

benefits *guide*

Board of Police Commissioners



Police
KC/MO



2024-2025

Welcome to Your Benefits!

Open Enrollment:
March 3-March 17

IMPORTANT! PASSIVE ENROLLMENT

THIS YEAR'S OPEN ENROLLMENT WILL BE PASSIVE, WHICH WILL ALLOW EMPLOYEES TO ROLL OVER THEIR BENEFIT ELECTIONS INTO THE 2024-2025 PLAN YEAR.

Here's where to find ...

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2024-2025 Annual Open Enrollment

The Department is committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Open Enrollment is your annual opportunity to review or change your benefit elections to make sure that they continue to meet your needs and provide the best possible value for you and your dependents. During this period, you can enroll, change, or waive coverage for yourself and your dependents.

With few exceptions, annual enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on May 1, 2024, through April 30, 2025.

WHAT DO I NEED TO DO FOR OPEN ENROLLMENT?

We encourage all participants to read through the benefit offerings, changes, and enhancements for the upcoming plan year. No action is needed if you wish to remain in your current plans.

Open Enrollment changes, additions, or deletions for health and dental must be done electronically through BluesEnroll, a secure online enrollment system provided.

If you have not established a BluesEnroll ID and password, please see the information below for the format to access BluesEnroll.

1. On the internet, go to www.bluesenroll.com.
2. Once on the login screen, type your BluesEnroll login ID and password.
Your BluesEnroll login ID is your first name, the first initial of your last name, and the last four digits of your SSN. Your initial login password is your Social Security Number (SSN) without dashes or spaces.
3. Select "Log in."
The first time you log in, you will be asked to change your password.

If you would like to update your Vision and/or Additional Life/AD&D elections, now is the opportunity to do so. You and/or your spouse may be required to submit Evidence of Insurability (EOI) should you newly elect Additional Life/AD&D coverage. We recommend all members review and update their beneficiary information during this time.

ON-SITE OPEN ENROLLMENT INFORMATION SESSIONS

Walk-in Benefit Specialist supported enrollment and information sessions at the following times:

March 7	March 11	March 13
South Patrol	Headquarters	Academy
1400-1600	0900-1200	1800-2000

ELIGIBILITY

Employee Eligibility

You are eligible for the Department's benefits on the first day of employment if you are a full-time employee, including sworn and non-sworn members, active Board members, Board employees, and Police Retirement System Employees.

Dependent Eligibility

You may enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include the employee's legal spouse or domestic partner and eligible dependent children until the end of the calendar year in which they turn age 26.

MAKING CHANGES DURING THE YEAR

You must wait until the next Open Enrollment period to change your benefits or add or remove coverage for dependents unless you have a qualifying life event as defined by the IRS.

Examples of a qualifying life event include, but are not limited to, the following:

- Marriage, divorce, legal separation, or annulment.
- Birth or adoption of a child.
- Change in your residence or workplace (if your benefit options change).
- Loss of other coverage.
- Change in your dependent's eligibility status because of marriage, age, etc.

The IRS mandates that changes to your coverage due to a qualifying life event must be made within 31 days of that life event. Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, loss of coverage letter). Note: Any change you make to your coverage must be consistent with the change in status.

Open Enrollment is March 3-March 17.

Medical and Prescription (Rx) Insurance



In 2024-2025, Blue Cross Blue Shield of Kansas City (Blue KC) will administer three comprehensive medical plans.

