### 2023 SMALL GROUP PRODUCT GUIDE

For Businesses with 2-99 Employees





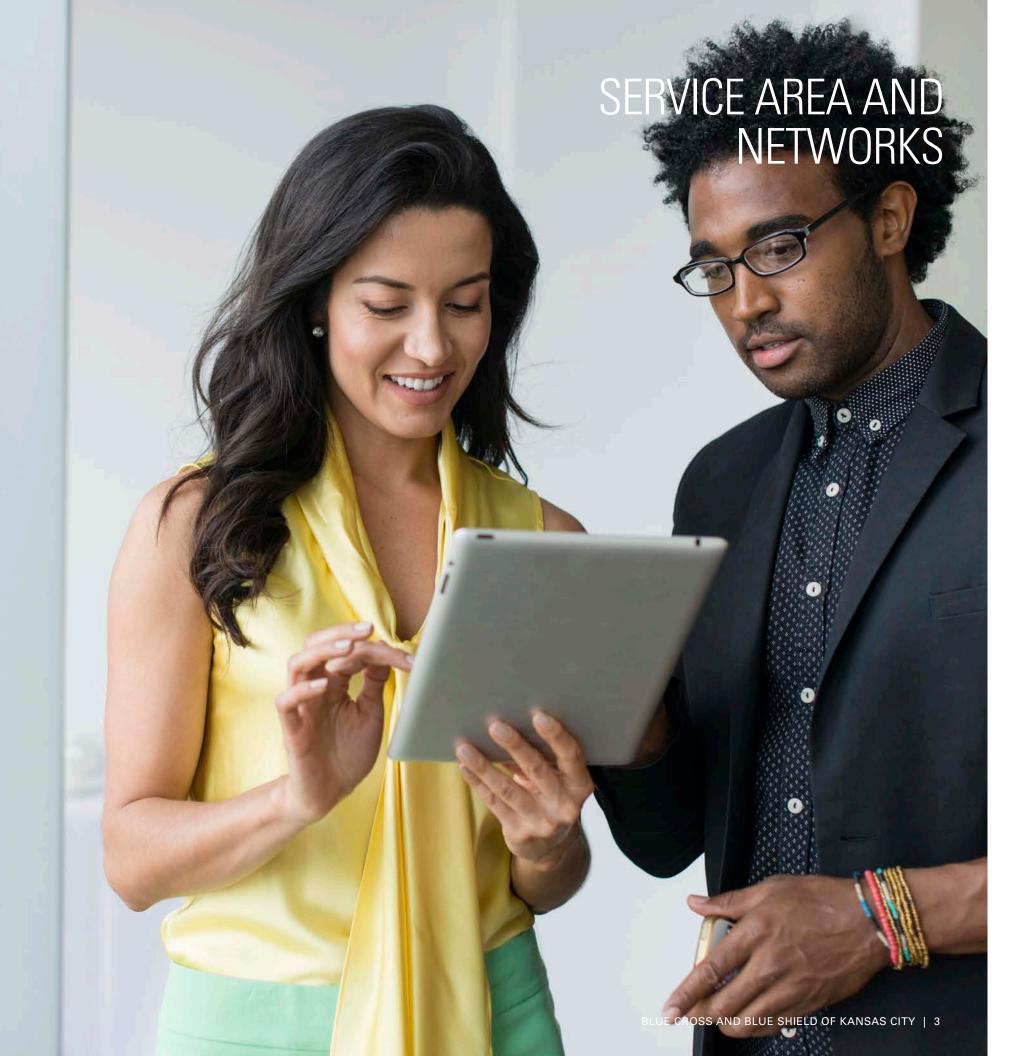




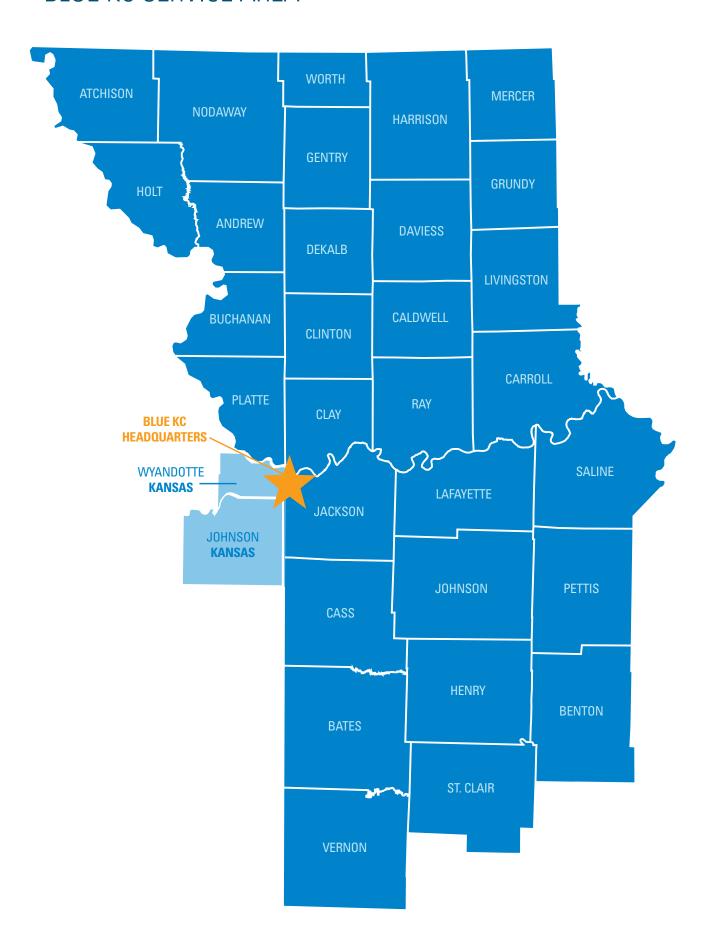
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**For More Information** 



### **BLUE KC SERVICE AREA**



### **OUR NETWORKS**

Blue Cross and Blue Shield of Kansas City (Blue KC) understands the importance of access to high-quality healthcare services. Our provider contracting team ensures our networks deliver by negotiating rates that help keep care affordable while also ensuring each provider meets Blue KC's standards for high-quality care. When your employees select a Blue KC product, it's important for them to understand the provider network they have chosen.

### Preferred-Care Blue® with BlueCard®

Preferred-Care Blue (PPO) offers your employees the largest selection of providers within the Blue KC 32-county service area.

### **BlueSelect Plus**

BlueSelect Plus (PPO or EPO) gives employees access to more than 4,100+ local providers and 16 top hospitals – a network specially designed for sustainable savings and easy access to healthcare in and around the Kansas City metro area.

### Spira Care™ + BlueSelect Plus

Spira Care Centers serve members' primary care needs, while access to the BlueSelect Plus (EPO) network offers coverage for any specialty needs outside the Care Centers.

### BlueCard® and BCBS Global® Core

BlueCard (PPO) gives you access to doctors and hospitals almost everywhere. Outside of the U.S., you have access to doctors and hospitals in nearly 200 countries and territories through the BCBS Global Core program.

### Preferred-Care Blue® Network with BlueCard® PPO

### When choice, access and peace of mind are top of mind

For employees who want more doctors, more hospitals and more healthcare choices, there's Preferred-Care Blue with BlueCard. This Preferred Provider Organization (PPO) offering gives members the largest selection of providers within our 32-county service area. Outside the 32-county service area, the network gives members access to doctors and hospitals all across the country.

With the BlueCard program, your employees will be able to take their benefits with them wherever they go.

As the industry landscape changes and other carriers adjust their networks, Blue KC continues to lead the market in PPO network accessibility. With our PPO, the choices are abundant – 50+ innetwork hospitals, 6,800+ in-network physicians, national and worldwide PPO accessibility through our BlueCard program, plus the Global Core program and our suite of international products, BCBS Global.

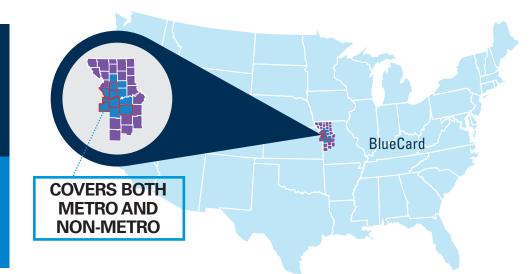
When having the freedom to choose is at a premium, our premium network offering is built to exceed your employees' highest expectations.

### Preferred-Care Blue

(BlueCard for outside 32-county service area).

### PRODUCT TYPE

Preferred Provider Organization (PPO)



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### BlueSelect Plus Network (PPO or EPO)

### When savings is just as important as having quality care close to home

The BlueSelect Plus network is specially designed for sustainable savings and easy access to quality healthcare in and around the Kansas City metro area. Small businesses that switch to the BlueSelect Plus network could pocket some big savings.

BlueSelect Plus offers affordability by using a strong hospital and provider network of more than 4,100+ providers and 16 hospitals. When traveling outside the 32-county Blue KC service area, BlueSelect Plus members are covered under the BlueCard PPO network.

To choose a BlueSelect Plus plan, companies must be headquartered in the 12-county region listed below, and members must:

- ☑ Live in one of these 12 counties:
- Missouri: Clay, Jackson, Platte, Cass, Clinton, DeKalb, Johnson, Lafayette, Ray, Caldwell
- Kansas: Johnson, Wyandotte
- ☑ Seek care from any of the 4,100+ providers and ten hospitals primarily located in these six counties:

**OUT OF NETWORK** 

- Missouri: Clay, Jackson, Platte, Clinton
- Kansas: Johnson, Wvandotte



In an Exclusive Provider Organization (EPO) insurance model, members must receive all care from in-network providers (12-county BlueSelect Plus network or BlueCard network outside the 32-county service area) except for emergency services. Non-emergency services received out-of-network will **not** be covered.



In a Preferred Provider Organization (PPO) insurance model, members are encouraged to receive care from innetwork providers (12-county BlueSelect Plus network or BlueCard network outside the 32-county service area) but have the option to receive care from out-of-network providers at a higher cost.

