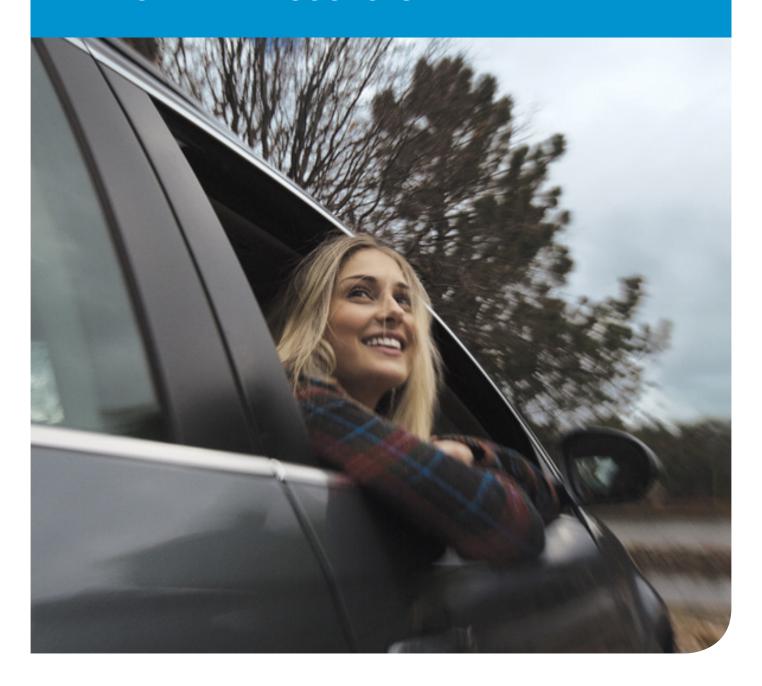
IMPORTANT RESOURCES





Routine Preventive Services



In-Network routine preventive care services and the related office visit for routine preventive care services is covered at 100%.

Routine Service/Procedure

Sometimes, your doctor will order tests during your preventive care visit that are not preventive care. These tests may be subject to deductibles, copays, and/or coinsurance. Your doctor may also treat an existing condition (or you may have symptoms of an illness at the time of your visit). Treatment or tests for that existing condition are not preventive care and are subject to deductibles, copays, and/or coinsurance.

Prostate exams and prostate specific antigen (PSA) tests

Pelvic exams and pap smears*, including those performed at the direction of a Physician in a mobile facility certified by Centers for Medicare and Medicaid Services (CMS).

Mammograms if ordered by a Physician, including those performed at the direction of a Physician in a mobile facility certified by CMS.

Colorectal cancer exams* and laboratory tests consisting of a digital rectal exam and the following:

- Fecal occult blood test;
- Flexible sigmoidoscopy;
- Colonoscopy:
- · Double contrast barium enema

Newborn hearing screening, audiological assessment and follow-up, and initial amplifications

Childhood Immunizations*

- At least 5 doses of vaccine against diphtheria, pertussis, tetanus;
- At least 4 doses of vaccine against polio, Haemophilus Influenza Type b (Hib);
- At least 3 doses of vaccine against Hepatitis B;
- 2 doses of vaccine against measles, mumps, and rubella;
- · 2 doses of vaccine against varicella;
- At least 4 doses of vaccine against pediatric pneumococcal (PCV7);
- 1 dose of vaccine against influenza;
- At least one dose of vaccine against Hepatitis A;
- 3 doses of vaccine against Rotavirus;
- Such other vaccines and dosages as may be prescribed by the State Department of Health

Lead testing

Physician Examinations*

Additional examinations, testing and services:

- Hemoglobin/Complete Blood Count (CBC)
- Metabolic screening*
- · Hearing exams

Immunizations:

Covered Immunizations are limited to the age ranges and gender recommended by the Advisory Committee on Immunization Practices and/or adopted by the Center for Disease Control.*

- · Catch-up for Hepatitis B
- Catch-up for varicella
- Catch-up for MMR
- Tetanus boosters as necessary, including tetanus, diphtheria and pertussis; diphtheria and tetanus; and tetanus only
- Pneumococcal vaccine
- Influenza virus vaccine
- Meningococcal vaccine
- · Catch-up for Hepatitis A
- HPV vaccine
- Zoster vaccine
- Polio vaccine
- Haemophilus Influenza Type b (Hib) vaccine

Urinalysis

Glucose screening

Thyroid Stimulating hormone screening

HPV testing[†]

Gonorrhea testing

Electrocardiogram (EKG)

Chest x-ray

Continued on back



Abdominal aortic aneurysm screening: men	One-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked.			
Alcohol misuse: screening and counseling	Clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.			
Anemia screening: pregnant women	Routine screening for iron deficiency anemia in asymptomatic pregnant women.			
Aspirin to prevent cardiovascular disease: men	The use of aspirin for men ages 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.			
Aspirin to prevent cardiovascular disease: women	The use of aspirin for women ages 55 to 79 years when the potent benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.			
Bacteriuria screening: pregnant women	Screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenativisit, if later.			
Blood pressure screening in adults	Screening for high blood pressure in adults age 18 years and older			
BRCA risk assessment and genetic counseling/ testing	Primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.			
Breast cancer screening	Screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older.			
Breastfeeding support, supplies, and counseling [†]	Interventions during pregnancy and after birth to promote and support breastfeeding.			
Cervical cancer screening	Screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.			
Chlamydial infection screening: nonpregnant women*	Screening for chlamydial infection in all sexually active nonpregnant young women age 24 years and younger and for older nonpregnant women who are at increased risk.			
Chlamydial infection screening: pregnant women*	Screening for chlamydial infection in all pregnant women age 24 years and younger and for older pregnant women who are at increased risk.			
Cholesterol abnormalities screening: men 35 and older*	Screening men age 35 years and older for lipid disorders.			
Cholesterol abnormalities screening: men younger than 35*	Screening men ages 20 to 35 years for lipid disorders if they are at increased risk for coronary heart disease.			

Hearing loss screening: newborns	Screening for hearing loss in all newborn infants.			
Hemoglobinopathies screening: newborns	Screening for sickle cell disease in newborns.			
Hepatitis B screening: pregnant women	Screening for hepatitis B virus infection in pregnant women at their first prenatal visit.			
HIV screening: nonpregnant adolescents and adults*	Clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.			
HIV screening: pregnant women*	Clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.			
Counseling for HIV [†]	Counseling and screening for HIV infection for all sexually active women.			
Hypothyrodism screening: newborns	Screening for congenital hypothyroidism in newborns.			
Intimate partner violence screening: women of childbearing age [†]	Clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.			
Iron supplementation in children	Routine iron supplementation for asymptomatic children ages 6 to 12 months who are at increased risk for iron deficiency anemia.			
Obesity screening and counseling: adults	Screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m2 or higher to intensive multicomponent behavioral interventions.			
Obesity screening and counseling: children	Clinicians screen children age 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.			
Osteoporosis screening: women	Screening for osteoporosis in women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.			
Phenylketonuria screening: newborns	Screening for phenylketonuria in newborns.			
Rh incompatibility screening: first pregnancy visit	Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.			
Rh incompatibility screening: 24–28 weeks' gestation	Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.			
Sexually transmitted infections counseling [†]	High-intensity behavioral counseling to prevent sexually transmitted infections (STIs) in all sexually active adolescents and for adults at increased risk for STIs.			

Hearing loss screening: newborns	Screening for hearing loss in all newborn infants.			
Hemoglobinopathies screening: newborns	Screening for sickle cell disease in newborns.			
Hepatitis B screening: pregnant women	Screening for hepatitis B virus infection in pregnant women at their first prenatal visit.			
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Skin cancer behavioral counseling	Counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.			
Tobacco use counseling and interventions: nonpregnant adults	Clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.			
Tobacco use counseling: pregnant women	Clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke.			
Syphilis screening: nonpregnant persons	Clinicians screen persons at increased risk for syphilis infection.			
Syphilis screening: pregnant women	Clinicians screen all pregnant women for syphilis infection.			
Visual acuity screening in children	Vision screening for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors.			

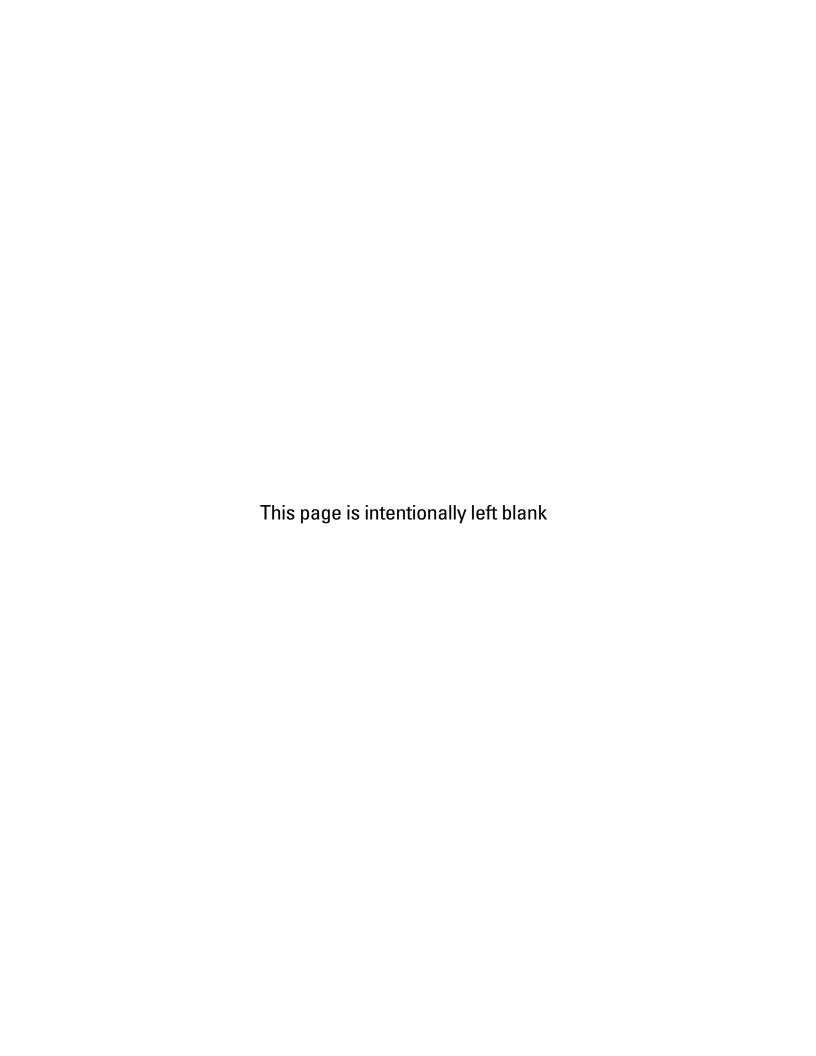
Out-of-Network Services: All services received from an out-of-network provider are subject to the out-of-network deductible and coinsurance, except for childhood immunizations, which are paid at 100%. This summary is being provided for informational purposes only, and is subject to change. Routine Preventive Care Services are subject to the terms, conditions, and limitations of your Contract/Certificate of Coverage.

