

CITY OF RAYMORE

Employee Benefits Summary

2017-2018





City of Raymore Benefits Guide

2017 Plan Year



Important Information

This Benefits Guide is an informational tool regarding the benefits of City of Raymore. It is designed to provide a general understanding of your benefits, describe important features of the plans and answer some of the most commonly asked questions.

While it is intended to be as accurate as possible, the explanations contained herein are subject to the detailed provisions of the legal documents and contracts of the individual plans. In the event of a discrepancy between the guide and the plan document, the plan document will prevail.

The plan year for The City of Raymore's benefits is December 1, unless otherwise stated. When you participate in our health plans or Section 125 plan, you are obligated to maintain your election through the full plan year. There is an exception if you experience any of the following Qualifying Events.

Qualifying Events

When you participate in our health plans or Section 125 plan, you are obligated to maintain your election through the full year. However, certain qualifying events may occur that would allow you to add, change or terminate your election(s). Examples of qualifying events include:

- J Birth or adoption of a child
- J Marriage or divorce
- J Legal separation
- J Loss of dependent status
- J Change in your employment status
- J Change in the employment status of your spouse or dependent
- J Gain or loss of eligibility for Medicare/Medicaid for yourself, spouse or dependent

Please note that child dependents are covered under the medical, dental and vision to age 26. Your child dependents will then term end of year on 12/31 regardless of what month they turn 26.

To change any of your elections due to a qualifying event, notify Human Resources within 30 days of the event date. If Human Resources is not notified within 30 days, you will need to wait to make any changes to your elections until the annual enrollment period. Please note that proper documentation of the qualifying event will be required. Additionally, the change you make to your election must be consistent with and appropriate for your new circumstance.

Please note that your medical and dental deductible starts over every year with services beginning January 1st. Although our plans renew and may change in December you are not responsible for a new deductible until January 2018.

Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information, contact Human Resources.

Human Resources

Contact:	Shawn Aulgur	Nancy Johnson
Phone:	816-892-3005	816-892-3031
Email:	saulgur@raymore.com	njohnson@raymore.com
Fax:	816-892-3057	816-892-3057

Insurance Consultant: Holmes Murphy & Associates

Contact:	Kevin Casey	Candise Clark
Phone:	816-857-7822	816-857-7825
Email:	KCasey@holmesmurphy.com	CClark@holmesmurphy.com

Medical Insurance

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Carrier:	BlueCross BlueShield of Kansas City
Customer Service:	888-989-8842
Website:	www.bluekc.com
Network:	Preferred Care Blue
Group Number:	29674000

Dental Insurance

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Carrier:	UNUM
Customer Service:	888-400-9304
Website:	AlwaysAssist.com
Network:	Dentemax Plus
Group Number:	

Vision Insurance

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Carrier:	EyeMed
Customer Service:	1-866-800-5457
Website:	www.eyemed.com
Network:	INSIGHT
Group Number:	1002434

Flexible Spending Account (FSA)

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Administrator:	Surency
Customer Service:	866-818-8805
Website:	www.surency.com
Group Number:	60196

Group Life, Voluntary Life, Disability & Worksite Benefits

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Carrier:	USABLE
Customer Service:	800-370-5856
Website:	www.usablelife.com
Group Number:	50020952 (Group Life, Vol Life & Disability)
Carrier:	Trustmark (worksite benefits)
Customer Service:	800-918-8877

Additional Benefit Offerings

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Long Term Care Insurance:	UNUM
Customer Service:	800-227-4165
Online EAP:	New Directions Employee Assistance Program
Web:	www.ndbh.com
Passcode:	USAL903
Phone:	800-624-5544
Retirement Plan:	VOYA
Contact:	Eric Niswonger
Phone:	800-335-8325
Email:	eric.niswonger@voyafa.com

Paid Time Off, Vacation & Sick Leave Policy

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- General Notice of COBRA Continuation Coverage Rights
- HIPAA Notice of Special Enrollment Rights
- Women's Health and Cancer Rights Act (WHCRA)
- HIPAA Notice of Privacy Practices
- BlueCross BlueShield Summary of Benefits and Coverage (SBC)
 - ❖ PPO \$1000
 - ❖ HDHP \$3000
 - ❖ PPO \$4000



MEDICAL INSURANCE

BlueCross

Benefits You Receive

City of Raymore offers three medical plan choices through BlueCross BlueShield of Kansas City. Below is a side-by-side comparison of the three plans and the amount(s) you are responsible for when you use in- and out-of network providers.

BlueCross BlueShield						
Network: Preferred Care Blue	PPO \$1000		HDHP \$3000		PPO \$4000	
	In- Network	Out-of- Network	In- Network	Out-of- Network	In- Network	Out-of- Network
Calendar Year Deductible						
Single	\$1,000	\$1,000	\$3,000	\$3,000	\$4,000	\$4,000
Family	\$3,000	\$3,000	\$6,000	\$6,000	\$8,000	\$8,000
Coinsurance Limits:	20% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Out of Pocket Maximum Includes: Deductible, coinsurance, office visit and prescription drug copays						
Single	\$4,000	\$8,000	\$3,000	\$6,000	\$4,000	\$8,000
Family	\$8,000	\$16,000	\$6,000	\$12,000	\$8,000	\$16,000
Office Visits and Preventive Care – Employee Pays						
Primary Care Provider (PCP) & Specialist	\$30 copay	50% after deductible	\$40 copay	20% after deductible	\$40 copay	20% after deductible
Preventive care	100% covered		100% covered		100% covered	
Hospital Services – Employee Pays						
Inpatient facility/surgical	20% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Outpatient facility/surgical						
Outpatient lab & x-ray						
Advanced Imaging (CT, PetScan, MRI)						
Urgent care	\$30 copay	50% after deductible	\$40 copay	20% after deductible	\$40 copay	20% after deductible
Emergency room	\$100 copay, deductible then 20% coinsurance		0% after deductible		0% after deductible	
Other Medical Services – Employee Pays						
Durable medical equipment	20% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Chiropractic Services	\$30 copay		\$40 copay		\$40 copay	
Vision exam only	\$20 copay for all plans. Out of network: \$20 copay then up to \$45 benefit max					

BlueCross BlueShield

Network: Preferred Care Blue	PPO \$1000		HDHP \$3000		PPO \$4000	
	In- Network	Out-of- Network	In- Network	Out-of- Network	In- Network	Out-of- Network

Prescription Drugs – Employee Pays			
Retail	\$15 / \$70 / \$110 / \$200	\$15 / \$70 / \$110 / \$200	\$12 / \$45 / \$70
Mail order	\$37.50 / \$175 / \$275 (4 th tier specialty drugs not available)	\$37.50 / \$175 / \$275 (4 th tier specialty drugs not available)	\$37.50 / \$175 / \$275 (4 th tier specialty drugs not available)
Out of Network RX	\$15 / \$70 / \$110/\$200 then 50% coinsurance	\$15 / \$70 / \$110/\$200 then 50% coinsurance	\$15 / \$70 / \$110/\$200 then 50% coinsurance
Mail order	2.5x copay plus 50%	2.5x copay plus 50%	2.5x copay plus 50%

Semi-Monthly Payroll Deductions

The City of Raymore pays 90% of the Employee premium and 80% for all other family tiers.

