

THE BENEFIT OF BLUE

2024 Small Group Product Guide For Businesses with 2-99 Employees



Thank You, Kansas City

Blue KC **#1 in Member Satisfaction** among Commercial Health Plans in the Heartland Region

For J.D. Power 2023 award information, visit jdpower.com/awards

Benefit of Blue

We are here to provide you—and your employees—with affordable care options.

We are here to make sure you have the support and services you need to be successful.

We are here to simplify the decision-making process so you can feel confident in your selections.

Most of all, we are here to offer the perspective and experience that comes from working with small businesses in the region for more than 85 years.

That's the Benefit of Blue.



Local Care and Leading Coverage at Lower Costs

Supporting a healthier workforce here in Kansas City and across the region.

- Explore new and expanded plan options.
- See if you are eligible for lower costs with updated HSA plans.
- Choose from a variety of plan options with the BlueSelect Plus network and exclusive access to Spira Care Centers.
- Get access to award-winning customer service.
- Give us a chance to earn your business and help with a seamless transition.

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Service Area and Networks

Our Networks Quick Reference Guide: Underwriting & Products BLUE KC HEADQUARTERS 52 WYANDOTTE KANSAS JOHNSON KANSAS 1007.1 2.8.94 4141740 ASSIDE 11111 4

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 (PPO or EPO) gives employees access to 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.

BlueSelect Plus

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.

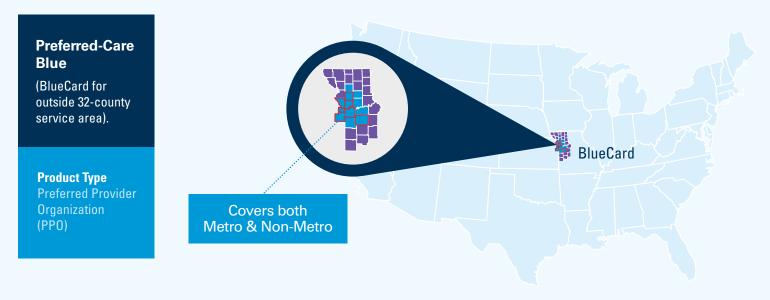
Preferred-Care Blue[®] Network with BlueCard[®] PPO

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+ in-network 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.



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 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.

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. Mary's Medical Center
- University Health Truman Medical Center
- University Health Lakewood Medical Center
- University of Kansas Health System
- Western Missouri Medical Center



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.

PPO

In a **Preferred Provider Organization** (PPO) insurance model, members are encouraged to receive care from in-network 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.

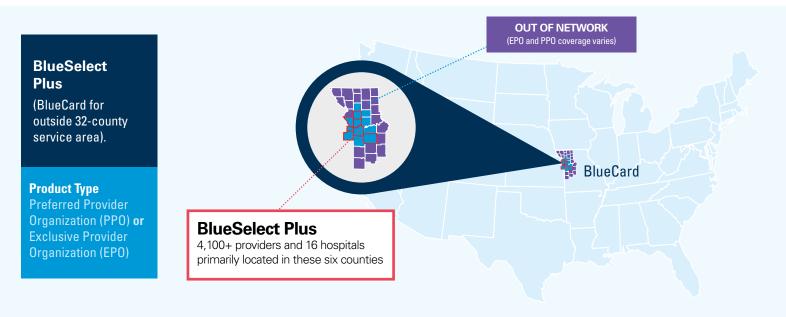
To choose a BlueSelect Plus plan, companies must be headquartered in the 12-county region listed below, and members must:

 \blacksquare Live in one of these 12 counties:

- Missouri: Clay, Jackson, Platte, Cass, Clinton, DeKalb, Johnson, Lafayette, Ray, Caldwell
- Kansas: Johnson, Wyandotte

☑ <u>Seek care</u> from any of the 4,100+ providers and 16 hospitals primarily located in these six counties:

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



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.

Spira Care is an advanced primary care model that gives employees easy, convenient access to the primary care services they need—and the time they need with their physician and Care Team.

While employee primary care needs can be handled at Spira Care Centers, 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, employees will have access to BlueSelect Plus within the Kansas City metro area.

E	PO	

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.

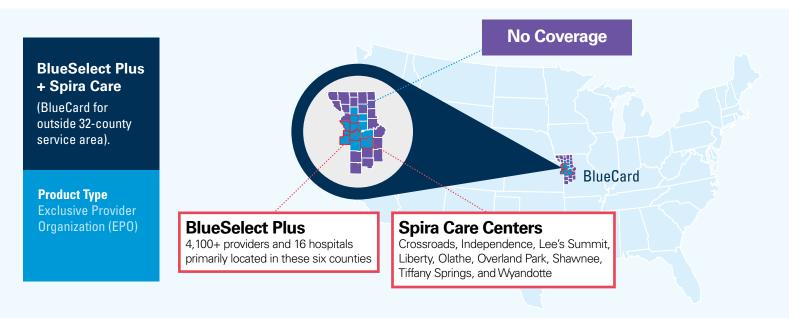




SPIRA CARE-

Nine locations across the Kansas City metro area

Crossroads Independence Lee's Summit Liberty Olathe Overland Park Shawnee Tiffany Springs Wyandotte



Quick Reference Guide

Underwriting and Products

	Small Group Market Segment — 2-99*			
	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 I	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 ANCILLARY PRODUCTS (FULLY INSURED)				
Dental Plan Options Available	YES	YES	YES	YES
Vision Plan Options Available	YES	YES	YES	YES
Life Plan Options Available	YES	YES	YES	YES

* Based on Full-Time Enrolled Employees.

