



Kansas City

Small Business. Big Plans.



2026 Small Group Product Guide

For businesses with 2–99 employees.

FROM HERE. FOR WHEREVER YOU ARE.

Coverage That Lives Where You Do

With over 85 years of experience working with small businesses in the region, you can count on Blue Cross and Blue Shield of Kansas City (Blue KC) to provide you with affordable plan options that can help support your team's well-being.

Small business. Big plans.

As a small business leader, you know your employees are everything. Blue KC knows that, too. When you choose Blue KC, you're partnering with a neighbor who understands what it takes to help your employees feel their best so your business can be at its best, too.

Choose from a variety of plan options with the BlueSelect Plus network and exclusive access to Spira Care Centers and experience premium savings with a Health Savings Account (HSA) or a qualified high deductible health plan.

Give us a chance to earn your business and help with a seamless transition.

- Explore new and expanded plan options.
- Get access to award-winning customer service.



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For Businesses with 2–50 Employees

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	Small Group Market Segment — 2-99 Full-time Employees			
	ACA (2-50)	Level Funding ASO (5-99 Enrolled)	Fully Insured (51-99)	ChamberCHOICE Level Funding 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
BlueSelect Plus (BSP) with Spira Care EPO*	Yes	Yes	Yes	Yes
Pharmacy Networks	RxPremier and RxSelect*	RxPremier	RxPremier	RxPremier
Other Ancillary Products (Fully Insured)				
Dental Plan Options	YES	YES	YES	YES
Vision Plan Options	YES	YES	YES	YES
Life Plan Options	YES	YES	YES	YES
Coverage Choices				
Spira Care	YES (BlueSelect Plus EPO Plan Only)	YES (BlueSelect Plus EPO Plan Only)	YES (BlueSelect Plus EPO Plan Only)	YES (BlueSelect Plus EPO Plan Only)
Behavioral Health Services	Included	Included	Included	Included
Blue KC Virtual Care	Included	Included	Included	Included

Census Enrollment Available for ACA Groups

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

When savings is just as important as having 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 in the seven county service area. Small businesses that switch to the BlueSelect Plus network could pocket some big savings.

BlueSelect Plus Network:

In-network coverage if companies are headquartered in these counties in the Kansas City metro area.

AND

In-network coverage when seeking care from any of the 5,400+ providers and 16 hospitals in the network.

All other hospitals and their providers in the Kansas City metro area that are not in the BlueSelect Plus network (shown in light blue and grey) are considered out of network. Emergency services are always covered at the in-network cost share. Cost applies toward annual deductible.

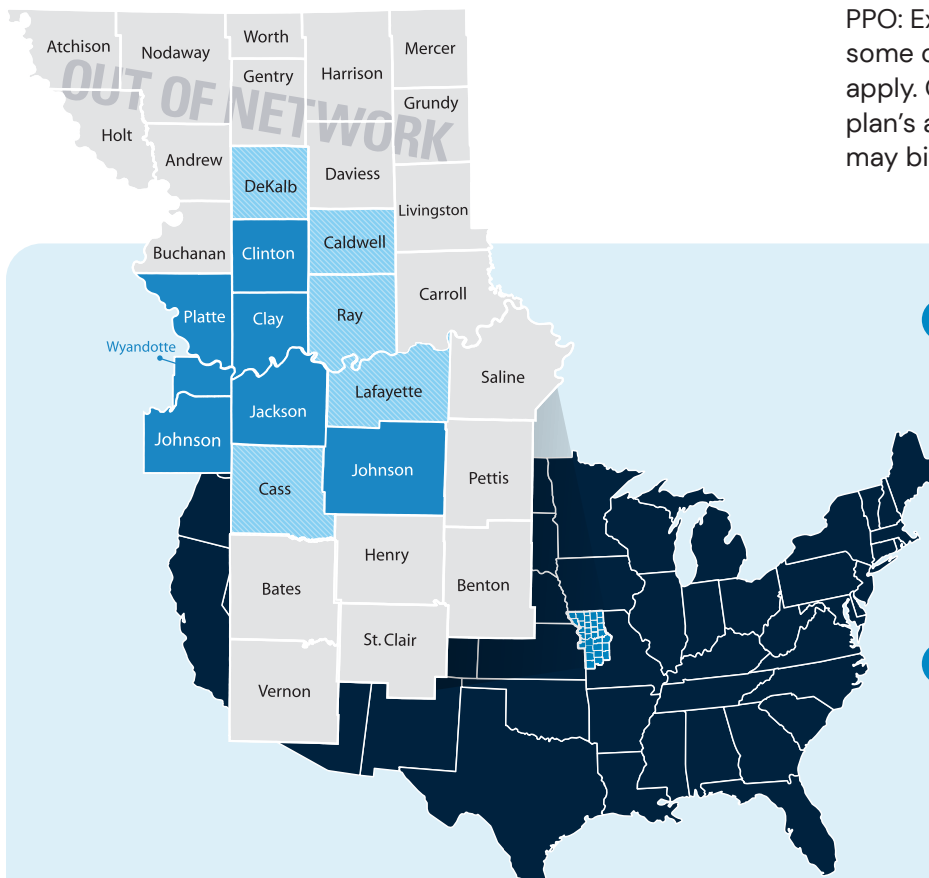
BlueCard Network:

Employees have access to the BlueCard network which offers coverage nationwide. Cost applies toward annual deductible. Outside the U.S., employees have access to doctors and hospitals in nearly 200 countries and territories through the BCBS Global Core program.

Out of Network:

EPO: No out-of-network coverage except for emergency services. If employees seek care out of network for non-emergency services they will be responsible for 100% of the costs associated with that care and will be billed in full. Out-of-network benefits are subject to the plan's allowable charge.

PPO: Extended out-of-network benefits provide some coverage, but higher out-of-pocket costs will apply. Out-of-network benefits are subject to the plan's allowable charge. Out-of-network providers may bill for the remaining balance.



- 1 To choose a BlueSelect Plus plan, companies must be headquartered in one of these counties:

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

Kansas: Johnson, Wyandotte

- 2 Employees must seek care from any of the 5,400+ providers and 16 hospitals located in these counties:

Missouri: Clinton, Clay, Jackson, Johnson, Platte

Kansas: Johnson, Wyandotte

BlueSelect Plus Network

PPO

EPO

EPO + SPIRA CARE™

With all plans, you have access to specialty hospitals.

BlueSelect Plus also includes specialty hospital Ascentist Healthcare and over 50 ambulatory surgical centers (ASCs). ASCs are modern care facilities focused on providing same-day surgical care, including diagnostic and preventive procedures, and may be more cost effective.

EPO

With an EPO plan, you have access to Spira Care.

Blue KC members enrolled in a health plan with BlueSelect Plus also have access to nine Spira Care Centers in the Kansas City metro area. Spira Care is an advanced primary care model that gives members easy, convenient access to primary care services – and the time they need with their physician and Care Team. See page 11 for more information on Spira Care.



Which hospitals are in the network?

1. AdventHealth College Boulevard
2. AdventHealth Shawnee Mission
3. AdventHealth South Overland Park
4. Cameron Regional Medical Center
5. Children's Mercy Hospital
6. Children's Mercy Hospital - South
7. Liberty Hospital
8. NKC Health (formerly North Kansas City Hospital)
9. Olathe Medical Center
10. Providence Medical Center
11. St. Joseph Medical Center
12. St. Mary's Medical Center
13. University Health Hospital Hill
14. University Health Lakewood
15. University of Kansas Hospital
16. Western Missouri Medical Center
Warrensburg



All other hospitals in Blue KC's service area are considered out of network.

Blue KC understands the importance of access to a variety of healthcare services.

When your employees select a Blue KC product, it's important for them to understand the provider network they have chosen. 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 care.

Preferred-Care Blue:

The largest selection within the Blue KC 32-county service area with 50+ in-network hospitals, 6,800+ in-network providers and national and worldwide PPO accessibility.