Plan	EPO	PPO	HMO
Network	BlueSelect Plus	Preferred-Care Blue	Blue-Care
Overview	<p>Narrow network with deeper discounts within the KC metro with access to broad national network</p> <p>Most favorable employee contributions</p> <p>Most favorable network discounts, which means you will pay less out of your pocket when you visit a provider</p> <p>Richest plan design (least member out-of-pocket costs) of the Department's three plans</p>	<p>Blue KC's most broad network, essentially covers majority/most contracted providers with access and coverage for out-of-network providers</p> <p>Slight plan design changes from current PPO plan</p> <ul style="list-style-type: none"> Out-of-pocket maximum of \$2,500 for individuals/\$5,000 for family; copays now apply to out-of-pocket maximum 	<p>Local HMO option</p> <p>Slight plan design changes from current HMO plan</p> <ul style="list-style-type: none"> Out-of-pocket maximum of \$3,000 for individuals/\$6,000 for family Increased office visit (PCP/Specialist) copay \$70 urgent care copay \$60/day hospital services copay (max \$300) <p>Enrollment in the HMO plan is currently closed meaning only employees and their families currently enrolled in the HMO plan can elect this plan.</p> <p>PLEASE NOTE: The Department will be sunsetting this plan effective May 1, 2025.</p>
Local network coverage	<p>In-network only coverage (except emergencies)</p> <p>Narrow network with deeper discounts applies to Blue KC service area only</p>	<p>In- and out-of-network coverage</p>	<p>In-network only coverage (except emergencies)</p> <p>Limited to Blue KC service area</p>
Coverage outside 32 county Blue KC service area?	<p>Yes — National and international coverage through BlueCard network</p>	<p>Yes — National and international coverage through BlueCard network</p>	<p>No — Except emergencies and home away program</p>
Primary care physician required?	<p>No</p>	<p>No</p>	<p>Yes</p>

MEDICAL AND PRESCRIPTION DRUG BENEFIT SUMMARIES

Below is a high-level in-network benefit summary for the three Blue KC benefit plan options.

	EPO	PPO	HMO
Network	BlueSelect Plus	Preferred-Care Blue	Blue-Care
Medical			
Deductible			
Individual	None	\$400	None
Family	None	\$800	None
Member coinsurance	None	10%	None
Out-of-pocket maximum			
Individual	\$2,500	\$2,500	\$3,000
Family	\$5,000	\$5,000	\$6,000
Preventive care	No cost	No cost	No cost
Office visit			
Primary care	\$20 copay	\$20 copay	\$35 copay
Specialist	\$40 copay	\$20 copay	\$70 copay
Urgent care	\$40 copay	\$20 copay	\$70 copay
Emergency room <i>(copay waived if admitted)</i>	\$200 copay	\$200 copay + deductible then 10% coinsurance	\$250 copay
Hospital services			
Inpatient/outpatient	No cost	Deductible then 10% coinsurance	\$60 copay per occurrence (no cost after 5 per calendar year)
MRI, MRA, CT/PET scans	\$200 copay per day	Deductible, then 10% coinsurance	\$200 copay per day
Pharmacy			
Retail (up to 34 days)			
Tier 1	\$10 copay	\$10 copay	\$10 copay
Tier 2	\$30 copay	\$30 copay	\$30 copay
Tier 3	\$50 copay	\$50 copay	\$50 copay
Mail order (up to 102 days)			
Tier 1	\$20 copay	\$20 copay	\$20 copay
Tier 2	\$60 copay	\$60 copay	\$60 copay
Tier 3	\$100 copay	\$100 copay	\$100 copay

Deductibles and out-of-pocket maximums run on a calendar year (January 1) basis.

MONTHLY PREMIUMS

	EPO	PPO	HMO
Employee Only	\$71.13	\$85.32	\$117.54
Employee + 1 Dependent	\$213.19	\$255.73	\$309.25
Employee + Family	\$421.16	\$505.19	\$591.77

HOW THE HEALTH PLANS WORK: BASIC TERMS OF THE HEALTH PLAN

Below is a high-level in-network benefit summary for the three Blue KC benefit plan options.

