

2026 MEDICAL PLAN OVERVIEW

THE INFORMATION BELOW will help you choose the plan that works best for you and your family.



IN-NETWORK BENEFITS	PLAN 1: BLUESELECT PLUS HDHP (WITH SPIRA)	PLAN 2: PREFERRED-CARE BLUE HDHP (WITH SPIRA)	PLAN 3: BLUESELECT PLUS PPO	PLAN 4: PREFERRED-CARE BLUE PPO	PLAN 5: BLUESELECT PLUS EPO (WITH SPIRA)
Medical Deductible (Individual / Family)	\$4,000 / \$8,000	\$4,000 / \$8,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,500 / \$5,000
Coinsurance • Member Pays • Blue KC Pays	• 0% • 100%	• 0% • 100%	• 20% • 80%	• 20% • 80%	• 0% • 100%
Out-of-Pocket Maximum (Individual / Family)	\$4,000 / \$8,000	\$4,000 / \$8,000	\$5,500 / \$11,000	\$5,500 / \$11,000	\$2,500 / \$5,000
Office Visits	Deductible, then 100% covered	Deductible, then 100% covered	\$30 copay	\$30 copay	At Care Network: no charge In-Network: Deductible
Urgent Care	Deductible, then 100% covered	Deductible, then 100% covered	\$30 copay	\$30 copay	At Care Network: no charge In-Network: Deductible
Preventive Care	No Charge	No Charge	No Charge	No Charge	No Charge
Spira Care Services	Up to \$60 allowable	Up to \$60 allowable	Not available	Not available	Covered at 100%
MRIs, PET, CT, etc.	Deductible, then 100% covered	Deductible, then 100% covered	Deductible, then 20%	Deductible, then 20%	Deductible, then 100% Covered
Inpatient / Outpatient Hospital Services	Deductible, then 100% covered	Deductible, then 100% covered	Deductible, then 20%	Deductible, then 20%	Deductible, then 100% Covered
Emergency Room	Deductible, then 100% covered	Deductible, then 100% covered	\$75 copay, then deductible, then 20%	\$75 copay, then deductible, then 20%	Deductible, then 100% Covered
Retail Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4 / Tier 5 / Tier 6)	Deductible, then 100% covered	Deductible, then 100% covered	\$100 / \$300 / deductible, then \$10 / \$50 / \$70 / \$100 / \$200 / \$400	\$100 / \$300 / deductible, then \$10 / \$50 / \$70 / \$100 / \$200 / \$400	\$15 / \$50/ deductible / \$100 / \$200 / deductible
MONTHLY COST					
Employee	\$0.00	\$62.34	\$60.20	\$135.47	\$15.87
Employee & Spouse	\$1,144.26	\$1,294.44	\$1,289.33	\$1,470.72	\$1,152.04
Employee & Child(ren)	\$624.89	\$735.16	\$733.36	\$866.81	\$630.60
Employee & Family	\$1,769.11	\$1,967.29	\$1,960.51	\$2,199.88	\$1,779.37

+ Primary care, including x-rays, labs, and behavioral health services, is completely covered at Spira Care Centers.

Premiums will be withheld from your paycheck on a pre-tax basis for Medical, Dental and Vision insurance. Based upon your individual tax bracket, this should save you a considerable amount of money. If you wish for your premium to be after-tax, please submit so in writing to your Benefits Manager.

Employees who choose to participate and meet the required number of BCBS points in the wellness program will receive an incentive. More information will be available in the coming weeks.

Your election can only be changed during the plan year if you experience a qualifying life status change. You must notify Human Resources within 30 days of the event.

The information listed above is based upon in-network services only; out-of-network services are paid differently.