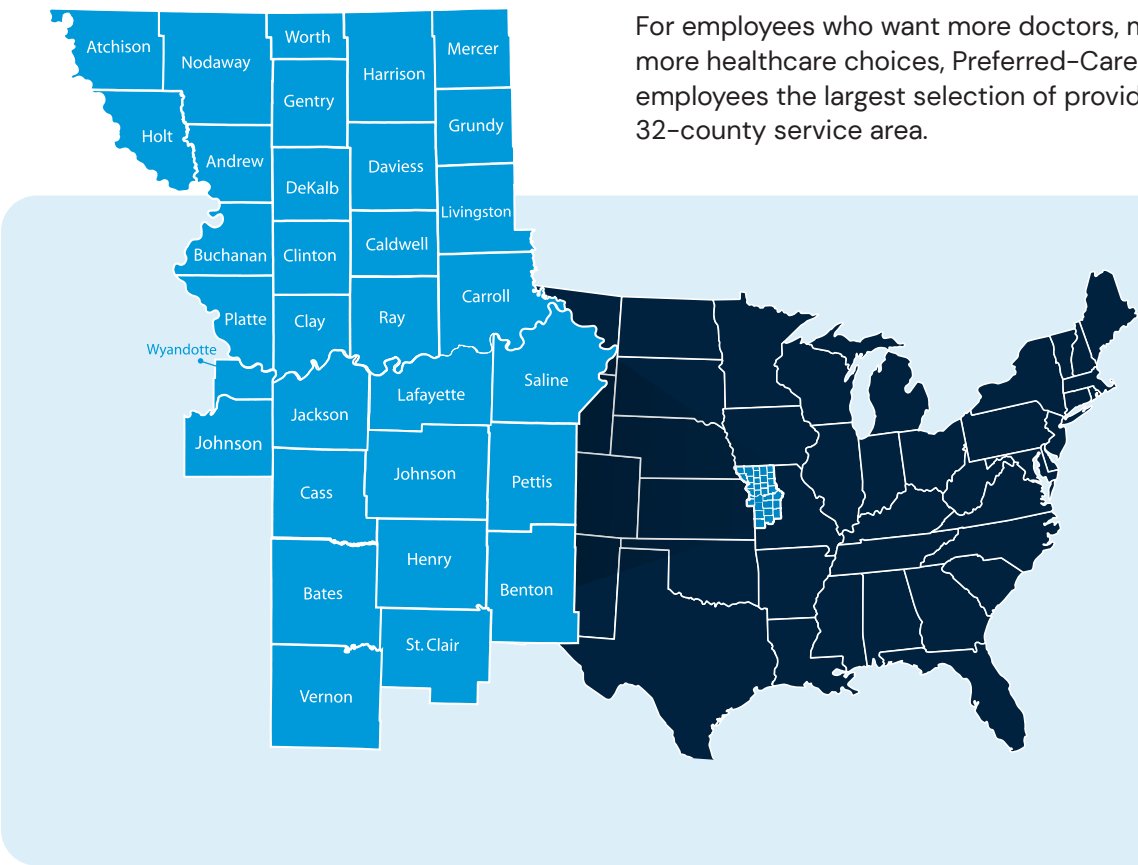
PPO: Extended out-of-network benefits provide some coverage, but higher-out-of-pocket costs will apply.
Benefits outside of the 50+ hospitals and 6,800+ providers are considered out of network and are subject to the plan's allowable charge. Out-of-network providers may bill for the remaining balance.

BlueCard Network:

Employees have access to the BlueCard network, which offers coverage nationwide. Cost applies toward annual deductible. Outside of the U.S., employees have access to doctors and hospitals in nearly 200 countries and territories through the BCBS Global Core program.

As the industry landscape changes and other carriers adjust their networks, Blue KC continues to lead the market in PPO network accessibility. When having the freedom to choose is at a premium, our premium network offering is built to exceed your employees' highest expectations.

For employees who want more doctors, more hospitals and more healthcare choices, Preferred-Care Blue (PPO) offers your employees the largest selection of providers within the Blue KC 32-county service area.



Life and Disability

Flexible solutions to help attract and retain a talented workforce and stay competitive in the marketplace.

Blue KC has partnered with Principal and USABLE Life who are experts in offering flexible, affordable and competitive products for your employees including Term Life, Voluntary Life, Short-Term Disability and Long-Term Disability, Accident and Critical Illness insurance.



Life and Disability:

Principal offers Term Life, Voluntary Life, Short-Term Disability, Long-Term Disability, Accident and Critical Illness insurance. Principal also offers online benefits administration programs, no matter the size of company or budget.



Small Group Life and Disability:

USABLE Life offers Small Group Plans for Life/Accidental Death and Dismemberment and Long-Term Disability. Their full range of group, voluntary and supplemental products protect your employees on all fronts.

Life is not predictable and can prove to be challenging to any employee at any given time. Protecting employees to help deal with those challenges is an expected offering in today's workforce.



2026 Dental Rates

Small group dental preventive does not apply to calendar year maximum.

Blue Dental PPO Provider Network:

Access to 1,100+ local in-network providers offering the highest discount level, resulting in the lowest out-of-pocket costs for covered services. Outside the Blue KC service area, members have access to the GRID Blue Cross Blue Shield National Network including 342,000+ access points nationwide.

Blue Dental Choice Provider Network:

Largest access to in-network providers with 1,500+ local providers. Outside the Blue KC service area, members have access to the GRID+ Blue Cross Blue Shield Network including 391,000 access points nationwide.

For more information about our competitive dental options contact your broker or Blue KC representative.

BlueDental PPO Includes Type I and Type II services	Enrolled EEs	EE	EE+SP	EE+CH	FAM
PPO: 100/80 Choice: 100/70 OON: 80/60 \$1,000 Annual Max	2-9	\$23.79	\$47.69	\$61.30	\$89.77
	10-74	\$21.82	\$43.64	\$56.11	\$82.39
	75-99	\$19.95	\$40.00	\$51.33	\$75.54

BlueDental Plus Includes Type I and Type II services	Enrolled EEs	EE	EE+SP	EE+CH	FAM
PPO: 100/80/50 Choice: 100/70/50 OON: 80/60/40 \$1,000 Annual Max	2-9	\$34.08	\$68.16	\$74.91	\$113.56
	10-74	\$30.65	\$61.30	\$67.43	\$102.24
	75-99	\$27.53	\$55.27	\$60.78	\$91.95
PPO: 100/80/50 Choice: 100/70/50 OON: 80/60/40 \$1,500 Annual Max	2-9	\$36.88	\$73.87	\$80.63	\$122.60
	10-74	\$33.56	\$67.02	\$73.04	\$111.28
	75-99	\$30.44	\$60.89	\$66.50	\$101.09
PPO: 100/90/60 Choice: 100/80/50 OON: 80/60/40 \$1,000 Annual Max	2-9	\$34.60	\$69.09	\$76.16	\$115.33
	10-74	\$31.17	\$62.24	\$68.68	\$104.00
	75-99	\$28.16	\$56.21	\$61.92	\$93.72
PPO: 100/90/60 Choice: 100/80/50 OON: 80/60/40 \$1,500 Annual Max	2-9	\$37.40	\$74.81	\$81.77	\$124.37
	10-74	\$33.98	\$68.05	\$74.29	\$113.04
	75-99	\$30.96	\$61.82	\$67.54	\$102.86

BlueDental Preferred with Orthodontics Includes Type I and Type II services	Enrolled EEs	EE	EE+SP	EE+CH	FAM
PPO: 100/80/50/50 Choice: 100/70/50/50 OON: 80/60/40/40 \$1,000 Annual Max	10-74	\$30.65	\$61.30	\$83.54	\$118.24
	75-99	\$27.53	\$55.27	\$76.89	\$108.16
PPO: 100/80/50/50 Choice: 100/70/50/50 OON: 80/60/40/40 \$1,500 Annual Max	10-74	\$33.56	\$67.02	\$89.25	\$127.49
	75-99	\$30.44	\$60.89	\$82.60	\$117.20
PPO: 100/90/60/50 Choice: 100/80/50/50 OON: 80/60/40/40 \$1,000 Annual Max	10-74	\$31.17	\$62.24	\$84.78	\$120.00
	75-99	\$28.16	\$56.21	\$78.03	\$109.93
PPO: 100/90/60/50 Choice: 100/80/50/50 OON: 80/60/40/40 \$1,500 Annual Max	10-74	\$33.98	\$68.05	\$90.39	\$129.15
	75-99	\$30.96	\$61.82	\$83.74	\$118.97

- All plans include access to all networks.
- All rates based on number of enrolled employees.
- Plan summaries and rates are available in Blue Q for new business.
- Small group dental plans have no waiting periods for Type I-IV services.

