

When it comes to your wellbeing, mental health is just as important as physical health. That's why your Blue KC plan comes with access to behavioral health benefits. **New Directions Behavioral Health** is a company that administers behavioral health services on behalf of Blue KC, and their team of mental health professionals and customer service representatives are available 24 hours a day, seven days a week.



Here's how **New Directions** may be able to help you:

FIND THE RIGHT KIND OF CARE

New Directions customer service representatives can help confirm what benefits and services are included in your specific plan, as well as assist you in finding in-network healthcare providers to help save you money. Core benefits may include the following:

- Mental Health Services
- Substance Use Treatment

HELP ALONG THE WAY

When you contact **New Directions**, these are just some of the other ways they can guide you along your path to a healthier life:

- Find the right licensed professionals and treatment facilities that fit your unique needs.
- Help bring you and your healthcare providers together to ensure the care you're receiving is addressing your goals.
- Provide helpful information about topics such as depression, anxiety, ADHD and substance use and bipolar disorders.
- Connect you with local support programs and resources in your community.

Call 833-964-6338 24 hours a day, seven days a week to speak with a mental health professional for urgent and ongoing behavioral healthcare needs.

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
- Varicose vein treatment
- Wheelchairs or power operated vehicles
- Ventricular assist devices

When Authorization is NOT Required

- Emergent admissions or procedures
- 23-Hour Observation

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 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.

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
- CT/CTA
- PET
- Cardiac CT, MR, PET
- Nuclear Stress
- Echo
- Stress Echo
- Lumbar Spine Fusion Surgery

When Authorization is NOT Required

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

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

STARTING JANUARY 1, 2020

All information on these two pages refers to services and features that will go into effect on January 1, 2020. Current pharmacy benefits offered with Express Scripts and Accredo remain in place until that date.

MAKE THE MOST OF YOUR PHARMACY BENEFITS



Beginning January 1, 2020, the Blue KC Pharmacy team will start partnering with OptumRx to provide all your pharmacy benefits, including 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

We'll continue to offer the same great access to fill prescriptions at thousands of retail pharmacies and many national drug stores, supermarkets and large retailers.



HOME DELIVERY

Our new 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.

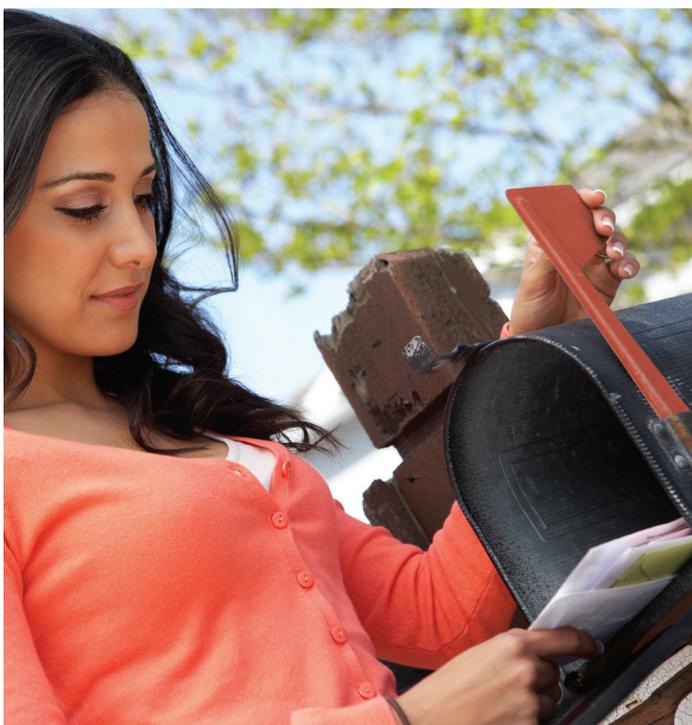
NEW MEMBER ID CARDS

You'll be receiving a new member ID card for 2020 with updated pharmacy information. Be sure to use your new card as of January 1, 2020!

WHAT YOU CAN DO

Starting January 1, 2020, you can log into your new pharmacy benefits account following these easy steps:

- Log into 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 a new site.
- Once you're redirected to the next page, you can enroll in home delivery, find a network pharmacy, check medication coverage and much more.
- Call Blue KC Customer Service at the number listed on your member ID card, Monday through Friday, from 8 a.m. to 8 p.m. Central Time with any questions.



