

Small Group ACA Plan Options

For Businesses with 2-50 Employees

Choices and more choices. It's what over one million members have come to expect from Blue KC, the area's only local, not-for-profit health insurance company.

NETWORK	Product Name	Metallic Level	Single Deductible	Family Deductible	Coinsurance	Single OOP Max	Family OOP Max	Telehealth Office Visit + Mental Health Therapy ⁵	Primary Care ^{2,4,7}	Urgent Care ^{2,4}	Specialist ^{2,4}	Hospital ³	Emerg. Room	Prescription Drugs ⁶						Rx Network	Deductible Type ¹	
														Low-Cost Generic	Generic	Preferred	Non-Preferred	Generic & Preferred Specialty	Non-Preferred Specialty			
Preferred-Care Blue (PPO)	Classic PCB	Gold	\$1,250	\$2,500	90%	\$8,150	\$16,300	\$0	(³ 30tc) ⁶ 60	\$80	\$80	\$975 Max ³	\$975	\$5	\$15	\$70	D+30%	D+30%	D+30%	RxPremier	Emb	
	First PCB	Gold	\$1,850	\$3,700	90%	\$5,000	\$10,000	\$0	4@ ² 25/D+C	4@ ² 25/D+C	4@ ² 25/D+C	Ded/Coins	Ded/Coins	\$5	\$15	\$70	D+30%	D+30%	D+30%	RxPremier	Emb	
	Saver PCB	Gold	\$2,000	\$4,000	80%	\$3,500	\$7,000	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+\$5	D+\$15	D+\$70	D+30%	D+30%	D+30%	RxPremier	Aggregate	
	First PCB	Silver	\$5,000	\$10,000	80%	\$7,500	\$15,000	\$0	4@ ² 25/D+C	4@ ² 25/D+C	4@ ² 25/D+C	Ded/Coins	Ded/Coins	\$5	\$20	\$75	D+30%	D+30%	D+30%	RxPremier	Emb	
	Classic PCB	Silver	\$5,000	\$10,000	60%	\$9,350	\$18,700	\$0	(³ 30tc) ⁶ 60	\$80	\$80	\$975 Max ³	\$975	\$5	\$20	\$75	D+30%	D+30%	D+30%	RxPremier	Emb	
	Saver PCB	Silver	\$3,500	\$7,000	75%	\$7,000	\$14,000	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+\$5	D+\$20	D+\$75	D+\$100	D+\$350	D+\$350	RxPremier	Emb	
	Traditional PCB	Silver	\$3,500	\$7,000	70%	\$8,500	\$17,000	\$0	\$60	\$100	\$100	Ded/Coins	Ded/Coins	\$5	\$20	\$75	D+30%	D+30%	D+30%	RxPremier	Emb	
	Saver PCB	Bronze	\$6,000	\$12,000	50%	\$7,500	\$15,000	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+50%	D+50%	D+50%	D+50%	D+50%	D+50%	RxPremier	Emb
	First PCB	Bronze	\$6,850	\$13,700	50%	\$9,450	\$18,900	\$0	4@ ² 50/D+C	4@ ² 50/D+C	4@ ² 50/D+C	Ded/Coins	Ded/Coins	\$5	\$30	D+50%	D+50%	D+50%	D+50%	D+50%	RxPremier	Emb
Value PCB	Bronze	\$7,750	\$15,500	50%	\$8,550	\$17,100	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$5	\$30	D+50%	D+50%	D+50%	D+50%	RxPremier	Emb	
BlueSelect Plus (PPO)	Saver BSP	Silver	\$3,500	\$7,000	75%	\$7,000	\$14,000	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+\$5	D+\$20	D+\$75	D+\$100	D+\$350	D+\$350	RxSelect - Walgreens	Emb	
	Traditional BSP	Silver	\$3,500	\$7,000	70%	\$8,500	\$17,000	\$0	\$60	\$100	\$100	Ded/Coins	Ded/Coins	\$5	\$20	\$75	D+30%	D+30%	D+30%	RxSelect - Walgreens	Emb	
	Saver BSP	Bronze	\$6,000	\$12,000	50%	\$7,500	\$15,000	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+\$5	D+50%	D+50%	D+50%	D+50%	D+50%	RxSelect - Walgreens	Emb	
	Value BSP	Bronze	\$7,750	\$15,500	50%	\$8,550	\$17,100	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$5	\$30	D+50%	D+50%	D+50%	D+50%	RxSelect - Walgreens	Emb	
Spira Care with BlueSelect Plus (EPO)	Spira Care w/ BSP	Gold	\$3,500	\$7,000	100%	\$3,500	\$7,000	\$0	\$0 / Ded	Deductible	Deductible	Deductible	Deductible	\$5	\$15	\$70	Deductible	Deductible	Deductible	RxPremier	Emb	
	First BSP + Spira Care ⁸	Silver	\$5,000	\$10,000	80%	\$7,800	\$15,600	\$0	4@ ² 25/D+C	4@ ² 25/D+C	4@ ² 25/D+C	Ded/Coins	Ded/Coins	\$5	\$20	\$75	D+30%	D+30%	D+30%	RxSelect - Walgreens	Emb	
	Spira Care w/ BSP	Silver	\$5,000	\$10,000	80%	\$7,200	\$14,400	\$0	\$0/D+C	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$5	\$20	\$75	D+30%	D+30%	D+30%	RxPremier	Emb	
	Spira Care HSA w/ BSP	Bronze	\$5,750	\$11,500	80%	\$8,000	\$16,000	\$0	\$60/D+C	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+\$5	D+\$30	D+30%	D+30%	D+30%	D+30%	RxPremier	Emb	
	Spira Care w/ BSP	Bronze	\$8,000	\$16,000	80%	\$9,450	\$18,900	\$0	\$0/D+C	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$5	\$30	D+30%	D+30%	D+30%	D+30%	RxPremier	Emb	

