



A CUSTOM PLAN

For the City of Kansas City, Missouri Healthcare Trust



Kansas City



**CITY OF
KANSAS CITY,
MISSOURI**

The KCMO Custom Plan provides access to two network levels with thousands of high-quality providers and many top hospitals in and around the Kansas City metro area.

Blue Cross and Blue Shield of Kansas City (Blue KC) is pleased to continue offering a health plan developed specifically for employees, covered dependents and retirees of the City of Kansas City, Missouri Healthcare Trust. This exclusive plan includes a high quality, custom network of top hospitals and physicians, including the Saint Luke's Health System.

The KCMO Custom Plan is designed to help you lower your total healthcare costs when care is received from the physicians and hospitals within the custom network.



LEVEL 1

Custom for City of KCMO Employees and Retirees – Provides the Richest Benefits

Level 1, also called the Employer Designated Network, includes Saint Luke's providers in Kansas City, including the hospitals marked in **green** on the map.

LEVEL 2

Extended Access to the BlueSelect Plus Network

Level 2, also called the BlueSelect Plus Network, includes additional access to over 3,600 providers primarily located in Jackson, Clay, Clinton and Platte counties in Missouri, and Johnson and Wyandotte counties in Kansas. Level 2 also includes the hospitals marked in **blue** on the map.



 Hospitals in Level 1 Network

 Hospitals in Level 2 Network

PROVIDERS OUTSIDE OF LEVEL 1 AND LEVEL 2 ARE CONSIDERED OUT OF NETWORK. NON-EMERGENCY SERVICES WILL NOT BE COVERED.

Rich benefits and a custom plan.

Offered exclusively to the City of KCMO employees and retirees.

It's important for you to understand the differences in benefits between the two levels within the plan.

Review your benefits.

	LEVEL 1 Saint Luke's Providers & Hospitals	LEVEL 2 BlueSelect Plus Providers & Hospitals
NETWORK TYPE	This is an Exclusive Provider Organization (EPO) network which means there are no out-of-network benefits. Please confirm your provider is in-network (see steps on the following page).	
NOTE: The KCMO Custom Plan is built on an Exclusive Provider Organization (EPO) insurance model. Members with this plan must receive all care from in-network providers (either Level 1 or Level 2 in the Kansas City metro or National network outside the 32-county service area) except for emergency services which are covered at the in-network benefit level. NON-EMERGENCY SERVICES RECEIVED OUT OF NETWORK WILL NOT BE COVERED.		
INPATIENT HOSPITAL SERVICES/OUTPATIENT SURGERY	• \$100 copay per day/occurrence	• \$300 copay per day/occurrence
OFFICE VISIT COPAY	• Primary Care Physician: \$10 • Specialist: \$20	• Primary Care Physician: \$20 • Specialist: \$60
URGENT CARE COPAY	• \$15	• \$50
EMERGENCY ROOM COPAY	• \$175	• \$175
OUT-OF-POCKET MAXIMUM	• Individual: \$3,000 • Family: \$6,000	• Individual: \$4,000 • Family: \$8,000

Check if your provider is in-network.

LEVEL 1

Saint Luke's
Providers & Hospitals

1. Log into [MyBlueKC.com](https://www.mybluekc.com). If this is your first time logging in, you will need your Blue KC member ID card for reference.
2. Once logged in, click **Find Care**. Then select the **Find Level 1 Providers** button.
3. A directory will open that lists the Level 1 providers in network.

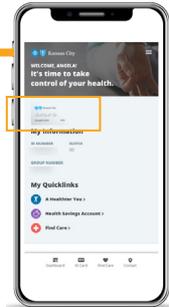
LEVEL 2

BlueSelect Plus
Providers & Hospitals

2. Once logged in, click **Find Care**. Then select **Find a Doctor**.
3. On the search page, click in the box under **Choose a health plan**. A new window will appear; select **Medical Network** then choose **BlueSelect Plus**.
4. Next enter your location then enter any other search terms such as provider or hospital name, health condition, or specialist type.

Grab a digital copy of your ID card online!

Log in to [MyBlueKC.com](https://www.mybluekc.com) on your smartphone or computer to access your digital ID card right from the homescreen.