	EPO	PPO	HMO
Deductible	<p>The amount you pay for healthcare services before your health insurance begins to pay. The PPO is the only plan with a deductible. You'll pay 100% of eligible healthcare expenses until the bills total \$400 for the calendar year. After that, you share the cost with the plan by paying coinsurance.</p> <p>Deductible runs on a calendar year, resets every January 1.</p> <p>An individual within family coverage (employee + one or more dependents) only needs to meet the individual deductible of \$400 before coinsurance applies.</p>		
	N/A	Individual: \$400 Family: \$800	N/A
Coinsurance	<p>Only applicable to the PPO plan. Your share of the costs of a covered healthcare service, calculated as a percentage (10%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible on the PPO plan. For example, if the charge for an office visit is \$100, and you have met your deductible, your coinsurance payment of 10% would be \$10. Your health insurance pays the rest of the allowed amount.</p>		
	N/A	10%	N/A
Copays	<p>A fixed-dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will count towards your out-of-pocket maximum.</p>		
	PCP: \$20 Specialist/urgent care: \$40	PCP: \$20 Specialist/urgent care: \$20	PCP: \$35 Specialist/urgent care: \$70
Out-of-pocket maximum	<p>This is the most you pay for covered services in a calendar year. After you spend this amount on covered medical and prescription drug costs, your health plan pays 100% of the costs of covered benefits.</p> <p>Out-of-pocket runs on a calendar year, resets every January 1.</p> <p>An individual within family coverage (employee + one or more dependents) only needs to meet the individual out-of-pocket maximum.</p>		
	Individual: \$2,500 Family: \$5,000	Individual: \$2,500 Family: \$5,000	Individual: \$3,000 Family: \$6,000

BlueSelect Plus Network

This network, utilized by the EPO plan, offers a significant amount of access in the KC metro including over 4,100 providers and 16 top hospitals. BlueSelect Plus is a select network of healthcare providers specially designed to provide affordable access to quality care in and around the metro area. With this network, your premiums will be lower based on the discounts Blue KC has negotiated with these providers.

WHO SHOULD ENROLL, AND WHAT ACCESS DO I HAVE WITH THE BLUESELECT PLUS NETWORK?

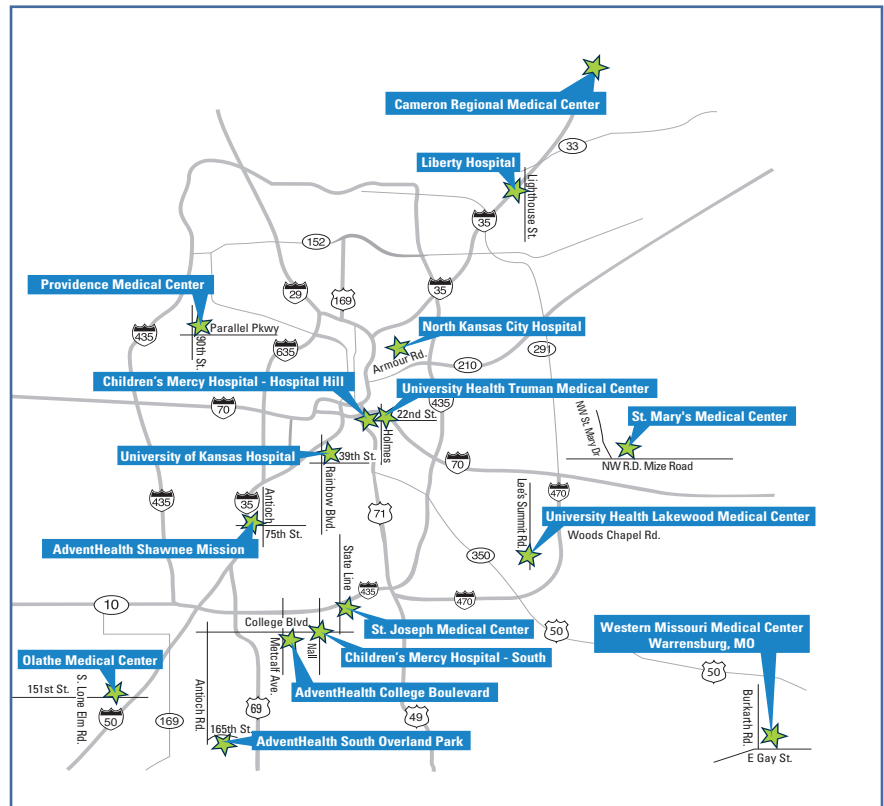
BlueSelect Plus is best for members who:

