

26-27

RETIREE BENEFITS GUIDE



Police
KC/MO

BOARD OF POLICE COMMISSIONERS

Welcome to Your Benefits!

IMPORTANT NOTE ABOUT YOUR BENEFITS

Any retirees reaching age 65 on or after January 1, 2026, are not eligible to enroll in the Blue KC PPO, EPO, or HDHP plans. As of January 1, 2026, you are still able to participate in the Medicare Advantage and/or Medicare Tie-In Plan G offered through the department.

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Eligibility

Retiree Eligibility

Retirees under the age of 65 who are receiving a monthly pension benefit from the Police Retirement System are eligible to enroll in the non-Medicare Department benefits. Any retirees reaching age 65 on or after January 1, 2026, are not eligible to enroll in the Blue KC PPO, EPO, or HDHP plans. As of January 1, 2026, you are still able to participate in the Medicare Advantage and/or Medicare Tie-In Plan G offered through the department.

Dependent Eligibility

You may enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include the retiree's legal spouse or domestic partner and eligible dependent children until the end of the calendar year in which they turn age 26. If your dependent child is disabled and incapable of self-support, they will continue to be eligible beyond age 26 for as long as they remain disabled.

Making Changes During the Year

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

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

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

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

UnitedHealthcare Medicare Advantage Plan

As a retiree of the Department, you have the option of enrolling in the UnitedHealthcare Medicare Advantage Plan. The premium for calendar year 2026 is **\$264.23 per month per covered member**. For more details, contact UnitedHealthcare member services at 866.868.6746.

In-network medical benefit summary		Non-medicare covered services	
Deductible	\$0	Fitness benefit	Included
Out-of-pocket maximum	\$2,000	Hearing exams	\$0, limited to one per year
Office visit (no referrals required)		Hearing aids	\$500 allowance every three years
Primary care	\$0	Diabetic supply program	Included
Specialist	\$30	Prescription drug benefit summary	
Urgent care	\$40	Deductible	\$0
Emergency services		True out of pocket threshold	\$2,100
Emergency room	\$80	Retail 30-day supply	\$2/\$6/\$47/ \$100/33%
Ambulance services	\$100	Retail 90-day supply	\$0/\$18/\$141/ \$300/N/A
Hospital services		Mail order 90-day supply (Optum)	\$0/\$12/\$94/ \$200/N/A
Inpatient	\$175 per admit	Catastrophic coverage	
Outpatient	Surgery — \$100 All other services — \$100	Coverage benefits start once maximum in true OOP costs is incurred	\$0
Diagnostic procedures			
Outpatient laboratory and X-ray	Labs — \$0 X-rays — \$30		
Dental and vision services			
Medicare covered dental	\$30		
Eye exam	\$0		
Diabetic eye exam	\$0		
Hearing services			
Hearing exam (non-routine)	\$30		
Skilled nursing services			
SNF care days 1-20	\$0 per day		
SNF care days 21-100	\$100 per day		
Limit per medicare benefit period	100 days		
Outpatient rehab services	\$30		
Medicare part B drugs	\$0		
Other medicare covered services			
Chiropractic care	\$20		
Acupuncture	\$30		
Podiatry	\$30		

UnitedHealthcare Medicare Advantage Resources



SilverSneakers Fitness program

The UnitedHealthcare plan includes SilverSneakers, a health and fitness program designed for Medicare plan members. It includes a standard monthly membership at participating fitness locations plus online classes, workshops and more.

To learn more about the program, call 888.338.1722 or visit silversneakers.com/starthere.

Free Diabetic Supplies

Through the UHC Medicare Advantage plans, you will have access to free Accu-Chek or OneTouch glucose monitors and test strips. Additionally, you can take advantage of diabetes self-management training resources and free therapeutic shoes or inserts.

UnitedHealthcare Healthy at Home Post-Discharge Program

If you are enrolled in the UHC Medicare Advantage plan and have an inpatient hospital or skilled nursing facility stay, you can receive at no cost:

- 28 home-delivered meals
- 12 one-way trips to medically related appointments and therapy, up to 50 miles per trip
- Six hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver

Services must be provided by UHC-approved vendors. For more information, call UnitedHealthcare member services at 866.868.6746.