** BSP PPO plans have RxSelect. BSP Spira Care plans + PCB PPO plans have RxPremier.

*** Census Enrollment Available

Spira Care Centers

Take a virtual tour of our one-of-a kind Spira Care Centers at **SpiraCare.com/Tour**.



SPIRA CARE.

Blue KC is proud to offer health plans with exclusive access to Spira Care Centers located across the Kansas City Metro Area.

Experience the difference advanced primary care can make. Blue KC is the local healthcare leader putting members first, while transforming how healthcare is designed, delivered and experienced.

We are proud to offer Blue KC members health plans with exclusive access to Spira Care Centers, where we bring healthcare and coverage together to put patients at the center of everything. It's advanced primary care for newborns, infants, children, adolescents, adults and seniors that gives patients easy, convenient access to affordable primary care services and the time they need with their physician and Care Team.

Spira Care Centers

Blue KC plans with exclusive access to Spira Care Centers.

	Without a Health Savings Account (HSA)	With a Health Savings Account (HSA)
Spira Care Centers	No additional cost for primary care services.	Low additional cost (\$60* per appointment) for primary care services.
		Members will receive a bill for services at Spira Care Centers until they meet their out-of-pocket max.
		Preventive services are covered at 100%.
Your Plan's Network	Members have all the benefits of their plan's network for things like specialty care and emergency services. Costs apply towards their	Members have all the benefits of their plan's network for things like specialty care and emergency services. Costs apply towards their
	annual deductible.	annual deductible.

Learn more about our Care Teams and specific location hours at **SpiraCare.com**.

Spira Care supports patients health with an array of advanced primary care services offered at no or low additional cost for newborns, infants, children, adolescents, adults and seniors.

Advanced Primary Care	Injuries
Behavioral Health	Immunizations
Consultations	Routine Lab
Chronic Medical	Draws
Condition Management	Routine
Diabetes Education and	Preventive Care
Health Coaching	Sick Care
Digital X-Rays	

A Spira Care Center is Just Around the Corner

Learn more about our Kansas City metro locations, including extended hours, and meet the Care Teams at SpiraCare.com.

Spira Care Crossroads 1916 Grand Boulevard Kansas City, MO 64108

Spira Care Independence 3717 S Whitney Avenue Independence, MO 64055

Spira Care Lee's Summit 760 NW Blue Parkway Lee's Summit, MO 64086

Spira Care Liberty 8350 N Church Road Kansas City, MO 64158

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

Spira Care Overland Park 7341 W 133rd Street Overland Park, KS 66213

Spira Care Shawnee

10824 Shawnee Mission Pkwy. Shawnee, KS 66203

Spira Care Tiffany Springs 8765 N Ambassador Drive Kansas City, MO 64154

Spira Care Wyandotte 9800 Troup Avenue Kansas City, KS 66111



*Subject to change.

Your Plan's Network: Members have all the benefits of their plan's network for things like specialty care and emergency services. Costs apply towards their annual deductible.

All services provided at Spira Care Centers area based on your primary care needs only and must be ordered by a member of the Spira Care Team. This includes digital x-rays, routine labs and immunizations. Orders by a specialist or someone outside of the Care Center cannot be completed or fulfilled at Spira Care Centers. Health coverage through any of the Blue KC plans cannot be used for an on-the-job or work-related injury or illness. X-ray services are available at all locations except Lee's Summit and Liberty.

Purposeful Innovation

Blue KC Virtual Care Mindful by Blue KC SmartShopper

Download the MyBlueKC App

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





Blue KC Virtual Care

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

- \$0 virtual visits using the MyBlueKC App
- \$0 primary care and behavioral health virtual visits using the app helps increase member access to affordable medical and mental healthcare.

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.



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.

Behavioral Health Services for Blue KC Members

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. 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.

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. Learn more about the support of a Mindful Advocate at **MindfulBlueKC.com**

Your Mindful Advocate

In a unique role exclusive to Blue KC health plans, there is a Mindful Advocate available to help 24/7 for:

- In-the-moment support
- Help locating and referring to in-network providers
- Care navigation
- Help connecting to expedited treatment options in crisis situations*

Call **833-302-MIND (6463)** or call the behavioral health number on your member ID card. One phone call can match members to the right care and services.

\$0 Virtual Behavioral Health Services

Blue KC believes virtual (face-to-face), telephone, email or text visits for behavioral health therapy can help members who may be feeling stress, anxiety or depression.

Zero-dollar deductible and no copays for virtual behavioral health therapy also opens up more options for members who are looking to get care for ongoing behavioral health needs—such as grief, substance use, coping with life transitions, couples counseling and more—without having to go somewhere for an in-person appointment.



*Normal cost-sharing and out-of-pocket maximum limits apply."

Save & Earn with SmartShopper

Compare convenient, in-network locations and earn cash rewards for shopping healthcare.

Costs for medical procedures are unpredictable. In fact, the same test or procedure can vary by hundreds or even thousands of dollars, depending on where you go. Blue KC's SmartShopper program allows you to research your options, compare costs and make a more informed decision before scheduling an appointment.

