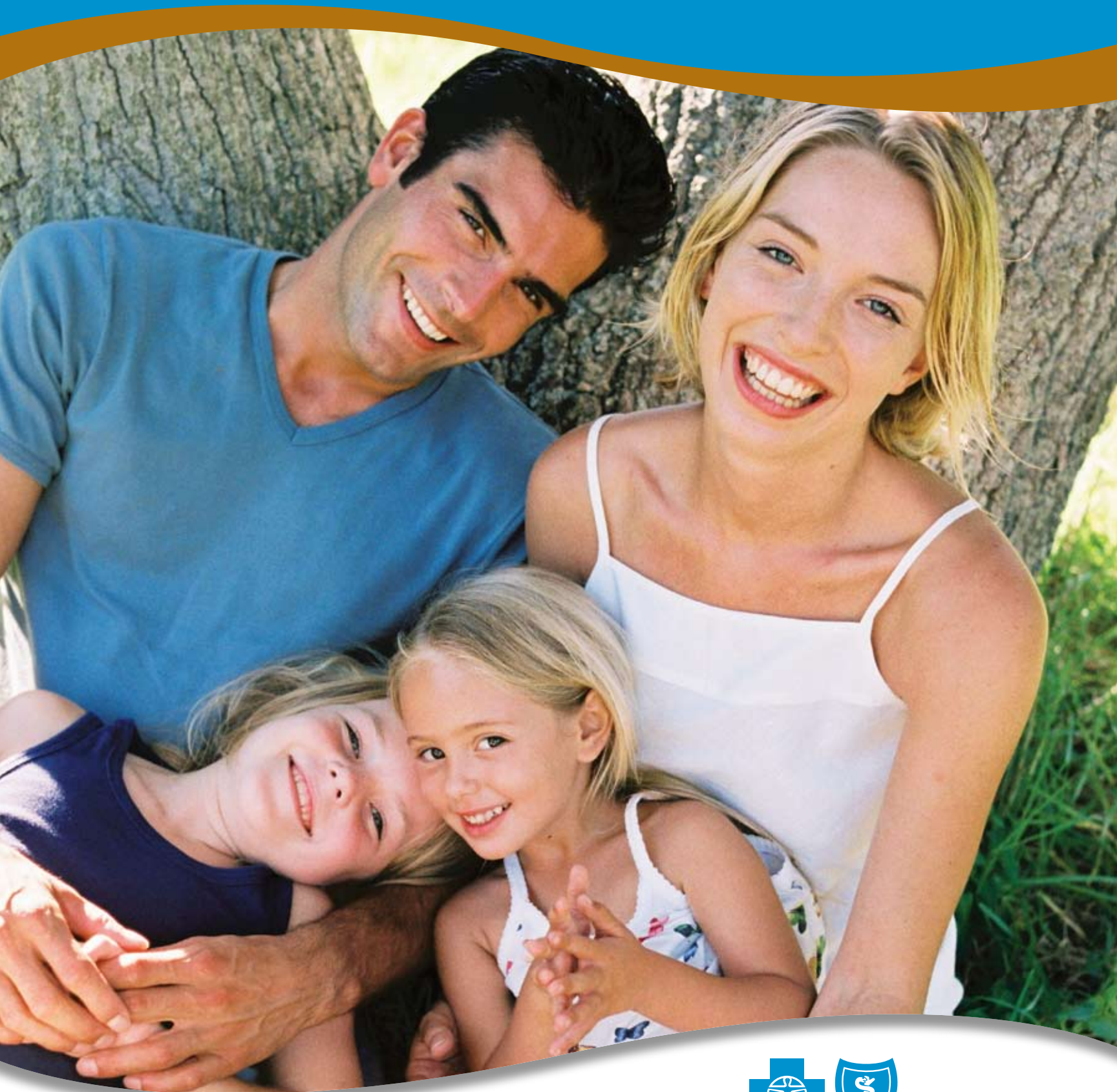


BlueOptions® for Individuals & Families



BlueCross BlueShield
of Kansas City

buyblueKC.com



Trust.

It's essential when you're choosing your healthcare coverage provider.

For more than 68 years, Blue Cross and Blue Shield of Kansas City has earned a reputation of dependability and trust by providing our members with the healthcare choices they need.

Today, as part of the largest network of health plans in the United States, Blue Cross and Blue Shield of Kansas City serves nearly 900,000 members. Through state-of-the-art technology and extensive resources, our members enjoy the best healthcare benefits at the lowest possible cost, with access to the region's largest network of healthcare providers. And since we're based here in Kansas City, members receive claims, billing, health management and customer service promptly from our local office.

Blue Cross and Blue Shield of Kansas City offers you a number of affordable healthcare plans, including individual and family coverage, short-term coverage, child health plans and dental plans. In this brochure, you'll find information to help you decide which plan best meets your needs.

Blue Cross and Blue Shield of Kansas City offers you more choices in healthcare coverage. And as we continue to develop new, innovative plans with even more choices, you can trust Blue Cross and Blue Shield of Kansas City to offer a plan that fits your needs and lifestyle.



**Preferred-Care Blue
Premium PPO**

Access to a wide choice of doctors, hospitals
and specialized services.

2

**Preferred-Care Blue
RateSaver PPO**

Save on your premiums and still take advantage
of many of the benefits and services of our
Premium plan.

6

Individual Child Health Plan PPO

Excellent health coverage for your child,
at a lower cost than coverage under an
employer's plan.

12

Short-Term Security

The ideal healthcare plan for you if you are
between jobs or have other short-term needs
for health insurance.

16

BlueSaver

Our health plan + a Health Savings Account = a
new way to pay for your healthcare needs while
enjoying tax savings.

22

Dental

Affordable dental plans that offer coverage
sure to fit your family's needs.

26

MembersFIRST

Discounts and savings on Hearing Aids, Vision
Care, our Natural Blue wellness program and the
national ScriptSave plan.

30



BlueCross BlueShield
of Kansas City

Choosing my own doctor is
the one benefit I demand for my family.
Preferred-Care Blue Premium delivers.



Preferred-Care Blue Premium @ a Glance

	DEDUCTIBLE Individual/Family	PHYSICIAN OFFICE VISIT In-Network*	COINSURANCE In-Network/ Out-of-Network	OUT-OF-POCKET MAXIMUM In-Network* Individual/Family
PLAN 1	\$500/\$1,500	\$20 Copayment	80%/60%	\$1,500/\$4,500
PLAN 2	\$1,000/\$3,000	\$20 Copayment	80%/60%	\$2,000/\$6,000
PLAN 3	\$2,500/\$7,500	Deductible & Coinsurance	80%/60%	\$3,500/\$10,500
PLAN 4	\$5,000/\$15,000	Deductible & Coinsurance	80%/60%	\$6,000/\$18,000

*The out-of-network out-of-pocket maximum is two times the in-network out-of-pocket maximum. The lifetime maximum for all benefits combined is \$2,000,000 per individual. The out-of-network office visits are subject to deductible and coinsurance.



Preferred-Care Blue Premium Benefits

This PPO plan provides a package of healthcare benefits to cover hospital, physician and emergency services, as well as many specialized services, including:

- Allergy Services
- Ambulance Services
- Anesthesia
- Chemotherapy
- Diabetes Care
- Diagnostic Lab and X-ray
- Dialysis
- Durable Medical Equipment
- Elective Surgical Sterilization
- Emergency Services and Supplies
- Home Health Services
- Home Hospice Services
- Immunizations for Children
- Infusion Therapy and Self Injectables
- Inpatient Hospice
- Inpatient Hospital Services
- Maternity Services (subject to 24-month waiting period)
- Mental Illness and Substance Abuse Services
- Organ Transplants (\$500,000 lifetime limit in-network, \$100,000 lifetime limit out-of-network)
- Outpatient Prescription Drugs
- Outpatient Surgery and Services
- Outpatient Therapy
- Physician Services
- Prosthetics and Appliances
- Radiation Therapy
- Limited Routine Preventive Care
- Skilled Nursing Care
- Urgent Care
- Well-Child Care

Additional Benefits Include:

- Dental Care—cleaning and X-ray
- Eyewear Discounts (This discount is not insurance.)
- Life Insurance* (\$5,000 term life insurance on the contract holder)

*Life insurance underwritten by Missouri Valley Life Insurance Company, a subsidiary of Blue Cross and Blue Shield of Kansas City.

Preferred-Care Blue Premium

Access.

If access to a wide choice of doctors is most important to you, consider Preferred-Care Blue Premium—a Preferred Provider Organization (PPO) plan.

Freedom.

Preferred-Care Blue Premium gives you the freedom to choose your own doctors and hospitals from our vast local and nationwide network of healthcare providers. You also can choose your own deductible and select a variety of options to tailor your plan to meet your needs.

Convenience.

With Preferred-Care Blue Premium you never need a referral to visit any in-network or out-of-network provider; however, you will receive the best benefits when you visit in-network providers.

Simplicity.

When you visit an in-network provider, simply present your Blue Cross and Blue Shield of Kansas City identification card. Your Preferred-Care Blue Premium provider will file the claim for you. It's that simple.

Deductibles.

You can choose the amount of your deductible (the amount of covered charges you pay each calendar year before your plan starts to pay). Higher deductibles generally result in lower monthly premiums. Our PPO plans offer a wide range of deductibles, and the part you pay each year, including your deductible (your out-of-pocket maximum), is limited. Once you reach it, we pay 100 percent of allowable charges for the rest of the calendar year for most covered services.

Nationwide Coverage.

With BlueCard, you have access to Blue Cross and Blue Shield network doctors and hospitals across the U.S. More than 85 percent of all doctors and hospitals in the United States contract with Blue Cross and Blue Shield plans, so you're covered virtually anywhere. Outside the U.S., BlueCard provides access to doctors and hospitals in more than 200 countries.

Apply Online
buyblueKC.com

Preferred-Care Blue Premium Benefits

BENEFITS	IF YOU USE AN IN-NETWORK PROVIDER, YOU PAY:				IF YOU USE A PARTICIPATING OUT-OF-NETWORK PROVIDER, YOU PAY:**
DEDUCTIBLE	Plan 1	Plan 2	Plan 3	Plan 4	
Individual	\$500	\$1,000	\$2,500	\$5,000	(Same as In-Network)
Family	\$1,500	\$3,000	\$7,500	\$15,000	
PHYSICIAN SERVICES					
Office Visits <i>(Includes the office visit and the lab services performed in a network physician's office or independent lab)</i>	\$20 copayment (Plans 1 & 2)		Deductible then 20% (Plans 3 & 4)		Deductible then 40%
Other Physician Services <i>(Includes X-ray services)</i>	Deductible then 20%				Deductible then 40%
HOSPITAL SERVICES					
Inpatient Services/Outpatient Surgery Emergency Room <i>(Emergency Room charges subject to deductible, coinsurance and copayment. Copayment waived if admitted to an In-Network hospital.)</i>	Deductible then 20% \$100 copayment then deductible then 20%			Deductible then 40% \$100 copayment then deductible then 40%	
MEDICAL SERVICES					
Allergy Testing	Deductible then 20%				Deductible then 40%
Ambulance <i>(\$500 benefit limit per ground use)</i>	Deductible then 20%				Same as In-Network
Diagnostic X-ray, Lab	Deductible then 20%				Deductible then 40%
Routine and Well-Child Care <i>(\$300 limit per calendar year)</i>	Deductible then 20%				Deductible then 40%
Physician Office Visit	(see Physician Services – Office Visits)				Deductible then 40%
Other Services	Deductible then 20%				Deductible then 40%
Maternity Care <i>(Subject to 24-month waiting period)</i>	Deductible then 20%				Deductible then 40%
Outpatient Therapy	Deductible then 20%				Deductible then 40%
Physical, Occupational and Skeletal Manipulations <i>(40 combined visits per calendar year)</i>					
Speech and Hearing Therapy <i>(Unlimited combined visits per calendar year)</i>					
Urgent Care <i>(Includes the office visit and the lab services performed in a network urgent care facility or independent lab)</i>	\$50 copayment (Plans 1 & 2)		Deductible then 20% (Plans 3 & 4)		Deductible then 40%
PRESCRIPTION DRUGS*					
	34 Day Supply		102 Day Supply		
Tier 1	\$12 copayment		\$36 copayment		Applicable copayment then 50%
Tier 2	\$35 copayment		\$105 copayment		Applicable copayment then 50%
Tier 3	\$60 copayment		\$180 copayment		Applicable copayment then 50%

*This prescription drug benefit design IS considered creditable coverage for Medicare Part D purposes. Please see page 38 for more information.

**Services performed at non-participating imaging centers, hospitals or outpatient facilities are limited to \$200 max per day or per calendar year, and additional calendar year limitations may apply. Please review your certificate.

Mental Health and Substance Abuse/Chemical Dependency.

Mental health and substance abuse/chemical dependency benefits are subject to Missouri and Kansas mandates. Please refer to the plan documents for a complete description of benefits.

Mental Health — When You Use In-Network Providers.

There is no benefit for Out-of-Network Mental Health and Chemical Dependency for Missouri residents.

	KANSAS RESIDENTS	MISSOURI RESIDENTS
Inpatient Treatment	Deductible then 20% Limited to 30 days/year for Mental Health and Substance Abuse	Deductible then 20% Limited to 90 days/year
Outpatient Treatment	We pay the first \$100 of Mental Health and Substance Abuse charges, then you pay 20% Limited to \$1,000/year for Mental Health and Substance Abuse	Deductible then 20%

Substance Abuse/Chemical Dependency — When You Use In-Network Providers.

There is no benefit for Out-of-Network Mental Health and Chemical Dependency for Missouri residents.

	KANSAS RESIDENTS	MISSOURI RESIDENTS
Residential Treatment	(See Inpatient Treatment Benefit)	Deductible then 20% Limited to 21 days/year
Inpatient Treatment/Detoxification	Deductible then 20% Limited to 30 days/year for Mental Health and Substance Abuse	Deductible then 20% Limited to 6 days/year
Outpatient Treatment	We pay the first \$100 of Mental Health and Substance Abuse charges, then you pay 20% Limited to \$1,000/year for Mental Health and Substance Abuse	Deductible then 20% Limited to 26 days/year and limited to lifetime of 10 episodes of treatment for Chemical Dependency

ADDITIONAL BENEFITS

Dental Care (cleaning and x-rays). You pay 20% (when you use In-Network dental providers and 50% when you use Out-of-Network dental providers). Bi-annual routine oral exams (x-rays and cleaning). Fluoride treatments for covered members younger than 19. (Not subject to annual deductible and does not apply to out-of-pocket maximum.)
Eyewear Discounts. Get discounts on prescription and non-prescription eyewear products from participating network providers listed in your provider directory.
 Eyeglass frames, lenses and contact lenses, sunglasses and eye care kits are eligible for discounts. (Discounts are not insurance.)
Life Insurance. \$5,000 term life insurance on the contract holder.

