Crossroads Charter Schools

2026 - 2027

Benefit Guide

Crossroads Charter Schools

Open Enrollment

Discover Your Benefits

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What's new for 2026-2027!

- Crossroads is increasing the employer contribution for medical premium to $615
- A $5,000 QHDHP has been added which will become the new 100% employer paid option for Employee Only coverage. Employees can buy-up to existing plans.
- All existing medical plans remain without changes except for an increase in deductible and OOPM for the Qualified High-Deductible Health Plans due to IRS changes
    - from $3,300 individual/$6,600 family to $3,400 individual/$6,800 family.
- Spira Care Centers are now included in all medical plans as a lower cost option for your Primary Care needs.

What's not changing!

- Dental and Vision benefits and rates remain the same with no increase in cost
- Life, AD&D, Short Term Disability, Long Term Disability remain the same with no increase in cost (unless your age band has changed)

At Crossroads Charter Schools, we are proud to offer you and your family a comprehensive range of benefits, supporting your well-being today and in the future. These benefits are a valuable part of your total compensation package. Select the coverage that best meets the needs of you and your family.

This document provides a summary of Crossroads Charter Schools' benefit plans and is not intended to detail every provision of each plan. In the event of any discrepancies between this summary and the official plan documents, the terms of the official plan documents will prevail.

Contacts

HR Department Contacts			
Leticia Gomez	Human Resources Coordinator	lgomez2@crossroadsschoolskc.org	816-221-2600 ext. 323
Gail Taylor	Director of Human Resources	gtaylor@crossroadsschoolskc.org	816-221-2600 ext. 334

Coverage	Carrier	Phone Number	Website
Medical/Pharmacy	BCBS of Kansas City	888-989-8842	www.bluekc.com
Virtual Care	BCBS of Kansas City	888-989-8842	www.bluekcvirtualcare.com
Dental	BCBS of Kansas City	888-989-8842	www.bluekc.com
Vision	Blue Vue – Powered by EyeMed	866-248-1947	www.bluekc.com
Behavioral Health Services	BCBS of Kansas City	833-302-MIND (6463)	www.mindfulbluekc.com (for Blue KC plan participants only)
Health Savings Account (HSA)	UMB	816-520-4472	www.hsa.umb.com
Flexible Spending Accounts (FSA) and COBRA	WEX	866-451-3399	www.wexinc.com OR Benefitslogin.discoverybenefits.com
Employer Paid Life and AD&D Insurance	The Hartford	800-523-2233	www.thehartford.com
Voluntary Life and AD&D Insurance	The Hartford	800-523-2233	www.thehartford.com
Short Term Disability (STD)	The Hartford	800-523-2233	www.thehartford.com
Long Term Disability (LTD)	The Hartford	800-523-2233	www.thehartford.com
Employee Assistance Program (EAP)	The Hartford	800-523-2233	www.thehartford.com
Marsh McLennan Agency (MMA)	Renee Hodges or Kristin Grace	913-529-3245 913-529-3296	Renee.Hodges@marshmma.com Kristin.Grace@marshmma.com
Kansas City Public Schools Retirement Systems	KCPSRS	816-472-5800	kcpsrs@kcpsrs.org
Supplemental Retirement	Theo Adams	816-534-5681	theo.adams@corebridgefinancial.com

Your benefits package at Crossroads Charter Schools

The benefits package offered at Crossroads Charter Schools is an important part of how we support your well-being. That's why we offer a comprehensive benefits package that includes medical, dental, and vision plans for you and your family. Your health is the foundation of a productive and happy life.

One of the pillars of your benefits package is the medical insurance we offer – and our top priority is to offer *a free employee-only medical plan*. This represents a significant financial commitment from the school; however, we believe it is the right investment in our people.

Beyond coverage for your health, we offer plans that protect your financial wellness with Life, AD&D, Short-Term Disability, and Long-Term Disability plans.

Making the Most of Your Benefits

Annual screenings and preventive care are covered at 100% by your medical insurance. Take advantage of this benefit by visiting a healthcare provider at least once per year. Preventive care is crucial because it helps detect health issues early, often before symptoms appear, prevents serious diseases, and promotes long-term wellness.

Bringing Wellness to the Workplace

We are excited to share with you the news that you will soon be seeing some new wellness activities in the coming year.

Wellness Fair
September 8
On-site Biometric Screening

Wellness Corner
In each location

Monthly Wellness Activities

New Wellness Incentive for 2027-2028

Beginning in 2027-2028, we will offer a Wellness Incentive. Wellness Incentives in medical insurance aren't just about cutting costs – they're about investing in your health and future. They're designed to help you take proactive steps towards better health, which can lead to fewer doctor visits, lower out-of-pocket costs, and more energy in your daily life. It's an incentive to build a healthier you that will yield long-term benefits.

Kansas City | a healthier you

A Healthier You gives you convenient access to wellness tools you can use to live your healthiest lives.

www.bluekc.com/well-being/wellness-programs

Eligibility

Employees who work at least 30 hours per week are eligible for the benefits described in the guide. Your benefit coverage begins 1st of the month following your date of hire, unless otherwise specified by your employer. The benefits you select during Open Enrollment will be **effective July 1, 2026.**

You may also enroll eligible dependents for coverage.

Eligible dependents include:

- Your legal spouse or domestic partner
- Your children up to age 26 (end of calendar year for medical, dental and vision)
- Your dependent children over age 26 who are incapable of self-care because of a disability and who rely on you for support

Qualifying Life Events

The **benefit elections** you make during your initial enrollment or open enrollment **remain in effect for the entire plan year**. Changes can only be made during the next open enrollment period or if you experience a qualified life event, as defined by the IRS.

You have **30 days** from the date of the qualifying event to request changes to your benefit selections. To make changes, please contact your Human Resources department and provide any required documentation within the allowed timeframe.

	Possible Documentation Needed:
Change in Marital Status	
Marriage/Divorce/Legal Separation	Copy of Marriage Certificate or Divorce Decree
Death	Copy of Death Certificate
Change in Number of Dependents	
Birth or Adoption	Copy of Birth Certificate or Copy of Legal Adoption Papers
Step-Child	Copy of Birth Certificate, Plus a Copy of the Marriage Certificate
Death	Copy of Death Certificate
Change in Employment	
Change in your eligibility status (i.e., full-time to part-time)	Notification of Increase or Reduction of Hours that Changes Coverage Status
Change in Spouse's Benefits or Employment Status	Notification of Spouse's Employment Status that Results in a Loss or Gain of Coverage
Charge in Medicaid/CHIP Status (60 Days from QLE to Request a Change)	
Change in Status	Copy of Medicare or CHIP Award Letter or Notice

Enrollment

Open enrollment for 2026-2027 is May 12 through May 26, 2026

Before You Enroll

- **Carefully review the benefits listed in this guide** and determine the coverages that are best for you and your family.
- Ensure family members meet the eligibility requirements.
- Understand the cost of the plans you selected.
- Be sure to complete/update your beneficiary information in Navigator.
- Check with Human Resources if you have questions.
- **Important Note: You must enroll in or waive ALL coverage for 2026-2027.** No previous benefit elections will carry over to 2026-2027.

Open Enrollment Meetings

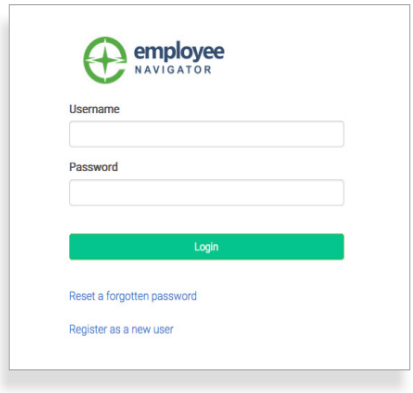
- May 12th – 7:45 a.m. – Central Street
- May 13th – 7:45 a.m. – Quality Hill
- May 13th – 3 p.m. - CPA

Human Resources Contact

Leticia Gomez
Human Resources Coordinator
816.221.2600 ext.323
lgomez2@crossroadsschoolskc.org

Gail Taylor
Director of Human Resources
Telephone: 816.221.2600 ext. 334
E-mail: gtaylor@crossroadsschoolskc.org

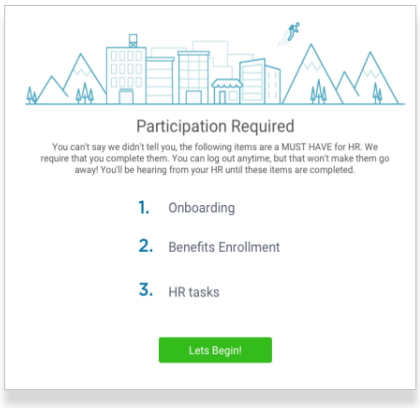
Employee Online Enrollment | Employee Navigator



Step 1: Log In

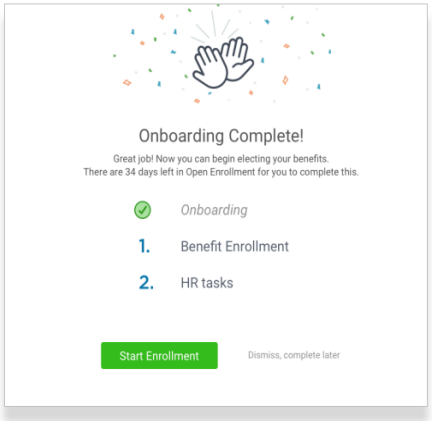
Go to www.employeenavigator.com and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users**: Click on your Registration Link in the email sent to you by your admin or **Register as a new user.** Create an account, and create your own username and password.



Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.

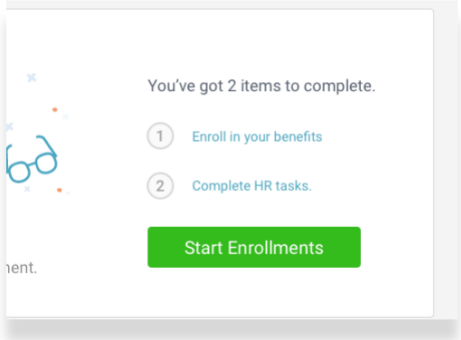


Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit "**Dismiss, complete later"** you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking **"Start Enrollments"**



Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

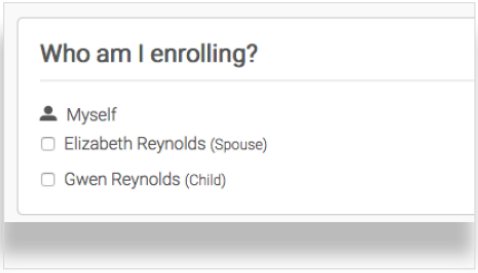
Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

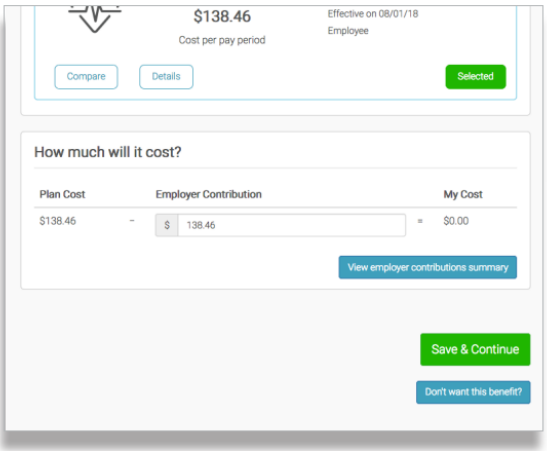
Employee Online Enrollment | Employee Navigator

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.



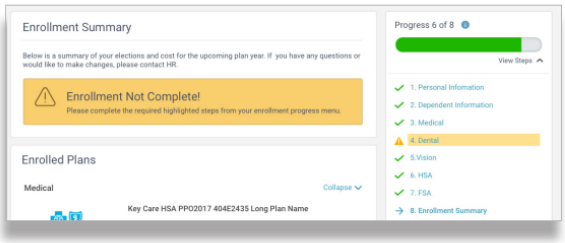


Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.



Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

Did you complete your enrollment?

When you have completed enrollment, you will receive an email confirming enrollment has been completed. Look out for that email. If you do not receive one, you should log in to Employee Navigator and follow instructions for Step 7 above.

Forgot which benefits you signed up for?

You can access your Benefit Summary at any time.

Important Note

It is YOUR responsibility to make sure you have completed your enrollment by the May 26th deadline.

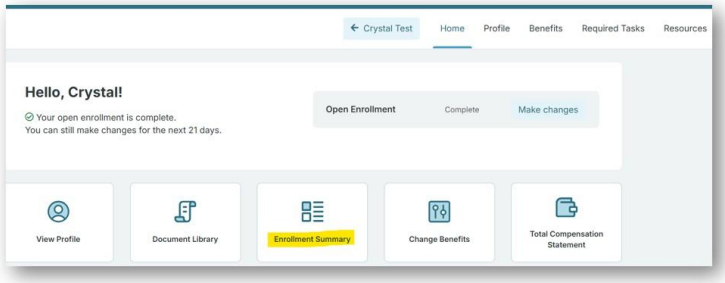
Employee Online Enrollment | Employee Navigator

Forgot which benefits you signed up for?

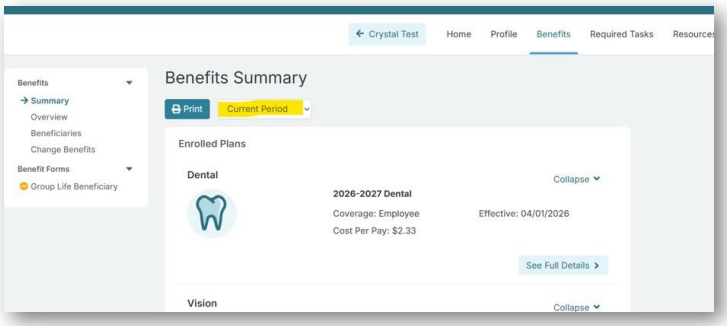
You can access your Benefit Summary at any time.

To view current/open enrollment selections

Select ***Enrollment Summary***

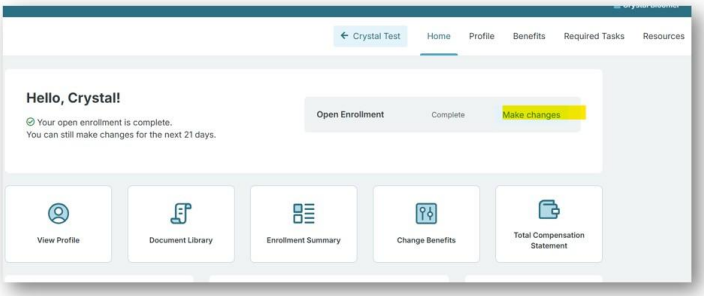


Employees can toggle between their *Current Period* elections and *Open Enrollment* elections



Make Changes (if OE is still open)

Select ***Make Changes***
You will be directed to your OE enrollment screen to make any necessary changes



Important Note

Medical | Blue Cross Blue Shield of Kansas City

Your health is the foundation of a productive and happy life. That's why we offer comprehensive medical plans designed to meet your needs and support your well-being. Through Blue KC, you have access to a medical plan that provides valuable coverage and benefits.