- All plans have a \$50 (individual) / \$150 (family) calendar year deductible for each covered person for Type II and Type III services.
- BlueDental Plus and BlueDental Preferred plans combine the calendar year deductible for Type II and Type III services.

2026 Vision Rates

Blue Vue small group vision plans.

In-Network	Routine Exam	Retinal Imaging	Frames	Std Plastic Lenses ¹	Contact Lens Exam	Contact Lenses ²	Rates	
Blue Vue Base	\$0	Up to \$39	35% off Retail	\$50/\$70/\$105	100% Member Responsibility	15% off Retail/100% Member Responsibility	EE	\$2.18
							EE+SP	\$3.92
							EE+CH	\$4.03
							EE+Fam	\$7.63
Blue Vue 10/100	\$10	Up to \$39	\$100 Allowance ³	\$25/\$25/\$25	Std Lens: to \$40 Allowance ⁴	\$115 Allowance ⁵	EE	\$5.17
							EE+SP	\$9.31
							EE+CH	\$9.56
							EE+Fam	\$18.10
Blue Vue 10/130	\$10	Up to \$39	\$130 Allowance ³	\$25/\$25/\$25	Std Lens: to \$40 Allowance ⁴	\$130 Allowance ⁵	EE	\$5.80
							EE+SP	\$10.44
							EE+CH	\$10.73
							EE+Fam	\$20.30
Blue Vue 0/130	\$0	Up to \$39	\$130 Allowance ³	\$10/\$10/\$10	Std Lens: to \$40 Allowance ⁴	\$130 Allowance ⁵	EE	\$6.94
							EE+SP	\$12.49
							EE+CH	\$12.84
							EE+Fam	\$24.29
Blue Vue 10/150	\$10	Up to \$39	\$150 Allowance ³	\$25/\$25/\$25	Std Lens: to \$40 Allowance ⁴	\$150 Allowance ⁵	EE	\$6.99
							EE+SP	\$12.58
							EE+CH	\$12.93
							EE+Fam	\$24.47
Blue Vue 0/150	\$0	Up to \$39	\$150 Allowance ³	\$0/\$0/\$0	Std Lens: to \$40 Allowance ⁴	\$150 Allowance ⁵	EE	\$8.82
							EE+SP	\$15.88
							EE+CH	\$16.32
							EE+Fam	\$30.87
Blue Vue 10/200	\$10	Up to \$39	\$200 Allowance ³	\$10/\$10/\$10	Std Lens: to \$40 Allowance ⁴	\$200 Allowance ⁵	EE	\$9.59
							EE+SP	\$17.26
							EE+CH	\$17.74
							EE+Fam	\$33.57
Blue Vue 0/200	\$0	Up to \$39	\$200 Allowance ³	\$0/\$0/\$0	Std Lens: to \$40 Allowance ⁴	\$200 Allowance ⁵	EE	\$10.89
							EE+SP	\$19.60
							EE+CH	\$20.15
							EE+Fam	\$38.12

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

⁵ Conventional: 15% off balance >Allowance; Disposable: 100% member responsibility >Allowance; Medically Necessary: \$0 Copay
See Benefits Summaries for Out-of-Network benefits.

Limits: Routine Exam: 1 per 12 months; Frames: 1 per 12 or 24 months (check plan details).

Standard Plastic Lenses: 1 per 12 or 24 months (check plan details).

Large Group rates are available. Please contact Blue KC for more information.



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.

Blue KC health plans with Spira Care bring healthcare and coverage together to put patients at the center of everything.

Spira Care is advanced primary care for newborns, infants, children, adolescents, and adults that gives patients easy, convenient access to primary care services and the time they need with their physician and Care Team.

Primary care for the whole family.

Advanced Primary Care*

Behavioral Health Support

Chronic Medical
Condition Management

Diabetes Education and
Health Coaching

Digital X-Rays*

Injuries*

Immunizations*

Routine Lab Draws*

Routine
Preventive Care

Sick Care

And more

Learn more about
Spira Care's nine
locations, hours
and Care Teams
at SpiraCare.com.



A Spira Care Center is Just Around the Corner

Nine locations across the KC metro.

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

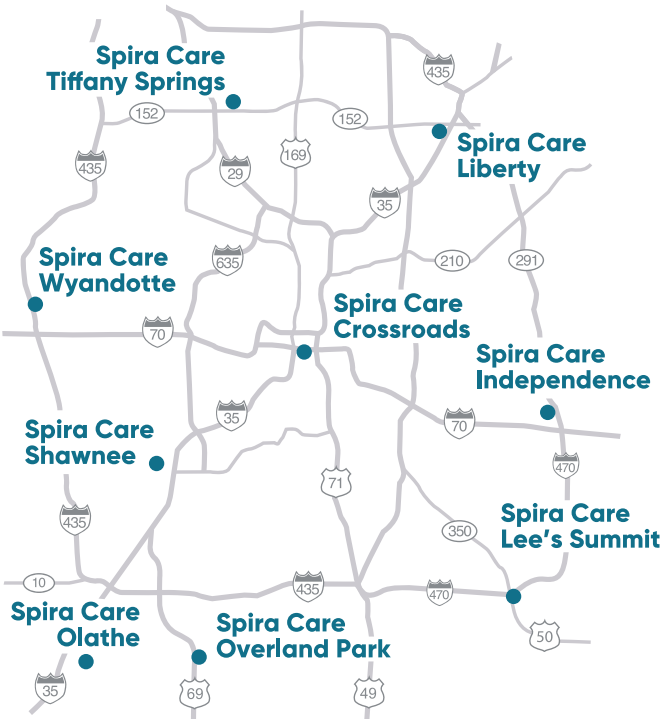
Spira Care Olathe
15710 W 135th Street, Suite 200
Olathe, KS 66062

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

Spira Care Shawnee
10824 Shawnee Mission Parkway
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



Blue KC plans with exclusive access to Spira Care Centers:

	Without a Health Savings Account (HSA)	With a Health Savings Account (HSA)
Spira Care	No additional cost* for primary care services.	<ul style="list-style-type: none"> • 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%.
Plan’s Network	Members have all the benefits of their plan’s network for things like specialty care and emergency services. Based on plan enrollment, costs will apply towards an annual deductible or applicable copay.	

*Services provided at Spira Care Centers are 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. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

Blue KC Virtual Care

Members have access to 24/7 urgent care and scheduled behavioral health support from their phone or computer.

Members can connect with trusted providers for everything from sore throats to stress management—anytime, anywhere it works for them.

It is a convenient, affordable alternative to urgent care, or if a primary care doctor is unavailable, for minor issues.

\$0 primary care and behavioral health virtual visits using the MyBlueKC 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 is available by appointment.

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

Download the MyBlueKC App

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



Behavioral Health

Someone on your side, 24/7.

Blue KC gives members access to a dedicated Mindful Advocate—a specially trained support professional to match members to the right care and services to help get them on the path to feeling better.

A Mindful Advocate can:

- Listen and provide support in the moment
- Link members to well-being resources
- Connect members to the right kind of care for their unique needs
- And more

One call is all it takes.

Members can call **833-302-MIND (6463)** and say “Mindful” when asked their reason for calling to connect with a Mindful Advocate.

