



Kansas City



2023 INDIVIDUAL & FAMILY

RURAL PLANS

Blue KC Rural Plans

From the metro to the suburbs to the country, Blue Cross and Blue Shield of Kansas City (Blue KC) cares for our communities. If you live in one of the counties listed below, you're eligible for Individual & Family plans designed especially for our rural neighbors.

Missouri

- Andrew
- Atchison
- Bates
- Benton
- Buchanan
- Caldwell
- Carroll
- Cass
- Clay
- Clinton
- DeKalb
- Daviess
- Gentry
- Grundy
- Harrison
- Henry
- Holt
- Jackson
- Johnson
- Lafayette
- Livingston
- Mercer
- Nodaway
- Platte
- Pettis
- Ray
- Saline
- St. Clair
- Vernon
- Worth



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2023 Individual & Family Plans

Affordable plan options to fit your needs and budget.

Today more than ever, healthcare is essential for you and your family. Blue KC is proud to offer a range of plan options to fit your health, lifestyle and financial needs.

Here are some of the ways we help make healthcare more affordable:

- All in-network cost-sharing (copays, deductibles and coinsurance) goes toward the out-of-pocket maximum.
- In-network preventive services are covered 100%.
- We can help you find out if you qualify for financial help to help cover the costs of your health plan and healthcare (see page 4).
- Virtual Care options let you consult with a doctor safely and comfortably from home.

Please visit [BlueKCforYou.com](https://www.bluekcforyou.com) to learn more. For personal service, contact your broker or call Blue KC at 833-504-0835.



Levels of Coverage

To make it easy for you to shop and compare coverage, Individual & Family plans—offered on and off the Marketplace—provide benefits at a designated level. These are known as “metal levels.”

Metal levels are Platinum, Gold, Silver and Bronze. Generally, premiums are highest for Platinum and Gold plans and you pay less in deductibles, coinsurance and copays. Premiums are generally lowest with Bronze plans and you pay more in deductibles, coinsurance and copays.

Blue KC offers Gold, Silver and Bronze plans so you can choose a plan that best meets your needs. For example, a Gold plan may be right for someone who uses more healthcare services. If you use services less frequently, you may save money with a Bronze plan. Silver plans offer a balance of premiums and cost-sharing.



Gold plans
pay 80% of covered costs on average



Silver plans
pay 70% of covered costs on average



Bronze plans
pay 60% of covered costs on average

Enjoy Easy Access To Trusted Providers

As a Blue KC plan member, you'll have access to our largest network of doctors, hospitals, medical centers and more. That makes it easy to save money with low in-network costs and easy to get the care you need, when you need it.

Preferred-Care Blue (EPO) Network

- Includes providers in the entire 32-county Blue KC service area (see inside cover).
- Includes 50 in-network hospitals and approximately 6,200 in-network physicians.

To see if your doctor is in our network or to get information about an in-network provider, use our online Doctor & Hospital Provider Finder by going to BlueKC.com and clicking on "Find Care."

RxSelect Pharmacy Network

Save money on prescription drugs at thousands of local and national chain pharmacies.

Exclusive Provider Organization (EPO) Designs

All of our plans are EPOs, which give you a balance of cost savings and flexibility.

- Blue KC negotiates with providers to help keep coverage affordable while also ensuring access to healthcare services. You must receive services from in-network providers, except in an emergency. Non-emergency services received from out-of-network providers will not be covered.
- You do not need to designate a primary care physician or get referrals to see specialists or other healthcare providers.

Rural Plans

Compare benefits and cost-sharing to find the right plan for your needs.