This summary is being provided for informational purposes only, and is subject to changes. The actual Routine Preventive Care Services are subject to terms, conditions, and limitations of your Contract/Certificate of Coverage.

- * Indicates services that are required by the Affordable Care Act (ACA), but are already covered by Blue Cross and Blue Shield of Kansas City.
- † Indicates services that are required by the ACA as part of the Preventive Services for Women.



BlueKC.com



MYBLUEKC.COM

YOUR GO-TO HEALTHCARE RESOURCE

Navigating your healthcare coverage just got easier.

Blue Cross and Blue Shield of Kansas City (Blue KC) understands the complexities of healthcare. That's why we've developed a website specialized just for you. MyBlueKC.com is easily accessible and offers members customized information for each section of the site including:

- Personalized policy and coverage details
- Claims history
- Health information
- Cost-saving tools and more



REGISTER ON MYBLUEKC.COM

To get started, you'll need information from your Blue KC member ID card to create your profile. Once registered and logged in, your member homepage displays important information about your Blue KC policy.

Important Notes On Registering

- You can register multiple policies with one username and password. If you have a separate Blue KC dental or medical policy, you can register both under the same user ID and password.
- All family members on your policy who are age 18 and older must register separately.



SEARCH AND GET ANSWERS

Find a Doctor

The Doctor and Hospital Provider Finder allows you to search for local and out-of-area healthcare providers by:

- Provider name
- Specialty
- Medical procedures
- Medical conditions

Other tools such as integrated Google Maps, patient reviews, quality, recognition, and cost categories can also be accessed in researching providers and hospitals.

Compare Costs for Common Procedures

The Cost Estimator tool, located within the Doctor and Hospital Provider Finder, tells you the cost of treatment for common health conditions and provides an estimate of how much you or a family member must pay for the treatment (your out-of-pocket expenses).

Find Answers

Use our Intelligent Search feature to ask a question and receive an immediate response, along with related questions in that category.



GET A SIMPLE LOOK AT YOUR COVERAGE

Benefits

Track what you have already paid, status of your deductible and out-of-pocket costs. You can also access your summary of benefits and certificate for specific details about your Blue KC policy.

Claims

Check the status of your claims and export a list of past claims (up to 24 months). You can view your claims at a summary level, expand the details, or view a copy of your Explanation of Benefits (EOB).

ACCESS PERSONALIZED CONTENT

Get Care

Learn how insurance works including what you need to do, what you need to pay and how to get the most value from your plan.

Living Healthy

Take charge of your health. Blue KC health and wellness programs can help you: reach your health goals, manage a chronic condition or prepare for a new baby. This section also includes tools such as the Symptom Checker and more!

Stay Informed – How You Want

Tell us how you would like Blue KC to communicate with you. Communication categories vary, but you can pick one preference (email, text or U.S. Mail) to apply to all categories or you can customize your communication delivery preference for each category.

USE YOUR MOBILE DEVICE

Accessing MyBlueKC.com from your mobile device gives you the information you want most, anytime, anywhere. Whether you simply need to find a doctor quickly or have a moment to check on a claim, it's all at your fingertips. Before accessing our site from your mobile device, you'll need to first register with MyBlueKC.com from a desktop computer.









Doctor & Hospital Provider Finder

Comprehensive Access to Meet Your Specific Healthcare Needs



Locate a provider and use tools to help you make educated healthcare decisions.

As a Blue Cross and Blue Shield of Kansas City (Blue KC) member, you are part of the largest provider network in the Kansas City area, with extensive access to medical professionals who meet your specific healthcare needs.

The Blue KC Doctor & Hospital Provider Finder on BlueKC.com can help you find the most up-to-date and accurate information when you're looking to find or get basic information about a network doctor, hospital, or other healthcare provider.

Provider Finder Features

The Blue KC Doctor & Hospital Provider Finder was designed with you in mind. Here are just a few of the features you'll find:

- · Google Maps integration
- Ability to search by name, procedure, specialty and more
- Predictive search
- One provider search tool for local and out-ofarea searches
- Helpful filters including Medical Home, hospital affiliation and network
- · View providers both in and out of network

The Blue KC Doctor & Hospital Provider
Finder also gives you tools to assist you in
making healthcare decisions; including patient
experience information, patient reviews,
procedure cost information, as well as providing
provider background information.

Convenience at Your Fingertips

To view the most accurate information related to your Blue KC network, be sure to first log in as a member on BlueKC.com. By doing so, the results from the Doctor & Hospital Provider Finder will be tailored to your specific Blue KC network.

Get started. Visit BlueKC.com and click
Find a Doctor.



Learn More

The Doctor & Hospital Provider Finder includes Patient Review and Cost Information. See reverse for details.



Doctor & Hospital Provider Finder

The Blue KC Doctor & Hospital Provider Finder also includes patient review and cost information. These helpful tools were designed to give you the knowledge and resources to make informed decisions and feel good about the healthcare you receive.

Patient Review

Rate Your Doctor is a BlueKC.com enhancement that allows you to score doctors you've recently seen. Your feedback helps doctors and staff make improvements in services they provide to better meet patient needs. Plus, by rating your doctor, you will help others locate physicians with high patient satisfaction scores through BlueKC.com.

To access patient reviews, log in as a member and share your patient experience. Surveys are confidential – our doctors will not know if or how you rated them.

- 1. Sign in as a member on MyBlueKC.com
- 2. Select the Find a Doctor
- 3. Locate your doctor using the search tool
- Select Rate this Doctor from your doctor's profile
- Answer a few questions about your experience and submit your feedback



Cost Information

Blue KC is also helping to take some of the mystery out of visiting a provider with a tool to help educate you about healthcare costs. Blue KC cost estimates use 12 months of claims data to provide a cost range for specific procedures.

The cost estimator tool provides information on the average cost of a procedure with a given doctor at various facility locations. You will be able to quickly identify where you can find savings and, when available, the quality ranking associated with each location.

For example, the total cost for a knee replacement at a specific hospital may be \$19,000 to \$23,000.

The cost estimate tool provides you with greater transparency by shedding light on the cost of 172 of the most common, elective procedures for inpatient, outpatient and diagnostic services at area hospitals, ambulatory surgery centers and free-standing radiology centers. Blue KC will add new treatment categories and cost information as they become available.

Get Started

The cost estimator tool can be found on both the Doctor Profile and Hospital Profile pages, under the Specialties section.



Where to Go for Medical Care

Making Decisions About Where to Go for Healthcare



Your health and wellness are important to us. We want to help you make the best decision about where to go for medical care.

More than 80 percent of all visits to the emergency room could have been managed in less time and at a lower cost to you by your primary care doctor, an urgent care center or walk-in clinic.

For common concerns, you can refer to the chart on the reverse side to determine which type of facility will provide the best care at the lowest cost to you.

When Do I Visit My Primary Care Provider?

If you need medical care, but it is not an emergency, you should always call your Primary Care Provider (PCP) for an appointment. If you are not sure if your symptoms require emergency care, contact your PCP to help you evaluate your symptoms and determine where you need to go.

Whether you receive care in an emergency room or at an urgent care center, you should notify your PCP of your visit. Keeping your PCP informed is the best way to ensure he or she is aware of your medical history.

When Do I Visit an Urgent Care Center or Walk-in Clinic?

If you need to take care of a problem right away because you feel sick or uncomfortable, and you do not have, or your PCP is not available, an urgent care center or walk-in clinic is the next best option. Generally, urgent care centers offer walk-in service, and are often open before and after regular business hours and weekends. In most cases an appointment is not necessary.

When Do I Use the Emergency Room?

Emergency rooms are set up to focus on medical emergencies, and not routine healthcare. When you go to the emergency room, a healthcare provider, who may not be familiar with your medical history, will determine whether you need emergency care. Members with serious or life-threatening injuries or illnesses should be taken directly to an emergency room, or call 911. You must notify Blue KC of any emergency hospital admission within 48 hours of the admission time, or as soon as reasonably possible.

Why Does it Matter to Me?

If you go to the emergency room for a problem that is not an emergency:

- You may wait longer and it may cost you more
- Your care will be from someone that doesn't know your medical history

Be Prepared

Search for hospitals, pharmacies, walk-in clinics and urgent care centers at BlueKC.com. You may also contact Blue KC Customer Service by calling the phone number printed on your Member ID Card.