### **IN-NETWORK HOSPITALS:**

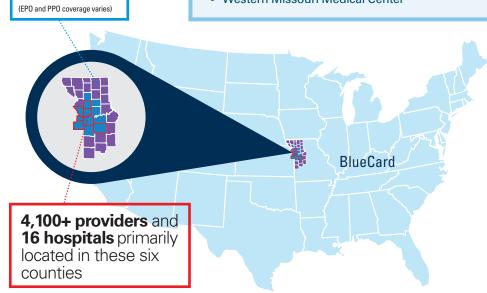
- AdventHealth Shawnee Mission
- AdventHealth College Boulevard
- AdventHealth South Overland Park
- Cameron Regional Medical Center
- Children's Mercy Kansas City
- Children's Mercy Kansas City South
- Liberty Hospital
- North Kansas City Hospital
- Olathe Medical Center
- Providence Medical Center
- St. Joseph Medical Center
- St. Marv's Medical Center
- University Health Truman Medical Center
- University Health Lakewood Medical Center
- University of Kansas Health System
- Western Missouri Medical Center

### **BlueSelect** Plus

(BlueCard for outside 32-county service area)

#### PRODUCT TYPE

Preferred Provider Organization (PPO) or **Exclusive Provider** Organization (EPO)



### BlueSelect Plus (EPO) + Spira Care™

We're proud to offer Blue KC members health plans with exclusive access to Spira Care Centers, where we bring healthcare and coverage together to put you at the center of everything. It's an advanced primary care model that gives you easy, convenient access to the primary care services you need—and the time you need with your physician and your Care Team.

While your primary care needs can be handled at your Spira Care Center, we recognize that certain circumstances call for outside care — like seeing a specialist, long-term behavioral health support or being admitted to a hospital. For needs outside of a Care Center, you will have access to The BlueSelect Plus within the Kansas City metro area.



This plan is built on an Exclusive **Prover Organization (EPO) insurance** model. Members must receive all care from in-network providers (12 county BlueSelect Plus network or BlueCard network outside the 32-county.service area) except for emergency services. Non-emergency services received out-of-network are not covered.



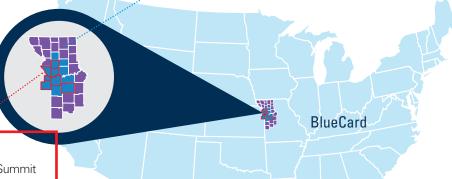
### **BlueSelect Plus** + Spira Care

(BlueCard for outside 32-county service area).

### PRODUCT TYPE

**Exclusive Provider** Organization (EPO)





### SPIRA CARE CENTERS

Crossroads • Independence • Lee's Summit

- Liberty Olathe Overland Park Shawnee
- Tiffany Springs Wyandotte

### **BLUESELECT PLUS**

4,100+ providers and 16 hospitals primarily located in these six counties

# QUICK REFERENCE GUIDE Underwriting and Products

	Sn	nall Group Marke	t Segment — 2-9	9*
	ACA (2-50)	Level Funding ASO (5-99 ENROLLED)	Fully Insured (51-99)	ChamberCHOICE Level Funded ASO (5-99 ENROLLED)
Funding Type	Fully Insured	ASO - Level Funding	Fully Insured	ASO - Level Funding
Employer Application	YES	YES	YES	YES
Employee Application	YES	YES	YES	YES
Employer Size Survey	YES	YES	YES	YES
Participation Requirements	NO (If 2 or more eligible FTEs)	NO	NO	NO
Contribution Requirements	NO	NO	NO	NO
Fully Underwritten	NO	YES	YES	YES
# of Plans Employer Can Offer	3	5	5	6
Effective Dates Available (Monthly)	1st and 15th	1st	1st and 15th	1st
HSA-Compatible Plan Options	YES	YES	YES	YES
ASO Packet Needed	NO	YES	NO	YES
	MEDICAL	NETWORKS AVAILABLE		
Preferred-Care Blue (PCB) PPO**	YES	YES	YES	YES
BlueSelect Plus (BSP) PPO**	YES	YES	YES	YES
BlueSelect Plus (BSP) EPO	NO	YES	YES	NO
Spira Care with BSP EPO**	YES	YES	YES	YES
Pharmacy Networks Available	RxPremier and RxSelect**	RxPremier	RxPremier	RxPremier
	OTHER ANCILLAR	Y PRODUCTS (FULLY INSL	JRED)	
Dental Plan Options Available	YES	YES	YES	YES
Vision Plan Options Available	YES	YES	YES	YES
Life Plan Options Available	YES	YES	YES	YES

<sup>\*</sup> Based on Full-Time Enrolled Employees.



<sup>\*\*</sup> BSP PPO plans have RxSelect. BSP Spira Care plans + PCB PPO plans have RxPremier.

<sup>\*\*\*</sup> Census Enrollment Available

### LOWER COST, QUALITY CARE, SIMPLIFIED EXPERIENCE

### **Experience the difference advanced primary** care can make.

Blue KC has become a local healthcare leader by putting our members first, while finding new ways to transform how healthcare is designed, delivered and experienced.

We're proud to offer Blue KC members health plans with exclusive access to Spira Care Centers, where we bring healthcare and coverage together to put you at the center of everything. It's an advanced primary care model that gives you easy, convenientaccess to the primary care services you need—and the time youneed with your physician and your Care Team.

Spira Care is HSA Eligible! You can also offer your employees an option that provides affordable, convenient Care Center visits paired with a Health Savings Account (HSA). A member will incur a predictable, affordable charge for an office visit at a Spira Care Center. Once a member has met their deductible, any future primary care needs at a Spira Care Center are at no additional cost.

### SPIRA CARE FAST FACTS



A member with an HSA will incur an affordable charge for an office visit at a Spira Care Center. Once a member has met their deductible, any future primary care needs at a Spira Care Center are at no additional cost.1



All preventive services are 100 percent covered.

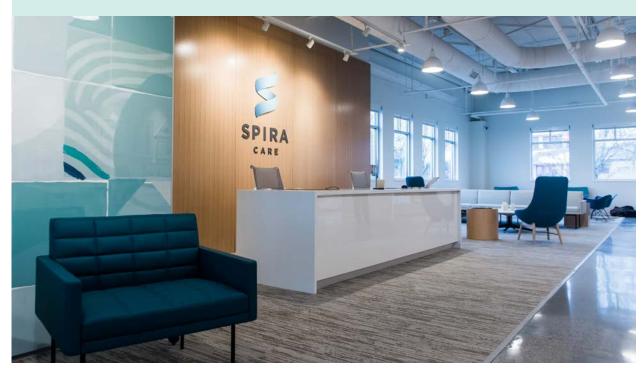


Access to Care Teams including Physicians and Care Guides, plus all the benefits of your plans network - BlueSelect Plus - for things like specialty card and hospitalization.<sup>2</sup>

<sup>1</sup> For Spira Care members, there are no additional costs for any procedure provided at Spira Care Centers, but a select number of generic prescriptions can be filled on-site at your copay or deductible level. **Note:** For HSA-eligible plans, a member will incur an affordable charge for their visit to a Spira Care Center, which includes follow-up services like routine lab draws and digital X-rays as ordered by a Spira

<sup>2</sup> Subject to plan cost share.

### TAKE A TOUR OF A SPIRA CARE CENTER AT SPIRACARE.COM/TOUR.





### **SPIRA CARE CENTERS OFFER:**

### **ADVANCED PRIMARY CARE**



Routine Preventive Care



Adult & Pediatric Primary Care



**Chronic Medical Condition** Management



Behavioral Health **C**onsultations



Digital X-Rays\*



Routine Lab Draws



Follow-Ups



Health Coaching

### **CONVENIENT BENEFITS**



Referrals & Scheduling for In-Network Specialists



Support in Understanding Your Plan's Network



**Extended Hours** for Appointments



Access to A Healthier You Platform



Online Appointment Scheduling \*\*



Virtual Care and Online Communication with Your Care Team

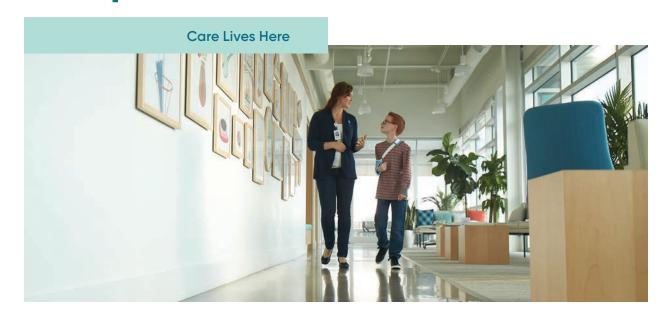
All services and benefits provided at Spira Care Centers are based on your primary care needs only and must be ordered by a member of the Care Team. This includes digital X-rays, routine lab draws and prescriptions. Orders by a specialist or someone outside of the Care Center cannot be completed or fulfilled at Spira Care.

\*X-rays are available at select locations only, must be ordered by a Spira Care provider and are at no additional cost to members.

\*\*Only available for wellness appointments. Call for acute appointments.



