Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Effective Date: 06/01/2021

Johnson County Community College

Health Benefit Plan Summary - Preferred-Care Blue EPO Plan

This Benefit Summary provides only highlights of the services covered by Blue Cross and Blue Shield of Kansas City (Blue KC). For Additional details, exclusions and limitations refer to your member certificate available at MyBlueKC.com.

General Plan Information		
Plan Type	**Exclusive Provider Organization (EPO)** Members receive all care from in-network providers except for emergency services. Non-emergency services received out-of-network will not be covered.	
Medical Network(s) A complete listing of network hospitals and physicians is available on MyBlueKC.com.	**In Area:** Preferred-Care Blue **Out-of-Area:** BlueCard PPO/EPO	
Deductible – You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	**In-Network** Not applicable	**Out-of-Network** Not covered
Coinsurance Applies only as specified in your contract. Coinsurance is noted in this summary where applicable.	**In-Network** Member Pays: 0% Plan Pays: 100%	**Out-of-Network** Not covered
Out-of-Pocket Limits – **Embedded** The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services. These cost shares apply to the Out-of-Pocket Limit: Coinsurance, Copays **Applies to:** All Medical and Rx Cost Sharing	**In-Network** Individual: $6,350 Family: $12,700	**Out-of-Network** Not covered
Blue KC 24-Hour Nurse Line Available 7 days a week, 365 days a year to help you with symptoms or answer health-related questions.	**PH:** 877-852-5422	
Blue Connect A dedicated team of Blue KC experts delivering superior healthcare customer service, that was designed to help you understand your benefits, find doctors, resolve claims and medical billing issues, and provide coaching for care questions and chronic conditions. Blue Connect Tier Level: Prime Advocacy	**PH:** 816-395-3380 (local) or 1-833-275-5112 (toll free) or (816) 395-3558 **Email:** BlueConnect@bluekc.com	
Customer Service	**PH:** 888-989-8842 or (816) 395-3558	

Plan Benefits - Medical		
When you visit a health care provider's office or clinic…	**In-Network**	**Out-of-Network**
Physician		

Primary Care Physician (PCP) - An internist, family practitioner, general practitioner, or pediatrician.	$35 Copay/Visit	Not covered
Specialist - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	$70 Copay/Visit	Not covered
Other Services & Procedures performed in a provider's office and not included with an office visit	No member cost share	Not covered
Urgent Care Center	$70 Copay/Visit	Not covered
Blue KC Virtual Care - Office Visit Virtual Care provided by Blue KC virtual care partner(s). All other virtual care services subject to applicable cost sharing.	$20 Copay/Visit	Not applicable
Blue KC Virtual Care - Behavioral Health Therapy Virtual Care provided by Blue KC virtual care partner(s). All other virtual care services subject to applicable cost sharing.	No member cost share	Not applicable
Preventive Screenings & Immunizations (Children & Adults) Blue KC health plans include routine preventive benefits that are consistent with the guidelines developed by the United States Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA), and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Services must be billed with a primary diagnosis of preventive to be covered at 100%. Refer to your member certificate for additional details.	No member cost share	Not covered
Labs Performed in a Provider's Office/Independent Lab/Urgent Care Facility	No member cost share	Not covered
Allergy		
Allergy Testing	$100 Copay/Visit	Not covered
Allergy Treatment	No member cost share	Not covered
When you need radiology services…	**In-Network**	**Out-of-Network**
X-Ray	No member cost share	Not covered
Other Radiology Procedures (MRI, CT/PET Scans, MRA) Prior Authorization Policy Applies In-Network	$200 Copay/Provider per Day	Not covered
When you have out-patient surgery…	**In-Network**	**Out-of-Network**
Outpatient Surgery Facility Fees Prior Authorization Policy Applies In-Network	$300 Copay/Day Limited to Inpatient/Outpatient $1,500 Copay Max per Calendar Year	Not covered
Physician (Surgeon) Services	No member cost share	Not covered
If you need immediate medical attention…	**In-Network**	**Out-of-Network**
Urgent Care Center Office Visit	$70 Copay/Visit	Not covered
Emergency Services Copay Waived if Admitted Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	$200 Copay/Visit	$200 Copay/Visit

Ground Ambulance Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	No member cost share	No member cost share
Air Ambulance	No member cost share	No member cost share
If you have a hospital stay…	**In-Network**	**Out-of-Network**
Hospital Facility Fees Prior Authorization Policy Applies In-Network	$300 Copay/Day Limited to Inpatient/Outpatient $1,500 Copay Max per Calendar Year	Not covered
Physician (Surgeon) Services	No member cost share	Not covered
If you need help recovering or have other special health needs…	**In-Network**	**Out-of-Network**
Skilled Nursing Care Prior Authorization Policy Applies In-Network Maximum benefit of 30 Day(s)/Calendar Year for In-Network	$70 Copay/Day Limited to $350 Copay Max per Calendar Year	Not covered
Home Health Services Prior Authorization Policy Applies In-Network Maximum benefit of 60 Visit(s)/Calendar Year for In-Network	$35 Copay/Visit	Not covered
Physical Therapy Maximum benefit of 60 Visit(s)/Calendar Year for In-Network	No member cost share	Not covered
Occupational Therapy Combined with Physical Therapy Limits	No member cost share	Not covered
Skeletal Manipulation Combined with Physical Therapy Limits	$35 Copay/Visit	Not covered
Speech Therapy Maximum benefit of 20 Visit(s)/Calendar Year for In-Network	No member cost share	Not covered
Hearing Therapy Combined with Speech Therapy Limits	No member cost share	Not covered
Durable Medical Equipment Prior Authorization Policy Applies In-Network	No member cost share	Not covered
Inpatient Hospice Services Prior Authorization Policy Applies In-Network Maximum benefit of 14 Day(s)/Lifetime for In-Network	$150 Copay/Day Limited to Inpatient/Outpatient $1,500 Copay Max per Calendar Year	Not covered
Home Hospice Services	No member cost share	Not covered
If you have behavioral health, or substance abuse needs…	**In-Network**	**Out-of-Network**
Outpatient Mental Health, Behavioral Health, and Substance Abuse Services		
Office Visit	$35 Copay/Visit	Not covered
Therapy	No member cost share	Not covered

Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Facility Fees) Prior Authorization Policy Applies In-Network	$300 Copay/Day Limited to Inpatient/Outpatient $1,500 Copay Max per Calendar Year	Not covered
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Physician) Includes: Therapy & Other Services, partial hospitalizations	No member cost share	Not covered
Family Planning & Pregnancy…	**In-Network**	**Out-of-Network**
Contraceptive Devices, Implants, and Injections See also pharmacy benefits.	No member cost share	Not covered
Elective Sterilization – Women	No member cost share	Not covered
Elective Sterilization – Men	No member cost share	Not covered
Maternity Dependent Daughters are not covered for maternity services	Covered	Not covered
Infertility and Impotency Diagnosis and Treatment Pharmacy Coverage: See Member Certificate for more details.	No member cost share	Not covered
Routine Vision Care…	**In-Network**	**Out-of-Network**
Routine Eye Exam Maximum benefit of 1 Exam(s)/Calendar Year for In-Network	$35 Copay/Visit	Not covered
General Pharmacy Information		
Retail Pharmacy Network(s)	RxPremier	
Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com	Blue KC Preferred Formulary	
Specialty Pharmacy A Specialty Pharmacy is one that provides specialized care for patients with complex chronic health conditions. Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com	OptumRx Specialty Services **PH:** 855-427-4682	
Copay Credit Accumulator Adjustment (CCAA)	Specialty drug copay card dollars will not be included in your deductible and/or out-of-pocket limits. Only your true out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	
Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	**In-Network** Combined with Medical Out-of-Pocket Limits	**Out-of-Network** Not covered
Maintenance Medication Program	**Mail Service Saver** – Member will pay a higher cost-sharing for staying at retail for their maintenance medications after two courtesy fills unless they choose Home Delivery. $20 Penalty	

Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. **Email:** info@rxsavingsllc.com **PH:** 1-800-268-4476

Plan Benefits – Pharmacy		
When you use a retail or specialty pharmacy...	**In-Network**	**Out-of-Network**
Retail Pharmacy (Short-term supply: Up to 34 Days**)**		
Drug Tier 1: Generic / Generic Specialty	**RxPremier:** $12 Copay/Fill Contraceptives – No member cost share	Not covered
Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty	**RxPremier:** $50 Copay/Fill	Not covered
Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty	**RxPremier:** $70 Copay/Fill	Not covered
When you use a mail order pharmacy…	**In-Network**	**Out-of-Network**
Mail Order Pharmacy (Mail Order supply: Between 35-102 Days)		
Drug Tier 1: Generic	$30 Copay/Fill Contraceptives – No member cost share	Not covered
Drug Tier 2: Preferred Brand / Non-Preferred Generic	$125 Copay/Fill	Not covered
Drug Tier 3: Non-Preferred Brand	$175 Copay/Fill	Not covered

Discrimination is Against the Law

Blue KC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue KC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue KC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service, 844-395-7126 (Toll free), languagehelp@bluekc.com.

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

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

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

If you, or someone you're helping, has questions about Blue KC, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-877-410-6716.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-410-6716.

Chinese: **如果您，或是您正在協助的對象，有關於** Blue KC**方面的問題，您 有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話**1-877-410-6716.

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-410-6716.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-410-6716 an.

Korean: **만약 귀하 또는 귀하가 돕고 있는 어떤 사람이** [Blue KC]**에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는**1-877-410-6716 **로 전화하십시오.**

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue KC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-877-410-6716.

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

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

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue KC, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-877-410-6716.

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

Laotian: ຖ້າ ທ່ ານ, ຫຼື ຄົນ ່ທທ່ ານກ ່ າລັງຊ ່ ວຍເຫຼື ອ, ມ ່ ຄ ວ ຖ າມກ ່ ຽ ວກັບ Blue KC, ທ ່ ານມ ີ ສ ດ ່ ທ ຈ ະ ໄ ດ ້ ຮ ັ ບ ການຊ ່ ວຍເຫຼື ອ ແ ລ ະ ່ ຂ ້ ມ ູ ນ ຂ ່ າ ວ ສ ານ ່ ທ ເ ປ ັ ນ ພ າ ສ າ ຂ ອ ງ ທ ່ ານ ່ ບ ມ ຄ ່ າ ໃ ຊ ້ จ ่ าย. การโอ้อวดกับบายพาสา, ไห้ โทหา 1-877-410-6716.

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

Persian:
اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue KC ، داشته باشید حق این را دارید که کمکو اطلاعات به زبان خود را به طور رایگان دریافت نمایید 1-877-410-6716. تماس حاصل نمایید.

Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-877-410-6716 tiin bilbilaa.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-410-6716.

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

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Health Benefit Plan Summary - Preferred-Care Blue PPO Plan

This Benefit Summary provides only highlights of the services covered by Blue Cross and Blue Shield of Kansas City (Blue KC). For Additional details, exclusions and limitations refer to your member certificate available at MyBlueKC.com.

General Plan Information		
Plan Type	**Preferred Provider Organization (PPO)** Members can receive services from any hospital or physician, but receive greater benefits when using in-network providers.	
Medical Network(s) A complete listing of network hospitals and physicians is available on MyBlueKC.com.	**In Area:** Preferred-Care Blue **Out-of-Area:** BlueCard PPO/EPO	
Deductible – Embedded You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	**In-Network** Individual: $500 Family: $1,500	**Out-of-Network** Individual: $500 Family: $1,500
Coinsurance The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference.	**In-Network** Member Pays: 20% Plan Pays: 80%	**Out-of-Network** Member Pays: 40% Plan Pays: 60%
Out-of-Pocket Limits – Embedded The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services. These cost shares apply to the Out-of-Pocket Limit: Coinsurance, Deductibles, Copays **Applies to:** All Medical and Rx Cost Sharing	**In-Network** Individual: $2,000 Family: $4,000	**Out-of-Network** Individual: $6,000 Family: $12,000
Blue KC 24-Hour Nurse Line Available 7 days a week, 365 days a year to help you with symptoms or answer health-related questions.	**PH:** 877-852-5422	
Blue Connect A dedicated team of Blue KC experts delivering superior healthcare customer service, that was designed to help you understand your benefits, find doctors, resolve claims and medical billing issues, and provide coaching for care questions and chronic conditions. Blue Connect Tier Level: Prime Advocacy	**PH:** 816-395-3380 (local) or 1-833-275-5112 (toll free) or (816) 395-3558 **Email:** BlueConnect@bluekc.com	
Customer Service	**PH:** 888-989-8842 or (816) 395-3558	