- Work or live in one of these twelve counties:
 - Missouri: Clay, Jackson, Platte, Cass, Clinton, DeKalb, Johnson, Lafayette, Ray, Caldwell
 - Kansas: Johnson, Wyandotte
- Seek care from any of the 4,100+ providers and sixteen hospitals primarily located in these seven counties:
 - Missouri: Clinton, Clay, Jackson, Johnson, Platte
 - Kansas: Johnson, Wyandotte

Over 4,100 Providers. 16 Top Hospitals.

WHICH HOSPITALS ARE IN THE NETWORK?

- AdventHealth College Boulevard
- AdventHealth Shawnee Mission
- AdventHealth South Overland Park
- Cameron Regional Medical Center
- Children's Mercy Hospital
- Children's Mercy Hospital — South
- Liberty Hospital
- North Kansas City Hospital
- Olathe Medical Center
- Providence Medical Center
- St. Joseph Medical Center
- St. Mary's Medical Center
- University Health Truman Medical Center
- University Health Lakewood Medical Center
- University of Kansas Health Hospital
- Western Missouri Medical Center



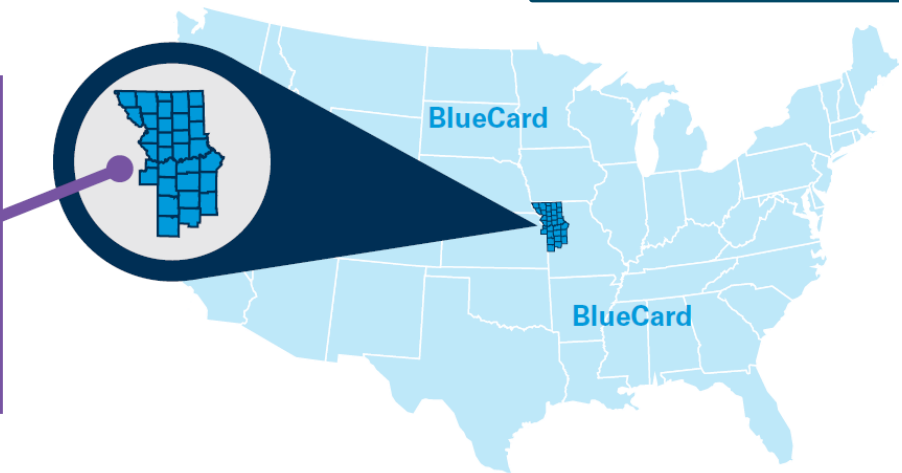
All other hospitals in Blue KC's service area are considered out of network with the exception of a life-threatening situation, in which case you can access the ER at any hospital and it will be coded as in-network.

Preferred-Care Blue Network

This network, utilized by the PPO plan, is Blue KC's signature network that includes more doctors, more hospitals, and more healthcare choices, with high-quality care standards you expect. Preferred-Care Blue network is a broad network that gives you the largest selection of providers within Blue KC's 32-county service area. Outside the 32-county service area, the network gives you access to doctors and hospitals across the country via Blue KC's BlueCard program. With the BlueCard program, you will be able to take your benefits with you — wherever you go.

Over 6,800 providers and 50+ hospitals.

PREFERRED-CARE BLUE NETWORK (PPO)
Covers both Metro and Non-KC Metro
Includes BlueCard for nationwide access to care



Blue KC Resources

VIRTUAL CARE

Blue KC provides our members with 24/7 sick care or for behavioral health needs by appointment. Now it's easier than ever for you to "see" a provider right from your smartphone, tablet, or computer. Try out this convenient service the next time you need sick care or for behavioral health appointments.