Blue KC is proud to offer enhanced behavioral health services* provided in member health plans like:

- 24/7 Mindful Advocate support
- Behavioral health virtual care
- Online tools for wellbeing and resilience
- Psychotherapy or group counseling, inpatient and outpatient rehabilitation or medication assisted treatment
- Primary care providers, therapists, psychologists, and psychiatrists
- Digital program on prevention and treatment of substance use disorder
- Expedited access network

To learn more about these service visit BlueKC.com/BH.



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

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.



Small Group ACA Plan Options

For businesses with 2–50 employees.

Small Group ACA Plan Options

For businesses with 2–50 employees.

The options you want.

Options that aim to 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% in-network coverage of preventive services.

The support you need.

Blue KC can help you identify 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 Kansas. Legal documentation is required on spouse.
- We **cannot write** an owner and spouse group in Missouri (considered a group of one).
 - Effective dates on the 1st and 15th of every month.
- Due to state laws, eligibility requirements vary:**
- For businesses established in Missouri, an under-age-18 spouse or child of an owner is not considered an employee, even if he or she is paid as a W-2 employee.
 - For businesses established in Kansas, a spouse or child under age 18 paid as a W-2 employee is considered an eligible employee, which satisfies the new guidelines.

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

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

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

		Deductible				Coinsurance		Out-of-Pocket Maximum				Copay / Cost-Share – Per Occurrence						RX Copay / Cost-Share / Network ⁶							
		Network		Out of Network		Network	Out of Network ^{2, 4, 7}	Network		Out of Network		Network						Network							
HSA	Single	Family	Single	Family			Single	Family	Single	Family	Primary Care (PCP) ^{2, 4, 7}	Virtual Care/ Telehealth ⁵	Urgent Care ^{2,4}	Specialist ^{2,4}	Hospital ³	Emergency Room	Low-Cost Generic	Generic	Preferred	Non-Preferred	Gen. & Pref. Specialty	Non-Pref. Specialty	Rx Network		
Medical Products Available on Preferred–Care Blue Network (PPO)																									
NEW – Enhanced PCB Silver (PPO)	No	\$0 Medical \$8,200 Rx	\$0 Medical \$16,400 Rx	\$0 Medical \$8,200 Rx	\$0 Medical \$16,400 Rx	30%	50%	\$10,600	\$21,200	\$21,200	\$42,400	\$75	\$0	\$100	\$100	\$2,500/Day	\$1,000	\$5	\$15	D+\$75	D+\$125	D+30%	D+30%	RxPremier	
Classic PCB Gold (PPO) ^{2,3}	No	\$1,250	\$2,500	\$1,250	\$2,500	10%	30%	\$7,000	\$14,000	\$14,000	\$28,000	(³ 0tc)\$60	\$0	\$80	\$80	^{\$975/Day 5 Day Max} 3	\$975	\$5	\$15	\$70	D+30%	D+35%	D+35%	RxPremier	
First PCB Gold (PPO) ^{4,5}	No	\$1,850	\$3,700	\$1,850	\$3,700	10%	40%	\$5,000	\$10,000	\$10,000	\$20,000	4@\$25/D+C	\$0	4@\$25/D+C	4@\$25/D+C	Ded/Coins	Ded/Coins	\$5	\$15	\$70	D+30%	D+35%	D+35%	RxPremier	
Saver PCB Gold (PPO) ¹	Yes	\$2,000	\$4,000	\$4,000	\$8,000	20%	40%	\$4,000	\$8,000	\$8,000	\$16,000	Ded/Coins	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+\$5	D+\$15	D+\$70	D+30%	D+35%	D+35%	RxPremier	
First PCB Silver (PPO) ^{4,5}	No	\$5,000	\$10,000	\$5,000	\$10,000	20%	30%	\$7,200	\$14,400	\$14,400	\$28,800	4@\$25/D+C	\$0	4@\$25/D+C	4@\$25/D+C	Ded/Coins	Ded/Coins	\$5	\$20	\$75	D+30%	D+35%	D+35%	RxPremier	
Classic PCB Silver (PPO) ^{2,3}	No	\$5,000	\$10,000	\$5,000	\$10,000	40%	60%	\$8,700	\$17,400	\$17,400	\$34,800	(³ 0tc)\$60	\$0	\$80	\$80	^{\$975/Day 5 Day Max} 3	\$975	\$5	\$20	\$75	D+30%	D+35%	D+35%	RxPremier	
Saver PCB Silver (PPO)	Yes	\$3,500	\$7,000	\$7,000	\$14,000	25%	40%	\$7,000	\$14,000	\$14,000	\$28,000	Ded/Coins	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+\$5	D+\$20	D+\$75	D+10%	D+20%	D+20%	RxPremier	
Traditional PCB Silver (PPO)	No	\$3,500	\$7,000	\$3,500	\$7,000	30%	50%	\$8,150	\$16,300	\$16,300	\$32,600	\$60	\$0	\$100	\$100	Ded/Coins	Ded/Coins	\$5	\$20	\$75	D+30%	D+35%	D+35%	RxPremier	
Saver PCB Bronze (PPO)	Yes	\$6,000	\$12,000	\$12,000	\$24,000	50%	60%	\$7,500	\$15,000	\$15,000	\$30,000	Ded/Coins	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+50%	D+50%	D+50%	D+50%	D+50%	D+50%	RxPremier	
First PCB Bronze (PPO) ^{4,5}	No	\$6,850	\$13,700	\$6,850	\$13,700	50%	60%	\$9,200	\$18,400	\$18,400	\$36,800	4@\$50/D+C	\$0	4@\$50/D+C	4@\$50/D+C	Ded/Coins	Ded/Coins	\$5	\$30	D+\$120	D+40%	D+50%	D+50%	RxPremier	
Value PCB Bronze (PPO)	No	\$7,750	\$15,500	\$15,500	\$31,000	50%	60%	\$8,550	\$17,100	\$17,100	\$34,200	Ded/Coins	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$5	\$30	D+\$120	D+40%	D+50%	D+50%	RxPremier	
NEW – Saver PCB Bronze – 100% (PPO)	Yes	\$8,500	\$17,000	\$17,000	\$34,000	0%	0%	\$8,500	\$17,000	\$17,000	\$34,000	Ded	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	RxPremier	
NEW – Traditional PCB Bronze – 100% (PPO)	No	\$9,250	\$18,500	\$9,250	\$18,500	0%	50%	\$9,250	\$18,500	\$18,500	\$37,000	\$40	\$0	\$100	\$100	Ded	Ded	\$5	\$30	\$90	\$250	\$500	\$500	RxPremier	
Medical Products Available on BlueSelect Plus Network (PPO)																									
Saver BSP Silver (PPO)	Yes	\$3,500	\$7,000	\$7,000	\$14,000	25%	40%	\$7,000	\$14,000	\$14,000	\$28,000	Ded/Coins	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+\$5	D+\$20	D+\$75	D+10%	D+20%	D+20%	RxSelect – Walgreens	
Traditional BSP Silver (PPO)	No	\$3,500	\$7,000	\$3,500	\$7,000	30%	50%	\$8,150	\$16,300	\$16,300	\$32,600	\$60	\$0	\$100	\$100	Ded/Coins	Ded/Coins	\$5	\$20	\$75	D+30%	D+35%	D+35%	RxSelect – Walgreens	
Saver BSP Bronze (PPO)	Yes	\$6,000	\$12,000	\$12,000	\$24,000	50%	60%	\$7,500	\$15,000	\$15,000	\$30,000	Ded/Coins	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+50%	D+50%	D+50%	D+50%	D+50%	D+50%	RxSelect – Walgreens	
Value BSP Bronze (PPO)	No	\$7,750	\$15,500	\$15,500	\$31,000	50%	60%	\$8,550	\$17,100	\$17,100	\$34,200	Ded/Coins	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$5	\$30	D+\$120	D+40%	D+50%	D+50%	RxSelect – Walgreens	
NEW – Traditional BSP Bronze – 100% (PPO)	No	\$9,250	\$18,500	\$9,250	\$18,500	0%	50%	\$9,250	\$18,500	\$18,500	\$37,000	\$40	\$0	\$100	\$100	Ded	Ded	\$5	\$30	\$90	\$250	\$500	\$500	RxSelect – Walgreens	
Medical Products Available on BlueSelect Plus Network (EPO)												Spira Care	Other PCP												
NEW – Spira Care Enhanced BSP Silver (EPO) ⁷	No	\$0 Medical \$8,200 Rx	\$0 Medical \$16,400 Rx	N/A	N/A	40% Medical 30% Rx	100%	\$10,600	\$21,200	N/A	N/A	\$0	\$75	\$0	\$100	\$100	\$2,500/Day	\$1,000	\$5	\$15	D+\$75	D+\$125	D+30%	D+30%	RxPremier
Spira Care BSP Gold (EPO) ⁷	No	\$3,750	\$7,500	N/A	N/A	0%	100%	\$3,750	\$7,500	N/A	N/A	\$0	Ded	\$0	Deductible	Deductible	Deductible	Deductible	\$5	\$15	\$70	\$350	Deductible	Deductible	RxPremier
First BSP + Spira Care Silver (EPO) ^{7,8}	No	\$5,000	\$10,000	N/A	N/A	20%	100%	\$7,200	\$14,400	N/A	N/A	\$0	4@\$25%/D+C	\$0	4@\$25/D+C	4@\$25/D+C	Ded/Coins	Ded/Coins	\$5	\$20	\$75	D+30%	D+35%	D+35%	RxPremier
Spira Care BSP Silver (EPO) ⁷	No	\$5,000	\$10,000	N/A	N/A	20%	100%	\$7,500	\$15,000	N/A	N/A	\$0	Ded/Coins	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$5	\$20	\$75	D+30%	D+35%	D+35%	RxPremier
Spira Care HSA BSP Bronze (EPO) ⁷	Yes	\$6,000	\$12,000	N/A	N/A	20%	100%	\$8,300	\$16,600	N/A	N/A	\$0	Ded/Coins	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+\$5	D+\$30	D+\$120	D+30%	D+35%	D+35%	RxPremier
Spira Care BSP Bronze (EPO) ⁷	No	\$8,000	\$16,000	N/A	N/A	20%	100%	\$10,000	\$20,000	N/A	N/A	\$0	Ded/Coins	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$5	\$30	D+\$120	D+30%	D+35%	D+35%	RxPremier

