

“ I wasn’t going to start my new job for two months, and I didn’t want my family to be without coverage. The Short-Term Security Plan fit my needs perfectly. ”



Short-Term Security @ a Glance

	DEDUCTIBLE Individual/Family	PHYSICIAN OFFICE VISIT In-Network*	COINSURANCE In-Network/ Out-of-Network	OUT-OF-POCKET MAXIMUM In-Network* Individual/Family
PLAN 1	\$500/\$1,500	Deductible & Coinsurance	20%/40%	\$2,500/\$7,500
PLAN 2	\$1,000/\$3,000	Deductible & Coinsurance	20%/40%	\$3,000/\$9,000
PLAN 3	\$2,500/\$7,500	Deductible & Coinsurance	20%/40%	\$4,500/\$13,500
PLAN 4	\$5,000/\$15,000	Deductible & Coinsurance	20%/40%	\$7,000/\$21,000

*The out-of-network out-of-pocket maximum is two times the in-network out-of-pocket maximum. The lifetime maximum for all benefits combined is \$5,000,000 per individual. The out-of-network office visits are subject to deductible and coinsurance.



Short-Term Security Benefits

The Short-Term Security plan provides you with a package of healthcare benefits to cover hospital, physician and emergency services, as well as many specialized services, including:

- Allergy Services
- Ambulance Services
- Anesthesia
- Chemotherapy
- Diabetes Care
- Diagnostic Lab and X-ray
- Dialysis
- Durable Medical Equipment
- Elective Surgical Sterilization
- Emergency Services and Supplies
- Home Health Services
- Home Hospice Services
- Immunizations for Children
- Infusion Therapy and Self Injectables
- Inpatient Hospice
- Inpatient Hospital Services
- Mental Illness and Substance Abuse Services
- Organ Transplants (\$500,000 lifetime limit in-network, \$100,000 lifetime limit out-of-network)
- Outpatient Surgery and Services
- Outpatient Therapy
- Physician Services
- Prosthetics and Appliances
- Radiation Therapy
- Skilled Nursing Care
- Urgent Care

The Blue Cross and Blue Shield of Kansas City Short-Term Security plan allows you to select your coverage period.* You may choose coverage for:

- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 9 months (full-time students only)

(Not to exceed 12 continuous months of coverage. You may only purchase twice in any one-year period.)

*A one-month coverage example is July 15 – August 14. REFUNDS NOT AVAILABLE.

Short-Term Security

This plan offers peace of mind during temporary periods when, for whatever reason, you are without coverage. It bridges the gap, so you're not stranded without access to care. Also, coverage becomes effective as of midnight the same day your enrollment is accepted.

If you are between jobs, just graduated from college, or are temporarily without healthcare insurance protection, this very affordable plan can help. It gives you and your family access to healthcare when needed, and you have the option of choosing your deductible (which determines how low your monthly rate will be). You can also choose your coverage period, from one to six months or up to nine months for full-time students only.

Coverage under this short-term plan is limited to twelve consecutive months and you can only purchase coverage twice in any one-year period.

You may also select your deductible. The higher the deductible, generally the lower your monthly premium. Once you have reached your out-of-pocket maximum, covered services are payable at 100 percent of the allowable charge up to \$5,000,000 (lifetime benefit maximum).

The Short-Term Security plan is offered to adults age 18-64 and their unmarried dependent children to age 25 who:

- have not received consultation or treatment from a healthcare provider within the last five years for any conditions identified on the application;
- are not pregnant; and
- have no other hospital or medical coverage in force.

Short-Term Security plans are term plans which means coverage ends on a specific date. These plans may only be purchased two times per year. Ask your agent or Blue Cross and Blue Shield of Kansas City marketing representative about payment options.

Pre-existing conditions are never covered under a short-term security plan.

NOTE: Child(ren)-only coverage is available.