Plan Benefits - Medical		
When you visit a health care provider's office or clinic…	**In-Network**	**Out-of-Network**

Physician ***Primary Care Physician (PCP)*** - An internist, family practitioner, general practitioner, or pediatrician.	$35 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Specialist - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	$70 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Other Services & Procedures performed in a provider's office and not included with an office visit	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Urgent Care Center	$70 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Blue KC Virtual Care - Office Visit Virtual Care provided by Blue KC virtual care partner(s). All other virtual care services subject to applicable cost sharing.	$20 Copay/Visit, no Deductible	Not applicable
Blue KC Virtual Care - Behavioral Health Therapy Virtual Care provided by Blue KC virtual care partner(s). All other virtual care services subject to applicable cost sharing.	20% Coinsurance after Deductible	Not applicable
Preventive Screenings & Immunizations (Children & Adults) Blue KC health plans include routine preventive benefits that are consistent with the guidelines developed by the United States Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA), and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Services must be billed with a primary diagnosis of preventive to be covered at 100%. Refer to your member certificate for additional details.	No member cost share	40% Coinsurance after Deductible
Labs Performed in a Provider's Office/Independent Lab/Urgent Care Facility	No member cost share	40% Coinsurance after Deductible
Allergy **Allergy Testing**	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Allergy Treatment	20% Coinsurance after Deductible	40% Coinsurance after Deductible
When you need radiology services…	**In-Network**	**Out-of-Network**
X-Ray	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Other Radiology Procedures (MRI, CT/PET Scans, MRA) Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
When you have out-patient surgery…	**In-Network**	**Out-of-Network**
Outpatient Surgery Facility Fees Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Physician (Surgeon) Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible
If you need immediate medical attention…	**In-Network**	**Out-of-Network**
Urgent Care Center Office Visit	$70 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Emergency Services Copay Waived if Admitted Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	$200 Copay/Visit, then Deductible, then 20% Coinsurance	$200 Copay/Visit, then In-Network Deductible, then 20% Coinsurance

Ground Ambulance Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
Air Ambulance	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
If you have a hospital stay…	**In-Network**	**Out-of-Network**
Hospital Facility Fees Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Physician (Surgeon) Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible
If you need help recovering or have other special health needs…	**In-Network**	**Out-of-Network**
Skilled Nursing Care Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Home Health Services Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Physical Therapy Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Occupational Therapy Combined with Physical Therapy Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Skeletal Manipulation Prior Authorization Policy Applies Out-of-Network Combined with Physical Therapy Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Speech Therapy Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Hearing Therapy Combined with Speech Therapy Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Durable Medical Equipment Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Inpatient Hospice Services Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Home Hospice Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible
If you have behavioral health, or substance abuse needs…	**In-Network**	**Out-of-Network**
Outpatient Mental Health, Behavioral Health, and Substance Abuse Services		
Office Visit	$35 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Therapy	20% Coinsurance after Deductible	40% Coinsurance after Deductible

Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Facility Fees) Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Physician) Includes: Therapy & Other Services, partial hospitalizations	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Family Planning & Pregnancy…	**In-Network**	**Out-of-Network**
Contraceptive Devices, Implants, and Injections See also pharmacy benefits.	No member cost share	40% Coinsurance after Deductible
Elective Sterilization – Women	No member cost share	40% Coinsurance after Deductible
Elective Sterilization – Men	No member cost share	40% Coinsurance after Deductible
Maternity Dependent Daughters are not covered for maternity services	Covered	Covered
Infertility and Impotency Diagnosis and Treatment Pharmacy Coverage: See Member Certificate for more details.	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Routine Vision Care…	**In-Network**	**Out-of-Network**
Routine Eye Exam	Not covered	Not covered

General Pharmacy Information		
Retail Pharmacy Network(s)	RxPremier	
Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com	Blue KC Preferred Formulary	
Specialty Pharmacy A Specialty Pharmacy is one that provides specialized care for patients with complex chronic health conditions. Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com	OptumRx Specialty Services **PH:** 855-427-4682	
Copay Credit Accumulator Adjustment (CCAA)	Specialty drug copay card dollars will not be included in your deductible and/or out-of-pocket limits. Only your true out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	
Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	**In-Network** Combined with Medical Out-of-Pocket Limits	**Out-of-Network** Combined with Medical Out-of-Pocket Limits
Maintenance Medication Program	**Mail Service Saver** – Member will pay a higher cost-sharing for staying at retail for their maintenance medications after two courtesy fills unless they choose Home Delivery. $20 Penalty	
Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. **Email:** info@rxsavingsllc.com **PH:** 1-800-268-4476	

Plan Benefits – Pharmacy		
When you use a retail or specialty pharmacy...	**In-Network**	**Out-of-Network**
Retail Pharmacy (Short-term supply: Up to 34 Days**)**		
Drug Tier 1: Generic / Generic Specialty	**RxPremier:** $12 Copay/Fill Contraceptives – No member cost share	$12 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty	**RxPremier:** $50 Copay/Fill	$50 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty	**RxPremier:** $70 Copay/Fill	$70 Copay/Fill, then 50% Coinsurance
When you use a mail order pharmacy…	**In-Network**	**Out-of-Network**
Mail Order Pharmacy (Mail Order supply: Between 35-102 Days)		
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Pennsylvanian Dutch: “Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-877-410-6716 uffrufe.

Persian:
اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue KC ، داشته باشید حق این را دارید که کمکو اطلاعات به زبان خود را به طور رایگان دریافت نمایید 1-877-410-6716. تماس حاصل نمایید.

Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-877-410-6716 tiin bilbilaa.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-410-6716.

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

Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Effective Date: 06/01/2021

Johnson County Community College

Health Benefit Plan Summary - Preferred-Care Blue PPO BlueSaver Plan

This Benefit Summary provides only highlights of the services covered by Blue Cross and Blue Shield of Kansas City (Blue KC). For Additional details, exclusions and limitations refer to your member certificate available at MyBlueKC.com.