UHC Rewards

If you're a UnitedHealthcare Medicare Advantage member, you may be eligible to earn rewards for doing things you already do. There are many ways to earn and spend rewards. Simply complete certain eligible health-related activities, report them and then spend your rewards at thousands of national retailers, including Walmart, Walgreens, CVS and many local options. Choose from many eligible items like over-the-counter products, gifts, groceries and more.

Member Discounts

As a member of a UHC Medicare Advantage plan, you have access to a collection of discounts. From everyday items to big purchases, members can save on hundreds of products from well-known brands. Discount offers may include

- Travel and leisure
- Electronics
- Health food delivery and meal kits
- Fitness gear
- Sleep health
- Groceries
- Home and auto
- Pet care
- And hundreds more

Medicare Tie-In Plan G



The Medicare Tie-In Plan G is offered through Blue Cross Blue Shield of Kansas City. It is available only to retirees and/or spouses enrolled in Medicare. The plan provides nationwide coverage, which means you do not need to live in the Kansas City area to take advantage of this plan. Monthly costs are based on your age at the time of your enrollment.

Prescription drugs are not included in Medicare Tie-In Plans. Medicare Part D offers prescription coverage; however, the Department does not offer Medicare Part D plans.

Missouri Plan G Rates Are as Follows

Issue age	Male	Female
Disabled	\$263.48	\$263.48
65	\$242.21	\$218.74
66	\$246.48	\$224.07
67	\$251.81	\$227.27
68	\$256.08	\$232.61
69	\$260.35	\$237.94
70	\$264.62	\$240.08
71	\$274.22	\$249.68
72	\$281.69	\$256.08
73	\$289.16	\$263.55
74	\$297.69	\$271.02
75	\$307.30	\$278.49
76	\$314.77	\$285.96
77	\$322.23	\$292.36
78	\$332.90	\$300.89
79	\$341.44	\$310.50
80	\$349.98	\$317.97
81	\$358.51	\$327.57
82	\$369.18	\$336.11
83	\$379.85	\$345.71
84	\$389.46	\$353.18
85+	\$400.13	\$363.85

Premium rate is based on the age you are on the effective date of the policy. Premiums may change once per 12-month period due to medical costs.

For rates other than the state of Missouri, please contact Sheri Blankenship at 816.395.2916.

Questions about the Blue KC EPO, PPO, or HDHP offerings? Contact our enrollment assistance line at 833.553.1997 or email kcpdbenefits@lockton.com during Open Enrollment.



Medical and Prescription Drug Benefit Summaries

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

	EPO	PPO	HDHP
Network	BlueSelect Plus	Preferred-Care Blue	BlueSelect Plus
Medical			
Deductible			
Individual	None	\$600	\$3,500
Family	None	\$1,200	\$7,000
Member coinsurance	None	10%	30%
Out-of-pocket maximum			
Individual	\$2,500	\$3,000	\$5,000
Family	\$5,000	\$6,000	\$10,000
Preventive care	No cost	No cost	No cost
Office visit			
Primary care	\$20 copay	\$20 copay	Deductible then 30% coinsurance
Specialist	\$40 copay	\$40 copay	Deductible then 30% coinsurance
Spira Care Clinic	\$0 copay	Not available	\$60 charge prior to deductible, then no charge *
Urgent care	\$40 copay	\$40 copay	Deductible then 30% coinsurance
Emergency room (copay waived if admitted)	\$200 copay	\$200 copay + deductible then 10% coinsurance	Deductible then 30% coinsurance
Hospital services			
Inpatient/outpatient	No cost	Deductible then 10% coinsurance	Deductible then 30% coinsurance
MRI, MRA, CT/PET scans	\$200 copay per day	Deductible, then 10% coinsurance	Deductible then 30% coinsurance
Pharmacy			
Retail (up to 34 days)			
Tier 1	\$10 copay	\$10 copay	Deductible then 30% coinsurance
Tier 2	\$30 copay	\$30 copay	Deductible then 30% coinsurance
Tier 3	\$50 copay	\$50 copay	Deductible then 30% coinsurance
Mail order (up to 102 days)			
Tier 1	\$20 copay	\$20 copay	Deductible then 30% coinsurance
Tier 2	\$60 copay	\$60 copay	Deductible then 30% coinsurance
Tier 3	\$100 copay	\$100 copay	Deductible then 30% coinsurance