Plan Option	Coverage Tier	Full Monthly Premium	Employer Premium	Employee Per Month	Employee Per Paycheck
PPO \$1000	Employee Only	\$502.11	\$451.90	\$50.21	\$25.11
	Employee + Spouse	\$1,196.78	\$957.42	\$239.36	\$119.68
	Employee + Child(ren)	\$872.48	\$697.98	\$174.50	\$87.25
	Family	\$1,453.74	\$1,162.99	\$290.75	\$145.38
High Deductible \$3000	Employee Only	\$502.11	\$451.90	\$50.21	\$25.11
	Employee + Spouse	\$1,196.78	\$957.42	\$239.36	\$119.68
	Employee + Child(ren)	\$872.48	\$697.98	\$174.50	\$87.25
	Family	\$1,453.74	\$1,162.99	\$290.75	\$145.38
PPO \$4000	Employee Only	\$439.34	\$395.41	\$43.93	\$21.97
	Employee + Spouse	\$1047.18	\$837.74	\$209.44	\$104.72
	Employee + Child(ren)	\$763.42	\$610.74	\$152.68	\$76.34
	Family	\$1,272.02	\$1017.62	\$254.40	\$127.20



DENTAL INSURANCE

UNUM

Benefits You Receive

The City of Raymore offers two dental insurance plans through UNUM. The following chart summarizes the benefits available under the plan.

UNUM Dental Network: DenteMax Plus		
Plan Feature	Base Plan	Buy Up
Annual Benefit Maximum	\$1,250	\$1,500
Orthodontic Lifetime Benefit	None	\$1,500
Calendar Year Deductible	\$75 individual, \$225 family	\$50 individual, \$150 family
Preventive Services Oral Exams –once every 6 months Cleanings – once every 6 months Fluoride Treatment – to age 16, once every 12 months	Plan pays 100% not subject to deductible	Plan pays 100% not subject to deductible
Basic Services Full-Mouth Xrays: once every 2 years Fillings: Amalgam (silver) & Composite (white) Endodontics: root canal Simple Extractions Sealants: to age 16, once every 36 months Space Maintainers to age 16, once every 24 months	Plan pays 80% after deductible	Plan pays 90% after deductible
Major Services Bridges Dentures Crowns General Anesthesia Periodontal Surgery Inlays, Onlays	Plan pays 50% after deductible	Plan pays 60% after deductible
Orthodontia For dependents to age 19	Not Covered	Plan pays 50% \$1,500 lifetime maximum benefit

UNUM Dental Network: DenteMax Plus		
Plan Feature	Base Plan	Buy Up
Rollover Benefit- a small portion of unused funds can be carried over to the next plan year. Members must be seen for services to trigger the rollover.	Maximum Rollover Amount: \$300	Maximum Rollover Amount: \$350

Semi Monthly Payroll Deductions

The City of Raymore pays 100% of coverage for the employee and 80% for other tiers if you are enrolling in the Base Plan. The City applies the same amount towards the Buy Up Option, you are responsible for the remaining cost.

Base Plan	Full Monthly Premium	Employer Premium	Employee Per Month	Employee Per Paycheck
Employee Only	\$18.42	\$18.42	\$0	\$0
Family	\$55.16	\$44.13	\$11.03	\$5.52
Buy Up Plan	Full Monthly Premium	Employer Premium	Employee Per Month	Employee Per Paycheck
Employee Only	\$23.72	\$18.98	\$4.74	\$2.37
Family	\$76.88	\$61.50	\$15.38	\$7.69



VISION INSURANCE

EYEMED

Benefits You Receive: Vision insurance is available through EYEMED. The following chart provides an overview of the benefits you receive when you see an EYEMED provider.

EYEMED Vision Summary Network : INSIGHT				
Plan Design	In-Network		Out-of-Network	
Eye Exam	12 months			
Lenses or contact lenses	12 months			
Frames	24 months			
Eye exam	\$10 copay		Up to \$40	
Lenses, Lens Options and Frames				
Single vision lined lenses	\$25 copay		Up to \$30	
Bifocal lined lenses			Up to \$50	
Trifocal lined lenses			Up to \$70	
Standard progressive	\$90		Up to \$50	
Premium progressive	\$110 - \$135			
Frames	\$130 allowance		Up to \$91	
Contact lens	\$130 allowance		Up to \$130	
Contact lens fit & follow up	Standard – paid in full Premium – 10% off prices then apply \$55 allowance		Up to \$40	
Additional pairs benefit	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the allowance has been used		N/A	
Laser vision correction	Average 15% off retail price or 5% off promotional price			
Buy Up Plan	Full Monthly Premium	Employer Premium	Employee Per Month	Employee Per Paycheck
Employee Only	\$4.81	\$4.81	\$0	\$0
Employee Spouse	\$9.15	\$4.81	\$4.34	\$2.17
Employee Child(ren)	\$9.63	\$4.81	\$4.82	\$2.41
Family	\$14.15	\$4.81	\$9.34	\$4.67



FLEXIBLE SPENDING & DEPENDENT CARE ACCOUNT

Surency

Benefits You Receive

Each eligible employee may voluntarily redirect a portion of his or her gross pay to a flexible spending account (FSA) and/or the dependent care account (DCA) which is administered by Surency. These dollars can be used during the plan year to pay for the unreimbursed medical, dental, vision and dependent care expenses you incur.

Dependent Care Account

Maximum contribution if single or married filing jointly: \$5,000

This account allows working parents to pay for daycare and before/after school expenses with pre-tax dollars. Dependents must be a child under the age of 13, or, a child, spouse, or other dependent that is physically or mentally incapable of self-care and spends at least eight hours a day in your household. Expenses for kindergarten fees, elementary school expenses for a child in first grade or higher, and expenses paid to a housekeeper, maid, cook, etc. are NOT eligible (except where incidental to child or dependent adult care).



Medical Flexible Spending Account

Maximum contribution: \$2,600

The Medical FSA allows you to pay with pre-tax dollars for health, dental and vision expenses that are not covered by insurance.

Reimbursable expenses include:

-) Deductibles, Copays, Coinsurance
-) Splints & Casts, Prescriptions
-) Wheel chairs, Crutches, Xrays
-) Diabetes testing
-) Dental services, fillings, root canals, Orthodontia
-) Vision exams, contacts, glasses

If you have questions about qualified medical expenses, call 866-818-8805 or visit www.surency.com to view a complete list of approved expenses.