HOME DELIVERY

Beginning January 1, 2020, you can 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.

EASE OF TRANSITION

Members currently using home delivery with Express Scripts or specialty pharmacy services through Accredo will be receiving instructions on how to easily transition over to these exciting new programs in 2020.

USE RX SAVINGS SOLUTIONS TO SAVE ON PRESCRIPTIONS



—| FIND OUT YOUR GENERIC OPTIONS

—| LEARN ABOUT DRUG ALTERNATIVES

—| RX SAVINGS SOLUTIONS CAN MAKE THE CHANGES WITH YOUR DOCTOR FOR YOU

Rx Savings Solutions is a free service to Blue KC members. **We find all your medication options for your condition. You decide what's best for your health and your budget.**



"Rx Savings Solutions really helped us when we weren't sure we could even afford the medicine we needed. I will always check here first."

– Lori, Rx Savings Solutions member
(Saving more than \$1,000 per year)

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.

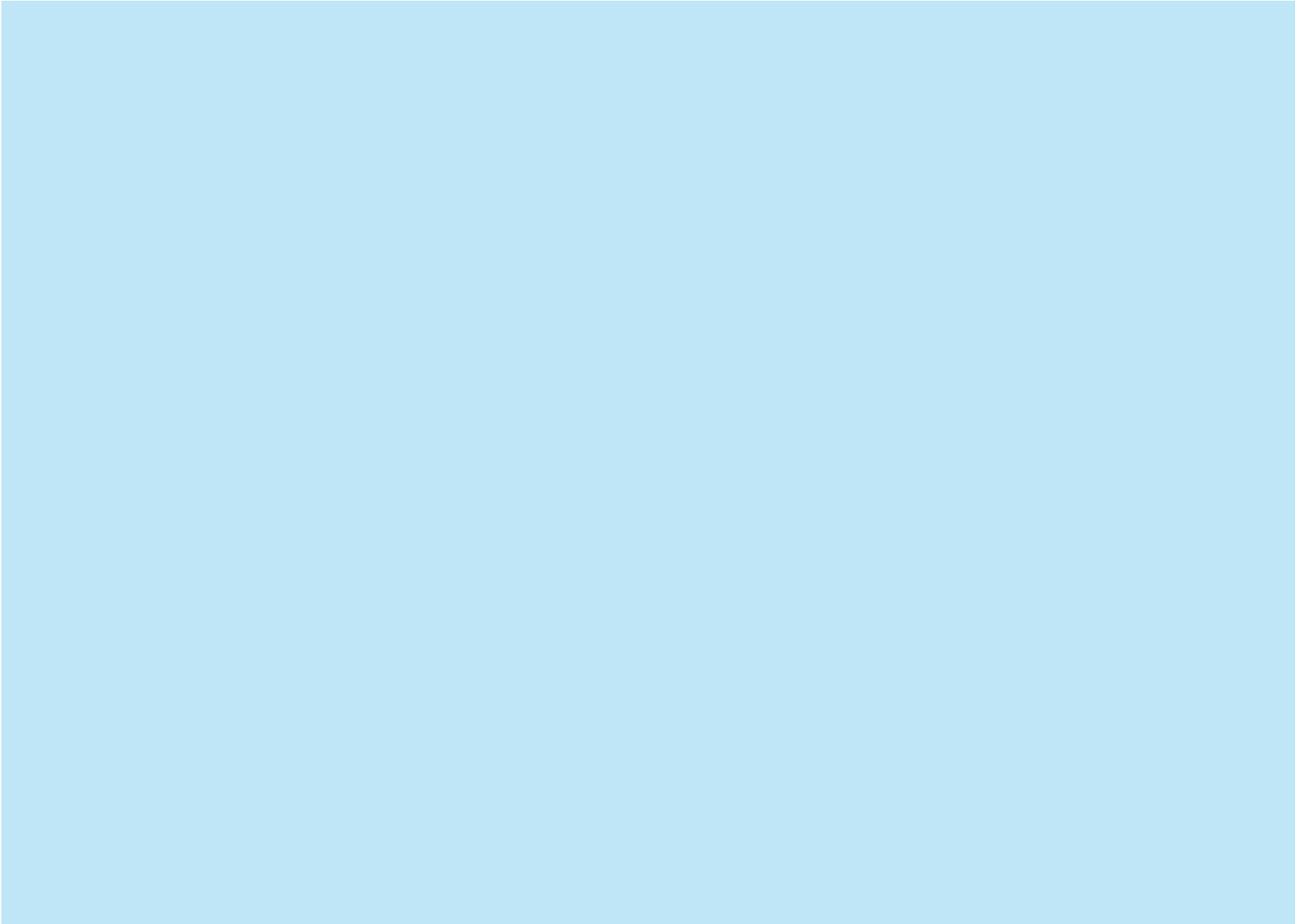
START SAVING WITH RX SAVINGS SOLUTIONS.