- New cards will only be sent to you if you have selected a different medical plan, if this is your first time enrolling, or you have added a dependent.
- If you have misplaced your card, you can access a digital member ID card at any time on the mybluekc.com website or call Customer Service at (816) 395-3558.

Virtual Care | www.BlueKC.com

Access a healthcare provider through virtual visits within minutes for convenient care. This benefit offers a quick and easy alternative to in-person visits for the diagnosis and treatment of over 80 common health conditions.

In-Network vs. Out-of-Network Providers

In-network providers have agreed to set rates with your medical plan, so you pay less when you use them. Out-of-network providers don't have these agreements, which usually means higher costs for you, and sometimes limited or no coverage. Using in-network providers helps you save money and makes it easier to manage your care. Be sure to check the Blue KC website to find in-network doctors, hospitals, and specialists near you.

Finding an In-Network Provider

Visit | MyBlueKC.com
Call | 888-989-8842
Mobile App | MyBlueKC

Two Networks | Preferred-Care Blue (PCB) & BlueSelect Plus (BSP)

First, **review the providers/hospitals in each network** to choose one that best works for you and your eligible family members.

Preferred-Care Blue (PCB) Network
Larger Network of Providers/Hospitals

BlueSelect Plus (BSP) Network
Smaller Network of Providers/Hospitals with deeper discounts

HOSPITAL NAME	PREFERRED-CARE BLUE	BLUESELECT PLUS
AdventHealth (Shawnee Mission, College Boulevard, South Overland Park)	YES	YES
Belton Regional Medical Center	YES	NO
Cameron Regional Medical Center	YES	YES
Cass Regional Medical Center	YES	NO
Center Point Medical Center	YES	NO
Children's Mercy Hospitals (Hospital Hill and South)	YES	YES
Lee's Summit Hospital	YES	NO
Liberty Hospital	YES	YES
Menorah Medical Center	YES	NO
North Kansas City Hospital	YES	YES
Olathe Health System	YES	YES
Overland Park Regional Medical Center	YES	NO
Providence Medical Center	YES	YES
Research Medical Center	YES	NO
St. Joseph Medical Center	NO	YES
St. Luke's Health System	YES	NO
St. Mary's Medical Center	NO	YES
University Health *(Formerly Truman Medical Centers – Hospital Hill and Lakewood)*	YES	YES
University of Kansas Health System	YES	YES
Western Missouri Medical Center	YES	YES

Outside of Kansas City Metro

BLUECARD

NATIONAL AND INTERNATIONAL NETWORK

Offers coverage nationwide. Costs apply toward your calendar year deductible.

Locate a BlueCard Provider

- Log into MyBlueKC.com
- Click Find Care then Find Doctors
- Change your location in upper right corner e.g., New York
- Your existing network will automatically populate
- For International Coverage, call 1-800-810-BLUE or bcbsglobalcore.com

All plans include Spira Care Centers

Doctor-led Care Teams

- Physicians
- Physician Assistants & Nurse Practitioners
- Behavioral Health Consultants
- Diabetes Care Specialists
- Pharmacist
- Nurses and Medical Assistants

Available Services

- Primary Care
- Preventive care
- Health Screenings
- Chronic condition management
- Pediatric Care
- Digital x-rays and Labs

How much will appointments and services cost?

- If you are enrolled in a traditional Blue KC plan you will have **NO additional cost*** for any appointment or service provided at a Spira Care Center.
- **If you are enrolled in a Qualified High-Deductible Health Plan (HDHP)** you will incur **a $60 charge*** for appointments/services at a Spira Care Center. Preventive services are covered at 100%.

*Once you meet your deductible, any future primary care need at a Spira Care Center is at no additional cost

Members enrolled in a Blue KC Qualified High-Deductible health plan with a HSA will receive a bill from Spira Care after receiving care. To make a payment, members can visit MySpiraCare.com or submit via mail.

Hours of Operation*

Monday -Thursday	7:30 AM–6:30 PM
Friday	7:30 AM–5 PM
Saturday (Crossroads, Overland Park, Shawnee, and Tiffany Springs. All other locations are closed.)	8 AM - NOON
Sunday	Closed

Appointments Required. No Walk-Ins.
After-Hours Answering Service

**Hours are subject to change. Closed on holidays.*
Spira Care Independence closes at 5 PM on Thursdays.

Kansas City

Preventative Care | BCBS of Kansas City

Kansas City

Living Healthy

Getting the Most Out of Your Preventive Care

A few moments of prevention can lead to a lifetime of good health.

From immunizations to routine check-ups to cancer screenings, getting the best healthcare means making smart decisions about routine preventive care services that can help keep you healthy.

Many types of routine preventive care and the related office visit are covered at 100% with no out-of-pocket costs when you go to an in-network doctor or facility.

Use these tips and go to **BlueKC.com/Preventive** to find a listing of services and more information.

Important Things to Keep in Mind

Make sure your doctor is in your plan's network.

Access Find Care after logging in at **MyBlueKC.com** to find healthcare providers in your network.

When you schedule your appointment, say you want preventive care screenings and tests that are 100% covered by your plan.

Services must be billed with a primary diagnosis of preventive to be covered at 100%. Routine preventive care services are subject to the terms, conditions and limitations of your Contract/ Certificate of Coverage. Not all plans will cover all preventive services at 100%, so be sure to consult your Certificate of Coverage for details.

Ask if any tests or treatments done during your appointment might not be considered preventive care.

Your provider may order tests during your preventive care visit that are not preventive care. These tests may be subject to deductibles, copays and/or coinsurance.

Ask if talking about other health problems that are not considered preventive care during your appointment will lead to extra costs.

Your provider may also treat an existing condition (or you may have symptoms of an illness at the time of your visit). Treatment, tests or office visits for that existing condition are not preventive care and are subject to deductibles, copays and/or coinsurance.

Find a list of routine preventive services that may be covered by your plan:

Visit **BlueKC.com/preventive**.

Preventive

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

NOTE: The Member Guide provides a general overview of services and benefits that may be included in some Blue KC health plans. Because coverage details can vary, we encourage you to review your specific plan documents for accurate information. For details about your coverage, please refer to your Summary of Benefits and Coverage (SBC) by visiting **MyBlueKC.com** and clicking on **Plan Benefits**.

SM1325

Medical Plan Summary| BCBS of Kansas City

The table below summarizes the key features of the medical plans. Please refer to the official plan documents for additional information on coverage and exclusions.

- **EPO** (Exclusive Provider Organization) - A health insurance plan that **covers only in-network** providers, offering lower premiums, but no out-of-network coverage except in emergencies.
- **Blue Select Plus (BSP) Network** – Smaller network of Providers/Hospitals.
- **Spira Care Centers** – all Spira Care Centers are considered in-network
- **QHDHP** (Qualified High-Deductible Health Plan) - You pay out of pocket for all services obtained within your network until you've met your calendar year deductible. After you've met your deductible, the plan pays 100%.

	Blue Select Plus & Spira $5,000 QHDHP EPO New Base Plan	Blue Select Plus & Spira $3,400 QHDHP EPO	Blue Select Plus & Spira $1,500 EPO
	In-Network ONLY	In-Network ONLY	In-Network ONLY
Calendar year Deductible			
Individual / Family	$5,000/$10,000	$3,400/$6,800	$1,500/$3,000
Calendar year Out-of-Pocket Maximum (Includes Deductible)			
Individual / Family	$5,000/$10,000	$3,400/$6,800	$1,500/$3,000
	You Pay	**You Pay**	**You Pay**
Coinsurance	$0 after you meet the deductible	$0 after you meet the deductible	$0 after you meet the deductible
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Office Visit Primary Care & Specialist	Spira: $60 charge until deductible is met BSP: Deductible	Spira: $60 charge until deductible is met BSP: Deductible	Spira: $0 copay BSP: Deductible
Virtual Care	Deductible	Deductible	*Varies by provider
Urgent Care	Deductible	Deductible	Deductible
Emergency Room	Deductible	Deductible	Deductible
Hospitalization Inpatient & Outpatient Surgery	Deductible	Deductible	Deductible
Pharmacy			
Retail Rx (Up to 30-day Supply)			
Tier 1 / Tier 2 / Tier 3	Deductible	Deductible	$15 / $50 / Deductible
Mail Order (Up to 90-day Supply)			
Tier 1 / Tier 2 / Tier 3	Deductible	Deductible	$15 / $125 / Deductible

Please review the *Summary of Benefits and Coverages (SBC)* provided by the carrier for coverage details

Employee Rate Information | EPO Plans

Cost per Pay Period – 24x per Year

Blue Select Plus & Spira $5,000 QHDHP* EPO | New Base Plan				
	Monthly Premium	Employer Monthly Contributions	Employee Monthly Contributions	Employee Pay Per Period (24)
Employee Only	$615.00	$615.00	$0.00	$0.00
Employee + Spouse	$1,291.55	$615.00	$676.55	$338.28
Employee + Child(ren)	$1,199.20	$615.00	$584.20	$292.10
Employee + Family	$1,875.75	$615.00	$1,260.75	$630.38

Crossroads will provide $500 to an HSA for the QHDHPs, $20.83 per pay period over 24 pay periods

Blue Select Plus & Spira $3,400 QHDHP* EPO				
	Monthly Premium	Employer Monthly Contributions	Employee Monthly Contributions	Employee Pay Per Period (24)
Employee Only	$643.17	$615.00	$28.17	$14.09
Employee + Spouse	$1,350.70	$615.00	$735.70	$367.85
Employee + Child(ren)	$1,254.12	$615.00	$639.12	$319.56
Employee + Family	$1,961.65	$615.00	$1,346.65	$673.33

Crossroads will provide $500 to an HSA for the QHDHPs, $20.83 per pay period over 24 pay periods

Blue Select Plus & Spira $1,500 EPO				
	Monthly Premium	Employer Monthly Contributions	Employee Monthly Contributions	Employee Pay Per Period (24)
Employee Only	$673.44	$615.00	$58.44	$29.22
Employee + Spouse	$1,414.45	$615.00	$799.45	$399.72
Employee + Child(ren)	$1,313.66	$615.00	$698.66	$349.33
Employee + Family	$2,053.51	$615.00	$1,438.51	$719.26

Medical Plan Summary| BCBS of Kansas City

The table below summarizes the key features of the medical plans. Please refer to the official plan documents for additional information on coverage and exclusions.

- **PPO** (Preferred Provider Organization) - A flexible health insurance plan that contracts with a network of preferred providers to offer care at reduced costs, with higher costs for using out of network providers
- **Preferred Care Blue (PCB) Network** – Larger network of Providers/Hospitals.
- **Spira Care Centers** – all Spira Care Centers are considered in-network
- **QHDHP** (Qualified High-Deductible Health Plan) - You pay out of pocket for all services obtained within your network until you've met your calendar year deductible. After you've met your deductible, the plan pays 100%.

	Preferred Care Blue & Spira $3,400 QHDHP PPO	**Preferred Care Blue & Spira $1,000 PPO**
	In-Network *(See SBC for Out of Network Coverage)*	In-Network *(See SBC for Out of Network Coverage)*
Calendar year Deductible		
Individual / Family	$3,400/$6,800	$1,000/$2,000
Calendar year Out-of-Pocket Maximum (Includes Deductible)		
Individual / Family	$3,400/$6,800	$2,500/$5,000
	You Pay	**You Pay**
Coinsurance	$0 after you meet the deductible	20%
Preventive Care	Covered 100%	Covered 100%
Office Visit Primary Care & Specialist	Spira: $60 charge PCB: Deductible	Spira: $0 copay PCB: $25/$25
Virtual Care	Deductible	*Varies by provider
Urgent Care	Deductible	$25
Emergency Room	Deductible	$100, then 20%
Hospitalization Inpatient & Outpatient Surgery	Deductible	20% After Deductible
Pharmacy		
Retail Rx (Up to 30-day Supply)		
Tier 1 / Tier 2 / Tier 3 / Tier 4	Deductible	$15 / $70 / $110 /$200
Mail Order (Up to 90-day Supply)		
Tier 1 / Tier 2 / Tier 3	Deductible	$37.50 / $175 / $275

Please review the *Summary of Benefits and Coverages (SBC)* provided by the carrier for coverage details

Employee Rate Information | PPO

Cost per Pay Period – 24x per Year

Preferred Care Blue & Spira $3,400 QHDHP PPO				
	Monthly Premium	Employer Monthly Contributions	Employee Monthly Contributions	Employee Pay Per Period (24)
Employee Only	$752.64	$615.00	$137.64	$68.82
Employee + Spouse	$1,580.62	$615.00	$965.62	$482.81
Employee + Child(ren)	$1,467.59	$615.00	$852.59	$426.30
Employee + Family	$2,295.55	$615.00	$1,680.55	$840.28

Crossroads will provide $500 to an HSA for the QHDHPs, $20.83 per pay period over 24 pay periods

Preferred Care Blue & Spira $1,000 PPO				
	Monthly Premium	Employer Monthly Contributions	Employee Monthly Contributions	Employee Pay Per Period (24)
Employee Only	$890.67	$615.00	$275.67	$137.84
Employee + Spouse	$1,870.71	$615.00	$1,255.71	$627.86
Employee + Child(ren)	$1,737.43	$615.00	$1,122.43	$561.21
Employee + Family	$2,715.92	$615.00	$2,100.92	$1,050.46

Pharmacy Benefits | BCBS of Kansas City

Your benefits cover a lot of prescription medications, but how much you pay for them, and how much your health plan covers, is determined by a system of "tiers." These tiers are more like a layer cake than a rating system: The quality is the same no matter where you are, but the higher you go on these tiers, the more expensive and/or difficult to access the medication may be.

Here are some examples of the types of medications in each tier*:

Tier 1	These medications are typically the most basic, commonly prescribed, and most cost-effective. They are usually generic or generic specialty medications that have been proven safe and effective for treating common conditions.
Tier 2	These medications typically include preferred brand-name medications. These medications are considered clinically effective. These medications have higher copay/coinsurance than generics.
Tier 3	These medications are generally non-preferred brand-name drugs or preferred specialty medications. They often have higher cost-sharing requirements.
Tiers 4	These medications are non-preferred brands of specialty medication. These medications have the highest copay/coinsurance.