### **Spira Care Centers**



### THERE'S A SPIRA CARE CENTER NEAR YOU.

Crossroads

1916 Grand Boulevard Kansas City, MO 64108

Independence

3717 S. Whitney Avenue Independence, Missouri 64055

Lee's Summit

760 NW Blue Parkway Lee's Summit, MO 64086

Liberty

8350 N Church Road Kansas City, MO 64158

**Olathe** 

15710 W 135th Street, Suite 200 Olathe, KS 66062

**Overland Park** 

7341 W 133rd St Overland Park, KS 66213

**Shawnee** 

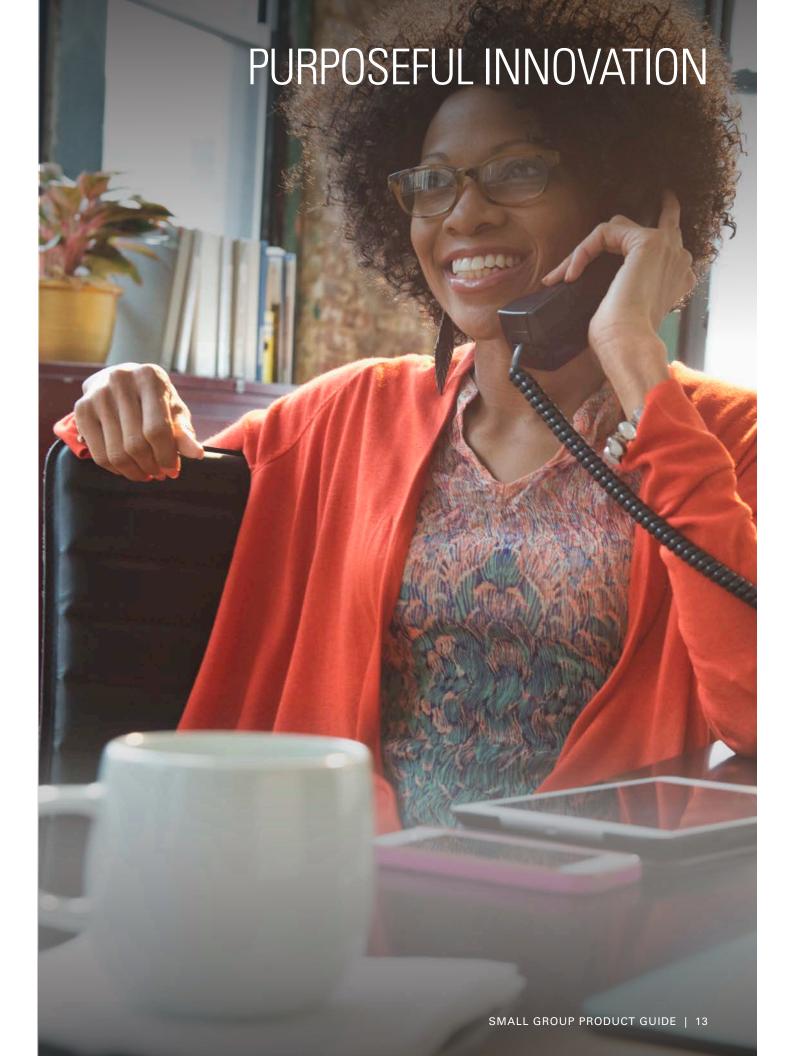
10824 Shawnee Mission Parkway Shawnee, KS 66203

**Tiffany Springs** 

8765 N Ambassador Drive Kansas City, MO 64154

Wyandotte

9800 Troup Avenue Kansas City, KS 66111



### Mindful by Blue KC

#### WHEN WE ADDRESS BEHAVIORAL HEALTH, WE CAN IMPROVE OVERALL HEALTH

Behavioral health is the emerging health challenge many of our employer groups are facing. Blue KC is dedicated to thinking differently about coverage and care, enhancing the behavioral health services provided in member health plans.

Every day, the numbers rise. And all too often, conditions like depression, anxiety and substance use go untreated. We know it can be hard to admit you need help and even harder to get it. And that's why we have enhanced the behavioral health services provided in member health plans with Mindful by Blue KC Mindful by Blue KC is a behavioral health initiative dedicated to reducing the stigma around behavioral health in our communities while making care more accessible and affordable. We're here to give our members the care and support they need.

#### BEHAVIORAL HEALTH SERVICES FOR THE WHOLE PERSON

Mindful by Blue KC is a commitment to covering the health needs of the whole person. It's a set of tools and resources to address all types of behavioral health issues.

#### Mindful by Blue KC services include:



#### **Employer Group Workshops**

Access to training sessions designed to educate employers and employees on behavioral health topics, on-site critical incident support where trained teams can help employees debrief after collectively experiencing trauma or loss, and support for HR teams in connecting employees to resources through the Mindful Advocate, all at no additional cost to the employer group.



#### **Enhanced Virtual Care**

With therapists trained and licensed in Virtual Care therapy techniques, the Blue KC app can support a variety of behavioral healthcare needs. Blue KC members can use the app to treat conditions like anxiety, bereavement/grief, bipolar disorder, depression, OCD, PTSD/trauma and panic attacks.\*\*



#### **Online Self-Guided Tools**

Unlimited access to resources to manage stress, improve mood and more at no cost to Blue KC members.



#### **Expedited Access Network**

Priority access to a behavioral health appointment through a curated network for Blue KC members experiencing a crisis.\*



#### **Managed Behavioral Health**

Mindful Advocates help Blue KC members navigate the behavioral healthcare system by identifying in-network providers that best fit their needs by type and specialty.\*

One phone call can match you to the right care and services.

#### Call 833-302-MIND (6463)

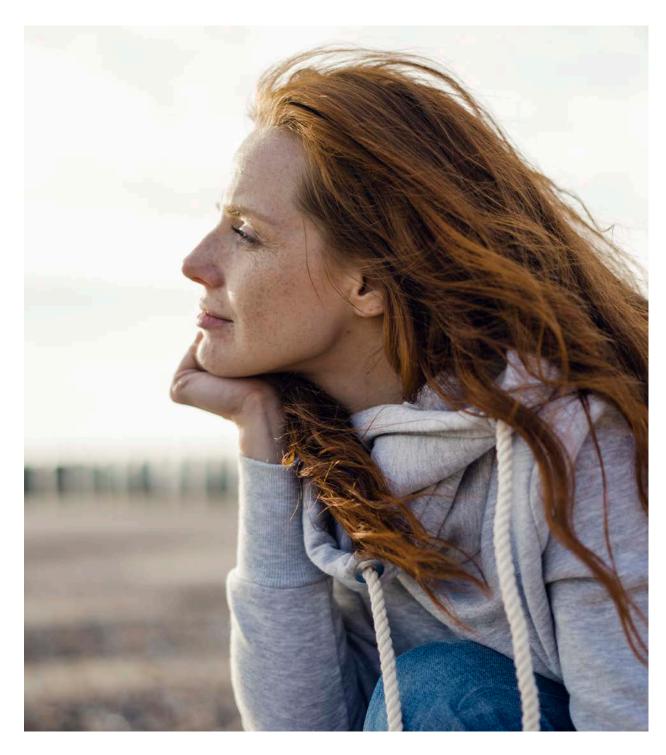
Or call the behavioral health number on your member ID card.



### WHEN YOU NEED SUPPORT, YOU'VE GOT IT

In a unique role exclusive to Blue KC health plans, Mindful Advocates are licensed behavioral health clinicians acting as a front door to match you to providers and guide care plans - a single point of contact for listening, navigating care, crisis management, connecting, benefit guidance, and follow-up. A Mindful Advocate can help members access tools including in-person, text, online therapy and virtual visit options specific to the members' behavioral healthcare needs.

Learn more at MindfulBlueKC.com



<sup>\*</sup>Normal cost-sharing and out-of-pocket maximum limits apply."

<sup>\*\*</sup>Psychologists and counselors are available for scheduled sessions and visits start at \$85 but vary by provider type and may be less, based on your plan's cost share. Therapy services are provided by a network of doctoral level psychologists and master's degree level therapists trained and licensed in virtual care prevention and therapy techniques.

### BLUE KC VIRTUAL CARE

With Blue KC Virtual Care, employees have access to care 24/7/365 right from a smartphone, tablet, or computer. Blue KC Virtual Care is a convenient, affordable alternative to urgent care, or if a primary care doctor is unavailable, for minor issues.



### No appointment necessary for Sick Care

Virtual Care is an excellent option for colds, flu, sore throats and other common conditions with no appointment necessary. Your employees have access to board-certified doctors any time of the day, including holidays, without the need to make an appointment.



### Behavioral healthcare by appointment

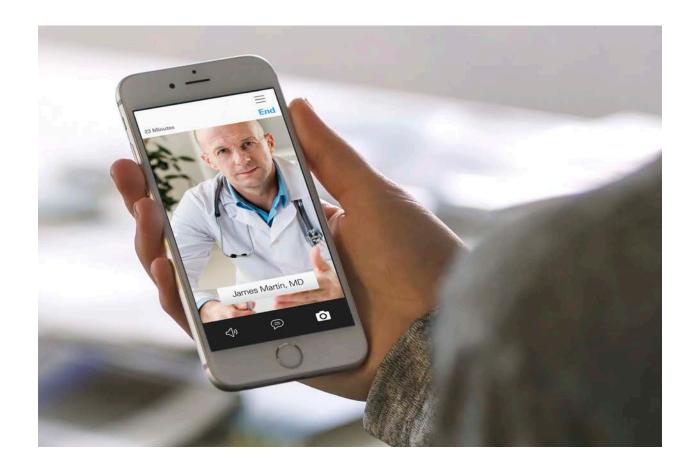
Help is also available for behavioral health conditions like anxiety, depression and substance abuse available by appointment.

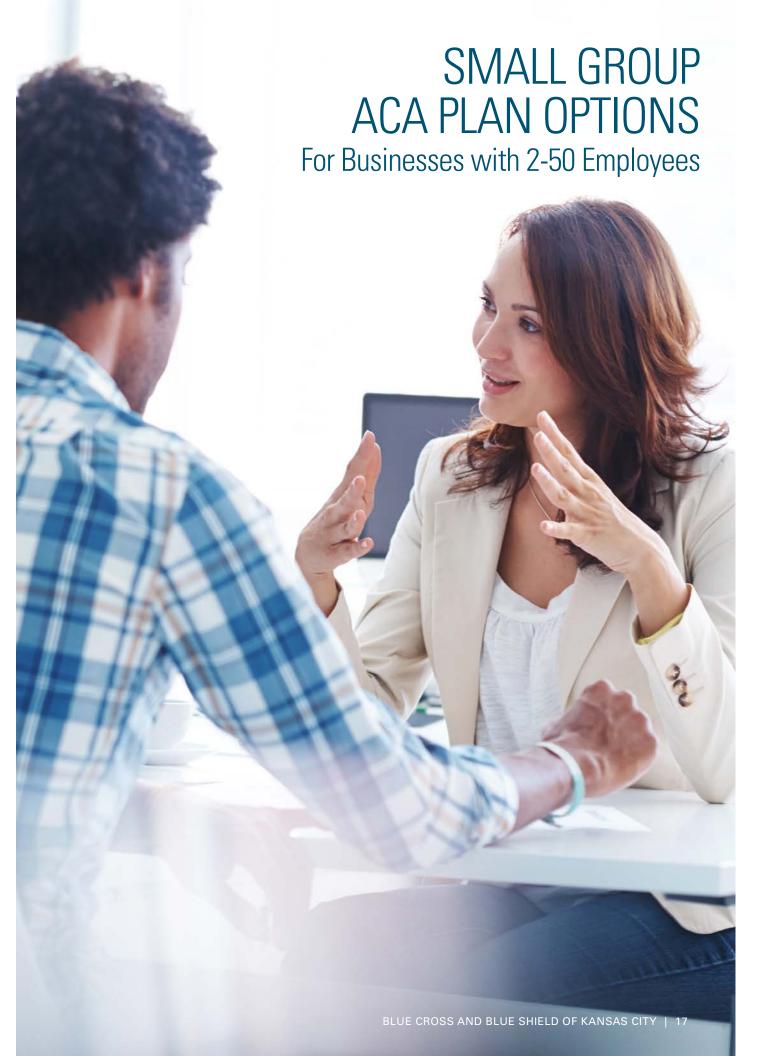
### Download the MyBlueKC App

Go to your Apple or Google app store, or visit MyBlueKC.com.