Apply Online
buyblueKC.com

Short-Term Security Benefits

BENEFITS	IF YOU USE AN IN-NETWORK PROVIDER, YOU PAY:				OUT-OF-NETWORK
	Plan 1	Plan 2	Plan 3	Plan 4	
DEDUCTIBLE Individual Family	\$500 \$1,500	\$1,000 \$3,000	\$2,500 \$7,500	\$5,000 \$15,000	(Same as In-Network)
PHYSICIAN SERVICES					
Office Visits <i>(Includes the office visit and the lab services performed in a network physician's office or independent lab)</i>	Deductible then 20%				Deductible then 40%
Other Physician Services <i>(Includes X-ray services)</i>	Deductible then 20%				Deductible then 40%
HOSPITAL SERVICES					
Inpatient Services/Outpatient Surgery Emergency Room <i>(Emergency Room charges subject to deductible, coinsurance and copayment. Copayment waived if admitted to an In-Network hospital.)</i>	Deductible then 20% \$100 copayment then deductible then 20%				Deductible then 40% \$100 copayment then deductible then 40%
MEDICAL SERVICES					
Allergy Testing Ambulance <i>(\$500 benefit limit per ground use)</i> Diagnostic X-ray, Lab Mammograms, Paps, PSAs and Childhood Immunizations	Deductible then 20% Deductible then 20% Deductible then 20% Covered at 100% (related office visit charges will apply) Deductible then 20%				Deductible then 40% Same as In-Network Deductible then 40% Deductible then 40%
Outpatient Therapy Physical, Occupational and Skeletal Manipulations <i>(40 combined visits per calendar year)</i> Speech and Hearing Therapy <i>(Unlimited combined visits per calendar year)</i>	Deductible then 20%				Deductible then 40%
Urgent Care <i>(Includes the office visit and the lab services performed in a network urgent care facility or independent lab)</i>	Deductible then 20%				Deductible then 40%
Maternity Care Routine and Well-Child Care Outpatient Prescription Drugs	Not Covered Not Covered Not Covered				Not Covered Not Covered Not Covered

Mental Health and Substance Abuse/Chemical Dependency.

Mental health and substance abuse/chemical dependency benefits are subject to Missouri and Kansas mandates. Please refer to the plan documents for a complete description of benefits.

Mental Health — When You Use In-Network Providers.

There is no benefit for Out-of-Network Mental Health and Chemical Dependency for Missouri residents.

	KANSAS RESIDENTS	MISSOURI RESIDENTS
Inpatient Treatment	Deductible then 20% Limited to 30 days/year for Mental Health and Substance Abuse	Deductible then 20% Limited to 90 days/year
Outpatient Treatment	We pay the first \$100 of Mental Health and Substance Abuse charges, then you pay 20% Limited to \$1,000/year for Mental Health and Substance Abuse	Deductible then 20%

Substance Abuse/Chemical Dependency — When You Use In-Network Providers.

There is no benefit for Out-of-Network Mental Health and Chemical Dependency for Missouri residents.

	KANSAS RESIDENTS	MISSOURI RESIDENTS
Residential Treatment	(See Inpatient Treatment Benefit)	Deductible then 20% Limited to 21 days/year
Inpatient Treatment/Detoxification	Deductible then 20% Limited to 30 days/year for Mental Health and Substance Abuse	Deductible then 20% Limited to 6 days/year
Outpatient Treatment	We pay the first \$100 of Mental Health and Substance Abuse charges, then you pay 20% Limited to \$1,000/year for Mental Health and Substance Abuse	Deductible then 20% Limited to 26 days/year and limited to lifetime of 10 episodes of treatment for Chemical Dependency

ADDITIONAL BENEFITS

Eyewear Discounts. Get discounts on prescription and non-prescription eyewear products from participating network providers listed in your provider directory.

Lasik, eyeglass frames, lenses and contact lenses, sunglasses and eye care kits are eligible for discounts. (Discounts are not insurance.)

ScriptSave. Receive up to 30% off the cost of prescription drugs with our ScriptSave Prescription Drug Program. Members receive a separate card for this within 15 days of obtaining coverage. (Discounts are not insurance.)

LIFETIME BENEFIT MAXIMUM — \$5,000,000 PER INDIVIDUAL. WHAT YOU SHOULD KNOW ABOUT PRE-EXISTING HEALTH CONDITIONS: Pre-existing health conditions include any illness, injury or other condition for which medical advice, diagnosis, care or treatment was received or recommended during the six months prior to your Short-Term Security effective date. Pre-existing conditions are excluded under this plan. See plan document for details.

