



MEMBER GUIDE



Kansas City

PPO Only

WELCOME TO BLUE KC



By choosing Kansas City's health and wellness leader, you've started on the path toward a healthier life.

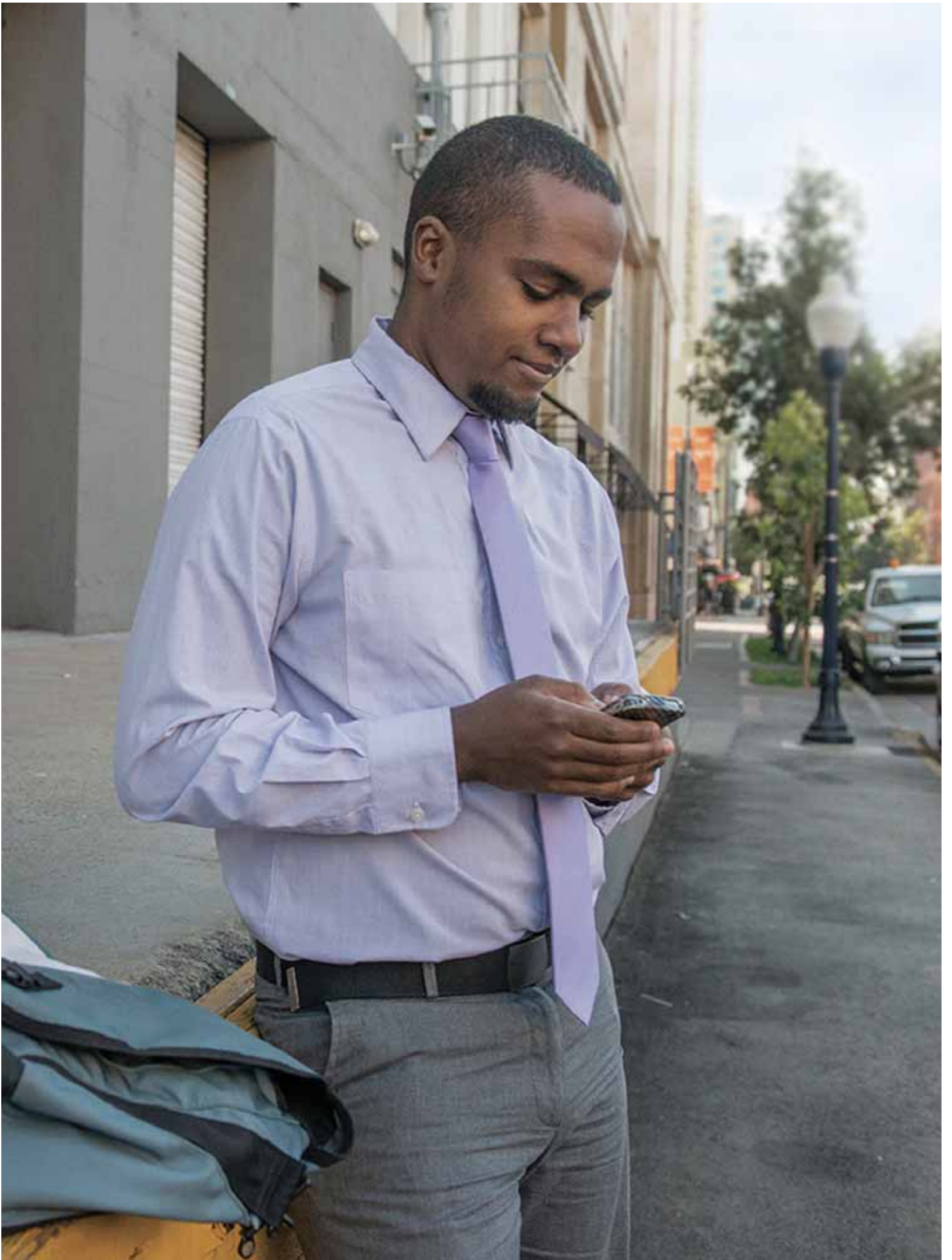
Besides giving you healthcare choices that fit the way you live, Blue Cross and Blue Shield of Kansas City (Blue KC) helps you navigate your healthcare process, and shows you how to get the greatest benefits from your plan.

Let's get acquainted.

The materials in this enrollment booklet were compiled for you, and represent your health plan. Please review the following pages thoroughly, and file this in a safe place for reference later.

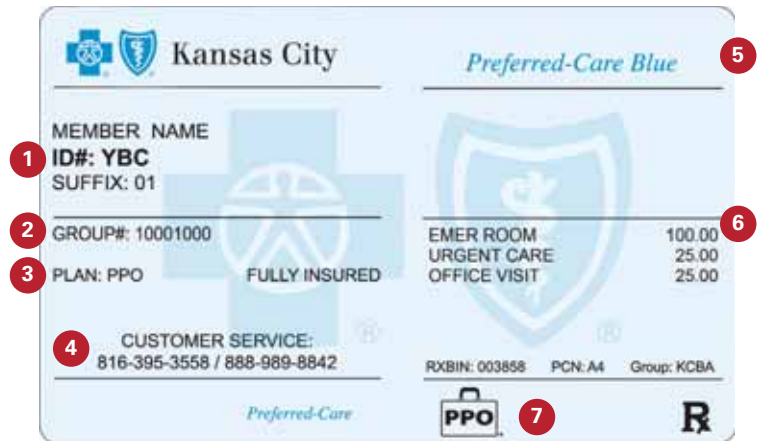


IMPORTANT RESOURCES



YOUR BLUE KC MEMBER ID CARD

The Blue Cross and Blue Shield of Kansas City (Blue KC) Card is your key to unlocking all the coverage and benefits your plan has to offer. You can present your card anytime you visit your doctor, receive healthcare services or fill a prescription. It contains everything healthcare professionals need to make sure your care is covered.



Identifying the Information on Your Member ID Card

- 1. 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.
- 2. Group Number** – This number is used to classify our members into groups, usually by the employer they receive their plan from.
- 3. Plan Type** – This describes what type of insurance plan you have (for example, a PPO plan).
- 4. 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.
- 5. 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.
- 6. Copayment** – The amount you pay each time you receive a covered

healthcare service.

- 7. Suitcase** – Some Blue KC members have access to our “BlueCard” program, which extends the benefits of your Blue KC plan to all 50 states. Please note that the BlueSelect plan has a much more limited network.

If you ever lose your ID card, you can order a replacement or print a temporary ID from your member portal at [MyBlueKC.com](https://www.mybluekc.com).

Find a Doctor

The Blue KC Provider Finder makes finding an in-network doctor, hospital or other healthcare provider quick and easy. In addition to viewing basic information, such as medical school attended, residency completed and board certification status, you can also read patient reviews, rate your doctor and view costs for common procedures.

To view the most accurate information related to your plan, be sure to first log in to MyBlueKC.com. By doing so, the results from the Doctor and Hospital Provider Finder will be tailored to your specific Blue KC network.

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 listed below and much, much more.

1. Benefits – This section includes graphs and tables to illustrate your plan usage. From here you can also view your medical contract, summary of benefits and coverage, and more.

2. Claims – Check the status of your claims and export a list of past claims. You can also view a copy of your Explanation of Benefits, which you receive after every visit to a healthcare provider.

3. Get Care – Everything you need to understand how insurance works and how you can get the most value from your Blue KC plan. Learn the difference between an in-network and out-of-network doctor, research treatment options, see how costs vary by provider and more.

4. Living Healthy – 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, and browse through articles and videos on a variety of health topics.

5. Pharmacy – 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 your Prescription Drug List.

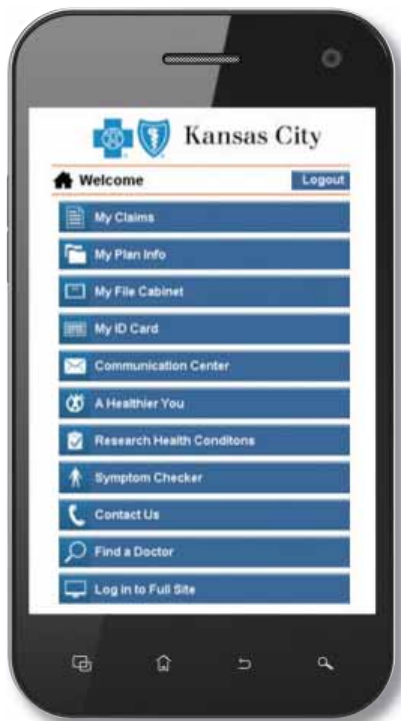
6. Find a Doctor – See which providers are covered by your network, and search for ones who can meet your specific healthcare needs.

7. Ask Us – Get answers to questions about your Blue KC policy or health insurance in general.



Mobile Tools That Help You Stay Connected to Your Healthcare

Our mobile site is designed to give you access to the most frequently used tools. Whether you simply need to find a doctor quickly or have a moment to check on a claim, it's all at your fingertips. Once logged in, take a look at how easy it is to access these tools and manage your healthcare even when you're on the go.



Find a Doctor – Search for providers and find the most up-to-date and accurate information about doctors and hospitals in your Blue KC network.

My Claims – A quick way to take a look at past claims and check on the status of current ones.

Symptom Checker – Get a quick look at what your physical symptoms might mean, and how quickly you should see a doctor.