LIFETIME BENEFIT MAXIMUM — \$2,000,000 PER INDIVIDUAL. WHAT YOU SHOULD KNOW ABOUT PRE-EXISTING HEALTH CONDITIONS: Pre-existing health conditions include any illness, injury or other condition for which medical advice, diagnosis, care or treatment was received or recommended during the six months prior to your Preferred-Care Blue effective date. Benefits for these conditions are available after you've been covered by our plan for 12 consecutive months. See plan document for details.

Preferred-Care Blue Premium Rates

Missouri Residents — Best Rates

The following premiums apply to residents of the following Missouri counties: **METRO** = Cass, Clay, Jackson and Platte; **RURAL** = Andrew, Atchison, Bates, Benton, Buchanan, Caldwell, Carroll, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Ray, Saline, St. Clair, Vernon and Worth. EFFECTIVE 01/01/07

		METRO						RURAL					
DEDUCTIBLE	AGE OF CONTRACT HOLDER	INDIVIDUAL		INDIVIDUAL WITH CHILDREN		INDIVIDUAL WITH SPOUSE		INDIVIDUAL WITH CHILDREN		INDIVIDUAL WITH SPOUSE			
		MALE	FEMALE	MALE	FEMALE	MALE	FAMILY	MALE	FEMALE	MALE	FAMILY		
Plan 1 \$500	19 - 29	130.91	215.62	310.79	395.52	382.60	562.45	134.83	222.08	320.11	407.39	394.08	579.32
	30 - 39	171.20	281.34	344.73	454.88	469.54	643.05	176.34	289.78	355.08	468.52	483.63	662.34
	40 - 44	217.85	325.88	375.72	483.79	545.87	703.77	224.38	335.65	386.99	498.32	562.25	724.87
	45 - 49	272.96	357.68	420.26	505.00	630.68	777.97	281.15	368.41	432.87	520.16	649.60	801.30
	50 - 54	323.87	378.89	456.31	511.36	702.79	835.24	333.58	390.25	470.00	526.71	723.88	860.29
	55 - 59	417.16	412.80	534.01	529.67	830.03	946.82	429.67	425.18	550.03	545.56	854.94	975.23
60 - 64	525.32	461.58	599.65	535.92	986.96	1,061.26	541.08	475.42	617.64	552.01	1,016.56	1,093.10	
Plan 2 \$1,000	19 - 29	111.27	183.30	264.16	336.16	325.19	478.08	114.61	188.80	272.08	346.25	334.94	492.42
	30 - 39	145.52	239.16	293.01	386.63	399.09	546.59	149.88	246.33	301.79	398.24	411.05	562.98
	40 - 44	185.17	277.04	319.39	411.23	463.98	598.20	190.73	285.36	328.97	423.56	477.89	616.15
	45 - 49	232.05	304.05	357.24	429.23	536.07	661.28	239.01	313.17	367.95	442.10	552.14	681.12
	50 - 54	275.32	322.09	387.88	434.65	597.36	709.94	283.59	331.75	399.51	447.69	615.27	731.25
	55 - 59	354.61	350.92	453.92	450.23	705.51	804.80	365.25	361.45	467.54	463.74	726.67	828.95
60 - 64	446.53	392.38	509.70	455.53	838.89	902.06	459.93	404.16	524.98	469.20	864.05	929.11	
Plan 3 \$2,500	19 - 29	78.79	129.72	187.47	238.40	230.11	338.77	81.16	133.62	193.09	245.55	237.01	348.94
	30 - 39	102.92	169.11	207.81	273.95	282.20	387.05	106.01	174.19	214.05	282.17	290.67	398.67
	40 - 44	130.88	195.82	226.24	291.09	327.96	423.26	134.81	201.70	233.04	299.82	337.80	435.97
	45 - 49	163.93	214.84	252.92	303.80	378.78	467.75	168.85	221.29	260.52	312.91	390.14	481.79
	50 - 54	194.46	227.55	274.52	307.62	422.00	502.07	200.30	234.39	282.76	316.84	434.66	517.14
	55 - 59	250.36	247.91	320.92	318.40	498.25	568.81	257.87	255.35	330.54	327.94	513.20	585.87
60 - 64	315.17	277.14	359.99	321.91	592.29	637.11	324.63	285.46	370.79	331.57	610.06	656.21	
Plan 4 \$5,000	19 - 29	57.75	95.02	137.73	174.96	168.52	248.49	59.49	97.87	141.86	180.21	173.58	255.95
	30 - 39	75.37	123.77	152.56	200.92	206.54	283.74	77.63	127.48	157.13	206.95	212.74	292.25
	40 - 44	95.79	143.23	165.87	213.32	239.93	310.00	98.66	147.52	170.85	219.72	247.13	319.30
	45 - 49	119.88	157.13	185.34	222.59	277.03	342.48	123.48	161.84	190.91	229.26	285.34	352.75
	50 - 54	142.14	166.39	201.11	225.38	308.56	367.51	146.40	171.38	207.15	232.14	317.82	378.54
	55 - 59	182.95	181.27	234.83	233.11	364.21	416.05	188.44	186.70	241.89	240.12	375.14	428.53
60 - 64	230.23	202.59	263.15	235.47	432.80	465.70	237.14	208.66	271.05	242.54	445.79	479.68	

Kansas Residents — Best Rates

The following premiums apply to residents of Johnson and Wyandotte counties in Kansas. EFFECTIVE 01/01/07

DEDUCTIBLE	AGE OF CONTRACT HOLDER	INDIVIDUAL		INDIVIDUAL WITH CHILDREN		INDIVIDUAL WITH SPOUSE	
		MALE	FEMALE	MALE	FEMALE	MALE	FAMILY
Plan 1 \$500	19 - 29	121.26	207.11	291.42	377.27	363.38	533.56
	30 - 39	164.55	271.01	328.55	434.99	452.02	616.03
	40 - 44	209.89	314.31	359.65	464.03	526.24	675.98
	45 - 49	263.48	345.20	402.94	484.64	608.70	748.14
	50 - 54	312.98	365.84	437.99	490.83	678.77	803.79
	55 - 59	403.66	398.82	514.43	509.56	802.46	913.23
60 - 64	508.78	446.22	579.63	517.04	955.00	1,025.86	
Plan 2 \$1,000	19 - 29	103.07	176.01	247.71	320.69	308.89	453.55
	30 - 39	139.87	230.33	279.25	369.74	384.22	523.62
	40 - 44	178.41	267.15	305.70	394.42	447.31	574.59
	45 - 49	223.97	293.41	342.50	411.95	517.39	635.92
	50 - 54	266.04	310.93	372.28	417.22	576.97	683.23
	55 - 59	343.11	338.97	437.26	433.12	682.09	776.24
60 - 64	432.48	379.27	492.70	439.52	811.75	871.98	
Plan 3 \$2,500	19 - 29	69.14	118.00	166.42	215.28	207.06	304.33
	30 - 39	93.75	154.33	187.51	248.10	257.46	351.22
	40 - 44	119.53	178.93	205.06	264.49	299.64	385.17
	45 - 49	150.00	196.51	229.68	276.21	346.51	426.19
	50 - 54	178.11	208.23	249.60	279.73	386.36	457.83
	55 - 59	229.67	226.97	292.96	290.25	456.66	519.92
60 - 64	289.44	253.93	329.85	294.35	543.36	583.78	
Plan 4 \$5,000	19 - 29	50.61	86.33	122.02	157.73	151.48	222.86
	30 - 39	68.57	112.84	137.41	181.67	188.24	257.05
	40 - 44	87.38	130.79	150.14	193.54	219.01	281.77
	45 - 49	109.61	143.61	168.10	202.08	253.23	311.71
	50 - 54	130.13	152.16	182.63	204.65	282.30	334.79
	55 - 59	167.74	165.85	214.18	212.28	333.59	380.01
60 - 64	211.36	185.52	240.97	215.13	396.86	426.48	

Premiums shown in this book are not final until after underwriting review. Your premium may vary depending on your health conditions. Your rates may be higher than those published. Rates are based on the contract holder's age as of January 1st of the current year. Rate changes based on change of age category will occur January 1st of the following year.

**With Preferred-Care Blue RateSaver
I can get many of the same benefits of a
Preferred-Care Blue Premium plan—
all at a more affordable cost.**



Preferred-Care Blue RateSaver @ a Glance

	DEDUCTIBLE Individual/Family	PHYSICIAN OFFICE VISIT In-Network*	COINSURANCE In-Network/ Out-of-Network	OUT-OF-POCKET MAXIMUM In-Network* Individual/Family
PLAN 1	\$500/\$1,500	\$30 Copayment	80%/60%	\$2,500/\$7,500
PLAN 2	\$1,000/\$3,000	\$30 Copayment	80%/60%	\$3,000/\$9,000
PLAN 3	\$2,500/\$7,500	Deductible & Coinsurance	80%/60%	\$4,500/\$13,500
PLAN 4	\$5,000/\$15,000	Deductible & Coinsurance	80%/60%	\$7,000/\$21,000
PLAN 5	\$10,000/\$30,000	Deductible & Coinsurance	80%/60%	\$11,000/\$33,000

*The out-of-network out-of-pocket maximum is two times the in-network out-of-pocket maximum. The lifetime maximum for all benefits combined is \$2,000,000 per individual. The out-of-network office visits are subject to deductible and coinsurance.



Preferred-Care Blue RateSaver Benefits

Preferred-Care Blue RateSaver provides a package of basic healthcare benefits to cover hospital, physician and emergency services, as well as many specialized services, including:

- Allergy Services
- Ambulance Services
- Anesthesia
- Chemotherapy
- Diabetes Care
- Diagnostic Lab and X-ray
- Dialysis
- Durable Medical Equipment
- Elective Surgical Sterilization
- Emergency Services and Supplies
- Home Health Services
- Home Hospice Services
- Immunizations for Children
- Infusion Therapy and Self Injectables
- Inpatient Hospice
- Inpatient Hospital Services
- Mental Illness and Substance Abuse Services
- Organ Transplants (\$500,000 lifetime limit in-network, \$100,000 lifetime limit out-of-network)
- Outpatient Surgery and Services
- Outpatient Therapy
- Physician Services
- Prosthetics and Appliances
- Radiation Therapy
- Skilled Nursing Care
- Urgent Care

Additional Benefits Include:

- Eyewear Discounts (This discount is not insurance.)
- Life Insurance* (\$5,000 term life insurance on the contract holder)
- ScriptSave (This discount is not insurance.)

*Life insurance underwritten by Missouri Valley Life Insurance Company, a subsidiary of Blue Cross and Blue Shield of Kansas City

Preferred-Care Blue RateSaver

Access with Savings.

With our Preferred-Care Blue RateSaver PPO (Preferred Provider Organization) plan, you'll enjoy access to a wide choice of doctors, along with substantial savings on basic healthcare coverage.

Freedom.

Our Preferred-Care Blue RateSaver plan gives you the freedom to choose your own doctors and hospitals from our vast local and nationwide network of healthcare providers. You also can choose your own deductible and select a variety of options to tailor your plan to meet your needs.

Convenience.

With Preferred-Care Blue RateSaver, you don't need a referral to visit any in-network or out-of-network provider; however, you will receive the best benefits when you visit in-network providers.

Simplicity.

When you visit an in-network provider, simply present your Blue Cross and Blue Shield of Kansas City identification card, and your Preferred-Care Blue RateSaver provider will file the claim for you. It's that simple.

Deductibles.

You can choose the amount of your deductible (the amount of covered charges you pay each calendar year before your plan starts to pay). Higher deductibles generally result in lower monthly premiums. Preferred-Care Blue RateSaver offers a wide range of deductibles, and the part you pay each year, including your deductible (your out-of-pocket maximum), is limited. Once you reach it, we pay 100 percent of allowable charges for the rest of the calendar year for most covered services.

Nationwide Coverage.

With BlueCard, you have access to Blue Cross and Blue Shield network doctors and hospitals across the U.S. More than 85 percent of all doctors and hospitals in the United States contract with Blue Cross and Blue Shield plans, so you're covered virtually anywhere. Outside the U.S., BlueCard provides access to doctors and hospitals in more than 200 countries.

Preferred-Care Blue RateSaver **Benefits**

BENEFITS	IF YOU USE AN IN-NETWORK PROVIDER, YOU PAY:					IF YOU USE A PARTICIPATING OUT-OF-NETWORK PROVIDER, YOU PAY:*
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	
DEDUCTIBLE						
Individual	\$500	\$1,000	\$2,500	\$5,000	\$10,000	(Same as In-Network)
Family	\$1,500	\$3,000	\$7,500	\$15,000	\$30,000	
PHYSICIAN SERVICES						
Office Visits <i>(Includes the office visit and the lab services performed in a network physician's office or independent lab)</i>	\$30 copayment (Plans 1 & 2)		Deductible then 20% (Plans 3, 4 & 5)		Deductible then 40%	
Other Physician Services <i>(Includes X-ray services)</i>	Deductible then 20%				Deductible then 40%	
HOSPITAL SERVICES						
Inpatient Services/Outpatient Surgery Emergency Room <i>(Emergency Room charges subject to deductible, coinsurance and copayment. Copayment waived if admitted to an In-Network hospital.)</i>	Deductible then 20% \$100 copayment then deductible then 20%				Deductible then 40% \$100 copayment then deductible then 40%	
MEDICAL SERVICES						
Allergy Testing	Deductible then 20%				Deductible then 40%	
Ambulance <i>(\$500 benefit limit per ground use)</i>	Deductible then 20%				Same as In-Network	
Diagnostic X-ray, Lab	Deductible then 20%				Deductible then 40%	
Outpatient Therapy Physical, Occupational and Skeletal Manipulations <i>(40 combined visits per calendar year)</i> Speech and Hearing Therapy <i>(Unlimited combined visits per calendar year)</i>	Deductible then 20%				Deductible then 40%	
Urgent Care <i>(Includes the office visit and the lab services performed in a network urgent care facility or independent lab)</i>	\$50 copayment (Plans 1 & 2)		Deductible then 20% (Plans 3, 4 & 5)		Deductible then 40%	
Maternity Care	Not Covered				Not Covered	
Routine and Well-Child Care	Not Covered				Not Covered	
Outpatient Prescription Drugs	Not Covered				Not Covered	

*Services performed at non-participating imaging centers, hospitals or outpatient facilities are limited to \$200 max per day or per calendar year, and additional calendar year limitations may apply. Please review your certificate.

