

**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 \$5,000,000 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.

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

Apply Online
buyblueKC.com

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%	
Mammograms, Paps, PSAs and Childhood Immunizations			Covered at 100% <i>(related office visit charges will apply)</i>		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>	\$30 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 \$200 max 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 — \$5,000,000 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 — Standard 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 01/01/08

		METRO						RURAL						
DEDUCTIBLE	AGE OF CONTRACT HOLDER	INDIVIDUAL		INDIVIDUAL WITH CHILDREN		INDIVIDUAL WITH SPOUSE		INDIVIDUAL		INDIVIDUAL WITH CHILDREN		INDIVIDUAL WITH SPOUSE		
		MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	
Plan 1 \$500	Child	0	169.39	169.39					179.05	179.05				
		1	131.67	131.67					139.18	139.18				
		02 - 04	90.62	90.62					95.79	95.79				
		05 - 13	65.79	65.79					69.54	69.54				
		14 - 18	95.90	95.90					101.37	101.37				
	Adult	19 - 29	104.27	180.65	246.13	322.50	284.91	426.79	110.21	190.95	260.16	340.88	301.15	451.12
		30 - 39	141.85	237.64	280.07	375.85	379.50	517.71	149.94	251.19	296.03	397.27	401.13	547.22
		40 - 44	184.29	277.65	311.59	404.96	461.94	589.24	194.79	293.48	329.35	428.04	488.27	622.83
		45 - 49	231.58	305.54	350.39	424.36	537.11	655.92	244.78	322.96	370.36	448.55	567.73	693.31
		50 - 54	277.65	322.50	381.92	426.79	600.16	704.43	293.48	340.88	403.69	451.12	634.37	744.58
		55 - 59	357.67	352.83	452.23	447.39	710.49	805.06	378.06	372.94	478.01	472.89	750.99	850.95
		60 - 64	452.23	395.25	511.64	454.65	847.49	906.89	478.01	417.78	540.80	480.57	895.80	958.58
Plan 2 \$1,000	Child	0	137.52	137.52					145.36	145.36				
		1	105.79	105.79					111.82	111.82				
		02 - 04	72.83	72.83					76.98	76.98				
		05 - 13	51.62	51.62					54.56	54.56				
		14 - 18	76.31	76.31					80.66	80.66				
	Adult	19 - 29	59.40	113.97	158.84	213.39	173.37	272.80	62.79	120.47	167.89	225.55	183.25	288.35
		30 - 39	86.09	158.84	181.86	254.61	244.91	340.70	91.00	167.89	192.23	269.12	258.87	360.12
		40 - 44	113.97	193.98	200.06	280.07	307.95	394.04	120.47	205.04	211.46	296.03	325.50	416.50
		45 - 49	155.18	213.39	236.43	294.62	368.58	449.82	164.03	225.55	249.91	311.41	389.59	475.46
		50 - 54	193.98	230.37	260.68	297.05	424.36	491.03	205.04	243.50	275.54	313.98	448.55	519.02
		55 - 59	258.26	250.97	317.66	310.39	509.22	568.64	272.98	265.28	335.77	328.08	538.25	601.05
		60 - 64	330.99	284.91	364.93	318.87	615.93	649.86	349.86	301.15	385.73	337.05	651.04	686.90
Plan 3 \$2,500	Child	0	89.97	89.97					95.10	95.10				
		1	69.70	69.70					73.67	73.67				
		02 - 04	48.14	48.14					50.88	50.88				
		05 - 13	33.29	33.29					35.19	35.19				
		14 - 18	50.24	50.24					53.10	53.10				
	Adult	19 - 29	43.02	87.15	115.84	159.98	130.20	203.01	45.47	92.12	122.44	169.10	137.62	214.58
		30 - 39	65.10	119.17	137.91	191.97	184.25	257.08	68.81	125.96	145.77	202.91	194.75	271.73
		40 - 44	86.07	144.54	151.14	209.64	230.59	295.68	90.98	152.78	159.75	221.59	243.73	312.53
		45 - 49	115.84	159.98	176.53	220.66	275.84	336.51	122.44	169.10	186.59	233.24	291.56	355.69
		50 - 54	144.54	168.81	196.40	220.66	313.36	365.21	152.78	178.43	207.59	233.24	331.22	386.03
		55 - 59	193.08	187.56	239.41	233.89	380.65	426.99	204.09	198.25	253.06	247.22	402.35	451.33
		60 - 64	246.03	214.04	270.31	238.32	460.07	484.36	260.05	226.24	285.72	251.90	486.29	511.97
Plan 4 \$5,000	Child	0	58.95	58.95					62.31	62.31				
		1	45.67	45.67					48.27	48.27				
		02 - 04	31.55	31.55					33.35	33.35				
		05 - 13	21.48	21.48					22.70	22.70				
		14 - 18	33.75	33.75					35.67	35.67				
	Adult	19 - 29	28.19	54.33	74.46	100.64	82.53	128.81	29.80	57.43	78.70	106.38	87.23	136.15
		30 - 39	39.25	75.48	85.54	121.76	114.72	161.00	41.49	79.78	90.42	128.70	121.26	170.18
		40 - 44	54.33	92.58	92.58	130.83	146.93	185.17	57.43	97.86	97.86	138.29	155.31	195.72
		45 - 49	73.45	100.64	112.70	139.89	174.09	213.34	77.64	106.38	119.12	147.86	184.01	225.50
		50 - 54	92.58	105.66	126.79	139.89	198.23	232.47	97.86	111.68	134.02	147.86	209.53	245.72
		55 - 59	119.75	116.73	149.94	146.93	236.48	266.67	126.58	123.38	158.49	155.31	249.96	281.87
		60 - 64	152.96	131.83	168.05	146.93	284.80	299.89	161.68	139.34	177.63	155.31	301.03	316.98
Plan 5 \$10,000	Child	0	41.84	41.84					44.22	44.22				
		1	31.90	31.90					33.72	33.72				
		02 - 04	22.23	22.23					23.50	23.50				
		05 - 13	15.56	15.56					16.45	16.45				
		14 - 18	23.17	23.17					24.49	24.49				
	Adult	19 - 29	18.67	36.41	49.49	67.21	55.09	85.89	19.73	38.49	52.31	71.04	58.23	90.79
		30 - 39	28.02	50.42	58.81	81.23	78.43	109.22	29.62	53.29	62.16	85.86	82.90	115.45
		40 - 44	36.41	62.55	64.41	90.56	98.96	126.97	38.49	66.12	68.08	95.72	104.60	134.21
		45 - 49	49.49	68.15	77.50	96.17	117.64	145.64	52.31	72.03	81.92	101.65	124.35	153.94
		50 - 54	62.55	72.83	85.89	96.17	135.37	158.70	66.12	76.98	90.79	101.65	143.09	167.75
		55 - 59	80.27	79.34	100.83	99.89	159.65	180.18	84.85	83.86	106.58	105.58	168.75	190.45
		60 - 64	106.44	91.49	116.69	101.76	197.91	208.18	112.51	96.70	123.34	107.56	209.19	220.05