Symptom Checker – Feeling down, but not sure whether you need to visit your doctor? We can help.



Begin by identifying the individual who is experiencing the symptoms.



Select the area of the body where the symptom(s) are occurring.



View a symptoms list or select from other symptoms.



Answer a series of questions specific to the symptoms.



View recommended actions.

HOW TO READ YOUR EXPLANATION OF BENEFITS (EOB)

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

2301 Main Street
P.O. Box 419169
Kansas City, MO 64141-6169

Forwarding Service Requested

SINGLE PIECE

7# 0-5362 SF 0-290
John Q. Customer
152# S- Main Street
Anywhere City, MO 12345

Blue Cross and Blue Shield of Kansas City is an Independent Licensee of the Blue Cross and Blue Shield Association

1 Member ID: **05K101010-00**

Patient: **John Q. Customer**

Birth Date: 01/01/1961

Group Number: J0101010

Plan Name: Preferred-Care

Date(s) of Service: 07/06/2016

Claim Number: 06226Z111100

Claim Received On: 08/14/2016

Claim Processed On: 08/14/2016

Provider of Service: **Kansas City Hospital**

2 This is your Explanation of Benefits

THIS IS NOT A BILL.

Keep this document for your record of benefits received.

Dear John Q. Customer:

3 The following is an Explanation of Benefits (EOB) for a claim processed by Blue Cross and Blue Shield of Kansas City (BCBSKC) on your behalf. This claim represents services received from Kansas City Hospital, an In-Network Provider on July 6, 2016. **THE TOTAL AMOUNT YOU OWE FOR THIS CLAIM IS \$476.32.** This amount may include a previous payment you have already made to your provider. You may still have additional charges from this provider that are not yet determined. You may be billed separately by your provider for these charges.

If you have any questions, or need additional information, please contact your provider or our Customer Service Center at 816-395-3605 or toll free 800-340-0117. Thank you for your business. We appreciate the opportunity to serve you.

4 **CLAIM-AT-A-GLANCE**

Total Billed Charges:
Minus Member Savings/Discounts and Other Not-Eligible Charges:
Leaving an Allowable Provider Charge:

Minus Plan Payment of:
Leaving a Balance you may owe:

COPAY **\$0.00** **DEDUCTIBLE**

5 **DETAILED EXPLANATION OF THIS CLAIM**

Claim #: 06226Z111100

Date of Service	Type of Service	Billed Charges	Less Not-Eligible Charges			Ref #	Allowable Charges	Copay	Deductible	Co-insurance	Plan Payment
			BCBSKC Member Savings	Other							
07/06/2016	See Below	\$3,092.80	\$696.60	\$0.00	1	\$2,406.20	\$0.00	\$261.89	\$214.43	\$1,929.88	
Totals This Claim:		\$3,092.80	\$696.60	\$0.00		\$2,406.20	\$0.00	\$261.89	\$214.43	\$1,929.88	

BCBSKC Plan Payment to your Provider: **\$1,929.88**
YOUR Responsibility To Kansas City Hospital: **\$476.32**

PAYMENT MADE TO YOUR PROVIDER

Explanation Code/Type Of Service Description

OUT - Outpatient Ancillary Services

Explanation of Not Eligible Charges

Ref #	Message	Provider Responsibility	Other	
			Your Responsibility	To Be Determined
1	This charge has been processed based upon the provider's participation status and your contract terms.	\$696.60		

13 **Deductible Information**

2016	Individual			Family		
	Plan Deductible	Deductible Met	Deductible Remaining	Plan Deductible	Deductible Met	Deductible Remaining
Medical	\$300.00	\$300.00	\$0.00	\$900.00	\$300.00	\$600.00

For a detailed explanation of deductibles, go to bcbskc.com

- 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 Benefits section.

Your Explanation of Benefits (EOB) online

Your EOBs are always available in your member portal on [MyBlueKC.com](https://www.mybluekc.com), under the Claims section.

The screenshot shows the MyBlueKC.com Claims section. The top navigation bar includes 'MEMBER', 'SERVICES', 'PROVIDERS', 'EMPLOYERS', 'Find a Doctor', 'Contact', and 'Log Out'. The main navigation bar includes 'Home', 'Benefits', 'Claims', 'Get Care', 'Living Healthy', 'Pharmacy', and 'Pay My Bill'. The 'CLAIMS' section is active, showing a 'CLAIM FORMS' sidebar and a 'CLAIMS' main area. The 'CLAIMS' area has a filter by 'Date', 'Member', 'Service', 'Provider', and 'Status'. Below the filter is a 'Claim Number' search box. A 'Please Note' message states: 'To view their claims, your spouse and dependents over 18 years of age must create their own MyBlueKC.com account.' Below this is a table of claims. The first claim is for 'SAFE OF SERVICE' on 6/15/2021 for member 'JOE WERNER' at provider 'SMITH WILLIAMS, Pediatric'. The table shows 'TOTAL CHARGES' of \$214.00, 'YOUR PART' of \$73.00, and 'STATUS' as 'Complete'. Below the table is a 'Payment Information' section for 'Claim # : 00000000000000000000 Date Received: 6/16/2021'. The payment information table shows 'Total Charges' of \$214.00, 'Non-Covered Service' of \$0.00, 'Network Savings' of \$141.00, 'Copayment' of \$0.00, 'Applied to Deductible' of \$73.00, 'Applied to Coinsurance' of \$0.00, 'Amount Paid by Blue KC' of \$0.00, and 'Your Part' of \$73.00. 'Other Insurance Paid: \$0.00' is also noted.

WANT YOUR EOB ELECTRONICALLY INSTEAD OF VIA MAIL?

If you want to “opt-out” of receiving paper copies of your EOB or if you only want to receive an EOB when payment is due, simply visit the Manage Communications section in your member portal and select your communication preferences.

The screenshot shows the 'MANAGE COMMUNICATIONS' section of the MyBlueKC.com member portal. It includes a sidebar with 'MY PROFILE', 'MY ID CARD', 'UPDATE YOUR CONTACT', 'MANAGE COMMUNICATIONS', and 'RECENT SERVICES'. The main content area is titled 'MY INFORMATION. MY CHOICE.' and asks 'Let us know how you'd like to receive communications from Blue KC.' There are radio buttons for 'Email', 'Text', and 'Mail'. Below this is a section titled 'PICK ONE AND YOU'RE DONE' with a 'SELECT PREFERENCE' button. A note at the bottom states: 'We'll deliver all your Blue KC communications through email, text, or mail on 10/31/2021. If you prefer you may continue how you would like to receive different communications and update any of the delivery settings below.' There is also a 'Save Preferences' button.



ROUTINE PREVENTIVE SERVICES

Good health starts long before things like sickness and injury happen. That’s why we cover routine preventive care 100% when performed by one of our in-network healthcare providers.

It is important to know, however, that during your office visit, if your doctor orders tests, or diagnoses a pre-existing condition or illness, those services may lead to some out-of-pocket costs in the form of deductibles, copays or coinsurance.

Prostate exams and prostate specific antigen (PSA) tests
Pelvic exams and pap smears*, including those performed at the direction of a Physician in a mobile facility certified by Centers for Medicare and Medicaid Services (CMS).
Mammograms if ordered by a Physician, including those performed at the direction of a Physician in a mobile facility certified by CMS.
Colorectal cancer exams* and laboratory tests consisting of a digital rectal exam and the following: fecal occult blood test, flexible sigmoidoscopy, colonoscopy, double contrast barium enema
Newborn hearing screening, audiological assessment and follow-up, and initial amplifications
Childhood Immunizations* <ul style="list-style-type: none"> • At least 5 doses of vaccine against diphtheria, pertussis, tetanus; • At least 4 doses of vaccine against polio, Haemophilus Influenza Type b (Hib); • At least 3 doses of vaccine against Hepatitis B; • 2 doses of vaccine against measles, mumps, and rubella; • 2 doses of vaccine against varicella; • At least 4 doses of vaccine against pediatric pneumococcal (PCV7); • 1 dose of vaccine against influenza; • At least one dose of vaccine against Hepatitis A; • 3 doses of vaccine against Rotavirus; • Such other vaccines and dosages as may be prescribed by the State Department of Health
Lead testing
Outpatient physician examinations*
Chest x-ray
Electrocardiogram (EKG)

Additional examinations, testing and services: <ul style="list-style-type: none"> • Hemoglobin/Complete Blood Count (CBC) • Metabolic screening* • Hearing exams
Immunizations: Covered Immunizations are limited to the age ranges and gender recommended by the Advisory Committee on Immunization Practices and/or adopted by the Center for Disease Control.* <ul style="list-style-type: none"> • Catch-up for Hepatitis B • Catch-up for varicella • Catch-up for MMR • Tetanus boosters as necessary, including tetanus, diphtheria and pertussis; diphtheria and tetanus; and tetanus only • Pneumococcal vaccine • Influenza virus vaccine • Meningococcal vaccine • Catch-up for Hepatitis A • HPV vaccine • Zoster vaccine • Polio vaccine • Haemophilus Influenza Type b (Hib) vaccine
Urinalysis
Glucose screening
Thyroid stimulating hormone screening
Lipid cholesterol panel
HIV screening
HPV testing†
Chlamydia Trachomatis testing
Gonorrhea testing

ROUTINE SERVICE/PROCEDURE

Abdominal aortic aneurysm screening: men	One-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked.
Alcohol misuse: screening and counseling	Clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.
Aspirin to prevent cardiovascular disease: adults	Initiating low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer in adults aged 50 to 59 years who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.
Bacteriuria screening: pregnant women	Screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.
Blood pressure screening: adults	Screening for high blood pressure in adults age 18 years and older obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.
BRCA risk assessment and genetic counseling/testing	Primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
Breast cancer preventive medication	Clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.
Breast cancer screening	Screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older.
Breastfeeding interventions [†]	Provide interventions during pregnancy and after birth to promote and support breastfeeding.
Cervical cancer screening	Screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.
Chlamydia screening: women*	Screening for chlamydia in sexually active women age 24 years or younger and in older women who are at increased risk for infection.
Colorectal cancer screening	Screening for colorectal cancer starting at age 50 years and continuing until age 75 years.
Contraceptive methods and counseling [†]	All FDA-approved contraceptive methods, sterilization procedures, and patient education and counseling for women with reproductive capacity.
Dental caries prevention: infants and children up to age 5 years	Application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. Primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.