⚠ Surency 2017 Flex Reminders!! ⚠

If you have not used up your 2017 Flex dollars, you have until **2/15/2018** to incur claims. The City offers a **grace period** which means that you can incur claims in December (2017) through February 15th of 2018 and file for reimbursement from your 2017 flex account. You have until **April 15th to file all claims.**

How Flexible Spending Accounts Work

You decide how much you will spend on unreimbursed health, dental, and vision expenses, and/or dependent care costs for the plan year. You elect to redirect part of your paycheck into a pre-tax FSA. This amount can be changed only at open enrollment or if you have a qualifying event. Once you've enrolled your entire election amount is available to you on

the first day of the plan year. Use your FSA card for qualified expenses and simply swipe your card. If you prefer to pay upfront then be reimbursed, you can file a claim electronically from the Member Login and you can be reimbursed from your FSA.

Manage Your Account Online!

-) Visit www.surency.com and select Member Login, then select Surency AdvantagePlus Members.
-) From the member portal you can view your account balances, track account activity, view payment history, report lost or stolen cards, file claims and update your bank account for electronic funds transfer.

FSA Debit Card

The VISA debit card is provided at no cost and allows you to simply swipe the card at an IRS qualified service provider for payment of qualified plan expenses. You will be required to submit documentation for substantiation. Exceptions include: Plan co-payment matches and reoccurring expenses from a previously approved transaction. Receipts must indicate the name of the provider/merchant, original date of service, the type of service/purchase made, and the amount charged.

Don't forget to download the Surency FSA App (Compatible on Apple and Android)



MOBILE APPLICATION

TAKE CONTROL OF YOUR HEALTH CARE EXPENSES



Want to check your health care balances and submit receipts anywhere, anytime? We have an app for that!



Available for free on Apple or Android devices.  

- With the free Surency AdvantagePlus benefits app:
- : Check flexible spending account (FSA), dependent care flexible spending account (DC FSA), health reimbursement arrangement (HRA) and health savings account (HSA) balances
- : File new FSA claims & Request HSA Distributions
- : Upload receipts using your mobile device's camera
- : View account activity

Setting Up Your Account

1. **Download the Mobile App**
 - : Search the Apple Store or Google Play (Android) for Surency AdvantagePlus. Download the app to your device.
2. **Login to the Mobile App**
 - : Login using your username and password (same as your Member Login information)
 - : Select a 4-digit code for security
 - : If you are a new member and do not have a username and password, you can login using the information provided below.

Username: first name (all lowercase) + last four digits of Social Security Number

Password: last name (all lowercase) + last four digits of Social Security Number *

* If your last name is hyphenated, your password should be entered with no hyphen or space between the two names. See example 2 below.

Example 1: If your name is John Smith and the last four digits of your SSN are 1234, your username would be john1234 and your password would be smith1234.

Example 2: If your name is Jane Smith-Jones and the last four digits of your SSN are 1234, your username would be jane1234 and your password would be smithjones1234.

Note: If you experience any difficulty signing in to the Surency Member Login Site, please call Customer Service at 866.818.8805



LIFE AND AD&D INSURANCE

USABLE & Trustmark

Benefits You Receive

The City of Raymore provides basic group life and accidental death and dismemberment (AD&D) insurance through USABLE at no cost to the employee. Employees receive a benefit of one times annual salary, up to a maximum of \$100,000. Age reduction applies to insured individuals age 65 and above.

Voluntary Life Insurance

If you want to supplement your group life insurance benefit, you may purchase additional coverage on a voluntary basis for you, your spouse and your dependent children.

Employee Benefits:

Additional employee coverage is available in \$10,000 increments up to \$300,000 or five times your annual salary, whichever is less. The Guarantee Issue is 80,000. If you elect coverage above the Guarantee Issue amount, please contact Human Resources for an Evidence of Insurability form (medical questionnaire), which is subject to approval by USABLE.

Monitoring dependent age/eligibility is the responsibility of the employee. Notify Human Resources immediately upon ineligibility of any dependent.

Spousal Benefits:

You may purchase additional life insurance for your spouse, up to 50% of your voluntary employee coverage amount. Spouse coverage is available in \$5,000 increments. The minimum election is \$10,000 up to a maximum of \$150,000. Guarantee Issue for spouses is \$30,000. If you elect spousal coverage over the guarantee issue amount, please contact Human Resources for an Evidence of Insurability form (medical questionnaire), which is subject to approval by USABLE.

Child Benefits:

Child coverage is available in \$5,000 increments up to \$10,000. The Guarantee Issue is \$10,000. Maximum dependent age is 26. You must purchase additional life insurance for yourself, in order to purchase child coverage.

See next page for cost.

LIFE AND AD&D INSURANCE

Voluntary Cost

Term Life Coverage Rates per Month – The Life rates include ADD Benefit NOTE: Spousal rate is based on employee age		
Age Band	Employee per \$10,000 Monthly	Per Paycheck
Less than 30	\$ 1.00	\$.50
30-34	\$ 1.20	\$.60
35-39	\$ 1.30	\$.65
40-44	\$ 1.80	\$.90
45-49	\$ 2.60	\$ 1.30
50-54	\$ 4.70	\$ 2.35
55-59	\$ 7.30	\$ 3.65
60-64	\$ 8.60	\$ 4.30
65-69	\$ 14.80	\$ 7.40
70-74	\$ 34.60	\$ 17.30
75+	\$ 131.40	\$ 65.70
Child Life \$5,000 or \$10,000	\$ 1 .10 / \$2.20	\$.55 / \$ 1.10



DISABILITY BENEFITS

USAbLe & Trustmark

Benefits You Receive

Disability benefits provide income replacement if you are unable to work due to a serious health condition, non-work-related injury, or disability, which includes illness or disabilities caused by pregnancy, childbirth, long-term illness, or other disabling medical conditions.

Short-Term Disability Leave – 25% paid by City of Raymore

The City of Raymore's short-term disability leave of absence policy provides a financial benefit for employees who are unable to work due to a qualified disability. While recovering from an injury or sickness the benefit will pay you 60% of your earnings, to a maximum of \$350 per week. Since this is partially paid by your employer and is based on your individual salary, contact Human Resources for cost information.

Long-Term Disability Insurance – 100% paid by City of Raymore

Long-term disability insurance provides income replacement if you are disabled due to injury or illness and unable to work for a period greater than 90 days. If you are unable to return to work, you may receive benefits until normal retirement age. The benefit will pay 60% of your earnings, to a maximum of \$5,000 per month.

Additional Worksite Benefits - Trustmark

The following policies pay you a cash benefit in the event you and/or your family are diagnosed with a critical illness or have injuries. The brief description is provided below.

-) Accident- cash benefits for burns, dislocations, eye injuries, fractures, lacerations.
-) Critical Illness- benefit covers illnesses such as cancer, coronary artery and cerebral vascular disease.
-) Universal Life- benefits can be paid as a death benefit, living benefit or as a combination of both.

For more information on these benefits and cost, please contact Human Resources.



Additional Benefits

Long-Term Care Insurance -UNUM

Long-term care goes beyond medical care and nursing care to include all the assistance you may need if you ever have a chronic illness or disability that leaves you unable to care for yourself for an extended period of time. You can receive long-term care in a nursing home, assisted living facility, or in your own home. Although older people use the most long-term care services, a young or middle-aged person who has been in an accident or suffered a debilitating illness might also need long-term care.