- 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.

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

A HEALTHIER YOU™

Personalized Online and Mobile Wellness

Take Control of Your Health, Get Healthy and Earn Chances to Win Great Prizes

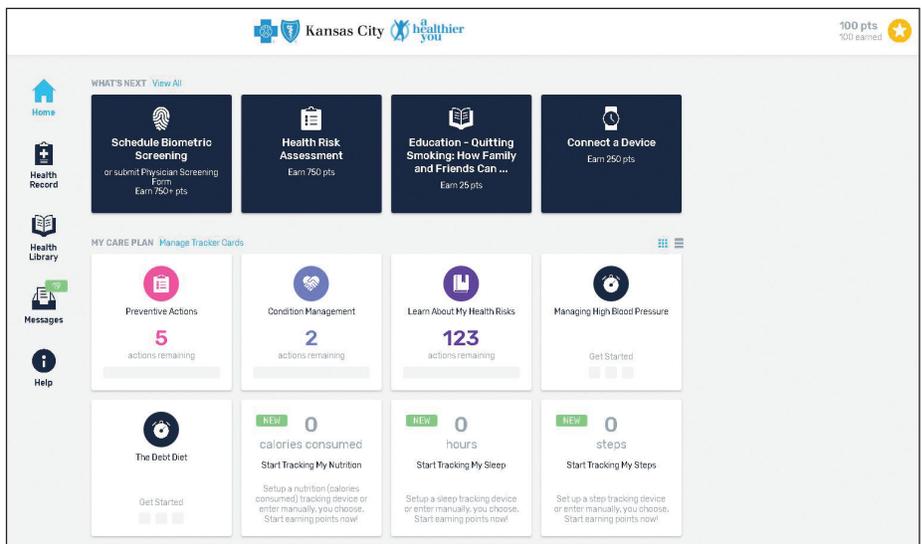
The Blue KC A Healthier You program gives you convenient online and mobile access to several wellness tools that allow you to get healthy and earn chances to win great prizes.

LOG INTO MYBLUEKC.COM FROM YOUR COMPUTER AND CLICK ON HEALTH & WELLNESS (USE GOOGLE CHROME)

OR

DOWNLOAD THE BLUE KC A HEALTHIER YOU MOBILE APP FROM YOUR APP STORE.

First-time users will be prompted to complete registration personalization questions. Please have your member ID card available to reference.