General Plan Information

Plan Type	**Preferred Provider Organization (PPO)** Members can receive services from any hospital or physician, but receive greater benefits when using in-network providers. This plan is an HSA Qualified High Deductible Health Plan.	
Medical Network(s) A complete listing of network hospitals and physicians is available on MyBlueKC.com.	**In Area:** Preferred-Care Blue **Out-of-Area:** BlueCard PPO/EPO	
Deductible – Embedded You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	**In-Network** Individual: $2,800 Family: $5,600	**Out-of-Network** Individual: $2,800 Family: $5,600
Coinsurance The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference.	**In-Network** Member Pays: 0% Plan Pays: 100%	**Out-of-Network** Member Pays: 20% Plan Pays: 80%
Out-of-Pocket Limits – Embedded The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services. These cost shares apply to the Out-of-Pocket Limit: Coinsurance, Deductibles, Copays **Applies to:** All Medical and Rx Cost Sharing	**In-Network** Individual: $2,800 Family: $5,600	**Out-of-Network** Individual: $5,600 Family: $11,200
Blue KC 24-Hour Nurse Line Available 7 days a week, 365 days a year to help you with symptoms or answer health-related questions.	**PH:** 877-852-5422	
Blue Connect A dedicated team of Blue KC experts delivering superior healthcare customer service, that was designed to help you understand your benefits, find doctors, resolve claims and medical billing issues, and provide coaching for care questions and chronic conditions. Blue Connect Tier Level: Prime Advocacy	**PH:** 816-395-3380 (local) or 1-833-275-5112 (toll free) or (816) 395-3558 **Email:** BlueConnect@bluekc.com	
Customer Service	**PH:** 888-989-8842 or (816) 395-3558	

Plan Benefits - Medical

When you visit a health care provider's office or clinic…	In-Network	Out-of-Network

Physician ***Primary Care Physician (PCP)*** - An internist, family practitioner, general practitioner, or pediatrician.	Deductible, then no charge	20% Coinsurance after Deductible
Specialist - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	Deductible, then no charge	20% Coinsurance after Deductible
Other Services & Procedures performed in a provider's office and not included with an office visit	Deductible, then no charge	20% Coinsurance after Deductible
Urgent Care Center	Deductible, then no charge	20% Coinsurance after Deductible
Blue KC Virtual Care - Office Visit Virtual Care provided by Blue KC virtual care partner(s). All other virtual care services subject to applicable cost sharing.	Deductible, then no charge	Not applicable
Blue KC Virtual Care - Behavioral Health Therapy Virtual Care provided by Blue KC virtual care partner(s). All other virtual care services subject to applicable cost sharing.	Deductible, then no charge	Not applicable
Preventive Screenings & Immunizations (Children & Adults) Blue KC health plans include routine preventive benefits that are consistent with the guidelines developed by the United States Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA), and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Services must be billed with a primary diagnosis of preventive to be covered at 100%. Refer to your member certificate for additional details.	No member cost share	20% Coinsurance after Deductible
Labs Performed in a Provider's Office/Independent Lab/Urgent Care Facility	Deductible, then no charge	20% Coinsurance after Deductible
Allergy **Allergy Testing**	Deductible, then no charge	20% Coinsurance after Deductible
Allergy Treatment	Deductible, then no charge	20% Coinsurance after Deductible
When you need radiology services…	**In-Network**	**Out-of-Network**
X-Ray	Deductible, then no charge	20% Coinsurance after Deductible
Other Radiology Procedures (MRI, CT/PET Scans, MRA) Prior Authorization Policy Applies	Deductible, then no charge	20% Coinsurance after Deductible
When you have out-patient surgery…	**In-Network**	**Out-of-Network**
Outpatient Surgery Facility Fees Prior Authorization Policy Applies	Deductible, then no charge	20% Coinsurance after Deductible
Physician (Surgeon) Services	Deductible, then no charge	20% Coinsurance after Deductible
If you need immediate medical attention…	**In-Network**	**Out-of-Network**
Urgent Care Center Office Visit	Deductible, then no charge	20% Coinsurance after Deductible
Emergency Services Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	Deductible, then no charge	In-Network Deductible, then no charge

Ground Ambulance Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	Deductible, then no charge	In-Network Deductible, then no charge
Air Ambulance	Deductible, then no charge	In-Network Deductible, then no charge
If you have a hospital stay…	**In-Network**	**Out-of-Network**
Hospital Facility Fees Prior Authorization Policy Applies	Deductible, then no charge	20% Coinsurance after Deductible
Physician (Surgeon) Services	Deductible, then no charge	20% Coinsurance after Deductible
If you need help recovering or have other special health needs…	**In-Network**	**Out-of-Network**
Skilled Nursing Care Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	Deductible, then no charge	20% Coinsurance after Deductible
Home Health Services Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	Deductible, then no charge	20% Coinsurance after Deductible
Physical Therapy Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	Deductible, then no charge	20% Coinsurance after Deductible
Occupational Therapy Combined with Physical Therapy Limits	Deductible, then no charge	20% Coinsurance after Deductible
Skeletal Manipulation Prior Authorization Policy Applies Out-of-Network Combined with Physical Therapy Limits	Deductible, then no charge	20% Coinsurance after Deductible
Speech Therapy Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	Deductible, then no charge	20% Coinsurance after Deductible
Hearing Therapy Combined with Speech Therapy Limits	Deductible, then no charge	20% Coinsurance after Deductible
Durable Medical Equipment Prior Authorization Policy Applies	Deductible, then no charge	20% Coinsurance after Deductible
Inpatient Hospice Services Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	Deductible, then no charge	20% Coinsurance after Deductible
Home Hospice Services	Deductible, then no charge	20% Coinsurance after Deductible
If you have behavioral health, or substance abuse needs…	**In-Network**	**Out-of-Network**
Outpatient Mental Health, Behavioral Health, and Substance Abuse Services		
Office Visit	Deductible, then no charge	20% Coinsurance after Deductible
Therapy	Deductible, then no charge	20% Coinsurance after Deductible

Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Facility Fees) Prior Authorization Policy Applies	Deductible, then no charge	20% Coinsurance after Deductible
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Physician) Includes: Therapy & Other Services, partial hospitalizations	Deductible, then no charge	20% Coinsurance after Deductible
Family Planning & Pregnancy…	**In-Network**	**Out-of-Network**
Contraceptive Devices, Implants, and Injections See also pharmacy benefits.	No member cost share	20% Coinsurance after Deductible
Elective Sterilization – Women	No member cost share	20% Coinsurance after Deductible
Elective Sterilization – Men	Deductible, then no charge	20% Coinsurance after Deductible
Maternity Dependent Daughters are not covered for maternity services	Covered	Covered
Infertility and Impotency Diagnosis and Treatment Pharmacy Coverage: See Member Certificate for more details.	Deductible, then no charge	20% Coinsurance after Deductible
Routine Vision Care…	**In-Network**	**Out-of-Network**
Routine Eye Exam	Not covered	Not covered

General Pharmacy Information		
Retail Pharmacy Network(s)	RxPremier	
Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com	Blue KC Preferred Formulary	
Specialty Pharmacy A Specialty Pharmacy is one that provides specialized care for patients with complex chronic health conditions. Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com	OptumRx Specialty Services **PH:** 855-427-4682	
Copay Credit Accumulator Adjustment (CCAA)	Specialty drug copay card dollars will not be included in your deductible and/or out-of-pocket limits. Only your true out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	
Outpatient Prescription Drug Deductible You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	**In-Network** Combined with Medical Deductible	**Out-of-Network** Combined with Medical Deductible
Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	**In-Network** Combined with Medical Out-of-Pocket Limits	**Out-of-Network** Combined with Medical Out-of-Pocket Limits
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Laotian: ຖ້າ ທ່ ານ, ຫຼື ຄົນ ່ທທ່ ານກ ໍາລັງຊ ່ ວຍເຫຼ ືອ ອ, ມ ່ ີຄ ໍາຖ ໍາມກ ່ ຽວກັບ Blue KC, ທ ່ ານມ ີສ ິດ ່ ທຈ ະໄດ ້ ຮ ັບການຊ ່ ວຍເຫຼ ືອ ແລະ ່ ຂ ໍ ້ ມ ູ ນຂ ່ າວສານ ່ ທເປ ັ ນພ າສ າຂ ອ ງທ ່ ານ ່ ບ ໍ ມ ຄ ່ າໃຊ ້ จ ่ าย. ການໂອ ້ ລ ົ ມກ ັ ບນ ່ ายພ າສ າ, ໂທ ້ ໂທຫ າ 1-877-410-6716.

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

Persian:
اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue KC ، داشته باشید حق این را دارید که کمکو اطلاعات به زبان خود را به طور رایگان دریافت نمایید 1-877-410-6716. تماس حاصل نمایید.

Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-877-410-6716 tiin bilbilaa.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-410-6716.

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

Kansas City

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Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Effective Date: 06/01/2021

Johnson County Community College

Health Benefit Plan Summary - BlueSelect Plus PPO Plan

This Benefit Summary provides only highlights of the services covered by Blue Cross and Blue Shield of Kansas City (Blue KC). For Additional details, exclusions and limitations refer to your member certificate available at MyBlueKC.com.

General Plan Information		
Plan Type	**Preferred Provider Organization (PPO)** Members can receive services from any hospital or physician, but receive greater benefits when using in-network providers.	
Medical Network(s) A complete listing of network hospitals and physicians is available on MyBlueKC.com.	**In Area:** BlueSelect Plus **Out-of-Area:** BlueCard PPO/EPO	
Deductible – Embedded You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	**In-Network** Individual: $500 Family: $1,500	**Out-of-Network** Individual: $1,500 Family: $3,000
Coinsurance The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference.	**In-Network** Member Pays: 20% Plan Pays: 80%	**Out-of-Network** Member Pays: 50% Plan Pays: 50%
Out-of-Pocket Limits – Embedded The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services. These cost shares apply to the Out-of-Pocket Limit: Coinsurance, Deductibles, Copays **Applies to:** All Medical and Rx Cost Sharing	**In-Network** Individual: $2,000 Family: $4,000	**Out-of-Network** Individual: $10,000 Family: $20,000
Blue KC 24-Hour Nurse Line Available 7 days a week, 365 days a year to help you with symptoms or answer health-related questions.	**PH:** 877-852-5422	
Blue Connect A dedicated team of Blue KC experts delivering superior healthcare customer service, that was designed to help you understand your benefits, find doctors, resolve claims and medical billing issues, and provide coaching for care questions and chronic conditions. Blue Connect Tier Level: Prime Advocacy	**PH:** 816-395-3380 (local) or 1-833-275-5112 (toll free) or (816) 395-3558 **Email:** BlueConnect@bluekc.com	
Customer Service	**PH:** 888-989-8842 or (816) 395-3558	

Plan Benefits - Medical		
When you visit a health care provider's office or clinic…	**In-Network**	**Out-of-Network**

Physician ***Primary Care Physician (PCP)*** - An internist, family practitioner, general practitioner, or pediatrician.	$35 Copay/Visit, no Deductible	50% Coinsurance after Deductible
Specialist - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	$70 Copay/Visit, no Deductible	50% Coinsurance after Deductible
Other Services & Procedures performed in a provider's office and not included with an office visit	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Urgent Care Center	$70 Copay/Visit, no Deductible	50% Coinsurance after Deductible
Blue KC Virtual Care - Office Visit Virtual Care provided by Blue KC virtual care partner(s). All other virtual care services subject to applicable cost sharing.	$20 Copay/Visit, no Deductible	Not applicable
Blue KC Virtual Care - Behavioral Health Therapy Virtual Care provided by Blue KC virtual care partner(s). All other virtual care services subject to applicable cost sharing.	20% Coinsurance after Deductible	Not applicable
Preventive Screenings & Immunizations (Children & Adults) Blue KC health plans include routine preventive benefits that are consistent with the guidelines developed by the United States Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA), and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Services must be billed with a primary diagnosis of preventive to be covered at 100%. Refer to your member certificate for additional details.	No member cost share	50% Coinsurance after Deductible
Labs Performed in a Provider's Office/Independent Lab/Urgent Care Facility	No member cost share	50% Coinsurance after Deductible
Allergy **Allergy Testing**	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Allergy Treatment	20% Coinsurance after Deductible	50% Coinsurance after Deductible
When you need radiology services…	**In-Network**	**Out-of-Network**
X-Ray	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Other Radiology Procedures (MRI, CT/PET Scans, MRA) Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
When you have out-patient surgery…	**In-Network**	**Out-of-Network**
Outpatient Surgery Facility Fees Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Physician (Surgeon) Services	20% Coinsurance after Deductible	50% Coinsurance after Deductible
If you need immediate medical attention…	**In-Network**	**Out-of-Network**
Urgent Care Center Office Visit	$70 Copay/Visit, no Deductible	50% Coinsurance after Deductible
Emergency Services Copay Waived if Admitted Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	$200 Copay/Visit, then Deductible, then 20% Coinsurance	$200 Copay/Visit, then In-Network Deductible, then 20% Coinsurance