# THE OPTIONS YOU WANT...

Options that provide certainty. Options that enhance freedom. Options that empower employees. Blue KC continues to offer you options that will help protect your budget.

Blue KC plans apply all in-network member cost-sharing (copays, deductibles and coinsurance) to the out-of-pocket maximum and include 100 percent in-network coverage of preventive services.

# ...AND THE SUPPORT YOU NEED.

Blue KC can help you sort out what benefits will work best for your company, your employees and their families.

Our products comply with the Affordable Care Act (ACA) benefit, rating and other regulations. Choose the plan that best fits your company's needs and budget. Then enjoy the peace of mind that comes from knowing you made the right choice to protect your employees and their families.

Unsure of which insurance plan will work best? Don't hesitate to contact your broker or Blue KC sales representative. They're here to inform, answer questions and help throughout the decision-making process.

### SMALL GROUP ELIGIBILITY GUIDELINES



There must be at least one full-time eligible W-2 employee other than the owner to be eligible for a Blue KC small group plan.



If only two full-time eligible employees, additional documentation is required.



At least one full-time eligible (enrolled) employee must reside and work in the 32-county Blue KC service area.



Blue KC does not accept Sole Proprietorships / Owner only groups.



We can write an owner and spouse group in KS. Legal documentation is required on spouse.



We cannot write an owner and spouse group in MO (considered a group of one).



Effective dates on the 1st and 15th of every month.



NO deductible credit from Direct Pay to Group. We do provide a deductible **prorate** depending on which quarter the group is sold (1st qtr – 0% prorate, 2nd quarter – 25% prorate, 3rd qtr – 50% prorate, 4th qtr – 75% prorate). With HSA (Saver) plans, there is NO prorate, we only give exact credit met from prior carrier (prior coverage must be GROUP coverage).

### Due to state laws, eligibility requirements vary:

- For business established in the state of Missouri, the spouse or child under age 18 of an owner is **not considered** an employee, even if he or she is paid as a W-2 employee.
- For business established in the state of Kansas, a spouse or child under age 18 paid as a W-2 employee is considered an eligible employee, which satisfies the new guidelines.

### When does Blue KC require documentation?

- KS and MO Sole Proprietorships (owner only) Cannot write
- MO owner + spouse group Cannot write (considered group of one)
- KS owner + spouse group Require documentation on spouse
- KS and MO owner + 1 groups Require documentation on non-owner employee
- KS and MO groups submitted with 3 or more full-time EEs No documentation required

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<sup>\*</sup> Acceptable forms of documentation for these eligibility requirements include a W-2, KW-3 (Kansas Groups), payroll register, or employer quarterly wage & tax statement.

<sup>\*</sup>Blue KC relies on employers to determine eligible employees based on state and federal guidelines.

### 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.

							FAMILY	TELEHEALTH								PRESCRIP	TION DRUGS				
NETWORK	PRODUCT NAME	METALLIC LEVEL	SINGLE DEDUCTIBLE	FAMILY DEDUCTIBLE	COINSURANCE	SINGLE OOP MAX	FAMILY OOP MAX	OFFICE VISIT + MENTAL HEALTH THERAPY 5	PRIMARY CARE <sup>2,4,7</sup>	URGENT CARE <sup>2,4</sup>	SPECIALIST 2.4	HOSPITAL 3	EMERG RM	LOW- COST GENERIC	GENERIC DRUG	PREFERRED DRUG	NON- PREFERRED DRUG	GENERIC & PREFERRED SPECIALTY DRUG	NON- PREFERRED SPECIALTY DRUG	RX NETWORK	DEDUCTIBLE TYPE 1
	CLASSIC PCB	GOLD	\$1,250	\$2,500	100%	\$8,150	\$16,300	\$10	(\$30TC)\$60	\$70	\$80	\$975 MAX 5	\$875	<b>\$</b> 5	\$15	\$70	20%	\$70	D+30%	RXPREMIER	EMBEDDED
	FIRST PCB	GOLD	\$1,850	\$3,700	90%	\$5,000	\$10,000	\$10	4@\$25/D+C	4 @ \$25/ D+C	4 @ \$25 / D+C	DED / COINS	DED/COINS	\$5	\$15	\$65	20%	\$65	D+30%	RXPREMIER	EMBEDDED
	SAVER PCB	GOLD	\$1,500	\$3,000	80%	\$3,500	\$7,000	DED / COINS	DED / COINS	DED/COINS	DED / COINS	DED / COINS	DED/COINS	_	D+\$15	D+\$65	D+20%	D+\$65	D+30%	RXPREMIER	AGGREGATE
	FIRST PCB	SILVER	\$5,000	\$10,000	90%	\$7,500	\$15,000	\$10	4@\$25/D+C	4@\$25/D+C	4 @ \$25 / D+C	DED / COINS	DED/COINS	\$5	\$15	\$75	20%	\$75	D+30%	RXPREMIER	EMBEDDED
PREFERRED- CARE BLUE	CLASSIC PCB	SILVER	\$5,000	\$10,000	60%	\$9,000	\$18,000	\$10	(\$30TC)\$60	\$70	\$80	\$975 MAX 5	\$875	\$5	\$15	\$70	20%	\$70	D+30%	RXPREMIER	EMBEDDED
(PPO)	SAVER PCB	SILVER	\$3,500	\$7,000	75%	\$5,500	\$11,000	DED / COINS	DED / COINS	DED / COINS	DED/COINS	DED/COINS	DED/COINS	_	D+\$15	D+\$65	D+20%	D+\$65	D+30%	RXPREMIER	EMBEDDED
	TRADITIONAL PCB	SILVER	\$3,500	\$7,000	70%	\$8,500	\$17,000	\$10	\$60	DED/COINS	\$100	DED / COINS	DED/COINS	\$5	\$15	\$50	20%	\$50	D+30%	RXPREMIER	EMBEDDED
	SAVER PCB	BRONZE	\$6,000	\$12,000	50%	\$7,500	\$15,000	DED / COINS	DED / COINS	DED/COINS	DED/COINS	DED / COINS	DED / COINS	_	D+50%	D+50%	D+50%	D+50%	D+50%	RXPREMIER	EMBEDDED
	FIRST PCB	BRONZE	\$6,850	\$13,700	65%	\$8,400	\$16,800	\$10	4@\$25/D+C	4 @ \$25 / D+C	4 @ \$25 / D+C	DED / COINS	DED / COINS	\$5	\$20	D+35%	D+35%	D+35%	D+35%	RXPREMIER	EMBEDDED
	VALUE PCB	BRONZE	\$7,750	\$15,500	50%	\$8,550	\$17,100	\$10	DED / COINS	DED/COINS	DED / COINS	DED / COINS	DED / COINS	\$5	\$30	D+50%	D+50%	D+50%	D+50%	RXPREMIER	EMBEDDED
	SAVER BSP	SILVER	\$3,500	\$7,000	75%	\$5,500	\$11,000	DED / COINS	DED/COINS	DED / COINS	DED/COINS	DED / COINS	DED / COINS	_	D+\$15	D+\$65	D+20%	D+\$65	D+30%	RXSELECT - WALGREEN'S	EMBEDDED
	TRADITIONAL BSP	SILVER	\$3,500	\$7,000	70%	\$8,500	\$17,000	\$10	\$60	DED/COINS	\$100	DED/COINS	DED / COINS	\$5	\$15	\$50	20%	\$50	D+30%	RXSELECT - WALGREEN'S	EMBEDDED
BLUESELECT PLUS (PPO)	SAVER BSP	BRONZE	\$6,000	\$12,000	50%	\$7,500	\$15,000	DED/COINS	DED/COINS	DED/COINS	DED/COINS	DED/COINS	DED/COINS	_	D+50%	D+50%	D+50%	D+50%	D+50%	RXSELECT - WALGREEN'S	EMBEDDED
	TRADITIONAL BSP	BRONZE	\$6,950	\$13,900	60%	\$8,150	\$16,300	\$10	\$65	DED / COINS	\$105	DED/COINS	DED/COINS	\$5	\$25	D+40%	D+40%	D+40%	D+40%	RXSELECT - WALGREEN'S	EMBEDDED
	VALUE BSP	BRONZE	\$7,750	\$15,500	50%	\$8,550	\$17,100	\$10	DED / COINS	DED / COINS	DED / COINS	DED/COINS	DED/COINS	\$5	\$30	D+50%	D+50%	D+50%	D+50%	RXSELECT - WALGREEN'S	EMBEDDED
	SPIRA CARE W/BSP	GOLD	\$2,750	\$5,500	100%	\$3,500	\$7,000	\$0	\$0/DED	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	\$5	\$15	\$70	20%	\$70	D+30%	RXPREMIER	EMBEDDED
	SPIRA CARE HSA W/BSP	SILVER	\$3,750	\$7,500	80%	\$7,500	\$15,000	DED / COINS	\$60 / D & C	DED/COINS	DED / COINS	DED / COINS	DED / COINS	_	D+\$15	D+\$70	D+20%	D+\$70	D+30%	RXPREMIER	EMBEDDED
SPIRA CARE WITH BLUESELECT PLUS (EPO)	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	\$15	\$70	20%	\$70	D+30%	RXPREMIER	EMBEDDED
F 203 (EF 0)	SPIRA CARE HSA W/BSP	BRONZE	\$5,750	\$11,500	80%	\$7,500	\$15,000	DED / COINS	\$60 / D & C	DED / COINS	DED / COINS	DED / COINS	DED / COINS	_	D+\$20	D+\$85	D+20%	D+\$85	D+30%	RXPREMIER	EMBEDDED
	SPIRA CARE W/BSP	BRONZE	\$8,000	\$16,000	80%	\$9,100	\$18,200	\$0	\$0/D&C	DED/COINS	DED/COINS	DED/COINS	DED/COINS	\$5	\$30	\$85	20%	\$85	D+30%	RXPREMIER	EMBEDDED

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 PCP's

3 Classic PCB: Inpatient (IP) Hospital, IP Mental Illness, IP Substance Abuse, and IP Maternity Services are combined and count toward the 5 days covered at the applicable copay per calendar year. After the 5th 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 supply

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

### **EXCLUSIONS AND LIMITATIONS**

Plans have exclusions, limitations and terms under which they may be continued in force or discontinued.