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

*Based on Blue KC Fair Market Value pricing; subject to change

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Monthly Premiums

Retirees under 65	EPO	PPO	HDHP
Retiree	\$974.04	\$1,072.92	\$824.95
Retiree and one dependent	\$1,959.74	\$2,158.62	\$1,659.78
Retiree and family	\$2,897.81	\$3,191.87	\$2,454.27
Retirees 65 and over			
Retiree only	\$859.10	\$946.26	\$727.61
Retiree and one dependent <65	\$2,142.91	\$2,360.27	\$1,814.91
Retiree and spouse > 65	\$1,717.21	\$1,891.41	\$1,454.38
Retiree and spouse < 65 w/ dependents <65	\$3,364.32	\$3,705.60	\$2,849.38
Retiree and spouse > 65 w/ dependents <65	\$2,938.66	\$3,236.76	\$2,488.87
Retiree (w/ Medicare) and spouse and dependents	\$2,747.76	\$3,026.46	\$2,327.19



Medical and Prescription (Rx) Insurance



In 2026-2027, Blue Cross Blue Shield of Kansas City (Blue KC) will administer three comprehensive medical plans.

Plan	EPO	PPO	HDHP
Network	BlueSelect Plus with Spira Care	Preferred-Care Blue	BlueSelect Plus with Spira Care
Overview	<p>Narrow network with deeper discounts within the KC metro with access to broad national network as well as Spira Care clinics throughout the KC area.</p> <p>Most favorable employee contributions</p> <p>Most favorable network discounts, which means you will pay less out of your pocket when you visit a provider</p> <p>Richest plan design (least member out-of-pocket costs) of the Department's three plans</p>	<p>Blue KC's most broad network, essentially covers majority/most contracted providers with access and coverage for out-of-network providers.</p> <ul style="list-style-type: none"> ■ Deductible of \$600 for individuals/\$1,200 for families ■ Out-of-pocket maximum of \$3,000 for individuals/\$6,000 for families ■ Specialist visit and Urgent Care copays of \$40 	<p>Narrow Network with deeper discounts within the KC metro with access to broad national network as well as Spira Care clinics throughout the KC area.</p> <p>A qualified high deductible health plan has a higher annual deductible compared to traditional plans in order to be HSA compatible. HSAs are a special kind of tax-advantaged savings account used to accumulate funds for qualified healthcare expenses. Other than preventive care, which is covered at 100%, you pay first-dollar costs for medical services until your annual deductible is met, then you only cover your coinsurance.</p>
Local network coverage	<p>In-network only coverage (except emergencies)</p> <p>Narrow network with deeper discounts applies to Blue KC service area only</p>	In- and out-of-network coverage	<p>In- and out-of-network coverage</p> <p>Narrow network with deeper discounts applies to Blue KC service area only</p>
Coverage outside 32 county Blue KC service area?	Yes — National and international coverage through BlueCard network	Yes — National and international coverage through BlueCard network	Yes — National and International coverage through BlueCard network
Primary care physician required?	No	No	No
Spira Care Center access?	Yes (No member cost)	No	Yes (\$60 cost for visits prior to deductible, then no member cost after meeting deductible)

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How the Health Plans Work: Basic Terms of the Health Plan

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

	EPO	PPO	HDHP
Deductible	<p>The amount you pay for healthcare services before your health insurance begins to pay. The PPO and HDHP both have a deductible. You'll pay 100% of eligible healthcare expenses until the deductible is met for the calendar year. After that, you share the cost with the plan by paying coinsurance.</p> <p>Deductible accumulates on a calendar year basis and resets every January 1.</p> <p>An individual within family coverage (employee + one or more dependents) only needs to meet the individual deductible before coinsurance applies.</p>		
	N/A	Individual: \$600 Family: \$1,200	Individual: \$3,500 Family: \$7,000
Coinsurance	<p>Only applicable to the PPO and HDHP plans. Your share of the costs of a covered healthcare service, calculated as a percentage of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the charge for an office visit is \$100, and you have met your deductible, your coinsurance payment of 10% or 30% would be \$10 or \$30. Your health insurance pays the rest of the allowed amount.</p>		
	N/A	10%	30%
Copays	<p>A fixed-dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will count towards your out-of-pocket maximum.</p>		
	PCP: \$20 Specialist/urgent care: \$40	PCP: \$20 Specialist/urgent care: \$40	N/A
Out-of-pocket maximum	<p>This is the most you pay for covered services in a calendar year. After you spend this amount on covered medical and prescription drug costs, your health plan pays 100% of the costs of covered benefits.</p> <p>Out-of-pocket accumulates on a calendar year basis and resets every January 1.</p> <p>An individual within family coverage (employee + one or more dependents) only needs to meet the individual out-of-pocket maximum.</p>		
	Individual: \$2,500 Family: \$5,000	Individual: \$3,000 Family: \$6,000	Individual: \$5,000 Family: \$10,000