SERVICE AREA	GOLD		SILVER		BRONZE	
	Standard Gold 2000	Standard Silver 5800	Community Silver 6000	Standard Bronze 7500	Saver Bronze 6500	First Bronze 7000
Networks	Preferred-Care Blue (all 32 counties)	BlueSelect, Preferred-Care Blue (24 rural counties)	Preferred-Care Blue (24 rural counties)	BlueSelect, Preferred-Care Blue (24 rural counties)	BlueSelect, Preferred-Care Blue (all 32 counties)	Preferred-Care Blue (24 rural counties)
Spira Care Access	✗	✗	✗	✗	✗	✗
Spira Care Visits	N/A	N/A	N/A	N/A	N/A	N/A
Single Deductible	\$2,000	\$5,800	\$6,000	\$7,500	\$6,500	\$8,700
Family Deductible	\$4,000	\$11,600	\$12,000	\$15,000	\$13,000	\$17,400
Coinsurance	25%	40%	50%	50%	50%	50%
Single OOP Max	\$8,700	\$8,900	\$8,250	\$9,000	\$7,500	\$9,100
Family OOP Max	\$17,400	\$17,800	\$16,500	\$18,000	\$15,000	\$18,200
Telehealth Office Visit & Mental Health Therapy ²	\$0	\$0	\$0	\$0	Ded&Coins	\$0
PCP Network Visits ¹	\$30	\$40	\$40	\$50		\$0 Spira ⁴ /Ded&Coins Network
Urgent Care	\$45	\$60	\$60	\$75		Ded&Coins
Specialist Visits	\$60	\$80	\$75	\$100		Ded&Coins
Hospital Emergency Room	Ded&Coins	Ded&Coins	Ded&Coins	Ded&Coins		
HSA Eligible	✗	✗	✗	✗	✓	✗
Prescription Drugs ³ RxSelect—Walgreens, Walmart and more						
Low Cost Generic	\$15	\$20	\$5	\$25	Ded & 50%	\$5
Generic	\$15	\$20	\$20	\$25		\$50
Preferred	\$30	\$40	\$75	\$50 after Ded		Ded & 50%
Non-Preferred	\$60	\$80 after Ded	\$250	\$100 after Ded		Ded & 50%
Generic & Preferred Specialty	\$250	\$350 after Ded	\$350	\$500 after Ded		\$400
Non-Preferred Specialty	\$250	\$350 after Ded	Ded & 50%	\$500 after Ded		Ded & 50%

Ded = Deductible

Coins = Coinsurance

Plans available both on and off exchange; off-exchange plans include Pediatric Dental.

¹ Primary Care Physicians include General Practice, Family Practice, Internal Medicine and Pediatrics.

² First plan's telehealth visits do not accrue toward limited copay visits.

³ Copays for 3-month supply via mail order are 3x retail copays. Pharmacy benefits have CCAA. Tier 5 is non-preferred specialty drugs.

⁴ \$0 Copay for Spira Care visits; costs will apply for other network PCPs.

You May Be Eligible For Financial Assistance

You may be able to get more savings and lower costs on health insurance coverage due to the American Rescue Plan Act (ARP) of 2021. The Inflation Reduction Act of 2022 extended those savings through 2025. More people than ever before qualify for help paying for health coverage, even those who weren't eligible in the past. You must purchase an ACA Qualified Health Plan to receive lower costs and Blue KC can help you. Go to BlueKCforYou.com or call 833-504-0835.

There are two ways you can receive financial assistance:

Subsidies

Also known as advance premium tax credits (APTC), subsidies work on a sliding scale. They limit the amount you pay in monthly premiums to a percentage of your annual income.

Under ARP, ACA Marketplace premium subsidies are substantially enhanced for people at every income level and, for the first time, are offered to those with income above four times the Federal Poverty Level (FPL). To receive financial aid, you must purchase an ACA Qualified Health Plan. You can research and shop for Blue KC coverage that best meets your budget and health needs at BlueKCforYou.com.

Cost-Sharing Reductions

You'll also find out if your income qualifies for extra savings known as "cost-sharing reductions." If it does, you can save money a second way: by paying less out of pocket each time you get medical services.