Note: Bolded plan options are new or changing for 2026.

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 **Plan Deductibles** may be embedded or aggregate. All deductibles are embedded unless otherwise noted. 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. ALL deductibles are embedded, except for Saver PCB Gold which is aggregate.

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 supply

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

⁸ **First BSP + 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.

Services and supplies covered by Medicare Part A, Part B, or Part C (Medicare Advantage), regardless of whether or not you are actually enrolled in Medicare, are NOT covered. This exclusion applies to all Covered Persons eligible to enroll under Medicare Part A, Part B, or Part C (Medicare Advantage), or otherwise entitled to Medicare benefits, from the date of their eligibility or entitlement to Medicare benefits, including Covered Persons who do not enroll or otherwise make application for Medicare benefits.

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 chickenpox, 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
- For hypnotism, hypnotic anesthesia, acupuncture, acupressure, rolfing, massage therapy and/or any services provided by a massage therapist, aromatherapy, wilderness, adventure, camping, outdoor, other similar programs, and other forms of alternative treatment, regardless of diagnosis.
- 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
- 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 that are not on the formulary drug list
- Pediatric dental services

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 elective sterilization procedures
- Sales tax
- For speech therapy due to otitis media and ear infections
- 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
- Hearing aids are limited to 1 set every 4 years
- Cranial (head) remodeling devices, including but not limited to Dynamic Orthotic Cranioplasty ("DOC Bands"), except as specifically provided
- Skilled Nursing Facility is limited to 90 days per calendar year

Kansas-only exclusions and limitations:

- Biofeedback (including neurofeedback)
- Lodging or travel to and from a health professional or health facility
- Hearing care services, including but not limited to hearing aids and the examination for fitting of these items
- 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 per calendar year
- 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

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.

Plan benefits shown may be enhanced for some individuals (e.g., American Indians and Alaskan Natives with incomes at or under 300% of the Federal Poverty Level, and for individuals eligible for cost-sharing subsidies). Please contact Blue KC to obtain additional plan details for individuals meeting these classifications.

Premiums are owed by the Contract holder. Premiums may not be paid by third parties unless related to the Contractholder by blood or marriage or required by law.

Curv Underwriting Guidelines

To obtain a Level Funded ASO or Non-ACA Fully Insured (51-99) underwritten quote, groups must have a minimum of **10 ENROLLED employees**.

What we need:

- Completed applicable Blue KC Group application:
 - Level Funded ASO (section I and III needed for initial underwriting)
- OR
- Fully Insured 51-99 (section I and V needed for initial underwriting)
- Group's complete renewal (renewal **must** match the requested effective date).
- Most recent current carrier bill.
- Blue KC census template. **Must be on our template** (include dependent information if applicable).
- Level Funded ASO groups will be asked to submit claims experience.

For the groups listed below, we will not require a group-specific renewal. We will require current rates, benefits, applicable employer application, Blue KC Curv census template, and a recent invoice*.

- Small groups coming out of associations, consortiums, professional employer organization, etc.
 - Groups in ACA plans that have 10 or more enrolled employees.
 - Groups with 10 or more enrolled employees shopping off-renewal.
 - Prospective virgin groups with 10 or more enrolled employees (Level-Funded ASO) or 51 or more enrolled employees (Fully Insured). Note: Current rates and benefits are not required for virgin groups.
-
- Groups with renewals greater than **40%** are NOT eligible for Curv.
 - Groups with less than 10 employees enrolling are NOT eligible for Curv.
 - If additional employees and/or dependents elect to enroll AFTER Curv underwriting is complete, fully completed health applications are required on those new employees/dependents for underwriting review OR we will rerun revised census through Curv. Fully completed health applications are required.
 - If there are fewer members enrolling (10% variance) after Curv underwriting is complete Blue KC reserves the right to rerun the updated census through Curv (rates potentially subject to change).
 - **To avoid delays in processing we ask that you please hold the group and not submit until you have ALL documents that we require – Blue KC will prioritize new group submissions based on accurate and complete submissions.**
 - Please send new group submissions directly to your New Business Unit Coordinator and CC your Sales Consultant – this will again ensure the most timely and efficient processing.

*Traditional ASO or Level Funded ASO groups will be required to also submit claims experience reporting.

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

Fully Insured Plan Options

For businesses with 51–99 employees.



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 offerings, including Spira Care, working to bring you lower cost plan options for 2026. 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

Preferred–Care Blue

For businesses with 51–99 employees.

