

Protect yourself from unexpected costs not covered by health insurance

Secure Hospital Indemnity PlanSM

Pays cash if you're hospitalized

Secure 300 Cancer PlanSM

Pays cash if you're treated for cancer



**BlueCross
BlueShield
of Kansas**

Receive cash benefits paid directly to you

Enjoy added financial security

Now you can get the extra insurance protection you need, when you need it most. To help you pay for unexpected bills and out-of-pocket expenses, Blue Cross and Blue Shield of Kansas offers two exceptional plans:

Secure Hospital Indemnity Plan — pays cash if you're hospitalized

Secure 300 Cancer Plan — pays cash if you're treated for cancer

Keep in mind, these two plans don't replace your current health coverage. Instead, they work with your other health insurance to provide even more substantial financial protection.

This is an excellent opportunity to get the extra protection you may need at surprisingly affordable rates, as low as 25 cents a day for either plan. Plus, it's easy to apply for both plans. You can find out more about the features and benefits in this brochure.



Contents

Secure Hospital Indemnity Plan (S-HIP) features/benefits	4
S-HIP rates	6
Secure 300 Cancer Plan (Secure 300) features/benefits	8
Secure 300 rates	10
S-HIP highlights	12
Secure 300 highlights	13
How to apply	14

Secure Hospital Indemnity Plan

Pays cash directly to you to handle everyday expenses when you're hospitalized

Added expenses related to an unexpected or extended hospital stay can put a burden on your family's income and budget. Plus, there are everyday expenses and monthly bills that still need to be paid while you or a family member is hospitalized.

That's where Secure Hospital Indemnity Plan (S-HIP) comes in. It supplements your other coverage to help you take care of expenses not covered by your health insurance. Think of it as a safety net that provides financial security when you need it most. Check out these outstanding features:

- **Cash benefits begin on first day** — receive \$50 per day from day 1 to 3.
- **Receive \$200 per day** — from day 4 to 365.
- **Higher starting benefit for accidents** — receive \$200 daily starting on day 1 when hospitalized due to an accident.
- **Pays double benefits when in ICU** — \$200 benefit doubles to \$400 per day when you're admitted in intensive care or a coronary care unit within a hospital.
- **Day of discharge is included!**



- **Use your cash benefits for anything** — all cash benefits are paid directly to you to spend as you choose. Pay for gas, meals, lodging for family, babysitters, parking, utility bills, groceries, transportation and more.
- **Acceptance is guaranteed** — because you're already insured with Blue Cross and Blue Shield of Kansas.
- **Simple claim filing** — just ask your hospital for an itemized statement of your stay and submit it with your S-HIP claim form. You'll immediately begin receiving your cash benefits, paid directly to you.
- **Easy to apply** — no medical exam is required and there are no health questions to answer.
- **Coverage for dependents!**
Includes unmarried dependents by birth or adoption to age 23 and unmarried dependents incapable of self support.
See contract for details.

There's a standard waiting period for pre-existing conditions. If you seek or receive diagnosis, treatment or advice about a condition in the 90 days prior to the date your coverage begins (your effective date), the waiting period is 365 days before that pre-existing condition is covered.

Secure Hospital Indemnity Plan

Affordable Monthly Premiums

Age	Individual	Individual & Children	Individual & Spouse	Individual, Spouse & Children
Under 30	\$3.23	\$5.41	\$5.88	\$7.21
30-34	3.86	6.17	7.14	8.64
35-39	3.93	6.27	7.30	8.80
40-44	4.33	6.44	8.48	9.65
45-49	4.55	6.71	8.94	10.11
50-54	5.27	7.25	10.85	11.69
55-59	7.25	9.78	15.17	16.00
60-64	8.12	11.01	17.07	17.84
65 & over	19.00	N/A	N/A	N/A

Eligibility — Available to Kansas residents (not living in Johnson or Wyandotte counties) who are currently enrolled in Minimum Essential Coverage, as defined below.

Minimum Essential Coverage — *The type of coverage an individual needs to have to meet the individual responsibility requirement under the Affordable Care Act. This includes individual market policies, job-based coverage, Medicare, Medicaid, CHIP, TRICARE and certain other coverage.*

EXCLUSIONS

- The first 365 days of a hospital stay after the date this coverage becomes effective for the insured, if that particular hospital stay was in progress on the date this coverage became effective for the insured.
- Any portion of a hospital admission that is primarily for skilled nursing care (including swing beds) rather than acute.
- Admission for the primary purpose of performing acupuncture.

- Admissions for dental care.
- Admissions that are not medically necessary.
- Inpatient skilled care, intermediate care, convalescent care, custodial/maintenance care or rest cures.
- Admission to rehabilitation facilities (not acute care).