Continued on back



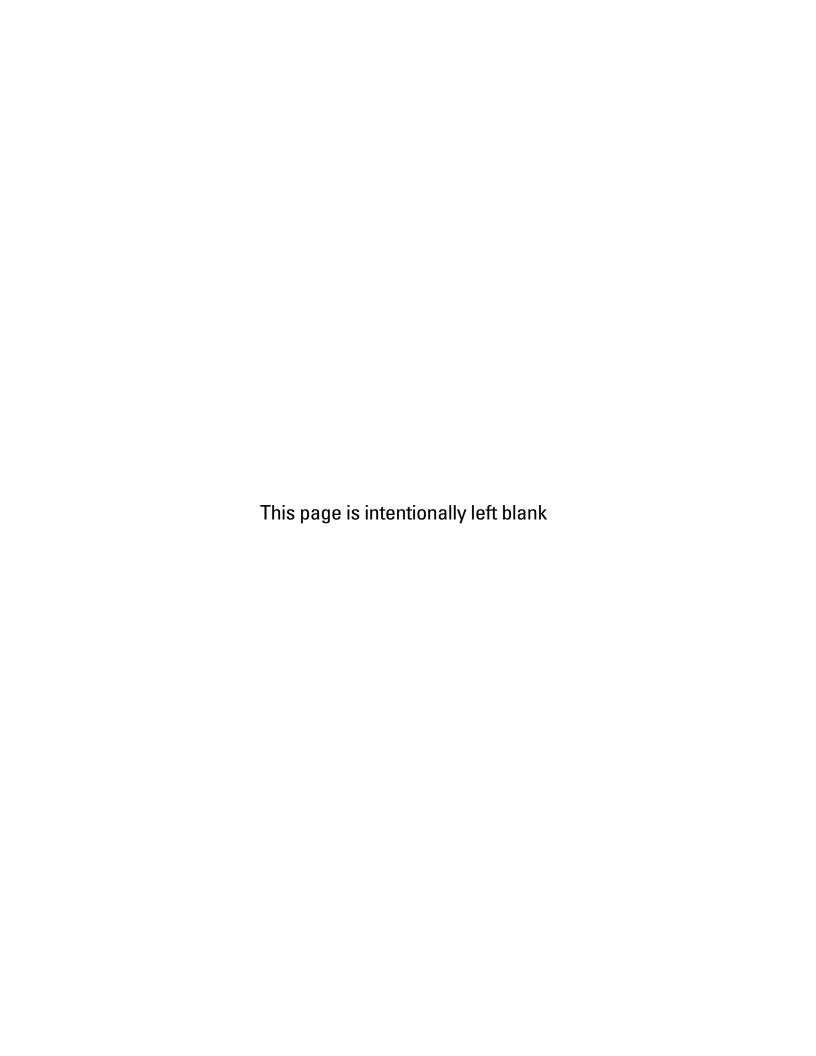
Guide to Finding the Best Care Option

	Primary Care Provider	Walk-in Clinic	Urgent Care Center	Emergency Room
Typical Copay Range*	\$5-50	\$20-70	\$20-70	\$100+
Mild Asthma	Ø	Ø	Ø	
Minor Headaches	Ø	Ø	Ø	
Sprains, Strains	Ø	Ø	Ø	
Nausea, Vomiting, Diarrhea	Ø	Ø	Ø	
Bumps, Cuts, Scrapes	Ø	Ø	Ø	
Burning with Urination	Ø	Ø	Ø	
Coughs, SoreThroat	Ø	Ø	Ø	
Ear and Sinus Pain	Ø	Ø	Ø	
Eye Swelling, Irritation, Redness or Pain	Ø	Ø	Ø	
Minor Allergic Reactions	Ø	Ø	Ø	
Minor Fevers, Colds	Ø	Ø	Ø	
Rashes, Minor Burns	Ø	Ø	Ø	
Vaccinations	Ø	Ø	Ø	
Animal bites			Ø	
Stitches			Ø	
X-rays			Ø	
Back Pain	Ø		Ø	
Any life-threatening or disabling condition including difficult breathing				Ø
Sudden or unexplained loss of consciousness				⊘
Chest pain, numbness in face, arm or leg; difficult speaking				Ø
Severe shortness of breath				⊘
High fever with stiff neck, mental confusion or difficulty breathing				Ø
Coughing up or vomiting blood				⊘
Cut or Wound that won't stop bleeding				⊘
Major injuries				⊘
Possible broken bones				⊘

If you think you are having a medical emergency, go to the nearest emergency room or call 911 immediately. Each center or clinic may have different services. Be sure to call and ask before you go.

*Typical copay range based on employer groups within current Blue KC book of business. For many members, deductibles and coinsurance may also apply, which can make an even greater difference in the cost between an emergency room and other care options.





BLUE KC PROGRAMS





The BlueCard Program

Take Charge of Your Health, Wherever You Are



Your membership gives you a world of choices – across the country and around the world, we've got you covered.

As a Blue KC member, you have more freedom to choose the doctors and hospitals that best suit you and your family. Within the United States, you're covered whether you need care in urban or rural areas. Outside of the United States, you have access to doctors and hospitals in more than 200 countries and territories around the world through the BlueCard Worldwide® Program.

The Blue Card®

Now, Home Is Where The Card Is*

Locate Doctors and Hospitals

With your Blue KC member ID card handy, follow these steps:

- Visit the Blue National Doctor & Hospital Finder at BCBS.com to locate doctors and hospitals, along with maps and directions to find them.
- Blue Cross and Blue Shield Association launched a Blue National Doctor and Hospital Finder app for iPhone, iPad and iPod Touch, allowing you to quickly search for healthcare providers nationwide. There is no charge to download the app from the App Store, but rates from your wireless provider may apply.
- Call BlueCard Access at 1-800-810-BLUE (2583) for the names and addresses of doctors and hospitals in the area where you or a covered dependent need care.

Designed to Save You Money

In most cases, when you travel or live outside of the Blue KC service area, you can take advantage of savings Blue KC has negotiated with its doctors and hospitals. For covered services, you should not have to pay any amount above negotiated rates, and any applicable out-of-pocket expenses.



Within the United States

- 1. Always carry your current Blue KC ID card.
- To find nearby doctors and hospitals, call BlueCard Access at 1-800-810-BLUE (2583) or visit the Blue National Doctor & Hospital Finder at BCBS.com.
- Call Blue KC for pre-certification or prior authorization, if necessary. The phone number is located on your Blue KC member ID card. Note: This phone number is different from the BlueCard Access number mentioned above.
- 4. When you arrive at the participating doctor's office or hospital, show the provider your ID card. The provider will identify your benefits through one of these symbols:





PPO Benefits

After you receive care, you should:

- Not have to complete any claim forms.
- Not have to pay upfront for medical services, except for the usual out-of-pocket expenses (non-covered services, deductible, co-payment and coinsurance)
- Receive an explanation of benefits from Blue KC

Continued on back

If you're a PPO member, always use a BlueCard PPO doctor or hospital to make sure you receive the highest level of benefits. HMO members only have out-of-network benefits in the case of an emergency or when prior-authorized by Blue KC.

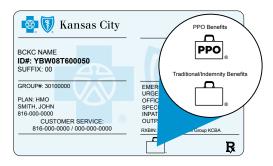


The BlueCard Program



Around the World

- Verify your international benefits with Blue KC before leaving the United States, as coverage may be different outside the country.
- Always carry your current Blue KC member ID card.
- 3. If you need to locate a doctor or hospital, or need medical assistance services, call the BlueCard Worldwide Service Center at 1-800-810-BLUE (2583) or call collect at 1-804-673-1177, 24 hours a day, seven days a week. An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization, if necessary.



4. Please see below for steps that should be taken for inpatient and professional services.

Inpatient Claim: Call the BlueCard Worldwide Service Center at 1-800-810-2583 or collect at 1-804-673-1177 when you need inpatient care. In most cases, you should not need to pay upfront for inpatient care at participating BlueCard Worldwide hospitals except for the out-of-pocket expenses (non-covered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit the claim on your behalf. In addition to contacting the BlueCard Worldwide Service Center, call Blue KC for pre-certification or pre-authorization. Refer to the phone number on your Blue KC member ID card. Note: this number is different from the phone number listed above.

Professional claim: You pay upfront for care received from a doctor and/or non-participating hospital. Complete a BlueCard Worldwide International claim form and send it with the bill(s) to the BlueCard Worldwide Service Center (the address is on the form). The claim form is available from Blue KC, the BlueCard Worldwide Service Center or online at www.BCBS.com/bluecardworldwide.

In an emergency, go directly to the nearest hospital.

Blue Cross, Blue Shield, the Blue Cross and Blue Shield symbols, BlueCard and BlueCard Worldwide are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

LEARN MORE

Call the BlueCard Worldwide® Service Center at 1-800-810-BLUE (2583) or call collect at 1-804-673-1177 to locate doctors and hospitals, or obtain medical assistance services when outside the United States.



BlueCard Worldwide®

Healthcare Coverage Wherever You Go



International medical coverage for world travelers and those living abroad.

When you're a Blue Cross and Blue Shield of Kansas City (Blue KC) member, your healthcare benefits travel with you when you are abroad. Through the BlueCard Worldwide® Program, you have access to medical assistance services, doctors and hospitals around the world.

What do I do if I need medical care in a foreign country?

To take advantage of the BlueCard Worldwide Program, whether you are traveling or living abroad, follow these steps:

- Before you leave, contact Blue KC for coverage details. Coverage outside the United States may be different.
- 2. Always carry your current Blue KC member ID card.
- 3. In an emergency, go directly to the nearest hospital.
- 4.If you need to locate a doctor or hospital, or need medical assistance services, call the BlueCard Worldwide Service Center at 1-800-810-BLUE (2583) or call collect at 1-804-673-1177, 24 hours a day, seven days a week. An assistance coordinator, in conjunction with a

- medical professional, will arrange a physician appointment or hospitalization, if necessary.
- 5. Call the BlueCard Worldwide Service Center at 1-800-810-2583 or collect at 1-804-673-1177 when you need inpatient care. In most cases, you should not need to pay upfront for inpatient care at BlueCard Worldwide hospitals, except for the out-of-pocket expenses (non-covered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit your claim on your behalf.
 - In addition to contacting the BlueCard Worldwide Service Center, call Blue KC for precertification or preauthorization. Refer to the phone number on the back of your Blue KC member ID card. Note: this number is different from the phone number listed above.
- 6. You may need to pay upfront for care received from a doctor and/or hospital. Then complete a BlueCard Worldwide International claim form and send it with the bill(s) to the BlueCard Worldwide Service Center (the address is on the form). The claim form is available from Blue KC, online at www.BCBS.com/bluecardworldwide, or the BlueCard Worldwide Service Center.



Call the BlueCard Worldwide Service Center at 1-800-810-BLUE (2583) or call collect at 1-804-673-1177 to locate doctors and hospitals, or obtain medical assistance services when outside the United States.

Continued on back



The Blue Card®

Now, Home Is Where The Card Is[®]

Claim Filing Instructions

- 1. If the BlueCard Worldwide Service Center arranged your hospitalization, the hospital will file the claim for you. You will need to pay the hospital for the out-of-pocket expenses you normally pay.
- For outpatient and doctor care, or inpatient care not arranged through the BlueCard Worldwide Service Center, you will need to pay the healthcare provider and submit a BlueCard Worldwide International claim form with original bills to the BlueCard Worldwide Service Center.
- International claim forms are available from Blue KC, the Service Center or online at www.bcbs.com/bluecardworldwide.

International Healthcare

- Verify your international benefits with Blue KC before leaving the United States; benefits may be different outside the country.
- 2. Always carry your Blue KC member ID card.
- In an emergency, go directly to the nearest hospital. If hospitalized, call the BlueCard Worldwide Service Center.
- 4. For non-emergency inpatient medical care, you must call the BlueCard Worldwide Service Center to arrange access to a BlueCard Worldwide hospital. The Service Center can also provide information on doctors.
- Call Blue KC for precertification/preauthorization, if required. Refer to the phone number on the back of your Blue KC member ID card.

BlueCard Worldwide Service Center: 1-800-810-2583 or collect: 1-804-673-1177

Blue Cross, Blue Shield, the Blue Cross and Blue Shield symbols, BlueCard and BlueCard Worldwide are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

LEARN MORE

Contact Blue KC by calling the phone number located on your Blue KC member ID card. Visit www.BCBS.com/bluecardworldwide. or call the BlueCard Worldwide Service Center at 1-800-810-2583 or collect at 1-804-673-1177.



The Express Scripts Pharmacy

Getting Started with Home Delivery



Express Scripts handles millions of prescriptions each year through home delivery.

Getting Started with Home Delivery

For regulatory reasons, prescription orders are handled most effectively when the original prescription is mailed to Express Scripts. Please allow 14 days from the date that you mail your prescription for the initial fill. If a patient has less than a 14-day supply of medication on hand, a short-term supply should be obtained from a local retail pharmacy to prevent interruption of therapy.

Choose from Three Options to Start

1. Complete a Home Delivery Order Form Online

Home Delivery Order Forms can be located on BlueKC.com, the Blue Cross and Blue Shield of Kansas City (Blue KC) website. Visit BlueKC.com and log on as a member. Click **Pharmacy** and select the **Home Delivery** link. Click **Continue** to be redirected to the Express Scripts website. Once redirected, select **Fill a New Prescription** on the left-hand side of the page and click the **Prescription Order Form** link.