Financial Income/Household Size Eligibility Chart*

Household/ Family Size	Most Financial Assistance and "Cost-Sharing"	Medium Level of Financial Assistance and "Cost-Sharing"	Lower Subsidy and "Cost-Sharing"	Some Level of Subsidy
	100% – 150%	150% – 200%	200% – 250%	250% – 400%+**
1	\$13,590 – \$20,385	\$20,385 – \$27,180	\$27,180 – \$33,975	\$33,975 – \$54,360
2	\$18,310 – \$27,465	\$27,465 – \$36,620	\$36,620 – \$45,775	\$45,775 – \$73,240
3	\$23,030 – \$34,545	\$34,545 – \$46,060	\$46,060 – \$57,575	\$57,575 – \$92,120
4	\$27,750 – \$41,625	\$41,625 – \$55,500	\$55,500 – \$69,375	\$69,375 – \$111,000
5	\$32,470 – \$48,705	\$48,705 – \$64,940	\$64,940 – \$81,175	\$81,175 – \$129,880
6	\$37,190 – \$55,785	\$55,785 – \$74,380	\$74,380 – \$92,975	\$92,975 – \$148,760
7	\$41,910 – \$62,865	\$62,865 – \$83,820	\$83,820 – \$104,775	\$104,775 – \$167,640
8	\$46,630 – \$69,945	\$69,945 – \$93,260	\$93,260 – \$116,575	\$116,575 – \$186,520

*2022 Federal Poverty Level Chart

**Subsidies are abbreviated beyond 400% with ARP.

Cost-Sharing Reductions

When you apply for Blue KC Individual & Family plan coverage, you may be eligible to receive an additional level of savings called Cost-Sharing Reductions (CSR). CSRs are a discount that lowers the amount you have to pay for things like deductibles, copayments and coinsurance. CSRs are often called "extra savings" and are only available on Silver plans. Here's a breakdown of what your reduced costs could be with CSRs:

Federal Poverty Level		
100% – 150%	151% – 200%	201% – 250%
Most financial assistance and "cost-sharing"	Medium financial assistance and "cost-sharing"	Least financial assistance and "cost-sharing"

With CSRs you save on the following:

- Single/Family Deductible
- Coinsurance
- Single/Family Out-of-Pocket Maximum
- Virtual Care
- PCP Visits
- Urgent Care
- Specialist Visits
- Hospital
- Emergency Room
- Prescription Drugs

Extra Benefits

The following benefits and services are included with Blue KC plans at little or no extra cost.



Virtual Care

Get the healthcare you need from the safety and comfort of home. Services include 24/7 Urgent Care visits and scheduled behavioral health therapy. Members can connect anywhere using the Blue KC Virtual Care app (download in your phone's app store) or online at www.bluekcvirtualcare.com. In-network providers may also offer virtual visits.



Mindful by Blue KC

Blue KC is thinking differently about coverage and care, enhancing the behavioral health services provided in member health plans. Mindful by Blue KC is a behavioral health initiative dedicated to reducing the stigma around behavioral health, while making behavioral healthcare accessible and affordable.

Mindful Advocates

In a unique role exclusive to Blue KC health plans, there is a Mindful Advocate in your corner who is available to help 24/7. And as a Blue KC member, all you have to do is reach out.



Rx Savings Solutions

This free program can help you lower your pharmacy costs by automatically searching for the lowest prices on prescription drugs. If a price is lower than the standard pricing used by Blue KC's pharmacy benefits manager, you'll receive an alert to notify you of the potential savings.



Healthy Companion™ Program

Healthy Companion supports members with chronic health conditions by providing access to resources and one-on-one support. Tools and resources include educational reminders, online tips and clinical support. The level of support is tailored to members according to their needs and preferences.

Members with the following conditions are automatically enrolled:

- Asthma
- COPD
- Depression
- Diabetes
- Heart Disease
- Heart Failure
- High Blood Pressure
- Metabolic Syndrome
- Stress and Anxiety



Diabetes Management

We have diabetes prevention and management services included in our plan benefits. You get a cellular meter, unlimited strips (if you qualify), remote monitoring with emergency outreach and one-on-one live coaching sessions.



Blue365®

Members can take advantage of exclusive deals and discounts on health and lifestyle products and services. Simply register and shop online. You can also receive weekly emails with special offers. Top brands include:

- Beltone
- Fairmont Hotel
- Jenny Craig
- LasikPlus
- Nutrisystem
- QualSight Lasik
- Reebok
- And many more



Rewards Program

The Blue KC ACA Rewards program rewards you for taking care of your health. Eligible members qualify to earn a \$25 digital gift card for completion of the annual preventive visit. And, for members with a family plan, the reward includes adults and children, so a family of two adults and two children would qualify for \$100 in rewards.