If an individual is enrolled in Medicare, Benefits for Covered Services will be coordinated with any benefits paid by Medicare. This limitation will not apply if the employer, by law, is not permitted to allow the contract to be secondary to Medicare.

Services and supplies are NOT covered if they are not specifically covered under the Contract, are received in connection with or related to a complication of a non-covered service or supply, are not Medically Necessary or are Experimental/Investigative, or are subject to our Prior Authorization requirement and such approval was not obtained. Services or supplies received are NOT covered if there is no legal obligation for payment or for services or supplies received where a portion of the charge has been waived. This includes, but is not limited to full or partial waiver of any applicable Cost-Sharing.

In addition, the following services and supplies are NOT covered:

- For injuries/illnesses related to an individual's job or care for any injury/illness incurred while on active or reserve military duty, or resulting from war or any act of war
- Custodial, convalescent, or respite care and/or services performed by an individual's immediate family members or household members
- For cosmetic purposes, including removal of scars or tattoos, surgical treatment of scarring secondary to acne or chicken pox, and/or hairplasty or hair removal
- Personal care and convenience items; nonmedical equipment; and/or Durable Medical Equipment that would normally be provided by a Skilled Nursing Facility
- Repairs and replacement of prosthetic and/or orthotic devices
- Acupuncture, acupressure, rolfing, services provided by a massage therapist, aromatherapy and other forms of alternative treatment
- Genetic testing and/or services ordered or requested in connection with criminal actions (including diversion agreements), divorce, and/or child custody/visitation
- Blood donor expenses
- Adult vision services, including radial keratotomy and refractive keratoplasty procedures

- Except as specifically provided in your Contract, dental services and complications of dental treatment are not covered. If your Contract does provide coverage for pediatric dental (age 18 and under), these services are subject to frequency limits as described in your Contract
- Medical or dental management of conditions of the temporomandibular joint or correcting deformities of the jaw
- For the treatment of obesity or morbid obesity, except as specifically provided in your Contract
- In-vitro fertilization, artificial insemination, ovulation induction, and other medical procedures related to infertility
- Non-prescription enteral feedings and other nutritional and electrolyte supplements
- Marital counseling; counseling to improve intra or interpersonal development; music therapy; remedial reading; recreational therapy; and/or other forms of education or special education
- Occupational therapy provided on a routine basis as part of a standard program for all patients
- Elective pregnancy termination
- Megavitamin therapy; nutritional-based therapy; nutritional assessment testing; and/or saliva hormone testing
- Involuntary inpatient commitments from a Non-Participating Provider after the Covered Person has been screened and stabilized
- Speech therapy for vocal cord training/retraining due to vocational strain and/or weak cords
- Services or supplies received from any provider in a country where the terms of any legislative or regulatory action taken by the United States would prohibit payment or reimbursement for such services
- Extracorporeal shock wave therapy due to musculoskeletal pain or musculoskeletal conditions and for electrical stimulation
- For the treatment of obesity or morbid obesity, except as specifically provided in your Contract
- For medications which are not on the formulary drug list

- For certain infusion therapy/injectables unless obtained from a designated specialty pharmacy or designated home infusion vendor
- Brand name drugs for the first six months following FDA approval for a new indication of an existing drug unless a shorter exclusion period is recommended by Our Pharmacy and Therapeutics Committee, which includes community physicians and pharmacists
- Amounts for services or supplies billed by Out-of-Network Providers that are Non-Participating that are not eligible for separate reimbursement according to Our payment policy
- Amounts for non-Emergency services billed by Out-of-Network Providers that are Non-Participating when proof of service is not established or supported by Your medical record

### **Missouri-Only Exclusions and Limitations**

- Services related to the diagnosis or treatment (including drugs) of infertility or related conditions
- Hypnotism, hypnotic anesthesia, and massage therapy
- Services received for (or in preparation for) any diagnosis or treatment of impotency (including drugs); penile prosthesis and its implantation; and/or reversal of sterilization procedures
- Cranial (head) remodeling devices, including but not limited to Dynamic Orthotic Cranioplasty ("DOC Bands"), except as specifically provided
- Sales tax
- For covered persons age 18 and under, routine eye exams are limited to 1 per calendar year; 1 pair of lenses per calendar year and 1 set of frames up to the Allowable Charge
- Private Duty Nursing is limited to 150 visits per calendar vear
- Home Health Care Services are limited to 100 visits per calendar year
- Habilitative and Rehabilitative Physical Therapy are limited to 20 visits each per calendar year
- Habilitative and Rehabilitative Occupational Therapy are limited to 20 visits each per calendar year
- Pulmonary Therapy is limited to 20 visits per calendar vear
- Cardiac Therapy is limited to 36 visits per calendar year
- Wigs are limited to 1 per calendar year following treatment for cancer

- Travel and Lodging for Transplant Services is limited to \$150 per day, up to 60 days per calendar year
- Skilled Nursing Facility is limited to 90 days per calendar year
- Hearing aids are limited to 1 set every 4 years for covered persons age 18 and under.
- Biofeedback (including neurofeedback), except as specifically provided

#### **Kansas-Only Exclusions and Limitations**

- Services received for (or in preparation for) any diagnosis or treatment of sexual dysfunction (including drugs and prosthesis); and any related complications unless the Covered Person has a documented disease resulting in impotence; and/or reversal of sterilization procedures
- Sales tax, to the extent it exceeds our Allowable Charge
- Laboratory services performed by an independent laboratory that is not approved by Medicare
- Rehabilitative Speech Therapy is limited to 90 visits each per calendar year
- Hearing care services, including but not limited to hearing aids and the examination for fitting of these items
- Biofeedback (including neurofeedback)
- Lodging or travel to and from a health professional or health facility
- Cranial (head) remodeling devices, including but not limited to Dynamic Orthotic Cranioplasty ("DOC Bands")
- For covered persons age 18 and under, 3 pairs of lenses per calendar year and 3 sets of frames up to the Allowable Charge for each
- For wigs and their care

#### **Disclosure Notices**

All plans that cover prescription drugs are considered creditable coverage for Medicare Part D.

Blue KC subcontracts with other organizations (or vendors or entities) to perform certain health services such as utilization management (e.g., hospital concurrent review, prior authorizations, peer medical necessity review, denials/approvals, appeals), member complaints, provider credentialing, and case management for members with complex and catastrophic conditions.



### THE BEST OF BOTH WORLDS

Blue KC's portfolio for employer groups with 51-99 employees has been curated from our most popular plans over the years combined with our innovative new offerings, including Spira Care and seven all new lower cost plan options for 2023. This package offers a mix of PPO and EPO plan designs on our broader Preferred-Care Blue network and our competitively priced BlueSelect Plus network.

### FLEXIBILITY & CHOICE ARE THE CORNERSTONES

With multiple options, your employees are empowered to choose a plan that best fits their needs and budget. Some plan designs are the same across the Preferred-Care Blue and BlueSelect Plus networks, giving your employees ultimate flexibility and choice.