Always private and secure

Urgent or sick care needs

- No appointment necessary
- Affordable visits based on your plan's benefits

Behavioral healthcare needs

- Therapists and psychiatrists are available for sessions by appointment
- Affordable visits based on your plan's benefits, and vary by provider type

BLUE KC MOBILE APP

THE MYBLUEKC APP PUTS SO MUCH IN YOUR HANDS.

Learn about more benefits and programs that come with your Blue KC coverage.

To access Blue KC Virtual Care, download the MyBlueKC mobile app or visit virtualcare.bluekc.com.

Members can access Virtual Care for 24/7 sick care or for behavioral health visits by appointment using the MyBlueKC mobile app.

Scan the QR code with your mobile device to download the app.



Mindful by Blue KC

BEHAVIORAL HEALTH SERVICES FOR THE WHOLE YOU

Behavioral health refers to the relationship between your behavior and overall well-being. Your behavioral health impacts your ability to function in everyday life and your concept of self.

Stress, depression, anxiety, substance use, and other behavioral health issues can affect how you manage your physical health and daily living challenges. When you're in touch with your behavioral health, you can take better care of the whole you.

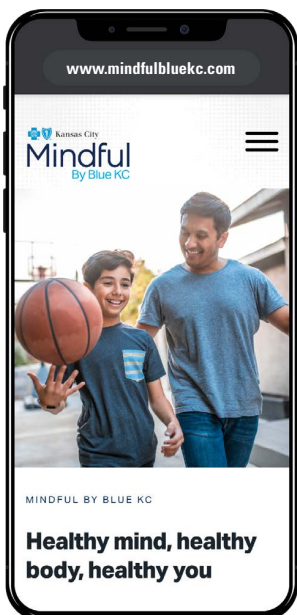
Mindful by Blue KC is a program that works to reduce the stigma surrounding behavioral health. It makes care more accessible and affordable, so you get the care you need.

IT ALL STARTS WITH THE MINDFUL ADVOCATE

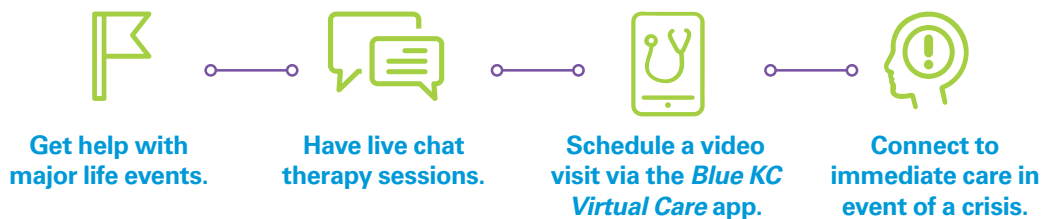
Our licensed behavioral health clinicians will match you to providers and guide your care plan.



A Mindful Advocate is your single point of contact for:

- Listening
- Navigating care
- Crisis management
- Benefits guidance
- Connecting you to care
- Follow-up



MINDFUL BY BLUE KC SERVICES



GO ONLINE.  **OR CALL.** 

To learn more, visit MindfulBlueKC.com. Talk with a Mindful Advocate 24 hours a day, 7 days a week. Call **833-302-MIND** (6463). Or call the behavioral health number on the back of your member ID card.

Dental Insurance



The Department will continue to offer a choice of two dental plans through Blue KC. Keep in mind, the information in the chart provided is a summary only. Please refer to your certificate for complete details of plan benefits, limitations, and exclusions.