Going to a cost-effective facility saves your employer and your health plan money while also helping lower the cost of health care in our area. Through SmartShopper, we are able to pass on a percentage of these savings directly to you.

SmartShopper pays eligible members cash rewards for choosing a SmartShopper-eligible provider for certain routine procedures, preventive exams, imaging scans and scheduled surgeries. The reward you receive will vary depending on the procedure you need.

Integrated online for convenience

To make the experience easy, you can find SmartShopper on the Blue KC member portal, MyBlueKC.com > Find Care. Simply log in and search for the procedure or test you need. SmartShopper will display providers and costs, which you can compare side by side. The program leverages the existing local and national network of providers and facilities that you trust today.

Taking care of your health is important and so is your budget

This innovation is part of Blue KC's commitment to cost transparency and cost savings.

- 98% satisfaction score for employees who shopped with SmartShopper.
- It costs \$0 to use the SmartShopper program.

Prefer to shop over the phone or need a little extra help?

Call **1-855-476-5027** to contact the SmartShopper Personal Assistant Team or you can reach a Blue KC customer advocate by calling the number on the back of your ID card. Go to **MyBlueKC.com > Find Care** to search for a procedure or test.

It pays to shop!



STEP ONE

Shop

When your doctor recommends a medical test or procedure, evaluate your options for care at MyBlueKC.com > Find Care.



STEP TWO Get Care

Receive care at a reward-eligible location of your choice, in your plan's network.



STEP THREE

Earn a Reward

After your claim is paid, SmartShopper will mail you a reward check.



Small Group ACA Plan Options For Businesses with 2-50 Employees

Eligibility Guidelines ACA Plan Options Exclusions and Limitations



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.

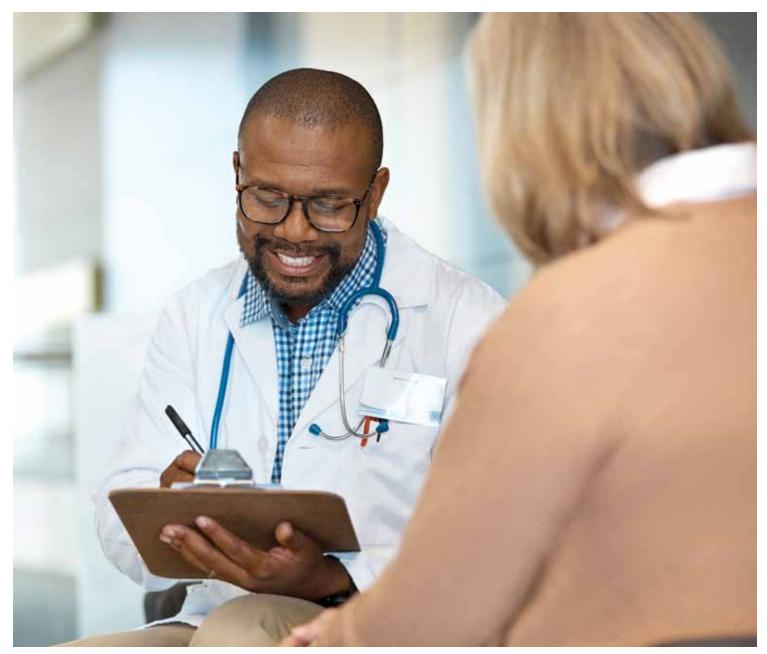
Blue KC plans apply all in-network member cost-sharing (copays, deductibles and coinsurance) to the out-ofpocket maximum and include 100 percent in-network coverage of preventive services.