REFUNDS ARE NOT AVAILABLE

Short-Term Security Rates

Missouri Residents

The following premiums apply to residents of the following Missouri counties: **METRO** = Cass, Clay, Jackson and Platte; **RURAL** = Andrew, Atchison, Bates, Benton, Buchanan, Caldwell, Carroll, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Ray, Saline, St. Clair, Vernon and Worth. EFFECTIVE 01/01/09 **REFUNDS ARE NOT AVAILABLE ONCE YOUR APPLICATION IS ACCEPTED AND COVERAGE IS PAID.**

DEDUCTIBLE	AGE OF CONTRACT HOLDER	METRO						RURAL							
		INDIVIDUAL		INDIVIDUAL WITH CHILDREN		INDIVIDUAL WITH SPOUSE		INDIVIDUAL		INDIVIDUAL WITH CHILDREN		INDIVIDUAL WITH SPOUSE			
		MALE	FEMALE	MALE	FEMALE	MALE	FAMILY	MALE	FEMALE	MALE	FEMALE	SPOUSE	FAMILY		
Plan 1 \$500	Child 02 - 04 05 - 13 14 - 18	72.59	72.59					78.40	78.40						
		54.45	54.45					58.81	58.81						
		72.38	72.38					78.17	78.17						
	Adult	19 - 29	72.59	86.22	158.81	172.41	158.81	245.00	78.40	93.12	171.51	186.20	171.51	264.60	
		30 - 39	90.75	117.96	176.95	204.17	208.72	294.91	98.01	127.40	191.11	220.50	225.42	318.50	
		40 - 44	122.52	140.65	208.72	226.87	263.16	349.36	132.32	151.90	225.42	245.02	284.21	377.31	
		45 - 49	140.65	163.32	226.87	249.56	303.99	390.19	151.90	176.39	245.02	269.52	328.31	421.41	
		50 - 54	190.55	190.55	276.77	276.77	381.11	467.33	205.79	205.79	298.91	298.91	411.60	504.72	
		55 - 59	267.69	240.47	353.91	326.68	508.15	594.37	289.11	259.71	382.22	352.81	548.80	641.92	
		60 - 64	376.58	276.77	462.79	362.96	653.37	739.55	406.71	298.91	499.81	392.00	705.64	798.71	
		Plan 2 \$1,000	Child 02 - 04 05 - 13 14 - 18	54.44	54.44					58.80	58.80				
				40.84	40.84					44.11	44.11				
	54.28			54.28					58.62	58.62					
	Adult		19 - 29	54.44	63.51	122.52	131.57	117.96	186.02	58.80	68.59	132.32	142.10	127.40	200.90
			30 - 39	61.25	83.95	129.32	152.02	145.20	213.23	66.15	90.67	139.67	164.18	156.82	230.29
			40 - 44	86.22	104.36	154.26	172.41	190.55	258.60	93.12	112.71	166.60	186.20	205.79	279.29
			45 - 49	113.45	127.04	181.48	195.09	240.47	308.52	122.53	137.20	196.00	210.70	259.71	333.20
			50 - 54	149.73	140.65	217.79	208.72	290.39	358.42	161.71	151.90	235.21	225.42	313.62	387.09
55 - 59			199.63	181.48	267.69	249.56	381.11	449.20	215.60	196.00	289.11	269.52	411.60	485.14	
60 - 64			285.84	208.72	353.91	276.77	494.56	562.60	308.71	225.42	382.22	298.91	534.12	607.61	
Plan 3 \$2,500			Child 02 - 04 05 - 13 14 - 18	41.31	41.31					44.61	44.61				
				30.99	30.99					33.47	33.47				
	41.20			41.20					44.50	44.50					
	Adult		19 - 29	41.31	45.41	74.31	78.44	86.70	119.74	44.61	49.04	80.25	84.72	93.64	129.32
			30 - 39	45.41	61.93	78.44	94.98	107.36	140.36	49.04	66.88	84.72	102.58	115.95	151.59
			40 - 44	66.06	74.31	99.08	107.36	140.36	173.42	71.34	80.25	107.01	115.95	151.59	187.29
			45 - 49	78.44	90.84	111.48	123.88	169.26	202.32	84.72	98.11	120.40	133.79	182.80	218.51
			50 - 54	107.36	103.23	140.36	136.24	210.57	243.60	115.95	111.49	151.59	147.14	227.42	263.09
		55 - 59	144.49	132.14	177.55	165.14	276.63	309.66	156.05	142.71	191.75	178.35	298.76	334.43	
		60 - 64	206.44	148.64	239.44	181.68	355.07	388.12	222.96	160.53	258.60	196.21	383.48	419.17	
		Plan 4 \$5,000	Child 02 - 04 05 - 13 14 - 18	30.13	30.13					32.54	32.54				
				22.59	22.59					24.40	24.40				
	30.03			30.03					32.43	32.43					
	Adult		19 - 29	30.13	33.14	54.23	57.25	63.29	87.36	32.54	35.79	58.57	61.83	68.35	94.35
			30 - 39	33.14	45.19	57.25	69.29	78.33	102.45	35.79	48.81	61.83	74.83	84.60	110.65
			40 - 44	48.21	54.23	72.32	78.33	102.45	126.53	52.07	58.57	78.11	84.60	110.65	136.65
			45 - 49	57.25	66.28	81.36	90.37	123.53	147.62	61.83	71.58	87.87	97.60	133.41	159.43
			50 - 54	78.33	75.33	102.45	99.42	153.65	177.75	84.60	81.36	110.65	107.37	165.94	191.97
55 - 59			105.43	96.39	129.55	120.52	201.82	225.95	113.86	104.10	139.91	130.16	217.97	244.03	
60 - 64			150.65	108.45	174.74	132.57	259.09	283.20	162.70	117.13	188.72	143.18	279.82	305.86	