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 — Standard Rates										
The following premiums apply to residents of Johnson and Wyandotte counties in Kansas. EFFECTIVE 01/01/08										
DEDUCTIBLE	AGE OF CONTRACT HOLDER	INDIVIDUAL		INDIVIDUAL WITH CHILDREN		INDIVIDUAL WITH				
		MALE	FEMALE	MALE	FEMALE	SPOUSE	FAMILY			
Plan 1 \$500	Child	0	191.07	191.07						
		1	146.14	146.14						
		02 - 04	98.17	98.17						
		05 - 13	71.29	71.29						
		14 - 18	106.44	106.44						
	Adult	19 - 29	118.85	202.93	282.64	366.71	321.79	485.55		
		30 - 39	162.34	268.15	317.43	423.23	430.48	585.57		
		40 - 44	207.27	311.63	350.77	455.13	518.90	662.39		
		45 - 49	260.90	342.08	394.25	475.43	602.98	736.33		
		50 - 54	311.63	363.82	430.48	482.67	675.44	794.29		
		55 - 59	402.93	397.15	508.75	502.96	800.09	905.90		
		60 - 64	508.75	443.53	576.89	511.66	952.29	1,020.41		
		Plan 2 \$1,000	Child	0	132.54	132.54				
				1	100.31	100.31				
02 - 04	67.41			67.41						
05 - 13	47.78			47.78						
14 - 18	72.35			72.35						
Adult	19 - 29		60.88	127.54	173.93	240.61	188.43	301.49		
	30 - 39		94.22	172.48	201.48	279.74	266.70	373.95		
	40 - 44		127.54	207.27	224.66	304.39	334.82	431.94		
	45 - 49		166.69	227.57	260.90	321.79	394.25	488.47		
	50 - 54		207.27	240.61	286.99	320.32	447.89	527.60		
	55 - 59		273.93	271.05	340.62	337.71	544.99	611.66		
	60 - 64		350.77	305.85	389.90	344.97	656.61	695.74		
	Plan 3 \$2,500		Child	0	84.62	84.62				
				1	64.52	64.52				
02 - 04		43.48		43.48						
05 - 13		30.07		30.07						
14 - 18		46.50		46.50						
Adult		19 - 29	40.89	85.74	117.38	162.24	126.63	203.13		
		30 - 39	63.31	116.06	135.87	188.62	179.40	251.92		
		40 - 44	85.74	139.81	151.69	205.76	225.55	291.49		
		45 - 49	112.12	153.00	175.44	216.31	265.13	328.43		
		50 - 54	139.81	162.24	193.89	216.31	302.05	356.13		
		55 - 59	184.66	183.34	229.50	228.17	368.00	412.85		
		60 - 64	236.11	205.76	262.47	232.14	441.86	468.24		
		Plan 4 \$5,000	Child	0	54.80	54.80				
				1	41.78	41.78				
02 - 04	28.16			28.16						
05 - 13	19.17			19.17						
14 - 18	30.86			30.86						
Adult	19 - 29		26.47	54.13	74.58	102.27	80.61	128.71		
	30 - 39		39.69	73.39	85.42	119.11	113.10	158.79		
	40 - 44		54.13	87.83	95.05	128.71	141.96	182.88		
	45 - 49		70.98	96.25	110.68	135.95	167.23	206.93		
	50 - 54		87.83	102.27	121.50	135.95	190.08	223.77		
	55 - 59		115.50	114.29	144.35	143.15	229.78	258.66		
	60 - 64		147.97	129.92	164.82	146.77	277.90	294.74		
	Plan 5 \$10,000		Child	0	39.61	39.61				
				1	29.70	29.70				
02 - 04		20.21		20.21						
05 - 13		14.15		14.15						
14 - 18		21.58		21.58						
Adult		19 - 29	17.86	36.82	51.34	70.32	54.68	88.18		
		30 - 39	27.90	50.21	59.15	81.48	78.12	109.37		
		40 - 44	36.82	60.27	65.85	89.29	97.11	126.12		
		45 - 49	49.10	66.96	77.01	94.87	116.07	143.97		
		50 - 54	60.27	70.32	84.82	94.87	130.58	155.14		
		55 - 59	80.35	79.24	100.45	99.32	159.59	179.68		
		60 - 64	102.68	89.29	113.83	100.45	191.98	203.12		

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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.scriptsav.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 25 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 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.
- 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.
- 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.

Important Information (cont.)

- 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).



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