Stand-Alone Dental Plans

Good dental health is important to your overall well-being. Blue KC offers comprehensive Individual and Family dental plans at affordable prices.

- \$0 cost in-network preventive care
- Savings on covered dental procedures
- Two networks with expansive local and national access

IN-NETWORK DENTAL BENEFITS (NON-PARTICIPATING DENTAL BENEFITS ARE AVAILABLE)								
Plan Name	BlueDental Preventive 1000		BlueDental 1000		BlueDental Plus 1000		BlueDental Plus 1500	
	PPO	Choice	PPO	Choice	PPO	Choice	PPO	Choice
BLUE DENTAL NETWORK	Coinsurance (Plan Pays)		Coinsurance (Plan Pays)		Coinsurance (Plan Pays)		Coinsurance (Plan Pays)	
Diagnostic & Preventive	100%	85%	100%	85%	100%	85%	100%	85%
Basic¹ Requires a 6-month waiting period	Not Covered		80%	70%	80%	70%	80%	70%
Major¹ Requires a 12-month waiting period	Not Covered		Not Covered		50%	50%	50%	50%
Orthodontia	Not Covered		Not Covered		Not Covered		Not Covered	
Deductible²	\$0	\$0	Preventive: \$0		Preventive: \$0		Preventive: \$0	
			Basic: \$50		Basic: \$50		Basic: \$50	
			Major: Not covered		Major: \$200		Major: \$150	
Calendar Year Maximum	Blue KC pays up to: \$1,000/each covered person		Blue KC pays up to: \$1,000/each covered person		Blue KC pays up to: \$1,000/each covered person		Blue KC pays up to: \$1,500/each covered person	
Rate/Month	Adult		\$27		\$35		\$39	
	Child ³		\$24		\$28		\$32	

Preventive services are available from the effective date of coverage, while other services require a waiting period. Services requiring a waiting period include basic restorative, major restorative, endodontics, periodontics and oral surgery needs, like root canals, tooth extractions and preparation of the mouth for dentures, and anesthesia (when used during a covered service).

¹ The waiting period for Basic Services and Major Services can be waived with prior coverage from Blue KC or another carrier. The individual must have at least six months of continuous prior coverage to waive the Basic Services waiting period and at least 12 months of continuous coverage to waive the Major Services waiting period. The individual must apply for Blue KC coverage within 30 days of prior coverage ending.

² Deductible amount for Basic Services and Major Services are per each covered person.

³ A child is under the age of 18; rates are based on the contract holder's age as of January 1 of the current year. The Dependent Limiting Age is 26. Refer to the dental contract for complete terms and conditions.

Additional Dental Plan Information

Dental Service Types

Diagnostic & Preventive Care Dental (Type I) Services

Deductible does not apply.

- Oral evaluations—two per calendar year
- X-rays—complete mouth once every three calendar years; single tooth—12 per calendar year; bitewing—two occurrences per calendar year
- Teeth cleaning—two per calendar year
- Fluoride treatment—two per calendar year (age 19 and under)
- Sealant application on posterior tooth—one treatment per tooth every three years (age 14 and under)
- Fixed and removable space maintainer (initial appliance only)
- Emergency treatment—temporary pain relief

Basic Care Dental (Type II) Services*

Requires a six-month waiting period from effective date. Deductible applies.

- Fillings—composite fillings on all teeth
- Recementation of existing inlays, crowns and bridges
- Endodontics—root canals and pulpal therapy
- Tooth extraction (simple and surgical, including wisdom teeth)
- General Anesthesia—payable only if provided in connection with a covered service

Major Dental (Type III) Services*

Requires a 12-month waiting period from effective date. Deductible applies.

- Periodontics—gum/tissue care and surgery
- Single crowns, inlays, onlays, bridges and dentures
- Maintenance of Prosthodontics—adjustment/repair of dentures

* Requirements for waiver of waiting period:

- The individual must have at least six months of continuous prior coverage to waive the Basic Services waiting period and at least 12 months of continuous coverage to waive the Major Services waiting period.
- Individual must apply for Blue KC dental coverage within 30 days of prior coverage ending.

About Our Dental Networks

Blue Dental PPO Providers

- The preferred network of dentists in the Blue KC service area. **Lower** out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID Blue Cross and Blue Shield national network.