# 51-99 PLAN OPTIONS

### FULLY INSURED PLAN OPTIONS

### For Businesses with 51-99 Employees

		Ded	uctible		Member	Coinsurance		Out-of-Pocke	t Maximum		Copay / Cost-Share - Per Occurrence								RX Copay / Cost-Share				
Plan Name	Ne	twork	Out-of-	Network		Out-of-	Netv	vork	Out-of-l	Network				Network <sup>4</sup>				Net	work		Deductible Type <sup>2</sup>		
	Single	Family	Single	Family	Network	Network	Single	Family	Single	Family	PCP1	Virtual Care <sup>7</sup>	Spec	Urgent Care	ER	Facility/Hospital	TR1	TR2	TR3	TR4	"		
PCB PPO \$500 (OOPM \$1,500)	\$500	\$1,000	\$500	\$1,000	10%	30%	\$1,500	\$3,000	\$3,000	\$6,000	\$20	\$10	\$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	\$10	\$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	\$10	\$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	\$10	\$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	\$10	\$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	\$10	\$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	\$10	\$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	\$10	\$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	\$10	\$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	\$10	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15	\$70	\$110	\$200	EMB		
NEW 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	\$10	\$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	\$10	\$40	\$40	DEDUCTIBLE	DEDUCTIBLE	\$15	\$70	\$110	\$200	EMB		
NEW 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	\$10	\$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	\$10	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15	\$70	\$110	\$200	EMB		
NEW 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	\$10	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15	\$70	\$110	\$200	EMB		
PCB BLUESAVER HSA \$3,000 (OOPM \$3,000)	\$3,000	\$6,000	\$3,000	\$6,000	0%	20%	\$3,000	\$6,000	\$6,000	\$12,000	DEDUCTIBLE	DEDUCTIBLE	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	DED + \$10	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	DED + \$10	DED/COINS	DED/COINS	DED/COINS	DED/COINS		DED/	COINS		EMB		
BLUESELECT PLUS <sup>3</sup> 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	\$10	\$30	\$30	\$100 + DED/COINS	DED/COINS	\$15	\$70	\$110	\$200	EMB		
BLUESELECT PLUS <sup>3</sup> 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	\$10	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15	\$70	\$110	\$200	EMB		
BLUESELECT PLUS <sup>3</sup> BLUESAVER HSA \$3,000 (OOPM \$3,000)	\$3,000	\$6,000	\$3,000	\$6,000	0%	30%	\$3,000	\$6,000	\$15,000	\$30,000	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE		DEDU	CTIBLE		EMB		
BLUESELECT PLUS <sup>3</sup> 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	\$10	\$40	\$40	DEDUCTIBLE	DEDUCTIBLE	\$15	\$70	\$110	\$200	EMB		
BLUESELECT PLUS <sup>3</sup> 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	\$10	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15	\$70	\$110	\$200	EMB		
NEW BLUESELECT PLUS 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	\$10	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15	\$70	\$110	\$200	EMB		
BLUESELECT PLUS <sup>3</sup> 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	\$10	\$40	\$40	\$100 + DEDUCTIBLE	DEDUCTIBLE	\$15	\$70	\$110	\$200	EMB		
BLUESELECT PLUS <sup>3</sup> 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	\$10	\$40	\$40	\$100 + DEDUCTIBLE	DEDUCTIBLE	\$15	\$70	\$110	\$200	EMB		
NEW 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	\$10	\$40	\$40	\$100 + DEDUCTIBLE	DED/COINS	\$15	\$70	\$110	\$200	EMB		
BLUESELECT PLUS <sup>3</sup> 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	DED + \$10	DED/COINS	DED/COINS	DED/COINS	DED/COINS		DED/	COINS		EMB		
BLUESELECT PLUS <sup>3</sup> 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	DED + \$10	DED/COINS	DED/COINS	DED/COINS	DED/COINS		DED,	COIN		EMB		
NEW 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	\$10	\$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	\$10	\$40	\$40	DEDUCTIBLE	DEDUCTIBLE	\$15	\$70	\$110	\$200	EMB		
PCB AFFORDABLUE (OOPM \$5,500) <sup>8</sup>	\$5,500	\$11,000	\$5,500	\$11,000	0%	20%	\$5,500	\$11,000	\$11,000	\$22,000	\$30	\$10	\$30	\$30	DEDUCTIBLE	DEDUCTIBLE	\$20	NO	OT COVE	RED	EMB		
BLUESELECT PLUS <sup>3</sup> SPIRA CARE EPO HSA <sup>6</sup> \$3,000 (OOPM \$3,000)	\$3,000	\$6,000	N/A	N/A	0%	N/A	\$3,000	\$6,000	N/A	N/A	DEDUCTIBLE <sup>6</sup>	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE		DEDU	CTIBLE		EMB		
BLUESELECT PLUS <sup>3</sup> 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 <sup>5</sup>	SPIRA CARE NO CHARGE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	\$15	\$50	DEDU	JCTIBLE	EMB		
BLUESELECT PLUS° 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 <sup>5</sup>	SPIRA CARE NO CHARGE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	\$15	\$50	DEDU	JCTIBLE	EMB		
NEW BLUESELECT PLUS <sup>3</sup> 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 <sup>5</sup>	SPIRA CARE NO CHARGE <sup>5</sup>	DED/COINS	DED/COINS	DED/COINS	DED/COINS	\$15	\$50	DED/	COINS	EMB		
BLUESELECT PLUS <sup>3</sup> 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 <sup>5</sup>	SPIRA CARE NO CHARGE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	\$15	\$50	DEDU	JCTIBLE	EMB		
								1			NO CHANGE	NO CHARGE											

### NOTE: BOLDED PLAN OPTIONS ARE NEW FOR 2023

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.

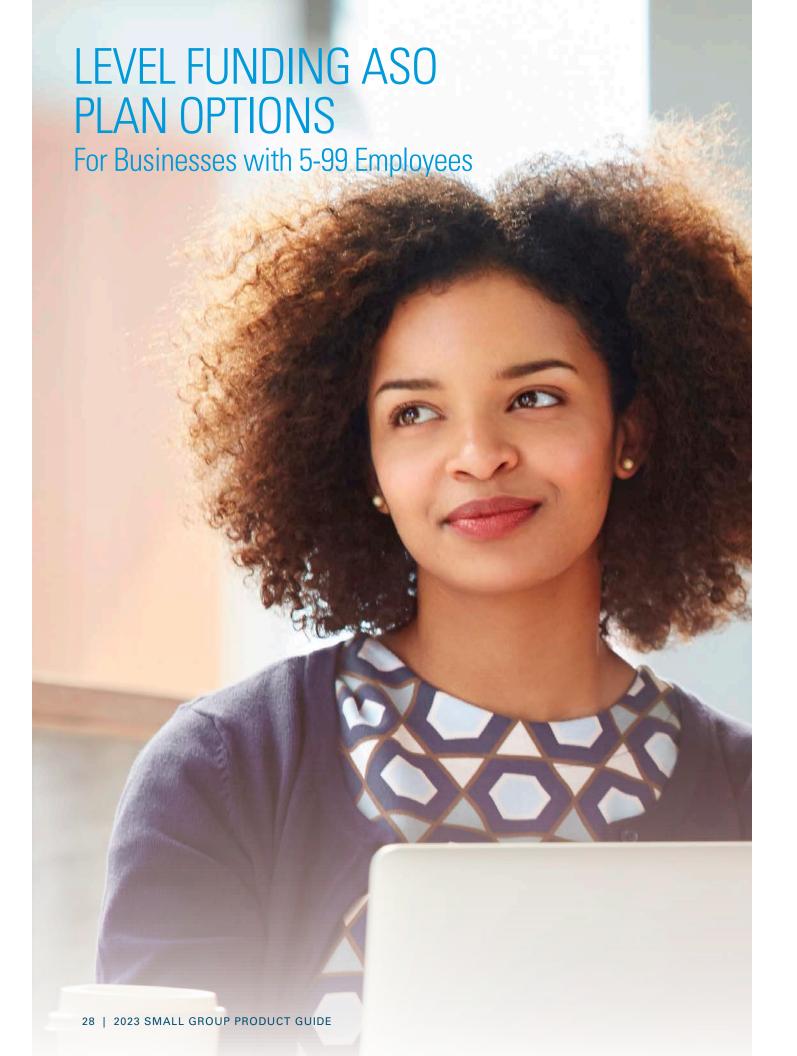
4 Additional coinsurance may apply. EPO plans do not provide coverage for Out of Network services except in cases of emergency.

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

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



### COMPREHENSIVE, **COST-CONSCIOUS CARE**

Blue KC's Level Funding Administrative Services Only (ASO) options provide a cost-effective, customized alternative to traditional, fully insured small group health plans. The plans have been designed to be fully funded. Blue KC will help you evaluate your maximum claims risk and then blend specific and aggregate stop-loss insurance to create level funding you can budget for each month.

The monthly level funded money remitted to Blue KC will include:

- Administrative costs and stop-loss insurance
- Claims funding

Your maximum annual claims, including claims run-out liability, are predetermined to create level funding that is easy to administer. Employees can elect the following coverage levels:

- Employee Only
- Employee and Spouse
- Employee and Children
- Employee and Family

Your level funding has been carefully designed to ensure that you neither over- nor under-fund your plan. However, in the event your claims experience is lower than expected, you will receive back two-thirds of your unused claims dollars. Blue KC will retain one-third as a deferred administrative fee.

### **Advantages of Blue KC's Level Funding ASO Options**



Predictable - Gain control over your health benefits budget and have an opportunity to get back a portion of your unused claims dollars. Quarterly reports are provided for employers to track their funding, overall expenses and potential for refund.



Affordable - Self-funded medical plan may be less costly than similar fully insured coverage options subject to modified community rating guidelines and may be exempted from some taxes and fees.



**Comprehensive Coverage – Plans** include comprehensive medical and pharmacy benefits along with Blue KC's award-winning customer service, comprehensive chronic condition management programs and innovative health advocacy support.



### LEVEL FUNDING ASO PLAN OPTIONS

For Businesses with 5-99 Employees

Deductible						Coinsurance		Out-of-Pocke	t Maximum		Copay / Cost-Share - Per Occurrence								RX Copay / Cost-Share			
Plan Name	Net	twork	Out-of-	Network		Out of	Netv	vork	Out-of-I	Network				Network <sup>4</sup>				Netv	work		Deductible Type <sup>2</sup>	
	Single	Family	Single	Family	Network	Out-of- Network	Single	Family	Single	Family	PCP1	Virtual Care <sup>7</sup>	Spec	Urgent Care	ER	Facility/Hospital	TR1	TR2	TR3	TR4		
PCB PPO \$500 (OOPM \$1,500)	\$500	\$1,000	\$500	\$1,000	10%	30%	\$1,500	\$3,000	\$3,000	\$6,000	\$20	\$10	\$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	\$10	\$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	\$10	\$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	\$10	\$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	\$10	\$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	\$10	\$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	\$10	\$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	\$10	\$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	\$10	\$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	\$10	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15	\$70	\$110	\$200	EMB	
NEW 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	\$10	\$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	\$10	\$40	\$40	DEDUCTIBLE	DEDUCTIBLE	\$15	\$70	\$110	\$200	EMB	
NEW 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	\$10	\$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	\$10	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15	\$70	\$110	\$200	EMB	
NEW 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	\$10	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15	\$70	\$110	\$200	EMB	
PCB BLUESAVER HSA \$3,000 (OOPM \$3,000)	\$3,000	\$6,000	\$3,000	\$6,000	0%	20%	\$3,000	\$6,000	\$6,000	\$12,000	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE		DEDU	CTIBLE		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	DED + \$10	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	DED + \$10	DED/COINS	DED/COINS	DED/COINS	DED/COINS		DED/0	COINS		EMB	
BLUESELECT PLUS <sup>3</sup> 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	\$10	\$30	\$30	\$100 + DED/COINS	DED/COINS	\$15	\$70	\$110	\$200	EMB	
BLUESELECT PLUS <sup>3</sup> 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	\$10	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15	\$70	\$110	\$200	EMB	
BLUESELECT PLUS <sup>3</sup> BLUESAVER HSA \$3,000 (OOPM \$3,000)	\$3,000	\$6,000	\$3,000	\$6,000	0%	30%	\$3,000	\$6,000	\$15,000	\$30,000	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE		DEDU	CTIBLE		EMB	
BLUESELECT PLUS <sup>3</sup> 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	\$10	\$40	\$40	DEDUCTIBLE	DEDUCTIBLE	\$15	\$70	\$110	\$200	EMB	
BLUESELECT PLUS <sup>3</sup> 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	\$10	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15	\$70	\$110	\$200	EMB	
NEW BLUESELECT PLUS 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	\$10	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15	\$70	\$110	\$200	EMB	
BLUESELECT PLUS <sup>3</sup> 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	\$10	\$40	\$40	\$100 + DEDUCTIBLE	DEDUCTIBLE	\$15	\$70	\$110	\$200	EMB	
BLUESELECT PLUS <sup>3</sup> 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	\$10	\$40	\$40	\$100 + DEDUCTIBLE	DEDUCTIBLE	\$15	\$70	\$110	\$200	EMB	
NEW 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	\$10	\$40	\$40	\$100 + DEDUCTIBLE	DED/COINS	\$15	\$70	\$110	\$200	EMB	
BLUESELECT PLUS <sup>3</sup> 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	DED + \$10	DED/COINS	DED/COINS	DED/COINS	DED/COINS		DED/0	COINS		EMB	
BLUESELECT PLUS <sup>3</sup> 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	DED + \$10	DED/COINS	DED/COINS	DED/COINS	DED/COINS		DED/	COIN		EMB	
NEW 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	\$10	\$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	\$10	\$40	\$40	DEDUCTIBLE	DEDUCTIBLE	\$15	\$70	\$110	\$200	EMB	
PCB AFFORDABLUE (OOPM \$5,500) <sup>8</sup>	\$5,500	\$11,000	\$5,500	\$11,000	0%	20%	\$5,500	\$11,000	\$11,000	\$22,000	\$30	\$10	\$30	\$30	DEDUCTIBLE	DEDUCTIBLE	\$20	NC	T COVE	RED	EMB	
BLUESELECT PLUS <sup>3</sup> SPIRA CARE EPO HSA <sup>6</sup> \$3,000 (OOPM \$3,000)	\$3,000	\$6,000	N/A	N/A	0%	N/A	\$3,000	\$6,000	N/A	N/A	DEDUCTIBLE <sup>6</sup>	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE		DEDU	CTIBLE		EMB	
BLUESELECT PLUS <sup>3</sup> 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 <sup>5</sup>	SPIRA CARE NO CHARGE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	\$15	\$50	DEDU	CTIBLE	EMB	
BLUESELECT PLUS <sup>3</sup> 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 <sup>5</sup>	SPIRA CARE NO CHARGE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	\$15	\$50	DEDU	CTIBLE	EMB	
NEW BLUESELECT PLUS <sup>3</sup> 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 <sup>5</sup>	SPIRA CARE NO CHARGE <sup>5</sup>	DED/COINS	DED/COINS	DED/COINS	DED/COINS	\$15	\$50	DED/	COINS	EMB	
BLUESELECT PLUS <sup>3</sup> 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	SPIRA CARE NO CHARGE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	\$15	\$50	DEDU	CTIBLE	EMB	