*Some plans offer 1-tier, others offer 3 tier or 4 tier. To find out what prescription drug tier is on your plan, please see the plan's benefit summary.

Specialty Medications

Specialty medications require special ordering, handling, clinical monitoring, and/or customer service. Most specialty medications are covered under the pharmacy benefit; however, are limited to a one-month supply.

A Specialty Pharmacy dispenses specialty medications and has a dedicated clinical staff who are knowledgeable about the medications and complex chronic health conditions. Specialty pharmacies deliver medication to the patient's home or physician's office if administered by healthcare professional.

Save on Prescriptions with BlueKC Rx Savings Solutions

A secure online tool that helps you find ways to save money on your prescription drugs.
Register online by logging into **MyBlueKC.com** or **myrxss.com/bluekc.** Email: info@rxsavingsllc.com
Phone: 800-268-4476

Questions about prescription drug coverage?

Blue KC Pharmacy Customer Service
Call | 816-395-2176
Monday – Friday 8 am to 5 pm (Central)

Optum Specialty Pharmacy
Call| 855-427-4682

Pharmacy|Saving Money on Your Medications

Getting Started

Home Delivery

Follow the instructions on the right to enroll in our home delivery program and have a three-month supply of maintenance medication (those you take regularly) delivered directly to your home. Here's what else this program can offer:

- Cost Savings – You may pay less for your medication with a three-month supply through home delivery.
- Convenience – Get free standard shipping on medications delivered to your mailbox.
- 24/7 Access and Reminders – Speak to a pharmacist who can answer your questions any time, any day.

Specialty Pharmacy

Specialty medications can be important to maintaining or improving your health and quality of life. If you take a specialty medication, our specialty pharmacy can help by providing resources and personalized, therapy-specific support. Here are just a few of the support services available to you:

- Access to your medications at the lowest cost.
- 24/7 access to personalized patient care from knowledgeable pharmacists and nurses who specialize in your condition.
- Proactive refill reminders with timely delivery and shipping in confidential packaging.

Manage Prescriptions and Track Home Deliveries Online

Log into your pharmacy benefits account by following these easy steps:

Step 1: Log into **MyBlueKC.com**.

Step 2: Click Plan Benefits on the left and then select **Pharmacy**.

Step 3: From that screen select **Manage Prescriptions & Track Home Deliveries** to be redirected to our PBM's site.

Once you're redirected to our PBM's homepage, you can:

- Enroll in home delivery
- Find a network pharmacy
- Check medication coverage

Use the same credentials that you use on **MyBlueKC.com** to access the MyBlueKC mobile app. Find Pharmacy Benefits on the app under Plan Benefits & Coverage Information.

Call **Pharmacy Customer Service** at the number listed on your member ID card, Monday through Friday, from 8 a.m. to 5 p.m. Central Time with any questions.

Our PBM's customer service team is available to answer your questions after hours:

Call Home Delivery Assistance: **1-844-579-7774** or Specialty Medication Assistance: **1-855-427-4682**.

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

NOTE: The Member Guide provides a general overview of services and benefits that may be included in some Blue KC health plans. Because coverage details can vary, we encourage you to review your specific plan documents for accurate information. For details about your coverage, please refer to your Summary of Benefits and Coverage (SBC) by visiting **MyBlueKC.com** and clicking on **Plan Benefits**.

SM1340

Rx Savings Solutions | BCBS of Kansas City

Kansas City

Pharmacy

Use Rx Savings Solutions to Save on Prescriptions

Rx Savings Solutions (RxSS) is an online tool that helps you find ways to save money on your prescription drugs.

Blue KC offers RxSS free of charge to you and your dependents enrolled in medical benefits.

RxSS' experienced pharmacists can work directly with your doctor or pharmacist to make safe changes that save you money. For assistance, please contact the RxSS Pharmacy Support team at 1-800-268-4476. Receive notifications when new savings opportunities are available.

This is what RxSS offers...

Selection

Discover all the options available to treat your condition and compare them to your current prescription(s).

Price

Know exactly what a medication costs, if your plan covers it, and the impact on your deductible.

Convenience

Never miss a savings opportunity, even in the doctor's office, and request a lower-cost prescription in just a few clicks.

Assistance

If you have a savings opportunity, the experienced RxSS staff can work directly with your doctor to help make safe changes that save money.

This is how you can save...

Same Drug, Different Form

Believe it or not, a capsule might cost more than a tablet or liquid form - or vice versa. You never know, but now you will.

Different Drug, Same Treatment

There is usually more than one medication available to treat a medical condition. We show you all of them, along with their costs.

Same Ingredients, Different Pills

If a drug has two active ingredients, the price can skyrocket! Take the active ingredients separately at the same time for the same treatment at a lower cost.

Same Active Ingredient, Lower Price

If a generic is available, we'll find it. If there is more than one option, you'll know exactly what each one costs.

Start Saving with RxSS

Step 1: Log into **MyBlueKC.com**

Step 2: Select Plan Benefits, then Pharmacy.

Step 3: Select **Shop & Save** with Rx Savings Solutions (or use the quick link: **MyRxSS.com/BlueKC**).

See your current savings opportunities or search any medication for savings. You can also view your prescription history and share with your doctors.

If you have a savings opportunity, talk to your doctor or pharmacist to discuss your options.

Access your pharmacy benefits and RxSS:

Visit **MyBlueKC.com** or use the quick link: **MyRxSS.com/BlueKC**.

MyRxSS.com

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

NOTE: The Member Guide provides a general overview of services and benefits that may be included in some Blue KC health plans. Because coverage details can vary, we encourage you to review your specific plan documents for accurate information. For details about your coverage, please refer to your Summary of Benefits and Coverage (SBC) by visiting **MyBlueKC.com** and clicking on **Plan Benefits**.

SM1341

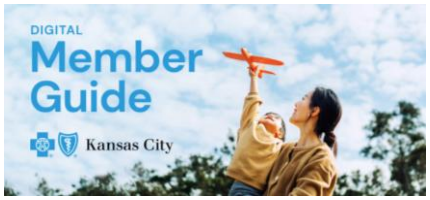
Get the most out of your coverage with Blue KC

For over 85 years, Blue KC members have been at the heart of everything we do. We're grateful you trust us as a partner in your health and well-being. That's the Benefit of Blue®.

Your Blue KC coverage brings you healthcare choices that fit the way you live, and we're here to help you navigate your healthcare experience and show you how to get the greatest benefits from your plan.

BlueKC Offers a Variety of Helpful Resources

For your easy reference, much of this information has been included in the Appendix of this guide. Bookmark this page for future reference.



2026 Member Guide for Employer-Covered Plans - The Blueprint

Getting Started

- Understanding Health Insurance Terms
- Your Member Account on MyBlueKC.com
- Your Blue KC Member ID Card
- What to Expect on Your Explanation of Benefits (EOB)
- MyBlueKC Mobile App
- Opt-In to Text Messaging

Finding Care

- Knowing Where to Go for Care Starts Here
- Find a Doctor or Hospital
- Blue KC Community Support Tool
- Total Care Primary Care Providers
- Virtual Care
- BlueCard
- GeoBlue
- How Prior Authorization Works

Living Healthy

- Getting the Most Out of Your Preventive Care
- Behavioral Health Services
- A Healthier You™
- Maternity Support Right From the Start
- Blue365®
- Lifestyle Program Benefit
- Diabetes Self Management
- Chronic Condition Management
- Complex Medical Case Management
- Transitions of Care Program
- Advanced Illness Program
- Blue KC Care Management App

Pharmacy

- Making the Most of Your Pharmacy Benefits
- Use Rx Savings Solutions to Save on Prescriptions

*Please verify your coverage and benefit details in your Member Account by visiting **MyBlueKC.com** and clicking on **Plan Benefits**.*

*The member guide provides a general overview of services and benefits that may be included in some Blue KC health plans. Because coverage details can vary, we encourage you to review your specific plan documents for accurate information. For details about your coverage, please refer to your Summary of Benefits and Coverage (SBC) by visiting **MyBlueKC.com** and clicking on **Plan Benefits**.*

Behavior Health Services| BCBS of Kansas City

Behavioral health refers to the relationship between your behavior and overall well-being.

Your behavioral health impacts your ability to function in everyday life and your concept of self.

Stress, depression, anxiety, substance use and other behavioral health issues can affect how you manage your physical health and daily living challenges. By understanding the connection between mind and body, it's easier to manage your health and well-being.

It All Starts With a Mindful Advocate

In a unique role exclusive to Blue KC health plans, there is a Mindful Advocate available 24/7.

Mindful Advocates are licensed behavioral health clinicians who can help members access tools including in-person, text, online therapy and virtual visit options specific to the members' behavioral healthcare needs:

- In-the-moment support
- Help locating and referring to in-network providers
- Care navigation
- Help connecting to expedited treatment options in crisis situations

Mindful by Blue KC is a behavioral health initiative dedicated to reducing the stigma around behavioral health in our communities while making care more accessible and affordable.

Learn more at **MindfulBlueKC.com**.

For a mental health emergency, call 988 or 911.

Someone in your corner, day or night

To talk with a Mindful Advocate call 833-302-MIND (6463) and say "Mindful" when asked for your reason for calling or call the behavioral health number on your member ID card.

If you or someone you know is experiencing abuse, the National Domestic Violence Hotline is available 24/7/365. Call: 1-800-799-SAFE (7233) Chat: thehotline.org Text: "START" to 88788.

Employee Assistance Program (EAP) | The Hartford

Crossroads Charter Schools also provides you access to the Employee Assistance Program (EAP) at no cost. This program, available through The Hartford, provides professional, confidential telephonic or face-to-face counseling services to you and your loved ones. The EAP can help you resolve personal issues and problems before they affect your health, relationships and work performance.

This program is available 24 hours a day, 365 days a year for confidential assistance and referral services with items such as:

- Managing stress
- Marital or family problems
- Anxiety and depression
- Substance abuse (alcohol and/or drugs)
- Financial issues
- Child care issues – including identifying schools, daycare, tutors, and more
- Aging parents

How confidential is the EAP?

It's important to note that all EAP conversations are voluntary and strictly confidential. No information, including your name, can be released without your written consent. The only exceptions are those required by law such as the duty of counselors to warn someone of a serious threat or the mandated reporting of child or elder abuse.

What does the EAP Cost?

There is no charge for services provided within the EAP. Your employer has provided short term counseling, research, consultation, and referral services for you, your family, and your significant others. When necessary, you may be referred to services that go beyond the scope of the EAP. Charges for services outside the EAP are your responsibility. In some cases, however, your health insurance may cover a portion of the cost of the services you require.

EAP Program Support

Visit | www.TheHartford.com
Call | 800-523-2233
Mobile App | The Hartford

Additional Resources | Mental Health Support

If you believe you need help right away – for yourself or a loved on – call 911 or use the emergency numbers below.

Substance Use Helpline – 1-800-662-4357

If you feel that you or a loved one are experiencing signs of addiction, call the confidential helpline to get support, guidance on treatment options, help finding a network provider and answers to your questions.

National Domestic Violence Hotline – 1-800-799-7233 or Text START to 88788

Get help with crisis intervention and referrals to local services for victims of domestic violence and those calling on their behalf.

National Suicide Prevention Lifeline – 988

If you or someone you know is in suicidal crisis or emotional distress, get emergency help right away. Contact the lifeline 24/7, free and confidential support for people in distress and prevention and crisis resources for you or loved ones.

The Crisis Text Line – Text HOME to 741741

The Crisis Text Line is a free resource available 24/7 to help you connect with a crisis counselor.

Health Savings Account (HSA) | UMB Bank

When you elect to enroll in the Qualified High-Deductible Health Plan (QHDHP), you may be eligible to contribute to a Health Savings Account (HSA). The HSA provides you the ability to save and use pre-tax dollars to pay for eligible medical expenses (i.e. deductible). You can save an estimated 25% of each dollar spent on medical expenses when you participate. Contributions to your HSA are withdrawn from your paycheck on a pre-tax basis. This means you don't pay federal income tax, Social Security taxes, or local income taxes on the amount that you contribute to your HSA. Please consult your tax advisor for details.

What are Benefits of an HSA?

- **Funds Rollover** – No use-it or lose-it provision.
- **Earns Interest** – Money accrues tax-free interest.
- **Portable** – Yours to keep. If you leave your employer, your HSA funds go with you.

You are eligible to enroll in an HSA if:

- You are enrolled in a Qualified High-Deductible Health Plan (QHDHP).
- You do not have any other health coverage that is not a QHDHP including a general-purpose Health Care Flexible Spending Account through either your own or your spouse's plan.
- You are not claimed as a dependent on another person's tax return.
- You are not enrolled in Medicare or Medicaid.
- You have not received non-service-connected care from the Veterans Administration within the past three months.

	Crossroads Charter Schools Annual Contribution	2026 IRS Maximum
Employee	$500	$4,400
Employee + Spouse		$8,750
Employee + Child(ren)		$8,750
Family		$8,750

Employee and or Spouse aged 55 or older may contribute an additional $1,000 annually to their HSA.

Important Medicare Note: To avoid a tax penalty, you should stop contributing to your HSA at least six months before your Medicare coverage (Part A, Part B, or Part D) begins. Please consult your tax advisor for details.

Flexible Spending Account (FSA) | WEX

A Flexible Spending Account (FSA) allows you to place money in a tax-sheltered, short-term account to pay approved healthcare expenses. Enrollment occurs before the beginning of each plan year, or for new employees, during your initial enrollment period. You must enroll each year to participate in the HealthCare, Limited Purpose, and/or Dependent Care FSA. The amount you designate will be deducted from your paycheck in equal amounts throughout the plan year.

Keep your receipts and Explanation of Benefits (EOBs) in case WEX or the IRS requests additional information about your transaction.

What Happens to Unused Money in Your FSA?

Please plan your contributions carefully to avoid losing funds.

IRS Use-It-or-Lose-It Rule:
FSA expenses must be incurred by the plan year's deadline **June 30, 2027**. Any funds remaining after that date are forfeited.

Important

Health Care elections cannot be changed during the plan year unless you have a qualified change in family status, such as birth, death, marriage or divorce. Dependent Care elections can be changed whenever you have a change in cost. Please contact your Human Resource department promptly if you have a qualifying event and need to make changes.

FSAs Offered:

- **Health Care FSA** –
  Used to pay for out-of-pocket expenses for your medical, dental or vision plan such as copays, coinsurance, deductibles, prescription expenses, exams, lab tests and x-rays, contact lenses and eyeglasses.
- **Limited Purpose Health Care FSA** –
  Used if you are contributing to an HSA to pay for eligible vision and dental expenses only.
- **Dependent Care FSA** –
  Used to pay for day care for your child or elder dependents.