Blue Dental Choice Providers

- An additional network of dentists in the Blue KC service area. **Higher** out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID+ Blue Cross and Blue Shield national network.

Non-Participating Providers

- Seeing a non-participating dentist results in the **highest** out-of-pocket costs for covered services. Members may be responsible for filing claims and may be balanced-billed by the non-participating provider.

Dental Plan Exclusions and Limitations

Some covered services have limitations based on age or how often they're used. Definitions of covered services may vary by plan. Plans have exclusions, limitations and terms under which they may be continued in force or discontinued. In addition, the following services and supplies are NOT covered:

- Experimental services, supplies or procedures
- Treatment of any jaw joint disorder, such as a joint disorder commonly known as temporomandibular joint disorder (TMJ)
- Replacement of lost, missing or stolen dental appliances and certain damaged dental appliances
- Those services defined as not Medically Necessary for the diagnosis, care or treatment of a condition
- All other limitations and exclusions in the dental contract

Exclusions and Limitations

Plans have exclusions, limitations and terms under which they may be continued in force or discontinued. These exclusions and limitations are also available at bluekc.com/2023exclusions.

Services and supplies covered by Medicare Part A, Part B or Part C (Medicare Advantage), regardless of whether or not you are actually enrolled in Medicare, are NOT covered. This exclusion applies to all Covered Persons eligible to enroll under Medicare Part A, Part B or Part C (Medicare Advantage) or otherwise entitled to Medicare benefits, from the date of their eligibility or entitlement to Medicare benefits, including Covered Persons who do not enroll or otherwise make application for Medicare benefits.

Services and supplies are NOT covered if they are not specifically covered under the Contract, are received in connection with or related to a complication of a non-covered service or supply, are not Medically Necessary or are Experimental/Investigative, or are subject to Our Prior Authorization requirement and such approval was not obtained. Services or supplies received are NOT covered if there is no legal obligation for payment or for services or supplies received where a portion of the charge has been waived. This includes but is not limited to full or partial waiver of any applicable Cost-Sharing.

In addition, the following services and supplies are NOT covered:

- For injuries/illnesses related to an individual's job or care for any injury/illness incurred while on active or reserve military duty, or resulting from war or any act of war
- Custodial, convalescent or respite care and/or services performed by an individual's immediate family members or household members
- For cosmetic purposes, including removal of scars or tattoos, surgical treatment of scarring secondary to acne or chickenpox, and/or hairplasty or hair removal
- Personal care and convenience items; nonmedical equipment; and/or Durable Medical Equipment that would normally be provided by a Skilled Nursing Facility
- Repairs and replacement of prosthetic and/or orthotic devices
- Acupuncture, acupressure, rolfing, services provided by a massage therapist, aromatherapy and other forms of alternative treatment
- Genetic testing and/or services ordered or requested in connection with criminal actions (including diversion agreements), divorce and/or child custody/visitation

- Blood donor expenses
- Adult vision services, including radial keratotomy and refractive keratoplasty procedures
- Except as specifically provided in your Contract, dental services and complications of dental treatment are not covered. If your Contract does provide coverage for pediatric dental (age 18 and under), these services are subject to frequency limits as described in your Contract
- Medical or dental management of conditions of the temporomandibular joint or correcting deformities of the jaw
- In-vitro fertilization, artificial insemination, ovulation induction and other medical procedures related to infertility
- Non-prescription enteral feedings and other nutritional and electrolyte supplements
- Marital counseling; counseling to improve intra or interpersonal development; music therapy; remedial reading; recreational therapy; and/or other forms of education or special education
- Occupational therapy provided on a routine basis as part of a standard program for all patients
- Elective pregnancy termination
- Megavitamin therapy; nutritional-based therapy; nutritional assessment testing; and/or saliva hormone testing
- Involuntary inpatient commitments from a Non-Participating Provider after the Covered Person has been screened and stabilized
- Speech therapy for vocal cord training/retraining due to vocational strain and/or weak cords
- Services or supplies received from any provider in a country where the terms of any legislative or regulatory action taken by the United States would prohibit payment or reimbursement for such services
- Extracorporeal shock wave therapy due to musculoskeletal pain or musculoskeletal conditions and for electrical stimulation
- For the treatment of obesity or morbid obesity, except as specifically provided in your Contract
- For medications which are not on the formulary drug list