Mental Health and Substance Abuse/Chemical Dependency.

Mental health and substance abuse/chemical dependency benefits are subject to Missouri and Kansas mandates. Please refer to the plan documents for a complete description of benefits.

Mental Health — When You Use In-Network Providers.

There is no benefit for Out-of-Network Mental Health and Chemical Dependency for Missouri residents.

	KANSAS RESIDENTS	MISSOURI RESIDENTS
Inpatient Treatment	Deductible then 20% Limited to 30 days/year for Mental Health and Substance Abuse	Deductible then 20% Limited to 90 days/year
Outpatient Treatment	We pay the first \$100 of Mental Health and Substance Abuse charges, then you pay 20% Limited to \$1,000/year for Mental Health and Substance Abuse	Deductible then 20%

Substance Abuse/Chemical Dependency — When You Use In-Network Providers.

There is no benefit for Out-of-Network Mental Health and Chemical Dependency for Missouri residents.

	KANSAS RESIDENTS	MISSOURI RESIDENTS
Residential Treatment	(See Inpatient Treatment Benefit)	Deductible then 20% Limited to 21 days/year
Inpatient Treatment/Detoxification	Deductible then 20% Limited to 30 days/year for Mental Health and Substance Abuse	Deductible then 20% Limited to 6 days/year
Outpatient Treatment	We pay the first \$100 of Mental Health and Substance Abuse charges, then you pay 20% Limited to \$1,000/year for Mental Health and Substance Abuse	Deductible then 20% Limited to 26 days/year and limited to lifetime of 10 episodes of treatment for Chemical Dependency

ADDITIONAL BENEFITS

Eyewear Discounts. Get discounts on prescription and non-prescription eyewear products from participating network providers listed in your provider directory.

Eyeglass frames, lenses and contact lenses, sunglasses and eye care kits are eligible for discounts. (Discounts are not insurance.)

Life Insurance. \$5,000 term life insurance on the contract holder.

ScriptSave. Receive up to 30% off the cost of prescription drugs with our ScriptSave Prescription Drug Program. Members receive a separate card for this within 15 days of obtaining coverage. (Discounts are not insurance.)

LIFETIME BENEFIT MAXIMUM — \$2,000,000 PER INDIVIDUAL. WHAT YOU SHOULD KNOW ABOUT PRE-EXISTING HEALTH CONDITIONS: Pre-existing health conditions include any illness, injury or other condition for which medical advice, diagnosis, care or treatment was received or recommended during the six months prior to your Preferred-Care Blue effective date. Benefits for these conditions are available after you've been covered by our plan for 12 consecutive months. See plan document for details.

Preferred-Care Blue RateSaver Rates

Missouri Residents — Best Rates

The following premiums apply to residents of the following Missouri counties: **METRO** = Cass, Clay, Jackson and Platte; **RURAL** = Andrew, Atchison, Bates, Benton, Buchanan, Caldwell, Carroll, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Ray, Saline, St. Clair, Vernon and Worth. EFFECTIVE 01/01/07

DEDUCTIBLE	AGE OF CONTRACT HOLDER	METRO						RURAL					
		INDIVIDUAL		INDIVIDUAL WITH CHILDREN		INDIVIDUAL WITH SPOUSE FAMILY		INDIVIDUAL		INDIVIDUAL WITH CHILDREN		INDIVIDUAL WITH SPOUSE FAMILY	
		MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Plan 1 \$500	0	147.42	147.42					151.84	151.84				
	1	114.60	114.60					118.04	118.04				
	2 - 4	82.08	82.08					84.54	84.54				
	5 - 13	59.60	59.60					61.38	61.38				
	14 - 18	83.46	83.46					85.97	85.97				
	19 - 29	97.45	168.83	230.02	301.40	266.27	398.85	100.37	173.89	236.93	310.44	274.25	410.82
	30 - 39	132.57	222.09	261.74	351.25	354.66	483.83	136.55	228.75	269.59	361.79	365.30	498.34
	40 - 44	172.23	259.48	291.20	378.46	431.71	550.67	177.40	267.27	299.94	389.82	444.67	567.20
	45 - 49	216.42	285.54	327.46	396.59	501.96	613.00	222.91	294.11	337.29	408.49	517.02	631.38
	50 - 54	259.48	301.40	356.92	398.85	560.88	658.33	267.27	310.44	367.63	410.82	577.71	678.08
	55 - 59	334.26	329.73	422.64	418.11	663.99	752.37	344.29	339.63	435.32	430.65	683.91	774.94
	60 - 64	422.64	369.38	478.15	424.90	792.03	847.54	435.32	380.46	492.50	437.65	815.79	872.96
Plan 2 \$1,000	0	119.69	119.69					123.28	123.28				
	1	92.07	92.07					94.83	94.83				
	2 - 4	65.97	65.97					67.95	67.95				
	5 - 13	46.76	46.76					48.17	48.17				
	14 - 18	66.41	66.41					68.40	68.40				
	19 - 29	55.51	106.51	148.44	199.43	162.03	254.95	57.17	109.71	152.89	205.41	166.89	262.60
	30 - 39	80.46	148.44	169.96	237.95	228.88	318.40	82.87	152.89	175.06	245.08	235.74	327.96
	40 - 44	106.51	181.29	186.97	261.74	287.79	368.25	109.71	186.73	192.58	269.59	296.43	379.30
	45 - 49	145.03	199.43	220.95	275.34	344.45	420.38	149.38	205.41	227.58	283.60	354.79	432.99
	50 - 54	181.29	215.29	243.62	277.61	396.59	458.89	186.73	221.75	250.93	285.94	408.49	472.66
	55 - 59	241.35	234.54	296.87	290.08	475.90	531.43	248.59	241.57	305.77	298.78	490.17	547.37
	60 - 64	309.33	266.27	341.05	298.00	575.61	607.33	318.61	274.25	351.28	306.94	592.88	625.55
Plan 3 \$2,500	0	78.30	78.30					80.65	80.65				
	1	60.66	60.66					62.49	62.49				
	2 - 4	43.61	43.61					44.91	44.91				
	5 - 13	30.15	30.15					31.06	31.06				
	14 - 18	43.72	43.72					45.04	45.04				
	19 - 29	40.20	81.45	108.26	149.51	121.67	189.72	41.41	83.89	111.51	154.00	125.33	195.42
	30 - 39	60.84	111.37	128.89	179.41	172.19	240.25	62.67	114.71	132.76	184.79	177.36	247.46
	40 - 44	80.44	135.08	141.25	195.92	215.49	276.33	82.85	139.13	145.49	201.79	221.96	284.62
	45 - 49	108.26	149.51	164.98	206.22	257.78	314.48	111.51	154.00	169.92	212.41	265.52	323.91
	50 - 54	135.08	157.76	183.55	206.22	292.84	341.31	139.13	162.49	189.05	212.41	301.63	351.55
	55 - 59	180.44	175.29	223.74	218.59	355.74	399.04	185.85	180.54	230.46	225.15	366.41	411.01
	60 - 64	229.93	200.03	252.62	222.72	429.96	452.66	236.83	206.03	260.20	229.40	442.86	466.24
Plan 4 \$5,000	0	51.30	51.30					52.84	52.84				
	1	39.75	39.75					40.94	40.94				
	2 - 4	28.58	28.58					29.43	29.43				
	5 - 13	19.46	19.46					20.04	20.04				
	14 - 18	29.37	29.37					30.25	30.25				
	19 - 29	26.34	50.78	69.59	94.05	77.13	120.38	27.14	52.30	71.68	96.87	79.44	123.99
	30 - 39	36.68	70.54	79.94	113.79	107.22	150.46	37.78	72.66	82.34	117.20	110.44	154.97
	40 - 44	50.78	86.53	86.53	122.27	137.31	173.05	52.30	89.12	89.12	125.93	141.43	178.24
	45 - 49	68.65	94.05	105.33	130.73	162.70	199.37	70.71	96.87	108.49	134.65	167.58	205.35
	50 - 54	86.53	98.74	118.50	130.73	185.26	217.26	89.12	101.71	122.05	134.65	190.81	223.78
	55 - 59	111.91	109.09	140.13	137.31	221.00	249.22	115.27	112.36	144.33	141.43	227.63	256.69
	60 - 64	142.95	123.21	157.05	137.31	266.16	280.26	147.24	126.91	161.77	141.43	274.14	288.67
Plan 5 \$10,000	0	36.42	36.42					37.51	37.51				
	1	27.76	27.76					28.60	28.60				
	2 - 4	20.14	20.14					20.75	20.75				
	5 - 13	14.09	14.09					14.51	14.51				
	14 - 18	20.17	20.17					20.77	20.77				
	19 - 29	17.45	34.03	46.25	62.81	51.48	80.28	17.98	35.05	47.64	64.69	53.03	82.69
	30 - 39	26.18	47.12	54.96	75.91	73.29	102.08	26.97	48.53	56.62	78.18	75.49	105.14
	40 - 44	34.03	58.46	60.20	84.63	92.48	118.66	35.05	60.22	62.00	87.17	95.26	122.22
	45 - 49	46.25	63.69	72.42	89.88	109.94	136.10	47.64	65.60	74.59	92.57	113.24	140.19
	50 - 54	58.46	68.06	80.28	89.88	126.51	148.31	60.22	70.10	82.69	92.57	130.31	152.76
	55 - 59	75.02	74.15	94.23	93.35	149.20	168.39	77.27	76.38	97.06	96.15	153.68	173.44
	60 - 64	99.48	85.50	109.06	95.10	184.96	194.55	102.46	88.07	112.33	97.96	190.52	200.39

RateSaver programs DO NOT include Dental, Well-Child, Maternity or Prescription Drug coverage. Premiums shown in this book are not final until after underwriting review. **Your premium may vary depending on your health conditions. Your rates may be higher than those published.** Rates are based on the contract holder's age as of January 1st of the current year. Rate changes based on change of age category will occur January 1st of the following year.

Preferred-Care Blue RateSaver Rates

Kansas Residents — Best Rates

The following premiums apply to residents of Johnson and Wyandotte counties in Kansas. EFFECTIVE 01/01/07

DEDUCTIBLE	AGE OF CONTRACT HOLDER	INDIVIDUAL		INDIVIDUAL WITH CHILDREN		INDIVIDUAL WITH SPOUSE AND FAMILY	
		MALE	FEMALE	MALE	FEMALE	SPOUSE	FAMILY
Plan 1 \$500	0	166.30	166.30				
	1	127.19	127.19				
	2 - 4	88.92	88.92				
	5 - 13	64.57	64.57				
	14 - 18	92.64	92.64				
	19 - 29	111.20	189.86	264.44	343.09	301.06	454.28
	30 - 39	151.89	250.88	296.98	395.97	402.75	547.86
	40 - 44	193.92	291.56	328.18	425.82	485.48	619.73
	45 - 49	244.10	320.04	368.86	444.80	564.14	688.90
	50 - 54	291.56	340.38	402.75	451.58	631.94	743.14
	55 - 59	376.98	371.57	475.98	470.57	748.56	847.56
60 - 64	475.98	414.96	539.73	478.71	890.95	954.69	
Plan 2 \$1,000	0	121.42	121.42				
	1	91.90	91.90				
	2 - 4	64.28	64.28				
	5 - 13	45.55	45.55				
	14 - 18	66.28	66.28				
	19 - 29	56.96	119.33	162.72	225.11	176.29	282.07
	30 - 39	88.16	161.37	188.50	261.73	249.52	349.87
	40 - 44	119.33	193.92	210.19	284.78	313.25	404.12
	45 - 49	155.96	212.91	244.10	301.06	368.86	457.00
	50 - 54	193.92	225.11	268.51	299.69	419.04	493.62
	55 - 59	256.29	253.59	318.68	315.96	509.89	572.27
60 - 64	328.18	286.15	364.79	322.75	614.32	650.93	
Plan 3 \$2,500	0	73.65	73.65				
	1	56.15	56.15				
	2 - 4	39.39	39.39				
	5 - 13	27.24	27.24				
	14 - 18	40.47	40.47				
	19 - 29	38.25	80.22	109.82	151.79	118.47	190.05
	30 - 39	59.23	108.58	127.12	176.47	167.84	235.70
	40 - 44	80.22	130.80	141.92	192.51	211.02	272.72
	45 - 49	104.90	143.14	164.14	202.38	248.05	307.28
	50 - 54	130.80	151.79	181.41	202.38	282.60	333.19
	55 - 59	172.77	171.53	214.72	213.48	344.30	386.27
60 - 64	220.90	192.51	245.57	217.19	413.40	438.08	
Plan 4 \$5,000	0	47.68	47.68				
	1	36.36	36.36				
	2 - 4	25.51	25.51				
	5 - 13	17.36	17.36				
	14 - 18	26.86	26.86				
	19 - 29	24.77	50.65	69.78	95.68	75.41	120.43
	30 - 39	37.14	68.66	79.91	111.44	105.81	148.57
	40 - 44	50.65	82.17	88.92	120.43	132.81	171.10
	45 - 49	66.40	90.05	103.55	127.19	156.46	193.60
	50 - 54	82.17	95.68	113.68	127.19	177.84	209.36
	55 - 59	108.06	106.92	135.06	133.94	214.98	242.00
60 - 64	138.44	121.56	154.21	137.32	260.00	275.75	
Plan 5 \$10,000	0	34.48	34.48				
	1	25.85	25.85				
	2 - 4	18.31	18.31				
	5 - 13	12.81	12.81				
	14 - 18	18.78	18.78				
	19 - 29	16.71	34.45	48.03	65.78	51.16	82.50
	30 - 39	26.10	46.98	55.34	76.23	73.09	102.32
	40 - 44	34.45	56.39	61.61	83.54	90.85	118.00
	45 - 49	45.94	62.65	72.05	88.76	108.60	134.70
	50 - 54	56.39	65.78	79.36	88.76	122.17	145.15
	55 - 59	75.18	74.14	93.98	92.93	149.31	168.11
60 - 64	96.07	83.54	106.50	93.98	179.61	190.03	

RateSaver programs DO NOT include Dental, Well-Child, Maternity or Prescription Drug coverage. Premiums shown in this book are not final until after underwriting review. **Your premium may vary depending on your health conditions. Your rates may be higher than those published.** Rates are based on the contract holder's age as of January 1st of the current year. Rate changes based on change of age category will occur January 1st of the following year.