City of Raymore pays for \$1,000 monthly benefit for a maximum of 3 years. You may choose a higher amount of coverage by paying for the additional cost. You can elect in \$1,000 increments up to \$9,000 per month. You can also choose your benefit duration. Options are 3 years, 6 years or lifetime.

Employee Assistance Plan (EAP) offered through New Directions Behavioral Health

The EAP online resource is full of comprehensive and trustworthy information at your fingertips. As a valued EAP member you also have access to 6 free counseling visits per incident. The online EAP features over 5,000 articles:

-) Videos featuring expert presenters
-) Legal and financial referrals
-) Childcare and parenting
-) Eldercare and caregiving
-) Personal growth
-) Behavioral health
-) Calculators and self-assessments
-) Stress

To use your online EAP go to:

www.ndbh.com and enter code USAL903, sign up for e-Directions and take time to browse the personal directions.

Retirement Plan - LAGERS

The City of Raymore makes 100% of the contribution to LAGERS. This benefit provides you a monthly benefit for life upon retirement. The benefit is vested after 5 years of service and is dependent on salary and years of service. The benefit is $\% \times \text{final average salary} \times \text{years of service} = \text{monthly benefits for life}$. The final average salary is the average of the highest 36 months of the last 120 months of wages.

457 (b) - Voya

Through salary reductions, you can contribute up to the IRS maximum of \$18,500 toward your retirement. If you are 50 or older, you may defer an additional \$6,000. Contributions and earnings are tax-deferred.



Paid Time Off, Vacation & Sick Leave



2018 EMPLOYER PAID HOLIDAY'S	
New Year's Day	Monday, January 1
Martin Luther King Day	Monday, January 15
Presidents Day	Monday, February 19
Memorial Day	Monday, May 28
Independence Day	Wednesday, July 4
Labor Day	Monday, September 3
Veterans Day	Monday, November 12
Thanksgiving	Thursday, November 22
Day-After Thanksgiving	Friday, November 23
Christmas Holiday	Monday, December 24
Christmas Holiday	Tuesday, December 25
Floating Holiday	With Approval of Supervisor

For inquiries regarding vacation and sick leave, please refer to the administrative policy.

ANNUAL MODEL NOTICES

2018

Each year, The City of Raymore is required to provide certain notices to you. Please see the following notices presented in this guide for your convenience.

-) Health Insurance Marketplace Coverage
-) Medicare Part D Notice of Creditable Coverage
-) Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
-) General Notice of COBRA Continuation Coverage Rights
-) HIPAA Notice of Special Enrollment Rights
-) Women's Health and Cancer Rights Act (WHCRA)
-) HIPAA Notice of Privacy Practices
-) BlueCross BlueShield Summary of Benefits and Coverage (SBC)
 - o PPO \$1000
 - o HDHP \$3000
 - o PPO \$4000

Notice of Marketplace Coverage Options

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact: Shawn Aulgur, saulgur@raymore.com 816-892-3005.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact: Shawn Aulgur, saulgur@raymore.com 816-892-3005.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name CITY OF RAYMORE	4. Employer Identification Number (EIN) 43-0815510	
5. Employer address 100 MUNICIPAL CIRCLE	6. Employer phone number 816-892-3005	
7. City RAYMORE	8. State MO	9. ZIP code 64083
10. Who can we contact about employee health coverage at this job? SHAWN AULGUR		
11. Phone number (if different from above)	12. Email address SAULGUR@RAYMORE.COM	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

- All employees.
- Some employees. Eligible employees are: •
EMPLOYEES REGULARLY SCHEDULED TO WORK 30 OR MORE HOURS PER WEEK.
- We do offer coverage. Eligible dependents are:
LEGALLY MARRIED SPOUSE
DEPENDENT CHILDREN TO AGE 26, REGARDLESS OF STUDENT STATUS
- We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

Medicare Part D
Notice of Creditable Coverage
Important Notice from CITY OF RAYMORE About
Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Raymore and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. BCBS has determined that the prescription drug coverage offered by the City of Raymore is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from **October 15th through December 7th**.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current BCBS coverage will not be affected. Your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan. If you drop your coverage with BCBS and enroll in a Medicare prescription drug plan, you may not be able to get this coverage back later. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with BCBS and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium

may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

[For More Information About This Notice Or Your Current Prescription Drug Coverage...](#)

Contact the person listed below for further information. **NOTE:** You may receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a copy of this notice at any time.

[For More Information About Your Options Under Medicare Prescription Drug Coverage...](#)

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook from Medicare. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

-) Visit www.medicare.gov
-) Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
-) Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA). For information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 1, 2017

Name of Entity/Sender: City of Raymore

Contact--Position/Office: Shawn Aulgur – Human Resources Manager

Address: 100 Municipal Circle Raymore, MO 64083

Phone Number: 816-892-3005

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. CMS Form 10182-CC

Premium Assistance Under Medicaid and The Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of August 10, 2017. You should contact your State for further information on eligibility –

KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512
MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

To see if any more States have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)
Number 1210-0137 (expires 12/31/2019)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565 OMB Control

General Notice of COBRA Continuation Coverage Rights

Continuation Coverage Rights Under COBRA

Introduction

You are receiving this notice because you have recently become or may become covered under the City of Raymore Group Health Care Plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Humana Group Health Plan Summary document or contact the Plan Administrator.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

-) Your hours of employment are reduced, or
-) Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

-) Your spouse dies;
-) Your spouse's hours of employment are reduced;
-) Your spouse's employment ends for any reason other than his or her gross misconduct;
-) Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
-) You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following events happens:

-) The parent-employee dies;
-) The parent-employee's hours of employment are reduced;
-) The parent-employee's employment ends for any reason other than his or her gross misconduct;
-) The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

-) The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
-) The parents become divorced or legally separated; or
-) The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to Shawn Aulgur (816) 892-3005.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. In order to determine if you or a covered member of your family qualify for the disability extension, you must send documentation received from SSA verifying the disability determination to: Shawn Aulgur: Human Resources Manager, City of Raymore 816-892-3005

HI PAA Notice of Special Enrollment Rights

This notice is being provided to insure that you understand your right to enroll in the City of Raymore Health Plan. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his/her employment. If you notify us within 31 days of the date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

Example: Marriage, Birth or Adoption. If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, or placement for adoption.

Example: When you were hired by us, you were single and chose not to elect health insurance benefits. During the year you get married. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 31 days from the date of your marriage.

For More Information or Assistance

To request special enrollment or obtain more information, please contact:

Shawn Aulgur, Human Resources Manager
City of Raymore
816-892-3005

Women’s Health and Cancer Rights Act (WHCRA)

The Women’s Health and Cancer Rights Act of 1998 (WHCRA) provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

-) All stages of reconstruction of the breast on which the mastectomy was performed;
-) Surgery and reconstruction of the other breast to produce a symmetrical appearance;
-) Prostheses; and
-) Treatment of physical complications of the mastectomy, including lymphedemas.