All Plans - All cost-sharing (Deductible, Coinsurance and Copays) apply to the Out-of-Pocket Max. In-Network cost-sharing applies to the In-Network Out-of-Pocket Max only. Out-of-Network cost-sharing applies to the Out-of-Network Out-of-Pocket Max only

All plans - Primary Care Physicians include General Practice, Family Practice, Internal Medicine, and Pediatrics

¹ **Embedded:** If you elect coverage for more than yourself, the Family Deductible must be satisfied before benefits will be paid for any covered family members

¹ **Aggregate:** The entire family deductible must be satisfied each calendar year before benefits for any covered person will be paid

² **Classic PCB:** These plans provide a lower PCP copayment for Total Care (TC) physician visits. Mental health providers are treated as PCPs

³ **Classic PCB:** Inpatient (IP) Hospital, IP Mental Illness, IP Substance Abuse, and IP Maternity Services are combined and count toward the five days covered at the applicable copay Per calendar year. After the fifth day, Inpatient services will not be subject to any cost-sharing for the remainder of the calendar year

⁴ **First PCB:** Copay for the first four visits, combined for PCP, Specialist and Urgent Care

⁵ **First PCB:** Telehealth visits do not accrue toward limited copay visits

⁶ **Mail-Order Rx:** Cost sharing is 3x for a Long-Term supply⁷ Spira Care: \$0 cost share at Spira Care Centers, D+C other primary care providers, \$60 allowable for Saver plans

⁷ **Spira Care:** \$0 cost share at Spira Care Centers, D+C other primary care providers, \$60 allowable for Saver plans

⁸ **First + Spira:** \$0 cost share at Spira Care Centers. Copay for non-Spira first four visits combined for PCP, specialist, and urgent care. Telehealth does not accrue toward limited copay visits.

