

Key Differences (In-Network)



	Base HMO	Mid HMO	Prem. HMO	PCB PPO	BlueSaver Base	BlueSaver Prem
HSA Eligible?	NO	NO	NO	NO	YES	YES
Deductible	N/A	N/A	N/A	\$500 indiv / \$1,000 fam	\$2,600 indiv / \$5,200 fam	\$2,600 indiv / \$5,200 fam
Coinsurance	N/A	N/A	N/A	Member pays: 10% BCBSKC: 90%	Member pays: 0% BCBSKC: 100%	Member pays: 0% BCBSKC: 100%
Out-of-Pocket Maximum*	N/A	N/A	N/A	\$2,500 indiv / \$5,000 fam	\$2,600 indiv / \$5,200 fam	\$2,600 indiv / \$5,200 fam
Office Visits	PCP: \$30 copay Specialist: \$60 copay	PCP: \$20 copay Specialist: \$40 copay	PCP: \$15 copay Specialist: \$30 copay	\$20 copay	Deductible then 0%	Deductible then 0%
Preventative Care	100%	100%	100%	100%	100%	100%
Inpatient Outpatient Hospital Services	\$500 copay per day/occurrence up to 5 copays per member per calendar year	\$300 copay per day/occurrence up to 5 copays per member per calendar year	\$100 copay per day/occurrence up to 5 copays per member per calendar year	Deductible then 10%	Deductible then 0%	Deductible then 0%
MRI's PET, CT etc.	\$150 copay	\$150 copay	\$150 copay	Deductible then 10%	Deductible then 0%	Deductible then 0%
Urgent Care	\$60 copay	\$40 copay	\$30 copay	\$20 copay	Deductible then 0%	Deductible then 0%
Emergency Room	\$175 copay	\$175 copay	\$175 copay	\$175 copay then deductible then 10%	Deductible then 0%	Deductible then 0%
Prescription Drugs	\$12/35/60 Retail \$24/70/120 Mail Order				Deductible then: 100%	