The City of Raymore BCBS Health Plan provides coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

BCBS Plan	Deductible/ Coinsurance	In- Network	Out-of- Network
PPO \$1000	Individual Deductible	\$1,000	\$1,000
	Family Deductible	\$3,000	\$3,000
	Coinsurance	80%	50%
HDHP \$3000	Individual Deductible	\$3,000	\$3,000
	Family Deductible	\$6,000	6,000
	Coinsurance	100%	80%
PPO \$4000	Individual Deductible	\$4,000	\$4,000
	Family Deductible	\$8,000	\$8,000
	Coinsurance	100%	80%

For more information regarding these compliance notices, please contact:
 Shawn Aulgur, Human Resources Manager
 City of Raymore 816-892-3005

BLUE CROSS AND BLUE SHIELD OF KANSAS CITY

PRIVACY PRACTICES NOTICE

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

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

Summary of Our Privacy Practices

We may use and disclose your personal and medical information, without your permission, for treatment, payment, and health care operations activities. We may use and disclose your personal and medical information, without your permission in support of efficient operation of a health insurance marketplace (e.g., qualified health plan application assistance), when required or authorized by law for public health activities, law enforcement, judicial and administrative proceedings, research, and certain other public benefit functions.

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

We may disclose to your employer whether you are enrolled or disenrolled in the health plans it sponsors. We may disclose summary health information to your employer for certain limited purposes. If you are enrolled in an employer sponsored group health plan, we may disclose your medical information to your employer to administer your group health plan if your employer explains the limitations on its use and disclosure of your medical information in the plan document for your group health plan.

We will not otherwise use or disclose your personal and medical information without your written

authorization. We require system users to lock their workstation when they leave their desk. As an additional layer of technical protection, desktop and laptop computers have passive automatic locking after 15 minutes of inactivity. Laptops require a user ID and password to get to the desktop. Remote access requires two factor authentication using RSA tokens. Although we do not provide corporate smart phones, those who want to access corporate e-mail on their personal phones or iPads must have Good software authorized by the company and installed on their device. This software requires password authentication.

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

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

Contact Information

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

Contact Office: Privacy Office

Blue Cross and Blue Shield of Kansas City

P. O. Box 417012

Kansas City, MO 64141

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

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 health care operations of their joint activities.

Blue Cross and Blue Shield of Kansas City

Blue-Advantage Plus of Kansas City, Inc

Good Health HMO, Inc.

Missouri Valley Life and Health Insurance Company

Our Legal Duty

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

We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect October 1, 2013 and will remain in effect unless we replace it.

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

Uses and Disclosures of Your Medical Information

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

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

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

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

provider and health plan accreditation, certification, licensing and credentialing activities;

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

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

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

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

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

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

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

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

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

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

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

of all direct identifiers of these enrollees, it still may be possible to identify medical information contained in the summary health information as yours.

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

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

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

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

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

Uses and Disclosures of Your Personal Information

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

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

Your Rights

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

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

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

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

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

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

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

the unamended information to your detriment, as well as persons you want to receive the amendment.

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

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

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

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

Breach Notification: In the event of breach of your unsecured personal and health information, we will provide you notification of such a breach as

required by law or where we otherwise deem appropriate.

Complaints

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

You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, 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 personal and medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.



Kansas City: Preferred-Care Blue \$1000

Coverage for: All Coverage Tiers | Plan Type: PPO

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.bluekc.com/sgksppo or by calling 1-877-410-6716. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary www.cciio.cms.gov or call 1-877-410-6716 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$1,000 individual/\$3,000 family.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Preventive Care and primary care services are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	For Network providers \$4,000 individual/ \$8,000 family For Out-of-Network providers \$8,000 individual/\$16,000 family	The out-of-pocket limit is the most you could pay in a year for covered services.
What is not included in the out-of-pocket limit ?	Premiums , balance-billed charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.BlueKC.com or call 1-877-410-6716 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an Out-of-Network provider , and you might receive a bill from a provider for the difference between the providers' charge and what your plan pays (balance billing). Be aware, your network provider might use an Out-of-Network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral.



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Non-Preferred Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 copay/visit; Deductible does not apply.	50% coinsurance	Other services/procedures that are performed in a physician's office are subject to the network deductible and coinsurance level (excluding lab).
	Specialist visit	\$30 copay/visit; Deductible does not apply.	50% coinsurance	Same limitations as primary care.
	Preventive care/screening/immunization	No Charge	50% coinsurance	None
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	50% coinsurance	Blood Work: No charge if performed in Network provider's office/independent lab.
	Imaging (CT/PET scans, MRIs)	20% coinsurance	50% coinsurance	Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.BlueKC.com/dl	Generic drugs	\$15 copay retail/\$37.50 copay mail order; Deductible does not apply.	\$15 copay then 50% coinsurance retail/\$37.50 copay then 50% coinsurance mail order	Covers up to 34 day supply (retail) and between 35 to 102 day supply (mail order).
	Preferred brand drugs	\$70 copay retail/\$175 copay mail order; Deductible does not apply.	\$70 copay then 50% coinsurance retail/\$175 copay then 50% coinsurance mail order	Covers up to 34 day supply (retail) and between 35 to 102 day supply (mail order)
	Non-preferred brand drugs	\$110 copay retail/\$275 copay mail order.	\$110 copay then 50% coinsurance retail/\$275	Covers up to 34 day supply (retail) and between 35 to 102 day supply (mail order)

* For more information about limitations and exceptions, see the plan or policy document at www.BlueKC.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Non-Preferred Provider (You will pay the most)	
		<u>Deductible</u> does not apply.	<u>copay</u> then 50% <u>coinsurance</u> mail order	
	Specialty drugs	\$200 <u>copay</u> . <u>Deductible</u> does not apply.	\$200 <u>copay</u> and 50% <u>coinsurance</u> . <u>Deductible</u> does not apply.	Prescriptions for a specialty drug will need to be filled at a designated specialty pharmacy. Limited to a one month supply. <u>Deductible</u> does not apply.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need immediate medical attention	Emergency room care	\$100 <u>copay</u> /visit then <u>deductible</u> then 20% <u>coinsurance</u>	\$100 <u>copay</u> /visit then <u>deductible</u> then 20% <u>coinsurance</u>	<u>Copay</u> waived if admitted to a hospital.
	Emergency medical transportation	20% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	Urgent care	\$30 <u>copay</u> /visit	50% <u>coinsurance</u>	Same limitations as primary care.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Non-Preferred Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Inpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
If you are pregnant	Office visits	\$30 <u>copay</u> /visit; <u>Deductible</u> does not apply.	50% <u>coinsurance</u>	<u>Cost sharing</u> does not apply to certain <u>preventive services</u> . Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). You must pay your office visit <u>copayment</u> for each visit to a Physician for Complications of Pregnancy. Dependent daughters are not covered for maternity services. Only one office visit <u>copayment</u> shall apply for Physician obstetrical services per pregnancy.
	Childbirth/delivery professional services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Dependent daughters are not covered for maternity services.
	Childbirth/delivery facility services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Dependent daughters are not covered for maternity services.
If you need help recovering or have other special health needs	Home health care	20% <u>coinsurance</u>	50% <u>coinsurance</u>	60 visit calendar year maximum.
	Rehabilitation services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Physical, occupational therapy: combined visit calendar year maximum. Speech and hearing: 20 combined visit calendar year maximum.
	Habilitation services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None