Fully Insured and Level Funding ASO Plan Options

For Businesses with 51-99 Employees

PLAN NAME	Deductible				Member Coinsurance		Out-of-Pocket Maximum				Copay / Cost-Share - Per Occurrence						Rx Copay / Cost-Share				Deductible Type ²
	Network		Out-of-Network		Network	Out-of-Network	Network		Out-of-Network		Network ⁴						Network				
	Single	Family	Single	Family			Single	Family	Single	Family	PCP ¹	Virtual Care ⁷	Spec	Urgent Care	ER	Facility / Hospital	TR 1	TR 2	TR 3	TR 4	
PCB PPO \$500 (OOPM \$1,500)	\$500	\$1,000	\$500	\$1,000	10%	30%	\$1,500	\$3,000	\$3,000	\$6,000	\$20	\$0	\$20	\$20	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$500 (OOPM \$3,500)	\$500	\$1,500	\$500	\$1,500	20%	40%	\$3,500	\$7,000	\$7,000	\$14,000	\$25	\$0	\$25	\$25	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$1,000 (OOPM \$2,500)	\$1,000	\$2,000	\$1,000	\$2,000	20%	40%	\$2,500	\$5,000	\$5,000	\$10,000	\$25	\$0	\$25	\$25	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$1,000 (OOPM \$4,000)	\$1,000	\$3,000	\$1,000	\$3,000	20%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$30	\$0	\$30	\$30	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$1,500 (OOPM \$4,500)	\$1,500	\$4,500	\$1,500	\$4,500	20%	40%	\$4,500	\$9,000	\$9,000	\$18,000	\$35	\$0	\$35	\$35	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$1,500 (OOPM \$6,000)	\$1,500	\$3,000	\$1,500	\$3,000	20%	40%	\$6,000	\$12,000	\$12,000	\$24,000	\$35	\$0	\$35	\$35	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$2,000 (OOPM \$5,000)	\$2,000	\$6,000	\$2,000	\$6,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$0	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$2,700 (OOPM \$5,400)	\$2,700	\$5,400	\$2,700	\$5,400	20%	40%	\$5,400	\$10,800	\$10,800	\$21,600	\$40	\$0	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$3,000 (OOPM \$3,000)	\$3,000	\$6,000	\$3,000	\$6,000	0%	20%	\$3,000	\$6,000	\$6,000	\$12,000	\$40	\$0	\$40	\$40	Deductible	Deductible	\$15	\$70	\$110	\$200	Emb
PCB PPO \$3,000 (OOPM \$5,000)	\$3,000	\$6,000	\$3,000	\$6,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$0	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$3,000 (OOPM \$9,100)	\$3,000	\$6,000	\$3,000	\$6,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$4,000 (OOPM \$4,000)	\$4,000	\$8,000	\$4,000	\$8,000	0%	20%	\$4,000	\$8,000	\$8,000	\$16,000	\$40	\$0	\$40	\$40	Deductible	Deductible	\$15	\$70	\$110	\$200	Emb
PCB PPO \$4,000 (OOPM \$9,100)	\$4,000	\$8,000	\$4,000	\$8,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$5,000 (OOPM \$6,500)	\$5,000	\$10,000	\$5,000	\$10,000	20%	40%	\$6,500	\$13,000	\$13,000	\$26,000	\$40	\$0	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB PPO \$5,000 (OOPM \$9,100)	\$5,000	\$10,000	\$5,000	\$10,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB BlueSaver HSA \$3,200 (OOPM \$3,200)	\$3,200	\$6,400	\$3,200	\$6,400	0%	20%	\$3,200	\$6,400	\$6,400	\$12,800	Deductible	\$0	Deductible	Deductible	Deductible	Deductible	Deductible				Emb
PCB BlueSaver HSA \$4,000 (OOPM \$5,500)	\$4,000	\$8,000	\$4,000	\$8,000	20%	40%	\$5,500	\$11,000	\$11,000	\$22,000	Ded/Coins	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins				Emb
PCB BlueSaver HSA \$5,000 (OOPM \$6,450)	\$5,000	\$10,000	\$5,000	\$10,000	10%	30%	\$6,450	\$12,900	\$12,900	\$25,800	Ded/Coins	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins				Emb
NEW PCB BlueSaver HSA \$6,500 (OOPM \$6,500)	\$6,500	\$13,000	\$6,500	\$13,000	0%	20%	\$6,500	\$13,000	\$13,000	\$26,000	Deductible	\$0	Deductible	Deductible	Deductible	Ded/Coins	Deductible				Emb
BlueSelect Plus ³ PPO \$1,000 (OOPM \$4,000)	\$1,000	\$3,000	\$1,000	\$3,000	20%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$30	\$0	\$30	\$30	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