DENTAL BENEFIT SUMMARY

	Base plan			Buy-up plan		
	Blue Dental PPO	Blue Dental Choice	Non-Participating	Blue Dental PPO	Blue Dental Choice	Non-Participating
Provider network						
Calendar year deductible (basic and major services)	\$25 individual/\$75 family			\$25 individual/\$75 family		
Type I — diagnostic and preventive services						
<ul style="list-style-type: none"> Oral evaluations — two per calendar year X-rays — complete mouth one every three calendar years; single tooth 12 per calendar year; bitewing two per calendar year Teeth cleaning — two per calendar year 	No charge	No charge	10%	No charge	No charge	10%
Type II — basic services						
<ul style="list-style-type: none"> Fillings — composite fillings Recementation of existing inlays, crowns, and bridges Endodontics — root canals and pulpal therapy Periodontics — gum/tissue care and surgery 	20%	20%	40%	20%	20%	40%
Type III — major services						
<ul style="list-style-type: none"> Single crowns, inlays, onlays, bridges, and dentures Maintenance of prosthodontics – adjust/repair of dentures 	50%	50%	75%	50%	50%	75%
Type IV — orthodontia services						
<ul style="list-style-type: none"> Adult and dependent 	Not covered			50%	50%	50%
Calendar year maximum*	\$1,000			\$2,000		
Orthodontia lifetime maximum*	Not covered			\$2,000	\$2,000	\$1,000

*Per person

Dental Rewards — If you have calendar year claims between \$1-\$300, you will receive \$250 in rewards to use next year and beyond. Your accumulated rewards total is capped at \$500.

Percentages are member-paid coinsurance levels.

MONTHLY PREMIUMS

	Base plan	Buy-up plan
Employee	\$27.53	\$40.80
Employee + 1 Dependent	\$52.17	\$77.37
Employee + Family	\$79.67	\$118.12



Vision Insurance

Vision coverage is offered through VSP. The benefit frequency plan year is May 1 through April 30. Please refer to your certificate for complete details of plan benefits, limitations, and exclusions.

VISION BENEFIT SUMMARY

	In-network	Out-of-network
Exams		
Exams	\$10 copay	Up to \$45
Contact lens fitting and evaluation	\$60 max copay	N/A
<i>Frequency</i>		<i>Every 12 months</i>
Lenses		
Single vision lenses	\$25 copay	Up to \$30
Lined bifocal lenses	\$25 copay	Up to \$50
Lined trifocal lenses	\$25 copay	Up to \$65
Lenticular	\$25 copay	Up to \$100
<i>Frequency</i>		<i>Every 12 months</i>
Frames: up to plan allowance, then 20% off over allowance		
Retail frame allowance	\$165 allowance	Up to \$70
Featured frame brand allowance	\$215 allowance	N/A
Visionworks retail allowance	\$215 allowance	N/A
Walmart and Sam's retail allowance	\$90 allowance	N/A
<i>Frequency</i>		<i>Every 24 months</i>
Contact lenses: in lieu of eyeglass benefit		
Elective contact lenses	\$165 allowance	Up to \$105
Medically necessary	\$25 copay	Up to \$210
<i>Frequency</i>		<i>Every 12 months</i>
Covered lens enhancements		
Standard progressives	Covered in full	Up to \$50
Polycarbonate (children)	Covered in full	N/A

MONTHLY PREMIUMS

Employee	\$6.32
Employee + 1 dependent	\$12.64
Employee + family	\$20.34

Life/Accidental Death & Dismemberment (AD&D) Insurance



The Department provides, at no cost to you, basic life and accidental death and dismemberment insurance through The Standard. In the event of your death, our Life insurance policy helps provide a general safety net for your beneficiaries. Your coverage is equal to one times your annual earnings. The minimum amount is \$50,000, and the maximum amount is \$150,000. If your death is the result of an accident, or if an accident leaves you with certain debilitating injuries, you'll be covered under our Accidental Death and Dismemberment insurance. We hope this company-paid policy helps you feel more secure and prepared to manage your financial goals and obligations.

