



Kansas City

Blue KC Exchange

INSURANCE PLAN SELECTION

10 Plans Available

AN EXAMPLE OF EMPLOYEE MONTHLY COSTS

after a \$300 employer contribution*

1	BlueSaver HSA		Employee Only	Employee/ Spouse	Employee/ Child(ren)	Employee/ Family
	Deductible: \$5,500/\$11,000	Out of Pocket Max: \$5,500/\$11,000				
	Coinsurance: 100%/80%	Emergency Room: Deductible				
	Office Visit: Deductible	Drug Copay: Deductible then 100%	\$31.21	\$488.28	\$359.11	\$647.27
2	High Deductible		Employee Only	Employee/ Spouse	Employee/ Child(ren)	Employee/ Family
	Deductible: \$5,500/\$11,000	Out of Pocket Max: \$5,500/\$11,000				
	Coinsurance: 100%/80%	Emergency Room: Deductible				
	Office Visit: Deductible	Drug Copay: \$12/\$50/\$70	\$31.21	\$488.28	\$359.11	\$647.27
3	AffordaBlue		Employee Only	Employee/ Spouse	Employee/ Child(ren)	Employee/ Family
	Deductible: \$5,500/\$11,000	Out of Pocket Max: \$5,500/\$11,000				
	Coinsurance: 100%/80%	Emergency Room: Deductible				
	Office Visit Copay: \$30 (office charge only – 5 visits per calendar year)	Drug Copay: \$12 – Generics Only	\$52.59	\$539.15	\$401.65	\$708.40
4	Preferred-Care Blue		Employee Only	Employee/ Spouse	Employee/ Child(ren)	Employee/ Family
	Deductible: \$4,000/\$8,000	Out of Pocket Max: \$4,000/\$8,000				
	Coinsurance: 100%/80%	Emergency Room: \$150 Copay				
	Office Visit Copay: \$40	Drug Copay: \$12/\$45/\$70	\$89.98	\$628.15	\$476.06	\$815.34
5	BlueSaver HSA		Employee Only	Employee/ Spouse	Employee/ Child(ren)	Employee/ Family
	Deductible: \$3,000/\$6,000	Out of Pocket Max: \$3,000/\$6,000				
	Coinsurance: 100%/80%	Emergency Room: Deductible				
	Office Visit: Deductible	Drug Copay: Deductible then 100%	\$111.34	\$678.99	\$518.57	\$876.44
6	High Deductible		Employee Only	Employee/ Spouse	Employee/ Child(ren)	Employee/ Family
	Deductible: \$3,000/\$6,000	Out of Pocket Max: \$3,000/\$6,000				
	Coinsurance: 100%/80%	Emergency Room: Deductible				
	Office Visit Copay: \$40	Drug Copay: \$12/\$45/\$70	\$132.72	\$729.87	\$561.11	\$937.57
7	Preferred-Care Blue		Employee Only	Employee/ Spouse	Employee/ Child(ren)	Employee/ Family
	Deductible: \$2,000/\$6,000	Out of Pocket Max: \$5,000/\$10,000				
	Coinsurance: 80%/60%	Emergency Room: \$100, Ded. then Coinsurance				
	Office Visit Copay: \$40	Drug Copay: \$12/\$45/\$70	\$154.08	\$780.72	\$603.63	\$998.68
8	Preferred-Care Blue		Employee Only	Employee/ Spouse	Employee/ Child(ren)	Employee/ Family
	Deductible: \$1,500/\$4,500	Out of Pocket Max: \$4,500/\$9,000				
	Coinsurance: 80%/60%	Emergency Room: \$100, Ded. then Coinsurance				
	Office Visit Copay: \$30	Drug Copay: \$12/\$40/\$70	\$191.48	\$869.71	\$678.04	\$1,105.62
9	Preferred-Care Blue		Employee Only	Employee/ Spouse	Employee/ Child(ren)	Employee/ Family
	Deductible: \$1,000/\$3,000	Out of Pocket Max: \$4,000/\$8,000				
	Coinsurance: 80%/60%	Emergency Room: \$100, Ded. then Coinsurance				
	Office Visit Copay: \$25	Drug Copay: \$12/\$40/\$70	\$207.50	\$907.85	\$709.93	\$1,151.46
10	Preferred-Care Blue		Employee Only	Employee/ Spouse	Employee/ Child(ren)	Employee/ Family
	Deductible: \$500/\$1,500	Out of Pocket Max: \$3,500/\$7,000				
	Coinsurance: 80%/60%	Emergency Room: \$100, Ded. then Coinsurance				
	Office Visit Copay: \$20	Drug Copay: \$12/\$40/\$70	\$266.27	\$1,047.72	\$826.88	\$1,319.53

* Premiums shown above are for demonstration purposes only. Each group plan will vary.