Preferred–Care Blue

Preferred–Care Blue		Deductible¹				Coinsurance		Out-of-Pocket Maximum				Copay / Cost-Share – Per Occurrence							Rx Copay / Cost-Share / Network						
		Network		Out of Network		Network	Out of Network	Network		Out of Network		Network						Network – Rx Premier							
		Single	Family	Single	Family			Single	Family	Single	Family	Primary Care (PCP)²	Virtual Care/ Telehealth³	Urgent Care	Specialist	Hospital	Emergency Room	Generic	Preferred	Non-Preferred	Generic Specialty	Preferred Specialty	Non-Pref. Specialty		
Products Available on Preferred–Care Blue Network																									
PCB PPO \$500 (OOPM \$1,500)	No	\$500	\$1,000	\$500	\$1,000	10%	30%	\$1,500	\$3,000	\$3,000	\$6,000	\$20	\$0	\$40	\$40	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
PCB PPO \$500 (OOPM \$3,500)	No	\$500	\$1,500	\$500	\$1,500	20%	40%	\$3,500	\$7,000	\$7,000	\$14,000	\$20	\$0	\$40	\$40	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
PCB PPO \$1,000 (OOPM \$2,500)	No	\$1,000	\$2,000	\$1,000	\$2,000	20%	40%	\$2,500	\$5,000	\$5,000	\$10,000	\$20	\$0	\$40	\$40	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
PCB PPO \$1,000 (OOPM \$4,000)	No	\$1,000	\$3,000	\$1,000	\$3,000	20%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$25	\$0	\$50	\$50	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
PCB PPO \$1,500 (OOPM \$4,500)	No	\$1,500	\$4,500	\$1,500	\$4,500	20%	40%	\$4,500	\$9,000	\$9,000	\$18,000	\$30	\$0	\$60	\$60	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
PCB PPO \$1,500 (OOPM \$6,000)	No	\$1,500	\$3,000	\$1,500	\$3,000	20%	40%	\$6,000	\$12,000	\$12,000	\$24,000	\$30	\$0	\$60	\$60	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
PCB PPO \$2,000 (OOPM \$5,000)	No	\$2,000	\$6,000	\$2,000	\$6,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
PCB PPO \$2,700 (OOPM \$5,400)	No	\$2,700	\$5,400	\$2,700	\$5,400	20%	40%	\$5,400	\$10,800	\$10,800	\$21,600	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
PCB PPO \$3,000 (OOPM \$3,000)	No	\$3,000	\$6,000	\$3,000	\$6,000	0%	20%	\$3,000	\$6,000	\$6,000	\$12,000	\$35	\$0	\$70	\$70	Ded	Ded	\$15	\$70	\$110	\$15	\$110	\$200		
PCB Personal Blue PPO HRA \$3,000 (OOPM \$3,000)	No	\$3,000	\$6,000	\$3,000	\$6,000	0%	20%	\$3,000	\$6,000	\$6,000	\$12,000	\$35	\$0	\$70	\$70	Ded	Ded	\$15	\$70	\$110	\$15	\$110	\$200		
PCB PPO \$3,000 (OOPM \$5,000)	No	\$3,000	\$6,000	\$3,000	\$6,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
PCB PPO \$3,000 (OOPM \$9,100)	No	\$3,000	\$6,000	\$3,000	\$6,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
PCB BlueSaver \$3,400 (OOPM \$3,400)	Yes	\$3,400	\$6,800	\$3,400	\$6,800	0%	20%	\$3,400	\$6,800	\$6,800	\$13,600	Ded	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded		
PCB PPO \$4,000 (OOPM \$4,000)	No	\$4,000	\$8,000	\$4,000	\$8,000	0%	20%	\$4,000	\$8,000	\$8,000	\$16,000	\$35	\$0	\$70	\$70	Ded	Ded	\$15	\$70	\$110	\$15	\$110	\$200		
PCB BlueSaver HSA \$4,000 (OOPM \$5,500)	Yes	\$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	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins		
PCB PPO \$4,000 (OOPM \$9,100)	No	\$4,000	\$8,000	\$4,000	\$8,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
PCB BlueSaver HSA \$5,000 (OOPM \$6,450)	Yes	\$5,000	\$10,000	\$5,000	\$10,000	10%	30%	\$6,450	\$12,900	\$12,900	\$25,800	Ded/Coins	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins		
PCB PPO \$5,000 (OOPM \$6,500)	No	\$5,000	\$10,000	\$5,000	\$10,000	20%	40%	\$6,500	\$13,000	\$13,000	\$26,000	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
PCB PPO \$5,000 (OOPM \$9,100)	No	\$5,000	\$10,000	\$5,000	\$10,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
PCB AffordaBlue \$5,500 (OOPM \$5,500)	No	\$5,500	\$11,000	\$5,500	\$11,000	0%	20%	\$5,500	\$11,000	\$11,000	\$22,000	1–5 \$30⁴ 6+ Ded	\$0	1–5 \$30⁴ 6+ Ded	1–5 \$30⁴ 6+ Ded	Ded	Ded	\$20	Not Covered	Not Covered	\$20	Not Covered	Not Covered		
NEW – PCB PPO \$6,500 (OOPM \$8,000)	No	\$6,500	\$13,000	\$13,000	\$26,000	20%	40%	\$8,000	\$16,000	\$16,000	\$32,000	\$35	\$0	\$70	\$70	Ded/Coins	\$200 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
NEW – PCB PPO \$8,000 (OOPM \$8,000)	No	\$8,000	\$16,000	\$16,000	\$32,000	0%	30%	\$8,000	\$16,000	\$16,000	\$32,000	\$35	\$0	\$70	\$70	Ded/Coins	\$200 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
NEW – PCB PPO \$9,000 (OOPM \$9,000)	No	\$9,000	\$18,000	\$18,000	\$36,000	0%	30%	\$9,000	\$18,000	\$18,000	\$36,000	\$35	\$0	\$70	\$70	Ded/Coins	\$200 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		

Note: Bolded plan options are new or changing for 2026.

¹ All deductibles are embedded. 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.

² Primary Care Physicians include General Practice, Family Practice, Internal Medicine and Pediatrics.

³ Telehealth benefits apply to virtual visits for primary care, Blue KC Virtual Care, and behavioral health.

⁴ Copay for the first five visits combined for PCP, Specialist and Urgent Care.

Fully Insured Plan Options

BlueSelect Plus

For businesses with 51–99 employees.