Follow the options to complete the form and print. Include additional information as necessary. Please read all instructions when mailing or faxing your order form and your new prescription from your doctor to Express Scripts.

2. Complete a Home Delivery Order Form

If you have a hard copy of the home delivery order form in your enrollment packet, or have received it from your Blue KC marketing representative, please complete the form as directed. Once completed, include your new prescription from your doctor and mail it in the envelope that has been provided.

3. Contact Express Scripts Patient Contact Center

Contact Express Scripts toll free at 1-888-218-2579. You will be assisted by their Member Choice Center Team to obtain information about you and your prescribing doctor. The Member Choice Center Team will contact your doctor regarding your new prescription, and set up your home delivery in one simple phone call.

Express Scripts Contact Information

Express Scripts
Patient Care
Advocates (PCA)

Customer Service: 1-888-218-2579 Available 24 hours

Physician Fax: 1-877-207-0438 Available 24 hours

Physician Call-in: 1-800-553-3750

For physicians and physician's office use only. Some prescriptions cannot be accepted by phone or fax (Class II controlled substances).

Home Delivery Address P.O. Box 66538 St. Louis, MO 63166-9901

Remember to allow 14 days for the prescription order to be processed, and obtain a 30-day fill at retail if needed.



Continued on back



The Express Scripts Pharmacy

Order Form Information

The following information is required on the home delivery order profile form. This information enables our registered pharmacists to consult patients appropriately:

- Member ID As listed on the front of your
 Blue KC member ID card
- Full name As listed on your Blue KC member ID card
- Name of the prescribing physician
- Date of birth for member seeking to fill a prescription
- Medications being taken by the member who is ordering prescriptions
- Allergies, illnesses or medical conditions (i.e., asthma, high blood pressure)

Note: If the prescription received is incomplete (i.e., missing patient information), a pharmacy technician will try once within a two-day period to contact the physician's office or patient for clarification. If Express Scripts calls or sends a fax, it is important that a response is received by the next business day to ensure fulfillment of the patient's prescription

New Prescription(s) Information

If you and your doctor agree that you are stabilized on the medication and dosage, request a new prescription from the doctor, written for up to the maximum mail order day supply, plus refills. Check the prescription before leaving the doctor's office to make sure of the following:

- The doctor's name is legible
- The exact dosage and strengths are indicated
- · The exact quantity is indicated, with refills
- The full first and last name of the member is legible

Request a retail script and allow 14 days to process new mail service prescription requests.

Note: If the prescription received is incomplete (i.e., missing patient or drug information) a pharmacy technician or pharmacist will try once within a two-day period to contact the physician's office for clarification. If Express Scripts calls or sends a fax, it is important that the physician's office responds by the next business day to ensure fulfillment of the patient's prescription. Payment Information

Payment Information

Please do not send cash. Orders may be paid with:

- VISA, MasterCard, American Express, and/or Discover
- Bank-issued debit card
- · Personal check or money order
- Bill Me Later® account (credit approval needed)

Note: If there is a credit card on file, Express Scripts will make one attempt within a two-day period to contact the patient and get approval to fill orders greater than \$500. If there is no response, and there is no past due balance on the account, the order will be released for processing. If there is a past due balance of \$40 or more for 90 days or greater, the order will be returned unfilled.

- If there is not a credit card on file, the policies in the above paragraph apply to orders greater than \$150
- Member may request to increase his/her personal dollar limit
- Member history is reviewed to determine if high dollar exception can be bypassed without contacting the patient



Express Scripts does not offer Blue KC products or services. Blue KC and Express Scripts are not affiliated companies.



Close-Up on Generic Drugs

A Quality, Cost Efficient Alternative



Using a generic instead of a brand name, you can save 40 to 80 percent.

Understanding Generics

What are generic drugs?

A generic drug is a less expensive version of its brand name counterpart. Generic drugs are made with the same active ingredients and are available in the same strength and dosage as the brand name version.

What process do generic drugs go through for approval?

A generic drug has to meet the same strict standards the U.S. government sets for a brand name drug. The U.S. government strictly regulates the manufacturing process of all drugs, and all manufacturers have to meet the same standards.

Do all drugs have generic equivalents?

No. A generic version does not exist for every brand name drug. Some brand name drugs are protected by patents for up to 20 years, so a generic cannot be produced immediately. However, about half of all prescription drugs currently on the market do have a generic version available.

What is the difference between a generic and brand name drug?

Just the name and the price. The generic drug has the same active ingredients and same medical effect. Generic drugs just have a name based on the chemical compound that makes up the drug and cost you less.

All medications are assigned to one of three copay levels: Tier 1, Tier 2, and Tier 3. Tier 1 medications

are generic drugs that contain the same active ingredients as brand name drugs and have the lowest copay. Tier 2 and Tier 3 medications are brand name drugs. Tier 2 has a mid-range copay and Tier 3 has the highest copay and includes medications with an available generic equivalent and new drugs that are being reviewed. Any new brand name drug will automatically be assigned to the highest copay tier until reviewed by the committee.

Cost and Availability

How can I get generic drugs?

Call your doctor and ask if any prescriptions you are currently taking can be filled with a generic version.

Generic Drug Prescription

You can receive the highest level of coverage on prescription drugs through your Blue Cross and Blue Shield of Kansas City (Blue KC) health plan by remembering to ask your doctor for a generic version of the prescription. Double check with your pharmacist that you're receiving the most cost-effective prescription medication.

How much money can I typically save using generic drugs?

The cost of any medication may vary by pharmacy. The following are average cost comparisons of the co-payment amount between generic and brand name prescriptions. Your co-payment amount is based on the health insurance plan you have selected.

Continued on back



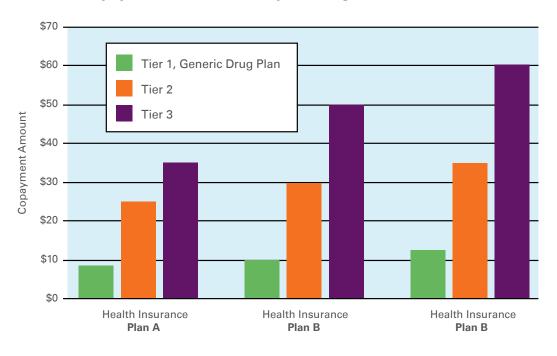
Close-Up on Generic Drugs

Prescription Copayment Savings

If you are covered under Plan B and switch from aTier 3 (\$50 copayment) to aTier 1 (\$10 copayment) medication you could save 80 percent. Under Plan B, aTier 2 (\$30 copayment) to aTier 1 (\$10 copayment) switch could save you nearly 67 percent.

For more information, visit BlueKC.com and log on as a member. Under the Pharmacy Resource Center, click the **Drug Information** link. Click **Continue** to be redirected to the **Express Scripts** website. Once redirected, use the **Drug Library** link to search prescription drugs and find out if a generic is available. Remember to talk with your doctor before making any medical decisions.

Common Copayment Plans for Prescription Drugs





Step Therapy Program

Encouraging Safe and Cost-Effective Medication Use



A "step" approach is required to receive coverage for certain high-cost medications.

The Blue Cross and Blue Shield of Kansas City (Blue KC) step therapy program encourages the safe and cost-effective use of medication. This means that to receive coverage you may need to first try a proven, cost-effective medication before progressing to a more costly treatment. As always, treatment decisions are between you and your doctor.

Understanding Step Therapy

What is step therapy?

Step Therapy, also called step protocol, is the practice of beginning drug therapy for a medical condition using the most cost-effective and safest drug therapy then progressing to other more costly treatments, if necessary. Step therapy is used to help control costs and minimize risks.

Do more expensive drugs work better?

A higher cost does not mean that a drug is better. A brand name drug may have a less-expensive generic alternative that might be an option for you. Generic and brand name drugs must meet the same standards set by the U.S. Food and Drug Administration for safety and effectiveness. Work with your doctor to determine which medication options are best for you.

How does step therapy work?

The step therapy program requires that you have a prescription history for a "first-line" medication before your benefit plan will cover a "second-line" drug.

- A first-line drug is sometimes a generic drug that is recognized as safe and effective in treating a specific medical condition, as well as a cost-effective treatment.
- A second-line drug is a less-preferred or potentially more costly treatment option.
 - **Step 1 -** When possible, your doctor should prescribe a first-line medication appropriate for your condition.
 - **Step 2** If your doctor determines that a first-line drug is not appropriate for you or is not effective in treating your condition, your prescription drug benefit will cover a second-line drug when certain criteria are met.

How does my prescription drug coverage work?

Review your prescription drug benefit to determine if the medication you are taking is included. If you are taking a medication that is part of the step therapy program, your coverage may be impacted. Call the Blue KC Pharmacy line at 816-395-2176 or toll free at 800-228-1436 to confirm.

If you start taking a medication that is included in the step therapy program after the program becomes part of your prescription drug benefit, your physician will need to write you a prescription for a first-line medication or submit a prior authorization request for your current prescription before you can continue to receive coverage for the drug and risk factors.



Sample Drug Categories

To promote the use of generic medications when appropriate, the following programs* have been implemented into the Blue KC step therapy programs:

- Angiotensin Converting Enzyme (ACE) inhibitors/Angiotensin II Receptor Blockers (ARBs): medications for hypertension
- Calcium Channel Blockers (CCBs): medications for hypertension
- Doxycyclines: medications used for acne
- Fibrates: medications used for cholesterol
- Nasal Steroids: medications for allergies
- Nonsteroidal Anti-Inflammatory Drugs (NSAIDs): anti-inflammatory medications for Arthritis and pain

