Your partner for a healthier you.

We're excited to serve your health insurance needs, and appreciate the opportunity to be a part of your family.

Every day we work to empower our members and help them live healthy, active and rewarding lives.

We're here to provide you the resources you need to make informed decisions.

- Login to the secure member portal, BlueAccess®, to access your health coverage, claim information and more
- Search for doctors using the

Find a doctor or hospital

bcbsks.com

With 99% of doctors and 100% of hospitals within our service area in Kansas, you have the flexibility to choose the doctor, hospital and pharmacy you want. Plus, you'll have access to our discounted medical costs with all participating providers.

Connect with us

BlueCross BlueShield of Kansas

Greenbush Health Insurance Trust

Comprehensive Major Medical℠

Non-Grandfathered **Effective October 01, 2025 - September 30, 2026**

Maximum benefits are available when services are received from Blue Choice providers. Your financial responsibility is based on the provider network you select. **Non-Blue Choice & Non-CAP**: Difference between the payment allowance and provider charge, additional 20% coinsurance amount, deductible, coinsurance or copay amount **CAP (Non-Blue Choice)**: Additional 20% coinsurance amount,* deductible, coinsurance or copay amount **Blue Choice**: Deductible, coinsurance or copay amount*Limited to a combined $2,000 per person, $4,000 two-or-more persons each benefit period.

Member Pays	
Deductible (Per group anniversary benefit period)	***No deductible carry over on any option***
Option A	$1,500 individual /$3,000 two persons /$4,500 three or more persons
Option B	$2,000 individual / $4,000 two persons / $6,000 three or more persons
Option C	$2,500 individual /$5,000 two persons / $7,500 three or more persons
Option D	$5,000 individual/$10,000 two or more persons
Coinsurance (Member portion for most services)	
Option A, B, C	20% of allowed amounts after deductible has been met
Option D	0% of allowed amounts after deductible has been met
Coinsurance Maximum	
Option A	$1,000 individual /$2,000 two persons / $3,000 three or more persons
Option B	$1,500 individual /$3,000 two persons / $4,500 three or more persons
Option C	$2,000 individual / $4,000 two persons / $6,000 three or more persons
Option D	Not Applicable
Annual Out-of-Pocket Maximum (includes copays, deductible and coinsurance) All Options	$6,350 individual / $12,700 two-or-more persons After the annual out-of-pocket amount has been reached (deductible/coinsurance/copays), eligible benefits will be paid at 100% of the allowed amount for the remainder of the benefit period.

Doctor's Office Visits	
Home and Office Visits Option A, B & **C** Option D	$35/$70 office visit copay Deductible/Coinsurance
Preventive Care as defined by the Affordable Care Act	Paid at 100% of the allowable charge. Some of the services include: Routine screenings, Immunizations, Well-women visits/screenings, Contraceptives

Prescription Drugs & Mail Order	
Option A, B and C	ResultsRx BlueRx Card Generic $15 per 30 days, *ESN $30 per 31-90 Days Preferred Brand - $50 per 30 days, *ESN $100 per 31-60 days, $150 per 61-90 days Non-Preferred Brand - $75 per 30 days, *ESN $150 per 31-60 days, $225 per 61-90 days Mail Order 2.5 Times Co-pays Preferred Specialty - 25% up to $250 per 30 days, Prime Therapeutics Exclusive Specialty Network

Emergency Medical Transportation
Inpatient Surgery Physician/Surgical
Inpatient Facility Fee
Outpatient Surgery Physician/Surgica
Outpatient Lab and Radiology
Option A, B and **C**
Option D
Emergency Room Option A, B & C
Emergency Room Option D
Accidental Injury Services
Outpatient Rehabilitation
Hospice
Home Health Care
Mental/Behavioral Health
Inpatient Services
Requires pre-admission cert
New Directions Behav
1-800-952-5906
Outpatient Services
Option A, B & **C**
Option D
Maximum Lifetime Benefit
Eligible Dependents

*Combined out of pocket maximum

	Employee
Option A	$966.00
Option B	$845.00
Option C	$793.00
Option D	$618.00