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

		Metallic	Single	Family		Single OOP	Family 00P	Telehealth Office	Primary	Urgent							Prescription Dru	gs ⁶		Rx	Deductible
NETWORK	Product Name	Level	Deductible	Deductible	Coinsurance	Max	Max	Visit + Mental Health Therapy ⁵	Care ^{2,4,7}	Care ^{2,4}	Specialist ^{2,4}	Hospital ³	Emerg. Room	Low-Cost Generic	Generic	Preferred	Non-Preferred	Generic & Preferred Specialty	Non-Preferred Specialty	Network	Type ¹
	Classic PCB	Gold	^{\$} 1,250	^{\$} 2,500	90%	^{\$} 8,150	^{\$} 16,300	\$0	(\$30tc)\$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@\$25/D+C	4@\$25/D+C	4@\$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+ ^s 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@\$25/D+C	4@\$25/D+C	4@\$25/D+C	Ded/Coins	Ded/Coins	^{\$} 5	^{\$} 20	^{\$} 75	D+30%	D+30%	D+30%	RxPremier	Emb
Preferred-Care	Classic PCB	Silver	^{\$} 5,000	^{\$} 10,000	60%	^{\$} 9,350	^{\$} 18,700	\$0	(\$30tc) \$60	\$80	^{\$} 80	^{\$} 975 Max ³	^{\$} 975	^{\$} 5	^{\$} 20	^{\$} 75	D+30%	D+30%	D+30%	RxPremier	Emb
Blue (PPO)	Saver PCB	Silver	^{\$} 3,500	^{\$} 7,000	75%	^{\$} 7,000	^{\$} 14,000	°0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+ ^s 5	D+ ^{\$} 20	D+ ^{\$} 75	D+ ^{\$} 100	D+ ^s 350	D+ ^s 350	RxPremier	Emb
	Traditional PCB	Silver	\$3,500	^{\$} 7,000	70%	^{\$} 8,500	^{\$} 17,000	^s 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	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	^s 0	4@\$50/D+C	4@\$50/D+C	4@\$50/D+C	Ded/Coins	Ded/Coins	^{\$} 5	\$30	D+50%	D+50%	D+50%	D+50%	RxPremier	Emb
	Value PCB	Bronze	\$7,750	^{\$} 15,500	50%	^{\$} 8,550	^{\$} 17,100	^s 0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	^{\$} 5	\$30	D+50%	D+50%	D+50%	D+50%	RxPremier	Emb
	Saver BSP	Silver	^{\$} 3,500	\$7,000	75%	^{\$} 7,000	^{\$} 14,000	^s 0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+ ^s 5	D+ ^{\$} 20	D+ ^{\$} 75	D+ ^{\$} 100	D+ ^{\$} 350	D+ ^s 350	RxSelect - Walgreens	Emb
BlueSelect Plus	Traditional BSP	Silver	^{\$} 3,500	^{\$} 7,000	70%	^{\$} 8,500	^{\$} 17,000	^s 0	^{\$} 60	^{\$} 100	^{\$} 100	Ded/Coins	Ded/Coins	^{\$} 5	^{\$} 20	^{\$} 75	D+30%	D+30%	D+30%	RxSelect - Walgreens	Emb
(PPO)	Saver BSP	Bronze	^{\$} 6,000	^{\$} 12,000	50%	^{\$} 7,500	^{\$} 15,000	^s 0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+ ^s 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	^s 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 BSP	Gold	\$3,500	^{\$} 7,000	100%	^{\$} 3,500	^{\$} 7,000	°0	^s 0 / Ded	Deductible	Deductible	Deductible	Deductible	^{\$} 5	^{\$} 15	^{\$} 70	Deductible	Deductible	Deductible	RxPremier	Emb
Spira Care	First BSP + Spira Care ⁸	Silver	^{\$} 5,000	^{\$} 10,000	80%	^{\$} 7,800	^{\$} 15,600	\$0	4@ ^s 25/D+C	4@ ^s 25/D+C	4@\$25/D+C	Ded/Coins	Ded/Coins	^{\$} 5	^{\$} 20	^{\$} 75	D+30%	D+30%	D+30%	RxSelect - Walgreens	Emb
with BlueSelect Plus (EPO)	Spira Care with BSP	Silver	^{\$} 5,000	^{\$} 10,000	80%	^{\$} 7,200	^{\$} 14,400	^s 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 with BSP	Bronze	^{\$} 5,750	^{\$} 11,500	80%	^{\$} 8,000	^{\$} 16,000	^s 0	^s 60/D+C	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+ ^s 5	D+ ^{\$} 30	D+30%	D+30%	D+30%	D+30%	RxPremier	Emb
	Spira Care with BSP	Bronze	\$8,000	^{\$} 16,000	80%	^{\$} 9,450	^{\$} 18,900	^s 0	⁰0/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

* 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.

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 year
- 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 year
- · 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.

Fully Insured Plan Options For Businesses with 51-99 Employees

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Fully Insured Plan Options

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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 two all new lower cost plan options for 2024. 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 and 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.