Spira Care

The EPO plan and HDHP include exclusive access to Spira Care Centers. Spira Care gives you easy access to the advanced primary care services you need, and they are conveniently located across the Kansas City metro area. **Services received at Spira Care Centers are at minimal or no cost to you, with a \$0 copay for those enrolled in the EPO plan and a \$60 charge prior to deductible for those enrolled in the HDHP.**

Available to those enrolled in the EPO and HDHP plans

Visits to Spira Care Centers are available on an appointment basis. Call 913.29.SPIRA (77472) to inquire about a same-day or next-day appointment. After business hours, a provider is always on call and available by phone for care needs that can't wait until the next day.

Comprehensive services

- Care guides
- Advanced primary care
- Behavioral health consultations
- Chronic medical condition management
- Comprehensive medication management
- Diabetes care management and health coaching
- Digital x-rays and routine lab draws
- Off-the-job injuries (by appointment)
- Immunizations
- Routine preventive care
- Sick care (by appointment)

To learn more

Call Spira Care at 913.29.SPIRA (77472) or visit spiracare.com

Spira Care locations



Spira Care Crossroads

1916 Grand Boulevard
Kansas City, MO 64108

Spira Care Independence

3717 S Whitney Avenue
Independence, MO 64055

Spira Care Lee's Summit

760 NW Blue Parkway
Lee's Summit, MO 64086

Spira Care Liberty

8350 N Church Road
Kansas City, MO 64158

Spira Care Olathe

15710 W 135th Street, Suite 200
Olathe, KS 66062

Spira Care Overland Park

7341 W 133rd Street
Overland Park, KS 66213

Spira Care Shawnee

10824 Shawnee Mission Parkway
Shawnee, KS 66203

Spira Care Tiffany Springs

8765 N Ambassador Drive
Kansas City, MO 64154

Spira Care Wyandotte

9800 Troup Avenue
Kansas City, KS 66111

Spira Care Providers and Frequently Asked Questions

Care Guides

Every Spira Care member will have access to a team of Care Guides to walk with them on their health journey. Care Guides are available to answer insurance questions, coordinate care, and more. Call 913.29.SPIRA (77472) to speak to a care guide.

First-Class Doctors

Spira Care's team of doctors is known for an exceptional level of care. They're member-centric experts with a passion for family care and a dedication to ongoing wellness and member peace of mind.

Care Team

Blue KC's nurses, doctors, and Care Guides are unified in creating a wellness road map for each member. Together, this Care Team provides a complete healthcare support system.

Frequently asked questions

Q: How do I know if getting treatment at a Spira Care Center is right for me?

A: This offering is crafted for members looking to simplify and personalize their healthcare experience. If your and your family's health needs in the next year will largely fall within primary care, including routine labs, digital X-rays, and routine behavioral health consultations, you can enjoy the peace of mind that comes with choosing Spira Care. You'll have the support of a Care Team and assistance with any services needed outside the Care Center that are in your plan's network.

Q: Do I need to schedule an appointment or can I walk in? When are the Care Centers open?

A: To ensure the best member experience, you need to schedule an appointment for all care needs. This includes wellness checkups, physicals, sick care, chronic condition management, immunizations, medical management, and refills. In the event a Care Center is at capacity, we will work with you to find an alternative solution, such as availability at another Care Center or finding an option in your plan's network (subject to your deductible). Spira Care Centers across the metro offer extended hours and multiple appointment options including in-person and virtual care. Visit spiracare.com to learn more.

Q: Where can I go for needs beyond what is offered at Spira Care, like specialty care or emergency situations?