Apply Online
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Who knew that by switching
my child from my employer's plan...
I could save **so much money?**



Individual Child Health Plan @ a Glance

	DEDUCTIBLE Individual	PHYSICIAN OFFICE VISIT In-Network*	COINSURANCE In-Network/ Out-of-Network	OUT-OF-POCKET MAXIMUM In-Network* Individual
PLAN 1	\$500	\$20 Copayment	80%/60%	\$1,500
PLAN 2	\$1,000	\$20 Copayment	80%/60%	\$2,000
PLAN 3	\$2,500	Deductible & Coinsurance	80%/60%	\$3,500
PLAN 4	\$5,000	Deductible & Coinsurance	80%/60%	\$6,000

*The out-of-network out-of-pocket maximum is two times the in-network out-of-pocket maximum. The lifetime maximum for all benefits combined is \$2,000,000 per individual. The out-of-network office visits are subject to deductible and coinsurance.



Individual Child Health Plan Benefits

Our Individual Child Health Plan provides a package of basic healthcare benefits to cover hospital, physician and emergency services, as well as many specialized services, including:

- Allergy Services
- Ambulance Services
- Anesthesia
- Chemotherapy
- Diabetes Care
- Diagnostic Lab and X-ray
- Dialysis
- Durable Medical Equipment
- Emergency Services and Supplies
- Home Health Services
- Home Hospice Services
- Immunizations for Children
- Infusion Therapy and Self Injectables
- Inpatient Hospice
- Inpatient Hospital Services
- Maternity Services (subject to 24-month waiting period)
- Mental Illness and Substance Abuse Services
- Organ Transplants (\$500,000 lifetime limit in-network, \$100,000 lifetime limit out-of-network)
- Outpatient Prescription Drugs
- Outpatient Surgery and Services
- Outpatient Therapy
- Physician Services
- Prosthetics and Appliances
- Radiation Therapy
- Limited Routine Preventive Care
- Skilled Nursing Care
- Urgent Care
- Well-Child Care

Additional Benefits Include:

- Dental Care—cleaning and X-ray
- Eyewear Discounts (This discount is not insurance.)
- Life Insurance* (\$5,000 term life insurance on the contract holder)

*Life insurance underwritten by Missouri Valley Life Insurance Company, a subsidiary of Blue Cross and Blue Shield of Kansas City

Individual Child Health Plan

Protection for Your Child.

Children need healthcare protection, too. Blue Cross and Blue Shield of Kansas City offers excellent Individual Child Health Plans at an affordable cost.

Give your child the same healthcare coverage provided by our Preferred-Care Blue Premium PPO plan, at a rate that could save you hundreds of dollars per year versus the cost of covering your child under your employer's plan.*

Our Individual Child Health Plan provides your child with a package of healthcare benefits to cover hospital, physician and emergency services, as well as many specialized services, including prescriptions, dental care and eyewear discounts.

Under the Individual Child Health Plan, your child will receive care from the largest network of professional healthcare providers in the area. You will never need a referral to take your child to any in-network or out-of-network provider; however, you will receive the best benefits when you choose in-network providers.

You can choose the amount of your deductible (the amount of covered charges you pay each calendar year before your plan starts to pay), with higher deductibles generally resulting in lower monthly premiums. The part you pay each year, including your deductible (your out-of-pocket maximum), is limited. Once you reach it, we pay 100 percent of allowable charges for the rest of the calendar year for most covered services.

Your child will be protected wherever he or she goes, through our BlueCard program. More than 85 percent of all doctors and hospitals across the U.S. contract with Blue Cross and Blue Shield plans. And outside the country, BlueCard provides access to doctors and hospitals in more than 200 countries.

Having good healthcare coverage for your child is important to your peace of mind. So relax. You can rely on the expertise and assistance of a health insurance company with more than 68 years of experience serving the residents of greater Kansas City.

*Rates vary based upon many factors and are subject to underwriting approval.

We also offer the following plans for children:

RateSaver (see page 6 for details)
Dental (see page 26 for details)

Apply Online
buyblueKC.com

Individual Child Health Plan **Benefits**

BENEFITS	IF YOU USE AN IN-NETWORK PROVIDER, YOU PAY:				IF YOU USE A PARTICIPATING OUT-OF-NETWORK PROVIDER, YOU PAY:**
	Plan 1	Plan 2	Plan 3	Plan 4	
DEDUCTIBLE Individual	\$500	\$1,000	\$2,500	\$5,000	(Same as In-Network)
PHYSICIAN SERVICES					
Office Visits <i>(Includes the office visit and the lab services performed in a network physician's office or independent lab)</i> Other Physician Services <i>(Includes X-ray services)</i>	\$20 copayment (Plans 1 & 2)		Deductible then 20% (Plans 3 & 4)		Deductible then 40%
		Deductible then 20%			Deductible then 40%
HOSPITAL SERVICES					
Inpatient Services/Outpatient Surgery Emergency Room <i>(Emergency Room charges subject to deductible, coinsurance and copayment. Copayment waived if admitted to an In-Network hospital.)</i>		Deductible then 20% \$100 copayment then deductible then 20%			Deductible then 40% \$100 copayment then deductible then 40%
MEDICAL SERVICES					
Allergy Testing Ambulance <i>(\$500 benefit limit per ground use)</i> Diagnostic X-ray, Lab Routine and Well-Child Care <i>(\$300 limit per calendar year)</i> Physician Office Visit Other Services Maternity Care <i>(Subject to 24-month waiting period)</i> Outpatient Therapy Physical, Occupational and Skeletal Manipulations <i>(40 combined visits per calendar year)</i> Speech and Hearing Therapy <i>(Unlimited combined visits per calendar year)</i> Urgent Care <i>(Includes the office visit and the lab services performed in a network urgent care facility or independent lab)</i>		Deductible then 20% Deductible then 20%			Deductible then 40% Same as In-Network
		Deductible then 20% Deductible then 20%			Deductible then 40% Deductible then 40%
		(see Physician Services – Office Visits)			Deductible then 40%
		Deductible then 20%			Deductible then 40%
		Deductible then 20%			Deductible then 40%
		Deductible then 20%			Deductible then 40%
	\$50 copayment (Plans 1 & 2)		Deductible then 20% (Plans 3 & 4)		Deductible then 40%
PRESCRIPTION DRUGS*					
		34 Day Supply	102 Day Supply		
Tier 1	\$12 copayment		\$36 copayment		Applicable copayment then 50%
Tier 2	\$35 copayment		\$105 copayment		Applicable copayment then 50%
Tier 3	\$60 copayment		\$180 copayment		Applicable copayment then 50%

*This prescription drug benefit design IS considered creditable coverage for Medicare Part D purposes. Please see page 38 for more information.

**Services performed at non-participating imaging centers, hospitals or outpatient facilities are limited to \$200 max per day or per calendar year, and additional calendar year limitations may apply. Please review your certificate.

Mental Health and Substance Abuse/Chemical Dependency.

Mental health and substance abuse/chemical dependency benefits are subject to Missouri and Kansas mandates. Please refer to the plan documents for a complete description of benefits.

Mental Health — When You Use In-Network Providers.

There is no benefit for Out-of-Network Mental Health and Chemical Dependency for Missouri residents.

	KANSAS RESIDENTS	MISSOURI RESIDENTS
Inpatient Treatment	Deductible then 20% Limited to 30 days/year for Mental Health and Substance Abuse	Deductible then 20% Limited to 90 days/year
Outpatient Treatment	We pay the first \$100 of Mental Health and Substance Abuse charges, then you pay 20% Limited to \$1,000/year for Mental Health and Substance Abuse	Deductible then 20%

Substance Abuse/Chemical Dependency — When You Use In-Network Providers.

There is no benefit for Out-of-Network Mental Health and Chemical Dependency for Missouri residents.

	KANSAS RESIDENTS	MISSOURI RESIDENTS
Residential Treatment	(See Inpatient Treatment Benefit)	Deductible then 20% Limited to 21 days/year
Inpatient Treatment/Detoxification	Deductible then 20% Limited to 30 days/year for Mental Health and Substance Abuse	Deductible then 20% Limited to 6 days/year
Outpatient Treatment	We pay the first \$100 of Mental Health and Substance Abuse charges, then you pay 20% Limited to \$1,000/year for Mental Health and Substance Abuse	Deductible then 20% Limited to 26 days/year and limited to lifetime of 10 episodes of treatment for Chemical Dependency

ADDITIONAL BENEFITS

Dental Care (cleaning and x-rays). You pay 20% (when you use In-Network dental providers and 50% when you use Out-of-Network dental providers). Bi-annual routine oral exams (x-rays and cleaning). Fluoride treatments for covered members younger than 19. (Not subject to annual deductible and does not apply to out-of-pocket maximum.)

Eyewear Discounts. Get discounts on prescription and non-prescription eyewear products from participating network providers listed in your provider directory. Eyeglass frames, lenses and contact lenses, sunglasses and eye care kits are eligible for discounts. (Discounts are not insurance.)

Life Insurance. \$5,000 term life insurance on the contract holder.

LIFETIME BENEFIT MAXIMUM — \$2,000,000 PER INDIVIDUAL. WHAT YOU SHOULD KNOW ABOUT PRE-EXISTING HEALTH CONDITIONS: Pre-existing health conditions include any illness, injury or other condition for which medical advice, diagnosis, care or treatment was received or recommended during the six months prior to your Preferred-Care Blue effective date. Benefits for these conditions are available after you've been covered by our plan for 12 consecutive months. See plan document for details.

Individual Child Health Plan Rates

Missouri Residents — Best Rates

The following premiums apply to residents of the following Missouri counties: **METRO** = Cass, Clay, Jackson and Platte; **RURAL** = Andrew, Atchison, Bates, Benton, Buchanan, Caldwell, Carroll, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Ray, Saline, St. Clair, Vernon and Worth. EFFECTIVE 01/01/07

		METRO			RURAL		
DEDUCTIBLE	AGE OF CONTRACT HOLDER	INDIVIDUAL		INDIVIDUAL			
		MALE	FEMALE	MALE	FEMALE		
Plan 1 \$500	0*	197.69	197.69	203.62	203.62		
	1	140.77	140.77	145.00	145.00		
	2 - 4	101.82	101.82	104.87	104.87		
	5 - 13	75.61	75.61	77.88	77.88		
	14 - 18	103.02	103.02	106.11	106.11		
Plan 2 \$1,000	0*	168.05	168.05	173.10	173.10		
	1	119.66	119.66	123.25	123.25		
	2 - 4	86.54	86.54	89.13	89.13		
	5 - 13	64.25	64.25	66.18	66.18		
	14 - 18	87.54	87.54	90.17	90.17		
Plan 3 \$2,500	0*	118.50	118.50	122.04	122.04		
	1	84.38	84.38	86.91	86.91		
	2 - 4	61.43	61.43	63.27	63.27		
	5 - 13	45.73	45.73	47.11	47.11		
	14 - 18	62.31	62.31	64.17	64.17		
Plan 4 \$5,000	0*	86.46	86.46	89.06	89.06		
	1	61.56	61.56	63.40	63.40		
	2 - 4	45.15	45.15	46.50	46.50		
	5 - 13	33.63	33.63	34.64	34.64		
	14 - 18	45.83	45.83	47.22	47.22		

Kansas Residents — Best Rates

The following premiums apply to residents of Johnson and Wyandotte counties in Kansas. EFFECTIVE 01/01/07

DEDUCTIBLE	AGE OF CONTRACT HOLDER	INDIVIDUAL		
		MALE	FEMALE	
Plan 1 \$500	0*	180.06	180.06	
	1	128.20	128.20	
	2 - 4	91.79	91.79	
	5 - 13	68.16	68.16	
	14 - 18	93.81	93.81	
Plan 2 \$1,000	0*	153.05	153.05	
	1	108.98	108.98	
	2 - 4	78.04	78.04	
	5 - 13	57.93	57.93	
	14 - 18	79.75	79.75	
Plan 3 \$2,500	0*	107.91	107.91	
	1	76.85	76.85	
	2 - 4	55.40	55.40	
	5 - 13	41.22	41.22	
	14 - 18	56.74	56.74	
Plan 4 \$5,000	0*	78.74	78.74	
	1	56.06	56.06	
	2 - 4	40.72	40.72	
	5 - 13	30.34	30.34	
	14 - 18	41.78	41.78	

Premiums shown in this book are not final until after underwriting review. **Your premium may vary depending on your health conditions. Your rates may be higher than those published.** Rates are based on the contract holder's age as of January 1st of the current year. Rate changes based on change of age category will occur January 1st of the following year.

*Required: phenylketonuria (PKU) and thyroid test results, delivery discharge documentation/notes and 1st well-baby visit documentation.

It's nice to know that even when I'm **between jobs** I don't have to be without coverage.



Short-Term Security @ a Glance

	DEDUCTIBLE Individual/Family	PHYSICIAN OFFICE VISIT In-Network*	COINSURANCE In-Network/ Out-of-Network	OUT-OF-POCKET MAXIMUM In-Network* Individual/Family
PLAN 1	\$500/\$1,500	\$30 Copayment	80%/60%	\$2,500/\$7,500
PLAN 2	\$1,000/\$3,000	\$30 Copayment	80%/60%	\$3,000/\$9,000
PLAN 3	\$2,500/\$7,500	Deductible & Coinsurance	80%/60%	\$4,500/\$13,500
PLAN 4	\$5,000/\$15,000	Deductible & Coinsurance	80%/60%	\$7,000/\$21,000

*The out-of-network out-of-pocket maximum is two times the in-network out-of-pocket maximum. The lifetime maximum for all benefits combined is \$2,000,000 per individual. The out-of-network office visits are subject to deductible and coinsurance.