Fully Insured Plan Options

For Businesses with 51-99 Employees

Dedu					Member	Coinsurance	Out	-of-Pock	et Maxin	num		Copay / C	ost-Share - P	Per Occurren	ice		Rx Copay / Cost-Share				Deductible
PLAN NAME	Network Out-of-Net		Network			Netv	vork	Out-of-	Network			Network ⁴	1				Net	work		Type ²	
	Single	Family	Single	Family	Network	Out-of-Network	Single	Family	Single	Family	PCP1	Virtual Care ⁷	Spec	Urgent Care	ER	Facility / Hospital	TR 1	TR 2	TR 3	TR 4	
PCB PP0 \$500 (00PM \$1,500)	^{\$} 500	^{\$} 1,000	^{\$} 500	^{\$} 1,000	10%	30%	^{\$} 1,500	\$3,000	\$3,000	^{\$} 6,000	^{\$} 20	^s 0	^{\$} 20	^{\$} 20	^{\$} 100 + Ded/Coins	Ded/Coins	^{\$} 15	^{\$} 70	^{\$} 110	^{\$} 200	Emb
PCB PP0 \$500 (00PM \$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 PP0 \$1,000 (00PM \$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 PP0 ^{\$} 1,000 (00PM ^{\$} 4,000)	^{\$} 1,000	^{\$} 3,000	^{\$} 1,000	^{\$} 3,000	20%	50%	^{\$} 4,000	^{\$} 8,000	^{\$} 8,000	^{\$} 16,000	\$30	^s 0	\$30	\$30	^{\$} 100 + Ded/Coins	Ded/Coins	^{\$} 15	^{\$} 70	^{\$} 110	^{\$} 200	Emb
PCB PP0 \$1,500 (00PM \$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 PP0 \$1,500 (00PM \$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 PP0 ^{\$} 2,000 (00PM ^{\$} 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 PP0 ^{\$} 2,700 (00PM ^{\$} 5,400)	^{\$} 2,700	^{\$} 5,400	^{\$} 2,700	^{\$} 5,400	20%	40%	^{\$} 5,400	^{\$} 10,800	^{\$} 10,800	^{\$} 21,600	^{\$} 40	^s 0	^{\$} 40	^{\$} 40	^{\$} 100 + Ded/Coins	Ded/Coins	^{\$} 15	^{\$} 70	^{\$} 110	^{\$} 200	Emb
PCB PP0 \$3,000 (00PM \$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 PP0 \$3,000 (00PM \$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 PP0 \$3,000 (00PM \$9,100)	\$3,000	^{\$} 6,000	\$3,000	^{\$} 6,000	50%	50%	^{\$} 9,100	^{\$} 18,200	^{\$} 20,000	^{\$} 40,000	^{\$} 40	^s 0	^{\$} 40	^{\$} 40	^{\$} 100 + Ded/Coins	Ded/Coins	^{\$} 15	^{\$} 70	^{\$} 110	^{\$} 200	Emb
PCB PP0 \$4,000 (00PM \$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 PP0 \$4,000 (00PM \$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 PP0 \$5,000 (00PM \$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 PP0 \$5,000 (00PM \$9,100)	^{\$} 5,000	^{\$} 10,000	^{\$} 5,000	^{\$} 10,000	50%	50%	^{\$} 9,100	^s 18,200	^{\$} 20,000	^{\$} 40,000	\$40	^s 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	^s 6,400	^{\$} 6,400	^{\$} 12,800	Deductible	\$0	Deductible	Deductible	Deductible	Deductible		Dedu	ictible	1	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	^s 12,900	^{\$} 12,900	^{\$} 25,800	Ded/Coins	^s O	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		Dedu	ıctible		Emb
BlueSelect Plus ³ PPO ^{\$} 1,000 (00PM ^{\$} 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 (00PM ^{\$} 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 Plus ³ 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	^s O	Deductible	Deductible	Deductible	Deductible		Dedu	ictible	L	Emb
BlueSelect Plus ³ PPO ^{\$} 3,000 (00PM ^{\$} 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	^s 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 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 (00PM ^{\$} 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 (00PM \$4,000)	^{\$} 4,000	^{\$} 8,000	N/A	N/A	0%	N/A	^{\$} 4,000	^{\$} 8,000	N/A	N/A	^{\$} 40	^s 0	^{\$} 40	^{\$} 40	^{\$} 100 + Deductible	Deductible	^{\$} 15	^{\$} 70	^{\$} 110	^{\$} 200	Emb
BlueSelect Plus PPO \$4,000 (00PM \$9,100)	^{\$} 4,000	^{\$} 8,000	^{\$} 4,000	^{\$} 8,000	50%	50%	^{\$} 9,100	^{\$} 18,200	^{\$} 20,000	^{\$} 40,000	^{\$} 40	^s 0	^{\$} 40	^{\$} 40	^{\$} 100 + Deductible	Ded/Coins	^{\$} 15	^{\$} 70	^{\$} 110	^{\$} 200	Emb
BlueSelect Plus ³ BlueSaver PPO HSA ^{\$} 5,000 (00PM ^{\$} 6,450)	^{\$} 5,000	^{\$} 10,000	^{\$} 5,000	^{\$} 10,000	10%	40%	^{\$} 6,450	^s 12,900	^{\$} 32,250	^s 64,500	Ded/Coins	°0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins		Ded/	Coins		Emb
BlueSelect Plus ³ BlueSaver EPO HSA ^{\$} 5,000 (00PM ^{\$} 6,450)	^{\$} 5,000	^{\$} 10,000	N/A	N/A	10%	N/A	^{\$} 6,450	^{\$} 12,900	N/A	N/A	Ded/Coins	^s 0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins		Ded	/Coin		Emb
BlueSelect Plus PPO \$5,000 (00PM \$9,100)	^{\$} 5,000	^{\$} 10,000	^{\$} 5,000	^{\$} 10,000	50%	50%	^{\$} 9,100	^{\$} 18,200	^{\$} 20,000	^{\$} 40,000	^{\$} 40	^s 0	^{\$} 40	^{\$} 40	^{\$} 100 + Ded/Coins	Ded/Coins	^{\$} 15	^{\$} 70	^{\$} 110	^{\$} 200	Emb
PCB Personal Blue PPO HRA (00PM ^s 3,000)	^{\$} 3,000	^{\$} 6,000	^{\$} 3,000	^s 6,000	0%	20%	^{\$} 3,000	^s 6,000	^{\$} 6,000	^{\$} 12,000	^{\$} 40	^s 0	^{\$} 40	^{\$} 40	Deductible	Deductible	^{\$} 15	^{\$} 70	^{\$} 110	^{\$} 200	Emb
PCB AffordaBlue (00PM \$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 Plus ³ Spira Care EPO HSA ⁶ ^{\$} 3,200 (OOPM ^{\$} 3,200)	^{\$} 3,200	^{\$} 6,400	N/A	N/A	0%	N/A	^{\$} 3,200	^s 6,400	N/A	N/A	Deductible 6	s0	Deductible	Deductible	Deductible	Deductible		Dedu	ıctible		Emb
BlueSelect Plus ³ Spira Care EPO ^{\$} 1,500 (00PM ^{\$} 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	Dedu	ctible	Emb
BlueSelect Plus ³ Spira Care EPO ^{\$} 3,500 (00PM ^{\$} 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	Dedu	ctible	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 Plus ³ Spira Care EPO ^{\$} 5,000 (OOPM ^{\$} 5,000)	^{\$} 5,000	^s 10,000	N/A	N/A	0%	N/A	^{\$} 5,000	^s 10,000	N/A	N/A	Spira Care No Charge ⁵	°0	Deductible	Deductible	Deductible	Deductible	^{\$} 15	^{\$} 50	Dedu	ctible	Emb
BlueSelect Plus ³ Spira Care EPO ^{\$} 7,000 (00PM ^{\$} 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}		ctible	Emb

NOTE: NEW AND UPDATED PLAN OPTIONS FOR 2024 ARE BOLDED 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, 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.