Flexible Spending Account (FSA) | WEX

2026 Maximum Annual Employee Contribution Amount	
Health Care FSA	$3,400
Limited Purpose FSA	$3,400
Dependent Care FSA	$7,500 ($3,750 if filing separately)

When are funds available?	
Health Care FSA	Full annual election available upon the benefits effective date.
Limited Purpose FSA	Full annual election available upon the benefits effective date.
Dependent Care FSA	You can be reimbursed up to the amount available in your account.

What can I use FSAs for?	
Health Care FSA	• Medical, dental, and vision expenses • Health care expenses, such as deductibles, copays, and prescriptions • Eyeglasses and contact lenses • Lasik surgery • Orthodontia
Limited Purpose FSA	• Dental and vision expenses only • Eyeglasses and contact lenses • Lasik surgery • Orthodontia
Dependent Care FSA	• Licensed nursery school and childcare centers • Private day care providers and nannies • Licensed care for disabled dependents • Care for an elderly parent claimed as a dependent on your federal tax return Note: Your dependent care provider must have a federal tax identification number or Social Security Number in order for your expenses to be eligible for reimbursement.

Comparing HSAs & FSAs

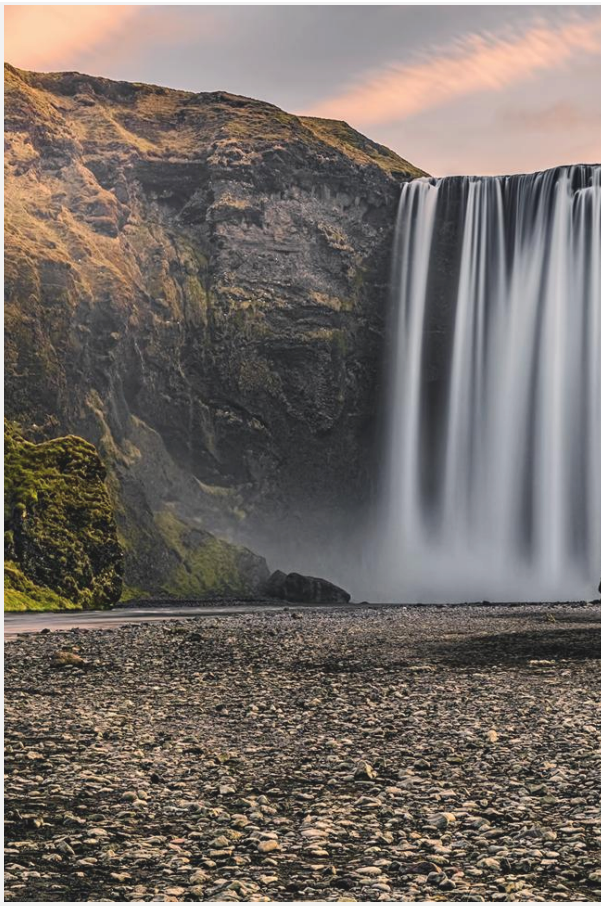
	Health Savings Account (HSA)	Healthcare Flexible Spending Account (FSA)
Account Owner	Employee	Employer
Health Plan Pairings	Must be paired with a qualified high-deductible health plan (HDHP).	Can be paired with any health plan.
Distribution of Funds	Funds can be used tax-free for IRS Section 213(d) qualified medical expenses; non-medical withdrawals are subject to income tax and a 20% penalty if under age 65.	Reimburses eligible medical expenses per IRS Section 213(d); no access for non-medical expenses. funds are only available for the current plan year.
Timing of Usage	Funds are never forfeited and always belong to the account holder.	Funds are generally forfeited upon termination.
Funds Can Be Invested	Integrated; investment options are available.	No
Tax Savings	Employer contributions are excluded from employee income and tax-deductible to employer. Employee contributions via payroll are pre-tax; contributions made outside payroll are tax-deductible on the employee's tax return.	Employee contributions made via payroll deduction are pre-tax.
Contributions		
Source of Contributions	Both Employees & Employers	Employees
Contributions	Annual contribution limits set by IRS; employee and employer contributions combined cannot exceed the limit.	Employee elects annual contribution amount during enrollment, subject to IRS limits.
Allowed Employee Contribution Changes	Employees can adjust contributions throughout the year up to IRS limit.	Changes may only be made due to a qualified life event (marriage, birth, etc.).

Dental | Blue Cross Blue Shield of Kansas City

Maintaining good dental health is an important part of your overall wellness. The dental plans, offered through BCBS KC, provides coverage to help you and your family maintain healthy teeth and gums. Regular dental care can prevent cavities, gum disease, and detect early signs of other health conditions.

Why Dental Benefits Matters

- **Preventive Care Saves You Money:** Routine cleanings and exams help catch problems early, reducing the need for costly treatments later.
- **Protect Your Smile and Confidence:** Coverage for restorative services like fillings, crowns, and root canals helps you maintain a healthy, attractive smile.
- **Support for Orthodontic Care:** Whether for children or adults, orthodontic benefits help correct alignment issues that can improve oral function and appearance.
- **Access to Quality Care:** Our extensive network of dental providers ensures you receive high-quality care close to home.
- **Dental Rewards:** If you have calendar year claims between $1 and $300, you will receive $250 in Rewards to use next year and beyond. Your accumulated Rewards total is capped at $500.



How to Maximize Your Dental Benefits

- Schedule regular preventive visits to avoid costly dental problems.
- Use in-network providers to maximize your coverage and reduce out-of-pocket costs.
- Keep track of your annual maximum to plan major treatments effectively.
- Take advantage of orthodontic benefits early to support long-term oral health.

Finding an In-Network Provider

Visit | www.BlueKC.com
Call | 888-989-8842
Mobile App | MyBlueKC

Dental Plan Summary| BCBS of Kansas City

The table below summarizes the key features of the dental plans. Please refer to the official plan documents for additional information on coverage and exclusions.

	Blue Dental PPO	Blue Dental Choice	Out of Network
	Blue KC	Blue KC	
	In-Network	In-Network	
Calendar year Deductible			
Individual	$50		
Family	$150		
Calendar year Benefit Maximum			
Per Individual	$2,000		
	You Pay	**You Pay**	**You Pay**
Preventive Care	0%	0%	20%
Basic Services	20%	30%	40%
Major Services	50%	50%	60%
Orthodontia			
Children (Up To 19th Birthday)	50% Coinsurance up to a Lifetime Maximum Benefit of $1,500 per Individual; Deductible Waived		
Late Entrant Waiting Periods			
Preventive / Basic / Major / Ortho	None – Annual Open Enrollment		

Dental Premium Deduction | 24 Pay Periods per Year				
	Total Monthly Rate	Employer Monthly Rate	Employee Monthly Rate	Employee Per Pay Period Rate
Employee Only	$30.90	$30.90	$0.00	$0.00
Employee + Spouse	$61.80	$30.90	$30.90	$15.45
Employee + Child(ren)	$76.48	$30.90	$45.58	$22.79
Employee + Family	$115.89	$30.90	$84.99	$42.50

Use in-network dental providers to avoid balance billing and unexpected charges. Check the provider directory or contact Member Services for help finding a dentist.

Dental Rewards Summary| BCBS of Kansas City

Receive up to $250 in dental credits

Dental Rewards are earned when you receive your routine dental cleaning AND your calendar year claims are between $1 - $300. If you meet these criteria, Blue KC will apply a $250 credit to the NEXT calendar year of your dental benefit plan. These additional funds can be used to pay for other covered dental services providing cost savings to you!

HOW IT WORKS

1. Complete your routine dental cleaning.
2. The dental cleaning claim should be classified as a Type I Diagnostic and Preventive services—such as cleanings, exams, x-rays and sealants.
3. Dental Rewards dollars will be applied to the Calendar Year Maximum for use towards other covered services during the subsequent calendar year.

HOW TO MANAGE AND ACCESS YOUR REWARDS

1. Log in to MyBlueKC.com
2. Click on **Claims, EOB, & Usage** and choose **Dental**.
3. Under Dental Usage, scroll down to **Member Detail.** Choose View Dental Plan usage scroll to see details by member.
   - Under Calendar Year Max, you can see if Dental Rewards have been applied based on the benefits paid the previous year.

DENTAL REWARDS RULES AND DETAILS

- Claims costs must not exceed $300 in the calendar year.
- Dental Rewards are applied to the calendar year maximum to be used in the following calendar year maximum.
- Dental Rewards are limited to $250 earned annually up to a maximum of $500
- Dental Rewards are earned each calendar year and are applied towards covered services the following year.
- Dental Rewards are not eligible to apply to lifetime maximums that may exist (such as orthodontics).
- Dental Rewards are forfeited if an individual disenrolls from group coverage.
- Dental Rewards are non-transferrable if an individual moves from group to individual plan coverage.
- Annual calendar year maximum dollars will be applied first. Earned Dental Rewards are used after the calendar year maximum is met.
- The annual calendar year maximum must be the same for both in-network and out-of-network services.

Vision| Blue Cross Blue Shield of Kansas City

Clear vision is essential for daily life and work performance. The vision plan, offered through Blue KC, provides coverage for routine eye exams, lenses, frames, and contact lenses. Regular eye exams can also help detect early signs of health conditions such as glaucoma and diabetes.

Why Vision Benefits Are Important

- **Early Detection of Eye Conditions:** Routine eye exams can identify vision changes and health issues before symptoms appear.
- **Cost Savings on Eyewear:** Receive allowances for frames, lenses, and contact lenses, helping you afford quality eyewear.
- **Improved Quality of Life:** Corrective lenses help reduce eye strain, headaches, and improve focus, enhancing your comfort and productivity.
- **Access to a Wide Network:** Choose from numerous in-network providers for convenient care and maximum benefits.
- **Regular Updates:** Benefit frequency limits ensure you have access to updated prescriptions and the latest lens technologies.

Tips for Using Your Vision Benefits

- Schedule your eye exam within the recommended frequency to maintain optimal eye health.
- Explore frame and lens options within your allowance to find the best fit for your style and needs.
- Consider contact lenses if preferred, with coverage included in your plan.
- Use in-network providers to maximize your benefits and minimize out-of-pocket expenses.

Finding an In-Network Provider

Visit | www.BlueKC.com
Call | 866-248-1947
Mobile App | MyBlueKC

Vision Plan Summary| BCBS of Kansas City

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

	Blue Vue – Powered by EyeMed	
	In-Network	Out-of-Network
	You Pay	**Reimbursed Up to**
Exam	$0	N/A
Materials	$10	
Retinal Imaging	Up to $39	
Lenses		
Single Lenses	$0	Up to $25
Bifocals	$0	Up to $40
Trifocals	$0	Up to $55
Frames	$200 Allowance + 20% off Balance over $200	Up to $100
Contacts		
Contacts	$200 Allowance + 20% off Balance over $200	Up to $160
Benefit Frequency		
Exams / Lenses / Frames / Contacts	Once Every 12 Months	

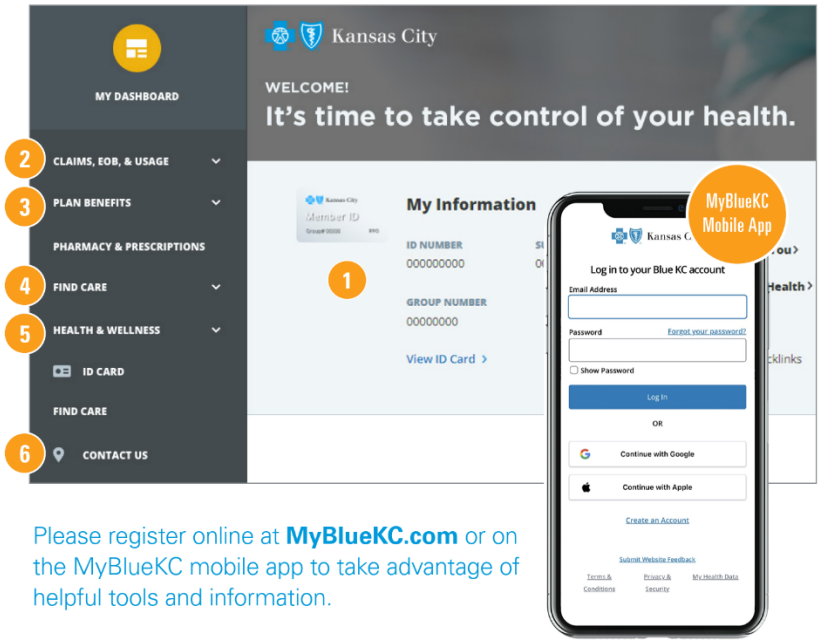
Vision Premium Deduction | 24 Pay Periods

	Total Monthly Rate	Employer Monthly Rate	Employee Monthly Rate	Employee Per Pay Period Rate
Employee Only	$7.28	$7.28	$0.00	$0.00
Employee + Spouse	$13.10	$7.28	$5.82	$2.91
Employee + Child(ren)	$13.47	$7.28	$6.19	$3.10
Employee + Family	$25.48	$7.28	$18.20	$9.10

Vision | EyeMed Member Portal

Your Member Portal on MyBlueKC.com

1. **My Information:** Quickly view, print or email a copy of your member ID card.
2. **Claims, EOB, & Usage:** Check the status of your claims and export a list of past claims. View your Explanation of Benefits (EOB) documents to understand any payment you may owe to your provider. This section also includes graphs to illustrate your progress toward your deductible and out-of-pocket maximum.
3. **Plan Benefits:** View your medical certificate, summary of benefits and coverage, and more. If your Blue KC policy includes pharmacy benefits, you'll have tools to help you locate a pharmacy, learn about the differences between generic and brand name medications, save on prescriptions and access the Blue KC Prescription Drug List.
4. **Find Care:** Search for an in-network doctor, hospital or other healthcare professional and estimate your out-of-pocket costs for common procedures - all based on your specific health plan.
5. **Health & Wellness:** We're proud to offer a variety of resources to help you stay healthy and live well. Learn more about our A Healthier You™ wellness program and a variety of other programs available.
6. **Contact Us:** Get answers to questions about your Blue KC policy or health insurance in general. We're here to help answer all your questions Monday – Friday, 8 a.m. – 5 p.m. Central.



Please register online at **MyBlueKC.com** or on the MyBlueKC mobile app to take advantage of helpful tools and information.

Register With Your Member ID Card

Step 1: Go to **MyBlueKC.com** to create your new account.

Step 2: Follow the on-screen instructions. You will have the option to create your account without a member ID.