Short-Term Security plans DO NOT include Dental, Well-Child, Maternity or Prescription Drug coverage. Rates are based on the contract holder's age as of January 1st of the current year.

Short-Term Security Rates

Kansas Residents									
The following premiums apply to residents of Johnson and Wyandotte counties in Kansas. EFFECTIVE 01/01/09 REFUNDS ARE NOT AVAILABLE ONCE YOUR APPLICATION IS ACCEPTED AND COVERAGE IS PAID.									
DEDUCTIBLE	AGE OF CONTRACT HOLDER	INDIVIDUAL		INDIVIDUAL WITH CHILDREN		INDIVIDUAL WITH SPOUSE AND FAMILY			
		MALE	FEMALE	MALE	FEMALE	SPOUSE	FAMILY		
Plan 1 \$500	Child	02 - 04	76.79	76.79					
		05 - 13	57.58	57.58					
		14 - 18	77.33	77.33					
	Adult	19 - 29	76.79	91.17	167.96	182.37	167.96	259.15	
		30 - 39	95.97	124.79	187.16	215.95	220.76	311.93	
		40 - 44	129.57	148.77	220.76	239.94	278.33	369.54	
		45 - 49	148.77	172.77	239.94	263.96	321.53	412.70	
		50 - 54	201.56	201.56	292.74	292.74	403.13	494.30	
		55 - 59	283.15	254.35	374.32	345.52	537.51	628.66	
		60 - 64	398.33	292.74	489.50	383.93	691.07	782.24	
	Plan 2 \$1,000	Child	02 - 04	57.58	57.58				
			05 - 13	43.20	43.20				
			14 - 18	58.00	58.00				
		Adult	19 - 29	57.58	67.20	129.57	139.17	124.79	196.75
30 - 39			64.79	88.76	136.78	160.76	153.58	225.56	
40 - 44			91.17	110.38	163.17	182.37	201.56	273.53	
45 - 49			119.99	134.37	191.98	206.37	254.35	326.34	
50 - 54			158.39	148.77	230.33	220.76	307.12	379.12	
55 - 59			211.15	191.98	283.15	263.96	403.13	475.12	
60 - 64			302.33	220.76	374.32	292.74	523.09	595.09	
Plan 3 \$2,500		Child	02 - 04	43.66	43.66				
			05 - 13	32.75	32.75				
			14 - 18	43.98	43.98				
		Adult	19 - 29	43.66	48.05	78.61	82.98	91.69	126.65
	30 - 39		48.05	65.51	82.98	100.44	113.55	148.47	
	40 - 44		69.86	78.61	104.81	113.55	148.47	183.42	
	45 - 49		82.98	96.07	117.92	131.01	179.05	213.99	
	50 - 54		113.55	109.18	148.47	144.13	222.73	257.66	
	55 - 59		152.84	139.74	187.78	174.70	292.59	327.54	
	60 - 64		218.36	157.22	253.28	192.15	375.57	410.51	
	Plan 4 \$5,000	Child	02 - 04	31.87	31.87				
			05 - 13	23.91	23.91				
			14 - 18	32.10	32.10				
		Adult	19 - 29	31.87	35.05	57.36	60.56	66.93	92.42
30 - 39			35.05	47.81	60.56	73.29	82.85	108.33	
40 - 44			50.98	57.36	76.48	82.85	108.33	133.84	
45 - 49			60.56	70.10	86.05	95.60	130.66	156.15	
50 - 54			82.85	79.66	108.33	105.15	162.52	188.01	
55 - 59			111.52	101.95	137.02	127.46	213.50	238.99	
60 - 64			159.35	114.70	184.81	140.21	274.04	299.55	

Short-Term Security plans DO NOT include Dental, Well-Child, Maternity or Prescription Drug coverage. Rates are based on the contract holder's age as of January 1st of the current year.