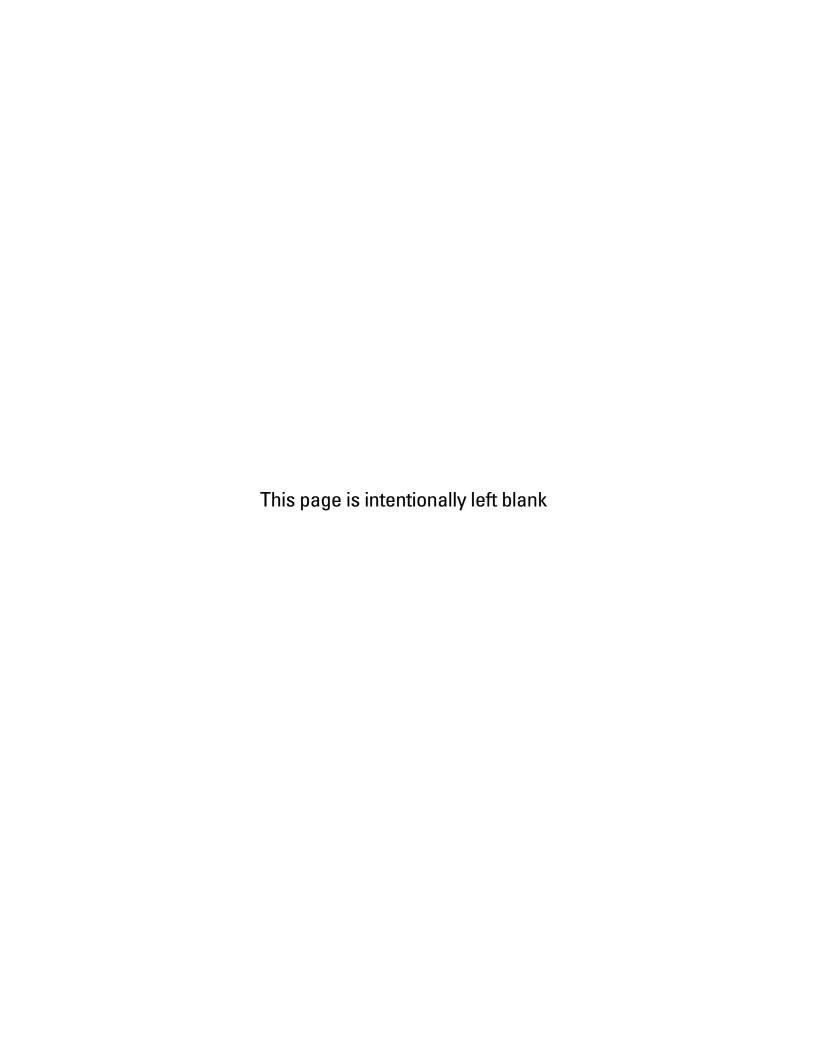
- Proton Pump Inhibitors (PPIs): medications for gastroesophageal reflux disease (GERD) or stomach acid
- Sedative Hypnotics: medications for sleep
- Selective Serotonin Reuptake Inhibitors (SSRIs)/Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs): medications for depression
- Somatropins: medications used for short stature
- Statins: medications for cholesterol
- Topical Acne and Corticosteroids: medications used for acne and skin inflammation

LEARN MORE

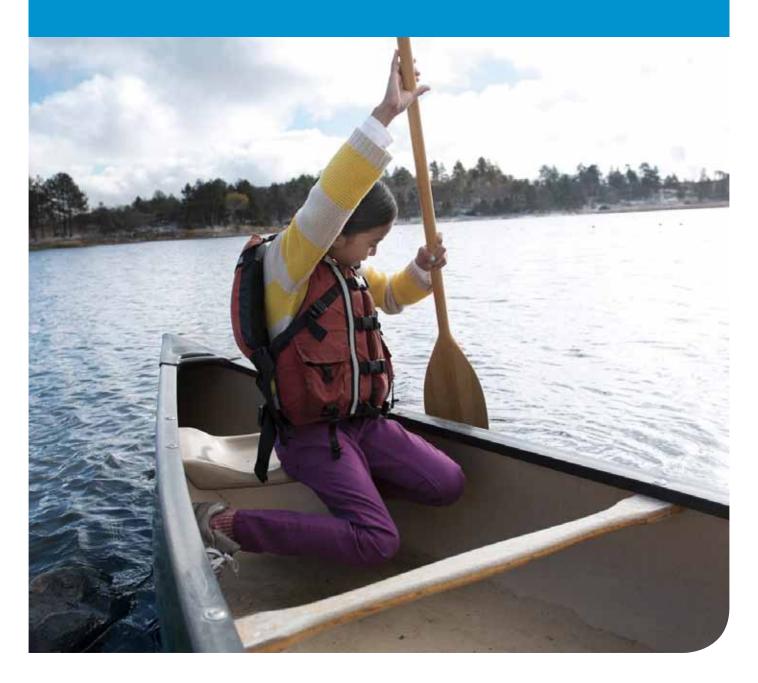
We hope you'll enjoy working with your personal health connection: BlueKC.com.



^{*} Additional categories may be added. Programs are subject to change. For some medication classes, multiple generic medications now exist. In many cases, members are required to try a generic medication before initiating therapy with a brand name medication.



VALUE-ADDED PROGRAMS













For life. Every day.

Blue365® Participants

Your Resource for Living Healthier®



Blue KC members can take advantage of complimentary Blue365® discounts and services from one of the many participating companies.

Visit www.Blue365deals.com/BlueKC for offer details and to explore all the healthy choices and discounts offered by Blue365.

For questions, call 1-855-511-BLUE (2583) or email support@Blue365deals.com.

Exclusive Member Discounts and Services

Through Blue365, you have access to a wide range of savings from top health and wellness brands around the country, plus some local favorites. Examples include discounts on health and fitness clubs, weight loss programs, vision care, and more. See the reverse side of this flyer for a complete list of services and providers that are available.

Featured Deals

Also, the Blue365 program now includes a weekly "Featured Deal" which is only available for a limited time. These "Featured Deals" are offered via email to members who sign up for the program.

Sign Up Now!

You can sign up for Blue365 through the Blue KC website by visiting www.BlueKC.com/Health_and_Wellness/Blue_365.aspx or directly at www.Blue365deals.com/BlueKC. Once you have signed up for Blue365, you'll start receiving weekly "Featured Deals" by email.

See Reverse Side for Services and Providers



We designed Blue365® to support you as you make healthy choices every day and throughout your life. Blue365 gives you access to special savings on health-related products and services from leading national companies, all in one convenient place. Blue Cross and Blue Shield of Kansas City is an Independent Licensee of the Blue Cross and Blue Shield Association.

Blue365® Participants

As a Blue KC member, you automatically have access to the content, tools, and discounted offers available through these participating Blue 365 companies:



Fitness

- BodyMedia®
- Healthways
- Reebok
- SNAP Fitness 24-7™
- YMCA® of Greater Kansas City (KC Metro Area)

1

Healthy Eating

- Jenny Craig
- NutriSystem[®]

1 A

Living

- Experian
- Kansas City B-Cycle, Powered by Blue KC (KC Metro Area)
- My Weekly Coupon
- Sprint

•

Personal Care

- Aesthetic and Cosmetic Services (KC Metro Area)
- Beltone™
- CaringBridge™
- Cord:Use[®]
- Davis Vision
- Discover Vision Centers (KC Metro Area)
- Hope Paige Medical Designs
- LasikPlus[®]
- QualSight® LASIK
- Sabates Eye Centers (KC Metro Area)
- SeniorLink Care
- Teeth Whitening (KC Metro Area)
- TruHearing
- Discount Eye Care (KC Metro Area)



Wellness

eMindful

Visit www.Blue365deals.com/BlueKC for offer details and to explore all the healthy choices and discounts offered by Blue365.

Discounts, services and participants may vary.

Blue365 offers access to savings on items that Members may purchase directly from independent vendors. Blue365 does not include items covered under members' policies with Blue KC or any applicable federal healthcare program. To find out what is covered, call Blue KC. Blue Cross and Blue Shield Association (BCBSA) and Blue KC may receive payments from Blue365 vendors. Neither BCBSA nor Blue KC recommends, endorses, warrants, or guarantees any specific Blue365 vendor or item. Discounts are NOT insurance. It is important to note that these "value-added" discounts are not covered services under the health plan. Blue KC will not pay benefits for these services. Billing and payment for these services will occur directly between the provider and the member.











For life. Every day.

Discount Eye Care

Optical Provider and Savings Guide



Your eyes deserve the best care when it comes to exams and corrective eyewear.

To encourage you to seek regular care, and to keep your vision prescription up-to-date, Blue KC offers its members substantial cost savings on eye care through our Blue365® discount eye care program.

How the Program Works

The Blue365 discount eye care program entitles you to a 20 percent discount on regularly priced eyewear purchased at participating discount eye care program optical providers.

The discount is available for prescription and nonprescription eyewear, including eyeglass frames and lenses which are not covered under your health insurance plan.

The discount eye care program also offers discounts with specially trained and certified ophthalmologists who provide LASIK and Corneal Ring Refractive Surgery.

On Your Way to Better Vision

To get started, select a provider from the list of optometrists and ophthalmologists on the reverse side of this insert.* Remember, this list may have been updated, so be sure to ask the provider if they currently participate in our program.

Ophthalmologist vs. Optometrist

Ophthalmologists are medical doctors. They can perform surgery and are qualified to assess overall health. They are medical school graduates and have an understanding of all of the body's systems and how they relate to eye health. Optometrists are not medical doctors, but do have a doctorate degree in optometry. They are qualified to perform eye examinations and to prescribe and supply glasses and contact lenses. Vision provider practices often have both optometrists and ophthalmologists on staff.

Continued on Reverse Side



We designed Blue365° to support you as you make healthy choices every day and throughout your life. Blue365 gives you access to special savings on health-related products and services from leading national companies, all in one convenient place, BlueKC.com. Blue Cross and Blue Shield of Kansas City is an Independent Licensee of the Blue Cross and Blue Shield Association.

Discount Eye Care Continued

OPHTHALMOLOGISTS

Louis J. Badeen II Ivan Batlle Alan E. Bauman Thomas C. Black Fred S. Bodker Michael A. Cassell Caroline M. Chang Amy Ciccio Blake Cooper Suiote David Robert C. Fletcher Amy W. Gemperli Erin T. Gilliland William A. Godfrey Milton B. Grin Denise A. Hua John D. Hunkeler Christopher Ketcherside Rohit Krishna King Y. Lee Joel Leibsohn David B. Lyon Louis C. Manuel Scott J. McKnight Carl V. Migliazzo Andrew L. Moyes Sara S. O'Connell Kevin K. Pikey K. Craig Place Abraham K. Poulose John S. Reifschneider Mahendra K. Rupani Robert Rymer Felix N. Sabates Nelson R. Sabates **Roland Sabates** Steven M. Silverstein **Gurinder Singh**

Kevin R. Skelsey Michael C. Stiles Robert W. Thompson Steven R. Unterman Billi S. Wallace R. Alan Watson

OPTOMETRISTS

Julie B. Anderson Miriam L. Anderson Stuart P. Anderson Thomas Anderson Gary D. Arn Christopher Arnold Nicci R. Bachand-Noyce Kyle Bechtold Matthew J. Bednar David S. Bennett **Gregory Besler** John S. Bonebrake Kenneth Bono Renae S. Borden Barry Bowles Marcia E. Bray Raymond Brill Paul J. Brinckman Robert M. Broaddus Bruce L. Brodmerkle Mark A. Bunde Joanna C. Chamberlain Stephen H. Christy Ginger Cline Mark G. Coble Megan M. Constans John Cottle Elizabeth Crowley John T. Davis Christa Dawson Richard Dean