Continued on next page

ROUTINE SERVICE/PROCEDURE

Depression screening: adolescents	Screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
Depression screening: adults	Screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
Diabetes screening	Screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.
Falls prevention in older adults: exercise or physical therapy	Exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.
Falls prevention in older adults: vitamin D	Vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.
Folic acid supplementation	All women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.
Gestational diabetes mellitus screening†	Screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation.
Gonorrhea prophylactic medication: newborns	Prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum.
Gonorrhea screening: women	Screening for gonorrhea in sexually active women age 24 years or younger and in older women who are at increased risk for infection.
Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors	Offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.
Hemoglobinopathies screening: newborns	Screening for sickle cell disease in newborns.
Hepatitis B screening: nonpregnant adolescents and adults	Screening for hepatitis B virus infection in persons at high risk for infection.
Hepatitis B screening: pregnant women	Screening for hepatitis B virus infection in pregnant women at their first prenatal visit.
Hepatitis C virus infection screening: adults	Screening for HCV infection in persons at high risk for infection. Also recommends offering a 1-time screening for HCV infection to adults born between 1945 and 1965.
HIV screening: nonpregnant adolescents and adults*	Clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.
HIV screening: pregnant women*	Clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.
Hypothyroidism screening: newborns	Screening for congenital hypothyroidism in newborns.

Continued on next page

ROUTINE SERVICE/PROCEDURE

Intimate partner violence screening: women of childbearing age [†]	Clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.
Lung cancer screening	Annual screening for lung cancer with low-dose computed tomography in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.
Obesity screening and counseling: adults	Screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions.
Obesity screening and counseling: children and adolescents	Clinicians screen for obesity in children and adolescents age 6 years and older and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.
Osteoporosis screening: women	Screening for osteoporosis in women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.
Phenylketonuria screening: newborns	Screening for phenylketonuria in newborns.
Preeclampsia prevention: aspirin	Use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.
Rh incompatibility screening: first pregnancy visit	Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.
Rh incompatibility screening: 24–28 weeks' gestation	Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.
Sexually transmitted infections counseling [†]	Intensive behavioral counseling for all sexually active adolescents and for adults at increased risk for sexually transmitted infections.
Skin cancer behavioral counseling	Counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.
Statin preventive medication: adults ages 40–75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater	Adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.
Syphilis screening: nonpregnant persons	Clinicians screen persons at increased risk for syphilis infection.
Syphilis screening: pregnant women	Clinicians screen all pregnant women for syphilis infection.

Continued on next page

ROUTINE SERVICE/PROCEDURE

<p>Tobacco use counseling and interventions: nonpregnant adults</p>	<p>Clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco. This includes at least two tobacco cessation attempts per year (both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by an in-network health care provider without prior authorization.</p>
<p>Tobacco use counseling: pregnant women</p>	<p>Clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. This includes at least two tobacco cessation attempts per year (both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by an in-network health care provider without prior authorization.</p>
<p>Tobacco use interventions: children and adolescents</p>	<p>Clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents. This includes at least two tobacco cessation attempts per year (both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by an in-network health care provider without prior authorization.</p>
<p>Tuberculosis screening: adults</p>	<p>Screening for latent tuberculosis infection in populations at increased risk.</p>
<p>Visual screening: children</p>	<p>Vision screening at least once in all children ages 3 to 5 years to detect amblyopia or its risk factors.</p>

Out-of-Network Services: All services received from an out-of-network provider are subject to out-of-network deductibles and coinsurance, except for childhood immunizations, which are paid at 100%. This summary is being provided for informational purposes only and is subject to change. Routine Preventive Care Services are subject to the terms, conditions and limitations of your Contract/Certificate of Coverage.

* Indicates services that are required by the Affordable Care Act (ACA) but are already covered by Blue KC.

† Indicates services that are required by the ACA as part of the Preventive Services for Women.

This information is intended as a reference tool for your convenience and is not a guarantee of payment. Your provider has access to current diagnosis and procedure codes associated with these services for correct claims submission.



FINDING A PROVIDER

WHERE TO GO FOR HEALTHCARE



Your health and wellness are important to us. We want to help you make the best decision about where to go for medical care. The following guidelines and chart can help you determine when and where you should go to seek medical care.

First Option: Primary Care Provider

If the care you need is not an emergency, make an appointment with your Primary Care Provider (PCP). If you're not sure if you require emergency care, contact your PCP to help you evaluate your symptoms and determine where you need to go.

Wherever you receive care, you should notify your PCP of your visit. Keeping your PCP informed is the best way to ensure he or she is aware of your medical history.

Alternative Option: Urgent Care Center, Walk-In Clinic or Retail Telehealth (Amwell)

If you need to take care of a problem right away because you feel sick or uncomfortable and a PCP is not available, an urgent care center or walk-in clinic is the next best option. These clinics usually offer walk-in service, and are often open before and after regular business hours and on weekends. In most cases, an appointment is not necessary.

Additionally, if you are experiencing symptoms of a commonly treated condition such as a sinus infection, migraine or the flu, Telehealth services from American Well (Amwell*) can help 24/7. Just download the Amwell app to your smart phone or tablet, or visit Amwell.com. After creating an account, you can view a list of available board-certified doctors and select one to engage in a secure live video visit.

* American Well's online Care Group is an independent provider contracted to participate in Blue KC's commercial provider networks. Services are limited to medical and children's medical services only.

Emergency Options: Emergency Room

Emergency rooms are set up to focus on medical emergencies, not routine healthcare. When you go to the emergency room, a healthcare provider, who may not be familiar with your medical history, will determine whether you need emergency care. We also want you to be aware that if you go to the ER for a problem that is not an emergency, it may cost you more.

IMPORTANT: Members with serious or life-threatening injuries or illnesses should be taken directly to an emergency room, or you should call 911. When you visit an emergency room, we ask that you notify Blue KC within 48 hours of the admission time, or as soon as reasonably possible.

Why Does it Matter to Me?

If you go to the emergency room for a problem that is not an emergency:

- You may wait longer
- You may pay more
- Your care will come from someone who doesn't know your medical history

Be Prepared

Search for hospitals, pharmacies, walk-in clinics and urgent care centers at BlueKC.com. You may also contact Blue KC Customer Service by calling the phone number printed on your Member ID Card.

GUIDE TO FINDING THE BEST CARE OPTION

	Primary Care Provider	Walk-in Clinic	Telehealth/ Amwell	Urgent Care Center	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	○	○		○	
Animal Bites				○	
Stitches				○	
X-rays				○	
Back Pain	○			○	
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					○
Cut or wound that won't stop bleeding					○
Major Injuries					○
Possible Broken Bones					○

DOCTOR AND HOSPITAL FINDER



Locate a Quality Provider that Fits Your Preferences

The Doctor and Hospital Finder helps you make more informed decisions using many features like **search filters, comparison options, provider reviews** and **quality information**.

An important feature of this search tool is the ability to search for a **Blue Distinction Total Care doctor**. Blue Distinction Total Care doctors focus on *health* care instead of sick care. These doctors go above and beyond to enhance the overall health of their patients, providing preventive services and health coaching, and supporting patients with chronic conditions to better meet their care needs.

Log into MyBlueKC.com

To view the most accurate information related to your Blue KC network, be sure to **first log in** as a member on MyBlueKC.com.



1. Log in or register

(If this is your first time logging in, you will need your Blue KC member ID card to reference.)

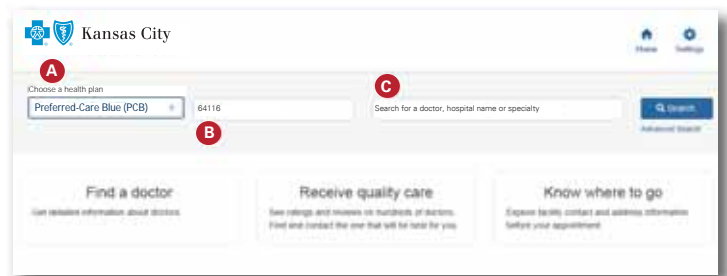
2. After logging in, you will see the same menu screen at the top. Click **Find a Doctor**.