BlueSelect Plus

BlueSelect Plus		Deductible¹				Coinsurance		Out-of-Pocket Maximum				Copay / Cost-Share – Per Occurrence						Rx Copay / Cost-Share / Network							
		Network		Out of Network		Network	Out of Network	Network		Out of Network		Network						Network – Rx Premier							
	HSA	Single	Family	Single	Family			Single	Family	Single	Family	Primary Care (PCP)²	Virtual Care/ Telehealth³	Urgent Care	Specialist	Hospital	Emergency Room	Generic	Preferred	Non-Preferred	Generic Specialty	Preferred Specialty	Non-Pref. Specialty		
Products Available on BlueSelect Plus Network																									
BSP PPO \$1,000 (OOPM \$4,000)	No	\$1,000	\$3,000	\$1,000	\$3,000	20%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$25	\$0	\$50	\$50	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
BSP PPO \$2,000 (OOPM \$4,000)	No	\$2,000	\$4,000	\$2,000	\$4,000	20%	50%	\$4,000	\$8,000	\$20,000	\$40,000	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
BSP PPO \$3,000 (OOPM \$3,000)	No	\$3,000	\$6,000	\$3,000	\$6,000	0%	20%	\$3,000	\$6,000	\$6,000	\$12,000	\$35	\$0	\$70	\$70	Ded	Ded	\$15	\$70	\$110	\$15	\$110	\$200		
BSP PPO \$3,000 (OOPM \$5,000)	No	\$3,000	\$6,000	\$3,000	\$6,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
BSP PPO \$3,000 (OOPM \$9,100)	No	\$3,000	\$6,000	\$3,000	\$6,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
BSP BlueSaver \$3,400 (OOPM \$3,400)	Yes	\$3,400	\$6,800	\$3,400	\$6,800	0%	30%	\$3,400	\$6,800	\$15,000	\$30,000	Ded	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded		
BSP PPO \$4,000 (OOPM \$4,000)	No	\$4,000	\$8,000	\$4,000	\$8,000	0%	30%	\$4,000	\$8,000	\$20,000	\$40,000	\$35	\$0	\$70	\$70	Ded	\$100 + Ded	\$15	\$70	\$110	\$15	\$110	\$200		
BSP EPO \$4,000 (OOPM \$4,000)	No	\$4,000	\$8,000	N/A	N/A	0%	N/A	\$4,000	\$8,000	N/A	N/A	\$35	\$0	\$70	\$70	Ded	\$100 + Ded	\$15	\$70	\$110	\$15	\$110	\$200		
BSP BlueSaver PPO \$5,000 (OOPM \$6,450)	Yes	\$5,000	\$10,000	\$5,000	\$10,000	10%	40%	\$6,450	\$12,900	\$32,250	\$64,500	Ded/Coins	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins		
BSP BlueSaver EPO \$5000 (OOPM \$6,450)	Yes	\$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/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins		
BSP PPO \$5,000 (OOPM \$9,100)	No	\$3,000	\$6,000	\$3,000	\$6,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
NEW – BSP PPO \$6500 (OOPM \$8000)	No	\$6,500	\$13,000	\$13,000	\$26,000	20%	40%	\$8,000	\$16,000	\$16,000	\$32,000	\$35	\$0	\$70	\$70	Ded/Coins	\$200 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
NEW – BSP PPO \$8000 (OOPM \$8000)	No	\$8,000	\$16,000	\$16,000	\$32,000	0%	30%	\$8,000	\$16,000	\$16,000	\$32,000	\$35	\$0	\$70	\$70	Ded/Coins	\$200 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
NEW – BSP PPO \$9000 (OOPM \$9000)	No	\$9,000	\$18,000	\$18,000	\$36,000	0%	30%	\$9,000	\$18,000	\$18,000	\$36,000	\$35	\$0	\$70	\$70	Ded/Coins	\$200 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200		
Spira Care												Spira Care	Other PCP												
BSP Spira Care EPO Copay Plan (OOPM \$5,000)	No	\$0	\$0	N/A	N/A	0%	N/A	\$5,000	\$10,000	N/A	N/A	\$0	\$75	\$0	\$150	\$150	\$500	250	\$15	\$70	\$110	\$15	\$110	\$200	
BSP Spira Care EPO \$1,500 (OOPM \$1,500)	No	\$1,500	\$3,000	N/A	N/A	0%	N/A	\$1,500	\$3,000	N/A	N/A	\$0	Ded	\$0	Ded	Ded	Ded	Ded	\$15	\$70	\$110	\$15	\$110	\$200	
BSP Spira Care HSA EPO \$3,400 (OOPM \$3,400)	Yes	\$3,400	\$6,800	N/A	N/A	0%	N/A	\$3,400	\$6,800	N/A	N/A	Ded⁵, then \$0	Ded	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	
BSP Spira Care EPO \$3,500 (OOPM \$3,500)	No	\$3,500	\$7,000	N/A	N/A	0%	N/A	\$3,500	\$7,000	N/A	N/A	\$0	Ded	\$0	Ded	Ded	Ded	Ded	\$15	\$70	\$110	\$15	\$110	\$200	
BSP Spira Care EPO \$3,500 (OOPM \$9,100)	No	\$3,500	\$7,000	N/A	N/A	50%	N/A	\$9,100	\$18,200	N/A	N/A	\$0	Ded	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200	
BSP Spira EPO \$5000 (OOPM \$5000)	No	\$5,000	\$10,000	N/A	N/A	0%	N/A	\$5,000	\$10,000	N/A	N/A	\$0	Ded	\$0	Ded	Ded	Ded	Ded	\$15	\$70	\$110	\$15	\$110	\$200	
BSP Spira Care EPO \$7,000 (OOPM \$7,000)	No	\$7,000	\$14,000	N/A	N/A	0%	N/A	\$7,000	\$14,000	N/A	N/A	\$0	Ded	\$0	Ded	Ded	Ded	Ded	\$15	\$70	\$110	\$15	\$110	\$200	

Note: Bolded plan options are new or changing for 2026.

¹ All deductibles are embedded. 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.

² Primary Care Physicians include General Practice, Family Practice, Internal Medicine and Pediatrics.

³ Telehealth benefits apply to virtual visits for primary care, Blue KC Virtual Care, and behavioral health.

⁴ EPO (Exclusive Provider Organization) plans do not provide coverage for out-of-network services except in cases of emergency.

⁵ HSA members will incur a flat, affordable charge when visiting a Spira Care Center. Spira Care services will be at no charge once the deductible is met.

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

Level Funding ASO Plan Options

For businesses with 5–99 employees.



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

Level Funding ASO Plan Options

Preferred–Care Blue

For businesses with 5–99 employees.

Preferred–Care Blue

Preferred–Care Blue		Deductible¹				Coinsurance		Out-of-Pocket Maximum				Copay / Cost-Share – Per Occurrence						Rx Copay / Cost-Share / Network					
		Network		Out of Network		Network	Out of Network	Network		Out of Network		Network						Network – Rx Premier					
HSA	Single	Family	Single	Family			Single	Family	Single	Family	Primary Care (PCP)²	Virtual Care/ Telehealth³	Urgent Care	Specialist	Hospital	Emergency Room	Generic	Preferred	Non-Preferred	Generic Specialty	Preferred Specialty	Non-Pref. Specialty	
Products Available on Preferred–Care Blue Network																							
PCB PPO \$500 (OOPM \$1,500)	No	\$500	\$1,000	\$500	\$1,000	10%	30%	\$1,500	\$3,000	\$3,000	\$6,000	\$20	\$0	\$40	\$40	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200
PCB PPO \$500 (OOPM \$3,500)	No	\$500	\$1,500	\$500	\$1,500	20%	40%	\$3,500	\$7,000	\$7,000	\$14,000	\$20	\$0	\$40	\$40	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200
PCB PPO \$1,000 (OOPM \$,2500)	No	\$1,000	\$2,000	\$1,000	\$2,000	20%	40%	\$2,500	\$5,000	\$5,000	\$10,000	\$20	\$0	\$40	\$40	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200
PCB PPO \$1,000 (OOPM \$4,000)	No	\$1,000	\$3,000	\$1,000	\$3,000	20%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$25	\$0	\$50	\$50	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200
PCB PPO \$1,500 (OOPM \$4,500)	No	\$1,500	\$4,500	\$1,500	\$4,500	20%	40%	\$4,500	\$9,000	\$9,000	\$18,000	\$30	\$0	\$60	\$60	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200
PCB PPO \$1,500 (OOPM \$6,000)	No	\$1,500	\$3,000	\$1,500	\$3,000	20%	40%	\$6,000	\$12,000	\$12,000	\$24,000	\$30	\$0	\$60	\$60	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200
PCB PPO \$2,000 (OOPM \$5,000)	No	\$2,000	\$6,000	\$2,000	\$6,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200
PCB PPO \$2,700 (OOPM \$5,400)	No	\$2,700	\$5,400	\$2,700	\$5,400	20%	40%	\$5,400	\$10,800	\$10,800	\$21,600	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200
PCB PPO \$3,000 (OOPM \$3,000)	No	\$3,000	\$6,000	\$3,000	\$6,000	0%	20%	\$3,000	\$6,000	\$6,000	\$12,000	\$35	\$0	\$70	\$70	Ded	Ded	\$15	\$70	\$110	\$15	\$110	\$200
PCB Personal Blue PPO HRA \$3,000 (OOPM \$3,000)	No	\$3,000	\$6,000	\$3,000	\$6,000	0%	20%	\$3,000	\$6,000	\$6,000	\$12,000	\$35	\$0	\$70	\$70	Ded	Ded	\$15	\$70	\$110	\$15	\$110	\$200
PCB PPO \$3,000 (OOPM \$5,000)	No	\$3,000	\$6,000	\$3,000	\$6,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200
PCB PPO \$3,000 (OOPM \$9,100)	No	\$3,000	\$6,000	\$3,000	\$6,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200
PCB BlueSaver \$3,400 (OOPM \$3,400)	Yes	\$3,400	\$6,800	\$3,400	\$6,800	0%	20%	\$3,400	\$6,800	\$6,800	\$13,600	Ded	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded
PCB PPO \$4,000 (OOPM \$4,000)	No	\$4,000	\$8,000	\$4,000	\$8,000	0%	20%	\$4,000	\$8,000	\$8,000	\$16,000	\$35	\$0	\$70	\$70	Ded	Ded	\$15	\$70	\$110	\$15	\$110	\$200
PCB BlueSaver HSA \$4,000 (OOPM \$5,500)	Yes	\$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	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
PCB PPO \$4,000 (OOPM \$9,100)	No	\$4,000	\$8,000	\$4,000	\$8,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200
PCB BlueSaver HSA \$5,000 (OOPM \$6,450)	Yes	\$5,000	\$10,000	\$5,000	\$10,000	10%	30%	\$6,450	\$12,900	\$12,900	\$25,800	Ded/Coins	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
PCB PPO \$5,000 (OOPM \$6,500)	No	\$5,000	\$10,000	\$5,000	\$10,000	20%	40%	\$6,500	\$13,000	\$13,000	\$26,000	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200
PCB PPO \$5,000 (OOPM \$9,100)	No	\$5,000	\$10,000	\$5,000	\$10,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200
PCB AffordaBlue \$5,500 (OOPM \$5,500)	No	\$5,500	\$11,000	\$5,500	\$11,000	0%	20%	\$5,500	\$11,000	\$11,000	\$22,000	1-5 \$30⁴ 6+ Ded	\$0	1-5 \$30⁴ 6+ Ded	1-5 \$30⁴ 6+ Ded	Ded	Ded	\$20	Not Covered	Not Covered	\$20	Not Covered	Not Covered
NEW – PCB PPO \$6,500 (OOPM \$8,000)	No	\$6,500	\$13,000	\$13,000	\$26,000	20%	40%	\$8,000	\$16,000	\$16,000	\$32,000	\$35	\$0	\$70	\$70	Ded/Coins	\$200 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200
NEW – PCB PPO \$8,000 (OOPM \$8,000)	No	\$8,000	\$16,000	\$16,000	\$32,000	0%	30%	\$8,000	\$16,000	\$16,000	\$32,000	\$35	\$0	\$70	\$70	Ded/Coins	\$200 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200
NEW – PCB PPO \$9,000 (OOPM \$9,000)	No	\$9,000	\$18,000	\$18,000	\$36,000	0%	30%	\$9,000	\$18,000	\$18,000	\$36,000	\$35	\$0	\$70	\$70	Ded/Coins	\$200 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200