Line of duty benefit

To help protect our public safety officers and their families from a financial loss after a covered line of duty accident, the Department is introducing a line of duty benefit through The Standard at no additional cost to you. This benefit provides public safety officers an additional \$50,000 or 100% of the AD&D insurance benefit, whichever is less, when suffering a loss for which an AD&D benefit is payable and which is the result of a line of duty accident. The line of duty benefit is paid in addition to the department-paid life/AD&D benefit.

Travel Assistance

Things can happen on the road. Passports get stolen or lost. Unforeseen events derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. Get the most out of Travel Assistance with the Assist America mobile app.

Life Services Toolkit

Included with your Life and AD&D policies is Life Services Toolkit, which does more than help protect your family from financial hardship after a loss. The Standard has partnered with Morneau Shepell to offer a lineup of additional services that can make a difference now and in the future.

- Estate planning assistance
- Financial planning
- Health and wellness
- Identity theft prevention
- Funeral arrangements



Additional Life Insurance

You may also purchase Additional Life insurance through The Standard:

- **Yourself:** You may elect 1.5 times your annual earnings, rounded to the nearest multiple of \$1 to a maximum of \$300,000.
- **Your spouse:** You may elect coverage for your spouse: \$10,000.
- **Your child(ren):** You may elect coverage for your child(ren); birth to 26 years: \$5,000.
- **Evidence of Insurability (EOI)** or proof of good health is required under the following circumstances:
- **Late entrant:** You or your spouse has previously waived the opportunity to elect this coverage and is now electing coverage for the first time.

Your individual premium rate will depend on your age. View the Age/Rate table to determine how much this benefit will cost.

MONTHLY PREMIUM RATE FOR EMPLOYEE COVERAGE

Age Category	Rate per \$1,000 of coverage
Under 25	\$0.045
25-29	\$0.045
30-34	\$0.063
35-39	\$0.090
40-44	\$0.162
45-49	\$0.288
50-54	\$0.495
55-59	\$0.819
60-64	\$1.170
65 and over	\$1.575

To determine the monthly premium for Additional Life coverage, follow these simple steps:

- Determine the amount of insurance you want to purchase.
- Using the table, determine the rate based on your age.
- Use the following formula to calculate your monthly premium amount:
 - Coverage amount/1,000 x rate = monthly premium
- Example: 45-year-old elects to purchase \$100,000 of additional life insurance. $\$100,000/1,000 \times 0.288 = \28.80 . The amount of premium equals \$28.80 per month.

Long-Term Disability Insurance

The Department provides all regular non-sworn or Board employees income protection in the form of Long-Term Disability (LTD). LTD insurance is designed to pay a monthly benefit to you in the event you cannot work due to a covered illness or injury. This coverage provides 50% of your pre-disability earnings, up to a maximum of \$3,750 per month, after 180 days of disability. The cost of this coverage is paid entirely by the Department.

The maximum benefit period is determined by your age when disability begins, as follows:

Age	Maximum benefit period
65 or younger	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69 or older	1 year

Your LTD policy includes a 100% Assisted Living Benefit. It is additional income to employees with disabilities when they need it most. The benefit is available to employees to whom LTD benefits are payable, whose condition is expected to last 90 days or more and who are experiencing the following limitations associated with their severe disability:

- The employee is unable to safely and completely perform two or more activities of daily living without assistance, or
- The employee requires supervision for health or safety due to severe cognitive impairment.
- The maximum benefit amount for Assisted Living Benefit cannot exceed \$5,000.



Questions & Answers

WILL I GET A NEW ID CARD?

All members, who elect a medical plan for the 2024-2025 plan year, will receive a new ID card. If you enroll in the Employee + 1 Dependent or Family coverage tier, then your enrolled family members will receive their own ID card.

Keep in mind if you need a copy of your card, you can locate a digital copy of your member ID card by logging in to your member portal at mybluekc.com or through the Blue KC mobile app.

IF I CHANGE PLANS DURING OPEN ENROLLMENT, WHAT IS THE IMPACT TO MY DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM?