Ground Ambulance Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
Air Ambulance	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
If you have a hospital stay…	**In-Network**	**Out-of-Network**
Hospital Facility Fees Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Physician (Surgeon) Services	20% Coinsurance after Deductible	50% Coinsurance after Deductible
If you need help recovering or have other special health needs…	**In-Network**	**Out-of-Network**
Skilled Nursing Care Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Home Health Services Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Physical Therapy Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Occupational Therapy Combined with Physical Therapy Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Skeletal Manipulation Prior Authorization Policy Applies Out-of-Network Combined with Physical Therapy Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Speech Therapy Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Hearing Therapy Combined with Speech Therapy Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Durable Medical Equipment Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Hospice Services Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Home Hospice Services	20% Coinsurance after Deductible	50% Coinsurance after Deductible
If you have behavioral health, or substance abuse needs…	**In-Network**	**Out-of-Network**
Outpatient Mental Health, Behavioral Health, and Substance Abuse Services		
Office Visit	$35 Copay/Visit, no Deductible	50% Coinsurance after Deductible
Therapy	20% Coinsurance after Deductible	50% Coinsurance after Deductible

Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Facility Fees) Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Physician) Includes: Therapy & Other Services, partial hospitalizations	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Family Planning & Pregnancy…	**In-Network**	**Out-of-Network**
Contraceptive Devices, Implants, and Injections See also pharmacy benefits.	No member cost share	50% Coinsurance after Deductible
Elective Sterilization – Women	No member cost share	50% Coinsurance after Deductible
Elective Sterilization – Men	No member cost share	50% Coinsurance after Deductible
Maternity Dependent Daughters are not covered for maternity services	Covered	Covered
Infertility and Impotency Diagnosis and Treatment Pharmacy Coverage: See Member Certificate for more details.	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Routine Vision Care…	**In-Network**	**Out-of-Network**
Routine Eye Exam	Not covered	Not covered

General Pharmacy Information		
Retail Pharmacy Network(s)	RxPremier	
Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com	Blue KC Preferred Formulary	
Specialty Pharmacy A Specialty Pharmacy is one that provides specialized care for patients with complex chronic health conditions. Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com	OptumRx Specialty Services **PH:** 855-427-4682	
Copay Credit Accumulator Adjustment (CCAA)	Specialty drug copay card dollars will not be included in your deductible and/or out-of-pocket limits. Only your true out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	
Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	**In-Network** Combined with Medical Out-of-Pocket Limits	**Out-of-Network** Combined with Medical Out-of-Pocket Limits
Maintenance Medication Program	**Mail Service Saver** – Member will pay a higher cost-sharing for staying at retail for their maintenance medications after two courtesy fills unless they choose Home Delivery. $20 Penalty	
Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. **Email:** info@rxsavingsllc.com **PH:** 1-800-268-4476	

Plan Benefits – Pharmacy		
When you use a retail or specialty pharmacy...	**In-Network**	**Out-of-Network**
Retail Pharmacy (Short-term supply: Up to 34 Days**)**		
Drug Tier 1: Generic / Generic Specialty	**RxPremier:** $12 Copay/Fill Contraceptives – No member cost share	$12 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty	**RxPremier:** $50 Copay/Fill	$50 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty	**RxPremier:** $70 Copay/Fill	$70 Copay/Fill, then 50% Coinsurance
When you use a mail order pharmacy…	**In-Network**	**Out-of-Network**
Mail Order Pharmacy (Mail Order supply: Between 35-102 Days)		
Drug Tier 1: Generic	$30 Copay/Fill Contraceptives – No member cost share	$30 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic	$125 Copay/Fill	$125 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred Brand	$175 Copay/Fill	$175 Copay/Fill, then 50% Coinsurance

Discrimination is Against the Law

Blue KC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue KC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue KC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service, 844-395-7126 (Toll free), languagehelp@bluekc.com.

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

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

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

If you, or someone you're helping, has questions about Blue KC, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-877-410-6716.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-410-6716.

Chinese: **如果您，或是您正在協助的對象，有關於** Blue KC**方面的問題，您 有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話**1-877-410-6716.

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-410-6716.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-410-6716 an.

Korean: **만약 귀하 또는 귀하가 돕고 있는 어떤 사람이** [Blue KC]**에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는**1-877-410-6716 **로 전화하십시오.**

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue KC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-877-410-6716.

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

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

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue KC, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-877-410-6716.

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

Laotian: ຖ້າ ທ່ ານ, ຫຼື ຄົນ ່ທທ່ ານກ ່ າລັງຊ ່ ວຍເຫຼື ອ, ມ ່ ຄ ່ າຖ ່ າມກ ່ ຽວກັບ Blue KC, ທ ່ ານມ ີສ ິ ດ ່ ທຈ ່ ະໄດ ້ ຮັບການຊ ່ ວຍເຫຼື ອແລະ ່ ຂ ້ ມ ູ ນຂ ່ າວສານ ່ ທເປ ັ ນພ ່ າສ ່ າຂອງທ ່ ານ ່ ບ ໍ ມ ຄ ່ າໃຊ ້ จ ่ าย. การโอ ้ อ ้ วมกับบายพาสา, ไท ้ โทหา 1-877-410-6716.