Level Funding ASO Plan Options For Businesses with 5-99 Employees

rui dusinesses with 5-99 Employer

Level Funding ASO Plan Options ChamberCHOICE Setup Checklist Employer Considerations Level Funding ASO Definitions Understanding Your Plan

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.

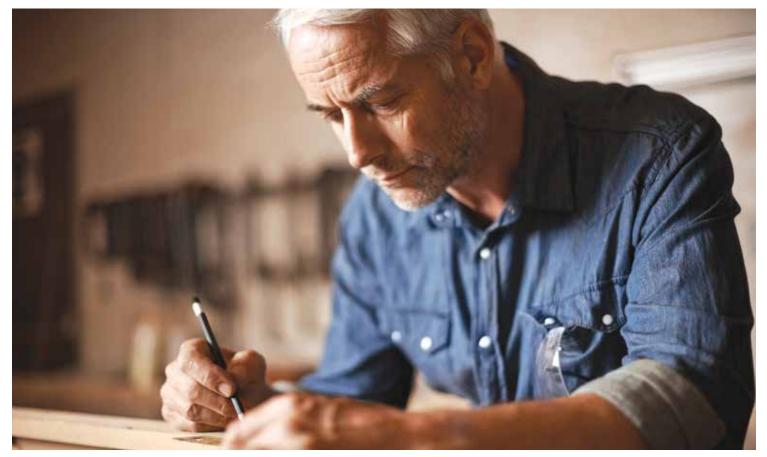


Affordable

Self-funded medical plans 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 awardwinning customer service, comprehensive chronic condition management programs and innovative health advocacy support.



Level Funding ASO Plan Options

For Businesses with 5-99 Employees

	Deductible				Deductible Member Coinsurance Out-of-Pocket Ma							aximum Copay / Cost-Share - Per Occurrence								Rx Copay / Cost-Share			
PLAN NAME	Netv	Network Out-of-Network		Out-of-Network			Net	work	Out-of-I	Vetwork			Network ⁴	4				Netv	vork		Deductible Type ²		
	Single	Family	Single	Family	Network	Out-of-Network	Single	Family	Single	Family	PCP ¹	Virtual Care ⁷	Spec	Urgent Care	ER	Facility / Hospital	TR 1	TR 2	TR 3	TR 4			
PCB PP0 ^{\$} 500 (00PM ^{\$} 1,500)	^{\$} 500	^{\$} 1,000	^{\$} 500	^{\$} 1,000	10%	30%	^{\$} 1,500	\$3,000	\$3,000	^s 6,000	^{\$} 20	\$0	^{\$} 20	^{\$} 20	^{\$} 100 + Ded/Coins	Ded/Coins	^{\$} 15	^{\$} 70	^{\$} 110	^{\$} 200	Emb		
PCB PP0 \$500 (00PM \$3,500)	^{\$} 500	^{\$} 1,500	^s 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 PP0 \$1,000 (00PM \$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 PP0 ^{\$} 1,000 (00PM ^{\$} 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 PP0 \$1,500 (00PM \$4,500)	^{\$} 1,500	^{\$} 4,500	^{\$} 1,500	^{\$} 4,500	20%	40%	^{\$} 4,500	^{\$} 9,000	^{\$} 9,000	^{\$} 18,000	\$35	^s 0	\$35	\$35	\$100 + Ded/Coins	Ded/Coins	^{\$} 15	^{\$} 70	^{\$} 110	^{\$} 200	Emb		
PCB PP0 \$1,500 (00PM \$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 PP0 ^{\$} 2,000 (00PM ^{\$} 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 PP0 ^{\$} 2,700 (00PM ^{\$} 5,400)	^{\$} 2,700	^{\$} 5,400	^{\$} 2,700	^s 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 PP0 \$3,000 (00PM \$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 PP0 \$3,000 (00PM \$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 PP0 ^{\$} 3,000 (00PM ^{\$} 9,100)	^{\$} 3,000	^{\$} 6,000	\$3,000	^s 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 PP0 \$4,000 (00PM \$4,000)	^{\$} 4,000	^{\$} 8,000	^{\$} 4,000	^{\$} 8,000	0%	20%	^{\$} 4,000	^{\$} 8,000	\$8,000	^{\$} 16,000	^{\$} 40	^s 0	^{\$} 40	^{\$} 40	Deductible	Deductible	^{\$} 15	^{\$} 70	^{\$} 110	^{\$} 200	Emb		
PCB PP0 ^{\$} 4,000 (00PM ^{\$} 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 PP0 \$5,000 (00PM \$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 PP0 ^{\$} 5,000 (00PM ^{\$} 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		Deduc	tible		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	· · · · · · · · · · · · · · · · · · ·			Emb			
NEW PCB BlueSaver HSA \$6,500 (00PM \$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		Deduc	tible		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 (00PM ^{\$} 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 Plus ³ BlueSaver HSA ^{\$} 3,200 (OOPM ^{\$} 3,200)	^{\$} 3,200	^{\$} 6,400	^{\$} 3,200	^s 6,400	0%	30%	^{\$} 3,200	^{\$} 6,400	^{\$} 15,000	^{\$} 30,000	Deductible	^{\$} 0	Deductible	Deductible	Deductible	Deductible		Deduc	ctible		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 PPO ^{\$} 3,000 (OOPM ^{\$} 9,100)	^{\$} 3,000	^{\$} 6,000	\$3,000	^s 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	^s 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 (00PM ^{\$} 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	^s 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/	Coin		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	^s 0	^{\$} 40	^{\$} 40	\$100 + Ded/Coins	Ded/Coins	^{\$} 15	^{\$} 70	^{\$} 110	^{\$} 200	Emb		
PCB Personal Blue PPO HRA (OOPM ^{\$} 3,000)	^{\$} 3,000	^s 6,000	\$3,000	^s 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 (00PM ^{\$} 5,500) ⁸	^{\$} 5,500	^{\$} 11,000	^{\$} 5,500	^{\$} 11,000	0%	20%	^{\$} 5,500	^{\$} 11,000	\$11,000	^{\$} 22,000	\$30	^s 0	\$30	\$30	Deductible	Deductible	^{\$} 20		Not Covered		Emb		
										I											-		
BlueSelect Plus ³ Spira Care EPO HSA ⁶ ⁸ 3,200 (OOPM ⁸ 3,200)	\$3,200	^{\$} 6,400	N/A	N/A	0%	N/A	\$3,200	^{\$} 6,400	N/A	N/A	Deductible 6	\$0	Deductible	Deductible	Deductible	Deductible		Deduc	tible		Emb		
BlueSelect Plus ³ Spira Care EPO ^{\$} 1,500 (00PM ^{\$} 1,500)	^{\$} 1,500	^{\$} 3,000	N/A	N/A	0%	N/A	^{\$} 1,500	\$3,000	N/A	N/A	Spira Care No Charge⁵	Spira Care No Charge	Deductible	Deductible	Deductible	Deductible	^{\$} 15	^{\$} 50	Dedu	tible	Emb		
BlueSelect Plus ³ Spira Care EPO ^{\$} 3,500 (00PM ^{\$} 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	Dedu	tible	Emb		
BlueSelect Plus ³ Spira Care EPO ^{\$} 3,500 (00PM ^{\$} 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/0	oins	Emb		
NEW BlueSelect Plus ³ Spira Care EPO ^{\$} 5,000 (00PM ^{\$} 5,000)	^{\$} 5,000	^{\$} 10,000	N/A	N/A	0%	N/A	^{\$} 5,000	^{\$} 10,000	N/A	N/A	Spira Care No Charge ⁵	\$0	Deductible	Deductible	Deductible	Deductible	^{\$} 15	^{\$} 50	Dedu	tible	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	Dedu	tible	Emb		