Step 3: You will also need to provide and verify your email address. Once verified, personalize your communication preferences to be logged in to your account.

NOTE: Once you've registered online, the same information can be used to access the MyBlueKC mobile app.

Access your member portal:

Visit **MyBlueKC.com** or download the MyBlueKC mobile app.

MyBlueKC.com

MyBlueKC mobile app

For details about your coverage, please review your Blue KC certificate, which outlines the benefits, exclusions, responsibilities, rights and other important information related to your health insurance plan. To view your current Blue KC contract/certificate, or to print a copy of your Summary of Benefits and Coverage, visit MyBlueKC.com and click on Plan Benefits.

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

SM1315

Voluntary Short-Term Disability | The Hartford

Voluntary Short-Term Disability (STD) insurance lets you protect a portion of your income if you become temporarily unable to work. This optional coverage, provided through The Hartford and paid entirely by you through post tax payroll deductions, replaces part of your income during a short-term disability, providing financial peace of mind when you need it most.

Short-Term Disability Benefits at a Glance	
Weekly Benefit	60% of Base Weekly Earnings
Weekly Maximum	Up to $1,200 per Week
Benefit Duration	13 Weeks*
Elimination Period • Injury / Accident • Illness	 0 Days 7 Days
Pre-existing Limitation	3/12*

The **maximum benefit for any condition treated within three months prior to your effective date **is 4 weeks** until you have been covered under this plan for 12 months.*

Monthly Rates (per $10 of Weekly Benefit)										
Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Rate	$0.720	$1.720	$2.020	$1.300	$0.760	$0.640	$0.720	$0.820	$1.080	$1.300

Pre-Existing Conditions

A pre-existing condition is an injury or illness for which you have received advice, diagnosis, treatment, or consultation from a doctor within an established amount of time prior of the effective date of your plan.

Evidence of Insurability

If you decline coverage when first eligible
Evidence of Insurability (EOI) – proof of good health – will be required before coverage is approved.

Employer Paid Long-Term Disability | The Hartford

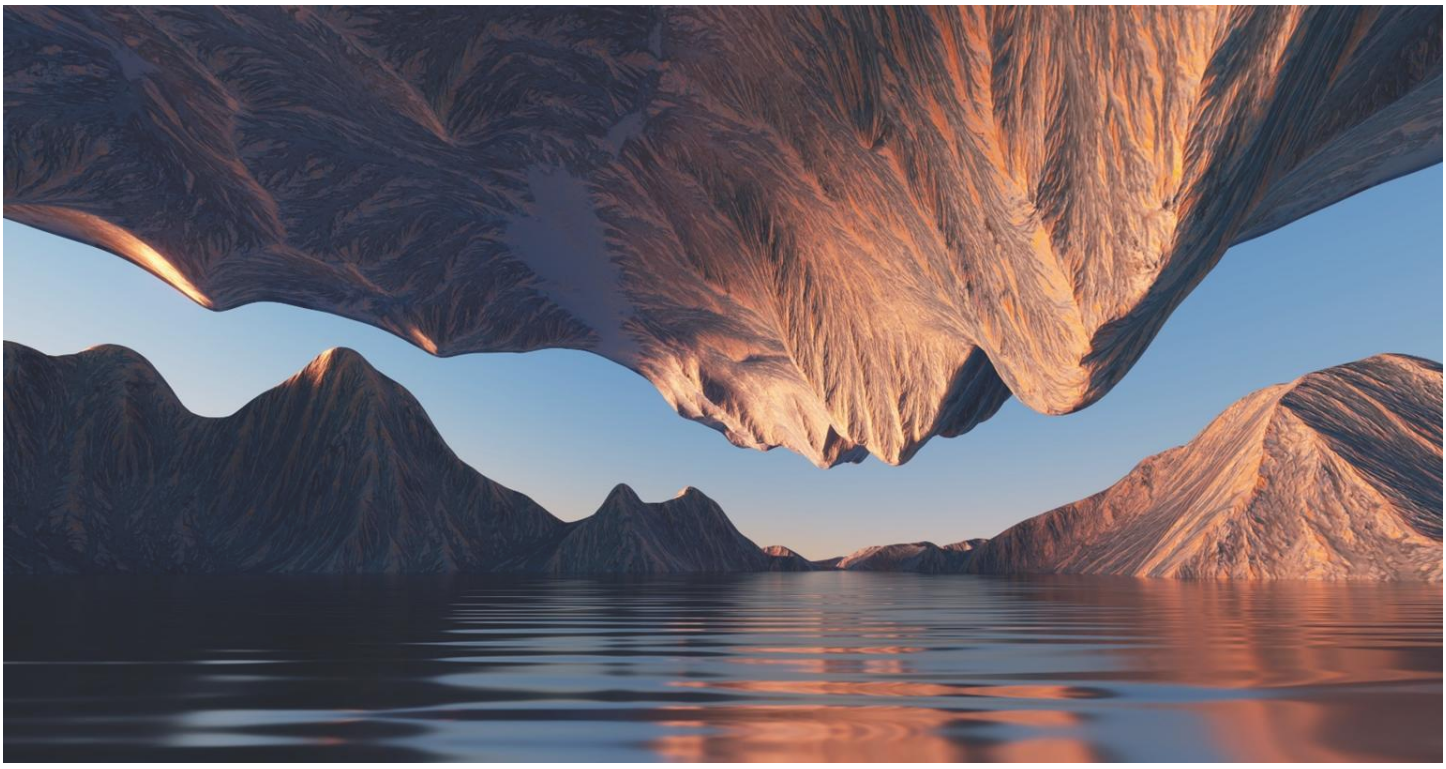
Employer Paid Long-Term Disability insurance is provided at no cost to you through The Hartford and provides income replacement if you are unable to work for an extended period due to a qualified illness or non-work-related injury. This coverage helps protect your financial stability by replacing a portion of your income during longer-term absences.

Employer Paid Long-Term Disability Benefits at a Glance	
Monthly Benefit	60% of Base Monthly Earnings
Monthly Maximum	Up to $12,500 per Month
Benefit Duration	24 Month Own Occupation Social Security Normal Retirement Age (SSNRA) Any Occupation
Elimination Period	90 Days
Pre-Existing Limitation	3/12*

**Benefits are not paid* for any condition treated within three months prior to your effective date until you have been covered under this plan for 12 months.*

Pre-Existing Conditions

A pre-existing condition is an injury or illness for which you have received advice, diagnosis, treatment, or consultation from a doctor within an established amount of time prior of the effective date of your plan.



Employer Paid Life & Accidental Death and Dismemberment (AD&D) | The Hartford

As part of our commitment to your financial security, Crossroads Charter Schools provides Employer Paid Life and AD&D insurance at no cost to you through The Hartford. This coverage offers important financial protection for your loved ones in the event of your death or serious injury due to an accident.

Key Features

- **Life Insurance Benefit:** Provides a lump-sum payment to your designated beneficiaries if you pass away while covered under the plan.
- **Accidental Death & Dismemberment (AD&D):** Offers additional benefits if you suffer a qualifying injury or death due to an accident, such as loss of limbs, sight, or paralysis.
- **Automatic Enrollment:** All eligible employees are automatically enrolled in this benefit from their date of hire.
- **Portability:** Coverage can continue if you leave the company. See Human Resources for more information.

For You | Life and AD&D Benefits at a Glance	
Life Coverage Amount	1x Salary, Rounded to the Nearest $1,000, Not to Exceed $150,000
AD&D Coverage Amount	Equal to Basic Life Insurance Amount
Age Reduction Schedule	Benefits Reduce to 65% at Age 65 Benefits Reduce to 50% at Age 70

Why Keeping Your Beneficiary Information Up to Date Matters

Your beneficiary designation will receive your life and AD&D benefits. It is important to review and update your beneficiary information regularly—not just during open enrollment or renewal periods—to ensure your benefits are paid according to your current wishes. Life changes such as marriage, divorce, birth of a child, or other significant events may affect your beneficiary choices.

Important Note:

- Under IRS regulations, employer-paid life insurance coverage amounts over $50,000 are considered taxable income, known as imputed income. This means the value of coverage exceeding $50,000 will be included in your taxable wages. Please consult a tax advisor for details on how this may affect your tax situation.
- For detailed plan terms, exclusions, and claim procedures, please refer to the Summary Plan Description or contact the HR Benefits Team.

Voluntary Life & Accidental Death and Dismemberment (AD&D) | The Hartford

You have the option to purchase Voluntary Life and AD&D insurance to provide financial protection tailored to your needs. In the unfortunate occurrence of an accidental death or critical injury, coverage ensures your named beneficiaries receive financial support.

	Employee	Spouse	Children Birth to Age 26
Coverage Amount	Increments of $10,000 up to $500,000 - Not to Exceed 5x Times Your Salary	Increments of $5,000 up to $350,000 – Not to Exceed 100% of Employee Coverage	$10,000
Guaranteed Issue (GI)	$150,000	$50,000	Up to $10,000
Annual Increment Increase without EOI	$10,000	$5,000	Maximum benefit of $10,000
Age Reduction Schedule	At age 65 reduce to 65% At age 70 reduce to 50%	Spouse benefits reduce based on employee age At age 65 reduce to 65% At age 70 reduce to 50%	Coverage ends at age 26
Evidence of Insurability (EOI)	Required if Electing Coverage over the GI Amount	Required if Electing Coverage over the GI Amount	Not Required

Age-Banded Employee Premium Rates

The cost of voluntary life insurance premium for you and your spouse is based on **your age as of July 1**. Below is an example of the employee monthly premium rates per $1,000 of coverage:

Employee & Spouse Monthly Rates (per $1,000 of Voluntary Life Insurance Coverage)										
Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*
Rate	$0.050	$0.060	$0.080	$0.090	$0.118	$0.189	$0.289	$0.471	$0.752	$1.321
Child(ren) under 26 years old Monthly Rates (per $10,000 of Voluntary Life Insurance Coverage)										
Rate	$2.38 per Family Unit									
Rates for AD&D Coverage - (per $1,000 of Voluntary Life Insurance Coverage)										
Rate	$0.020									

Guaranteed Issue (GI)

Employees and spouses who elect coverage **when they are first eligible** can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). Any **coverage over the GI** amount requires an EOI form for medical underwriting approval.

Evidence of Insurability

If you decline coverage when first eligible Evidence of Insurability (EOI) – proof of good health – will be required before coverage is approved.

If already enrolled, Employee and Spouse may increase by annual increment up to GI without EOI.

Leave Donation Program

Policy Statement

Crossroads recognizes that employees may have catastrophic illnesses or injuries, resulting in a need for time off in excess of their available Sick or Personal Time. To address this need, all eligible employees may request to use hours from the Leave Donation Bank. The Leave Donation Bank contains hours of unused Sick Time and Personal Time provided by Crossroads and donated accrued paid Sick Time and Personal Time hours from employees. Participation in the program is strictly voluntary.

Eligibility

Employees who wish to donate or receive time from the Leave Donation Bank must be employed with Crossroads for a minimum of one year. Only employees who donate time are eligible to request time from the Leave Donation Bank.

Guidelines

Eligible employees may request donations of leave if they are experiencing catastrophic illnesses or injuries or are caring for dependent children and spouses experiencing catastrophic illnesses or injuries. An illness or injury is considered catastrophic if it poses a threat to life and requires inpatient, hospice, or resident health care. Examples of catastrophic illnesses include heart attacks, cancer, and injuries suffered in serious auto accidents.

Please refer to the Employee Handbook and for details and request the enrollment form from Human Resources.

Retirement | Kansas City Public Schools Retirement System

If you work a minimum of 25 hours a week for Crossroads Charter Schools you become a member of the Kansas City Public Schools Retirement System.

Please note that 9% of the gross pay (before taxes are taken out) from every paycheck of eligible employees is contributed to their retirement account.

The contributions of eligible employees are credited to their individual account. The contributions can be withdrawn only if the eligible employee ceases covered employment and forfeits the credit accrued by the contributions. Eligible employees cannot borrow against their account funds in the form of a loan, nor can they take a hardship withdrawal.

Crossroads Charter Schools contributions are not made to individual accounts; the contributions go into a general reserve account to participate and administer the plan.

Supplemental Retirement Program: 403(b) Retirement Savings Plan managed by Corebridge Financial

This Plan provides tax advantages, plus plan features and benefits, and is an ideal way to help accumulate funds for your retirement. Corebridge also provides flexible investment options and personal services. You may increase or decrease your contributions every quarter.

Contact **Corebridge Financial** to schedule an appointment to meet with a financial advisor.

Beneficiary Designations

Naming beneficiaries ensures your retirement assets go to the people you choose. Review and update your beneficiary designations regularly, especially after major life events like marriage, divorce, or birth of a child.

Corebridge Financial Supplemental Retirement

Contact | Theo Adams, Financial Advisor
Call | 816-534-5681
Email | theo.adams@corebridgefinancial.com

Glossary

Balance Billing: When an out-of-network provider bills you for the difference between their charge and what your insurance pays.

Benefit Year: The 12-month period during which your benefits and coverage apply.

Claim: A request for payment that you or your provider submits to your insurance for covered services.

Coinsurance: The percentage of costs you pay for a covered service after meeting your deductible (e.g., you pay 20%, insurance pays 80%).

COBRA: A federal law allowing you to continue your health coverage temporarily after leaving a job, usually at your own cost.

Copayment (Copay): A fixed fee you pay for a covered service, like $20 for a doctor visit.

Deductible: The amount you pay out-of-pocket for covered services before your insurance starts to pay.

Dependent: A family member, such as a spouse or child, who is eligible for coverage under your plan.

Eligibility: The requirements you must meet to qualify for benefits, such as employment status or hours worked.

Explanation of Benefits (EOB): A statement from your insurer explaining what was covered, what you owe, and how claims were processed.

FSA (Flexible Spending Account): A pre-tax account you can use to pay for eligible health care expenses.

HMO (Health Maintenance Organization): A plan requiring you to use in-network providers and get referrals for specialists.

HSA (Health Savings Account): A tax-advantaged savings account for medical expenses, available with high-deductible health plans.

Imputed Income: The taxable value of non-cash benefits that an employer provides to an employee. Instead of receiving cash, employees receive certain benefits—like health coverage for a domestic partner, employer-paid life insurance above IRS limits, or personal use of a company car—that the IRS considers as income for tax purposes. This means the value of these benefits is added to the employee's taxable wages.

In-Network: Providers or facilities that have a contract with your insurance plan to offer services at negotiated rates.

Member Services: The department you contact for help with your benefits and coverage questions.

Network Directory: A list of in-network providers and facilities covered by your plan.

Open Enrollment: A set period each year when you can sign up for or make changes to your benefits.