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

Persian:
اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue KC ، داشته باشید حق این را دارید که کمکو اطلاعات به زبان خود را به طور رایگان دریافت نمایید 1-877-410-6716. تماس حاصل نمایید.

Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-877-410-6716 tiin bilbilaa.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-410-6716.

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

Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

SPIRA CARE™ Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Effective Date: 06/01/2021

Johnson County Community College

Health Benefit Plan Summary - BlueSelect Plus BlueSaver Spira Care Plan

This Benefit Summary provides only highlights of the services covered by Blue Cross and Blue Shield of Kansas City (Blue KC). For Additional details, exclusions and limitations refer to your member certificate available at MyBlueKC.com.

General Plan Information

Plan Type	**Preferred Provider Organization (PPO)** Members can receive services from any hospital or physician, but receive greater benefits when using in-network providers. This plan is an HSA Qualified High Deductible Health Plan.	
Medical Network(s) A complete listing of network hospitals and physicians is available on MyBlueKC.com.	**In Area:** BlueSelect Plus **Out-of-Area:** BlueCard PPO/EPO	
Deductible – Embedded You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	**In-Network** Individual: $2,800 Family: $5,600	**Out-of-Network** Individual: $5,600 Family: $11,200
Coinsurance The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference.	**In-Network** Member Pays: 0% Plan Pays: 100%	**Out-of-Network** Member Pays: 30% Plan Pays: 70%
Out-of-Pocket Limits – Embedded The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services. These cost shares apply to the Out-of-Pocket Limit: Coinsurance, Deductibles, Copays **Applies to:** All Medical and Rx Cost Sharing	**In-Network** Individual: $2,800 Family: $5,600	**Out-of-Network** Individual: $14,000 Family: $28,000
Blue KC 24-Hour Nurse Line Available 7 days a week, 365 days a year to help you with symptoms or answer health-related questions.	**PH:** 877-852-5422	
Blue Connect A dedicated team of Blue KC experts delivering superior healthcare customer service, that was designed to help you understand your benefits, find doctors, resolve claims and medical billing issues, and provide coaching for care questions and chronic conditions. Blue Connect Tier Level: Prime Advocacy	**PH:** 816-395-3380 (local) or 1-833-275-5112 (toll free) or (816) 395-3558 **Email:** BlueConnect@bluekc.com	
Customer Service & Care Guide Services	**Local:** 913-29-SPIRA (77472) **Toll Free:** 877-33-SPIRA (77472)	

Plan Benefits - Medical

When you visit a Spira Care Center…	In-Network	Out-of-Network
Visits to a Spira Care Center include: • Office Visit – Routine • Office Visit – Urgent/Acute • Chronic Disease Care (excluding drugs & equipment) • Outpatient Mental Health, Behavioral Health, and Substance Abuse Services *Included as part of office visit and no member cost share:* • Labs • X-ray (basic diagnostic x-rays for fracture and other injuries or illness) *Workers' Comp* Your health coverage through any of the Blue Cross and Blue Shield of Kansas City plans, including Spira Care and Spira Care (HSA Eligible), cannot be used for an on-the-job or work-related injury or illness. However, members may have access to workers' compensation insurance paid for by their employers which may provide monetary benefits and/or medical care coverage for a work related injury or illness. Please speak with your human resources representative for more information.	Deductible, then no charge	Not covered
Preventive Screenings & Immunizations (Children & Adults) Blue KC health plans include routine preventive benefits that are consistent with the guidelines developed by the United States Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA), and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Services must be billed with a primary diagnosis of preventive to be covered at 100%. Refer to your member certificate for additional details.	No member cost share	Not covered
When you visit another Physician's Office…	**In-Network**	**Out-of-Network**
Physician		
Primary Care Physician (PCP) - An internist, family practitioner, general practitioner, or pediatrician.	Deductible, then no charge	30% Coinsurance after Deductible
Specialist - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	Deductible, then no charge	30% Coinsurance after Deductible
Other Services & Procedures performed in a provider's office and not included with an office visit	Deductible, then no charge	30% Coinsurance after Deductible
Urgent Care Center	Deductible, then no charge	30% Coinsurance after Deductible
Blue KC Virtual Care - Office Visit Virtual Care provided by Blue KC virtual care partner(s). All other virtual care services subject to applicable cost sharing.	Deductible, then no charge	Not applicable
Blue KC Virtual Care - Behavioral Health Therapy Virtual Care provided by Blue KC virtual care partner(s). All other virtual care services subject to applicable cost sharing.	Deductible, then no charge	Not applicable
Preventive Screenings & Immunizations (Children & Adults) Blue KC health plans include routine preventive benefits that are consistent with the guidelines developed by the United States Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA), and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Services must be billed with a primary diagnosis of preventive to be covered at 100%. Refer to your member certificate for additional details.	No member cost share	30% Coinsurance after Deductible

Labs Performed in a Provider's Office/Independent Lab/Urgent Care Facility	Deductible, then no charge	30% Coinsurance after Deductible
Allergy		
Allergy Testing	Deductible, then no charge	30% Coinsurance after Deductible
Allergy Treatment	Deductible, then no charge	30% Coinsurance after Deductible
When you need radiology services…	**In-Network**	**Out-of-Network**
X-Ray	Deductible, then no charge	30% Coinsurance after Deductible
Other Radiology Procedures (MRI, CT/PET Scans, MRA) Prior Authorization Policy Applies	Deductible, then no charge	30% Coinsurance after Deductible
When you have out-patient surgery…	**In-Network**	**Out-of-Network**
Outpatient Surgery Facility Fees Prior Authorization Policy Applies	Deductible, then no charge	30% Coinsurance after Deductible
Physician (Surgeon) Services	Deductible, then no charge	30% Coinsurance after Deductible
If you need immediate medical attention…	**In-Network**	**Out-of-Network**
Urgent Care Center Office Visit	Deductible, then no charge	30% Coinsurance after Deductible
Emergency Services Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	Deductible, then no charge	In-Network Deductible, then no charge
Ground Ambulance Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	Deductible, then no charge	In-Network Deductible, then no charge
Air Ambulance	Deductible, then no charge	In-Network Deductible, then no charge
If you have a hospital stay…	**In-Network**	**Out-of-Network**
Hospital Facility Fees Prior Authorization Policy Applies	Deductible, then no charge	30% Coinsurance after Deductible
Physician (Surgeon) Services	Deductible, then no charge	30% Coinsurance after Deductible
If you need help recovering or have other special health needs…	**In-Network**	**Out-of-Network**
Skilled Nursing Care Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	Deductible, then no charge	30% Coinsurance after Deductible
Home Health Services Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	Deductible, then no charge	30% Coinsurance after Deductible
Physical Therapy Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	Deductible, then no charge	30% Coinsurance after Deductible
Occupational Therapy Combined with Physical Therapy Limits	Deductible, then no charge	30% Coinsurance after Deductible