A: You have access to your plan's network within the Kansas City metro area and the national BlueCard network when traveling outside the 32-county service area. For emergency situations, you are covered both in and out of your plan's network. Services beyond Spira Care (for example, a visit to a specialist, an urgent care clinic, or an emergency room) are subject to your plan's deductible.

Q: I already have a primary care or pediatric physician I love. Can I still go there?

A: While the plan is ideal for members who utilize the Care Centers, members still have access to all providers in their plan's network. Many families enjoy the convenient benefits and advanced primary care services offered at Spira Care including care for adults, children and adolescents. Families also have access to a team of Care Guides for care and coverage questions. To find out more about the providers at Spira Care Centers, visit spiracare.com.

BlueSelect Plus Network

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

Who Should Enroll, and What Access Do I Have With the BlueSelect Plus Network?

BlueSelect Plus is best for members who:

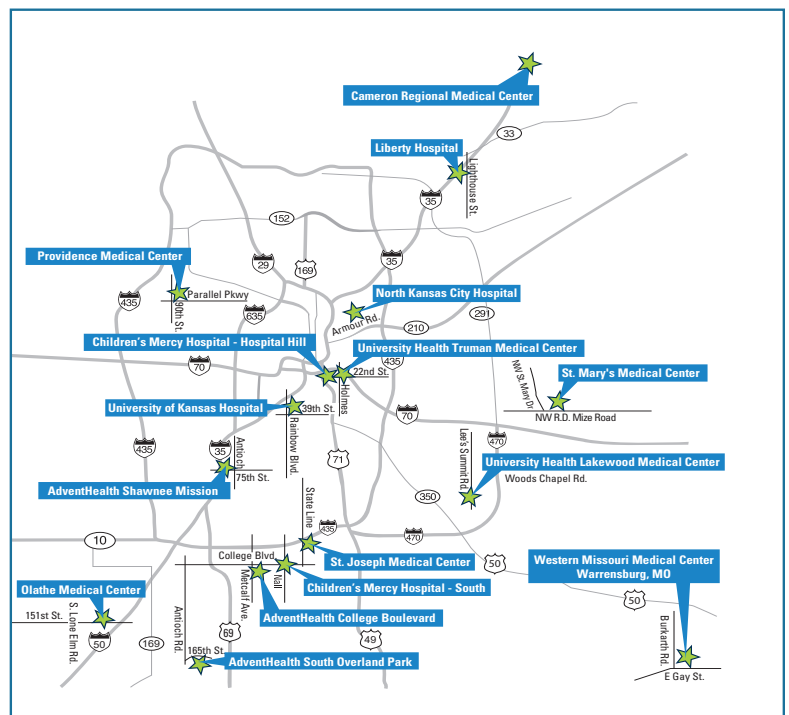
- Work or live in one of these twelve counties:
 - Missouri: Clay, Jackson, Platte, Cass, Clinton, DeKalb, Johnson, Lafayette, Ray, Caldwell
 - Kansas: Johnson, Wyandotte
- Seek care from any of the 4,100+ providers and sixteen hospitals primarily located in these seven counties:
 - Missouri: Clinton,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

Over 4,100 Providers. 16 Top Hospitals.

Which Hospitals Are in the Network?

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

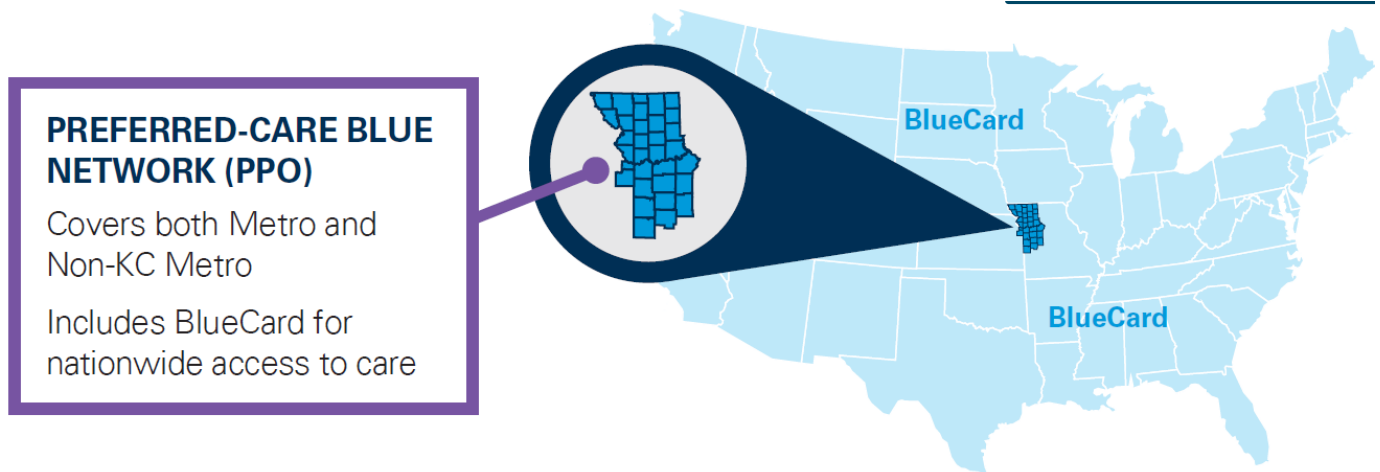
All other hospitals in Blue KC's service area are considered out of network with the exception of a life-threatening situation, in which case you can access the ER at any hospital and it will be coded as in-network.