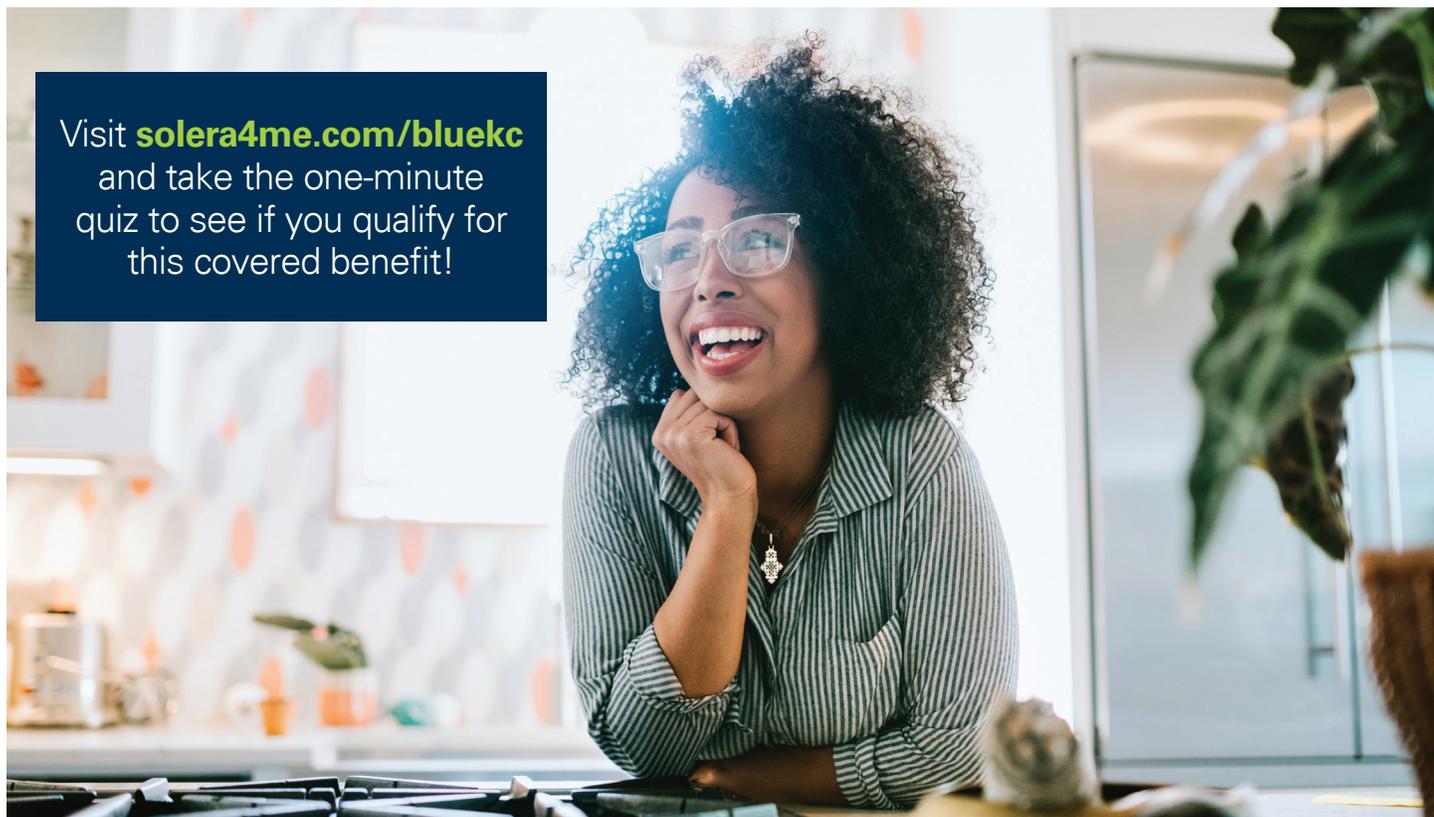
TRACK YOUR HEALTH, EARN POINTS AND GET SUPPORT WHEREVER YOU ARE.

-  **Take the Health Risk Assessment and receive your personal health summary.**
-  **Configure your Personalized Care plan and view your screening results (if available).**
-  **Get answers or search symptoms within your Personalized Care plans.**
-  **Connect and manage your devices and apps for more points.**
-  **Complete health actions and earn points to enter monthly sweepstakes drawings.**

Log into your A Healthier You portal on MyBlueKC.com for a personalized look at your health journey and how you can stay in control of your health.

DIABETES PREVENTION PROGRAM

CHANGE YOUR LIFE IN 16 WEEKS



Visit solera4me.com/bluekc and take the one-minute quiz to see if you qualify for this covered benefit!

Blue KC is pleased to share a new covered benefit for qualified members.

It's a 16-week program, followed by monthly sessions, that can help you lose weight, adopt healthy habits and significantly reduce your risk of developing diabetes. And it's available at no cost to members who qualify.

Through this benefit, you may be able to participate in a national weight loss program such as Weight Watchers®, Retrofit or HealthSlate.

While programs differ, most include the following elements:



Access to a personal health coach



Weekly lessons



A small group for support



Tools like a wireless scale or an activity tracker

Find out if you qualify by taking a 1-minute quiz at solera4me.com/bluekc
ENROLL AND YOU'LL GET AN ACTIVITY TRACKER ON US*!