Skeletal Manipulation Prior Authorization Policy Applies Out-of-Network Combined with Physical Therapy Limits	Deductible, then no charge	30% Coinsurance after Deductible
Speech Therapy Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	Deductible, then no charge	30% Coinsurance after Deductible
Hearing Therapy Combined with Speech Therapy Limits	Deductible, then no charge	30% Coinsurance after Deductible
Durable Medical Equipment Prior Authorization Policy Applies	Deductible, then no charge	30% Coinsurance after Deductible
Inpatient Hospice Services Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	Deductible, then no charge	30% Coinsurance after Deductible
Home Hospice Services	Deductible, then no charge	30% Coinsurance after Deductible
If you have behavioral health, or substance abuse needs…	**In-Network**	**Out-of-Network**
Outpatient Mental Health, Behavioral Health, and Substance Abuse Services		
Office Visit	Deductible, then no charge	30% Coinsurance after Deductible
Therapy	Deductible, then no charge	30% Coinsurance after Deductible
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Facility Fees) Prior Authorization Policy Applies	Deductible, then no charge	30% Coinsurance after Deductible
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Physician) Includes: Therapy & Other Services, partial hospitalizations	Deductible, then no charge	30% Coinsurance after Deductible
Family Planning & Pregnancy…	**In-Network**	**Out-of-Network**
Contraceptive Devices, Implants, and Injections See also pharmacy benefits.	No member cost share	30% Coinsurance after Deductible
Elective Sterilization – Women	No member cost share	30% Coinsurance after Deductible
Elective Sterilization – Men	Deductible, then no charge	30% Coinsurance after Deductible
Maternity Dependent Daughters are not covered for maternity services	Covered	Covered
Infertility and Impotency Diagnosis and Treatment Pharmacy Coverage: See Member Certificate for more details.	Deductible, then no charge	30% Coinsurance after Deductible
Routine Vision Care…	**In-Network**	**Out-of-Network**
Routine Eye Exam	Not covered	Not covered
General Pharmacy Information		
Retail Pharmacy Network(s)	RxPremier	

Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com	Blue KC Preferred Formulary	
Specialty Pharmacy A Specialty Pharmacy is one that provides specialized care for patients with complex chronic health conditions. Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com	OptumRx Specialty Services **PH:** 855-427-4682	
Copay Credit Accumulator Adjustment (CCAA)	Specialty drug copay card dollars will not be included in your deductible and/or out-of-pocket limits. Only your true out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	
Outpatient Prescription Drug Deductible You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	**In-Network** Combined with Medical Deductible	**Out-of-Network** Combined with Medical Deductible
Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	**In-Network** Combined with Medical Out-of-Pocket Limits	**Out-of-Network** Combined with Medical Out-of-Pocket Limits
Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. **Email:** info@rxsavingsllc.com **PH:** 1-800-268-4476	

Plan Benefits – Pharmacy		
When you use a retail or specialty pharmacy...	**In-Network**	**Out-of-Network**
Retail Pharmacy (Short-term supply: Up to 34 Days**)**		
Drug Tier 1: Generic / Generic Specialty	**RxPremier:** Deductible, then no charge Contraceptives – No member cost share	Deductible, then $12 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty	**RxPremier:** Deductible, then no charge	Deductible, then $50 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty	**RxPremier:** Deductible, then no charge	Deductible, then $70 Copay/Fill, then 50% Coinsurance
When you use a mail order pharmacy…	**In-Network**	**Out-of-Network**
Mail Order Pharmacy (Mail Order supply: Between 35-102 Days)		
Drug Tier 1: Generic	Deductible, then no charge Contraceptives – No member cost share	Deductible, then $30 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic	Deductible, then no charge	Deductible, then $125 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred Brand	Deductible, then no charge	Deductible, then $175 Copay/Fill, then 50% Coinsurance

Discrimination is Against the Law

Blue KC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue KC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue KC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service, 844-395-7126 (Toll free), languagehelp@bluekc.com.

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

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

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

If you, or someone you're helping, has questions about Blue KC, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-877-410-6716.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-410-6716.

Chinese: **如果您，或是您正在協助的對象，有關於** Blue KC**方面的問題，您 有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話**1-877-410-6716.

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-410-6716.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-410-6716 an.

Korean: **만약 귀하 또는 귀하가 돕고 있는 어떤 사람이** [Blue KC]**에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는**1-877-410-6716 **로 전화하십시오.**

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue KC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-877-410-6716.

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

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

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue KC, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-877-410-6716.

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

Laotian: ຖ້າ ທ່ ານ, ຫຼື ຄົນ ່ທທ່ ານກ ່ າລັງຊ ່ ວຍເຫຼື ອ, ມ ່ ຄ ່ າຖ ່ າມກ ່ ຽວກັບ Blue KC, ທ ່ ານມ ີສ ິ ດ ່ ທຈ ່ ະໄດ ້ ຮັບການຊ ່ ວຍເຫຼື ອແລະ ່ ຂ ້ ມ ູ ນຂ ່ າວສານ ່ ທເປ ັ ນພ ່ າສ ່ າຂອງທ ່ ານ ່ ບ ໍ ມ ຄ ່ າໃຊ ້ จ ่ าย. การโอ ้ อ ้ วมกับบายพาสา, ไท ้ โทหา 1-877-410-6716.

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

Persian:
اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue KC ، داشته باشید حق این را دارید که کمکو اطلاعات به زبان خود را به طور رایگان دریافت نمایید 1-877-410-6716. تماس حاصل نمایید.

Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-877-410-6716 tiin bilbilaa.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-410-6716.

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

Kansas City

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