HIGH-QUALITY CARE NO MATTER WHERE YOU



WORK



PLAY



LIVE

FAQ

GENERAL

Q: Who can I contact if I have questions about the KCMO Custom Plan?

A: Blue KC has a dedicated customer service phone line for the City; you are encouraged to call 816-395-2969, toll free at 800-422-7318 to address any questions you may have.

Q: How do I know if my provider is considered an in-network Level 1 or Level 2 provider?

A: Refer to the steps on the previous page to see if your healthcare provider is considered a Level 1 or Level 2 provider.

Q: I live outside the Blue KC service area, am I eligible to enroll in the KCMO Custom Plan?

A: Yes, members covered through the KCMO Custom Plan can access Blue KC's National Network of providers, however you will not have access to the Level 1 benefits. National providers can be identified on [MyBlueKC.com](https://www.mybluekc.com). Refer to the steps on the previous page to search for Level 2 providers.

Q: Will my access to pharmacies change by moving to the KCMO Custom Plan?

A: No, the KCMO Custom Plan utilizes the same pharmacy network as the other plans offered to you as a City of KCMO employee/retiree.

Q: If I enroll in the KCMO Custom Plan, can I utilize the clinic and the kiosk?

A: Yes, the clinic and kiosk are available for all plans offered.

VIRTUAL CARE SERVICES

Q: Do I have access to Blue KC Virtual Care with the KCMO Custom Plan?

A: Yes, members covered through the KCMO Custom Plan have access to Blue KC Virtual Care. You can [download the Blue KC Virtual Care app](#) or visit [BLUEKCVirtualcare.com](https://www.BLUEKCVirtualcare.com) to access this service.

Q: What is the cost for Blue KC Virtual Care services?

A: Enter your member information in the [Blue KC Virtual Care app](#) or at [BLUEKCVirtualcare.com](https://www.BLUEKCVirtualcare.com) to see the current cost of virtual care services.

BENEFITS

Q: Can I add a Health Savings Account (HSA) to the KCMO Custom Plan?

A: No, the KCMO Custom Plan is not a qualified high deductible plan. If you are an active employee and have an HSA currently, you will be able to use the funds in your HSA account to cover out-of-pocket expenses; but you will not be able to contribute to it.

Q: If I go to an out-of-network provider, what kind of benefits will I receive?

A: There is no coverage for out-of-network providers. Members must receive all care from Level 1 or Level 2 in-network providers except for emergency services.
NON-EMERGENCY SERVICES RECEIVED OUT-OF-NETWORK WILL NOT BE COVERED.

Q: Will I be able to utilize the Spira Care Centers in the City's Custom Plan?

A: The Spira Care Centers are only available to members who enroll in the Spira Care plan.

Q: Are all Saint Luke's providers included in the Level 1 benefit?

A: Not all Saint Luke's providers are participating in the Level 1 benefit. Please refer to the provider directory in your member portal at MyBlueKC.com to confirm participation.



Kansas City



CITY OF
KANSAS CITY,
MISSOURI



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.bluekc.com/moepo or by calling 1-877-410-6716. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-877-410-6716 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0.	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Yes.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	For City of KCMO Custom Plan providers \$3,000 individual / \$6,000 family. For In-Network providers \$4,000 individual / \$8,000 family.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums , balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider?	Yes. See www.BlueKC.com or call 1-877-410-6716 for a list of in- network providers .	You pay the least if you use a provider in City of KCMO Custom Plan . You pay more if you use a provider in BlueSelect Plus. You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your in- network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral .

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		In-Network Tier 1 Provider (You will pay the least) - City of KCMO Custom Plan	In-Network Tier 2 Provider - BlueSelect Plus	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$10 copay /visit	\$20 copay /visit	Not covered	Other services/procedures that are performed in a physician's office are subject to the network deductible and coinsurance level (excluding lab).
	Specialist visit	\$20 copay /visit	\$60 copay /visit	Not covered	Same limitations as primary care.
	Preventive care/screening/immunization	No charge	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	No charge	Not covered	None
	Imaging (CT/PET scans, MRIs)	\$150 copay /day	\$150 copay /day	Not covered	Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.BlueKC.com/dl	Generic drugs, including Specialty drugs	Not applicable	RxPremier: Retail \$12 copay /fill; Mail Order \$24 copay /fill	Not covered	Covers up to 34 day supply (retail) and between 35 to 102 day supply (mail order). Prescriptions for a specialty drug will need to be filled at a designated specialty pharmacy and are limited to a 34 day supply.
	Preferred brand drugs, including Specialty drugs	Not applicable	RxPremier: Retail \$35 copay /fill; Mail Order \$70 copay /fill	Not covered	Covers up to 34 day supply (retail) and between 35 to 102 day supply (mail order). Prescriptions for a specialty drug will need to be filled at a designated specialty pharmacy and are limited to a 34 day supply.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		In-Network Tier 1 Provider (You will pay the least) - City of KCMO Custom Plan	In-Network Tier 2 Provider - BlueSelect Plus	Out-of-Network Provider (You will pay the most)	
	Non-preferred brand drugs, including Specialty drugs	Not applicable	RxPremier: Retail \$60 copay /fill; Mail Order \$120 copay /fill	Not covered	Covers up to 34 day supply (retail) and between 35 to 102 day supply (mail order). Prescriptions for a specialty drug will need to be filled at a designated specialty pharmacy and are limited to a 34 day supply.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100 copay /day	\$300 copay /day	Not covered	Certain outpatient surgeries and services must be prior authorized. Failure to obtain approval may result in the cost of the service being your responsibility. Limited to \$500 Copay Max per Calendar Year in City of KCMO Custom Plan . Limited to \$1,500 Copay Max per Calendar Year in BlueSelect Plus.
	Physician/surgeon fees	No charge	No charge	Not covered	None
If you need immediate medical attention	Emergency room care	\$175 copay /visit	\$175 copay /visit	\$175 copay /visit	Copay waived if admitted to a hospital.
	Emergency medical transportation	No charge	No charge	No charge	None
	Urgent care	\$15 copay /visit	\$50 copay /visit	Not covered	Same limitations as primary care.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		In-Network Tier 1 Provider (You will pay the least) - City of KCMO Custom Plan	In-Network Tier 2 Provider - BlueSelect Plus	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	\$100 copay /day	\$300 copay /day	Not covered	Limited to \$500 Copay Max per Calendar Year in City of KCMO Custom Plan . Limited to \$1,500 Copay Max per Calendar Year in BlueSelect Plus. Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
	Physician/surgeon fees	No charge	No charge	Not covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit: \$10 copay /visit; Therapy in a Provider 's Office: No charge; Therapy in a Facility: No charge	Office Visit: \$10 copay /visit; Therapy in a Provider 's Office: No charge; Therapy in a Facility: No charge	Not covered	Your employer participates in an employee assistance program. This program may provide additional mental health or substance abuse benefits.
	Inpatient services	\$100 copay /day	\$300 copay /day	Not covered	Limited to \$500 Copay Max per Calendar Year in City of KCMO Custom Plan . Limited to \$1,500 Copay Max per Calendar Year in BlueSelect Plus. Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		In-Network Tier 1 Provider (You will pay the least) - City of KCMO Custom Plan	In-Network Tier 2 Provider - BlueSelect Plus	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	\$20 copay /visit	\$60 copay /visit	Not covered	Cost sharing does not apply for preventive services . Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). You must pay your office visit copayment for each visit to a Physician for Complications of Pregnancy. Only one office visit copayment shall apply for Physician obstetrical services per pregnancy.
	Childbirth/delivery professional services	No charge	No charge	Not covered	None
	Childbirth/delivery facility services	\$100 copay /day	\$300 copay /day	Not covered	Limited to \$500 Copay Max per Calendar Year in City of KCMO Custom Plan . Limited to \$1,500 Copay Max per Calendar Year in BlueSelect Plus.
If you need help recovering or have other special health needs	Home health care	No charge	No charge	Not covered	60 visit Calendar Year maximum.
	Rehabilitation services	No charge	No charge	Not covered	Physical and occupational: 60 combined visit Calendar Year maximum. Speech and hearing: 20 combined visit Calendar Year maximum.
	Habilitation services	No charge	No charge	Not covered	None