If you are changing plans at Open Enrollment, it is important to know how you will be impacted if you incurred expenses from January 1, 2024, through April 30, 2024. On all Blue KC plans, any applicable deductibles or out-of-pocket maximums run on a calendar year and reset each January 1. If you want to switch between plan types, please review this information carefully.

PPO to EPO, or EPO to PPO

- Credit for any deductible or coinsurance expenses incurred from January 1-April 30.
- Calendar year deductible and out-of-pocket maximum reset every January 1.

HMO to EPO/PPO, or EPO/PPO to HMO

- No credit for expenses already incurred.
- Responsible for the full calendar year deductible and/or out-of-pocket maximum for January 1-April 30.
- Calendar year deductible and out-of-pocket maximum reset every January 1.



HOW DO I ELECT OR CHANGE BENEFITS?

If you wish to make changes to your medical and dental elections, you must do so in BluesEnroll.

DO I HAVE TO DESIGNATE A PRIMARY CARE PHYSICIAN WITH THE BLUESELECT PLUS EPO PLAN?

No — You do not have to designate a PCP with the BlueSelect Plus EPO plan, or the Preferred Care Blue PPO plan.

HOW DOES AN OUT-OF-POCKET MAXIMUM WORK?

Medical out-of-pocket maximum is the maximum dollar amount you pay toward covered services in any one calendar year (January 1-December 31). Once you have met the out-of-pocket maximum, the plan pays 100% of covered services for the remainder of the benefit period. Medical and prescription copays, deductibles, and coinsurance all count toward the out-of-pocket maximum.

DO ALL OF THE HEALTH PLANS OFFER OUT-OF-AREA BENEFITS WHEN TRAVELING OUTSIDE OF THE BLUE KC 32-COUNTY SERVICE AREA?

The HMO plan does not offer out-of-area benefits unless there is a life- or limb-threatening emergency. In that case, your emergency room visit is considered in-network. Non-HMO plans utilize the nationwide BlueCard network when traveling outside of the Blue KC 32-county service area.

FINDING CARE: SEARCH FOR PROVIDERS ON BLUEKC.COM

It is highly recommended you verify that all associated providers are participating in the Blue KC network, especially if you are evaluating another plan option. This helps to avoid incurring any unexpected out-of-network charges and ensures cost-effective use of your health plan.

- STEP 1: Visit bluekc.com.
- STEP 2: Select Find Care, in the upper right corner of the page.
- STEP 3: Select Find Care as a Guest.
- STEP 4: Select I have or might get a Blue KC health plan through my employer.
- STEP 5: Select your network under the Select a Medical Network drop-down.
- STEP 6: Update your location by ZIP code in the right corner of the page.
- Step 7: explore your options.

Contacts

MEDICAL AND PRESCRIPTION

Blue KC

Member services: 816-395-2393 (local),
888-279-8183 (toll-free)

Website: bluekc.com

DENTAL

Blue KC

Member services: 816-395-2393 (local),
888-279-8183 (toll-free)

Website: bluekc.com

VISION

VSP

Member services: 800-877-7195

Website: vsp.com

LIFE AND AD&D

The Standard

Member services: 888-937-4783

Website: standard.com

LONG-TERM DISABILITY

The Standard

Member services: 888-937-4783

Website: standard.com

MEDICAL AND DEPENDENT CARE FSA

Tri-Star Systems

Member services: 800-727-0182

Website: tri-starsystems.com

This document is intended to merely highlight or summarize certain aspects of the employer's benefit program(s). It is not a certificate or an official plan document. Your rights and obligations under the program(s) are set forth in the official plan documents. All statements in this summary are subject to the terms of the official plan documents, as interpreted by the appropriate plan fiduciary. In the case of an ambiguity or outright conflict between a provision in this summary and a provision in the plan documents, the terms of the plan documents control. The employer reserves the right to review, change, or terminate the plan, or any benefits under it, for any reason, at any time, and without advance notice to any person.