NOTE: NEW AND UPDATED PLAN OPTIONS FOR 2024 ARE BOLDED 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, 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 at work for small business.

Blue Cross and Blue Shield of Kansas City (Blue KC) has made small business a priority for more than 85 years. We understand the unique challenges you face today.

Today's small 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 employees and employees.

ChamberCHOICE offers a packaged combination of plan options for small employers. Offer one plan or as many that fit your needs.

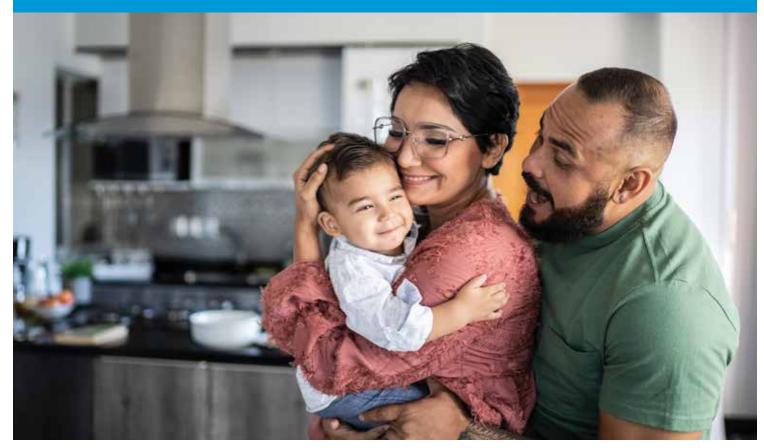
The monthly level-funded money remitted to Blue KC will include:

- 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

The ChamberCHOICE Level Funding ASO plans are easy to administer and comprised of maximum claims funding, administrative services and stop-loss insurance.



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 emp employees have a choice of three dental/vision plans. ChamberCHOICE Level Funding ASO plans require a minimum of five enrollees to participate.