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		In-Network Tier 1 Provider (You will pay the least) - City of KCMO Custom Plan	In-Network Tier 2 Provider - BlueSelect Plus	Out-of-Network Provider (You will pay the most)	
	Skilled nursing care	No charge	No charge	Not covered	30 day Calendar Year maximum. Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
	Durable medical equipment	No charge	No charge	Not covered	Prior authorization is required. Failure to obtain approval may result in the cost of the service being your responsibility.
	Hospice services	\$50 copay /day	\$150 copay /day	Not covered	Limited to \$500 Copay Max per Calendar Year in City of KCMO Custom Plan . Limited to \$1,500 Copay Max per Calendar Year in BlueSelect Plus. 14 day Lifetime maximum at an inpatient hospice facility. Prior authorization is required for service received at an inpatient facility. Failure to obtain approval may result in the cost of the service being your responsibility.
If your child needs dental or eye care	Children's eye exam	\$10 copay /visit	\$10 copay /visit	Not covered	Limited to one eye exam per Calendar Year.
	Children's glasses	Not covered	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- | | | |
|------------------|---------------------|-------------------------|
| • Acupuncture | • Bariatric surgery | • Cosmetic surgery |
| • Dental care | • Hearing aids | • Infertility treatment |
| • Long-term care | • Routine foot care | • Weight loss programs |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- | | | |
|--|--|------------------------|
| • Chiropractic care | • Non-emergency care when traveling outside the U.S. | • Private-duty nursing |
| • Routine eye care limited to one eye exam per Calendar Year | | |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Blue Cross and Blue Shield of Kansas City at 816-395-2953 or www.BlueKC.com, Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <https://www.dol.gov/ebsa/contactEBSA/consumerassistance.html>, Healthcare.gov at www.Healthcare.gov or call 1-800-318-2596. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: your [plan](#) at 1-888-989-8842, Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, Missouri Department of Insurance at 1-800-726-7390 or the Kansas Department of Insurance at 1-800-432-2484.

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

—————To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.—————

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#), and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$60
■ Hospital (facility) copayment	\$300
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$300
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$360

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$60
■ Hospital (facility) copayment	\$300
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$1,200
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$30
The total Joe would pay is	\$1,230

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$60
■ Hospital (facility) copayment	\$300
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$100
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$100

Note: These numbers assume the patient does not participate in the [plan's](#) wellness program. If you participate in the [plan's](#) wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 1-816-395-2121.

Discrimination is Against the Law

Blue KC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue KC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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), languagehelp@bluekc.com.

If you believe that Blue KC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Appeals Department, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, APPEALS@bluekc.com. You can file a grievance in person or by mail, or email. If you need help filing a grievance, the Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you, or someone you're helping, has questions about Blue KC, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-877-410-6716.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-410-6716.

Chinese: 如果您，或是您正在協助的對象，有關於 Blue KC 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話

1-877-410-6716.

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-410-6716.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-410-6716 an.

Korean: 가 [Blue KC] 1-877-410-6716 가 .

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue KC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-877-410-6716.

Arabic: إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue KC ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-410-6716.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue KC, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-877-410-6716.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue KC, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-877-410-6716.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue KC, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-410-6716.

Laotian: ຖ້າ ທ່ານ, ຫຼື ຄົນ ທ່ານ ກຳ ລັງ ຊ່ວຍ ຫຼື ອ, ມີ ຄຳ ຖາມ ກ່ຽວ ກັບ Blue KC, ທ່ານ ມີ ສິດ ທີ່ ຈະ ໄດ້ ຮັບ ການ ຊ່ວຍ ຫຼື ອະ ລະ ຂໍ ຊ້ ມູ ນ ຂ່າວ ສານ ທີ່ ບໍ່ ມີ ພາ ສາ ຂອງ ທ່ານ ບໍ່ ມີ ຄ່າ ຈ້ ຈ່ ຈາຍ. ການ ໂອ້ ວິ ມ ກັບ ນາຍ ພາ ສາ, ໃຫ້ ໂທ ຫາ 1-877-410-6716.

Pennsylvanian Dutch: "Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-877-410-6716 uffrufe.

Persian: اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Blue KC، داشته باشید حق این را دارید که کمک اطلاعات به زبان خود را به طور رایگان دریافت نمایید. 1-877-410-6716 تماس حاصل نمایید.

Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-877-410-6716 tiin bilbilaa.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-410-6716.

For TTY services, please call 1-816-842-5607.