Out-of-Network: Providers or facilities not contracted with your insurance plan, often resulting in higher costs.

Out-of-Pocket Maximum: The most you will pay in a year for covered services, after which insurance pays 100%.

Outpatient Care: Medical services you receive without being admitted to a hospital overnight.

Premium: The amount you pay (usually monthly) to have health insurance coverage.

Prior Authorization: Approval your insurer requires before certain services or medications are covered.

PPO (Preferred Provider Organization): A plan that offers more flexibility to see any provider but costs less when using in-network providers.

Telehealth: Health care services you can access remotely via phone or video.

Waiting Period: The time you must wait after becoming eligible before your benefits begin.

Information regarding your Blue KC Medical Benefits

Kansas City

- Your Member Account on MyBlueKC.com
- Your BlueKC Member ID Card
- Find a Doctor or Hospital
- How Prior Authorization Works
- Virtual Care
- Care Management App
- Maternity Support
- Advanced Illness
- Chronic Care Management
- Complex Medical Case Management Program
- Transitions of Care Program
- Diabetes Self-management Program
- Lifestyle Program Benefit
- A Healthier You
- Making the Most of your Pharmacy Benefits
- Rx Rewards
- What to Expect on your EOB (Explanation of Benefits)

Your Member Account on MyBlueKC.com

1. **My Information:** Quickly view, print, or email a copy of your member ID card.

2. **Claims, EOB, & Usage:** Check the status of your claims and export a list of past claims. View your Explanation of Benefits (EOB) documents to understand any payment you may owe to your provider. This section also includes graphs to illustrate your progress toward your deductible and out-of-pocket maximum.

3. **Plan Benefits:** View your medical certificate, summary of benefits and coverage, and more. If your Blue KC policy includes pharmacy benefits, you'll have tools to help you locate a pharmacy, learn about the differences between generic and brand name medications, save on prescriptions and access the Blue KC Prescription Drug List.

4. **Find Care:** Search for an in-network doctor, hospital or other healthcare professional and estimate your out-of-pocket costs for common procedures - all based on your specific health plan.

5. **Health & Wellness:** We're proud to offer a variety of resources to help you stay healthy and live well. Learn more about our A Healthier You™ wellness program and a variety of other programs available.

6. **Contact Us:** Get answers to questions about your Blue KC policy or health insurance in general. We're here to help answer all your questions Monday – Friday, 8 a.m. – 5 p.m. Central.

Please register online at **MyBlueKC.com** or on the MyBlueKC mobile app to take advantage of helpful tools and information.

Register With Your Member ID Card

Step 1: Go to **MyBlueKC.com** to create your new account.

Step 2: Follow the on-screen instructions. You will have the option to create your account without a member ID.

Step 3: You will also need to provide and verify your email address. Once verified, personalize your communication preferences to be logged in to your account.

NOTE: Once you've registered online, the same information can be used to access the MyBlueKC mobile app.

Access your member account:

Visit **MyBlueKC.com** or download the MyBlueKC mobile app.

MyBlueKC.com

MyBlueKC mobile app

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

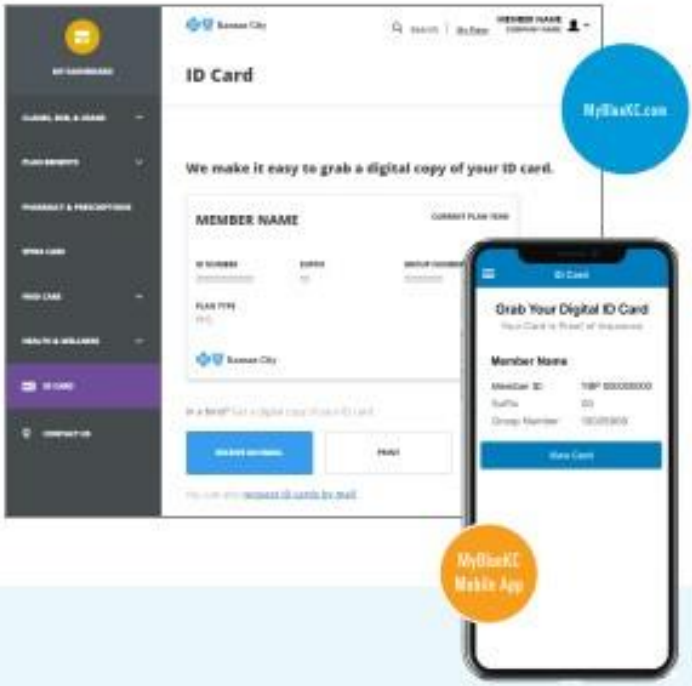
NOTE: The Member Guide provides a general overview of services and benefits that may be included in some Blue KC health plans. Because coverage details can vary, we encourage you to review your specific plan documents for accurate information. For details about your coverage, please refer to your Summary of Benefits and Coverage (SBC) by visiting **MyBlueKC.com** and clicking on **Plan Benefits**.

SM1315

Your BlueKC Member ID Card

Please present your card anytime you visit your doctor, receive healthcare services or fill a prescription. It contains information healthcare professionals need to make sure your care is covered.

1. **Member ID Number** – Number we use to identify you and your policy. Contains a three letter alpha prefix, followed by your ID number. You do not need to include the alpha prefix when providing your member ID number.
2. **Suffix** – This number is unique for each member covered on your policy.
3. **Group Number** – Number we use to classify our members into groups, usually by the employer they receive their plan from, or a direct pay group.
4. **Plan Type** – Describes what type of plan you have (for example, a PPO plan).
5. **Customer Service Phone Number** – Our team is available Monday through Friday, from 8 a.m. to 5 p.m. Central Time. We're here to help.
6. **Network Name** – This is the network of hospitals, doctors and other healthcare professionals that accept your Blue KC policy. It's important that you see providers in this network to maximize the benefits of your policy.
7. **QR Code** – Use the camera on your mobile device to scan this code to view your benefit summary.
8. **Product Identifier** – Some Blue KC members have access to the BlueCard program, which extends to all 50 states.



Access your digital member ID card:

Visit **MyBlueKC.com** or download the MyBlueKC mobile app.

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SM1119

Find a Doctor or Hospital | BCBS of Kansas City

Kansas City

Finding Care

Find a Doctor or Hospital

At **MyBlueKC.com**, members have access to Find Care, a cost-sharing estimate and price comparison platform that empowers members to see and compare costs for healthcare.

With Find Care, members can better understand healthcare expenses before visiting a doctor or scheduling care.

- Find providers in your network
- Narrow search using filters
- Estimate costs
- Read and write provider reviews
- Compare providers
- Review doctor quality information

To Search as a New Member or Guest*

Step 1: Visit **BlueKC.com/FindCareTool**

Step 2: Complete the checkbox in the right-hand column and select your health plan

Step 3: Click **Find Care as a Guest**

Step 4: Explore your options

*Searching as a guest will not allow you to estimate costs, research condition information or view treatment timelines.

Get More from Your Search

Use categories to expand your search and feel more empowered with your healthcare decisions:

Search by Location

Search by city or ZIP code.

Search by Plan

For current members, your plan's network will display.

Search by Category:

- Name of doctor or specialty: Search by first or last name, or a specialty, such as general practice or OB/GYN.
- Facility name or type of facility: Enter the name of a hospital or clinic, or types of facilities near you and the support you might need.

Search by Costs for Procedures

Find Care enables members to search for procedures and estimate their out-of-pocket costs for medical procedures, such as a knee replacement or MRI.

Search by Condition

Search conditions such as deviated septum or lumbar (low back pain). Read medical information to find treatment options and doctors, which can provide insights into how you can lower your total costs and find the support you might need.

Find a doctor or hospital and estimate your medical costs:

Visit **MyBlueKC.com** or download the MyBlueKC mobile app.

MyBlueKC.com

MyBlueKC mobile app

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

NOTE: The Member Guide provides a general overview of services and benefits that may be included in some Blue KC health plans. Because coverage details can vary, we encourage you to review your specific plan documents for accurate information. For details about your coverage, please refer to your Summary of Benefits and Coverage (SBC) by visiting **MyBlueKC.com** and clicking on **Plan Benefits**.

SM1318

Kansas City

Finding Care

How Prior Authorization Works

Blue KC wants you to receive the most effective, appropriate care and treatment available. We also want to protect you from incurring additional or unnecessary costs. That's why we require your healthcare provider to get approval—also known as prior authorization—for certain services.

When authorization is required

- All scheduled medical and surgical admissions
- Certain prescription drugs
- Out-of-network services
- Dental implants, bone grafts/ reconstruction, orthognathic surgery
- Blepharoplasty
- Cochlear devices
- Breast surgery
- Genetic testing for breast and colon cancer
- Cancer care
- Insulin pumps
- Organ and tissue transplants
- Wheelchairs or power operated vehicles
- Cardiac procedures and devices
- Bariatric surgery
- High tech imaging
- In-lab sleep studies
- ENT procedures
- Gender affirmation
- Pain management
- Durable medical equipment (DME) items, including: wheelchairs, power operated vehicles, speech generating devices, insulin pumps, bone growth stimulators and more.
- Home health
- Home infusion services

When authorization is NOT required

- Emergent admissions or procedures
- Most 23-hour observation admissions

Requesting prior authorization

Your healthcare provider will submit a request for prior authorization via an electronic form, phone or fax (contact information is on the back of your member ID card). Blue KC processes requests within 36 hours, which shall include one working day of obtaining all necessary information regarding a proposed admission, procedure, or service.

IMPORTANT: Prior authorization requests for prescription drugs can only be submitted by your physician via an electronic form, found by visiting: **BlueKC.com/consumer/find-a-form.html**

Information needed

To ensure the authorization process is as quick and efficient as possible, we highly recommend that the physician's office submitting requests have the following information:

- Recent clinical information including prior tests, lab work and/or imaging performed related to this diagnosis
- Working or differential diagnosis and notes from your last visit related to the diagnosis
- Your name and address
- Type and duration of treatment performed
- Your Blue KC member ID number
- Provider name, address, tax ID, and NPI

When authorizations are approved

When the service has been approved, an approval letter and authorization number is faxed to the ordering physician or facility. A copy of this information is also mailed to the member.

It's the responsibility of the ordering physician or facility to complete the pre-service authorization process for your scheduled medical procedure. They can obtain verification by emailing **prior_auth@bluekc.com**.

IMPORTANT: Authorization from Blue KC does not guarantee claim payment. Services must be covered by your health plan and you must be eligible at the time services are rendered. Claims submitted for unauthorized procedures are subject to denial.

When authorizations are denied

Should a service be denied, Blue KC will notify the ordering physician or facility via fax, and will contact you in writing to provide a reason for the denial and information about how you can appeal the decision. This communication begins the appeal options per current state policy. Blue KC also offers the ordering physician a consultation with a Blue KC Medical Director, known as the peer-to-peer process. The peer-to-peer process must be initiated within two business days of the denial notice and completed within seven days.

Blue KC works with various third-party partners to assist with prior authorization.

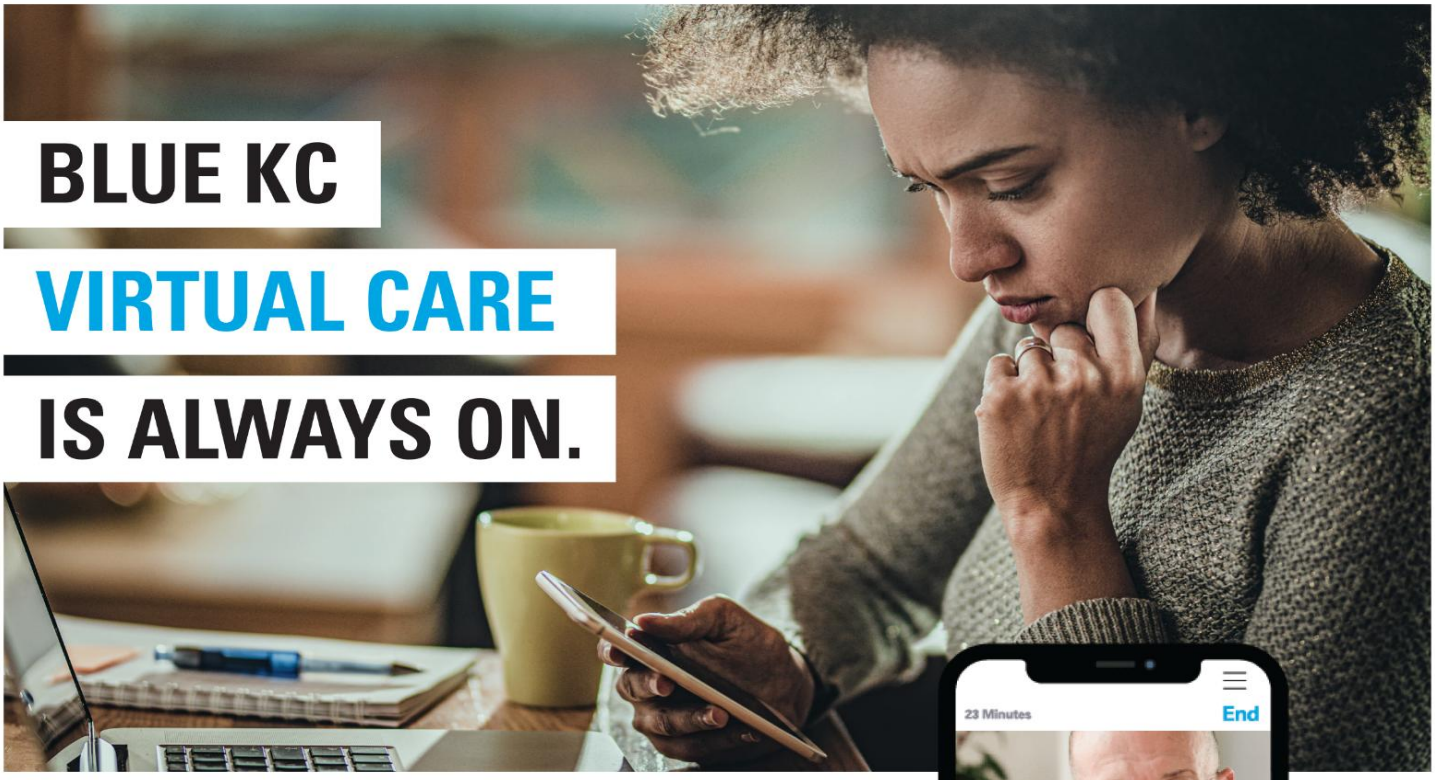
To find a comprehensive list of services that require prior authorization, log into **MyBlueKC.com**, click Plan Benefits > Prior Authorization.