No-Risk 10-Day Review

If you are not completely satisfied, return the policy and your premium will be refunded.

This brochure provides a brief description of some important features and exclusions of this benefit program. It is not a legal document. The contract sets forth in detail the rights and obligations of both you and Blue Cross and Blue Shield of Kansas.



Secure 300 Cancer Plan

**Pays cash directly to you so you
can recover with less worry**

For families affected by cancer, it not only takes a physical and emotional toll, but often a financial one as well. It's a time when the focus should be on recovery and healing. Unfortunately, families regularly face the hardship of unexpected expenses resulting from cancer.

Now, Secure 300 Cancer Plan (Secure 300) from Blue Cross and Blue Shield of Kansas can help provide relief from the related expenses of cancer.

Secure 300 pays cash benefits directly to you for expenses traditional health insurance doesn't cover. Expenses like transportation, meals, loss of income, private nursing care, out-of-pocket incidentals and more.

Secure 300 is designed to give you the extra coverage you need if you or a family member are diagnosed with cancer. Important coverage features include:

- **\$300 inpatient benefits** — each day you receive inpatient hospital cancer care.
- **\$100 outpatient benefits** — each day you receive the following outpatient services: surgery, chemotherapy (excluding oral), radiation therapy and surgical endoscopic procedures.



- **Wellness services** — \$50 paid (one time per year, per insured age 18 and over) with documentation that you received any of the applicable wellness screenings such as mammograms, colonoscopies and pap smears. *See contract for full list of applicable wellness screenings. Inpatient, outpatient and wellness benefit payments combine for a total lifetime maximum of \$250,000 per Insured.*
- **Pays in addition to your other coverages** — benefits are paid regardless of how much you receive from other health insurance, including Medicare.
- **Get fast, complete payments** — so you can pay your expenses promptly or use your cash benefit however you choose.
- **Easy claim filing** — simply submit your claim form directly to Blue Cross and Blue Shield of Kansas (forms will be included in your policy packet when enrollment is accepted).
- **Coverage for dependents!**
Includes unmarried dependents by birth or adoption to age 23 and unmarried dependents incapable of self support.
See contract for details.

Secure 300 Cancer Plan

Affordable Monthly Premiums

Individual (under age 65)	\$5.57
Individual & children	\$8.22
Individual & spouse	\$9.27
Individual, spouse & children	\$13.14
Individual (age 65 & over)	\$8.82

Eligibility — Available to Kansas residents (not living in Johnson or Wyandotte counties) with no known history of cancer, who are currently enrolled in Minimum Essential Coverage, as defined below.

Minimum Essential Coverage — *The type of coverage an individual needs to have to meet the individual responsibility requirement under the Affordable Care Act. This includes individual market policies, job-based coverage, Medicare, Medicaid, CHIP, TRICARE and certain other coverage.*



EXCLUSIONS

Benefits will not be provided for medical, surgical or hospital services, drugs and devices.

No-Risk 10-Day Review

If you are not completely satisfied, return the policy and your premium will be refunded.

This brochure provides a brief description of some important features and exclusions of this benefit program. It is not a legal document. The contract sets forth in detail the rights and obligations of both you and Blue Cross and Blue Shield of Kansas.



Add another level of health insurance protection with these two affordable plans

Secure Hospital Indemnity Plan (S-HIP)

- ✓ Cash benefits are paid directly to you.
- ✓ Use your money however you want.
- ✓ You're guaranteed coverage.
- ✓ No medical exam or health questions.
- ✓ No-risk guarantee.

Why you should consider **S-HIP** protection

Average hospital stay for **respiratory
infections or pneumonia** **4.61 days***

Average hospital stay for **bypass surgery
or cardiac catheterization** **7.49 days***

Average hospital stay for **kidney
and urinary tract infections** **5.57 days***

**Based on BCBSKS 2015 claims data. Actual number of days
will vary depending on each person's medical condition.*



Secure 300 Cancer Plan (Secure 300)

- ✓ Receive cash benefits paid directly to you.
- ✓ You decide how to spend your money.
- ✓ Get fast, complete payments.
- ✓ Easy claim filing.
- ✓ No-risk guarantee.

Why you should consider **Secure 300**

Fact: In 2016, the American Cancer Society estimates that **1,685,210** Americans will be diagnosed with cancer.* What's more, cancer doesn't discriminate. Men and women of all ages and all ethnic backgrounds are at risk of developing cancer.