Start Your Search

A. Choose your health plan – If you logged in, your plan’s network should already display. If it does not, see your Blue KC member ID card; your network appears on the top of the ID.

B. Location – Select the location that you would like to search (city, ZIP code, etc.). The radius default is 25 miles; you can adjust to as low as one mile on the search results page.

C. Search by – You can search a variety of ways; simply enter a doctor or hospital name, a health condition, or even a specialist type that treats a health condition.



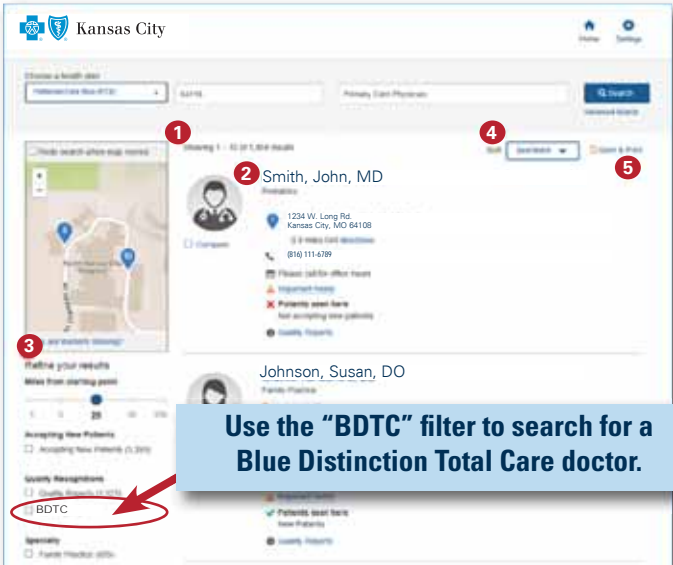
FIND A DOCTOR OR HOSPITAL, PLUS BLUE DISTINCTION TOTAL CARE DOCTORS

Log into the Blue KC Doctor and Hospital Finder on MyBlueKC.com to find the most up-to-date search results for doctors, hospitals, or other healthcare providers in your network.

Narrow Search Results

After you run a search you will see the following:

1. Match Listing - See how many results your search produced based on your search criteria.
2. Search Results - See the providers that matched your search criteria, plus a link to view their profile.
3. Filters to Find Total Care Providers - Use search filters to narrow results based on provider **gender, distance, specialty, languages spoken** and **quality recognitions** including the filter **“BDTC” to find a Blue Distinction Total Care doctor.**
4. Sort - Sort the results based on the search criteria (default), distance, or alphabetically.
5. Save and Print - Create a customized directory based on your search and save as a PDF, email or print it.



Use the “BDTC” filter to search for a Blue Distinction Total Care doctor.

Compare Providers

With your search results, you can select various providers or facilities to compare.

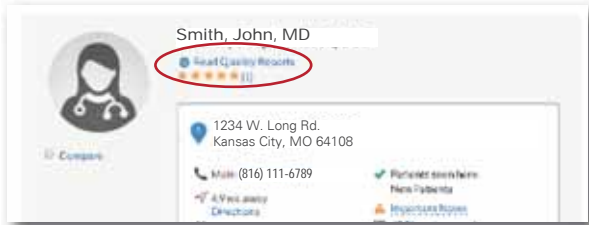
- From your search results, select providers to compare.
- After selecting providers, you’ll have a side-by-side comparison of each profile so you can see how they rank.

Selected	Smith, John, MD	Doe, Jane, MD	Adams, G. MD
Gender	Male	Female	Male
Specialty	Family Practice	Family Practice	Family Practice
Patients seen here	New Patients	New Patients	New Patients
Board Certification	No data available	No data available	No data available
Education	Washington University Washington University University of Kansas Medical Center	St. Louis University St. Louis University Hospital	Seattle University University of Kansas School of Medicine Clemson University School of Medicine



Provider Reviews

Easily read and write provider reviews and rate your care on a scale of one to five stars. Your feedback helps doctors and staff make improvements, plus, by rating your doctor, you will help others locate physicians with high patient satisfaction scores. Surveys are confidential – doctors will not know you rated them.



Cost Information

The Blue KC cost forecaster uses 12 months of claims data to provide a cost range for over 1,000 of the most common, elective procedures. For example, the total cost for a knee replacement at a specific hospital may be \$19,000 to \$23,000.

The cost forecaster tool can be found on the **Get Care** page of MyBlueKC.com, then click **What I Need to Pay**.



Having Trouble?

Please call the Customer Service number found on the back of your Blue KC member ID card.

THE BLUECARD PROGRAM

Stay covered no matter where life takes you.



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.

TheBlueCard®

Now, Home Is Where The Card Is®

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

- Visit the Blue National Doctor & Hospital Finder at BCBS.com

Locate Doctors and Hospitals

- Download the free Blue National Doctor and Hospital Finder app for iPhone, iPad and iPodTouch
- Call BlueCard Access at 1-800-810-BLUE (2583) to get info about doctors and hospitals in your area

If you're a PPO member, always use a BlueCard PPO doctor or hospital to make sure 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.

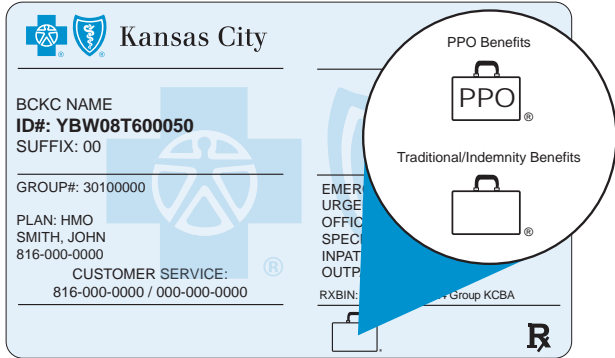
 **In the United States**

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



After you receive care, you should:

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



In an emergency, go directly to the nearest hospital.

 **Around the World**

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 www.bcbsglobalcore.com.



BCBS GLOBAL CORE

Healthcare Coverage When You're Traveling or Living Abroad.



As a Blue Cross and Blue Shield of Kansas City (Blue KC) member, you take your healthcare benefits with you when you are abroad. Through the Blue Cross Blue Shield Global Core program, you have access to doctors and hospitals around the world.

TO TAKE ADVANTAGE OF THE PROGRAM

- Always carry your current Blue KC member ID card.
- Before you travel, contact Blue KC for coverage details. Coverage outside the United States may be different.
- If you need to locate a doctor or hospital, call the Service Center for Blue Cross Blue Shield Global Core (see number below). An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization if necessary.
- If you need inpatient care, call the Service Center (see number below) to arrange direct billing. In most cases, you should not need to pay upfront for inpatient care except for the out-of-pocket expenses (non-covered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit the claim on your behalf.
- In addition to contacting the Service Center, call Blue KC for precertification or preauthorization. Refer to the phone number on the back of your member ID card. *Note: This number is different from the phone number listed below.*
- For outpatient and doctor care or inpatient care not arranged through the Service Center, you may need to pay upfront. Complete a Blue Cross Blue Shield Global Core International claim form and send it with the bill(s) to the Service Center (the address is on the form). You can also submit your claim online or through the Blue Cross Blue Shield Global Core mobile app. The claim form is available from Blue KC or online at www.bcbsglobalcore.com.

In an emergency, go directly to the nearest hospital

To learn more about Blue Cross Blue Shield Global Core:

- Visit www.bcbsglobalcore.com.
- Use the Blue Cross Blue Shield Global Core app for Android*, iPhone, and iPod touch.** (Rates from your wireless provider may apply).
- Call Blue KC.
- Call the Service Center at 1-800-810-2583 or collect at 1-804-673-1177, 24 hours a day, seven days a week.

The Blue Cross Blue Shield Global Core program was formerly known as BlueCard Worldwide®.

Blue Cross, Blue Shield, the Blue Cross and Blue Shield symbols, BlueCard, BlueCard Worldwide, and Blue Cross Blue Shield Global are trademarks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies.

*Android is a trademark of Google Inc. **Apple, the Apple logo, iPod touch, and iTunes are trademarks of Apple Inc., registered in the U.S. and other countries. iPhone is a trademark of Apple Inc. App Store is a service mark of Apple Inc.

TheBlueCard®
Now, Home Is Where The Card Is®



BRINGING HOME GREAT CARE

NURSE LINE BENEFITS

24-hour Nurse Line.



As a Blue KC member, you deserve to be confident in your health. That's why we have a team of experienced and registered nurses ready and waiting to answer questions, offer advice and help you live healthy and well.

Our nurses have an average of 18 years of clinical experience, and most important, they're available to you 24 hours a day, 7 days a week, 365 days a year.

How can we help?

These are just a few of the many ways our Care Advisors can help you:

- Gain convenient access to quality care
- Become better informed about healthcare
- Gain confidence when speaking to providers during office visits
- Become educated on self-care for non-urgent injuries and illnesses
- Improve your knowledge of drugs and medications
- Live better with healthy lifestyle tips

As part of this service, you'll also have 24-hour access to an Audio Health Library that contains more than 1,500 topics in English and Spanish, as well as current community health concerns and announcements.

Call us. You'll be glad you did.