Preferred-Care Blue Network

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

**Over 6,800 providers and
50+ hospitals.**



Blue KC Resources

Virtual Care

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

Always private and secure

Urgent or sick care needs

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

Behavioral healthcare needs

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

Blue KC Mobile App

THE MYBLUEKC APP PUTS SO MUCH IN YOUR HANDS.

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

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

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

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



Blue365

Blue365® offers premier health and wellness discounts at no additional cost to you. With Blue365, great deals are yours for every aspect of your life. Save on workout apparel, meal programs, gym memberships and much more!

Better discounts	Leading brands	Year-round access
Members enjoy larger discounts when compared to other health savings programs across nearly all categories.	Shop brands you know, like Garmin, Nutrisystem, memberships at nationwide gym chains and more.	No limited supplies, no limits on savings. Access deals 365 days a year.

Register for Blue365!

Step 1: Visit blue365deals.com/bluekc

Step 2: Click the Join button located in the top right corner of the page.

Step 3: Enter your Blue KC member information to see exclusive deals available to members of select Blue Cross Blue Shield organizations. To check your eligibility, simply enter the first three characters of your member ID.

Step 4: To complete your registration, enter your personal information and accept the Terms, and you are ready to enjoy the discounts.

International Coverage via BCBS Global Core

When traveling outside of the country, your Blue KC coverage shifts to BCBS Global Core, which provides medical coverage internationally. Before leaving the country, call the BCBS Global Core team at 800.810.BLUE (2583) to verify your international benefits. When you are traveling abroad, you will typically have to pay the providers and submit the claims yourself to obtain reimbursement for these services.

If you need medical assistance services (including locating a doctor or hospital) outside of the country, you should call the BCBS Global Core team at 800.810.BLUE (2583), or call collect at 804.673.1177, 24 hours a day, seven days a week. An assistance coordinator, working with a medical professional, can arrange a physician appointment or hospitalization, if necessary. Precertification or prior authorization may be required. Refer to the phone number on your Blue KC member ID card. This number is different from the phone number listed above.

When you pay for covered services outside of the country, you must submit a claim to obtain reimbursement. You will also need a copy of the provider's itemized bill to submit. The claim form is available online at bcbsglobalcore.com. If you need assistance with your claim submission, you can call the BCBS Global Core service team at 800.810.BLUE (2583) or call collect at 804.673.1177.

Mindful by Blue KC

Behavioral Health Services for the Whole You

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

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

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

It All Starts With the Mindful Advocate

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

A Mindful Advocate is your single point of contact for:

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



MINDFUL BY BLUE KC SERVICES



Get help with major life events.



Have live chat therapy sessions.



Schedule a video visit via the *Blue KC Virtual Care* app.



Connect to immediate care in event of a crisis.

GO ONLINE. 

OR CALL. 

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

Chronic Condition Management

Health Support on Your Terms with the Blue KC Care Management App

With the Blue KC Care Management app, you have access to support and encouragement from your local Blue KC Care Team of registered nurses, social workers, community health workers and other healthcare professionals — plus personalized resources and tools to manage your health, all at no cost to you.