* For more information about limitations and exceptions, see the plan or policy document at www.BlueKC.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Non-Preferred Provider (You will pay the most)	
	Skilled nursing care	20% <u>coinsurance</u>	50% <u>coinsurance</u>	30 day calendar year maximum. Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
	Durable medical equipment	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
	Hospice services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	14 day lifetime maximum at an inpatient hospice facility. Prior authorization is required for service received at an inpatient facility. Failure to obtain approval may result in the cost of the service being your responsibility.
If your child needs dental or eye care	Children's eye exam	\$20 <u>copay</u> ; <u>Deductible</u> does not apply.	\$20 <u>copay</u> ; <u>Deductible</u> does not apply.	Limited to one eye exam per calendar year. \$45 maximum benefit for an <u>Out-of-Network providers</u> .
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

* For more information about limitations and exceptions, see the plan or policy document at www.BlueKC.com

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)		
<ul style="list-style-type: none">• Acupuncture• Bariatric surgery• Cosmetic surgery	<ul style="list-style-type: none">• Dental care (Adult)• Hearing aids• Infertility treatment	<ul style="list-style-type: none">• Long-term care• Routine foot care• Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none">• Chiropractic care limited to a combined (PT/OT/Skeletal manipulation) 60 visit calendar year maximum.	<ul style="list-style-type: none">• Non-emergency care when traveling outside the U.S.• Private-duty nursing	<ul style="list-style-type: none">• Routine eye care limited to one eye exam per calendar year.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Blue Cross and Blue Shield of Kansas City at 816-395-2953 or www.BlueKC.com, Healthcare.gov at www.Healthcare.gov or call 1-800-318-2596. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Missouri Department of Insurance at 1-800-726-7390 or the Kansas Department of Insurance at 1-800-432-2484.

Does this plan provide Minimum Essential Coverage? **Yes**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? **Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-877-410-6716.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-410-6716.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-877-410-6716.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-877-410-6716.

—————To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.—————

* For more information about limitations and exceptions, see the plan or policy document at www.BlueKC.com

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$1,000
- [Specialist](#) Copayment \$30
- [Hospital \(facility\)](#) Coinsurance 20%
- [Other coinsurance](#) 20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
In this example, Peg would pay:	
<i>Cost Sharing</i>	
Deductibles	\$1,000
Copayments	\$130
Coinsurance	\$1,800
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,990

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$1,000
- [Specialist](#) Copayment \$30
- [Hospital \(facility\)](#) Coinsurance 20%
- [Other coinsurance](#) 20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
In this example, Joe would pay:	
<i>Cost Sharing</i>	
Deductibles	\$130
Copayments	\$2,830
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$30
The total Joe would pay is	\$2,990

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$1,000
- [Specialist](#) Copayment \$30
- [Hospital \(facility\)](#) Coinsurance 20%
- [Other coinsurance](#) 20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
In this example, Mia would pay:	
<i>Cost Sharing</i>	
Deductibles	\$860
Copayments	\$180
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,040

Note: These numbers assume the patient does not participate in the [plan's](#) wellness program. If you participate in the [plan's](#) wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 1-816-395-2121

*Note: This plan has other [deductibles](#) for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



Kansas City: Preferred-Care Blue \$3000

Coverage for: All Coverage Tiers | Plan Type: PPO

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.bluekc.com/sgksppo or by calling 1-877-410-6716. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary www.cciio.cms.gov or call 1-877-410-6716 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$3,000 individual/\$6,000 family.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible?	Yes. Preventive Care and primary care services are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	For Network providers \$3,000 individual/ \$6,000 family For Out-of-Network providers \$6,000 individual/\$12,000 family	The out-of-pocket limit is the most you could pay in a year for covered services.
What is not included in the out-of-pocket limit?	Premiums , balance-billed charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider?	Yes. See www.BlueKC.com or call 1-877-410-6716 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an Out-of-Network provider , and you might receive a bill from a provider for the difference between the providers' charge and what your plan pays (balance billing). Be aware, your network provider might use an Out-of-Network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Non-Preferred Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$40 copay/visit; <u>Deductible</u> does not apply.	20% <u>coinsurance</u>	Other services/procedures that are performed in a physician's office are subject to the network <u>deductible</u> and <u>coinsurance</u> level (excluding lab).
	<u>Specialist</u> visit	\$40 copay/visit; <u>Deductible</u> does not apply.	20% <u>coinsurance</u>	Same limitations as primary care.
	<u>Preventive care/screening/immunization</u>	No Charge	20% <u>coinsurance</u>	None
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	20% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	No charge	20% <u>coinsurance</u>	Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.BlueKC.com/dl	Generic drugs	\$15 <u>copay</u> retail/\$37.50 <u>copay</u> mail order; <u>Deductible</u> does not apply.	\$15 <u>copay</u> then 50% <u>coinsurance</u> retail/\$37.50 <u>copay</u> then 50% <u>coinsurance</u> mail order	Covers up to 34 day supply (retail) and between 35 to 102 day supply (mail order).
	Preferred brand drugs	\$70 <u>copay</u> retail/\$175 <u>copay</u> mail order; <u>Deductible</u> does not apply.	\$70 <u>copay</u> then 50% <u>coinsurance</u> retail/\$175 <u>copay</u> then 50% <u>coinsurance</u> mail order	Covers up to 34 day supply (retail) and between 35 to 102 day supply (mail order)
	Non-preferred brand drugs	\$110 <u>copay</u> retail/\$275 <u>copay</u> mail order. <u>Deductible</u> does not apply.	\$110 <u>copay</u> then 50% <u>coinsurance</u> retail/\$275 <u>copay</u> then 50% <u>coinsurance</u> mail order	Covers up to 34 day supply (retail) and between 35 to 102 day supply (mail order)

* For more information about limitations and exceptions, see the plan or policy document at www.BlueKC.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Non-Preferred Provider (You will pay the most)	
	Specialty drugs	\$200 <u>copay</u> . <u>Deductible</u> does not apply.	\$200 <u>copay</u> and 50% <u>coinsurance</u> . <u>Deductible</u> does not apply.	Prescriptions for a specialty drug will need to be filled at a designated specialty pharmacy. Limited to a one month supply. <u>Deductible</u> does not apply.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	20% <u>coinsurance</u>	None
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	None
If you need immediate medical attention	Emergency room care	No charge	No charge	None
	Emergency medical transportation	No charge	No charge	None
	Urgent care	\$40 <u>copay</u> /visit	20% <u>coinsurance</u>	Same limitations as primary care.
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	20% <u>coinsurance</u>	Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge	20% <u>coinsurance</u>	None
	Inpatient services	No charge	20% <u>coinsurance</u>	Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
If you are pregnant	Office visits	\$40 <u>copay</u> /visit; <u>Deductible</u> does not apply.	20% <u>coinsurance</u>	<u>Cost sharing</u> does not apply to certain <u>preventive services</u> . Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). You must pay your office visit <u>copayment</u> for each visit to a Physician for Complications of Pregnancy. Dependent daughters are not