877-852-5422

SAVE TIME WITH TELEHEALTH VISITS

24/7 Access to Care for Common Medical Issues.

Great healthcare doesn't have to stop at your doctor's office. Blue KC expanded its networks to include American Well (Amwell)*, bringing you care from the comfort and convenience of your home or wherever you are.

Use this service for easy access to care for common medical issues like cold, flu, fever, abdominal pain, migraines, possible ear infection, rash and sinusitis.



Get Started Today

1. Download the Amwell Mobile App or visit Amwell.com.
2. Create an account in a few simple steps. Be sure to use your Blue KC member ID card in order to input your insurance information.
3. View a list of available doctors, their experience and ratings, and select one.
4. Stream a live visit directly from the Web or your mobile device.

TELEHEALTH BENEFITS



Open 24 Hours

Doctors are available 24 hours a day, 365 days a year.



Safe & Secure

Your information is kept private throughout the visit.



Care that Goes Anywhere

Install the mobile app and access healthcare from anywhere, anytime.



No Appointments

Just sign in – no more waiting rooms.

To learn more about Telehealth and the Amwell app, visit Amwell.com.

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

SUPPORT FOR SERIOUS HEALTH CONDITIONS



We care about your health and access to care. The following information provides an overview of some resources available to Blue KC members.

Case Management

Members with serious (or chronic) health conditions may obtain the help of a Blue KC case manager. Blue KC nurse case managers work with you or your healthcare representative to maximize your benefits, provide education about your medical condition and work closely with your healthcare team to coordinate your care. Members who require medical services such as medical equipment, home health nursing, hospice care, placement in a skilled nursing facility or special community services may be eligible for a case manager. Case managers may also be assigned to high-risk pregnant women, transplant candidates and children.

For more information about Case Management, call **816-395-2060** or toll free **1-866-859-3811**.

Healthy Companion™ Program

Our Healthy Companion program provides services specific to your ongoing health needs. Our condition management nurse team can help you deal with chronic obstructive pulmonary disease (COPD), congestive heart failure, diabetes, heart disease, hypertension, metabolic syndrome, stress, anxiety and depression. Some Blue KC members receive education and reminders only by mail, while others communicate over the phone with a Healthy Companion Nurse.

For more information about the Healthy Companion program or to enroll, call **816-395-2076** or toll free **1-866-859-3813** or send an email to **HealthyCompanion@BlueKC.com**.

Utilization Management

Our Utilization Management Team reviews requests for coverage to ensure you are receiving the most appropriate and medically necessary care possible. The responsibilities of this team include:

- **Prior Authorization** – a review of select procedures or prescription drugs conducted in partnership with your physician. This is our way of ensuring that you are receiving the most appropriate care for your needs. A list of services and medications that require prior authorization can be found in the Get Care section of MyBlueKC.com. Blue KC employees are not compensated for conducting reviews based on denials of coverage.
- **Concurrent Review** – takes place during a hospital stay to allow Blue KC to work with your doctor in the coordination of your care.
- **Retrospective Review** – occurs after services have been provided when a pre-service review or notification of an emergent inpatient admission did not occur. Blue KC nursing staff conducts a review to ensure the service(s) received were medically necessary and at the proper level of care.



PHARMACIES

CLOSE-UP ON GENERIC DRUGS

A Quality, Cost-Efficient Alternative

Using a generic instead of a brand name drug can help save you money.

Understanding Generics

What are generic drugs?

Generic drugs are less expensive, unbranded versions of brand name drugs. They are made with the same active ingredients and are available in the same strength and dosage as the brand name versions.

What process do generic drugs go through for approval?

A generic drug has to meet the same strict standards the U.S. government sets for a brand name drug.

Do all drugs have generic equivalents?

No. A generic version does not exist for every brand name drug. Some brand name drugs are protected by patents for up to 20 years, so a generic cannot be produced immediately. However, about half of all prescription drugs currently on the market do have a generic version available.

Availability

How can I get generic drugs?

Call your doctor and ask if any prescriptions you are currently taking can be filled with a generic version, or double-check with your pharmacist to be sure that you're receiving the most cost-effective prescription medication.



STEP THERAPY PROGRAM

How Blue KC steps up to cover certain high-cost medications.

Step therapy is an approach to prescription drugs that encourages safe, cost-effective coverage. Here's how it works: If you need a high-cost prescription medication, we absolutely want you to have it. But first, we might encourage you to try a proven, cost-effective medication before progressing to that more costly treatment. As always, the ultimate treatment decisions are between you and your doctor.

Understanding Step Therapy

Why step therapy?

We want our members to consider the safest, most cost-effective drug therapy before progressing to riskier, more costly treatments.

Do more expensive drugs work better?

Cost is not an indication of a drug's safety or effectiveness. A brand name drug may have a less-expensive generic or therapeutic alternative that works just as well and meets the same standards set by the U.S. Food and Drug Administration.

How does step therapy work?

The step therapy program requires that you have a prescription history for a "first-line" medication before your benefit plan will cover a "second-line" drug.

Sample Drug Categories

To promote the use of generic medications when appropriate, the following programs* have been implemented into the Blue KC step therapy programs:

- **Angiotensin Converting Enzyme (ACE) Inhibitors/Angiotensin II Receptor Blockers (ARBs)** – medications for hypertension
- **Calcium Channel Blockers (CCBs)** – medications for hypertension
- **Doxycyclines** – medications used for acne
- **Fibrates** – medications used for cholesterol
- **Nasal Steroids** – medications for allergies
- **Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)** – anti-inflammatory medications for arthritis and pain
- **Proton Pump Inhibitors (PPIs)** – medications for gastroesophageal reflux disease (GERD) or stomach acid
- **Sedative Hypnotics** – medications for sleep
- **Selective Serotonin Reuptake Inhibitors (SSRIs)/Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs)** – medications for depression
- **Statins** – medications for cholesterol
- **Topical Acne and Corticosteroids** – medications used for acne and skin inflammation

- A first-line drug is sometimes a generic drug that is recognized as safe and effective in treating a specific medical condition, as well as being a cost-effective treatment.
- A second-line drug is a less-preferred or potentially more costly treatment option.

Step 1 – When possible, your doctor should prescribe a first-line medication appropriate for your condition.

Step 2 – If your doctor determines that a first-line drug is not appropriate for you or is not effective in treating your condition, your prescription drug benefit will cover a second-line drug when certain criteria are met.

How does my prescription drug coverage work?

Review your prescription drug benefit to determine if the medication you are taking is included. If you are taking a medication that is part of the step therapy program, your coverage may be impacted. Call the Blue KC Pharmacy line at 816-395-2176 or toll free at 800-228-1436 to confirm.

If you start taking a medication that is included in the step therapy program after the program becomes part of your prescription drug benefit, your physician will need to write you a prescription for a first-line medication or submit a prior authorization request for your current prescription before you can receive coverage for the drug.

LEARN MORE Let's discover the prescription medications that are right for you together. Visit [MyBlueKC.com](https://www.mybluekc.com) for more.

*Additional categories may be added. Programs are subject to change. For some medication classes, multiple generic medications now exist. In many cases, members are required to try a generic medication before initiating therapy with a brand name medication.

BRAND NAME ALTERNATIVES

Ask your doctor if a generic alternative or therapeutic equivalent is right for you.

We've developed this quick reference guide of brand name prescription drugs and their generic alternatives. Many brand name drugs also have a therapeutic equivalent available. For a complete list of prescription drugs, their copay tier levels, limits, frequently asked questions and prior authorization requirements, visit BlueKC.com/Directories and select the pharmacy network directory appropriate for your health insurance plan.

CONDITION	BRAND NAME	GENERIC
Acid Reflux	Aciphex	Rabeprazole
	Axid*	Nizatidine
	Nexium*	Esomeprazole
	Pepcid*	Famotidine
	Prevacid*	Lansoprazole
	Prilosec*	Omeprazole
	Protonix	Pantoprazole
	Zantac*	Ranitidine
Arthritis/Pain	Arthrotec	Diclofenac/Misoprostol
	Celebrex	Celecoxib
	Daypro	Oxaprozin
	Feldene	Piroxicam
	Lodine	Etodolac
	Mobic	Meloxicam
	Naprosyn	Naproxen
	Relafen	Nabumetone
	Ultram/Ultracet	Tramadol and APAP
	Voltaren/Cataflam	Diclofenac
	Depression	Celexa
Cymbalta		Duloxetine
Effexor XR		Venlafaxine ER

CONDITION	BRAND NAME	GENERIC
Depression <i>Continued</i>	Effexor	Venlafaxine
	Lexapro	Escitalopram
	Paxil	Paroxetine
	Paxil CR	Paroxetine ER
	Prozac	Fluoxetine
	Wellbutrin	Bupropion
	Wellbutrin SR	Bupropion SR
	Wellbutrin XL	Bupropion XL
	Zoloft	Sertraline
	Diabetes	Actos
Amaryl		Glimepiride
Glynase		Glyburide
Glucophage		Metformin
Glucophage XR		Metformin ER
Glucotrol XL		Glipizide
Glucovance		Glyburide/Metformin
Metaglip		Glipizide/Metformin
Precose		Acarbose
High Blood Pressure (ACE/ARBs)		Accupril
	Altace	Ramipril
	Atacand	Candesartan