BlueSelect Plus ³ PPO \$2,000 (OOPM \$4,000)	\$2,000	\$4,000	\$2,000	\$4,000	20%	50%	\$4,000	\$8,000	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
BlueSelect Plus³ BlueSaver HSA \$3,200 (OOPM \$3,200)	\$3,200	\$6,400	\$3,200	\$6,400	0%	30%	\$3,200	\$6,400	\$15,000	\$30,000	Deductible	\$0	Deductible	Deductible	Deductible	Deductible	Deductible				Emb
BlueSelect Plus ³ PPO \$3,000 (OOPM \$3,000)	\$3,000	\$6,000	\$3,000	\$6,000	0%	20%	\$3,000	\$6,000	\$6,000	\$12,000	\$40	\$0	\$40	\$40	Deductible	Deductible	\$15	\$70	\$110	\$200	Emb
BlueSelect Plus ³ PPO \$3,000 (OOPM \$5,000)	\$3,000	\$6,000	\$3,000	\$6,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$0	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
BlueSelect Plus ³ PPO \$3,000 (OOPM \$9,100)	\$3,000	\$6,000	\$3,000	\$6,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
BlueSelect Plus ³ PPO \$4,000 (OOPM \$4,000)	\$4,000	\$8,000	\$4,000	\$8,000	0%	30%	\$4,000	\$8,000	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + Deductible	Deductible	\$15	\$70	\$110	\$200	Emb
BlueSelect Plus ³ EPO \$4,000 (OOPM \$4,000)	\$4,000	\$8,000	N/A	N/A	0%	N/A	\$4,000	\$8,000	N/A	N/A	\$40	\$0	\$40	\$40	\$100 + Deductible	Deductible	\$15	\$70	\$110	\$200	Emb
BlueSelect Plus PPO \$4,000 (OOPM \$9,100)	\$4,000	\$8,000	\$4,000	\$8,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + Deductible	Ded/Coins	\$15	\$70	\$110	\$200	Emb
BlueSelect Plus ³ BlueSaver PPO HSA \$5,000 (OOPM \$6,450)	\$5,000	\$10,000	\$5,000	\$10,000	10%	40%	\$6,450	\$12,900	\$32,250	\$64,500	Ded/Coins	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins				Emb
BlueSelect Plus ³ BlueSaver EPO HSA \$5,000 (OOPM \$6,450)	\$5,000	\$10,000	N/A	N/A	10%	N/A	\$6,450	\$12,900	N/A	N/A	Ded/Coins	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Co				Emb
BlueSelect Plus PPO \$5,000 (OOPM \$9,100)	\$5,000	\$10,000	\$5,000	\$10,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$200	Emb
PCB Personal Blue PPO HRA (OOPM \$3,000)	\$3,000	\$6,000	\$3,000	\$6,000	0%	20%	\$3,000	\$6,000	\$6,000	\$12,000	\$40	\$0	\$40	\$40	Deductible	Deductible	\$15	\$70	\$110	\$200	Emb
PCB AffordaBlue (OOPM \$5,500) ⁸	\$5,500	\$11,000	\$5,500	\$11,000	0%	20%	\$5,500	\$11,000	\$11,000	\$22,000	\$30	\$0	\$30	\$30	Deductible	Deductible	\$20	Not Covered			Emb
BlueSelect Plus³ Spira Care EPO HSA \$3,200 (OOPM \$3,200)	\$3,200	\$6,400	N/A	N/A	0%	N/A	\$3,200	\$6,400	N/A	N/A	Deductible⁶	\$0	Deductible	Deductible	Deductible	Deductible	Deductible				Emb
BlueSelect Plus ³ Spira Care EPO \$1,500 (OOPM \$1,500)	\$1,500	\$3,000	N/A	N/A	0%	N/A	\$1,500	\$3,000	N/A	N/A	Spira Care No Charge ⁵	Spira Care No Charge	Deductible	Deductible	Deductible	Deductible	\$15	\$50	Deductible		Emb
BlueSelect Plus ³ Spira Care EPO \$3,500 (OOPM \$3,500)	\$3,500	\$7,000	N/A	N/A	0%	N/A	\$3,500	\$7,000	N/A	N/A	Spira Care No Charge ⁵	Spira Care No Charge	Deductible	Deductible	Deductible	Deductible	\$15	\$50	Deductible		Emb
BlueSelect Plus ³ Spira Care EPO \$3,500 (OOPM \$9,100)	\$3,500	\$7,000	N/A	N/A	50%	N/A	\$9,100	\$18,200	N/A	N/A	Spira Care No Charge ⁵	Spira Care No Charge ⁵	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$15	\$50	Ded/Coins		Emb
NEW BlueSelect Plus³ Spira Care EPO \$5,000 (OOPM \$5,000)	\$5,000	\$10,000	N/A	N/A	0%	N/A	\$5,000	\$10,000	N/A	N/A	Spira Care No Charge⁵	\$0	Deductible	Deductible	Deductible	Deductible	\$15	\$50	Deductible		Emb
BlueSelect Plus ³ Spira Care EPO \$7,000 (OOPM \$7,000)	\$7,000	\$14,000	N/A	N/A	0%	N/A	\$7,000	\$14,000	N/A	N/A	Spira Care No Charge ⁵	Spira Care No Charge	Deductible	Deductible	Deductible	Deductible	\$15	\$50	Deductible		Emb

