

Secure Products

Secure Hospital Indemnity PlanSM & Secure 300 Cancer PlanSM



BlueCross BlueShield

Kansas

bcbsks.com/secure

Secure Hospital Indemnity Plan (S-HIP)¹

provides cash paid directly to you if you're hospitalized. Plan details on page 4.

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

Why you should consider S-HIP protection

- Average² hospital stay for respiratory infections or pneumonia – 5.75 days²
- Bypass surgery or cardiac catheterization – 7.75 days²
- Kidney and urinary tract infections – 4.92 days²

Secure 300 Cancer Plan (Secure 300)¹

provides cash paid directly to you for screenings and treatment. Plan details on page 8.

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

Why you should consider Secure 300 protection

In 2022, the American Cancer Society estimates more than 1.9 million Americans will be diagnosed with Cancer.³ Cancer does not discriminate. Men and women of all ages and ethnic backgrounds are at risk of developing cancer.

¹These plans are not meant to replace your current health coverage. Instead it works with your other health insurance to provide even more substantial financial protection.

²Based on BCBSKS 2021 claims data. Actual number of days will vary depending on each person's medical condition.

³cancer.org (Cancer Facts and Figures 2022)



Secure Hospital Indemnity Plan (S-HIP)

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.

- **Cash benefits begin on first day** – receive \$50 per day (day 1 to 3).
- **Benefits continue and increase** – receive \$200 per day (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 guaranteed¹!**
- **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.

¹ Acceptance is guaranteed with minimum essential coverage. See page 6 for details.

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

You have a no-risk 10-day review to decide if S-HIP is right for you. If you are not completely satisfied, return the policy and your premium will be refunded to you in full.

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.

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

Secure 300 Cancer Plan (Secure 300)

Get paid for cancer screenings and treatment.



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.

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:

- **Wellness screenings** – \$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..

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

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 Cancer Plan Claim Form (found in your policy packet and on bcbsks.com) as instructed.
- **Coverage for dependents!** Includes unmarried dependents by birth or adoption to age 23 and unmarried dependents incapable of self support. See contract for details.

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

You have a no-risk 10-day review to decide if Secure 300 is right for you. If you are not completely satisfied, return the policy and your premium will be refunded to you in full.

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.

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 and over)	\$8.82



Notes:

Secure 300 Cancer PlanSM and Secure Hospital Indemnity PlanSM

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

First Name _____ M _____ Last Name _____

Residential Address _____ City _____

State* _____ ZIP Code _____ (____) _____ - _____ /____/____ /____ /____ /____
Phone Number Date of Birth (MM/DD/YYYY)

_____ - _____ - _____ Gender Male Female
Social Security Number

Physical Address _____ City _____

State* _____ ZIP Code _____ *Coverage only available to Kansas residents

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 _____

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) _____

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

Direct enrollment with Blue Cross and Blue Shield of Kansas ONLY:
 I would like to upgrade my existing Plan 150 Cancer Policy to Secure 300.
 I would like to upgrade my existing HIP policy to Secure HIP.

Requested effective date is not valid more than six months from signature date. If left blank, your effective date will be the first of the month following receipt of this application.

Requested Effective Date ____ / ____ / ____

IF APPLYING FOR CANCER PLAN COMPLETE THIS SECTION:

Do you or any family member enrolling have cancer now or have had any cancer in the past 5 years in any form?
 Yes No If yes, include person's name: _____

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 Number
Marriage Date (MM/DD/YYYY)			
List Dependent Children (if applying) First Middle Last (if not the same)	Check <input checked="" type="checkbox"/> Relationship	Date of Birth (MM/DD/YYYY)	Social Security Number
	<input type="checkbox"/> Daughter <input type="checkbox"/> Son		
	<input type="checkbox"/> Daughter <input type="checkbox"/> Son		
	<input type="checkbox"/> Daughter <input type="checkbox"/> Son		

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 Cancer Plan 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.

Your signature required

Signature of Applicant

Date

Important notice regarding Cancer Plan and 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 ten (10) days prior to any meeting. I may also revoke my proxy by attending and voting in person at any annual meeting.

Yes No

Your signature required

Signature of Applicant

Date



bcbsks.com

An independent licensee of the Blue Cross Blue Shield Association.

Sign up today!

1. Select the plan that is best for you.

- Secure Hospital Indemnity Plan (S-HIP).
- Secure Cancer Plan (Secure 300).
- Or choose both for twice the protection.

2. Complete the application.

- Complete all application fields.
- Sign and date application.
- Sign and date proxy.

3. Return the application in the enclosed, postage-paid envelope.

Depending on your coverage effective date, the initial billing could be for two months' premium.

Learn more at bcbsks.com/secure and get started today!



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