CONDITION	BRAND NAME	GENERIC	CONDITION	BRAND NAME	GENERIC
High Blood Pressure (ACE/ARBs) <i>Continued</i>	Avapro	Irbesartan	High Blood Pressure (Combinations)	Avalide	Irbesartan/HCTZ
	Benicar	Olmesartan		Benicar HCT	Olmesartan/HCTZ
	Cozaar	Losartan		Diovan HCT	Valsartan/HCTZ
	Diovan	Valsartan		Hyzaar	Losartan/HCTZ
	Lotensin	Benazepril		Micardis HCT	Telmisartan/HCTZ
	Micardis	Telmisartan		Prinzide/Zestoretic	Lisinopril/HCTZ
	Monopril	Fosinopril		Ziac	Bisoprolol/HCTZ
	Vasotec	Enalapril		High Cholesterol	Crestor
	Univasc	Moexipril	Lescol		Fluvastatin
	Zestril/Prinivil	Lisinopril	Lipitor		Atorvastatin
High Blood Pressure (Beta Blockers)	Lopressor	Metoprolol	Mevacor		Lovastatin
	Tenormin	Atenolol	Niaspan		Niacin
	Toprol XL	Metoprolol SR	Pravachol		Pravastatin
	Zebeta	Bisoprolol	Vytorin		
High Blood Pressure (Calcium Channel Blockers)	Cardizem CD	Diltiazem ER	Zocor	Simvastatin	
	Calan	Verapamil	Sleep Disorder	Ambien	Zolpidem
	Norvasc	Amlodipine		Lunesta	Eszopiclone
	Plendil	Felodipine		Restoril	Temazepam
Procardia XL	Nifedipine ER	Sonata		Zaleplon	

* Over the Counter (OTC) drugs are available without a prescription and are not covered by your Blue KC prescription drug plan.

MORE WAYS TO SAVE ON PRESCRIPTIONS

There are new ways to save on prescription medications. Blue KC has partnered with Rx Savings Solutions to bring cutting-edge technology that will notify you via text message and/or email when you and your family can save at the pharmacy.

Some of the ways you might save include:

- Switching pharmacies
- Trying a generic or a different generic medication
- Trying therapeutic alternatives

DID YOU KNOW?



Rx Savings Solutions was **created by a pharmacist** who found ways to help consumers save money.

Prescription **prices can vary widely**, even within the same ZIP code.

STEP 1

GET TEXT AND EMAIL ALERTS



HOW TO SET UP ALERTS

A Visit **MyBlueKC.com**. If you are a first-time visitor, click **REGISTER NOW**. Please have your member ID card available to reference.

B Once logged in, click on the **Pharmacy tab** at the top. Then click the button **SAVE ON PRESCRIPTIONS**.

C Once on the Rx Savings page, fill in your **email address** and **mobile phone number**.

Start receiving email and/or text alerts from Rx Savings Solutions!



STEP 2

REVIEW YOUR SAVINGS OPTIONS AND SHARE WITH YOUR DOCTOR



Example: Switch from Pharmacy A to Pharmacy B.

Example: Switch to a different, equally effective medication.*

STEP 3

START SAVING ON PRESCRIPTIONS



*Your doctor (or your dependent's doctor) must agree with the recommendation(s) before any medication(s) is changed or adjusted.

Don't Want to Wait?

- You don't have to wait for a savings email or text message. Take a look for yourself and start saving today.
- Log in to MyBlueKC.com.
- Click on the pharmacy savings image.
- Check your Rx Savings Solutions homepage for savings opportunities or use the search feature to view different medications.



For more information, call the Customer Service number listed on your Member ID card.





HOME PRESCRIPTION DELIVERY

Getting Started With Your Order.

Express Scripts handles millions of prescriptions each year through home delivery.

Getting Started with Home Delivery

For regulatory reasons, prescription orders are handled most effectively when the original prescription is mailed to Express Scripts. Please allow 14 days from the date that you mail your prescription for the initial fill. If a patient has less than a 14-day supply of medication on hand, a short-term supply should be obtained from a local retail pharmacy to prevent interruption of therapy.

Choose from Three Options to Start

1. Complete a Home Delivery Order Form Online

Home Delivery Order Forms can be found on BlueKC.com. Simply log in, click Pharmacy and select the Home Delivery link. Click Continue to be redirected to the Express Scripts website.

Once redirected, select Start a New Prescription at Your Home Delivery Pharmacy on the right-hand side of the page, complete the form and print. Include additional information as necessary. Please read all instructions when mailing or faxing your order form and your new prescription from your doctor to Express Scripts.

2. Complete a Home Delivery Order Form

If you have a hard copy of the home delivery order form in your enrollment packet or have received it from your Blue KC marketing representative, please complete the form as directed. Once completed, include your new prescription from your doctor and mail it in the envelope that has been provided.

3. Contact Express Scripts Patient Contact Center

Contact Express Scripts toll free at 1-888-218-2579. You will be assisted by their Member Choice Center Team to obtain information about you and your prescribing doctor. The Member Choice Center Team will contact your doctor regarding your new prescription and set up your home delivery in one simple phone call.

Express Scripts Contact Information	
Express Scripts Patient Care Advocates (PCA)	Customer Service: 1-888-218-2579 Available 24 hours
	Physician Fax: 1-877-207-0438 Available 24 hours
	Physician Call-in: 1-800-553-3750
	For physicians and physician's office use only. Some prescriptions cannot be accepted by phone or fax (Class II controlled substances).
Home Delivery Address	Express Scripts P.O. Box 6657 St. Louis, MO 63166-9818
	Remember to allow 14 days for the prescription order to be processed, and obtain a 30-day fill at retail if needed.

Required Order Form Information

- Member ID – as listed on the front of your Blue KC member ID card
- Full name – as listed on your Blue KC member ID card
- Name of the prescribing physician
- Date of birth for member seeking to fill a prescription
- Medications being taken by the member who is ordering prescriptions
- Allergies, illnesses or medical conditions (i.e., asthma, high blood pressure).

Note: If the prescription received is incomplete (i.e., missing patient information), a pharmacy technician will try once within a two-day period to contact the physician's office or patient for clarification. If Express Scripts calls or sends a fax, it is important that a response is received by the next business day to ensure fulfillment of the patient's prescription.

Prescription Information

If you and your doctor agree that you are stabilized on the medication and dosage you are currently taking, request a new prescription from the doctor, written for up to the maximum mail order day supply plus refills. Check the prescription before leaving the doctor's office to make sure of the following:

- The doctor's name is legible
- The exact dosage and strengths are indicated
- The exact quantity is indicated with refills
- The full first and last name of the member is legible

Request a retail script and allow 14 days to process new mail service prescription requests.

Payment Information

Please do not send cash. Orders may be paid with:

- VISA, MasterCard, American Express and/or Discover
- Bank-issued debit card
- Personal check or money order
- Bill Me Later® account (credit approval needed)

Note: If there is a credit card on file, Express Scripts will make one attempt within a two-day period to contact the patient and get approval to fill orders greater than \$500. If there is no response and there is no past due balance on the account, the order will be released for processing. If there is a past due balance of \$40 or more for 90 days or greater, the order will be returned unfilled.

- If there is not a credit card on file, the policies in the above paragraph apply to orders greater than \$150
- Member may request to increase his/her personal dollar limit
- Member history is reviewed to determine if high-dollar exception can be bypassed without contacting the patient

If you'd like to get started with Express Scripts now, simply tear out the order form in the back of this book, then fill out and mail in as instructed.

Express Scripts is an independent company which serves as the Pharmacy Benefits Manager (PBM) on behalf of Blue KC.







LIVE HEALTHY,
LIVE WELL

BLUE365®

Healthy choices. Every day.



Exclusive Member Discounts and Services

Through Blue365, you have access to big savings on health and fitness clubs, weight loss programs, vision care and more from top brands around the country and right here in our hometown.

Featured Deals

The Blue365 program features a few exclusive deals only available for a limited time. These "Featured Deals" are offered via email to members who sign up for the program.

Sign Up Now!

Visit Blue365deals.com/BlueKC. Once you have signed up for Blue365, you'll start receiving weekly "Featured Deals" by email.

Visit Blue365deals.com/BlueKC to explore all the healthy choices and discounts available to you.

For questions, call 1-855-511-BLUE (2583) or email support@Blue365deals.com.

We designed Blue365® to support you as you make healthy choices every day and throughout your life. Blue365 gives you access to special savings on health-related products and services from leading national companies, all in one convenient place. Blue Cross and Blue Shield of Kansas City is an Independent Licensee of the Blue Cross and Blue Shield Association.