	Deductible		Member Coinsurance Out-of-Pocket Ma			et Maxin	ximum Copay / Cost-Share Per Occurrence								Rx Copay / Cost-Share						
MEDICAL PLANS	Network Out-of-Network				Network Out-of-N		Network	twork Network Network						work		Deductible Type ²					
	Single	Family	Single	Family	Network Out-of-Network	Single	Family	Single	Family	PCP ¹	Blue KC V Care Spec		Urgent Care	ER	Facility / Hospital	TR 1	TR 2	TR 3	TR 4	- type	
CHOICE PCB PP0 \$1,000 (00PM \$6,500)	^{\$} 1,000	^{\$} 2,000	^{\$} 1,000	^{\$} 2,000	10%	30%	^{\$} 3,500	\$7,000	^{\$} 7,000	^{\$} 14,000	^{\$} 25	^s 0	^s 0	^{\$} 25	^{\$} 100 + Ded/Coins	Ded/Coins	^{\$} 15	^{\$} 70	^{\$} 100	^{\$} 200	Emb
CHOICE PCB PPO \$2,500 (00PM \$6,500)	^{\$} 2,500	^{\$} 5,000	^{\$} 2,500	^{\$} 5,000	20%	40%	^{\$} 5,000	^{\$} 10,000	^{\$} 10,000	^{\$} 20,000	^{\$} 25	^s 0	^s 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	^s 0	^s 0	\$30	^{\$} 100 + Ded/Coins	Ded/Coins	^{\$} 15	^{\$} 70	^{\$} 100	^{\$} 200	Emb
CHOICE PCB BlueSaver HSA \$3,500 (00PM \$3,500)	^{\$} 3,500	^{\$} 7,000	^{\$} 3,500	\$7,000	0%	20%	^{\$} 3,500	\$7,000	^{\$} 7,000	^{\$} 14,000	Deductible	^s 0	^s 0			De	eductible				Emb
CHOICE BlueSelect Plus ³ PPO ^{\$} 4,500 (00PM ^{\$} 4,500)	^{\$} 4,500	^{\$} 9,000	^s 4,500	^{\$} 9,000	0%	30%	^{\$} 4,500	^{\$} 9,000	^{\$} 9,000	^{\$} 18,000	^{\$} 40	^s 0	^s 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 Charge⁵	Spira No Charge	^s 0	Deductible	Deductible	Deductible	^{\$} 15	^{\$} 50	Dedu	ctible	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, 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.

			Visio	n Plans		Dental Plans								
OPTIONAL DENTAL & VISION PLANS	Routine Exam	Frames	Std. Plastic Lenses ¹	Contact Lens Exam	Contact Lenses'	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 ^s 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 [®] - 80% Choice/GRID+ Providers ⁷ - 70%	PPO/GRID Providers [®] - 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 [®] - 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 or 24 months; Frames: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 Per 12 or 24 months (check plan details); Standard Plastic Lens

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

ployer opts to	offer dental	and vision	coverage,

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.

Complete and submit applications (included in this PDF packet and available on BlueKC.com – Broker portal)

- Group Application for Level Funding ASO
- Submit Completed Member Applications for Level Funding ASO (available on the BlueKC.com Broker portal or through EasyApps)

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 Agreement Packet. Scan and submit to Blue KC. From Step 1:

- Group application for Level Funding ASO
- Group application for Dental, Life, and Vision (must indicate if declining coverage)
- Excess Health and Accident Stop-Loss Coverage Application
- Employer Size Survey
- Excess Health and Accident Coverage Agreement
- Administrative Services Agreement
- Business Associate Agreement
- Group Automatic Payment Authorization for (ACH form)
- Spira Care Disclosure form (if offering a Spira Care product)

All finalized employee plan selections.

Please Note:

- Groups will be enrolled in auto-pay by Blue KC
- The first month's payment, and all subsequent monthly payments, will be automatically withdrawn via ACH on the 1st of the month
- Notify Blue KC immediately of any banking changes that will impact your automatic withdrawal

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.

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 https://www.irs.gov/affordable-care-act/questions-and-answers-on-information-reporting-by-health-coverage-providers-section-6055.

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 run-out 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 selffunded 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.

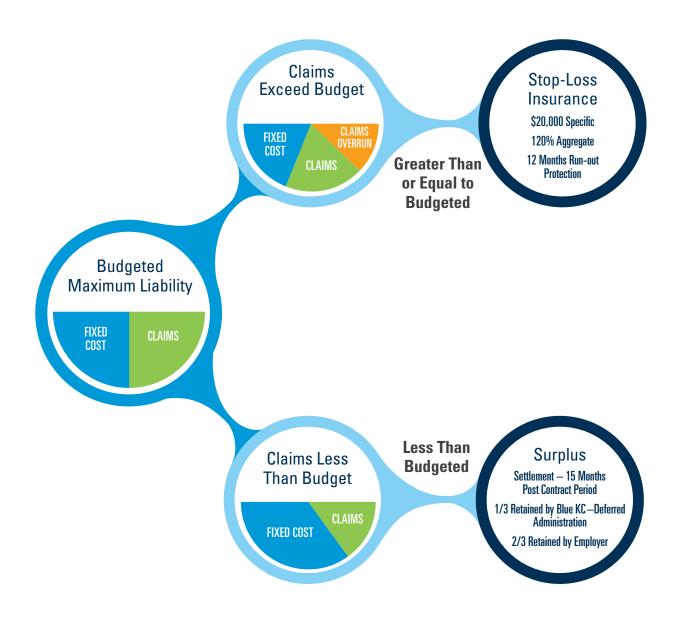
- Business Associate Agreement (BAA)
- Administrative Services Agreement (ASA)
- Excess Loss Agreement (MVLH)

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.

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.

THE BENEFIT OF BLUE®

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.

2024 Small Group Product Guide

For Businesses with 2-99 Employees



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