*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. Solera4me.com is owned and operated by Solera Health in partnership with major health plans and a national network of CDC recognized Diabetes Prevention Program Services.

DIABETES MANAGEMENT, SIMPLIFIED

If you or a covered dependent have diabetes, **Livongo for Diabetes** provides a simple, advanced blood glucose meter, and as many strips and lancets as you need, at no cost to you.



Livongo for Diabetes: It's all in the meter and on the house.



Personalized tips with each blood glucose check



Real-time support when you're out of range



Strip reordering, right from your meter



Optional family alerts keep everyone in the loop



Send a health summary report directly from your meter



Automatic uploads mean no more paper logbooks



If you or a covered dependent have diabetes, join today at join.livongo.com/BLUEKC/register or call (800) 945-4355. Use registration code: BLUEKC

This program is offered at no cost to Blue KC members and covered dependents with diabetes through your employer-sponsored health plan. Livongo is an independent company that manages the diabetes management program on behalf of Blue KC.

HEALTHY COMPANION™ PROGRAM

Support for Chronic Health Conditions



Education and support

Healthy Companion helps you understand your condition and treatment options with access to nurses, tools, resources and one-on-one support.

Condition management

The level of support you receive from the program will be based on your needs and preferences. Our nurses may contact you occasionally to assist with your care plan, answer your questions and provide support and encouragement. Updates are provided to your doctor so they stay informed of your health status.

Eligibility

Members who have been identified with any of the conditions listed below are automatically enrolled.

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

HEALTHY COMPANION TOOLS AND RESOURCES



**EDUCATIONAL
REMINDERS**



ONLINE TIPS



**CLINICAL
SUPPORT**



CALL: 816-395-2076 | Toll Free **1-866-859-3813**

EMAIL: HealthyCompanion@BlueKC.com

If you have recently been diagnosed with one of these chronic conditions and would like to sign up for immediate support, contact the Healthy Companion team of clinical professionals.

HAVE YOU BEEN VACCINATED?

FLU SHOT REMINDER



Blue KC wants to help you protect yourself by getting a flu shot and other recommended vaccines.

FLU FACTS¹

- Everyone over the age of six months should get vaccinated against the flu.
- Flu viruses used in flu shots are inactive, so they cannot cause infection.
- If you get the flu vaccine, you are about 60 percent less likely to need treatment for the flu.

YOUR FLU SHOT COVERAGE



Blue KC will pay 100 percent of the allowable charge if you receive your flu shot from an in-network provider.



Most primary care doctors, pediatrician practices, clinics and pharmacies offer flu shots.



Call before your appointment to make sure there are no restrictions and the vaccine is available.

GET VACCINATED AT THE PHARMACY



In addition to visiting your doctor or child's pediatrician, members with pharmacy benefits can now walk into a participating in-network pharmacy to receive many preventive immunizations.^{2,3} Here's how:



Call your pharmacy location for complete details and to confirm the following:

- The location's participation.
- Vaccine supply.
- Hours vaccines may be given.
- If you need an appointment.



Receive preventive immunizations on the spot at your in-network pharmacy—**with no cost share to you**—for the following:

- **Flu**
- **Hepatitis**
- **Pneumonia**
- **Shingles (age 60 and older)**
- **HPV**
- **Childhood Vaccines**
- **Meningitis**
- **Tetanus, Diphtheria, Pertussis**