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

NOTE: The Member Guide provides a general overview of services and benefits that may be included in some Blue KC health plans. Because coverage details can vary, we encourage you to review your specific plan documents for accurate information. For details about your coverage, please refer to your Summary of Benefits and Coverage (SBC) by visiting **MyBlueKC.com** and clicking on **Plan Benefits**.

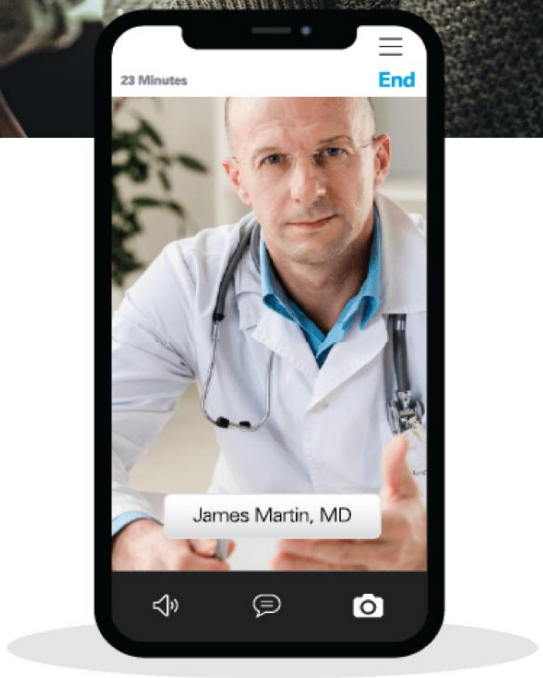
SM1120

Virtual Care | BCBS of Kansas City



SO YOU HAVE AFFORDABLE ACCESS TO 24/7 HEALTHCARE.

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



ALWAYS PRIVATE AND SECURE.

URGENT OR SICK CARE NEEDS

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

BEHAVIORAL HEALTHCARE NEEDS

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

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

Blue KC partners with American Well's (Amwell) Virtual Care Providers to provide our members with 24/7 sick care and behavioral health support by appointment.

Scan the QR code above with your mobile device to **download the App.**

Download on the App Store | GET IT ON Google Play

Kansas City

Care Management App | BCBS of Kansas City

Kansas City

Living Healthy

Blue KC Care Management App

Wellness Support and Inspiration

The Blue KC Care Management app puts you in control by connecting you to your care team right from your smartphone or tablet.

The app is with you every step of your care journey, making it easier to manage wellness, prevention, maternal health, and chronic conditions, such as diabetes, asthma, or cancer.

Encouragement and Support From the App

- Discreet support via secure, two-way messaging with your care team
- Set appointment and medication reminders
- View your personal health information and care program details
- Learn from clinically approved articles and videos personalized to you
- Track your steps and progress toward your health goals

Connect to care by downloading the Blue KC Care Management app:

Your access code is **kchelpwelcome**. Once downloaded, you can also connect through the MyBlueKC mobile app.

MyBlueKC mobile app

Blue KC Care Management

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

NOTE: The Member Guide provides a general overview of services and benefits that may be included in some Blue KC health plans. Because coverage details can vary, we encourage you to review your specific plan documents for accurate information. For details about your coverage, please refer to your Summary of Benefits and Coverage (SBC) by visiting **MyBlueKC.com** and clicking on **Plan Benefits**.

SM1338

Maternity Support | BCBS of Kansas City

Kansas City

Living Healthy

Maternity Support Right From the Start

Your pregnancy is covered by your Blue KC health plan – starting with your first doctor's visit. Coverage varies, so be sure to check your plan for details. Most cover:

Prenatal care (vitamins, gestational diabetes testing, Rh incompatibility testing, STD testing)

Childbirth (including any complications)

Post-birth (breastfeeding equipment, birth control, etc.)

Once your baby arrives, make sure to **contact your HR department** to have your baby added to your plan. You must add your baby to your plan within 30 days of birth.[1]

Parenthood Deserves a 24/7 Mindful Advocate

Expectant and new parents may experience stress, anxiety, the baby blues or post-partum depression. A Mindful Advocate is here to support you. For help, call **833-302-MIND (6463)** or the behavioral health number on your member ID card, or visit **MindfulBlueKC.com** to learn more.

Breast Pump Benefit

Most Blue KC plans cover the allowable charge for a breast pump purchase.[2] At about 30 weeks get a prescription from your doctor, then order your pump by contacting an in-network provider.[3]

Well and High-Risk Prenatal Support

This program offers tools, resources and answers to questions to help you navigate your pregnancy. You can also find support from a prenatal nurse case manager if you're experiencing a high-risk pregnancy.

To get started and take the Welcome Assessment, visit **MyBlueKC.com** and log in. Then, click **Health Programs** (under Health & Wellness), then the **Pregnancy** tab.

Find more information on your maternity benefits:

Visit **MyBlueKC.com** or download the Blue KC Care Management app and use access code **kchelpwelcome**.

MyBlueKC.com

Blue KC Care Management

[1] Be sure to choose your pediatrician earlier in your pregnancy so you can be sure they are in-network. You can find in-network pediatricians by logging into MyBlueKC.com.
[2] If you are unsure if your plan includes the breast pump benefit, please call Customer Service at the number listed on your member ID card.
[3] Find the provider listing on MyBlueKC.com. Go to Health Programs (located under Health & Wellness), then the Pregnancy tab.

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

NOTE: The Member Guide provides a general overview of services and benefits that may be included in some Blue KC health plans. Because coverage details can vary, we encourage you to review your specific plan documents for accurate information. For details about your coverage, please refer to your Summary of Benefits and Coverage (SBC) by visiting **MyBlueKC.com** and clicking on **Plan Benefits**.

SM1329

Advanced Illness Program| BCBS of Kansas City

Kansas City

Living Healthy

Advanced Illness Program

Care That's Deeply Personal and Highly Respected

You and your family don't have to face tough choices alone.

Blue KC's Advanced Illness Management program focuses on care and comfort while helping you and your family navigate advanced care planning for medical decisions. A highly-trained healthcare team provides the support and guidance your family needs.

Through this program, we can help define your goals for care, advocate for you to manage your quality of life, as well as help avoid complications.

Even in the most complex circumstances, we're here to invest in your care, treat you with dignity and grace and help you make the right care decisions for you and your family.

Learn more about the Advanced Illness program:

Call 816-395-2060, email **Care_Management@BlueKC.com**, or download the Blue KC Care Management app and use access code **kchelpwelcome**.

Blue KC Care Management

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

NOTE: The Member Guide provides a general overview of services and benefits that may be included in some Blue KC health plans. Because coverage details can vary, we encourage you to review your specific plan documents for accurate information. For details about your coverage, please refer to your Summary of Benefits and Coverage (SBC) by visiting **MyBlueKC.com** and clicking on **Plan Benefits**.

SM1337

Kansas City

Living Healthy

Chronic Condition Management

Here to help you manage your condition every step of the way.

If you live with a chronic condition, you're not alone. Chronic conditions affect about six in 10 American adults*. With support from Blue KC, you can learn how to avoid potential problems and keep your health problems from getting worse.

We're Here to Help With Your Health Journey

Our dedicated, in-house registered nurses provide specialized support based on your condition and help you stay on track with care reminders. Our in-house social workers and Community Health Workers help members with chronic conditions address social determinants of health, involving access to food, transportation and more, which can pose additional challenges.

Chronic condition management supports conditions like:

- Asthma (including Pediatric Asthma)
- Chronic Kidney Disease (CKD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes (including Pediatric Diabetes)
- Heart Disease
- Heart Failure
- High Blood Pressure

Registered nurses can assist with your conditions.

It's easy to connect with a registered nurse with the **Blue KC Care Management app**. This app is available at no additional cost and allows you to:

- Keep a diary of your symptoms
- Set daily reminders to take medications
- Read helpful articles about your condition and healthcare coverage
- Chat with a registered nurse to help you coordinate care

How To Get Started:

Step 1: Using your mobile device, search for **Blue KC Care Management** in the App Store or Google Play, or scan the QR code below to download the Care Management app.

Step 2: When prompted, use access code **kchelpwelcome**.

Step 3: Create an account.

Step 4: Follow the instructions to set up your account.

Contact our team of chronic condition clinical professionals:

Call 816-395-2060, email **Care_Management@BlueKC.com**, or download the Blue KC Care Management app and use access code **kchelpwelcome**.

Blue KC Care Management

* CDC National Center for Chronic Disease Prevention and Health Promotion: About Chronic Diseases | Chronic Disease | CDC

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SM1333

Kansas City

Living Healthy

Complex Medical Case Management

Answers and support in life's toughest moments.

Managing a complex health issue can be overwhelming. With Blue KC, you'll find compassionate support from highly-trained staff ensuring you won't have to navigate the healthcare system alone.

Our in-house registered nurses have been specially trained to improve a member's functional health status, when possible, and reduce the need for expensive medical services.

Transplant Surgery Program

Our in-house transplant experts will work closely with you before, during and after your procedure to make sure you're well-informed and prepared for this life-changing process.

High-Risk Maternity

A high-risk pregnancy can be very complex, often with risks of complications for the mother and/or baby. If you're a high-risk mom, our expert obstetric team of OB/GYNs, NICU nurses, pediatric nurses and OB nurses can help you have a healthy pregnancy. See section on "Maternity Support Right From The Start."

Oncology

No matter where you are in your cancer journey, your Blue KC Care Team is here to support you. See section on Oncology.

For case management support:

Call 816-395-2060, email **Care_Management@BlueKC.com**, or download the Blue KC Care Management app and use access code **kchelpwelcome**.

Blue KC Care Management

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SM1334

Transitions of Care Program | BCBS of Kansas City

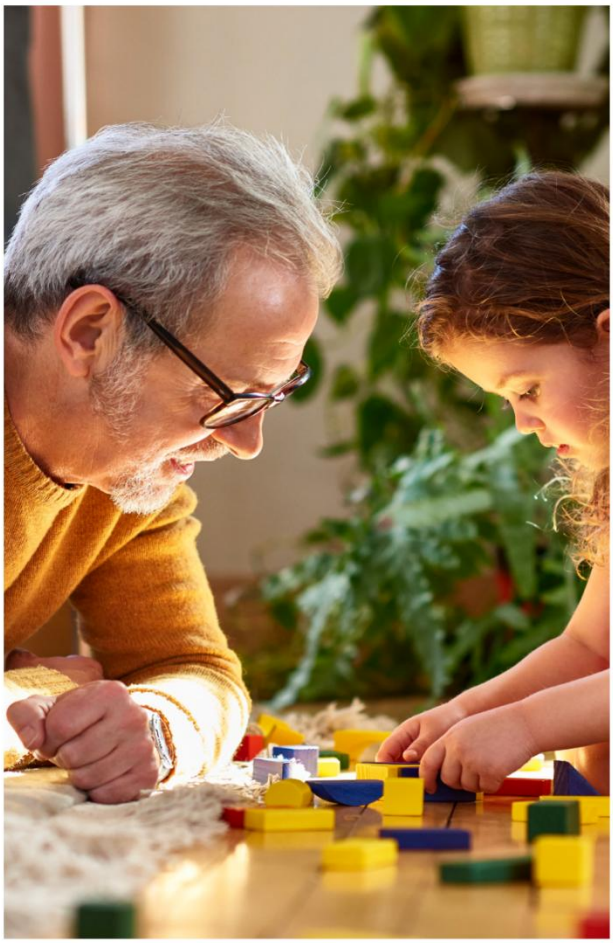
Kansas City

Living Healthy

Transitions of Care Program

Navigating a complex healthcare system can be challenging.

When it's time for you to return home, we want to make sure it's for good. We're committed to helping you transition from the hospital to home, because it's the key to providing you with high-quality care and reducing your likelihood of readmission or the costly use of the emergency room.



Your Blue KC Care Team of Healthcare Professionals:

Ensure you understand discharge instructions, including medications and equipment.

Coordinate your follow-up appointments and assist with any lifestyle barriers impacting your health.

Learn more about the Transitions of Care program:

Call 816-395-2060, email **Care_Management@BlueKC.com**, or download the Blue KC Care Management app and use access code **kchelpwelcome**.

Blue KC Care Management

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SM1336

Diabetes Self Management | BCBS of Kansas City

Kansas City

Living Healthy

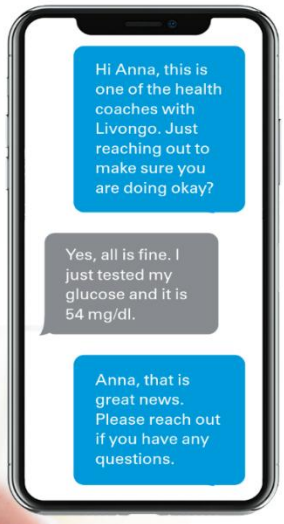
Diabetes Self Management

Strips, lancets, and a digital glucose monitor, at no additional cost.

When you have diabetes, there's a lot to keep up with every day.

The Livongo for Diabetes program makes it easier to keep track of your blood sugar. If you qualify, we'll send you a free glucose meter, plus all the strips and lancets you need.

This easy digital program helps track your glucose and provide instant support for abnormal readings.



Livongo's glucose meter offers:

- Personalized tips with each blood glucose check
- Optional family alerts to keep everyone in the loop
- Ability to reorder strips from your meter
- Real-time support when you're out of range
- Automatic uploads, which replace paper logbooks

Sign up by visiting Join.Livongo.com/BlueKC/register and use code BlueKC or calling 800-945-4355.

Download the Blue KC Care Management app and use access code **kchelpwelcome** to learn more.

Join.Livongo.com

Blue KC Care Management

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SM1332

Lifestyle Program Benefit | BCBS of Kansas City

Kansas City

Living Healthy

Lifestyle Program Benefit

Get healthier with this covered benefit that helps you lose weight.

If you qualify, we'll match you with a program that fits your lifestyle and keeps you on track with one-on-one support from a trained health coach, including virtual options.

Blue KC has partnered with Solera to offer you a personalized experience from leading health solutions like WW (Weight Watchers® Reimagined). And the best part? It's completely paid for by your health plan if you qualify.

Pick the Right Program for You

Choose from a variety of programs, from virtual personal coaching to small group meetings. Each program has milestones to help you stay on track and earn free tools.

Get Digital Tools

After you qualify and are matched to a lifestyle program, you'll receive a smart scale within a week (digital programs only) and an activity tracker after four weeks.*

It's a Covered Benefit – That Means No Additional Cost to You

If you qualify, this benefit is paid for 100%. And so is your matching lifestyle program.

Find out if you qualify by taking a brief quiz at GoSolera.com/BlueKC.