Preferred-Care Blue Short-Term Security Benefits

The Preferred-Care Blue Short-Term Security plan provides you with a package of healthcare benefits to cover hospital, physician and emergency services, as well as many specialized services, including:

- Allergy Services
- Ambulance Services
- Anesthesia
- Chemotherapy
- Diabetes Care
- Diagnostic Lab and X-ray
- Dialysis
- Durable Medical Equipment
- Elective Surgical Sterilization
- Emergency Services and Supplies
- Home Health Services
- Home Hospice Services
- Immunizations for Children
- Infusion Therapy and Self Injectables
- Inpatient Hospice
- Inpatient Hospital Services
- Mental Illness and Substance Abuse Services
- Organ Transplants (\$500,000 lifetime limit in-network, \$100,000 lifetime limit out-of-network)
- Outpatient Surgery and Services
- Outpatient Therapy
- Physician Services
- Prosthetics and Appliances
- Radiation Therapy
- Skilled Nursing Care
- Urgent Care

The Blue Cross and Blue Shield of Kansas City Short-Term Security plan allows you to select your coverage period.* You may choose coverage for:

- 1 month
 - 2 months
 - 3 months
 - 4 months
 - 5 months
 - 6 months
 - 9 months (full-time students only)
- (Not to exceed 12 continuous months of coverage)

*A one-month coverage example is July 15 – August 14.
REFUNDS NOT AVAILABLE.

Short-Term Security

Time-Sensitive Options.

Blue Cross and Blue Shield of Kansas City offers affordable short-term health coverage for individuals who are between jobs or who have other short-term needs for health insurance.

If you are temporarily without employer-paid health insurance, you can still have the security that comes from knowing you have access to excellent healthcare—with our Preferred-Care Blue Short-Term Security PPO plan.

The Preferred-Care Blue Short-Term Security plan provides you with a package of healthcare benefits to cover hospital, physician and emergency services, as well as many specialized services. You also have access to discounts on eyewear and prescription drugs (discounts are not insurance).

The Blue Cross and Blue Shield of Kansas City Short-Term Security plan allows you to select your coverage period—from one to six months, or from one to nine months if you are a full-time student. Coverage under a Short-Term Security plan is limited to 12 consecutive months.

You may also select your deductible. The higher the deductible, generally the lower your monthly premium. Once you have reached your out-of-pocket maximum, covered services are payable at 100 percent of the allowable charge up to \$2,000,000 (lifetime benefit maximum).

The Short-Term Security plan is offered to adults age 18-64 and their unmarried dependent children to age 23 who:

- have not received consultation or treatment from a healthcare provider within the last five years for any conditions identified on the application;
- are not pregnant; and
- have no other hospital or medical coverage in force.

Based on the length of the Short-Term Security coverage you choose, the entire premium payment is due at the time of application. For example, if you choose a six-month coverage plan, six months' premium will be due upon application.

NOTE: Child(ren)-only coverage is available.

Short-Term Security Benefits

BENEFITS	IF YOU USE AN IN-NETWORK PROVIDER, YOU PAY:				OUT-OF-NETWORK
	Plan 1	Plan 2	Plan 3	Plan 4	
DEDUCTIBLE Individual Family	\$500 \$1,500	\$1,000 \$3,000	\$2,500 \$7,500	\$5,000 \$15,000	(Same as In-Network)
PHYSICIAN SERVICES					
Office Visits <i>(Includes the office visit and the lab services performed in a network physician's office or independent lab)</i> Other Physician Services <i>(Includes X-ray services)</i>	\$30 copayment (Plans 1 & 2)		Deductible then 20% (Plans 3 & 4)		Deductible then 40%
	Deductible then 20%				Deductible then 40%
HOSPITAL SERVICES					
Inpatient Services/Outpatient Surgery Emergency Room <i>(Emergency Room charges subject to deductible, coinsurance and copayment. Copayment waived if admitted to an In-Network hospital.)</i>	Deductible then 20% \$100 copayment then deductible then 20%		Deductible then 40% \$100 copayment then deductible then 40%		
MEDICAL SERVICES					
Allergy Testing Ambulance <i>(\$500 benefit limit per ground use)</i> Diagnostic X-ray, Lab Outpatient Therapy Physical, Occupational and Skeletal Manipulations <i>(40 combined visits per calendar year)</i> Speech and Hearing Therapy <i>(Unlimited combined visits per calendar year)</i> Urgent Care <i>(Includes the office visit and the lab services performed in a network urgent care facility or independent lab)</i> Maternity Care Routine and Well-Child Care Outpatient Prescription Drugs	Deductible then 20% Deductible then 20%		Deductible then 20% Deductible then 20%		Deductible then 40% Same as In-Network Deductible then 40% Deductible then 40%
	\$50 copayment (Plans 1 & 2)		Deductible then 20% (Plans 3 & 4)		Deductible then 40%
	Not Covered Not Covered Not Covered		Not Covered Not Covered Not Covered		

Mental Health and Substance Abuse/Chemical Dependency.

Mental health and substance abuse/chemical dependency benefits are subject to Missouri and Kansas mandates. Please refer to the plan documents for a complete description of benefits.

Mental Health — When You Use In-Network Providers.

There is no benefit for Out-of-Network Mental Health and Chemical Dependency for Missouri residents.

	KANSAS RESIDENTS	MISSOURI RESIDENTS
Inpatient Treatment	Deductible then 20% Limited to 30 days/year for Mental Health and Substance Abuse	Deductible then 20% Limited to 90 days/year
Outpatient Treatment	We pay the first \$100 of Mental Health and Substance Abuse charges, then you pay 20% Limited to \$1,000/year for Mental Health and Substance Abuse	Deductible then 20%

Substance Abuse/Chemical Dependency — When You Use In-Network Providers.

There is no benefit for Out-of-Network Mental Health and Chemical Dependency for Missouri residents.

	KANSAS RESIDENTS	MISSOURI RESIDENTS
Residential Treatment	(See Inpatient Treatment Benefit)	Deductible then 20% Limited to 21 days/year
Inpatient Treatment/Detoxification	Deductible then 20% Limited to 30 days/year for Mental Health and Substance Abuse	Deductible then 20% Limited to 6 days/year
Outpatient Treatment	We pay the first \$100 of Mental Health and Substance Abuse charges, then you pay 20% Limited to \$1,000/year for Mental Health and Substance Abuse	Deductible then 20% Limited to 26 days/year and limited to lifetime of 10 episodes of treatment for Chemical Dependency

ADDITIONAL BENEFITS

Eyewear Discounts. Get discounts on prescription and non-prescription eyewear products from participating network providers listed in your provider directory. Eyeglass frames, lenses and contact lenses, sunglasses and eye care kits are eligible for discounts. (Discounts are not insurance.)

ScriptSave. Receive up to 30% off the cost of prescription drugs with our ScriptSave Prescription Drug Program. Members receive a separate card for this within 15 days of obtaining coverage. (Discounts are not insurance.)

LIFETIME BENEFIT MAXIMUM — \$2,000,000 PER INDIVIDUAL. **WHAT YOU SHOULD KNOW ABOUT PRE-EXISTING HEALTH CONDITIONS:** Pre-existing health conditions include any illness, injury or other condition for which medical advice, diagnosis, care or treatment was received or recommended during the six months prior to your Preferred-Care Blue effective date. See plan document for details.

REFUNDS ARE NOT AVAILABLE

Short-Term Security Rates

Missouri Residents — Best Rates

The following premiums apply to residents of the following Missouri counties: **METRO** = Cass, Clay, Jackson and Platte; **RURAL** = Andrew, Atchison, Bates, Benton, Buchanan, Caldwell, Carroll, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Ray, Saline, St. Clair, Vernon and Worth. EFFECTIVE 01/01/07 **REFUNDS ARE NOT AVAILABLE ONCE COVERAGE IS BOUND.**

DEDUCTIBLE	AGE OF CONTRACT HOLDER	METRO						RURAL					
		INDIVIDUAL		INDIVIDUAL WITH CHILDREN		INDIVIDUAL WITH SPOUSE		INDIVIDUAL		INDIVIDUAL WITH CHILDREN		INDIVIDUAL WITH SPOUSE	
		MALE	FEMALE	MALE	FEMALE	MALE	FAMILY	MALE	FEMALE	MALE	FEMALE	SPOUSE	FAMILY
Plan 1 \$500	0*	63.35	63.35					65.25	65.25				
	1	61.76	61.76					63.61	63.61				
	2 - 4	51.37	51.37					52.91	52.91				
	5 - 13	38.53	38.53					39.69	39.69				
	14 - 18	47.51	47.51					48.94	48.94				
	19 - 29	51.37	61.01	112.38	122.01	112.38	173.38	52.91	62.84	115.75	125.67	115.75	178.58
	30 - 39	64.22	83.48	125.22	144.48	147.70	208.70	66.15	85.98	128.98	148.81	152.13	214.96
	40 - 44	86.70	99.54	147.70	160.54	186.23	247.23	89.30	102.53	152.13	165.36	191.82	254.65
	45 - 49	99.54	115.58	160.54	176.60	215.12	276.12	102.53	119.05	165.36	181.90	221.57	284.40
	50 - 54	134.85	134.85	195.86	195.86	269.70	330.72	138.90	138.90	201.74	201.74	277.79	340.64
	55 - 59	189.44	170.17	250.44	231.18	359.60	420.62	195.12	175.28	257.95	238.12	370.39	433.24
	60 - 64	266.49	195.86	327.50	256.86	462.36	523.35	274.48	201.74	337.33	264.57	476.23	539.05
Plan 2 \$1,000	0*	49.08	49.08					50.55	50.55				
	1	47.50	47.50					48.93	48.93				
	2 - 4	38.52	38.52					39.68	39.68				
	5 - 13	28.90	28.90					29.77	29.77				
	14 - 18	35.63	35.63					36.70	36.70				
	19 - 29	38.52	44.95	86.70	93.11	83.48	131.64	39.68	46.30	89.30	95.90	85.98	135.59
	30 - 39	43.34	59.41	91.52	107.57	102.75	150.90	44.64	61.19	94.27	110.80	105.83	155.43
	40 - 44	61.01	73.85	109.16	122.01	134.85	183.01	62.84	76.07	112.43	125.67	138.90	188.50
	45 - 49	80.28	89.90	128.42	138.06	170.17	218.33	82.69	92.60	132.27	142.20	175.28	224.88
	50 - 54	105.96	99.54	154.12	147.70	205.50	253.64	109.14	102.53	158.74	152.13	211.67	261.25
	55 - 59	141.27	128.42	189.44	176.60	269.70	317.88	145.51	132.27	195.12	181.90	277.79	327.42
	60 - 64	202.28	147.70	250.44	195.86	349.98	398.13	208.35	152.13	257.95	201.74	360.48	410.07
Plan 3 \$2,500	0*	37.25	37.25					38.37	38.37				
	1	36.04	36.04					37.12	37.12				
	2 - 4	29.23	29.23					30.11	30.11				
	5 - 13	21.93	21.93					22.59	22.59				
	14 - 18	27.04	27.04					27.85	27.85				
	19 - 29	29.23	32.13	52.59	55.51	61.36	84.74	30.11	33.09	54.17	57.18	63.20	87.28
	30 - 39	32.13	43.82	55.51	67.21	75.97	99.33	33.09	45.13	57.18	69.23	78.25	102.31
	40 - 44	46.75	52.59	70.12	75.97	99.33	122.72	48.15	54.17	72.22	78.25	102.31	126.40
	45 - 49	55.51	64.28	78.89	87.66	119.78	143.18	57.18	66.21	81.26	90.29	123.37	147.48
	50 - 54	75.97	73.05	99.33	96.41	149.01	172.38	78.25	75.24	102.31	99.30	153.48	177.55
	55 - 59	102.25	93.51	125.64	116.87	195.76	219.13	105.32	96.32	129.41	120.38	201.63	225.70
	60 - 64	146.09	105.19	169.45	128.57	251.27	274.66	150.47	108.35	174.53	132.43	258.81	282.90
Plan 4 \$5,000	0*	27.16	27.16					27.97	27.97				
	1	26.29	26.29					27.08	27.08				
	2 - 4	21.32	21.32					21.96	21.96				
	5 - 13	15.99	15.99					16.47	16.47				
	14 - 18	19.71	19.71					20.30	20.30				
	19 - 29	21.32	23.45	38.38	40.52	44.78	61.82	21.96	24.15	39.53	41.74	46.12	63.67
	30 - 39	23.45	31.98	40.52	49.03	55.43	72.50	24.15	32.94	41.74	50.50	57.09	74.68
	40 - 44	34.12	38.38	51.18	55.43	72.50	89.54	35.14	39.53	52.72	57.09	74.68	92.23
	45 - 49	40.52	46.90	57.57	63.95	87.42	104.47	41.74	48.31	59.30	65.87	90.04	107.60
	50 - 54	55.43	53.31	72.50	70.36	108.73	125.79	57.09	54.91	74.68	72.47	111.99	129.56
	55 - 59	74.61	68.22	91.68	85.29	142.83	159.90	76.85	70.27	94.43	87.85	147.11	164.70
	60 - 64	106.60	76.75	123.66	93.81	183.35	200.41	109.80	79.05	127.37	96.62	188.85	206.42

Short-Term Security plans DO NOT include Dental, Well-Child, Maternity or Prescription Drug coverage. Rates are based on the contract holder's age as of January 1st of the current year.

*Required: phenylketonuria (PKU) and thyroid test results, delivery discharge documentation/notes and 1st well-baby visit documentation.