### NOTE: BOLDED PLAN OPTIONS ARE NEW FOR 2023

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.

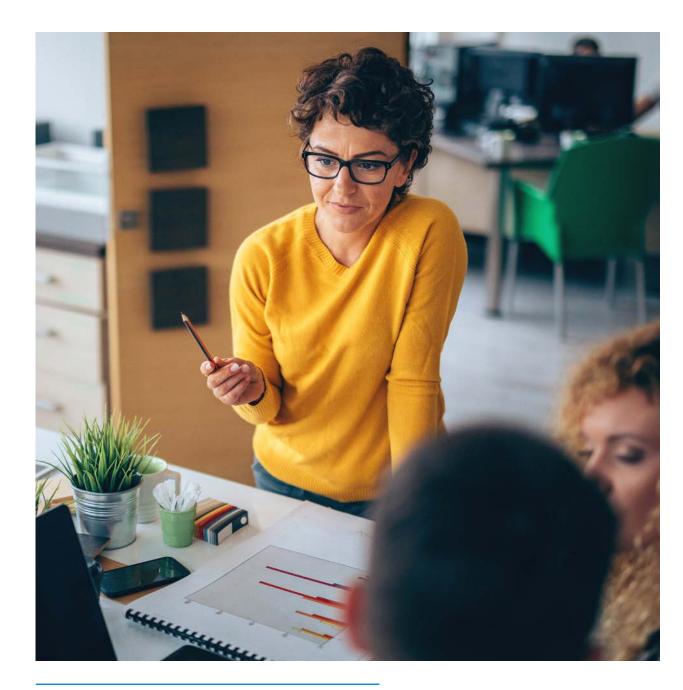
4 Additional coinsurance may apply. EPO plans do not provide coverage for Out of Network services except in cases of emergency.

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

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



# **ChamberCHOICE:**A LEVEL FUNDING ASO OPTION

For Businesses with 5-99 Employees

Today's small business employers are under constant pressure to mind the bottom line. That's why there's ChamberCHOICE – a suite of hand-picked health insurance products designed in partnership with the Greater Kansas City Chamber of Commerce for small employers across the Kansas City region.

### Chamber membership is not required to select these plans.

ChamberCHOICE Level Funding Administrative Services Only (ASO) plans provide a great alternative to traditional, fully insured small group health plans. The plans have been designed to be fully funded. Blue KC will help you evaluate your maximum claims risk and then blend specific and aggregate stop-loss insurance to create level funding you can budget for each month.

#### ChamberCHOICE works for small employers. And their employees.

ChamberCHOICE is based on a health insurance model called Defined Contribution. Employers provide employees with a health insurance allowance, or "contribution," to spend on their healthcare. It's a win-win because employees get to choose the plan that fits their needs. And employers get to control their annual costs.

#### What is Defined Contribution?

With a group-based Defined Contribution model, the business (employer) sets a specified amount to contribute to employees' health insurance premiums while providing a menu of group health insurance options for their employees to choose from. Employees can then choose the plan option that best fits their needs and budget. ChamberCHOICE gives employees a choice of six plan options.

#### **How can Defined Contribution help small businesses?**

By making health insurance more affordable for small business owners, Defined Contribution health plans can help small businesses compete for and retain the most qualified employees. Defined Contribution plans also eliminate the uncertainty of fluctuating insurance premiums for employers. Even if healthcare costs go up, the employer's contribution remains stable; employees are free to look at other plan options during Open Enrollment or continue with a plan they like and accept any cost increases.

#### The monthly level funded money remitted to Blue KC will include:

- Administrative costs and stop-loss insurance
- Claims funding

Your maximum annual claims, including claims run-out liability, are predetermined to create level funding that is easy to administer. Employees can elect the following coverage levels:

- Employee Only
- Employee and Spouse
- Employee and Children
- Employee and Family

#### **Disclosure Notices**

# FOR MORE INFORMATION ON ChamberCHOICE, VISIT US ONLINE AT **BlueKC.com/ChamberCHOICE**.

All plans that cover prescription drugs are considered creditable coverage for Medicare Part D.

Blue KC subcontracts with other organizations to perform certain services such as utilization management (e.g., hospital concurrent review, prior authorizations, peer medical necessity review, denials/approvals, appeals), member complaints, provider credentialing and case management for members with complex and catastrophic conditions.

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### **Chamber CHOICE** 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. Chamber CHOICE Level Funding ASO plans require a minimum of five enrollees to participate.

		Deductible			Member C	oinsurance		Out-of-Pock	et Maximum		Copay / Cost-Share per Occurrence							RX Copay																	
MEDICAL PLANS	Net	twork	Out-of-l	Vetwork																		work	Out-of-	Network				Network				Ne	twork		Dadwaihla Tara 2
MEDICAL PLANS	Single	Family	Single	Family	Network	Out-of- Network	Single	Family	Single	Family	PCP <sup>1</sup>	Blue KC Virtual Care App <sup>6</sup>	Spec	Urgent Care	ER	Facility / Hospital	TR1	TR2	TR3	T4	Deductible Type <sup>2</sup>														
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	\$10	\$25	\$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	\$10	\$25	\$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	\$10	\$30	\$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	Deductible + \$10				Deductible					Emb														
CHOICE BlueSelect Plus³ 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	\$10	\$40	\$40	\$100 + Ded/Coins	Deductible	\$15	\$70	\$100	\$200	Emb														
CHOICE BSP <sup>3</sup> Spira Care EPO <sup>4</sup> \$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 <sup>5</sup>	Spira No Charge	Deductible	Deductible	Deductible	Deductible	\$15	\$50	Dedu	uctible	Emb														

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

\*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.

3A 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 MD and Wyandotte and Johnson 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 MD and Wyandotte and Johnson in Kansas. The BlueSelect Plus network are subject to develop and the Standard and the subject of Methods and the subject of Methods and the Standard and the Standar

			Vision Plans		
OPTIONAL DENTAL & VISION PLANS	Routine Exam	Frames	Std. Plastic Lenses <sup>1</sup>	Contact Lens Exam	Contact Lenses <sup>2</sup>
CHOICE Base Vision & Dental	\$0	35% Off Retail	\$50/\$70/\$105	100% Member Responsibility	15% Off Retail / 100%Member Responsibility
CHOICE Value Vision & Dental	\$0	\$130 Allowance <sup>3</sup>	\$10/\$10/\$10	Std. Lens to \$40 Allowance <sup>4</sup>	\$130 Allowance <sup>5</sup>
CHOICE Buy-up Vision & Dental	\$10	\$150 Allowance <sup>3</sup>	\$25/\$25/\$25	Std. Lens to \$40 Allowance <sup>4</sup>	\$150 Allowance <sup>5</sup>

<sup>1</sup>Single Vision/Bifocal/Trifocal; <sup>2</sup>Conventional/Disposable; <sup>3</sup>20% off balance over Allowance; <sup>4</sup>Premium Lens: 10% off Retail;

<sup>5</sup>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)

<sup>6</sup>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

<sup>7</sup>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.