NOTE: NEW AND UPDATED PLAN OPTIONS FOR 2024 ARE BOLDING ABOVE

¹ Primary Care Physicians include General Practice, Family Practice, Internal Medicine, and Pediatrics.

² **Embedded:** An individual deductible you must satisfy each calendar year before benefits will be paid. Aggregate - The entire family deductible must be satisfied each calendar year before benefits for any person will be paid.

³ A high performing network, BlueSelect Plus, is limited to groups located in the 12-county Kansas City metropolitan area which includes Clay, Jackson, Platte, Cass, Clinton, Dekalb, Johnson, Lafayette, Ray and Caldwell in Missouri, and Johnson and Wyandotte counties in Kansas. The BlueSelect Plus products are only available to employees who live in the 12-county metro area and seek care in the 6 counties of Clay, Jackson, Plate and Clinton in Missouri and Wyandotte and Johnson in Kansas.

⁴ Additional coinsurance may apply. EPO plans do not provide coverage for Out-of-Network services except in cases of emergency.

⁵ Only primary care services received at a Spira Care Center are at no charge. All other primary care services available through the BlueSelect Plus network are subject to deductible.

⁶ Spira Care HSA members will incur an affordable charge for office visits. Spira Care services will be at no charge once the deductible is met. All other primary care services available through the BlueSelect Plus network are subject to deductible.

⁷ Applies to Blue KC Virtual Care and in-network telehealth visits with a Primary Care Provider (including Spira Care) or for Behavioral Health.

⁸ Copay for the first five visits combined for PCP, Specialist and Urgent Care.

ChamberCHOICE - Level Funding ASO Plan Options

For Businesses with 5-99 Employees

With ChamberCHOICE, employers offer six unique Level Funding ASO medical plans. Employees then have the freedom to choose the plan that best fits their coverage needs. If an employer opts to offer dental and vision coverage, employees have a choice of three dental/vision plans. ChamberCHOICE Level Funding ASO plans require a minimum of five enrollees to participate.