Short-Term Security Rates

Kansas Residents — Best Rates							
The following premiums apply to residents of Johnson and Wyandotte counties in Kansas. EFFECTIVE 01/01/07							
REFUNDS ARE NOT AVAILABLE ONCE COVERAGE IS BOUND.							
DEDUCTIBLE	AGE OF CONTRACT HOLDER	INDIVIDUAL		INDIVIDUAL WITH CHILDREN		INDIVIDUAL WITH	
		MALE	FEMALE	MALE	FEMALE	SPOUSE	FAMILY
Plan 1 \$500	0*	67.68	67.68				
	1	65.99	65.99				
	2 - 4	54.34	54.34				
	5 - 13	40.75	40.75				
	14 - 18	50.76	50.76				
	19 - 29	54.34	64.52	118.86	129.06	118.86	183.39
	30 - 39	67.92	88.31	132.45	152.82	156.22	220.74
	40 - 44	91.69	105.28	156.22	169.80	196.97	261.50
	45 - 49	105.28	122.26	169.80	186.79	227.54	292.06
	50 - 54	142.64	142.64	207.16	207.16	285.28	349.80
	55 - 59	200.37	179.99	264.89	244.51	380.37	444.88
60 - 64	281.88	207.16	346.40	271.69	489.04	553.56	
Plan 2 \$1,000	0*	50.76	50.76				
	1	49.48	49.48				
	2 - 4	40.75	40.75				
	5 - 13	30.57	30.57				
	14 - 18	38.07	38.07				
	19 - 29	40.75	47.55	91.69	98.49	88.31	139.24
	30 - 39	45.85	62.82	96.79	113.77	108.68	159.62
	40 - 44	64.52	78.11	115.47	129.06	142.64	193.57
	45 - 49	84.91	95.09	135.85	146.04	179.99	230.93
	50 - 54	112.08	105.28	163.00	156.22	217.34	268.29
	55 - 59	149.42	135.85	200.37	186.79	285.28	336.22
60 - 64	213.95	156.22	264.89	207.16	370.17	421.12	
Plan 3 \$2,500	0*	38.51	38.51				
	1	37.54	37.54				
	2 - 4	30.90	30.90				
	5 - 13	23.18	23.18				
	14 - 18	28.87	28.87				
	19 - 29	30.90	34.00	55.63	58.72	64.89	89.63
	30 - 39	34.00	46.36	58.72	71.08	80.35	105.07
	40 - 44	49.44	55.63	74.17	80.35	105.07	129.80
	45 - 49	58.72	67.99	83.44	92.71	126.71	151.43
	50 - 54	80.35	77.26	105.07	101.99	157.62	182.34
	55 - 59	108.16	98.89	132.88	123.62	207.06	231.78
60 - 64	154.52	111.26	179.24	135.98	265.78	290.50	
Plan 4 \$5,000	0*	28.08	28.08				
	1	27.37	27.37				
	2 - 4	22.55	22.55				
	5 - 13	16.92	16.92				
	14 - 18	21.07	21.07				
	19 - 29	22.55	24.80	40.59	42.85	47.36	65.40
	30 - 39	24.80	33.83	42.85	51.87	58.63	76.66
	40 - 44	36.08	40.59	54.12	58.63	76.66	94.71
	45 - 49	42.85	49.61	60.89	67.65	92.46	110.50
	50 - 54	58.63	56.38	76.66	74.41	115.01	133.04
	55 - 59	78.92	72.15	96.97	90.20	151.09	169.12
60 - 64	112.76	81.17	130.79	99.22	193.93	211.98	

Short-Term Security plans DO NOT include Dental, Well-Child, Maternity or Prescription Drug coverage. Rates are based on the contract holder's age as of January 1st of the current year.

*Required: phenylketonuria (PKU) and thyroid test results, delivery discharge documentation/notes and 1st well-baby visit documentation.



Apply Online
buyblueKC.com

With **BlueSaver** and an HSA,
my healthcare premium
is working for me.



BlueSaver @ a Glance

	DEDUCTIBLE Individual/Family	PHYSICIAN OFFICE VISIT In-Network*	COINSURANCE In-Network/ Out-of-Network	OUT-OF-POCKET MAXIMUM In-Network* Individual/Family
PLAN 1	\$1,500/\$3,000	Deductible & Coinsurance	90%/70%	\$2,500/\$5,000
PLAN 2	\$2,500/\$5,000	Deductible & Coinsurance	80%/60%	\$3,500/\$7,000
PLAN 3	\$5,000/\$10,000	Deductible & Coinsurance	100%/80%	\$5,000/\$10,000

*The out-of-network out-of-pocket maximum is two times the in-network out-of-pocket maximum. The lifetime maximum for all benefits combined is \$2,000,000 per individual. The out-of-network office visits are subject to deductible and coinsurance.



Why Choose BlueSaver?

- The BlueSaver HDHP and the HSA lessen the impact of rising healthcare costs through tax-free contributions.
- Your HSA contributions are available as savings to pay for qualified medical services, and since they can be held in an investment portfolio, their value can grow over time.**

BlueSaver

Healthy Savings.

Now, you can enjoy tax savings while putting aside money to pay your medical expenses, with BlueSaver, a High Deductible Health Plan from Blue Cross and Blue Shield of Kansas City.

What is BlueSaver?

BlueSaver is a High Deductible Health Plan (HDHP) that can work in conjunction with a Health Savings Account (HSA).

How BlueSaver Works.

BlueSaver is an HDHP from Blue Cross and Blue Shield of Kansas City, the largest and most trusted health insurance provider in the region. It works with an HSA. You choose your own HSA administrator.

High Deductible Health Plan (HDHP).

- The HSA can only be offered in conjunction with an HDHP.
- The HDHP must meet certain minimum requirements determined by the Federal Government—for example, in 2007 the minimum deductible for an individual plan is \$1,100.
- Covered healthcare expenses are applied to the deductible. When the deductible is met, the health plan then begins paying some or all healthcare expenses, depending on the plan selected.
- Expenses not covered by the HDHP are paid by you. Those expenses can either be paid from money accumulated in an HSA (tax-free) or from other sources.

Health Savings Account (HSA).

- Individuals can make tax-exempt contributions to the HSA—similar to IRA or 401k contributions.*
- The contributions are available to the account owner in an account to pay for healthcare expenses.
- If funds are used for qualified healthcare expenses, the money is never taxed. If the money is used for other expenses, you must pay a tax and a penalty on that amount.
- There are annual limits on how much can be contributed to your account.

*Individuals covered under other health plans or Medicare are not eligible for HSAs.

**Mutual funds are not FDIC insured, there is no bank guarantee and they may lose value.

BlueSaver Benefits

BENEFITS	IF YOU USE AN IN-NETWORK PROVIDER, YOU PAY:			IF YOU USE A PARTICIPATING OUT-OF-NETWORK PROVIDER, YOU PAY:**		
	Plan 1	Plan 2	Plan 3	(Deductible same as In-Network)		
DEDUCTIBLE						
Individual	\$1,500	\$2,500	\$5,000			
Family	\$3,000	\$5,000	\$10,000			
COINSURANCE				Plan 1	Plan 2	Plan 3
In-Network	10%	20%	0%	30%	40%	20%
PHYSICIAN SERVICES						
Office Visits <i>(Includes the office visit and the lab services performed in a network physician's office or independent lab)</i>	Deductible then In-Network coinsurance			Deductible then Out-of-Network coinsurance		
Other Physician Services <i>(Includes X-ray services)</i>	Deductible then In-Network coinsurance			Deductible then Out-of-Network coinsurance		
HOSPITAL SERVICES						
Inpatient Services/Outpatient Surgery	Deductible then In-Network coinsurance			Deductible then Out-of-Network coinsurance		
Emergency Room <i>(Emergency Room charges subject to deductible, coinsurance and copayment. Copayment waived if admitted to an In-Network hospital.)</i>	Deductible then In-Network coinsurance			Deductible then Out-of-Network coinsurance		
MEDICAL SERVICES						
Allergy Testing	Deductible then In-Network coinsurance			Deductible then Out-of-Network coinsurance		
Ambulance <i>(\$500 benefit limit per ground use)</i>	Deductible then In-Network coinsurance			Same as In-Network		
Diagnostic X-ray, Lab	Deductible then In-Network coinsurance			Deductible then Out-of-Network coinsurance		
Routine and Well-Child Care <i>(\$300 limit per calendar year)</i>	In-Network coinsurance			Deductible then Out-of-Network coinsurance		
Maternity Care <i>(Subject to 24-month waiting period)</i>	Deductible then In-Network coinsurance			Deductible then Out-of-Network coinsurance		
Outpatient Therapy	Deductible then In-Network coinsurance			Deductible then Out-of-Network coinsurance		
Physical, Occupational and Skeletal Manipulations <i>(40 combined visits per calendar year)</i>						
Speech and Hearing Therapy <i>(Unlimited combined visits per calendar year)</i>						
Urgent Care <i>(Includes the office visit and the lab services performed in a network urgent care facility or independent lab)</i>	Deductible then In-Network coinsurance			Deductible then Out-of-Network coinsurance		
PRESCRIPTION DRUGS*						
	34 Day Supply	102 Day Supply	Tiers 1 through 3			
Tier 1	Deductible then \$12 copayment	Deductible then \$36 copayment	Deductible then applicable copayment then 50%			
Tier 2	Deductible then \$35 copayment	Deductible then \$105 copayment				
Tier 3	Deductible then \$60 copayment	Deductible then \$180 copayment				

*This prescription drug benefit design is NOT considered creditable coverage for Medicare Part D purposes. Please see page 39 for more information.

**Services performed at non-participating imaging centers, hospitals or outpatient facilities are limited to \$200 max per day or per calendar year, and additional calendar year limitations may apply. Please review your certificate.

Mental Health and Substance Abuse/Chemical Dependency.		
Mental health and substance abuse/chemical dependency benefits are subject to Missouri and Kansas mandates. Please refer to the plan documents for a complete description of benefits.		
Mental Health — When You Use In-Network Providers.		
There is no benefit for Out-of-Network Mental Health and Chemical Dependency for Missouri residents.		
	KANSAS RESIDENTS	MISSOURI RESIDENTS
Inpatient Treatment	Deductible then In-Network coinsurance. Limited to 30 days/year for Mental Health and Substance Abuse Deductible then state-required benefit See plan document for details	Deductible then In-Network coinsurance Limited to 90 days/year Deductible then In-Network coinsurance
Outpatient Treatment		
Substance Abuse/Chemical Dependency — When You Use In-Network Providers.		
There is no benefit for Out-of-Network Mental Health and Chemical Dependency for Missouri residents.		
	KANSAS RESIDENTS	MISSOURI RESIDENTS
Residential Treatment	(See Mental Health Inpatient Treatment Benefit)	Deductible then In-Network coinsurance Limited to 21 days/year
Inpatient Treatment/Detoxification	(See Mental Health Inpatient Treatment Benefit)	Deductible then In-Network coinsurance Limited to 6 days/year
Outpatient Treatment	Deductible then state-required benefit See plan document for details	Deductible then In-Network coinsurance Limited to 26 days/year and limited to lifetime of 10 episodes of treatment for Chemical Dependency
ADDITIONAL BENEFITS		
Eyewear Discounts. Get discounts on prescription and non-prescription eyewear products from participating network providers listed in your provider directory. Eyeglass frames, lenses and contact lenses, sunglasses and eye care kits are eligible for discounts. (Discounts are not insurance.)		
Life Insurance. \$5,000 term life insurance on the contract holder.		
LIFETIME BENEFIT MAXIMUM — \$2,000,000 PER INDIVIDUAL. WHAT YOU SHOULD KNOW ABOUT PRE-EXISTING HEALTH CONDITIONS: Pre-existing health conditions include any illness, injury or other condition for which medical advice, diagnosis, care or treatment was received or recommended during the six months prior to your Preferred-Care Blue effective date. Benefits for these conditions are available after you've been covered by our plan for 12 consecutive months. See plan document for details.		

BlueSaver Rates

Missouri Residents — Best Rates

The following premiums apply to residents of the following Missouri counties: **METRO** = Cass, Clay, Jackson and Platte; **RURAL** = Andrew, Atchison, Bates, Benton, Buchanan, Caldwell, Carroll, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Ray, Saline, St. Clair, Vernon and Worth. EFFECTIVE 01/01/07
Please note the displayed premiums do not include any fees related to the administration of the Health Savings Account.

		METRO						RURAL						
DEDUCTIBLE	COINSURANCE (In-Network/ Out-of-Network)	AGE OF CONTRACT HOLDER	INDIVIDUAL		INDIVIDUAL WITH CHILDREN		INDIVIDUAL WITH SPOUSE FAMILY		INDIVIDUAL		INDIVIDUAL WITH CHILDREN		INDIVIDUAL WITH SPOUSE FAMILY	
			MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Plan 1 \$1,500	10/30%	0*	113.40	113.40					116.81	116.81				
		1*	80.74	80.74					83.16	83.16				
		2 - 4*	59.22	59.22					60.99	60.99				
		5 - 13*	44.14	44.14					45.47	45.47				
		14 - 18*	60.13	60.13					61.93	61.93				
		19 - 29	75.75	124.57	180.60	229.44	221.00	325.86	78.02	128.30	186.02	236.33	227.63	335.63
		30 - 39	98.85	162.26	200.06	263.50	270.86	372.08	101.81	167.13	206.06	271.40	278.99	383.24
		40 - 44	125.62	187.81	217.54	279.71	314.64	406.55	129.38	193.44	224.06	288.10	324.08	418.74
		45 - 49	157.23	206.03	243.07	291.87	363.28	449.11	161.95	212.21	250.36	300.62	374.18	462.58
		50 - 54	186.41	218.20	263.75	295.54	404.63	481.94	192.00	224.75	271.66	304.40	416.77	496.40
		55 - 59	239.92	237.68	307.95	305.69	477.60	545.61	247.12	244.81	317.19	314.86	491.93	561.98
60 - 64	301.96	265.64	345.08	308.77	567.59	610.70	311.02	273.61	355.43	318.03	584.62	629.03		
Plan 2 \$2,500	20/40%	0*	96.54	96.54					99.44	99.44				
		1*	68.73	68.73					70.79	70.79				
		2 - 4*	50.52	50.52					52.04	52.04				
		5 - 13*	37.69	37.69					38.82	38.82				
		14 - 18*	51.35	51.35					52.89	52.89				
		19 - 29	64.58	106.21	154.07	195.68	188.37	277.86	66.51	109.40	158.69	201.56	194.02	286.19
		30 - 39	84.24	138.29	170.65	224.67	230.81	317.19	86.77	142.43	175.77	231.41	237.74	326.71
		40 - 44	107.01	160.04	185.47	238.43	268.09	346.51	110.22	164.84	191.03	245.59	276.13	356.90
		45 - 49	133.93	175.55	207.21	248.80	309.50	382.75	137.95	180.82	213.43	256.26	318.78	394.23
		50 - 54	158.81	185.91	224.81	251.91	344.72	410.71	163.58	191.49	231.56	259.47	355.06	423.03
		55 - 59	204.35	202.49	262.41	260.50	406.83	464.89	210.48	208.57	270.29	268.31	419.03	478.84
60 - 64	257.15	226.31	293.96	263.06	483.44	520.23	264.86	233.09	302.78	270.95	497.95	535.84		
Plan 3 \$5,000	0/20%	0*	72.93	72.93					75.11	75.11				
		1*	51.93	51.93					53.49	53.49				
		2 - 4*	38.29	38.29					39.44	39.44				
		5 - 13*	28.56	28.56					29.42	29.42				
		14 - 18*	38.91	38.91					40.08	40.08				
		19 - 29	48.87	80.36	116.72	148.17	142.50	210.37	50.33	82.77	120.23	152.62	146.78	216.68
		30 - 39	63.73	104.60	129.24	170.07	174.56	240.08	65.64	107.74	133.12	175.17	179.80	247.28
		40 - 44	80.95	121.03	140.37	180.44	202.73	262.16	83.38	124.66	144.58	185.85	208.81	270.02
		45 - 49	101.27	132.74	156.80	188.26	234.00	289.54	104.30	136.73	161.50	193.91	241.02	298.22
		50 - 54	120.03	140.55	170.09	190.61	260.60	310.65	123.63	144.77	175.19	196.32	268.42	319.97
		55 - 59	154.44	153.08	198.46	197.05	307.52	351.50	159.08	157.67	204.41	202.96	316.75	362.05
60 - 64	194.33	171.07	222.21	198.93	365.37	393.24	200.15	176.20	228.88	204.90	376.33	405.04		

* Please note that legislation will not permit the establishment of an individual Health Savings Account for dependent children.