BLUE365® PARTICIPANTS

As a Blue KC member, you automatically have access to the content, tools and discounted offers available through these participating Blue365 companies:



Financial Health

Petplan Pet Insurance
Quicken Loans
Sprint



Fitness

FitBoomBah – The Flex Belt
Fitness Magazines
Garmin
Heart Rate Monitors USA
Kansas City B-Cycle
(KC Metro Only)
Polar Products
Reebok
Rugged Maniac
Skechers Direct
SNAP Fitness 24-7
Tivity Health
The Wearables Store
Wellness Codes – Zumba



Healthy Eating

Dole
eHealthPath
FitBoomBah- Bestowed
Handstand Kids
Holly Clegg Cookbooks
Jenny Craig
Nutribullet
NutriSystem
RetrofitFit



Lifestyle

Cellcontrol
Fairmont Hotels & Resorts
Harry & David®
Last Minute Travel Club
Organic Life Magazine



Wellness

eMindful



Personal Care

Aesthetic and Cosmetic Services
(KC Metro Only)
Beltone
CaringBridge
Contacts America
CORD:USE
Davis Vision
Discount Eye Care *(KC Metro Only)*
FitBoomBah – Dentisse
FitBoomBah – Kolibree Smart
Toothbrush
Hope Paige Medical Designs
Jonathan Paul Fitovers
LasikPlus
Lively
Medical Alert
QualSight LASIK
Seniorlink Care
Teeth Whitening *(KC Metro Only)*
TruHearing
Wellness Codes – Health Baby
Products

Visit Blue365deals.com/BlueKC for offer details and to explore all the healthy choices and discounts offered by Blue365. Discounts, services and participants may vary.

Blue365® offers access to savings on items that Members may purchase directly from Independent vendors. Blue365 does not include items covered under members' policies with Blue KC or any applicable federal healthcare program. To find out what is covered, call Blue KC. Blue Cross and Blue Shield Association (BCBSA) and Blue KC may receive payments from Blue365 vendors. Neither BCBSA nor Blue KC recommends, endorses, warrants or guarantees any specific Blue365 vendor or item. Discounts are NOT insurance. It is important to note that these "value-added" discounts are not covered services under the health plan. Blue KC will not pay benefits for these services. Billing and payment for these services will occur directly between the provider and the member.

LITTLE STARS® PRENATAL PROGRAM



Expecting your bundle of joy can be exciting and overwhelming. Blue Cross and Blue Shield of Kansas City (Blue KC) offers moms-to-be a special program called Little Stars. It's just one way Blue KC can help you ensure a safe and healthy pregnancy.

How Does Little Stars Work?

The Little Stars Prenatal Program offers expecting mothers educational resources as well as support from a prenatal nurse case manager if you are experiencing a high-risk pregnancy. This program is available to you at no additional cost.

Health Assessment

If you are pregnant, you can enroll in the program by visiting [BlueKC.com/PregnancyWelcome](https://www.bluekc.com/PregnancyWelcome) and complete the welcome form.

Individualized Support

If you are experiencing a particularly challenging pregnancy, a prenatal nurse case manager may contact you to help you throughout your pregnancy. Your nurse will work with your prenatal healthcare provider to meet your needs.

Education

Blue KC wants to help you learn about your pregnancy. To access pregnancy resources, log on to [MyBlueKC.com](https://www.MyBlueKC.com), then click **Living Healthy** at the top, then **Member Health Programs** and **Pregnancy**.

Member Experiences

"The support I received from the Little Stars Prenatal nurse really helped me understand everything about my pregnancy throughout each stage including labor, delivery and beyond. With that support, I was fortunate to recognize the signs of labor and delivered a healthy baby four weeks pre-term. The Little Stars prenatal nurse case manager helped me understand how to add my baby to my healthcare plan. But what I really enjoyed most was just having someone with which to share my excitement and stress."

Ella, Blue KC Member

Little Stars Program Participant

"Little Stars was absolutely wonderful! I enjoyed the one-on-one care I received from a prenatal nurse case manager outside my OB's office. Having a nurse I could talk to about issues I was experiencing with my pregnancy was wonderful, especially when I thought I was having pre-term labor. She was able to help me distinguish labor contractions from other symptoms as well as other late pregnancy signs to be watchful for and what to report to my OB right away."

Kathryn, Blue KC Member

Little Stars Program Participant

Enroll Today.

You may enroll in this program at any time following a positive pregnancy test.

For more information or to sign up, fill out the welcome form at [BlueKC.com/PregnancyWelcome](https://www.BlueKC.com/PregnancyWelcome) or call 816-395-3964 or 800-892-6116, ext. 3964.

Por favor llámenos al 816-395-3964 o al 1-800-892-6116, extensión 3964 si desea que esta información en español.

MyBlueKC.com



BREAST PUMP COVERAGE



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.

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 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.

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			Preferred-Care Blue and Preferred-Care	Blue-Care	Freedom Network and Freedom Network Select	Blue Select and Blue Select Plus	Blue Access
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	X
Expresscare Medical Services	Kansas City, KS	(913) 789-9573	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 Blue-Select or Blue-Access networks.
Progressive Medical Web: pmikc.com • Phone: (913) 685-5861 Email: service@progressivemedicalinc.com Progressive Medical is not a contracted provider in our Blue-Select or Blue-Access networks.	Yummy Mummy Web: yumyumstore.com • Phone: (855) 879-8669 Yummy Mummy is not a contracted provider in our Blue-Select or Blue-Access networks.
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 Blue-Select or Blue-Access networks.	Medline Industries, Inc. Web: medline.com • Phone: (877) 436-8522 Medline Industries is not a contracted provider in our Blue-Select or Blue-Access networks.

A HEALTHIER YOU™

Personalized Online and Mobile Wellness Program.

Our 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 on to **MyBlueKC.com*** from your computer and click on A Healthier You. **OR** Download the **Blue KC A HEALTHIER YOU** mobile app from your **app store**.

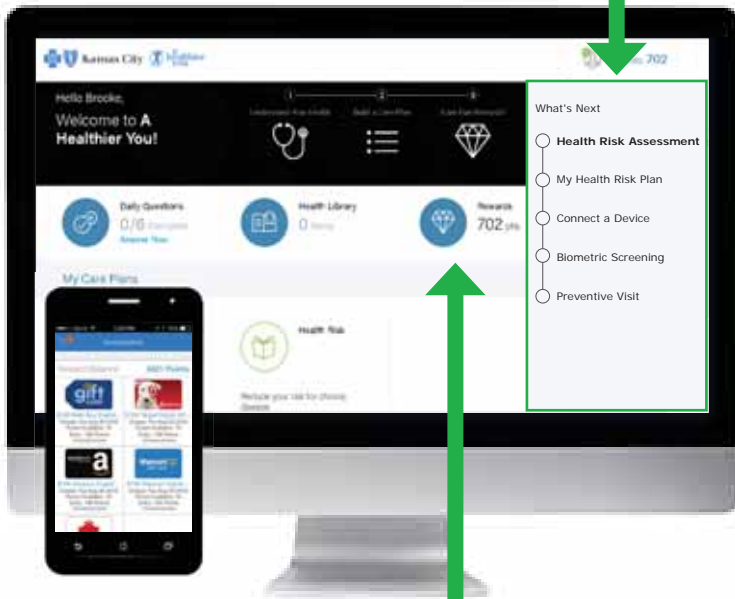
If you are a first-time visitor, please have your member ID card available to reference. *Browsers: Chrome, Firefox, Edge or IE version 11 or higher



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



START HERE & EARN POINTS



ENTER TO WIN SWEEPSTAKES!



Take the **Health Risk Assessment** and receive your personal health summary.



View your **Personalized Care plan** and view your **screening results***.
*(if available)



Complete online wellness activities and **earn points** to enter monthly sweepstakes drawings.



Connect and manage your **fitness device** for more points.



Get answers or search symptoms with the **Personal Health Assistant**.



MORE INFORMATION



IMPORTANT INFORMATION ABOUT YOUR PLAN

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

About your Benefit Summary

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

Member Rights and Responsibilities

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

You have the right to:

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

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

You have the responsibility to:

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

How to Obtain Care After Hours

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

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

Online (Website) Security Policy

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

About Utilization Management

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

Prior Authorization

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

Concurrent Review

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

Retrospective Review

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

Case Management

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

Prescription Drug Benefit

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

About our Networks and Providers

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

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

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

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

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

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

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

About “Waiver of Coverage”

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

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

About Coverage Exclusions and Limitations

Outlined in your Summary of Benefits and Coverage (SBC) are some of the services and supplies that are NOT covered under your specific program. Additional specific services may be excluded. 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 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 medical information, without your permission, for treatment, payment, and healthcare operations activities. We may use and disclose your medical information, without your permission, when required or authorized by law for public health activities, law enforcement, judicial and administrative proceedings, research, and certain other public benefit functions.

We may disclose your medical information to your family members, friends, and others you involve in your care or payment for your healthcare. 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. 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 medical information without your written authorization.

You have the right to examine and receive a copy of your medical information. You have the right to receive an accounting of certain disclosures we may make of your 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 medical information.

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

Contact Information

For more information about our privacy practices, to discuss questions or concerns, or to get

additional copies of this notice, 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, and the medical

information of others they service, for the healthcare 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 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 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 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.

We must follow the privacy practices that are described in this notice while it is in effect. This notice took effect April 1, 2006 and will remain in effect unless we replace it.

Uses and Disclosures of Your Medical Information

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

Payment: We may use and disclose your medical information, without your permission, to pay claims from physicians, hospitals and other healthcare 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 healthcare provider or another health plan for that provider or plan to obtain payment or engage in other payment activities.

Healthcare Operations: We may use and disclose your medical information, without your permission, for healthcare operations. Healthcare operations include:

- healthcare quality assessment and improvement activities;
- reviewing and evaluating healthcare provider and health plan performance, qualifications and competence, healthcare training programs, healthcare 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; 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 healthcare operations, public health activities, and research.