¹ The Centers for Disease Control & Prevention

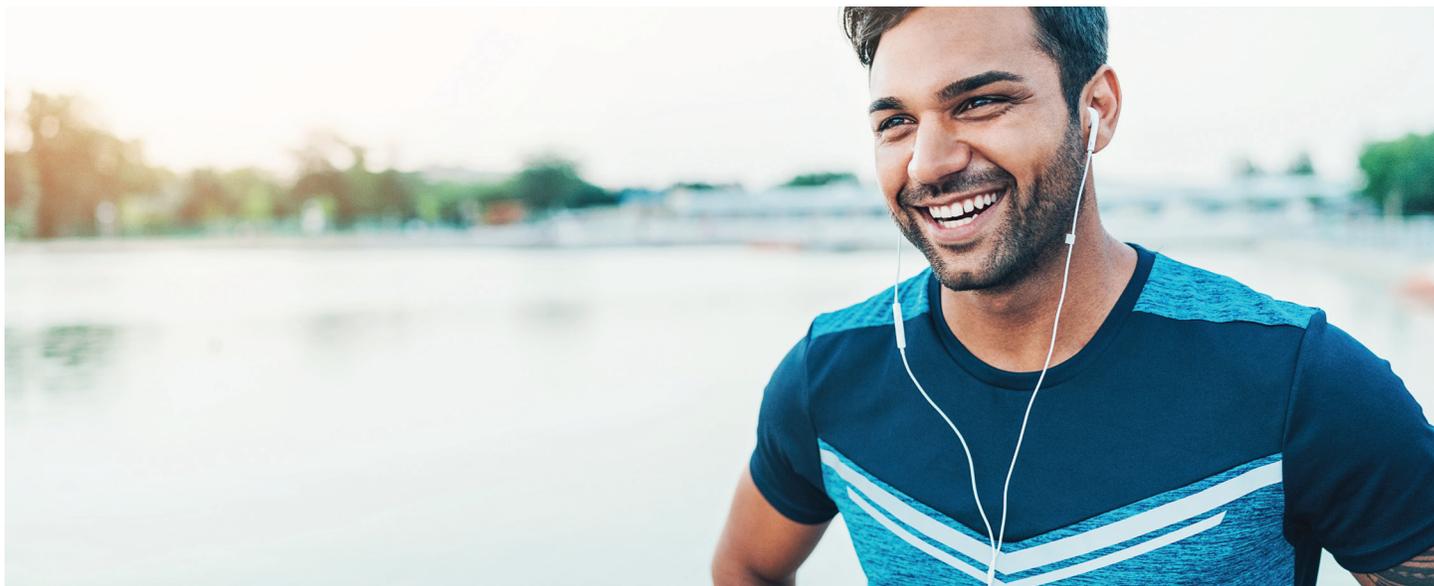
² Routine vaccines are covered based on the CDC guidelines. In addition, travel vaccines are not covered.

³ Each state has different rules and regulations regarding a pharmacist's authority to administer vaccines. Not all pharmacies will be able to give all covered vaccines at all times to all ages.

Need a flu shot quick? Give your pharmacy a call to see if they offer this service. Don't have a pharmacy? Find one in your network by logging into MyBlueKC.com, select Find Care, and then select Find a Pharmacy.

SAVE MONEY. LIVE HEALTHY.

Join Blue365[®] and start saving today!



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.

Register now at Blue365deals.com/BlueKC to take advantage of Blue365. It's an online destination featuring healthy deals and discounts exclusively for our members.

Just have your Blue KC member ID card handy. In a couple of minutes, you will be registered and ready to shop. Every week we will send a special deal straight to your email inbox.

Blue365

Because health is a big deal[™]

CHECK OUT THESE TOP BRANDS WITH DISCOUNTS JUST FOR YOU

 **Beltone**

 **Nutrisystem**

healthways fitness your way

 **QualSight[®]
LASIK**
Quality, Choice, and Savings

 **LasikPlus⁺**

 **Jenny
CRAIG**

 **Reebok**

 **Fairmont**
HOTELS & RESORTS

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To find out what is covered under your policies, contact Blue KC. The products and services described on the Site are neither offered nor guaranteed under your Blue Company's contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding your health insurance products and services may be subject to your Blue Company's grievance process. BCBSA may receive payments from vendors providing products and services on or accessible through the Site. Neither BCBSA nor any Blue Company recommends, endorses, warrants, or guarantees any specific vendor, product or service available under or through the Blue365 Program or Site.

**Your Blue KC coverage includes discounts on many health and lifestyle products and services.
Register now at Blue365deals.com/BlueKC to take advantage of the special offers.**

BREAST PUMP COVERAGE

Information and In-Network Providers



If you have a breast pump benefit on your plan, Blue KC will cover the allowable charge for the purchase of a manual or electric breast pump.

Breast feeding is one of the best ways you can protect your baby's health. And if you've decided to do so, your Blue KC health plan may have coverage for a breast pump.