Missouri-Only Exclusions and Limitations

- Services related to the diagnosis or treatment (including drugs) of infertility or related conditions
- Hypnotism, hypnotic anesthesia and massage therapy
- Services received for (or in preparation for) any diagnosis or treatment of impotency (including drugs); penile prosthesis and its implantation; and/or reversal of elective sterilization procedures
- Sales tax
- For speech therapy due to otitis media and ear infections
- For covered persons age 18 and under, routine eye exams are limited to 1 per calendar year; 1 pair of lenses per calendar year and 1 set of frames up to the Allowable Charge
- Private Duty Nursing is limited to 150 visits per calendar year
- Home Health Care Services are limited to 100 visits per calendar year
- Habilitative and Rehabilitative Physical Therapy are limited to 20 visits each per calendar year
- Habilitative and Rehabilitative Occupational Therapy are limited to 20 visits each per calendar year
- Pulmonary Therapy is limited to 20 visits per calendar year
- Cardiac Therapy is limited to 36 visits per calendar year
- Wigs are limited to 1 per calendar year following treatment for cancer
- Travel and Lodging for Transplant Services is limited to \$150 per day, up to 60 days per calendar year
- Hearing aids are limited to 1 set every 4 years
- Biofeedback (including neurofeedback), except as specifically provided
- Cranial (head) remodeling devices, including but not limited to Dynamic Orthotic Cranioplasty ("DOC Bands"), except as specifically provided
- Skilled Nursing Facility is limited to 90 days per calendar year

Kansas-Only Exclusions and Limitations

- Biofeedback (including neurofeedback)
- Lodging or travel to and from a health professional or health facility
- Hearing care services, including but not limited to hearing aids and the examination for fitting of these items
- Services received for (or in preparation for) any diagnosis or treatment of sexual dysfunction (including drugs and prosthesis); and any related complications unless the Covered Person has a documented disease resulting in impotence; and/or reversal of sterilization procedures
- Sales tax, to the extent it exceeds our Allowable Charge
- Laboratory services performed by an independent laboratory that is not approved by Medicare
- Rehabilitative Speech Therapy is limited to 90 visits per calendar year
- Cranial (head) remodeling devices, including but not limited to Dynamic Orthotic Cranioplasty ("DOC Bands")
- For covered persons age 18 and under, 3 pairs of lenses

Disclosure Notices

All plans that cover prescription drugs are considered creditable coverage for Medicare Part D. Blue KC subcontracts with other organizations (or vendors, or entities) to perform certain health services such as utilization management (e.g., hospital concurrent review, prior authorizations, peer medical necessity review, denials/approvals, appeals), member complaints, provider credentialing, and case management for members with complex and catastrophic conditions. Plan benefits shown may be enhanced for some individuals (e.g., American Indians and Alaskan Natives with incomes at or under 300% of the Federal Poverty Level, and for individuals eligible for cost-sharing subsidies). Please contact Blue KC to obtain additional plan details for individuals meeting these classifications. Premiums are owed by the Contractholder. Premiums may not be paid by third parties unless related to the Contractholder by blood or marriage or required by law.

Get Started Now.

The Marketplace Open Enrollment Period starts November 1, 2022. Your new coverage will be effective January 1, 2023 if you choose a plan by December 15, 2022.

You can purchase health insurance directly from Blue KC or at the Marketplace. You must enroll through the Marketplace to receive financial aid, but you can still shop, compare and find the right plan for you at [BlueKCforYou.com](https://www.BlueKCforYou.com).

We're here to help.

Regardless of where you choose to purchase your health insurance, we encourage you to contact your broker or a Blue KC representative to answer your questions and help guide you through the process.

Call Blue KC at 833-504-0835 or visit us online at [BlueKCforYou.com](https://www.BlueKCforYou.com).

For additional help, Blue KC:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Customer Service, 844-395-7126 (Toll free), or email languagehelp@bluekc.com. For TTY services, please call 816-842-5607.



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