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Non-Preferred Provider (You will pay the most)	
				covered for maternity services. Only one office visit <u>copayment</u> shall apply for Physician obstetrical services per pregnancy.
	Childbirth/delivery professional services	No charge	20% <u>coinsurance</u>	Dependent daughters are not covered for maternity services.
	Childbirth/delivery facility services	No charge	20% <u>coinsurance</u>	Dependent daughters are not covered for maternity services.
If you need help recovering or have other special health needs	Home health care	No charge	20% <u>coinsurance</u>	60 visit calendar year maximum.
	Rehabilitation services	No charge	20% <u>coinsurance</u>	Physical, occupational therapy: combined visit calendar year maximum. Speech and hearing: 20 combined visit calendar year maximum.
	Habilitation services	No charge	20% <u>coinsurance</u>	None
	Skilled nursing care	No charge	20% <u>coinsurance</u>	30 day calendar year maximum. Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
	Durable medical equipment	No charge	20% <u>coinsurance</u>	Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
	Hospice services	No charge	20% <u>coinsurance</u>	14 day lifetime maximum at an inpatient hospice facility. Prior authorization is required for service received at an inpatient facility. Failure to obtain approval may result in the cost of the service being your responsibility.

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Non-Preferred Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	\$20 copay; <u>Deductible</u> does not apply.	\$20 copay; <u>Deductible</u> does not apply.	Limited to one eye exam per calendar year. \$45 maximum benefit for an <u>Out-of-Network providers</u> .
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

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Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)		
<ul style="list-style-type: none">• Acupuncture• Bariatric surgery• Cosmetic surgery	<ul style="list-style-type: none">• Dental care (Adult)• Hearing aids• Infertility treatment	<ul style="list-style-type: none">• Long-term care• Routine foot care• Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none">• Chiropractic care limited to a combined (PT/OT/Skeletal manipulation) 60 visit calendar year maximum.	<ul style="list-style-type: none">• Non-emergency care when traveling outside the U.S.• Private-duty nursing	<ul style="list-style-type: none">• Routine eye care limited to one eye exam per calendar year.

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Does this plan provide Minimum Essential Coverage? **Yes**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? **Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

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Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-410-6716.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-877-410-6716.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-877-410-6716.

—————To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.—————

* For more information about limitations and exceptions, see the plan or policy document at www.BlueKC.com

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$3,000
- [Specialist](#) Copayment \$40
- [Hospital \(facility\)](#) Coinsurance 0%
- [Other coinsurance](#) 0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
In this example, Peg would pay:	
<i>Cost Sharing</i>	
Deductibles	\$2,960
Copayments	\$40
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$3,060

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$3,000
- [Specialist](#) Copayment \$40
- [Hospital \(facility\)](#) Coinsurance 0%
- [Other coinsurance](#) 0%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
In this example, Joe would pay:	
<i>Cost Sharing</i>	
Deductibles	\$130
Copayments	\$2,870
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$30
The total Joe would pay is	\$3,030

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$3,000
- [Specialist](#) Copayment \$40
- [Hospital \(facility\)](#) Coinsurance 0%
- [Other coinsurance](#) 0%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
In this example, Mia would pay:	
<i>Cost Sharing</i>	
Deductibles	\$860
Copayments	\$240
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,100

Note: These numbers assume the patient does not participate in the [plan's](#) wellness program. If you participate in the [plan's](#) wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 1-816-395-2121

*Note: This plan has other [deductibles](#) for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.

The [plan](#) would be responsible for the other costs of these EXAMPLE covered 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 1-877-410-6716.

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 1-877-410-6716。

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 1-877-410-6716.

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 1-877-410-6716 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 1-877-410-6716 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 1-877-410-6716.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue KC ، فذلك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-410-6716.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue KC, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-877-410-6716.

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 1-877-410-6716.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue KC, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-410-6716.

Laotian: ຖ້າທ່ານ, ຫຼື ຫຼີນີ ທ່ານ ກໍາລັງ ຊ່ວຍເຫຼືອ, ມາຄໍາຖາມກ່ຽວກັບ Blue KC, ທ່ານ ມີ ສິດ ທ່ານ ຈະ ໄດ້ ຮັບ ການ ຊ່ວຍເຫຼືອ ແລະ ຂໍ້ ມູນ ຂ່າວ ສານ ທ່ານ ບໍ່ ມາ ສາ ຂອງ ທ່ານ ບໍ່ ມີ ຄ່າ ໃຊ້ ຈ່າຍ. ການ ໂອ້ ມື ກັບ ນາຍ ພາ ສາ, ໃຫ້ ໂທ ຫາ 1-877-410-6716.

Pennsylvanian Dutch: “Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kansch du 1-877-410-6716 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. تماس حاصل نمایید. 1-877-410-6716.

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 1-877-410-6716 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 1-877-410-6716.

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



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association



Kansas City: Preferred-Care Blue \$4000

Coverage for: All Coverage Tiers | Plan Type: PPO

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, www.bluekc.com/sgksppo or by calling 1-877-410-6716. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary www.cciio.cms.gov or call 1-877-410-6716 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$4,000 individual/\$8,000 family.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Preventive Care and primary care services are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	For Network providers \$4,000 individual/ \$8,000 family For Out-of-Network providers \$8,000 individual/\$16,000 family	The out-of-pocket limit is the most you could pay in a year for covered services.
What is not included in the out-of-pocket limit ?	Premiums , balance-billed charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.BlueKC.com or call 1-877-410-6716 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an Out-of-Network provider , and you might receive a bill from a provider for the difference between the providers' charge and what your plan pays (balance billing). Be aware, your network provider might use an Out-of-Network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral.



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Non-Preferred Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$40 copay/visit; <u>Deductible</u> does not apply.	20% <u>coinsurance</u>	Other services/procedures that are performed in a physician's office are subject to the network <u>deductible</u> and <u>coinsurance</u> level (excluding lab).
	Specialist visit	\$40 copay/visit; <u>Deductible</u> does not apply.	20% <u>coinsurance</u>	Same limitations as primary care.
	Preventive care/screening/immunization	No Charge	20% <u>coinsurance</u>	None
If you have a test	Diagnostic test (x-ray, blood work)	No charge	20% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	No charge	20% <u>coinsurance</u>	Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.BlueKC.com/dl	Generic drugs	\$15 <u>copay</u> retail/\$37.50 <u>copay</u> mail order; <u>Deductible</u> does not apply.	\$15 <u>copay</u> then 50% <u>coinsurance</u> retail/\$37.50 <u>copay</u> then 50% <u>coinsurance</u> mail order	Covers up to 34 day supply (retail) and between 35 to 102 day supply (mail order).
	Preferred brand drugs	\$70 <u>copay</u> retail/\$175 <u>copay</u> mail order; <u>Deductible</u> does not apply.	\$70 <u>copay</u> then 50% <u>coinsurance</u> retail/\$175 <u>copay</u> then 50% <u>coinsurance</u> mail order	Covers up to 34 day supply (retail) and between 35 to 102 day supply (mail order)
	Non-preferred brand drugs	\$110 <u>copay</u> retail/\$275 <u>copay</u> mail order. <u>Deductible</u> does not apply.	\$110 <u>copay</u> then 50% <u>coinsurance</u> retail/\$275 <u>copay</u> then 50% <u>coinsurance</u> mail order	Covers up to 34 day supply (retail) and between 35 to 102 day supply (mail order)

