

Medical Plan Designs – QHDHP

MEDICAL	Blue Cross Blue Shield of Kansas City		Blue Cross Blue Shield of Kansas City	
Carrier Website	www.bluekc.com		www.bluekc.com	
Plan Type	Preferred Care Blue QHDHP		BlueSelect Plus QHDHP	
	In Network	Out of Network	In Network	Out of Network
Annual Deductible (calendar year) ⁽¹⁾				
Individual	\$3,000	\$3,000	\$3,000	\$6,000
Family	\$6,000	\$6,000	\$6,000	\$12,000
Coinsurance				
Member Pays	20%	40%	20%	50%
Maximum Out-of-Pocket (calendar year) ⁽²⁾				
Individual	\$5,000	\$10,000	\$5,000	\$20,000
Family	\$10,000	\$20,000	\$10,000	\$40,000
Physician Services				
Preventive Care	\$0	Ded then 40%	\$0	Ded then 50%
Office Visits	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 50%
Diagnostic (Non-routine) X-Ray	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 50%
Diagnostic (Non-routine) Labs	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 50%
Routine Eye Exam (every year)	Not Covered	Not Covered	Not Covered	Not Covered
Chiropractic Services	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 50%
Urgent Care Center	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 50%
Hospital Services				
Inpatient Care	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 50%
Outpatient Surgery and Services	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 50%
High Tech Diagnostics	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 50%
Ambulance	Ded then 20%		Ded then 20%	
Emergency Room	Ded then 20%		Ded then 20%	
Prescription Drugs				
Level 1	Ded then \$20 copay	Ded then Copay then 50%	Ded then \$20 copay	Ded then Copay then 50%
Level 2	Ded then \$60 copay	Ded then Copay then 50%	Ded then \$60 copay	Ded then Copay then 50%
Level 3	Ded then \$90 copay	Ded then Copay then 50%	Ded then \$90 copay	Ded then Copay then 50%
Mail Order (90 Day Supply)	Ded then 2X Retail copay	Not covered	Ded then 2X Retail copay	Not covered

Services at PriorityOne Health Center are \$30 per visit (includes any Rx dispensed at time of service)

(1) Family deductible is embedded. An individual covered in a family will not pay more than the individual deductible.

(2) Out-of-pocket amount includes coinsurance, deductible, medical and pharmacy copays.

Medical Plan Designs – Traditional PPO

MEDICAL	Blue Cross Blue Shield of Kansas City		Blue Cross Blue Shield of Kansas City	
Carrier Website	www.bluekc.com		www.bluekc.com	
Plan Type	Preferred Care Blue PPO		BlueSelect Plus PPO	
	In Network	Out of Network	In Network	Out of Network
Annual Deductible (calendar year) ⁽¹⁾				
Individual	\$1,500	\$1,500	\$1,500	\$3,000
Family	\$3,000	\$3,000	\$3,000	\$6,000
Coinsurance				
Member Pays	20%	40%	20%	50%
Maximum Out-of-Pocket (calendar year) ⁽²⁾				
Individual	\$3,000	\$6,000	\$3,000	\$12,000
Family	\$6,000	\$8,000	\$6,000	\$24,000
Physician Services				
Preventive Care	\$0	Ded then 40%	\$0	Ded then 50%
Office Visits	\$40 / \$80	Ded then 40%	\$40 / \$80	Ded then 50%
Diagnostic (Non-routine) X-Ray	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 50%
Diagnostic (Non-routine) Labs	\$0	Ded then 40%	\$0	Ded then 50%
Routine Eye Exam (every year)	Not Covered	Not Covered	Not Covered	Not Covered
Chiropractic Services	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 50%
Urgent Care Center	\$80	Ded then 40%	\$80	Ded then 50%
Hospital Services				
Inpatient Care	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 50%
Outpatient Surgery and Services	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 50%
High Tech Diagnostics	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 50%
Ambulance	Ded then 20%		Ded then 20%	
Emergency Room	\$250 copay then Deductible then 20%		\$250 copay then Deductible then 20%	
Prescription Drugs				
Level 1	\$20	Copay then 50%	\$20	Copay then 50%
Level 2	\$60	Copay then 50%	\$60	Copay then 50%
Level 3	\$90	Copay then 50%	\$90	Copay then 50%
Mail Order (90 Day Supply)	2X Retail copay	Not covered	2X Retail copay	Not covered

Services at PriorityOne Health Center are at no cost to the member (includes any Rx dispensed at time of service)

(1) Family deductible is embedded. An individual covered in a family will not pay more than the individual deductible.

(2) Out-of-pocket amount includes coinsurance, deductible, medical and pharmacy copays.