Learn More

Find out if you have a breast pump benefit and how to order by taking these steps:

INQUIRE

Call Blue KC Customer Service at the number on your member ID card.

GET A PRESCRIPTION

If your plan includes a breast pump benefit, ask your doctor for a prescription for a breast pump once you reach 26-28 weeks.

ORDER

At about 30 weeks, order your breast pump by contacting one of the in-network local or mail-order breast pump providers listed on the following page.

Please allow roughly four weeks to receive your breast pump in the mail. Contact your breast pump provider with ordering questions as they can best assist you.

If you have a breast pump benefit on your plan, Blue KC will cover the allowable charge for the purchase of a manual or electric breast pump, either double or single to meet the needs of you and your baby. The allowable benefit coverage may vary if you live outside the Blue KC service area.

In-network breast pump providers will have certain types of brands on hand. You are limited to one breast pump per pregnancy.

If you have benefit-related questions, contact Blue KC Customer Service by calling the phone number on your member ID card.

**Blue KC members who are 30 weeks pregnant can order a breast pump at no cost with a doctor's prescription.
Call the Blue KC Customer Service number on your member ID card if you have questions.**

In-Network Breast Pump Providers

Helpful Tips:

- If you have not obtained a prescription from your doctor for a breast pump, you can ask the breast pump provider to request the prescription for you.
- There are walk-in locations within the Blue KC service area, or you may contact an in-network mail-order provider.
- You will need your Blue KC member ID card on hand when you place your order.

WALK-IN LOCATIONS*: KANSAS CITY IN-NETWORK PROVIDERS

*For a complete listing of local walk-in locations, call Blue KC Customer Service at the number listed on your member ID card.

Covered Network	Location	Phone Number	Preferred-Care Blue and Preferred-Care	Blue-Care	Freedom Network and Freedom Network Select	BlueSelect and BlueSelect Plus
Advanced Medical Solutions	Lenexa, KS	(913) 745-4468	X	X	X	
American Care Equipment	Overland Park, KS	(913) 383-3456	X	X	X	X
Elite Medical Innovations	Lenexa, KS	(913) 940-0491	X	X	X	X
Expresscare Medical Services	Kansas City, KS	(913) 789-9573	X	X	X	
Mobility First	Independence, MO	(816) 350-7600	X	X	X	X
Wilkinson Homecare Equipment (7 locations in Missouri)	Nevada, MO	(800) 562-8876	X	X	X	
	Rich Hill, MO	(800) 410-9184	X	X	X	
	Lebanon, MO	(888) 383-4431	X	X	X	
	Lamar, MO	(888) 986-3784	X	X	X	
	Holden, MO	(888) 660-6103	X	X	X	
	El Dorado Springs, MO	(800) 824-6098	X	X	X	
	Camdenton, MO	(888) 573-0014	X	X	X	

In-Network Mail Order Providers*

*State access varies; please call the listed provider to ensure breast pumps are available for your location.

Edgepark Web: edgepark.com / Phone: (800) 321-0591 When prompted for "breast pump," press 1.	Better Living Now Web: betterlivingnow.com / Phone: (800) 854-5729 Better Living Now is not a contracted provider in our BlueSelect network.
Progressive Medical Web: pmikc.com / Phone: (913) 685-5861 Email: service@progressivemedicalinc.com Progressive Medical is not a contracted provider in our BlueSelect network.	Yummy Mummy Web: yumyumstore.com / Phone: (855) 879-8669 Yummy Mummy is not a contracted provider in our BlueSelect network.
Byram Healthcare Centers, Inc. Web: byramhealthcare.com / Phone: (877) 773-1972 Email: breast-pumps@byramhealthcare.com Byram Healthcare Centers, Inc. is not a contracted provider in our BlueSelect network.	Medline Industries, Inc. Web: medline.com / Phone: (877) 436-8522 Medline Industries is not a contracted provider in our BlueSelect network.
Mobility First Web: mobilityfirst.com / Phone: (816) 350-7600	Aeroflow Web: aeroflowinc.com / Phone: (888) 973-0279 Aeroflow is not a contracted provider in our BlueSelect network.





MORE INFORMATION



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

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 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.



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.



Kansas City

2301 Main Street | Kansas City, MO 64108
1-888-989-8842 | BlueKC.com