We may disclose your medical information to another health plan or to a healthcare 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 healthcare 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.

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 healthcare. 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: 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 healthcare 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 healthcare 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.

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 medical information, with limited exceptions.

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

Disclosure Accounting: You have the right to a list of instances after April 13, 2003, in which we disclose your medical information for purposes other than treatment, payment, healthcare 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 and never for a disclosure that occurred before April 14, 2003. 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 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 medical information for treatment, payment or healthcare 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 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 healthcare that you received for which you did not request confidential communications, or about healthcare 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 healthcare for which we paid, even though you requested that we communicate with you about that healthcare in confidence.

Electronic Notice: If you receive this notice on our website 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.

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 medical information, about amending your medical information, about restricting our use or disclosure of your medical information, or about how we communicate with you about your 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, Room 509F, Washington, D.C. 20201. You may contact the Office for Civil Rights' Hotline at 1-800-368-1019.

We support your right to the privacy of your 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, 844-395-7126 (Toll free), languagehelp@bluekc.com.

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

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

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

If you, or someone you're helping, has questions about Blue KC, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-395-7126.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-395-7126.

Chinese: 如果您, 或是您正在協助的對象, 有關於 Blue KC方面的問題, 您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員, 請撥電話1-844-395-7126。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-395-7126.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-395-7126 an.

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

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue KC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-844-395-7126.

Arabic:

إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص Blue KC ، ف لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل بـ1-844-395-7126.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue KC, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону1-844-395-7126.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue KC, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-395-7126.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue KC, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa1-844-395-7126.

Laotian: ຖ້າ ທ່ານ, ຫຼື ຄົນ ທີ່ທ່ານ ຈຳລັງຊ່ວຍເຫຼືອ, ມີ ຄຳຖາມ ກ່ຽວກັບ Blue KC, ທ່ານ ມີ ສິດ ທີ່ຈະໄດ້ຮັບ ການຊ່ວຍເຫຼືອ ອາດຈະຂໍ້ ມຸ ນຊ່ ຈອສານ ທີ່ບໍ່ ນຳສາຂອງ ທ່ານ ບໍ່ ມີ ຄ່າ ຈ້ຳຈ່າຍ. ການໂອ້ນລັກ ບໍ່ ນຳສາຂາ, ໃຫ້ ໂທ ຫາ 1-844-395-7126.

Pennsylvanian Dutch: "Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schpooch grieye, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-844-395-7126 uffrufe.

Persian:

اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Blue KC، داشته باشید حق این را دارید که کمک اطلاعات به زبان خود را به طور رایگان دریافت نمایید 1-844-395-7126. تماس حاصل نمائید.

Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-844-395-7126 tiin bilbilaa.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-395-7126.

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



Express Scripts New Patient Home Delivery Form

1. Ask your doctor to write your prescription quantity for a 90-day supply.
2. Use **ALL CAPITAL LETTERS** in **BLACK INK**. Fill in the ovals as shown (●).
3. To avoid delays, please include this completed form with your first order. Standard shipping is FREE and should arrive within 14 days from the date we receive your order.

● Fill in this oval if you have more than two family members. Write their name, date of birth, gender, allergy and health conditions along with doctor information on a separate sheet of paper.



PATIENT 1 (CARDHOLDER)

ID Card Number

First Name MI Date of Birth (MM/DD/YYYY)

Last Name Gender M F

Some medications cannot be delivered to a PO Box. Provide a street address to allow delivery of your order.

Shipping Address 1

Shipping Address 2

City State

Zip Code - Check here for rush shipment. Your order, once received and filled, will be shipped overnight for \$21.

Email

Please select one as your preferred telephone number

Daytime Phone () -

Evening Phone () -

Cell Phone () -

Doctor/Prescriber Last Name Doctor/Prescriber Phone Number () -

PATIENT 2

First Name MI Date of Birth (MM/DD/YYYY)

Last Name Gender M F

Email

Doctor/Prescriber Last Name Doctor/Prescriber Phone Number () -

PAYMENT

All individuals included in the family will be charged to this credit card.

Apply to this order only Apply to all orders

Check Card Credit Card Check / Money Order

Card #

Sign here to authorize payment X _____

Amount Enclosed

\$.

Exp. Date (MM/YY)

/



1042

Patient 1 (Cardholder)

Name: _____

I want non-child resistant caps, when available

Date of Birth (MM/DD/YYYY)

■ ■ / ■ ■ / ■ ■ ■ ■

Patient 2

Name: _____

I want non-child resistant caps, when available

Date of Birth (MM/DD/YYYY)

■ ■ / ■ ■ / ■ ■ ■ ■

Date of Birth is required for patient identification.

Failure to provide complete and accurate information may prevent the pharmacy from detecting drug related problems.

DRUG ALLERGIES

List other Allergies here:

- No Known Allergies**
- Acetaminophen/Tylenol®
- Amoxicillin
- Aspirin
- Cephalosporin (i.e., Keflex®, Cephalexin)
- Codeine
- Erythromycin, Biaxin®, Zithromax®
- NSAIDs (i.e., Ibuprofen, Naproxen)
- Oxycodone (i.e., OxyContin®, Percocet®)
- Penicillin
- Sulfa
- Tetracycline (i.e., Doxycycline, Minocycline)

List other Allergies here:

HEALTH CONDITIONS

List other Health Conditions here:

- No Known Health Conditions**
- Arthritis (715.9)
- Asthma (493.9)
- Chronic Bronchitis or Emphysema (496)
- Depression (311)
- Diabetes Type I (250.01)
- Diabetes Type II (250.00)
- Epilepsy/Seizures (345.9)
- GERD (530.81)
- Glaucoma (365.9)
- High Cholesterol (272.9)
- Hormone Replacement Therapy (627.9)
- Hypertension (401.9)
- Thyroid: Low (244.9)

List other Health Conditions here:

OTC

List other OTC that you take on a regular basis:

- No Over-the-Counter Medications**
- Acetaminophen/Tylenol®
- Advil®/ Aleve® /Motrin®
- Aspirin/Excedrin®

List other OTC that you take on a regular basis:

DEVICES

List Medical Devices here:

- No Medical Devices**
- Medical Devices (i.e., Glucose Testing Device, Insulin Pump, Nebulizer) and specify brand name and model.

List Medical Devices here:

OTHER

List other Prescription Medications here:

- No Medical Devices**
- Prescription Medications not filled through Express Scripts Pharmacy.

List other Prescription Medications here:

FDA approved generic medications will be dispensed when allowed by your doctor, subject to the terms outlined in your plan. I certify that all the information on this form is correct. I permit Express Scripts Inc. to release all information on this form concerning prescription orders to my plan sponsor, administrator or health plan for the purpose of payment, treatment or health care operations.

Signature Required X _____

MLRBCBSKC (STL MAILER) JAB14180 REV 11/18/2011

ANCHOR / KCB

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 3580 SAINT LOUIS MO

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**HOME DELIVERY SERVICE
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SAINT LOUIS MO 63166-9901**



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



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.

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 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 BlueKC.com. By doing so, the results from the Find a Doctor tool will be tailored to your specific Blue KC network.

Provider Directory Request

For a printed provider directory, please complete the information below and mail this card to Blue KC.

Preferred-Care Blue PPO	<input type="checkbox"/> Quick Reference Guide <input type="checkbox"/> Full Directory
Blue-Care HMO	<input type="checkbox"/> Facility and MD/DO Physician Listing <input type="checkbox"/> Other Healthcare Professional Listing
Preferred-Care PPO	<input type="checkbox"/> Quick Reference Guide <input type="checkbox"/> MD/DO Physician Listing <input type="checkbox"/> Allied & Other Healthcare Professional Listing
Preferred-Care PPO (Chrysler, Ford, & GM)	<input type="checkbox"/> MD/DO Physician Listing <input type="checkbox"/> Allied & Other Healthcare Professional Listing
Dental	<input type="checkbox"/> Preferred-Care PPO Dental <input type="checkbox"/> BluePremier/Traditional Dental
PPO Other	<input type="checkbox"/> Member Prescription Drug List <input type="checkbox"/> Quick Reference Guide
BlueSelect Plus	<input type="checkbox"/> Quick Reference Guide <input type="checkbox"/> Full Directory
Blue Access	<input type="checkbox"/> Quick Reference Guide <input type="checkbox"/> Full Directory

I wish to receive a printed provider directory for the network(s) indicated on the chart:

Last Name (please print)

First Name

Address

Suite/Apt. Number

City

State

Zip Code

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association.



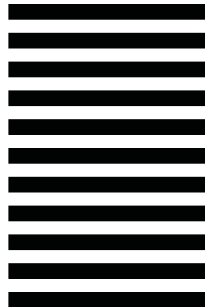
2301 Main Street | Kansas City, MO 64108
1-888-989-8842 | BlueKC.com



Provider Directory Request



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



For a printed provider directory, please complete the information on the reverse side and mail this card to Blue KC.

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 3956 KANSAS CITY MO

POSTAGE WILL BE PAID BY ADDRESSEE

BLUE CROSS AND BLUE SHIELD OF KANSAS CITY
FULFILLMENT B5C1
2301 MAIN ST
KANSAS CITY MO 64108-9702