Download the Blue KC Care Management app to:

- Chat with your Care Team in between doctor's visits about your health conditions, new symptoms, medication side effects, and more.
- Manage a health condition (such as diabetes, asthma, or cancer), get maternal health support, get help losing weight, quitting smoking, and managing pain.
- Set appointment and medication reminders.
- Receive daily tasks and track progress.
- Access clinically approved articles and videos personalized to you.
- View your personal health information and care program details.

Download the Blue KC Care Management app on the App Store or Google Play. Use access code kchealth when registering.

Livongo for Diabetes

Diabetes Self-Management Personalized for You

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, Blue KC will send you a free glucose meter that provides instant support for abnormal readings, along with unlimited strips and lancets.

- Take Measure of Livongo
- Personalized tips with each blood glucose check
- Real-time support when you need it
- Strip reordering, right from your meter
- Optional family alerts to keep everyone in the loop
- Health summary reports sent from your meter

Two Ways To Sign Up:

1. Register online at: join.livongo.com/bluekc/register — use code BLUEKC to register.
2. Give Livongo a call at 800.945.4355 and they will guide you through the process.

Solera for Diabetes Prevention

Blue KC partners with Solera to provide a Diabetes Prevention Program (DPP) at no cost to help reduce the risk of Type 2 diabetes through healthier eating, weight loss, and increased movement and physical activity. If you qualify, choose from free access to programs like WW (Weight Watchers), YMCA, Retrofit, HealthSlate, or DPP Health. That's right — at no cost, you will have access to this program and a Fitbit!

Take the online quiz at gosolera.com/bluekc to see if you qualify for a lifestyle change program and a Fitbit at no cost to you.

Health Savings Account

If you enroll in the HDHP, you may be able to open an HSA. An HSA is a personal healthcare bank account you can use to pay out-of-pocket medical expenses with pretax dollars.

You own and administer your HSA. You determine how much you contribute to your account, when to use your money to pay for qualified medical expenses, and when to reimburse yourself. Remember, this is a bank account; you must have money in the account before you can spend it.

HSAs offer you the following advantages:

Tax savings: You contribute pretax dollars to the HSA. Interest accumulates tax-free, and funds are withdrawn tax-free to pay for medical expenses.

Reduced out-of-pocket costs: You can use the money in your HSA to pay for eligible medical, dental and vision expenses and prescriptions. You can use your HSA funds to help you meet your plan's annual deductible.

A long-term investment that stays with you: Unused account dollars are yours to keep even if you retire or leave the company. Also, you can invest your HSA funds so your available healthcare dollars can grow over time.

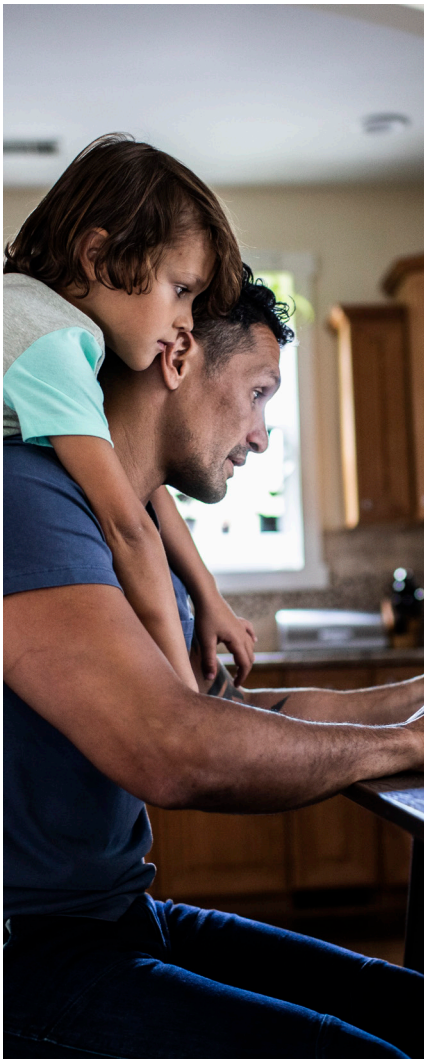
The opportunity for future savings: Save unused HSA funds from year to year. You can use this money to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire.