Dirck L. Dekeyser Linda Drake Scott A. Drake Gregory T. Dulos Robert E. Dver Brenda C. Edwards EveMasters* Tim Fields Dallas D. Fitzgerald Scott Foster Floyd Frankel Andrew Franken Christopher Franken David S. Fritz Nancy Fry George R. Gage Lynn Gaston John B. Gelvin Jeffrey D. Gerson Barbara K. Gilley Jane M. Gillogly William H. Gosnell Leslie Gregor **Jeff Grimes** Lisa Groth Chauncey Haley Patrick W. Harmon Melissa L. Hahn Terry F. Hawks Mary P. Hemphill Wayne Hemphill C. Heath Holland Clifford L. Holt Angela M. Honson Dennis C. Hoss Bryan Huff Timothy E. Hug **Brandon Hunter** Lianne L. Innes Charles Jessup

Jennifer P. Johnson Kyle D. Johnson Kyle W. Kelly **Brett King** Debra Kirk Paul Klenklen Kelsev J. Kleinsasser Steven E. Lally Tron Y. Lallv Matthew Laurie Aaron S. Law Stephen S. Lile David T. Littlefield Gerard Lozada Jeffrey R. Luthi Thomas Mack Max S. Mancillas Annette S. Manion Paul L. Marshall Brian S. McDonald Gerald McLaughlin Jill McNaughton Lori D. McQuigg David Miller Susan H. Miller Julia E. Mills Steve Mitchell Curtis D. Myers Benjamin Nelson Rebecca Nichols Stephen L. Nichols Darin L. Nitschke Lisa Nutt David Orson Lisa Parks Wendy Parsons Ralph S. Patrick Vincent Pennipede Roger L. Petersen **David Phillips**

Evan A. Phillips Jason Pingel Geoffrey R. Powell Lawrence Reed Kelli M. Regier Heidi A. Reilina John W. Richards Eric N. Roadman Edwin I. Rodriguez Jason Rogers James D. Rubin Robert Samuel Joseph Schwerdtfeger Bonnie S. Shubert Robert D. Sloan Jill Smith Timothy J. Smith Larry Snider Sheri L. Speak Amy Steinman Brian Stephens Karen Stephens Lori Ehlers Swopes Duane A. Thompson David T. Tischinski Kevin K. Trummel Rick Unsell Kristin Van Becelaere Cara A. Vander Wilt Anthony J. Verachtert Jeffrey Weltmer William Whitesell Leeanne Whitworth Patrick G. Whitworth Richard C. Wilson Ryan Wineinger Jing Ye Cynthia Yin



^{*} Not all locations participate. Check with the vendor before making your purchase.









For life. Every day.

Teeth Whitening

For a Brighter, More Beautiful Smile



Teeth are an important part of our appearance. When they look nice, it can boost your self-confidence.

To help you feel good about your teeth, Blue KC has negotiated substantial cost savings for Blue365® teeth whitening services for its members.

Teeth Whitening Services

Blue KC members can purchase Blue365 teeth whitening services from participating providers at a discounted rate.

Whitening Trays

Impressions are made of upper and lower teeth to create exact molds or trays. A whitening gel is placed in the trays which fit over the teeth.

\$100 each

• Zoom or Laser Whitening

Solution is applied to the teeth and a light is held inches away from the teeth to speed up the chemical reaction of the whitening solution.

\$380

To take advantage of one of these discounted services, simply select one of the participating providers listed on the reverse side of this flyer.

Continued on Reverse Side





Teeth Whitening Continued

DENTAL GROUPS

Dentures & Dental Services*

816-322-6551

Jeremy Knewtson, D.D.S.

Dr. Steven C. Mingos & Associates*

816-531-8740

Steve Mingos, D.D.S. Micah Pope, D.D.S. D. Grant Smith, D.D.S. **DENTISTS**

Edward Bazar, D.M.D.**

816-623-9999

Robert Davis, D.D.S.**

816-358-0800

Sarina Harman-Tinnell, D.D.S.**

913-962-0036

Emily Hayes, D.D.S.**

816-333-1393

Sam Hayes, D.D.S.**

816-333-1393

Talence Kasiyamhuru, D.D.S.**

913-940-3585

Mark King, D.D.S.**

816-221-3255

Nathan Klein, D.D.S.**

816-822-1800

Kole Krasniqi, D.D.S.**

816-671-9550

Jacob Laudie, D.D.S.**

816-524-3535

Joel Lemense, D.D.S.**

913-341-3415

Melynda Meredith, D.D.S.**

816-254-7800

Svetlana Sobolevskaya, D.D.S.*

913-402-0009

Kelly Thomas, D.D.S.*

913-685-1900

James Throckmorton, D.D.S.**

816-523-6615

Discounts are NOT insurance. It is important to note that these "value-added" discounts are not covered services under the health plan. Blue KC will not pay benefits for these services. Billing and payment for these services will occur directly between the provider and the member.



^{*} Offers both Whitening Tray and Zoom or Laser Whitening discount services.

^{**} Offers Whitening Tray discount services only.









For life. Every day.

Aesthetic and Cosmetic

Value-Added Discount Services



For many people, aesthetic and cosmetic procedures can be a great way to increase self-esteem, confidence, and appearance.

On behalf of our members, Blue KC has established an agreement with **Healthylooks Med Spa, Rajeunir Medical Spa,** and **Reverse Medical Spa** to provide services at a discounted rate as a part of the Blue365° value-added program.

Explore all the healthy choices, discounts, and more from Blue365. Find out more by visiting www.Blue365deals.com/BlueKC.

Discounts are NOT insurance. It is important to note that these "value-added" discounts are not covered services under the health plan. Blue KC will not pay benefits for these services. Billing and payment for these services will occur directly between the provider and the member.

Aesthetic Services

Intense Pulsed Light (IPL™) Hair Removal

Women

• Upper Lip: \$59 per treatment

• Chin: \$59 per treatment

Men

• Full back Hair Removal: \$300 per treatment

IPL™ Photo Facial Treatment

• Age spots, redness and acne: \$250 per treatment

Laser Tattoo Removal

• Up to three inches: \$125 per treatment

Cosmetic Services

BOTOX® Cosmetic

Non-surgical treatment that smooths lines and creases:
 \$12 per unit, per treatment

HEALTHYLOOKS MED SPA

• 4620 S. Arrowhead Dr., Independence, MO: 816-795-5262

RAJEUNIR MEDICAL SPA

- 11401 Nall Ave., Suite 218, Leawood, KS: 913-906-0660
- 4171 N. Mulberry, Kansas City, MO: 816-505-5551
- 716 NW Commerce Dr., Lee's Summit, MO: 816-282-7888

REVERSE MEDICAL SPA

• 12304 Johnson Dr., Shawnee, KS: 913-268-0400

We designed Blue365® to support you as you make healthy choices every day and throughout your life. Blue365 gives you access to special savings on health-related products and services from leading national companies, all in one convenient place. Blue Cross and Blue Shield of Kansas City is an Independent Licensee of the Blue Cross and Blue Shield Association.











YMCA® of Greater Kansas City

Value-Added Discount Services



Exercising with your family is one of the best ways to stay active and instill healthy habits in adults and kids.

On behalf of our members, Blue KC has established an agreement with the **YMCA of Greater Kansas City** to provide a membership at a discounted rate as part of the Blue365® value-added program.

Discounts are NOT insurance. It is important to note that these "value-added" discounts are not covered services under the health plan. Blue KC will not pay benefits for these services. Billing and payment for these services will occur directly between the provider and the member.

YMCA of Greater Kansas City

Trial Visits

All YMCA locations in the Kansas City area offer Blue KC members a free 7-day trial pass.

Monthly Dues

Blue KC members can get a discounted rate of \$58 a month for a single membership or \$89 a month for a household membership with no joining fee.

FIND A YMCA LOCATION

There are 18 YMCA locations throughout the Kansas City area. Find the one nearest you.

- Visit KansasCityYMCA.org
- Call 816-561-9622

We designed Blue365® to support you as you make healthy choices every day and throughout your life. Blue365 gives you access to special savings on health-related products and services from leading national companies, all in one convenient place. Blue Cross and Blue Shield of Kansas City is an Independent Licensee of the Blue Cross and Blue Shield Association.



Healthy Companion™





Reduce Risk Factors and Improve Your Health

Are you or a covered family member living with a chronic condition? The Healthy Companion program is staffed with nurses and provides support tools to help you manage your health and achieve personalized goals.



Healthy Companion Program

The Healthy Companion program at Blue Cross and Blue Shield of Kansas City (Blue KC) provides a wide array of timely information, education and one-on-one support for members with the following conditions:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Depression
- Diabetes

- Heart Disease
- Heart Failure
- High Blood Pressure
- Metabolic Syndrome
- Stress and Anxiety

Program Components

SUPPORT to help you understand your disease and treatment

EDUCATION and **COACHING** to empower you to make lifestyle choices that can improve your overall health

POSITIVE DIALOGUE between you and your doctor

Strong Relationships

Our program was designed to give you the tools and information you need to work with healthcare providers to create a care plan that is right for you. Healthy Companion updates are delivered to physicians on a routine basis. In addition, your doctor may be notified of your program participation, and when appropriate, Healthy Companion will work with healthcare providers to ensure you are receiving the best care.

Participating in Healthy Companion

Members who have been identified with any of the conditions supported by the program are automatically enrolled and will receive an educational welcome packet.

If you have recently been diagnosed, and would like to sign up for immediate support, contact Healthy Companion.

Healthy Companion, continued

Live Healthy and Stay Healthy

- Healthy Companion Newsletters Timely articles to keep you informed.
- Educational Resources A variety of reliable resources and friendly reminders about medical care and tests to help you stay healthy.
- Clinical Support The level of clinical support you receive is based on your needs. Our nurses may contact you from time to time to assist with your care plan, answer questions, and provide support and encouragement.

Online Tools and Resources - Our member website, MyBlueKC.com, includes many tips and resources to help you live a healthy lifestyle.

Member Experience

"There's a history of diabetes in my family, so I knew I had a good chance of getting it. But I feel pretty lucky that it's Type II Diabetes. It's at least something I can manage on my own. I stopped drinking sugared drinks and with the support from a Blue KC nurse, I've been able to develop a maintenance plan focused on losing weight. I appreciate the help I've gotten from Blue KC. Without the calls from the nurse, I wouldn't have known all the plan benefits I have that can help me better manage my diabetes."

Byron, Blue KC Member Healthy Companion Program Participant

Support from a Blue KC Nurse

"I remember treating a woman who had been battling Type 2 Diabetes since the mid-1990s. I asked her about her health goals. She told me she wanted to be healthier. She wanted to move more easily without shortness of breath or fatigue. She wanted to be able to get down on the floor to play with her four-year old grandson. I was struck by the realization that for anyone suffering from a chronic disease, setting goals like this can seem so simple, yet are so crucial to their quality of living. I have found helping members set obtainable goals is key to living healthy with their disease."

Susan Evers, BSN Blue KC Healthy Companion Nurse

WE WELCOME YOUR CALLS.

For more information or to schedule a call with a nurse, please call 816-395-2076 or toll free 1-866-859-3813, or send an email to HealthyCompanion@BlueKC.com.