MEDICAL PLANS	Deductible				Member Coinsurance		Out-of-Pocket Maximum				Copay / Cost-Share Per Occurrence						Rx Copay / Cost-Share				Deductible Type ²
	Network		Out-of-Network		Network	Out-of-Network	Network		Out-of-Network		Network						Network				
	Single	Family	Single	Family			Single	Family	Single	Family	PCP ¹	Blue KC Virtual Care Spec App ⁶		Urgent Care	ER	Facility / Hospital	TR 1	TR 2	TR 3	TR 4	
CHOICE PCB PPO \$1,000 (OOPM \$6,500)	\$1,000	\$2,000	\$1,000	\$2,000	10%	30%	\$3,500	\$7,000	\$7,000	\$14,000	\$25	\$0	\$0	\$25	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$100	\$200	Emb
CHOICE PCB PPO \$2,500 (OOPM \$6,500)	\$2,500	\$5,000	\$2,500	\$5,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000	\$25	\$0	\$0	\$25	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$100	\$200	Emb
CHOICE PCB PPO \$5,000 (OOPM \$6,500)	\$5,000	\$10,000	\$5,000	\$10,000	20%	40%	\$6,500	\$13,000	\$13,000	\$26,000	\$30	\$0	\$0	\$30	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$100	\$200	Emb
CHOICE PCB BlueSaver HSA \$3,500 (OOPM \$3,500)	\$3,500	\$7,000	\$3,500	\$7,000	0%	20%	\$3,500	\$7,000	\$7,000	\$14,000	Deductible	\$0	\$0	Deductible						Emb	
CHOICE BlueSelect Plus ³ PPO \$4,500 (OOPM \$4,500)	\$4,500	\$9,000	\$4,500	\$9,000	0%	30%	\$4,500	\$9,000	\$9,000	\$18,000	\$40	\$0	\$0	\$40	\$100 + Ded/Coins	Deductible	\$15	\$70	\$100	\$200	Emb
CHOICE BSP ³ Spira Care EPO ⁴ \$3,000 (OOPM \$3,000)	\$3,000	\$6,000	N/A	N/A	0%	N/A	\$3,000	\$6,000	N/A	N/A	Spira No Charge ⁵	Spira No Charge	\$0	Deductible	Deductible	Deductible	\$15	\$50	Deductible		Emb

¹ Primary Care Physicians include General Practice, Family Practice, Internal Medicine, and Pediatrics.

² **Embedded:** An individual deductible you must satisfy each calendar year before benefits will be paid. Aggregate - The entire family deductible must be satisfied each calendar year before benefits for any person will be paid.

³ A high performing network, BlueSelect Plus, is limited to groups located in the 12-county Kansas City metropolitan area which includes Clay, Jackson, Platte, Cass, Clinton, Dekalb, Johnson, Lafayette, Ray and Caldwell in Missouri, and Johnson and Wyandotte counties in Kansas. The BlueSelect Plus products are only available to employees who live in the 12 county metro area and seek care in the 6 counties of Clay, Jackson, Plate and Clinton in MO and Wyandotte and Johnson In KS.

⁴ Additional coinsurance may apply. EPO plans do not provide coverage for Out-of-Network services except in cases of emergency.

⁵ Only primary care services received at a Spira Care Center are at no charge. All other primary care services available through the BlueSelect Plus network are subject to deductible.

⁶ Applies only when using the Blue KC virtual care. All other visits to an in-network provider are the same as an in office visit.