Kansas Residents — Best Rates

The following premiums apply to residents of Johnson and Wyandotte counties in Kansas. EFFECTIVE 01/01/07
Please note the displayed premiums do not include any fees related to the administration of the Health Savings Account.

DEDUCTIBLE	COINSURANCE (In-Network/ Out-Of-Network)	AGE OF CONTRACT HOLDER	INDIVIDUAL		INDIVIDUAL WITH CHILDREN		INDIVIDUAL WITH SPOUSE FAMILY	
			MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Plan 1 \$1,500	10/30%	0*	103.23	103.23				
		1*	73.50	73.50				
		2 - 4*	53.38	53.38				
		5 - 13*	39.77	39.77				
		14 - 18*	54.74	54.74				
		19 - 29	71.83	122.52	173.18	223.87	215.03	316.33
		30 - 39	97.33	160.14	195.02	257.86	267.20	364.88
		40 - 44	124.02	185.63	213.10	274.72	310.89	399.94
		45 - 49	155.58	203.84	238.58	286.85	359.44	442.42
		50 - 54	184.70	215.97	259.21	290.50	400.70	475.20
		55 - 59	238.10	235.39	304.01	301.29	473.52	539.41
60 - 64	299.99	263.30	342.03	305.37	563.32	605.36		
Plan 2 \$2,500	20/40%	0*	87.82	87.82				
		1*	62.52	62.52				
		2 - 4*	45.52	45.52				
		5 - 13*	33.92	33.92				
		14 - 18*	46.69	46.69				
		19 - 29	56.48	96.32	136.25	176.08	169.04	248.78
		30 - 39	76.52	125.89	153.41	202.79	210.05	286.94
		40 - 44	97.49	145.91	167.57	216.02	244.37	314.45
		45 - 49	122.29	160.22	187.61	225.55	282.51	347.81
		50 - 54	145.17	169.74	203.82	228.41	314.93	373.57
		55 - 59	187.12	185.00	238.98	236.85	372.14	423.98
60 - 64	235.75	206.93	268.82	240.01	442.70	475.75		
Plan 3 \$5,000	0/20%	0*	66.26	66.26				
		1*	47.18	47.18				
		2 - 4*	34.44	34.44				
		5 - 13*	25.70	25.70				
		14 - 18*	35.37	35.37				
		19 - 29	42.68	72.77	103.03	133.10	127.72	188.03
		30 - 39	57.80	95.08	115.98	153.26	158.65	216.80
		40 - 44	73.63	110.19	126.65	163.22	184.53	237.55
		45 - 49	92.33	120.98	141.77	170.39	213.33	262.75
		50 - 54	109.61	128.18	153.98	172.57	237.79	282.17
		55 - 59	141.26	139.70	180.48	178.92	280.97	320.18
60 - 64	177.95	156.25	202.96	181.25	334.21	359.21		

* Please note that legislation will not permit the establishment of an individual Health Savings Account for dependent children.

Premiums shown in this book are not final until after underwriting review. **Your premium may vary depending on your health conditions. Your rates may be higher than those published.** Rates are based on the contract holder's age as of January 1st of the current year. Rate changes based on change of age category will occur January 1st of the following year.

Dental plans as low as
\$22 a month ... now that's
something worth smiling about!





Dental

Dental Care.

If you and your family are not covered by an employer's dental plan, you can still have quality and affordable dental insurance through Blue Cross and Blue Shield of Kansas City.

Quality Coverage.

Basic services are available from your effective date, while some other services require a waiting period from your effective date. Services requiring a waiting period include basic restorative, major restorative, endodontics, periodontics and oral surgery needs, which include root canals, tooth extractions and surgical preparation of the mouth for dentures. Anesthesia is covered only when connected with a covered service.

Choice and Convenience.

It's easy to locate in-network dentists in your area by accessing our Dental Provider Directory at bcbskc.com. For convenience, you may choose to have premiums deducted automatically from your checking account or billed to your credit card. And since we're based in Kansas City, you'll receive claims, billing and customer service locally.

Policies are available the first of each month.

REFUNDS ARE NOT AVAILABLE ONCE PAYMENT IS RECEIVED.

Dental Benefits & Rates

TYPES OF DENTAL SERVICES		
TYPE I DENTAL SERVICES	TYPE II DENTAL SERVICES	TYPE III DENTAL SERVICES
Type I benefits include diagnostic and preventive dental care, which includes oral exams, cleanings and x-rays.	Type II services include coverage for basic restorative (including fillings, recementation of existing crowns and bridges), endodontics and oral surgery needs, which include root canals and tooth extractions.	Type III services include major restorative and periodontal (gum) services, including crowns, bridges, dentures and any type of periodontal surgery.
PAYMENT STRUCTURE - WHAT YOU PAY		
TYPE I SERVICES	TYPE II SERVICES	TYPE III SERVICES
<i>In-Network Dentist</i> \$0	<i>In-Network Dentist</i> \$50 deductible then 20%	<i>In-Network Dentist</i> \$200 deductible then 50%
<i>Out-of-Network Dentist</i> 15%	<i>Out-of-Network Dentist</i> \$50 deductible then 35%	<i>Out-of-Network Dentist</i> \$200 Deductible then 50%
INDIVIDUAL DENTAL PLAN BENEFITS		
SERVICE	PLAN II	PLAN III
Oral Examinations - 2 per calendar year	✓	✓
X-rays	✓	✓
Single tooth - 12 per calendar year	✓	✓
Complete mouth - 1 every 3 calendar years	✓	✓
Bitewing - 2 sets per calendar year	✓	✓
Sealants - 1 treatment per tooth in any 3 calendar years***	✓	✓
Prophylaxis - 2 per calendar year	✓	✓
Fluoride Treatments* - 2 per calendar year	✓	✓
Fixed and removable space maintainers**	✓	✓
Emergency Palliative	✓	✓
Fillings	✓❖	✓❖
Endodontics (Including root canals)	✓❖	✓❖
Tooth extractions	✓❖	✓❖
Alveoplasty	✓❖	✓❖
Anesthesia	✓❖	✓❖
Major Restorative (Including but not limited to bridges, crowns, inlays and dentures.)	Not Covered	✓▲
Periodontics	Not Covered	✓▲
Orthodontics	Not Covered	Not Covered
<small>Dental plans are available in Johnson and Wyandotte counties in Kansas and in the following Missouri counties: Andrew, Atchison, Bates, Benton, Buchanan, Caldwell, Carroll, Cass, Clay, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Jackson, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Platte, Ray, Saline, St. Clair, Vernon and Worth.</small>		
<small>*For persons age 18 and younger **Initial appliance only ***For persons age 14 and younger ❖Six-month waiting period ▲Twelve-month waiting period</small>		
INDIVIDUAL DENTAL PLAN PREMIUMS		
PLAN II	PLAN III	
Child* \$22 per month	Child* \$26 per month	
Adult \$25 per month	Adult \$33 per month	
<small>* "Child" is defined from birth to 18th birthday. Rates are based on the contract holder's age as of January 1st of the current year. Rate changes based on change of age category will occur January 1st of the following year.</small>		
MAXIMUM BENEFIT PAID BY BLUE CROSS AND BLUE SHIELD OF KANSAS CITY		
Calendar Year Maximum \$1,000 per person		
PREMIUM CALCULATOR		
PLAN II	Child \$22 x _____ (number of applicants) = \$ _____ (total child monthly payment) Adult \$25 x _____ (number of applicants) = \$ _____ (total adult monthly payment)	
PLAN III	Child \$26 x _____ (number of applicants) = \$ _____ (total child monthly payment) Adult \$33 x _____ (number of applicants) = \$ _____ (total adult monthly payment)	
TO CALCULATE YOUR INITIAL PAYMENT		
\$ _____ Total Monthly Premium x 3 = _____ Initial Payment		
This is the amount you must send with your application. If you select the Tech-No-Check option on your application, your monthly payments will be automatically deducted from your account after your initial payment.		
REFUNDS ARE NOT AVAILABLE. FIRST THREE MONTHS OF PREMIUMS DUE WITH APPLICATION.		



Apply Online
buyblueKC.com

Members*FIRST* provides discounts and savings on Hearing Aids, Vision Care, our Natural Blue wellness program and the national ScriptSave plan.





Members**FIRST**

Maintaining your health has always been a good idea, and with MembersFIRST** you'll also save money! All four programs are free for our members. Choose any—or all—to fit your lifestyle.**

Hearing Aids.

You know hearing fades over time—but the solution is easy! And thanks to our affiliation with Beltone Hearing Care Centers, it costs less than you may think. Our members (and their families) can receive free hearing screenings at 10 local Beltone centers. If you need a Beltone hearing aid, you'll receive a discount of up to 25 percent! High-quality, smaller-than-you-might-think Beltone hearing aids come with batteries included at no extra cost, two-year warranties, plus free cleaning and maintenance checks for a full year. Visit www.beltone.com or call 1-800-BELTONE.

Vision Care.

Today's eyecare options are remarkable—many people end up with better vision than they had in their 20s! Our members can enjoy substantial cost savings with our Preferred Vision Providers. For eyeglasses, you can save 20 percent on frames, lenses and hardware. If you're thinking about the next step—quick, easy, outpatient refractive surgery—we've negotiated solid savings there, too. Visit www.bcbskc.com or call 816-395-2222.

Natural Blue.

Our Natural Blue program provides a variety of benefits that go beyond traditional medical care. We've worked with a number of fitness clubs to guarantee our members the lowest possible rates ... you can receive discounts on thousands of health products (like vitamins, supplements, books and videos) through our free catalog ... we offer a comprehensive library that covers scores of healthy-living topics ... and we've negotiated 25 percent discounts for alternative health therapies (like circulation-enhancing massage) in your area. Visit www.bcbskc.com or call 1-888-289-4325.

ScriptSave.*

Simply present your ScriptSave card at your pharmacy, and start adding up the savings! Our members can join in the Value Preferred Program—honored by 30,000 pharmacies nationwide (so it's even good when you're traveling out of town)—and you can also receive free health tips and information (covering more than 100 topics), as well as anytime toll-free customer service. The discounts cover your entire family ... on name brands and generics ... with no enrollment fees or monthly fees. Visit www.scriptsave.com or call 1-800-700-3957.

*Not available with plans that have a prescription drug benefit or in conjunction with a Medicare Part D plan.

Phone
816-395-BLUE

Apply Online
buyblueKC.com

Blue Cross and Blue Shield of Kansas City Privacy Practices Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Summary of Our Privacy Practices

We may use and disclose your medical information, without your permission, for treatment, payment and healthcare operations activities. We may use and disclose your medical information, without your permission, when required or authorized by law for public health activities, law enforcement, judicial and administrative proceedings, research and certain other public benefit functions.

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

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

We will not otherwise use or disclose your medical information without your written authorization.

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

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

Contact Information

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

Contact Office: Privacy Office
Blue Cross and Blue Shield of Kansas City
P. O. Box 417012
Kansas City, MO 64141
Telephone: 816-395-3784 or toll free at 1-800-932-1114
Fax: 816-395-2862
E-mail: privacy@bcbskc.com

Organizations Covered by this Notice

This notice applies to the privacy practices of the organizations listed below. They may share with each other your medical information, and the medical information of others they service, for the healthcare operations of their joint activities.

Blue Cross and Blue Shield of Kansas City and Missouri Valley Life and Health Insurance Company.

Our Legal Duty

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

We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 1, 2006 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 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 healthcare provider to treat you.

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

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

- healthcare quality assessment and improvement activities;
- reviewing and evaluating healthcare provider and health plan performance, qualifications and competence, healthcare training programs, healthcare provider and health plan accreditation, certification, licensing and credentialing activities;
- conducting or arranging for medical reviews, audits and legal services, including fraud and abuse detection and prevention;
- underwriting and premium rating our risk for health coverage and obtaining stop-loss and similar reinsurance for our health coverage obligations; and
- business planning, development, management, and general administration, including customer service, grievance resolution, claims payment and health coverage improvement activities, de-identifying medical information and creating limited data sets for healthcare operations, public health activities, and research.

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

Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we will not use or disclose your medical information for any purpose other than those described in this notice.

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

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

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

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

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

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

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

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

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

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

Your Rights

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

Access: You have the right to examine and to receive a copy of your medical information, with limited exceptions.

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

Disclosure Accounting: You have the right to a list of instances after April 13, 2003, in which we disclose your medical information for purposes other than treatment, payment, healthcare operations, as authorized by you, and for certain other activities.

We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than 6 years before the date of your request and never for a disclosure that occurred before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to your additional requests. Contact our Privacy Office for information about our fees.

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

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

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

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

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

Electronic Notice: If you receive this notice on our 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.

Complaints

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

You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, D.C. 20201. You may contact the Office for Civil Rights' Hotline at 1-800-368-1019.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Enrollment

You must complete the application. Please list all of your eligible dependents (e.g. legal spouse, your or your spouse's unmarried children) for whom you are applying for coverage. Unmarried children are covered through the end of the year in which they turn 23 or until they are no longer eligible dependents, whichever comes first.