Little Stars® Prenatal Program

All the Best for Your Baby



Expecting your bundle of joy can be exciting and overwhelming. Blue Cross and Blue Shield of Kansas City (Blue KC) offers moms-to-be a special program called Little Stars. It's just one way Blue KC can help you ensure a safe and healthy pregnancy.





The program pairs each mom-to-be with a prenatal nurse. The nurse will work closely with you and your prenatal healthcare provider. Your nurse can answer questions and help you access a case manager if your pregnancy is particularly challenging.

Health Assessment

To enroll, you will be asked to complete and return a health assessment form. The form is used to help your nurse meet your needs throughout your pregnancy.

Individualized Support

Your nurse will help you throughout your pregnancy. He or she will work with your prenatal healthcare provider to meet your needs. If you have any difficulties, your nurse can help you seek appropriate care.

Education

Blue KC wants to help you learn about your pregnancy. Once you enroll in the program, we will send you some educational materials. Ask your nurse if you need additional information.

Prenatal Vitamins

Enrolling in Little Stars makes you eligible to receive free prenatal vitamins. The free prenatal vitamins do not contain a DHA supplement. Be sure to consult with your doctor before taking any dietary supplements, including prenatal vitamins.



"Pregnant with my second child, I had hoped I would experience the same great caring support with Little Stars as I did the first time around. I was not disappointed. Again I received information in the mail welcoming me to the program and phone calls from a nurse who kept in contact with me throughout my pregnancy. It's so nice to have easy access to so much information and helpful, caring people. Plus, I especially loved receiving the free prenatal vitamins!"

Reagan, Blue KC Member Little Stars Program Participant

Member Experiences, continued

"The materials I received from the Little Stars Prenatal nurse really helped me understand everything about my pregnancy throughout each stage including labor, delivery and beyond. With the help of those materials, I was fortunate to recognize the signs of labor and delivered a healthy baby four weeks pre-term. The Little Stars nurse helped me understand how to add my baby to my healthcare plan. But what I really enjoyed most was just having someone with which to share my excitement and stress."

Ella, Blue KC Member Little Stars Program Participant

"Little Stars was absolutely wonderful! I enjoyed the one-on-one care I received from a nurse outside my OB's office. Having a nurse I could talk to about issues I was experiencing with my pregnancy was wonderful, especially when I thought I was having pre-term labor. She was able to help me distinguish labor contractions from other symptoms as well as other late pregnancy signs to be watchful for and what to report to my OB right away."

Kathryn, Blue KC Member Little Stars Program Participant



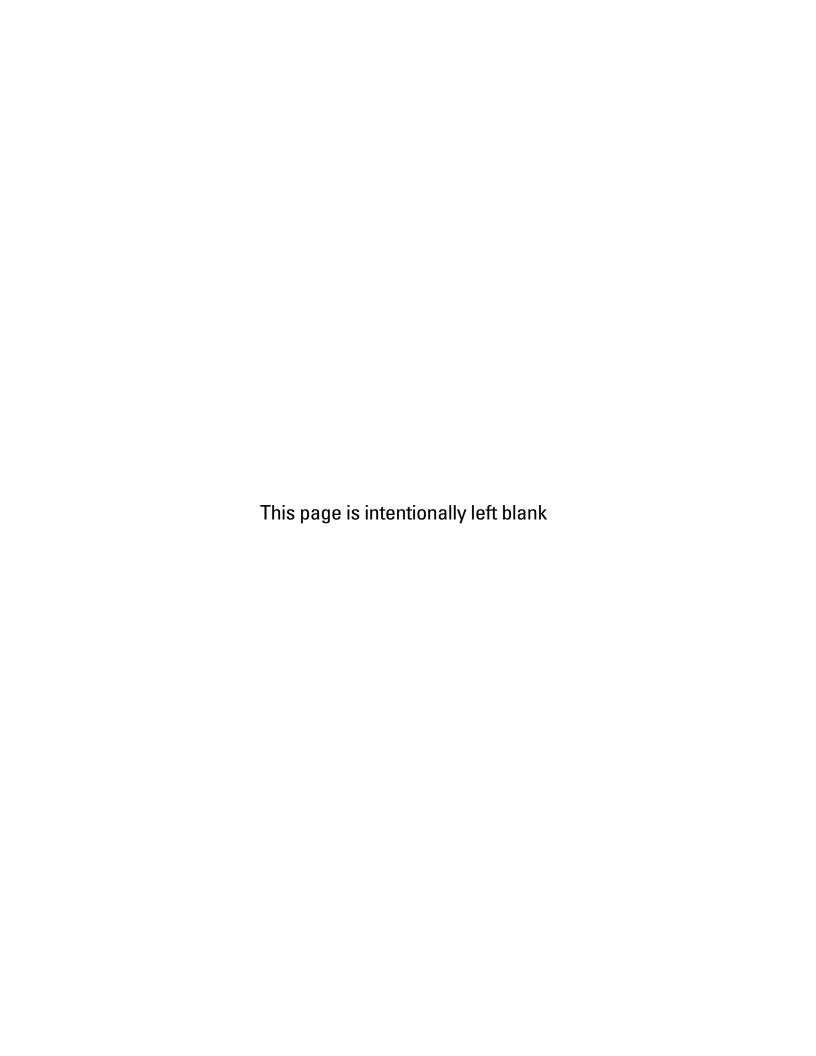
ENROLL TODAY.

You may enroll in this program at any time following a positive pregnancy test. For more information or to sign up, call 816-395-3964 or 800-892-6116, ext. 3964.

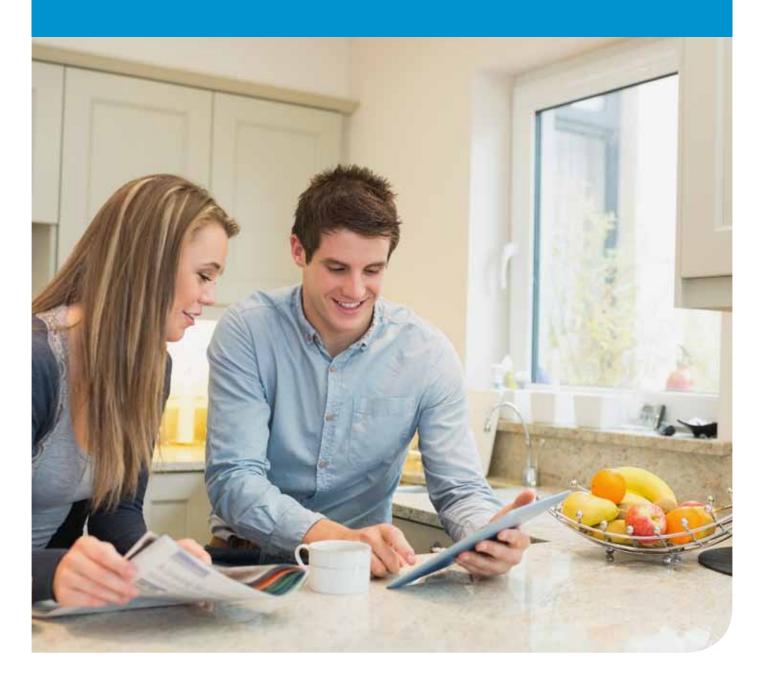
Por favor llámenos al 816-395-3964 o al 1-800-892-6116, extensión 3964 si desea que esta información en español.



Little Stars is a value-added program. You may be eligible for free products or services through the Little Stars program. Blue KC reserves the right to discontinue the program at any time. Blue KC does not endorse any products or services provided through the program. You are responsible for consulting with your prenatal care provider regarding whether these products or services could benefit you.



ADDITIONAL INFORMATION







An Independent Licensee of the Blue Cross and Blue Shield Association

IMPORTANT INFORMATION ABOUT YOUR PLAN

As a current or prospective member of Blue Cross and Blue Shield of Kansas City (Blue KC), 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 Benefit Summary

Your benefit summary is for informational purposes only and contains only a partial, general description of plan benefits. This summary is provided to give you a brief outline of your benefits. It does not constitute a contract. Consult your plan documents (Schedule of Benefits and Certificate of Coverage) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan. As with all healthcare plans, there are certain services that are not covered. Some services are subject to limitations. All the terms and conditions of your plan are subject to the terms of the contract and to applicable law and regulations. The availability of a plan or program may vary by geographic service area.

About your Rights and Responsibilities

As a member of Blue KC 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, Preferred-Care*

You have the right to:

- Receive considerate and courteous care with respect for personal privacy, dignity and confidentiality.
- 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.
- Make decisions about your care, 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.
- Be provided with information about your PPO managed healthcare plan, its services and the practitioners providing care.

• 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.
- Follow the advice of 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.

Online (Website) Security Policy

Blue KC has implemented numerous security features to prevent the unauthorized release of or access to personal information. Please see <u>BlueKC.com</u> for further information about online security.

About Utilization Management

At Blue KC, 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 KC Utilization Management services operate.

Prior Authorization

Prior authorization involves the performance of a review by Blue KC, along with your physician, of elective inpatient admissions and selected outpatient procedures 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 KC, or suggestions are made for an alternative setting or alternative procedure. Please be aware that Blue KC 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 KC to work with a member's physician in the coordination of your care. Concurrent review allows for Blue KC and your physician to actively monitor your progress to ensure that ongoing hospitalization is appropriate.

Retrospective Review

There are times when the healthcare services 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 KC 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 pro-active 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 KC 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 be followed. The Pharmacy and Therapeutics Committee determines the necessity and extent of prior authorization.

About our Networks and Providers

Blue KC 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 KC. Certain providers, including your Primary Care Physician (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. A member who selects one of these providers, may be referred by these providers to specialists and hospitals within that same system or group.

Participating providers may contract with Blue KC 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 KC on a capitated or other basis.

Blue KC subcontracts with other organizations (or vendors, or entities) to perform certain health services such as utilization management (i.e., hospital concurrent review, prior authorizations, peer medical necessity review, denials/approvals, appeals), member complaints, provider credentialing, and case management for members with complex and catastrophic conditions.

Certain Participating providers may also be eligible to receive additional payments for effectively managing their patients' care. These payments may be in the form of financial incentives for those providers who meet specific standards for the quality of care they provide. The categories of criteria used to evaluate providers for these incentives may include, without limitation, quality of care, patient access, utilization protocols, pharmacy prescriptions and office administration. Examples of specific criteria used to evaluate providers may include, but are not limited to: immunization and preventive screening services; patient satisfaction; availability for appointments; cost effective utilization of specialists, hospitals or other services; and, use of electronic claims submission. Interested members may request a copy of the provider incentive plan by writing to BCBSKC-Customer Service, Attn: Written Correspondence Unit, 2301 Main Street, Kansas City, MO 64108. BCBSKC expressly reserves the right to modify, suspend, or terminate, at any time, the provider incentive plan.