OPTIONAL DENTAL & VISION PLANS	Vision Plans					Dental Plans						
	Routine Exam	Frames	Std. Plastic Lenses ¹	Contact Lens Exam	Contact Lenses ¹	Calendar Year Maximum	Deductible	Diagnostic & Preventative	Basic Services	Major Services	Orthodontics	Non-Participating Providers ⁸
CHOICE Base Vision & Dental	\$0	35% Off Retail	\$50/\$70/\$105	100% Member Responsibility	15% Off Retail / 100% Member Responsibility	\$1,000 Preventative does not apply towards calendar year max	\$50 Indv / \$150 Family Basic	PPO/GRID Providers ⁶ - 100% Choice/GRID+ Providers ⁷ - 100%	PPO/GRID Providers ⁶ - 90% Choice/GRID+ Providers ⁷ - 70%	Not Covered	Not Covered	Diagnostic & Preventative - 80% Basic - 60%
CHOICE Value Vision & Dental	\$0	\$130 Allowance ³	\$10/\$10/\$10	Std. Lens to \$40 Allowance ⁴	\$130 Allowance ⁵	\$1,000 Preventative does apply towards calendar year max	\$50 Indv / \$150 Family Basic & Major	PPO/GRID Providers ⁶ - 100% Choice/GRID+ Providers ⁷ - 100%	PPO/GRID Providers ⁶ - 80% Choice/GRID+ Providers ⁷ - 70%	PPO/GRID Providers ⁶ - 50% Choice/GRID+ Providers ⁷ - 50%	Not Covered	Diagnostic & Preventative - 80% Basic - 60% Major - 40%
CHOICE Buy-up Vision & Dental	\$10	\$150 Allowance ³	\$25/\$25/\$25	Std. Lens to \$40 Allowance ⁴	\$150 Allowance ⁵	\$1,500 Preventative does not apply towards calendar year max	\$50 Indv / \$150 Family Basic & Major	PPO/GRID Providers ⁶ - 100% Choice/GRID+ Providers ⁷ - 100%	PPO/GRID Providers ⁶ - 90% Choice/GRID+ Providers ⁷ - 80%	PPO/GRID Providers ⁶ - 60% Choice/GRID+ Providers ⁷ - 50%	Not Covered	Diagnostic & Preventative - 80% Basic - 60% Major - 40%

¹ Single Vision/Bifocal/Trifocal;

² Conventional/Disposable;

³ 20% off balance over Allowance;

⁴ **Premium Lens:** 10% off Retail;

⁵ **Conventional:** 15% off balance >Allowance; **Disposable:** 100% member responsibility >Allowance; **Medically Necessary:** \$0 Copay

See Benefits Summaries for Out-of-Network benefits Limits: Routine Exam: 1 Per 12 months; Frames: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details)

⁶ **Blue Dental PPO Providers:** The preferred network of coverage in the Blue KC service area. Lowest out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID Blue Cross and Blue Shield national network.

⁷ **Blue Dental Choice Providers:** An additional network of coverage in the Blue KC service area. Higher out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID+ Blue Cross and Blue Shield national network.

⁸ **Non-Participating Providers:** Seeing a non-participating dentist results in the highest out-of-pocket costs for covered services. Members may be responsible for filing claims and may be balanced billed by the non-participating provider