<sup>8</sup>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

### LEVEL FUNDING ASO **SETUP CHECKLIST**

Step 1 – Required to Finalize ASO Rates Must be completed and received by Blue KC by the 5th of the month PRIOR to the plan effective date.
<ul> <li>□ Complete and submit applications</li> <li>(included in this PDF packet and available on BlueKC.com – Broker portal)</li> <li>□ Group Application for Level Funding ASO</li> <li>□ Group Application for Insured Dental and/or Life (must indicate if declining coverage)</li> <li>□ Submit Completed Member Applications for Level Funding ASO (available on the BlueKC.com – Broker portal or through EasyApps)</li> </ul>
Step 2 – Required for Final Sale and Group Setup  Must be completed by the 20th of month PRIOR to plan effective date.
☐ Complete Level Funding ASO Options Application and Agreement Package.  Scan and submit to Blue KC. From Step 1:
☐ Group Application for Level Funding ASO
☐ Group Application for Dental and/or Life (must indicate if declining coverage)
<ul> <li>□ Administrative Services Agreement</li> <li>• Complete plan sponsor information, sign and date</li> <li>• Exhibit B – Attach Rate Card from the Blue Q proposal packet, initial page</li> </ul>
<ul> <li>Excess Health and Accident Coverage Agreement (Stop Loss)</li> <li>Complete Coverage Effective Dates and Plan Sponsor Information</li> <li>Complete plan sponsor information, sign and date</li> </ul>
☐ Complete Auto-Pay Authorization form (required for Level Funding ASO)
☐ Complete the Spira Care Disclosure form (if offering a Spira Care product)
$\hfill\square$ All responses to information requests and updates for underwriting and group setup.
☐ All finalized employee plan selections.
<ul> <li>□ EFT payment for 100% of 1st month's remittance (Claims + Administrative Fees + Stop Loss Premium) (Check NOT required)</li> <li>• Based on final quote and census</li> <li>• EFT Draft will occur on the 1st of the month</li> <li>• Will be applied to 1st month's invoice due</li> </ul>
☐ Submit Employer Group Size Survey (available on BlueKC.com – Broker portal)
Important – If signed applications, agreements and employee plan selections are not received by the 20th, coverage WILL be delayed until the first of the following service period (30+ days out).

- First automatic withdrawal for 100% of amount due will take effect on the first day of the second service period (month 2).
- Notify Blue KC immediately of any banking changes that will impact your automatic withdrawal.

### LEVEL FUNDING ASO **EMPLOYER CONSIDERATIONS**

### **Billing & Payment**

Blue KC Level Funding ASO plans will require electronic remittance of all plan funds (monthly maximum claims liability, administrative fees, and stop-loss insurance fees) by the first of the month. If the funds are not received, all claims payments will be put on hold until appropriate funds are received. If remittance is not received by the end of the month, your plan will be terminated (including Stop-Loss Insurance and Administrative Services).

Date	Sample Monthly Billing Cycle for May
April 20	E-bill Generated (viewable online within 48 hours)
May 1	May payment due
May 1	May remittance pulled via Electronic Fund Transfer (EFT)
May 10	Blue KC confirms May payment has posted
May 10	If payments have not posted, all claims payments will be immediately pended
May 31	If May payment has not posted, plan will be terminated effective May 1, and May claims will be denied

Note – Employers electing a Blue KC Level Funding ASO Options plan will be required to provide Blue KC with a binder payment equal to the first month remittance (maximum claims liability, administrative services fees and Stop-Loss Insurance). This must be received prior to any plan setup occurring in Blue KC's systems.

### **Important: Self-Funded Plan Group Responsibilities**

Offering a Self-Funded Group Health Plan has many unique benefits; however, there are also additional actions and responsibilities. Blue KC recommends that employers work with legal counsel to ensure they are able to fully fulfill the obligations of the Self-Funded Group Health Plan. Below is a list of helpful resources:

- Health Benefits Plan Resource Guide, provided by Blue KC and available online at BlueKC.com, or by contacting your Blue KC marketing representative.
- The Employee Benefits Security Administration's guide, "Understanding Your Fiduciary Responsibilities Under a Group Plan," available at http://www.dol.gov/ebsa/publications/ghpfiduciaryresponsibilities.html.
- The Center for Consumer Information & Insurance Oversight, www.CMS.gov.
- Minimum Essential Coverage Reporting (section 6055) is the responsibility of the Group. More information is available at <a href="https://www.irs.gov/affordable-care-act/questions-and-answers-on-">https://www.irs.gov/affordable-care-act/questions-and-answers-on-</a> information-reporting-by-health-coverage-providers-section-6055.

## LEVEL FUNDING ASO **DEFINITIONS**

### **Self Funding**

As an employer, when you choose to provide a self-funded medical plan, you are responsible for your employees' medical benefits directly. Your company assumes direct risk for the payment of claims filed with your plan. Blue KC Level Funding ASO plans have been specifically packaged for ease of administration and limited risk.

#### The Medical Plan

Blue KC offers a suite of Level Funding ASO plan designs. You may select up to five plan designs for your employees to choose from. Blue KC will provide a benefit booklet explaining the plan benefits, exclusions, and limitations.

### **Administrative Services Agreement**

Blue KC will manage all claims administration for your medical plan. The Administrative Services Agreement is the contract you will sign authorizing Blue KC to process claims, billing, reporting, enrollment, membership changes, customer services, materials fulfillment, etc.

### **Stop-Loss Insurance Policy**

The Stop-Loss Insurance Policy, also referred to as an Excess Loss Insurance Policy, protects your self-funded group health plan from catastrophic claims incurred by a single covered member (specific stop loss) or overall protections in the event that all of the claims exceed the dollar amount budgeted (aggregate stop loss). Blue KC Level Funding ASO plans include specific stop loss at \$20,000 and aggregate stop loss of 120 percent. This coverage will be for a 12-month contract period plus an additional 12-month runout period. The Stop-Loss Insurance Policy outlines the coverage included with your Blue KC Level Funding ASO plan.

Note – The stop-loss policy is issued by Missouri Valley Life and Health Insurance Company (MVLH), a wholly-owned subsidiary of Blue KC.

#### **Claim Funding**

Blue KC Level Funding ASO plans have been specifically designed to determine your maximum claims liability. Once determined, the amount of your maximum claims liability will be remitted by you to Blue KC each month based on enrollment on the 20th day of the prior month. Money not paid out in claims in a given month will roll over. If your claims exceed the aggregate or specific stop-loss thresholds, your Stop-Loss Insurance Policy covers the additional eligible claims.

#### **Year-End Settlement**

In the event your plan does not incur the budgeted maximum claims liability, the medical plan will share the benefits of a positive claims experience. Two-thirds of the unused claims funds will be returned to the medical plan and one-third will be retained by Blue KC to help offset administrative costs (deferred administration fee). Settlement reconciliation will occur 15 months post the contract period (plan year).

### **Contractual Agreements**

As an employer, you are directly responsible for your self-funded medical plan. Any services provided by Blue KC to help administer your plan must be supported by contracts. The following legal documents must be agreed to and signed by both parties.

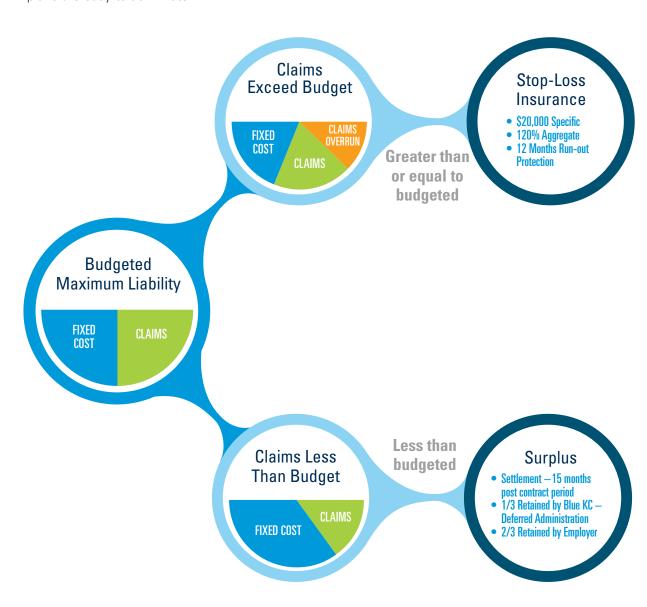
- Business Associate Agreement (BAA)
- Administrative Services Agreement (ASA)
- Excess Loss Agreement (MVLH)

#### **Financial Responsibility**

The PCORI fee applies to specified health insurance policies with policy years ending after September 30, 2012, and before October 1, 2029, and applicable self-insured health plans with plan years ending after September 30, 2012, and before October 1, 2029.

# LEVEL FUNDING ASO UNDERSTANDING YOUR PLAN

This guide was created to provide a quick overview of how the Blue KC Level Funding ASO plans function. These are self-funded plans designed specifically for the needs of small employers. Comprised of maximum claims funding, administrative services and stop-loss insurance, the Blue KC Level Funding ASO plans are easy to administer.



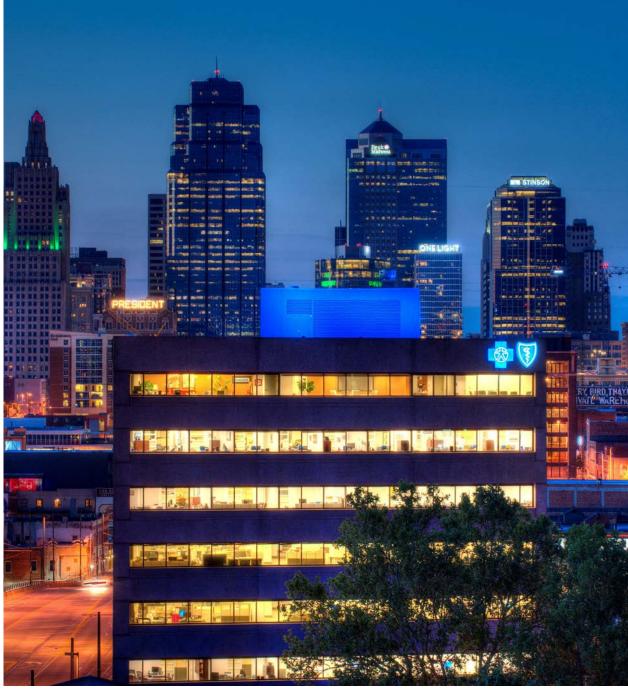
Please note Fixed Costs include administration fees and stop-loss insurance premiums.

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### LET'S GET STARTED

The time is right. The options are many. Empower your employees with the Blues, and they'll have coverage that fits their lives—and keeps them happy, healthy and productive.

For more information on your options, visit us online at BlueKC.com. Prefer to talk in person? Call your broker or contact a small group Blue KC representative at 816-395-2939.



# WE HERE FOR GOOD



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