When enrolling only your child, list his or her name as an "applicant." Complete a separate application for each child you want covered. A parent or guardian must sign applications for all children under 18 years of age. You must include a social security number for each person applying for coverage. Approved family members also receive identification cards displaying their name and identification number.

If Blue Cross and Blue Shield of Kansas City approves your application, you will receive plan documents outlining your benefits in detail. Acceptance to the program is not guaranteed. So, it's vital that you do not cancel any health insurance coverage you have now until Blue Cross and Blue Shield of Kansas City confirms your coverage.

Eliminate the hassle of writing a check each month for your healthcare premium. With Tech-No-Check electronic funds transfer, your monthly premium is automatically deducted from your checking account. Your premium will be paid automatically, on time, each and every month. Your account will be drafted on the 5th of each month or next business day. You will be notified when Tech-No-Check is activated.

You can also submit payments by credit card online at bcbskc.com. Simply log on to the member section of our Web site and click the "My Bill" link on the left-hand side of the member homepage. In this section you can securely enter your credit card information to pay your health insurance premium online.

For the fastest response, enroll online @ buyblueKC.com.

Blue Cross and Blue Shield of Kansas City makes it fast and convenient for you to enroll for any of the plans described here. Go online and choose the method that is best for you:

- You can apply online by going to:

buyblueKC.com

- Or you can print out your application, fill it out and mail it to:
Blue Cross and Blue Shield of Kansas City
2301 Main
Kansas City, MO 64108
ATTN: Manager, Consumer Sales

If you have questions, you can call our customer service department between 8:00 a.m. and 4:30 p.m. weekdays at 816-395-2583 or 800-645-8346. A representative will gladly provide the information you need or help you with your enrollment application.

You can also e-mail questions to our customer service representatives on our Web site by clicking "Talk to Us" at the top of your screen. You will receive an answer to your question within 24 hours.

Apply Online

buyblueKC.com

- All applications are subject to underwriting approval
- Premiums shown in this book are not final until after underwriting review
- Premiums are billed on a monthly basis except for Dental and Short-Term Security. The first three months' premium payment for the Dental plan is due at the time of application. For Short-Term Security, based on the length of coverage you choose, the entire premium payment is due at the time of application. For example, if you choose a six-month coverage plan, six months' premium will be due upon application.
- Premiums are subject to increase with 30 days' advance notice
- 24-month waiting period for maternity coverage applies to both Kansas and Missouri Preferred-Care Blue Premium plans
- Premiums are determined by the age and sex of the contract holder (except for child premiums which are not sex-rated)
- All PPO programs assume a 12-month exclusion period for coverage of pre-existing conditions
- Rates are based on the contract holder's age as of January 1st of the current year. Rate changes based on change of age category will occur January 1st of the following year
- Written notification of final premiums will be mailed to you upon approval of coverage
- Acceptance is not guaranteed. It is vital that you don't cancel the health insurance coverage you currently have until Blue Cross and Blue Shield of Kansas City confirms your coverage in writing



Exclusions and Limitations

The following services and supplies are NOT covered under the Preferred-Care Blue Premium/Preferred-Care Blue RateSaver PPO/Individual Child Health Plan PPO/Preferred-Care Blue Short-Term Security programs:

- Blood donor expenses
- Care for any injury or illness incurred while on active or reserve military duty, or resulting from war or any act of war
- Contraceptives (RateSaver & Short-Term Security only)
- Custodial convalescent or respite care
- Drugs and medicines which do not require a prescription
- Diagnostic services performed at a non-participating Imaging Center inside our service area are limited to a \$200 calendar year maximum. Inpatient hospital services in a nonparticipating provider hospital inside our service area are limited to a \$200 maximum per day, and limited to a 30-day calendar year maximum. Outpatient services at a non-participating provider outpatient facility inside our service area are limited to a \$200 calendar year maximum.
- Experimental or investigational services
- Hairplasty, regardless of the reason or diagnosis
- Hearing aids, eyeglasses and contact lenses or examinations for their prescription and fitting
- Hypnotism, hypnotic anesthesia, acupuncture and acupressure
- Inpatient hospital services received from a nonparticipating provider hospital inside our service area is limited to \$200 per day up to 30 days per calendar year
- In-vitro fertilization and all other artificial methods of conception
- Injuries and illnesses related to member's job
- Marital counseling
- Maternity coverage for dependent daughter
- Maternity (RateSaver & Short-Term Security only)
- Medical weight reduction programs and nutrients
- Musical therapy, remedial reading, recreational therapy, other forms of special education
- Nonhuman, mechanical, experimental or investigative transplants; see contract for further coverage limitations
- Nonmedical equipment, including but not limited to equipment and supplies for conditioning the air, arch supports, corrective shoes, hot water bottles and personal care items
- Orthognathic surgery (services and supplies for correcting deformities of the jaw)
- Outpatient prescription drugs (RateSaver and Short-Term Security only)
- Penile prosthesis and its implantation or any related complications
- Outpatient services received from a nonparticipating provider hospital or facility inside our service area is limited to \$200 per calendar year
- Pre-existing conditions during the Exclusion Period
- All pre-existing conditions (Short-Term Security only)
- Radial keratotomy and other refractive keratotomy procedures
- Reversal of sterilization procedures
- Services and supplies not medically necessary
- Services and supplies for cosmetic purposes
- Services and supplies received free of charge from a government agency
- Services and supplies for the medical or dental management (nonsurgical treatment) of conditions of the temporomandibular joint
- Services performed by an individual's immediate family members or household members
- Services related to the diagnosis or treatment (including drugs) of impotency
- Services related to the diagnosis or treatment (including drugs) of infertility or related conditions
- Sex transformations and related charges

- Treatment for morbid obesity including prescription drugs
- Surgical treatment of scarring secondary to acne or chicken pox
- Travel, whether or not recommended or prescribed by physician

Important Disclaimer

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. Consult your plan documents (Schedule of Benefits and Contract) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan. All the terms and conditions of your plan or program are subject to applicable laws, regulations and policies. The availability of a plan or program may vary by geographic service area. Blue Cross and Blue Shield of Kansas City does not provide healthcare services and, therefore, cannot guarantee any results or outcomes. Participating providers are independent contractors in private practice and are neither employees nor agents of Blue Cross and Blue Shield of Kansas City. Certain providers, including your PCP or Ob/Gyn, may be affiliated with an Independent Practice Association (IPA), a physician medical group, an integrated delivery system, or other provider groups. Members who select these providers may be referred to specialists and hospitals within that system or group. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. Eyewear discounts and discount-only programs may be additions to any plan benefits. Program providers are solely responsible for the products and services provided under the programs. Blue Cross and Blue Shield of Kansas City does not endorse any vendor, product or services associated with these programs.

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

About Your Rights and Responsibilities

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

Member Rights and Responsibilities — Preferred-Care Blue

You have the right to:

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

Important Information (cont.)

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

You have the responsibility to:

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

About Utilization Management

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

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

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

Retrospective Review. There are times when the healthcare services that a member receives may not successfully meet the authorization and concurrent review processes detailed above. If this occurs, a review of the received services is performed retrospectively by Blue Cross and Blue Shield of Kansas City nursing staff to ensure that the service meets medically necessary and appropriate standards included in coverage.

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

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

About our Networks and Providers

Blue Cross and Blue Shield of Kansas City has developed large provider networks to give you many choices when selecting a provider for your healthcare needs. We do not provide healthcare services and, therefore, cannot guarantee any results or outcomes of healthcare services.

Participating providers in our networks are independent contractors in private practice and are neither the employees nor agents of Blue Cross and Blue Shield of Kansas City. Certain providers, including your Ob/Gyn, may be affiliated with an Independent Practice Association (IPA), a physician medical group, an integrated delivery system or other provider groups. A member who selects one of these providers may be referred by these providers to specialists and hospitals within that same system or group.

Blue Cross and Blue Shield of Kansas City enters into contracts with healthcare providers in order to develop provider networks to serve our members. These contractual relationships are not intended to interfere with or influence the exercise of a provider's independent medical judgment.

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

About Mandated Benefits and Notifications

Federal and State governments often mandate health insurance companies to provide certain benefits and notification of benefits to members. The following information is provided to comply with such mandates.

Women's Health and Cancer Rights. Along with benefits detailed in your Contract and Schedule of Benefits, your benefits include coverage for (1) breast reconstruction following a mastectomy, including reconstruction of the other breast to produce a symmetrical appearance; (2) prosthesis; and (3) treatment of physical complications from all stages of mastectomy, including lymphedemas. This coverage is subject to copayments, coinsurance and deductibles consistent with other benefits under your plan.

Contraceptives (For Missouri residents only). If your plan provides coverage for outpatient prescription drugs, you have the right to exclude coverage for contraceptives if this coverage is contrary to your moral, ethical or religious beliefs. Please call your representative if you would like to exclude this coverage.

About Getting Answers

Providing exceptional customer service means our members are able to get answers to questions in a timely and accurate manner. While the above information is meant to provide you with as much helpful information as possible, we realize questions will arise from time to time. You may find answers to many of your questions at bcbskc.com. Of course, our representatives are also available to answer any of your questions. Call them at 816-395-2583 or 800-645-8346.

Eligible Individual Rights

Eligible Individuals have certain rights under the Health Insurance Portability and Accountability Act (HIPAA), a federal law. An *Eligible Individual* is an individual who meets all of the following conditions:

- Has a total of 18 months of prior creditable coverage* (with no more than a 63-day break in creditable coverage).
- The most recent coverage must be from a group health plan, government plan or church plan (though individual coverage will also be credited toward the 18-month period if most recent coverage is group).
- Is not eligible for any group health plan, Medicare or Medicaid and does not have any other health insurance coverage.
- The most recent coverage was not lost due to nonpayment of premium or fraud.
- If applicable, COBRA or state continuation coverage was elected and exhausted.

If you meet the definition of an Eligible Individual, this page outlines the coverage options available to you.

Pre-existing Condition Exclusion FOR ELIGIBLE INDIVIDUALS

Eligible Individuals have the right to a policy with no pre-existing condition exclusion.

Eligible Individuals will have a surcharge applied to their premium rate since they will not be subject to the pre-existing condition exclusion. This surcharge will be waived for *Eligible Individuals* who wish to be subject to the pre-existing condition exclusion, if this request is made prior to the member's effective date or within 15 days of being notified of this option.

Note on Guarantee Issue Policies (Missouri Residents Only): An individual issued a guarantee issue policy cannot choose to have a pre-existing condition exclusion apply. Please call us for rates on our guarantee issue policies. See details on guarantee issue policies below.

*Evidence of Creditable Coverage

Certificates of Creditable Coverage may be used by an individual to verify that the individual had 18 months of creditable coverage.

Individuals may also demonstrate they had 18 months of creditable coverage by submitting the following and certifying they had a total of 18 months of creditable coverage with the most recent coverage from a group plan:

- Explanation of Benefits
- Correspondence
- Pay Stubs
- Identification Cards
- Certificate Booklet
- Other Relevant Information

Guarantee Issue for Eligible Individuals (Missouri Residents Only)

If you are an *Eligible Individual* who resides in Missouri, your request for coverage cannot be denied due to your health conditions and you will not be subject to a pre-existing condition exclusion. You may not be eligible for the coverage you requested, but you will be offered, on a guaranteed basis, our two most popular plans (\$500 *Premium* plan and \$1,000 *RateSaver* plan). Please call us at 816-395-2583 or 800-645-8346 for rates on our guarantee issue plans which are not published in this book.

Even if you meet the criteria for a guarantee issue policy, we will review your application for coverage to determine whether you qualify for another policy (with lower rates than our guarantee issue policies).

Notice of Creditable Coverage for Preferred-Care Blue Premium and Child Plans

Important Notice from Blue Cross and Blue Shield of Kansas City 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 Blue Cross and Blue Shield of Kansas City and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription 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. Blue Cross and Blue Shield of Kansas City has determined that the prescription drug coverage offered under the plans mentioned above are, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. Beneficiaries leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

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.

If you do decide to enroll in a Medicare prescription drug plan and drop your prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with Blue Cross and Blue Shield of Kansas City and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1 percent per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium will always be at least 19 percent higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

For more information about this notice or your current prescription drug coverage ...

Contact our office for further information by calling the phone number listed on your ID card.

NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through Blue Cross and Blue Shield of Kansas City changes. You also may request a copy.

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. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare-approved prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see 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) online at www.socialsecurity.gov, or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice.

If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Notice of Non-Creditable Coverage for BlueSaver Plan

Important Notice From Blue Cross and Blue Shield of Kansas City 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 Blue Cross and Blue Shield of Kansas City and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage, and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription 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. Blue Cross and Blue Shield of Kansas City has determined that the prescription drug coverage offered under the plans above are, on average for all plan participants, NOT expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Non-Creditable Coverage. This is important, because for most people, enrolling in Medicare prescription drug coverage means you will get more assistance with drug costs.

3. You have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you enroll. Read this notice carefully—it explains your options.

Consider enrolling in Medicare prescription drug coverage.

Because the coverage you have with Blue Cross and Blue Shield of Kansas City is on average for all plan participants, NOT expected to pay out as much as the standard Medicare prescription drug coverage will pay, consider enrolling in a Medicare prescription drug plan. Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. Beneficiaries leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

This may mean that you will have to wait to enroll in Medicare prescription drug coverage and that you may pay a higher premium (a penalty) if you join later and you will pay that higher premium as long as you have Medicare prescription drug coverage.

If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your premium will go up at least 1 percent per month for every month that you did not have that coverage. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. For example, if you go 19 months without coverage, your premium will always be at least 19 percent higher than what many other people pay. In addition, you may have to wait until the following November open enrollment period to join.

You need to make a decision.

When you make your decision, you should also 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.

For more information about this notice or your current prescription drug coverage ...

Contact our office for further information by calling the phone number on your ID card.

NOTE: You will receive this notice annually and at other times in the future such before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through Blue Cross and Blue Shield of Kansas City changes. You also may request a copy.

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. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare-approved prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see 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) online at www.socialsecurity.gov, or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

Notes and Information

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BlueCross BlueShield of Kansas City

An Independent Licensee of the
Blue Cross and Blue Shield Association

2301 Main Street
Kansas City, MO 64108
buyblueKC.com
816-395-2583
1-800-645-8346