2024 ACA PRODUCT CHANGES



PRODUCT	METALLIC LEVEL	2023						2024					
		SINGLE DEDUCTIBLE	FAMILY DEDUCTIBLE	COINSURANCE*	SINGLE OOP MAX	FAMILY OOP MAX	DRUG COST-SHARES	SINGLE DEDUCTIBLE	FAMILY DEDUCTIBLE	COINSURANCE*	SINGLE OOP MAX	FAMILY OOP MAX	DRUG COST-SHARES
CLASSIC PCB	GOLD	\$1,250	\$2,500	100%	\$8,150	\$16,300	\$5/\$15/\$70 20%/\$70/D+30%	\$1,250	\$2,500	90%	\$8,150	\$16,300	\$5/\$15/\$70 D+30%
FIRST PCB	GOLD	\$1,850	\$3,700	90%	\$5,000	\$10,000	\$5/\$15/\$65 20%/\$65/D+30%	\$1,850	\$3,700	90%	\$5,000	\$10,000	\$5/\$15/\$70 D+30%
SAVER PCB	GOLD	\$1,500	\$3,000	80%	\$3,500	\$7,000	-/D+\$15/D+\$65 D+20%/D+\$65/D+30%	\$2,000	\$4,000	80%	\$3,500	\$7,000	D+\$5/D+\$15/D+\$70 D+30%
FIRST PCB	SILVER	\$5,000	\$10,000	90%	\$7,500	\$15,000	\$5/\$15/\$75 20%/\$75/D+30%	\$5,000	\$10,000	80%	\$7,500	\$15,000	\$5/\$20/\$75 D+30%
CLASSIC PCB	SILVER	\$5,000	\$10,000	60%	\$9,000	\$18,000	\$5/\$15/\$70 20%/\$70/D+30%	\$5,000	\$10,000	60%	\$9,350	\$18,700	\$5/\$20/\$75 D+30%
SAVER PCB	SILVER	\$3,500	\$7,000	75%	\$5,500	\$11,000	-/D+\$15/D+\$65 D+20%/D+\$65/D+30%	\$3,500	\$7,000	75%	\$7,000	\$14,000	D+\$5/D+\$20/D+\$75 D+\$100/D+\$350/D+\$350
TRADITIONAL PCB	SILVER	\$3,500	\$7,000	70%	\$8,500	\$17,000	\$5/\$15/\$50 20%/\$50/D+30%	\$3,500	\$7,000	70%	\$8,500	\$17,000	\$5/\$20/\$75 D+30%
FIRST PCB	BRONZE	\$6,850	\$13,700	65%	\$8,400	\$16,800	\$5/\$20/D+35% D+35%	\$6,850	\$13,700	50%	\$9,450	\$18,900	\$5/\$30/D+50% D+50%
SAVER PCB	BRONZE	\$6,000	\$12,000	50%	\$7,500	\$15,000	-/D+50%/D+50% D+50%	\$6,000	\$12,000	50%	\$7,500	\$15,000	D+50%/D+50%/D+50% D+50%
VALUE PCB	BRONZE	\$7,750	\$15,500	50%	\$8,550	\$17,100	\$5/\$30/D+\$50 D+50%	\$7,750	\$15,500	50%	\$8,550	\$17,100	\$5/\$30/D+\$50 D+50%
SAVER BSP	SILVER	\$3,500	\$7,000	75%	\$5,500	\$11,000	-/D+\$15/D+\$65 D+20%/D+\$65/D+30%	\$3,500	\$7,000	75%	\$7,000	\$14,000	D+\$5/D+\$20/D+\$75 D+\$100/D+\$350/D+\$350
TRADITIONAL BSP	SILVER	\$3,500	\$7,000	70%	\$8,500	\$17,000	\$5/\$15/\$50 20%/\$50/D+30%	\$3,500	\$7,000	70%	\$8,500	\$17,000	\$5/\$20/\$75 D+30%
SAVER BSP	BRONZE	\$6,000	\$12,000	50%	\$7,500	\$15,000	-/D+50%/D+50% D+50%	\$6,000	\$12,000	50%	\$7,500	\$15,000	D+50%/D+50%/D+50% D+50%
VALUE BSP	BRONZE	\$7,750	\$15,500	50%	\$8,550	\$17,100	\$5/\$30/D+\$50 D+50%	\$7,750	\$15,500	50%	\$8,550	\$17,100	\$5/\$30/D+\$50 D+50%
SPIRA CARE W/BSP	GOLD	\$2,750	\$5,500	100%	\$3,500	\$7,000	\$5/\$15/\$70 20%/\$70/D+30%	\$3,500	\$7,000	100%	\$3,500	\$7,000	\$5/\$15/\$70 DED
FIRST BSP + SPIRA CARE	SILVER	-	-	-	-	-	-	\$5,000	\$10,000	80%	\$7,800	\$15,600	\$5/\$20/\$75 D+30%
SPIRA CARE W/BSP	SILVER	\$5,000	\$10,000	80%	\$7,200	\$14,400	\$5/\$15/\$70 20%/\$70/D+30%	\$5,000	\$10,000	80%	\$7,200	\$14,400	\$5/\$20/\$75 D+30%
SPIRA CARE HSA W/BSP	BRONZE	\$5,750	\$11,500	80%	\$7,500	\$15,000	-/D+\$20/D+\$85 D+20%/D+\$85/D+30%	\$5,750	\$11,500	80%	\$8,000	\$16,000	D+\$5/D+\$30/D+30% D+30%
SPIRA CARE W/BSP	BRONZE	\$8,000	\$16,000	80%	\$9,100	\$18,200	\$5/\$30/\$85 20%/\$85/D+30%	\$8,000	\$16,000	80%	\$9,450	\$18,900	\$5/\$30/D+30% D+30%

*Plan pays.
Subject to state approval.