* For more information about limitations and exceptions, see the plan or policy document at www.BlueKC.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Non-Preferred Provider (You will pay the most)	
	Specialty drugs	50% <u>coinsurance</u>	\$200 <u>copay</u> and 50% <u>coinsurance</u> . <u>Deductible</u> does not apply.	Prescriptions for a specialty drug will need to be filled at a designated specialty pharmacy. Limited to a one month supply. <u>Deductible</u> does not apply.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	20% <u>coinsurance</u>	None
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	None
If you need immediate medical attention	Emergency room care	No charge	No charge	None
	Emergency medical transportation	No charge	No charge	None
	Urgent care	\$40 <u>copay</u> /visit	20% <u>coinsurance</u>	Same limitations as primary care.
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	20% <u>coinsurance</u>	Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge	20% <u>coinsurance</u>	None
	Inpatient services	No charge	20% <u>coinsurance</u>	Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
If you are pregnant	Office visits	\$40 <u>copay</u> /visit; <u>Deductible</u> does not apply.	20% <u>coinsurance</u>	<u>Cost sharing</u> does not apply to certain <u>preventive services</u> . Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). You must pay your office visit <u>copayment</u> for each visit to a Physician for Complications of Pregnancy. Dependent daughters are not

* For more information about limitations and exceptions, see the plan or policy document at www.BlueKC.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Non-Preferred Provider (You will pay the most)	
				covered for maternity services. Only one office visit <u>copayment</u> shall apply for Physician obstetrical services per pregnancy.
	Childbirth/delivery professional services	No charge	20% <u>coinsurance</u>	Dependent daughters are not covered for maternity services.
	Childbirth/delivery facility services	No charge	20% <u>coinsurance</u>	Dependent daughters are not covered for maternity services.
If you need help recovering or have other special health needs	Home health care	No charge	20% <u>coinsurance</u>	60 visit calendar year maximum.
	Rehabilitation services	No charge	20% <u>coinsurance</u>	Physical, occupational therapy: combined visit calendar year maximum. Speech and hearing: 20 combined visit calendar year maximum.
	Habilitation services	No charge	20% <u>coinsurance</u>	None
	Skilled nursing care	No charge	20% <u>coinsurance</u>	30 day calendar year maximum. Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
	Durable medical equipment	No charge	20% <u>coinsurance</u>	Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
	Hospice services	No charge	20% <u>coinsurance</u>	14 day lifetime maximum at an inpatient hospice facility. Prior authorization is required for service received at an inpatient facility. Failure to obtain approval may result in the cost of the service being your responsibility.

* For more information about limitations and exceptions, see the plan or policy document at www.BlueKC.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Non-Preferred Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	\$20 copay; <u>Deductible</u> does not apply.	\$20 copay; <u>Deductible</u> does not apply.	Limited to one eye exam per calendar year. \$45 maximum benefit for an <u>Out-of-Network providers</u> .
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

* For more information about limitations and exceptions, see the plan or policy document at www.BlueKC.com

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)		
<ul style="list-style-type: none">• Acupuncture• Bariatric surgery• Cosmetic surgery	<ul style="list-style-type: none">• Dental care (Adult)• Hearing aids• Infertility treatment	<ul style="list-style-type: none">• Long-term care• Routine foot care• Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none">• Chiropractic care limited to a combined (PT/OT/Skeletal manipulation) 60 visit calendar year maximum.	<ul style="list-style-type: none">• Non-emergency care when traveling outside the U.S.• Private-duty nursing	<ul style="list-style-type: none">• Routine eye care limited to one eye exam per calendar year.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Blue Cross and Blue Shield of Kansas City at 816-395-2953 or www.BlueKC.com, Healthcare.gov at www.Healthcare.gov or call 1-800-318-2596. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Missouri Department of Insurance at 1-800-726-7390 or the Kansas Department of Insurance at 1-800-432-2484.

Does this plan provide Minimum Essential Coverage? **Yes**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? **Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-877-410-6716.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-410-6716.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-877-410-6716.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-877-410-6716.

—————To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.—————

* For more information about limitations and exceptions, see the plan or policy document at www.BlueKC.com

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$4,000
- [Specialist](#) Copayment \$40
- [Hospital \(facility\)](#) Coinsurance 0%
- [Other coinsurance](#) 0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
In this example, Peg would pay:	
<i>Cost Sharing</i>	
Deductibles	\$3,960
Copayments	\$40
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$4,060

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$4,000
- [Specialist](#) Copayment \$40
- [Hospital \(facility\)](#) Coinsurance 0%
- [Other coinsurance](#) 0%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
In this example, Joe would pay:	
<i>Cost Sharing</i>	
Deductibles	\$130
Copayments	\$2,930
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$30
The total Joe would pay is	\$3,090

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$4,000
- [Specialist](#) Copayment \$40
- [Hospital \(facility\)](#) Coinsurance 0%
- [Other coinsurance](#) 0%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
In this example, Mia would pay:	
<i>Cost Sharing</i>	
Deductibles	\$860
Copayments	\$240
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,100

Note: These numbers assume the patient does not participate in the [plan's](#) wellness program. If you participate in the [plan's](#) wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 1-816-395-2121

*Note: This plan has other [deductibles](#) for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.

The [plan](#) would be responsible for the other costs of these EXAMPLE covered 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

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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 1-877-410-6716.

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 1-877-410-6716。

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 1-877-410-6716.

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 1-877-410-6716 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 1-877-410-6716 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 1-877-410-6716.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue KC ، فذلك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-410-6716.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue KC, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-877-410-6716.

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 1-877-410-6716.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue KC, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-410-6716.

Laotian: ຖ້າທ່ານ, ຫຼື ຫຼີນີ ທ່ານກໍາລັງຊ່ວຍເຫຼືອ, ມາຄໍາຖາມກ່ຽວກັບ Blue KC, ທ່ານມີສິດ ທ່ານຈະໄດ້ຮັບການຊ່ວຍເຫຼືອ ກ່ຽວກັບ ການຊ່ວຍເຫຼືອ ທ່ານ ບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ການໂອ້ນລັກບັນຍາຍພາສາ, ໃຫ້ ໂທຫາ 1-877-410-6716.

Pennsylvanian Dutch: “Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kansch du 1-877-410-6716 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. تماس حاصل نمایید. 1-877-410-6716.

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 1-877-410-6716 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 1-877-410-6716.

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



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