* www.cancer.org (Cancer Facts and Figures 2016)

And you can do it as soon as today

Select the plan that's best for you:

- Secure Hospital Indemnity Plan (S-HIP)**
 - Secure 300 Cancer Plan (Secure 300)**
 - Or choose both for twice the protection**
- Complete and return the attached application.

Important

1. Complete all application fields.
 2. Sign and date the back of the application, as indicated.
 3. Complete, sign and date the Proxy section on the back of the application.
 4. Return application in the enclosed, postage-paid envelope.
- Depending on your coverage effective date, the initial billing could be for two months' premium.

Rely on a **trusted** partner

**GET DOUBLE
COVERAGE**

Apply for both plans.

With premiums as low as 25 cents a day for either plan, it's affordable protection.

Since 1942, Kansans have relied on the stability and reliability of Blue Cross and Blue Shield of Kansas (BCBSKS). In fact, we serve more than 695,000* BCBSKS members.

*As of August 31, 2016



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APPLICATION

Secure 300 Cancer PlanSM (Secure 300)
Secure Hospital Indemnity PlanSM (S-HIP)

FOR OFFICE USE ONLY		
Reference No.	Rep No.	Effective Date

Name _____

Date of Birth _____ Male Female

Residential Address _____

City _____ State _____ ZIP _____

Phone No. _____ Social Security No. _____

1 Do you and all family members enrolling have health insurance coverage as an individual or through an employer? Yes No

If no, please include person's name without coverage _____

2 Are you presently covered by Blue Cross and Blue Shield of Kansas? Yes No

If yes, please give your ID number _____

Group Number (if applicable) _____

3 I am applying for: Secure 300 S-HIP Both *(double protection and good value)*

IF APPLYING FOR SECURE 300 COMPLETE THIS SECTION:

Do you or any family member enrolling have cancer now, or have had any cancer in the past in any form? Yes No

If yes, include person's name _____

4 I want to enroll in:

Individual (under age 65) Ind/Spouse (under age 65) Individual (over age 65)

Ind/Children (under age 65) Ind/Spouse/Children (under age 65)

SPOUSE FULL NAME	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NO.
MARRIAGE DATE (MM/DD/YYYY)			
LIST DEPENDENT CHILDREN (If Applying) First Middle Last (If Not The Same)	CHECK RELATIONSHIP <input checked="" type="checkbox"/>	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NO.
	<input type="checkbox"/> Daughter <input type="checkbox"/> Son		
	<input type="checkbox"/> Daughter <input type="checkbox"/> Son		
	<input type="checkbox"/> Daughter <input type="checkbox"/> Son		

TURN PAGE AND SIGN ON BACK

Please read and sign below:

Important information to represent your application

- *I hereby authorize any licensed physician, practitioner, hospital, clinic, or other medical facility, insurance company, or any other organization, association or person who has or obtains information or knowledge of any person covered by this application, or of our health to give it to Blue Cross and Blue Shield of Kansas (BCBSKS). A photographic copy of this authorization should be as valid as the original. Your authorization for medical release is only valid for a period up to, but not extending beyond, 24 months. (Applicable to Secure 300 applicants ONLY.)*
- *Any contract issued to you as a result of this APPLICATION will be issued in reliance on information you provide on this form. If you intentionally or unintentionally fail to provide complete, accurate and correct information, the contract shall be rescinded with all premiums refunded to you, less amounts paid for benefits under the contract.*
- *No representative of BCBSKS or any other entity has the authority to waive any of the information required on this form to bind BCBSKS to coverage of the applicants, or to waive, alter or amend any provision of any contract which may be issued to you.*
- *I understand coverage is subject to the health of all applicants on this application remaining unchanged to the effective date of coverage. If any change in health occurs before the effective date of coverage, I understand I must notify the BCBSKS underwriting department at 1-800-432-0216.*

X

Signature of Applicant

Date

Important notice regarding Secure 300 and S-HIP coverage:

This is a supplement to health insurance and is not a substitute for major medical coverage. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

Proxy

I hereby appoint the board of directors ("Board") of Blue Cross and Blue Shield of Kansas, Inc., ("Company") as my proxy to act on my behalf at all annual meetings of the policyholders of the Company. This appointment shall include such persons as the Board may designate by resolution to act on its behalf. This proxy gives the Board, or its designee, full power to vote for me on all matters that may be voted upon at any annual meeting. This proxy, unless revoked, shall remain in effect during my membership in the Company. I may revoke this proxy in writing by advising the Company of such at least five (5) days prior to any meeting. I may also revoke my proxy by attending and voting in person at any annual meeting.

Yes No

X

Signature of Applicant

Date



**BlueCross
BlueShield
of Kansas**

bcbsks.com

An independent licensee of the Blue Cross Blue Shield Association.