Nothing in the provider incentive plan is intended to limit the provider's obligation to provide medically necessary services to our members. Please remember that the provider network composition is subject to change without notice. It is important for you to always ask your physician if he/she is a network provider for your healthcare plan. To find the most up to date provider directories, or to obtain the professional qualifications of primary and specialty care practitioners, such as medical school attended, residency completed, and board certification status visit *BlueKC.com* and click *Find a Doctor*.

About "Waiver of Coverage"

If you have waived, or currently are waiving medical coverage for yourself or your dependents (including your spouse) because of other health coverage, you or your dependents may be able to enroll in this plan in the future, if you request enrollment within 31 days after your other group coverage ends. In addition, you may be able to enroll yourself and certain dependents, if you request enrollment within 31 days after a marriage, birth, adoption or placement for adoption. If you are waiving medical coverage for any other reason, or if you fail to complete the enclosed application for coverage, you may be limited to enrolling only during the annual enrollment period and a pre-existing condition exclusion period may apply. If you are waiving dental coverage, you are limited to enrolling only during the annual enrollment period. If you waive the life or disability coverage, you may be required to submit, at your own expense, evidence of good health.

About Pre-Existing Conditions (Preferred-Care Blue and Preferred-Care)

Your Employer's group contract will provide credit for pre-existing conditions if you were previously covered under creditable coverage. In order to receive credit towards the pre-existing condition exclusion period, you must complete the Pre-existing Condition section of the enclosed application. You must also provide copies of the Certificates of Creditable Coverage or other acceptable proof of coverage from the prior plan(s) for the verification of prior creditable medical coverage you or any listed dependents currently have, or previously had, including continuation of coverage.

About Coverage Exclusions and Limitations

The following are some of the services and supplies that are NOT covered under the *Preferred-Care Blue or Preferred Care* PPO programs. <u>Additional specific services may be excluded.</u>

<u>Please consult your member benefit summary for additional information about limits on your coverage.</u>

- Blood donor expenses
- Care for injury or illness incurred while on active or reserve military duty, or resulting from war or any act of war
- Custodial convalescent or respite care
- Drugs and medicines which do not require a prescription
- Experimental or investigation services
- Hairplasty, regardless of the reason or diagnosis
- Hearing aids, eyeglasses and contact lens or examinations for their prescription and fitting
- Hypnotism, hypnotic anesthesia, acupuncture and acupressure
- In-vitro fertilization and all other artificial methods of conception
- Injuries and illnesses related to member's job
- Marital counseling
- Medical weight reduction programs and nutrients

- Musical therapy, remedial reading, recreational therapy, other forms of special education
- Nonhuman, mechanical, experimental or investigative transplants: see contact 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
- Penile prosthesis and its implantation: any complications by physician
- Pre-existing condition during the Exclusion Period (PPO 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 performed by an individual's immediate family members or household members
- Sex transformations and related charges
- Surgical procedures and prescription drug treatment for morbid obesity
- Surgical treatment of scarring secondary to acne or chicken pox
- Travel, whether or not recommended or prescribed by physician

If your group has negotiated specific provisions, this list of exclusions may vary.

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 Act

Along with benefits detailed in your Certificate of Coverage 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. This notice is being provided in accordance with the "Women's Health and Cancer Rights Act of 1998" which is a federal law.

Contraceptives:

If you have or are applying for coverage through a Missouri employer, the following mandate affects you.

The enclosed benefit summary indicates whether you have coverage for prescription contraceptives. If you have coverage for prescription contraceptives you have the right to exclude coverage for contraceptives if this coverage is contrary to your moral, ethical, or religious beliefs. If your plan does not provide coverage for prescription contraceptives, you have the right to elect coverage for contraceptives.

If you wish to elect contraceptive coverage other than what is indicated on the enclosed benefit summary, call the number listed on your ID card or the number on the benefit summary in your enrollment packet. Your rates will not be affected by this election.

Newborn Coverage for Employee-Sponsored Health Plans

The following describes the manner in which newborns may be added to your coverage. Please note that the process differs depending on whether or not you currently have any dependents (including a spouse) covered under your policy.

How to add a newborn if you are <u>not</u> **currently covering dependents (including a spouse) on your policy:** Upon the birth of a child, you must submit an application or online enrollment for the newborn within 31 days following the birth. If an application or online enrollment is submitted within 31 days following the birth, the child will be added to your policy retroactive to his/her birth date and additional premium will be charged (if applicable).

How to add a newborn if you <u>are</u> currently covering dependents (including a spouse) on your policy:

Blue KC will provide automatic coverage of a newborn child for the first 31 days following birth. No premium is required for the newborn for the first 31 days after birth.

In order to continue coverage for your newborn beyond the first 31 days of birth, an application is necessary if your current coverage does not provide for dependent children. The application or online enrollment must be completed and returned to Blue KC within 31 days of the newborn's birth for coverage to continue beyond the first 31 days.

We encourage you to complete the application process for each newborn to ensure prompt and accurate processing of your newborn claims. In addition, this ensures your newborn has the provider you have selected. Blue KC may send a letter reminding you to fill out and return an application when we receive notification of the birth via a claim, Customer Service call, or Utilization Management call. In some cases, you may receive this letter after the 31 day enrollment period has expired for adding the newborn.

If you missed your opportunity to add your newborn to your coverage, you may add your newborn during your employer's next open enrollment period. Depending on when your employer's open enrollment period occurs, there may be a lapse in coverage for the newborn. Please check with your employer for your next open enrollment period.

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 information as possible, we realize questions will arise from time to time. You may find answers to many of your questions at BlueKC.com. Of course, our Customer Service representatives are also available to answer any of your questions. Call them at the number listed on your ID card or the number on the benefit summary in your enrollment packet.

- Blue KC offers TDD/TTY services for deaf, hard of hearing, and speech impaired members. Dial 816-842-5607 to reach a telecommunications device.
- Blue KC provides language assistance to members who do not speak English that allows communication with Blue KC staff regarding covered benefits. By placing a call to the Customer Service number provided on your ID card, arrangements will be made by the representative taking your call to provide translation services as needed to successfully provide requested information.

Thank you for allowing Blue KC to serve you.

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@BlueKC.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

Blue Cross and Blue Shield of Kansas City
Good Health HMO, Inc.

operations of their joint activities.

Blue-Advantage Plus of Kansas City, Inc.

Missouri Valley Life and Health Insurance Company

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your 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 took 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, deidentifying 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 website 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.

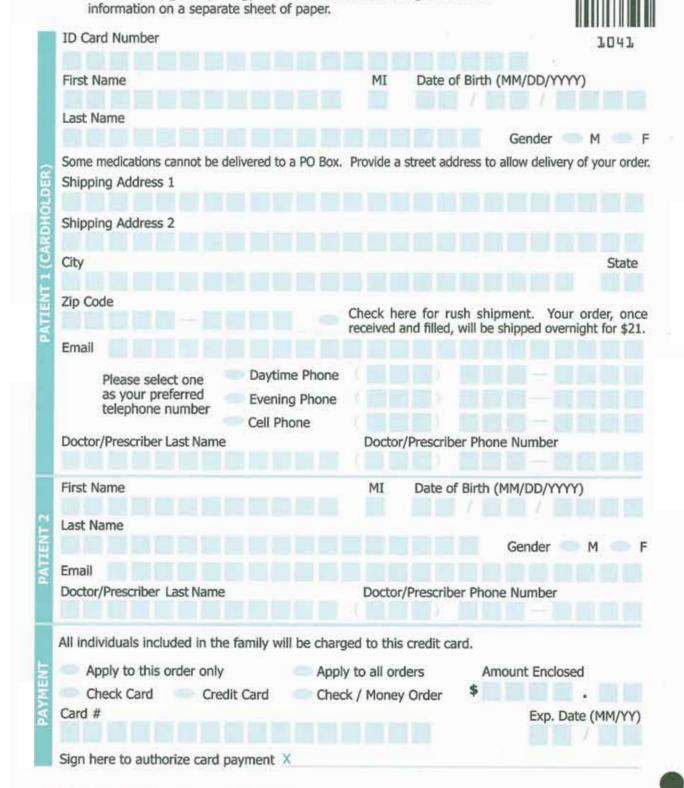
You also may submit a written complaint to the Office for Civil Rights of the United States

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.

Express Scripts New Patient Home Delivery Form

- Ask your doctor to write your prescription quantity for a 90-day supply.
- 2. Use ALL CAPITAL LETTERS in BLACK INK. Fill in the ovals as shown ().
- 3. To avoid delays, please include this completed form with your first order. Standard shipping is FREE and should arrive within 14 days from the date we receive your order. Fill in this oval if you have more than two family members. Write their name, date of birth, gender, allergy and health conditions along with doctor







Patient 1 (Cardholder)

Name:

HEALTH CONDITIONS DRUG ALLERGIES

 I want non-child resistant caps, when available.

Date of Birth (MM/DD/YYYY)

Date of Birth is required for patient identification.

Failure to provide complete and accurate information may prevent the pharmacy from detecting drug related problems.

Patient 2

Name:

 I want non-child resistant caps, when available.

Date of Birth (MM/DD/YYYY)

cations here:

THE PERSON NAMED IN COLUMN 2 I	related problems.	
List other Allergies here:	No Known Allergies Acetaminophen/Tylenol® Amoxicillin Aspirin Cephalosporin (i.e., Keflex®, Cephalexin) Codeine Erythromycin, Biaxin®, Zithromax® NSAIDs (i.e., Ibuprofen, Naproxen) Oxycodone (i.e., OxyContin®, Percocet®) Penicillin Sulfa Tetracycline (i.e., Doxycycline, Minocycline)	List other Allergies here:
List other Health Conditions here:	No Known Health Conditions Arthritis (715.9) Asthma (493.9) Chronic Bronchitis or Emphysema (496) Depression (311) Diabetes Type I (250.01) Diabetes Type II (250.00) Epilepsy/Seizures (345.9) GERD (530.81) Glaucoma (365.9) High Cholesterol (272.9) Hormone Replacement Therapy (627.9) Hypertension (401.9) Thyrold: Low (244.9)	List other Health Conditions here:
List other OTC that you take on a regular basis:	No Over-the-Counter Medications Acetaminophen/Tylenol® Advil®/Aleve®/Motrin® Aspirin/Excedrin®	List other OTC that you take on a regular basis:
List Medical Devices here:	Medical Devices Medical Devices (i.e., Glucose Testing Device, Insulin Pump, Nebulizer) and specify brand name and model.	List Medical Devices here:
List other Prescription Medi-	No Other Prescriptions	List other Prescription Medi-

FDA approved generic medications will be dispensed when allowed by your doctor, subject to the terms outlined in your plan. I certify that all the information on this form is correct. I permit Express Scripts Inc. to release all information on this form concerning prescription orders to my plan sponsor, administrator or health plan for the purpose of payment, treatment or health care operations.

Prescription Medications not filled through Express Scripts Pharmacy.

Signature Required X

cations here:



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