Medical Plan Designs – HMO and EPO

MEDICAL	Blue Cross Blue Shield of Kansas City	Blue Cross Blue Shield of Kansas City
Carrier Website	www.bluekc.com	www.bluekc.com
Plan Type	BlueSelect Plus EPO	Blue Care HMO
	In Network Only	In Network Only
Annual Deductible (calendar year) ⁽¹⁾		
Individual	N/A	N/A
Family	N/A	N/A
Coinsurance		
Member Pays	0%	0%
Maximum Out-of-Pocket (calendar year) ⁽²⁾		
Individual	\$7,900	\$7,900
Family	\$15,800	\$15,800
Physician Services		
Preventive Care	\$0	\$0
Office Visits	\$40 / \$80	\$40 / \$80
Diagnostic (Non-routine) X-Ray	\$0	\$0
Diagnostic (Non-routine) Labs	\$0	\$0
Routine Eye Exam (every year)	\$80	\$80
Chiropractic Services	\$0	\$0
Urgent Care Center	\$80	\$80
Hospital Services		
Inpatient Care	\$750 copay per day up to \$3,750 per calendar year	\$750 copay per day up to \$3,750 per calendar year
Outpatient Surgery and Services	\$750 copay per day up to \$3,750 per calendar year	\$750 copay per day up to \$3,750 per calendar year
High Tech Diagnostics	\$80	\$80
Ambulance	\$0	\$0
Emergency Room	\$200	\$250
Prescription Drugs		
Level 1	\$20	\$20
Level 2	\$60	\$60
Level 3	\$90	\$90
Mail Order (90 Day Supply)	2X Retail copay	2X Retail copay

Services at PriorityOne Health Center are at no cost to the member (includes any Rx dispensed at time of service)

(1) Family deductible is embedded. An individual covered in a family will not pay more than the individual deductible.

(2) Out-of-pocket amount includes coinsurance, deductible, medical and pharmacy copays.

Medical Plan Premiums

2019 Current Premium

2020 Premium

Plan A - BlueSaver QHDHP on BlueSelect Plus

4-Tier	Monthly Premium Rates
Employee	\$489.35
Employee & Spouse	\$1,023.42
Employee & Child(ren)	\$929.77
Family	\$1,494.66

4-Tier	Monthly Premium Rates	% Change
Employee	\$518.63	6.0%
Employee & Spouse	\$1,085.29	6.0%
Employee & Child(ren)	\$985.38	6.0%
Family	\$1,584.88	6.0%

Plan B - BlueSaver QHDHP on Preferred Care Blue

4-Tier	Monthly Premium Rates
Employee	\$541.52
Employee & Spouse	\$1,133.33
Employee & Child(ren)	\$1,028.89
Family	\$1,653.26

4-Tier	Monthly Premium Rates	% Change
Employee	\$575.21	6.2%
Employee & Spouse	\$1,204.47	6.3%
Employee & Child(ren)	\$1,092.87	6.2%
Family	\$1,756.87	6.3%

Plan C - PPO on BlueSelect Plus

4-Tier	Monthly Premium Rates
Employee	\$660.77
Employee & Spouse	\$1,384.52
Employee & Child(ren)	\$1,255.46
Family	\$2,015.77

4-Tier	Monthly Premium Rates	% Change
Employee	\$704.52	6.6%
Employee & Spouse	\$1,476.87	6.7%
Employee & Child(ren)	\$1,338.56	6.6%
Family	\$2,149.97	6.7%

Plan D - PPO on Preferred Care Blue

4-Tier	Monthly Premium Rates
Employee	\$736.32
Employee & Spouse	\$1,543.67
Employee & Child(ren)	\$1,399.00
Family	\$2,245.44

4-Tier	Monthly Premium Rates	% Change
Employee	\$786.44	6.8%
Employee & Spouse	\$1,649.45	6.9%
Employee & Child(ren)	\$1,494.22	6.8%
Family	\$2,399.03	6.8%

Plan E - EPO

4-Tier	Monthly Premium Rates
Employee	\$660.77
Employee & Spouse	\$1,384.52
Employee & Child(ren)	\$1,255.46
Family	\$2,015.77

4-Tier	Monthly Premium Rates	% Change
Employee	\$713.16	7.9%
Employee & Spouse	\$1,494.17	7.9%
Employee & Child(ren)	\$1,354.99	7.9%
Family	\$2,177.33	8.0%

Plan F - HMO

4-Tier	Monthly Premium Rates
Employee	\$736.32
Employee & Spouse	\$1,543.67
Employee & Child(ren)	\$1,399.00
Family	\$2,245.44

4-Tier	Monthly Premium Rates	% Change
Employee	\$794.47	7.9%
Employee & Spouse	\$1,665.43	7.9%
Employee & Child(ren)	\$1,509.47	7.9%
Family	\$2,424.48	8.0%

This illustrates total premium. Employer and employee contributions for 1/1/2020 are still pending.