How Much You Can Deposit Into an HSA in 2026

IRS annual contribution limits (calendar year)	Under age 55	Age 55 and older (and not enrolled in Medicare)
Individual	\$4,300	\$5,300 (includes \$1,000 "catch-up" contribution)
Family	\$8,550	\$9,550 (includes \$1,000 "catch-up" contribution)

You are eligible to open and fund an HSA if:

- You are not enrolled in any other non-HSA qualified health insurance plan.
- You are not covered by your spouse's health plan (unless it is a qualified HDHP), healthcare flexible spending account (FSA) or health reimbursement arrangement (HRA).
- You are not eligible to be claimed as a dependent on someone else's tax return.
- **You are not enrolled in Medicare, TRICARE or TRICARE For Life.**
- Care received through the VA in the preceding three calendar months was dental, vision or preventive care or was provided to a veteran who has a disability rating from the VA.



Distributions

HSA distributions are tax-free if they are used to pay for qualified medical expenses.

- Qualified medical, dental and vision expenses not covered by insurance
- Qualified long-term care services and long-term care insurance
- Continuation of coverage required by federal law (i.e., COBRA)
- Health insurance for the unemployed
- Medicare expenses (but not Medigap)
- Retiree health expenses for individuals aged 65 or older

Distributions made for any other purpose are subject to income tax and a 20% penalty. The 20% penalty is waived in the case of death or disability. The 20% penalty is also waived for distributions made by individuals aged 65 or older.

For More Information

Refer to the HDHP/HSA Guide.

Dental Insurance



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

Dental Benefit Summary

Provider network	Base plan			Buy-up plan		
	Blue Dental PPO	Blue Dental Choice	Non-Participating	Blue Dental PPO	Blue Dental Choice	Non-Participating
Calendar year deductible (basic and major services)	\$25 individual/\$75 family			\$25 individual/\$75 family		
Type I — diagnostic and preventive services Oral evaluations — two per calendar year X-rays — complete mouth one every three calendar years; single tooth 12 per calendar year; bitewing two per calendar year Teeth cleaning — two per calendar year	No charge	No charge	10%	No charge	No charge	10%
Type II — basic services Fillings — composite fillings Recementation of existing inlays, crowns, and bridges Endodontics — root canals and pulpal therapy Periodontics — gum/tissue care and surgery	20%	20%	40%	20%	20%	40%
Type III — major services Single crowns, inlays, onlays, bridges, and dentures Maintenance of prosthodontics – adjust/ repair of dentures	50%	50%	75%	50%	50%	75%
Type IV — orthodontia services Adult and dependent	Not covered			50%	50%	50%
Calendar year maximum*	\$1,000			\$2,000		
Orthodontia lifetime maximum*	Not covered			\$2,000	\$2,000	\$1,000

*Per person

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

Percentages are member-paid coinsurance levels.

Monthly Retiree Premiums

	Base plan	Buy-up plan
Employee	\$28.63	\$42.43
Employee + 1 Dependent	\$54.18	\$80.46
Employee + Family	\$82.86	\$122.84

Vision Insurance



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

Vision Benefit Summary

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

Monthly Retiree Premiums

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



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



The Department provides, at a low group rate, basic life and accidental death and dismemberment insurance through The Standard. In the event of your death, our Life insurance policy helps provide a general safety net for your beneficiaries. Your coverage is equal to \$10,000. As a retiree, you may enroll in Spouse Basic Life with a coverage amount of \$10,000. When you or your spouse reaches age 70, your coverage will be reduced to \$5,000.

Monthly cost

The cost for retirees is \$1.35 per \$1,000 of benefit per month. The cost for adding spouse coverage is \$5.49 per month.

Contacts

Medical and Prescription Drugs

UnitedHealthcare Medicare Advantage Plan

Member services: 866.868.6746
Website: retiree.uhc.com

Blue Medicare Tie-In Plan G

Sheri Blankenship: 816.395.2916
Member services: 888.892.8907
Website: medicarebluekc.com/bopc

Blue KC

Enrollment and plan questions: 833.553.1997
or kcpdbenefits@lockton.com

Member services: 816.395.2393 (local),
888.279.8183 (toll-free)
Website: bluekc.com

Dental

Blue KC

Member services: 816.395.2393 (local),
888.279.8183 (toll-free)
Website: bluekc.com

Vision

VSP

Member services: 800.877.7195
Website: vsp.com

Life Insurance

Member services: 888.937.4783
Website: standard.com

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