

KEY DIFFERENCES	EPO Premium	EPO KCMO Custom Plan		EPO Spira Care	PPO Traditional	PPO BlueSaver Premium	PPO BlueSaver Base
Network	BlueSelect Plus	St. Luke's + BlueSelect Plus		BlueSelect Plus	Preferred-Care Blue	Preferred-Care Blue	BlueSelect Plus
HSA Eligible?	NO	NO		NO	NO	YES	YES
		LEVEL 1	LEVEL 2				
Deductible <small>(Ded is calendar year 1/1-12/31)</small>	N/A	N/A	N/A	\$1,000 indiv / \$2,000 fam	\$500 indiv / \$1,000 fam	\$3,200 indiv / \$6,400 fam	\$3,200 indiv / \$6,400 fam
Coinsurance	N/A	N/A	N/A	Member pay: 0% BC pay: 100%	Member pay: 10% BC pay: 90%	Member pay: 0% BC pay: 100%	Member pay: 0% BC pay: 100%
Out-of-Pocket Maximum <small>(OOP is calendar year 1/1-12/31)</small>	\$3,500 indiv / \$7,000 fam <small>(copays apply to OOPM)</small>	\$3,000 indiv / \$6,000 fam <small>(copays apply to OOPM)</small>	\$4,000 indiv / \$8,000 fam <small>(copays apply to OOPM)</small>	\$1,000 indiv / \$2,000 fam <small>(copays apply to OOPM)</small>	\$2,500 indiv / \$5,000 fam <small>(copays do not apply to OOPM)</small>	\$3,200 indiv / \$6,400 fam	\$3,200 indiv / \$6,400 fam
Office Visits	PCP: \$15 Specialist: \$30	PCP: \$10 Specialist: \$20	PCP: \$20 Specialist: \$60	Spira Care – \$0 BSP - Deductible then 0%	\$20 copay <small>(copays do not apply to OOPM)</small>	Deductible then 0%	Deductible then 0%
Preventative Care	100%	100%		100%	100%	100%	100%
Inpatient/Outpatient Hospital Services	\$100 copay per day / occurrence 5 copay maximum	\$100 copay per day / occurrence 5 copay maximum	\$300 copay per day / occurrence 5 copay maximum	Deductible then 0%	Deductible then 10%	Deductible then 0%	Deductible then 0%
MRI's, PET, CT scans etc.	\$150 copay	\$150 copay		Deductible then 0%	Deductible then 10%	Deductible then 0%	Deductible then 0%
Urgent Care	\$20 copay	\$15 copay	\$50 copay	SPIRA CARE – \$0 BSP - Deductible then 0%	\$20 copay <small>(copays do not apply to OOPM)</small>	Deductible then 0%	Deductible then 0%
Vision Care	\$10 copay	\$10 copay	\$10 copay	Deductible then 0%	Not Covered	Not Covered	Not Covered
Emergency Room <small>(copay waived if admitted)</small>	\$175 copay	\$175 copay		Deductible then 0%	\$175 copay + Deductible + 10% <small>(copays do not apply to OOPM)</small>	Deductible then 0%	Deductible then 0%
Prescription Drugs	Retail: \$12 / \$35 / \$60 Mail Order: \$24 / \$70 / \$120	Retail: \$12 / \$35 / \$60 Mail Order: \$24 / \$70 / \$120		Retail: \$15 / \$50 / Deductible Mail Order: \$15 / \$125 / Deductible	Retail: \$12 / \$35 / \$60 Mail Order: \$24 / \$70 / \$120	Deductible then 0%	Deductible then 0%
Employee Monthly Cost							
Employee	\$45.36	\$0.00		\$0.00	\$112.08	\$50.54	\$28.88
Employee + 1	\$229.14	\$173.02		\$173.02	\$336.90	\$224.38	\$175.12
Employee + Family	\$451.32	\$353.66		\$353.66	\$628.56	\$439.76	\$364.38

NETWORK	BlueSelect Plus	Preferred-Care Blue
HOSPITAL NAME	EPO Premium	PPO Traditional
	EPO with St. Luke's	PPO BlueSaver
	EPO Spira Care	
	PPO BlueSaver	
AdventHealth Shawnee Mission	YES	YES
Belton Regional Medical Center	NO	YES
Cameron Regional Med Center	YES	YES
Cass Regional Medical Center	NO	YES
Center Point Medical Center	NO	YES
Children's Mercy Hospitals	YES	YES
Lee's Summit Hospital	NO	YES
Liberty Hospital	YES	YES
Menorah Medical Center	NO	YES
North Kansas City Hospital	YES	YES
Olathe Health System	YES	YES
Overland Park Regional Med Center	NO	YES
Providence Medical Center	YES	YES
Research Medical Center	NO	YES
St. Joseph Medical Center	YES	NO
St. Luke's Health System	LEVEL 1	YES
St. Mary's Medical Center	YES	NO
University Health (Formerly Truman Medical Centers)	YES	YES
University of Kansas Health System	YES	YES

PREMIUM	The amount you pay for your health insurance each month. Typically, your premium will be automatically deducted from your paychecks and is based on the plan option you choose. Health insurance premiums are deducted pre-tax from your paychecks.
DEDUCTIBLE	<p>The amount you pay for healthcare services before your plan starts to pay.</p> <p>Common services subject to deductibles:</p> <ul style="list-style-type: none"> • Inpatient / Outpatient Hospital • Outpatient Surgery • X-Ray • Outpatient Services - MRIs, CT Scans • Emergency Room • Durable Medical Equipment - Diabetic Pumps, CPAP Machines <p>Your deductible resets each January 1st.</p>
COPAY	A fixed amount you pay, usually at the time of healthcare service. Copays will not apply to your deductible but will apply to your out-of-pocket maximum.
COINSURANCE	The amount you pay for covered services after your deductible has been met (for example, you pay 20%, insurance pays 80%).
OUT-OF-POCKET MAXIMUM (OOPM)	Your out-of-pocket maximum is the maximum dollar amount you pay toward covered services in a calendar year. Once you have met your OOPM, your health insurance plan pays 100% of in-network covered services for the remainder of the calendar year. Your out-of-pocket maximum resets each January 1st.