Download the Blue KC Care Management app and use access code **kchelpwelcome**.

GoSolera.com/BlueKC

Blue KC Care Management

*For participants who complete four weeks of activity meeting Diabetes Prevention Program guidelines. Applies to select activity tracker models. Limited to one per person. While supplies last. Solera Health reserves the right to discontinue at any time. Solera4me is provided by Solera Health, an independent company.

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

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SM1331

A Healthier You™ | BCBS of Kansas City

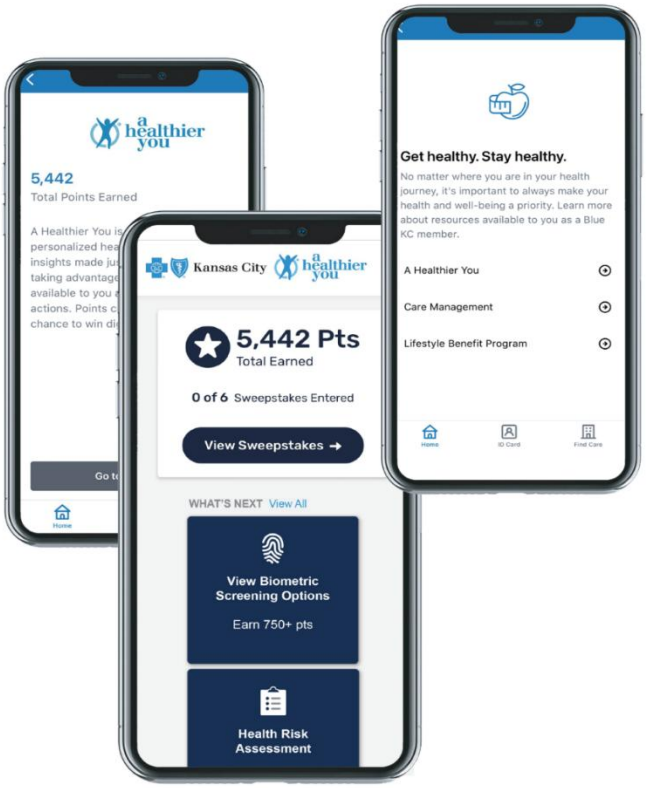
Kansas City

Living Healthy

A Healthier You™

Take control, get healthier, earn chances to win gift cards.

A Healthier You gives you convenient access to wellness tools that you can use to live your healthiest life. Plus, you'll earn points that can be redeemed for chances to win gift cards to popular retailers.



Take your Health Risk Assessment.

Connect a device to track your steps, sleep, nutrition and more.

Get reminders for actions to help you stay on top of preventive care and chronic conditions.

Complete health actions to earn points to enter monthly sweepstakes.

Access the A Healthier You portal for wellness support and helpful digital tools:

Log in to **MyBlueKC.com** and click on Health & Wellness > A Healthier You.

OR

Download the MyBlueKC app from the App Store or Google Play. Open the app and tap the Health & Wellness tab > A Healthier You.

MyBlueKC.com

MyBlueKC mobile app

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

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SM1328

Pharmacy Benefits | BCBS of Kansas City

Kansas City

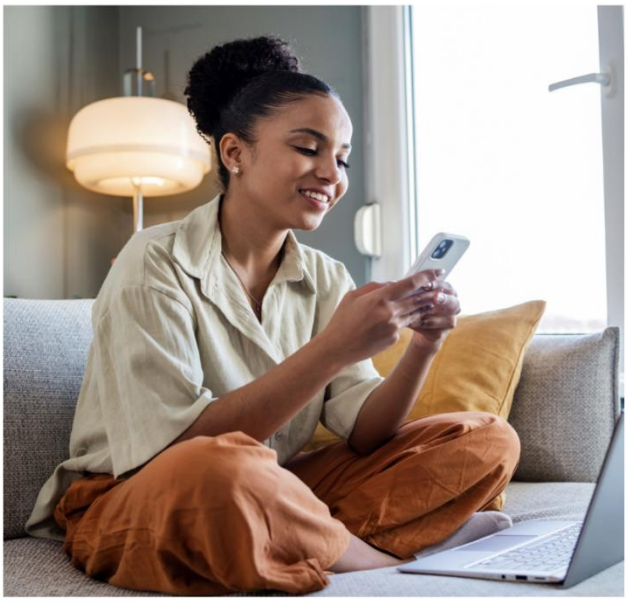
Pharmacy

Making the Most of Your Pharmacy Benefits

We know how important your pharmacy benefits are to you.

Blue KC, together with our pharmacy benefit manager (PBM), provides safe, easy and cost-effective ways for you to get the medication you need.

You have several ways to fill prescriptions. Each option offers convenient services to help you make the most of your pharmacy plan.



Retail Network

You can fill your prescriptions at thousands of retail pharmacies and many national drug stores, supermarkets and large retailers.

Home Delivery

Our home delivery program can save you time and money by delivering maintenance medications directly to your home. Learn more on the next page.

Specialty Pharmacy

Our specialty pharmacy can help you manage your chronic conditions and specialty therapies. Learn more about these benefits on the next page.

Access your account to find your Prescription Drug List, which lists the prescriptions covered by your plan:

Visit **MyBlueKC.com** or download the MyBlueKC app.

MyBlueKC.com

MyBlueKC mobile app

Rx Rewards | BCBS of Kansas City

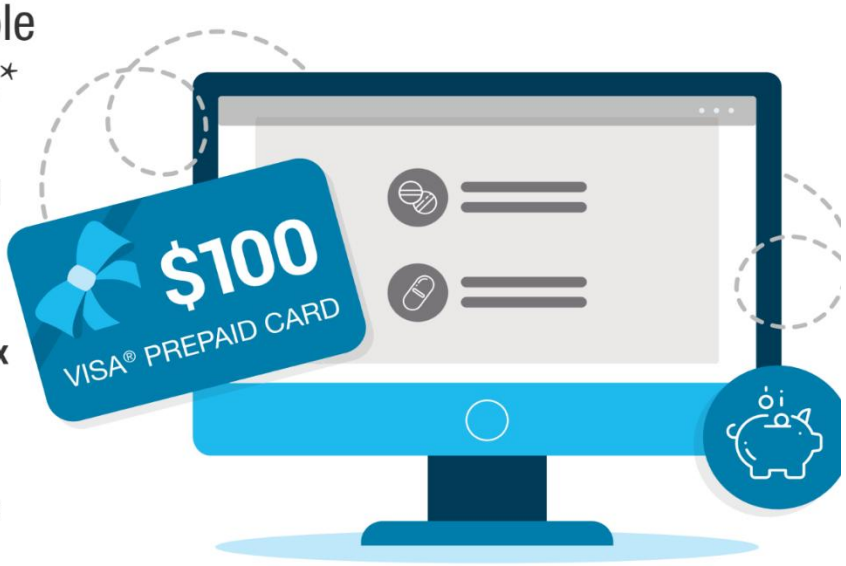
Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Rx Rewards

Get $100 for making a simple change to your prescription.*

Rx Savings Solutions (RxSS) is connected to your Blue Cross and Blue Shield of Kansas City health plan to help find you more affordable medications covered by your insurance. **As part of RxSS, the Rx Rewards program offers a $100 Visa® Prepaid Card for switching to alternatives that are known to be as effective as your current prescriptions but have a lower overall cost.**



What is Rx Rewards?

This program is all about reducing overall healthcare costs—for you and your health plan. Sometimes Rx Savings Solutions finds other options for your prescriptions that may cost you the same amount but end up saving your health plan. If that's the case, you're eligible to receive a $100 Rx Rewards Visa Prepaid Card for making the switch. It's a win-win for everyone.

How it Works

Know Your Options

RxSS will contact you anytime you have an Rx Rewards offer waiting for you.

Make a Switch

RxSS will work with your doctor to get approval and take care of every detail.

Receive $100

Your Rx Rewards card will be mailed to you once your new prescription is filled.

This incentive program is fully funded by Rx Savings Solutions. Visit **rxss.com/rx-rewards-rules** for more information and rules.

Frequently Asked Questions

Check out these commonly asked questions to learn more about the Rx Rewards program.

Where can I use my Rx Rewards card?

You can use your Visa Prepaid Card any place Visa debit cards are accepted (exceptions include gas pumps, ATMs and usage for recurring payments).

Does my Rx Rewards card ever expire?

Each card will have an expiration date printed on it. Once expired, the card can no longer be used.

Do I get an Rx Rewards card anytime I switch to a lower-cost prescription?

*Not every savings opportunity will be eligible for the Rx Rewards program. There may be times when RxSS finds a more affordable prescription option that will lower your out-of-pocket expenses but won't come with an Rx Reward.

Are there tax implications?

Rx Rewards is exempt from most tax withholdings but please consult your tax advisor/benefits provider.

I have a Medicare health plan. Do I still qualify for Rx Rewards?

Medicare members are excluded from this program due to regulations from the Centers for Medicare & Medicaid Services.

Questions?

Call 1-800-268-4476 (TTY 800-877-8973) or email support@rxss.com
Para español, llame al 1-800-917-5572

Rx Savings Solutions has a team of certified pharmacy technicians ready to help. No robots. No phone mazes. Just real pharmacy experts ready to answer any questions you may have about the Rx Rewards program or how you can pay less for your prescriptions.

SM1303_072024

Kansas City

Getting Started

What to Expect on Your Explanation of Benefits (EOB)

When you visit a doctor or hospital, they work with Blue KC to file a claim on your behalf. These claims are outlined on your EOB.

An EOB is your go-to reference for important information like how much of your care was covered and how much you may owe your provider.

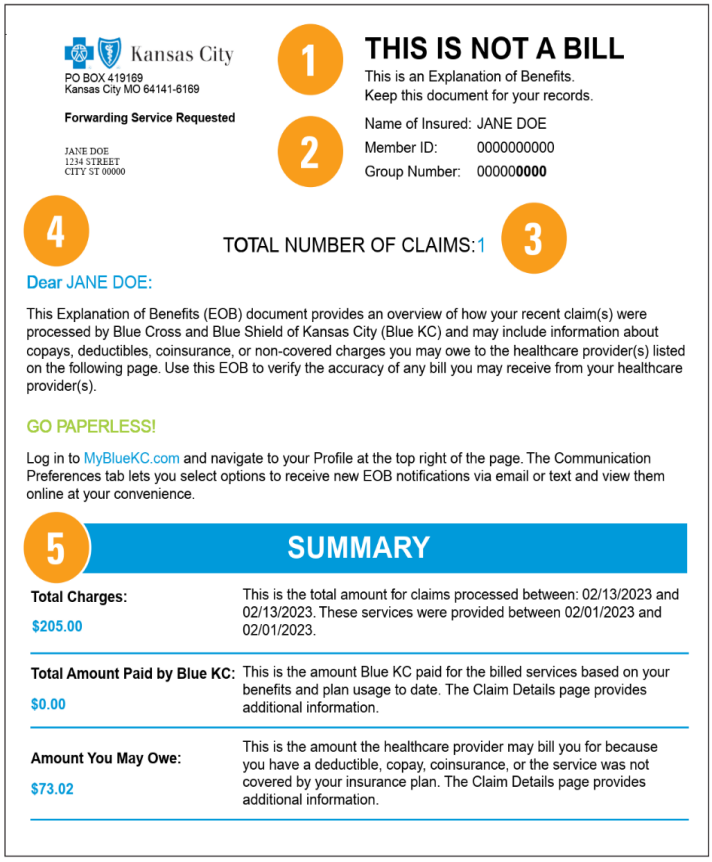
EOBs are available via your Blue KC member account at **MyBlueKC.com** and the MyBlueKC mobile app once a claim has been processed. You can find them under the under the Claims, EOB, & Usage section. You can also sign up for paperless EOBs in the Communication Preferences section.

Enrolling in email or text notifications provides you real-time updates on each of your claims and EOBs.

If you prefer to have EOBs delivered by mail you will receive a single document of all claims processed for the prior 30-day period.

Here's a look at a your EOB

1. **This is Not a Bill:** Your EOB is documentation of how Blue KC has processed your claim. If you do receive a bill from your provider, this is the amount you may owe. Use your EOB to verify the accuracy of any bill you may receive from your healthcare provider.
2. **Member Information:** Information about you and your insurance coverage. If an out-of-network claim has been filed, it is clearly noted here.
3. **Total Number of Claims:** Information about your recent claim(s) within the time period outlined.
4. **Narrative:** A brief overview of how your claim was processed.
5. **Summary:** A simple overview to show how your claim is paid. Please review the Claim Details section for further details.



Kansas City
PO BOX 419169
Kansas City MO 64141-6169

Forwarding Service Requested

JANE DOE
1234 STREET
CITY ST 00000

1 **THIS IS NOT A BILL**
This is an Explanation of Benefits.
Keep this document for your records.

2 Name of Insured: JANE DOE
Member ID: 0000000000
Group Number: 00000**0000**

4 TOTAL NUMBER OF CLAIMS:1 3

Dear JANE DOE:

This Explanation of Benefits (EOB) document provides an overview of how your recent claim(s) were processed by Blue Cross and Blue Shield of Kansas City (Blue KC) and may include information about copays, deductibles, coinsurance, or non-covered charges you may owe to the healthcare provider(s) listed on the following page. Use this EOB to verify the accuracy of any bill you may receive from your healthcare provider(s).

GO PAPERLESS!

Log in to MyBlueKC.com and navigate to your Profile at the top right of the page. The Communication Preferences tab lets you select options to receive new EOB notifications via email or text and view them online at your convenience.

5 **SUMMARY**

Total Charges: $205.00	This is the total amount for claims processed between: 02/13/2023 and 02/13/2023. These services were provided between 02/01/2023 and 02/01/2023.
Total Amount Paid by Blue KC: $0.00	This is the amount Blue KC paid for the billed services based on your benefits and plan usage to date. The Claim Details page provides additional information.
Amount You May Owe: $73.02	This is the amount the healthcare provider may bill you for because you have a deductible, copay, coinsurance, or the service was not covered by your insurance plan. The Claim Details page provides additional information.

Prepared by: Marsh & McLennan Insurance Agency LLC
www.MarshMMA.com | CA Insurance Lic: 0H18131

The rates quoted for these benefits may be subject to change based on final enrollment and/or final underwriting requirements. This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of the plan or program benefits and does not constitute a contract. Consult your plan documents (Schedule of Benefits, Certificate of Coverage, Group Agreement, Group Insurance Certificate, Booklet, Booklet-certificate, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan. All the terms and conditions of your plan or program are subject to applicable laws, regulations and policies. In case of a conflict between your plan document and this information, the plan documents will always govern.