Note: Bolded plan options are new or changing for 2026.

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² Primary Care Physicians include General Practice, Family Practice, Internal Medicine and Pediatrics.

³ Telehealth benefits apply to virtual visits for primary care, Blue KC Virtual Care, and behavioral health.

⁴ Copay for the first five visits combined for PCP, Specialist and Urgent Care.

Level Funding ASO Plan Options

BlueSelect Plus

For businesses with 5–99 employees.

BlueSelect Plus

BlueSelect Plus	Deductible ²					Coinsurance		Out-of-Pocket Maximum				Copay / Cost-Share – Per Occurrence						Rx Copay / Cost-Share / Network									
	HSA	Network		Out of Network		Network	Out of Network	Network		Out of Network		Network						Network – Rx Premier									
		Single	Family	Single	Family			Single	Family	Single	Family	Primary Care (PCP) ³	Virtual Care/ Telehealth ⁴	Urgent Care	Specialist	Hospital	Emergency Room	Generic	Preferred	Non-Preferred	Generic Specialty	Preferred Specialty	Non-Pref. Specialty				
Products Available on BlueSelect Plus ¹ Network																											
BSP PPO \$1,000 (OOPM \$4,000)	No	\$1,000	\$3,000	\$1,000	\$3,000	20%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$25	\$0	\$50	\$50	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200				
BSP PPO \$2,000 (OOPM \$4,000)	No	\$2,000	\$4,000	\$2,000	\$4,000	20%	50%	\$4,000	\$8,000	\$20,000	\$40,000	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200				
BSP PPO \$3,000 (OOPM \$3,000)	No	\$3,000	\$6,000	\$3,000	\$6,000	0%	20%	\$3,000	\$6,000	\$6,000	\$12,000	\$35	\$0	\$70	\$70	Ded	Ded	\$15	\$70	\$110	\$15	\$110	\$200				
BSP PPO \$3,000 (OOPM \$5,000)	No	\$3,000	\$6,000	\$3,000	\$6,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200				
BSP PPO \$3,000 (OOPM \$9,100)	No	\$3,000	\$6,000	\$3,000	\$6,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200				
BSP BlueSaver \$3,400 (OOPM \$3,400)	Yes	\$3,400	\$6,800	\$3,400	\$6,800	0%	30%	\$3,400	\$6,800	\$15,000	\$30,000	Ded	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded				
BSP PPO \$4,000 (OOPM \$4,000)	No	\$4,000	\$8,000	\$4,000	\$8,000	0%	30%	\$4,000	\$8,000	\$20,000	\$40,000	\$35	\$0	\$70	\$70	Ded	\$100 + Ded	\$15	\$70	\$110	\$15	\$110	\$200				
BSP EPO \$4,000 (OOPM \$4,000)	No	\$4,000	\$8,000	N/A	N/A	0%	N/A	\$4,000	\$8,000	N/A	N/A	\$35	\$0	\$70	\$70	Ded	\$100 + Ded	\$15	\$70	\$110	\$15	\$110	\$200				
BSP BlueSaver PPO \$5,000 (OOPM \$6,450)	Yes	\$5,000	\$10,000	\$5,000	\$10,000	10%	40%	\$6,450	\$12,900	\$32,250	\$64,500	Ded/Coins	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins				
BSP BlueSaver EPO \$5000 (OOPM \$6,450)	Yes	\$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/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins				
BSP PPO \$5,000 (OOPM \$9,100)	No	\$3,000	\$6,000	\$3,000	\$6,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$35	\$0	\$70	\$70	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200				
NEW – BSP PPO \$6500 (OOPM \$8000)	No	\$6,500	\$13,000	\$13,000	\$26,000	20%	40%	\$8,000	\$16,000	\$16,000	\$32,000	\$35	\$0	\$70	\$70	Ded/Coins	\$200 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200				
NEW – BSP PPO \$8000 (OOPM \$8000)	No	\$8,000	\$16,000	\$16,000	\$32,000	0%	30%	\$8,000	\$16,000	\$16,000	\$32,000	\$35	\$0	\$70	\$70	Ded/Coins	\$200 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200				
NEW – BSP PPO \$9000 (OOPM \$9000)	No	\$9,000	\$18,000	\$18,000	\$36,000	0%	30%	\$9,000	\$18,000	\$18,000	\$36,000	\$35	\$0	\$70	\$70	Ded/Coins	\$200 + Ded/Coins	\$15	\$70	\$110	\$15	\$110	\$200				
Spira Care												Spira Care	Other PCP														
BSP Spira Care EPO Copay Plan (OOPM \$5,000)	No	\$0	\$0	N/A	N/A	0%	N/A	\$5,000	\$10,000	N/A	N/A	\$0	\$75	\$0	\$150	\$150	\$500	250	\$15	\$70	\$110	\$15	\$110	\$200			
BSP Spira Care EPO \$1,500 (OOPM \$1,500)	No	\$1,500	\$3,000	N/A	N/A	0%	N/A	\$1,500	\$3,000	N/A	N/A	\$0	Ded	\$0	Ded	Ded	Ded	Ded	\$15	\$70	\$110	\$15	\$110	Ded			
BSP Spira Care HSA EPO \$3,400 (OOPM \$3,400)	Yes	\$3,400	\$6,800	N/A	N/A	0%	N/A	\$3,400	\$6,800	N/A	N/A	Ded ⁵ , then \$0	Ded	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded			
BSP Spira Care EPO \$3,500 (OOPM \$3,500)	No	\$3,500	\$7,000	N/A	N/A	0%	N/A	\$3,500	\$7,000	N/A	N/A	\$0	Ded	\$0	Ded	Ded	Ded	Ded	\$15	\$70	\$110	\$15	\$110	Ded			
BSP Spira Care EPO \$3,500 (OOPM \$9,100)	No	\$3,500	\$7,000	N/A	N/A	50%	N/A	\$9,100	\$18,200	N/A	N/A	\$0	Ded	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$15	\$70	\$110	\$15	\$110	Ded			
BSP Spira EPO \$5000 (OOPM \$5000)	No	\$5,000	\$10,000	N/A	N/A	0%	N/A	\$5,000	\$10,000	N/A	N/A	\$0	Ded	\$0	Ded	Ded	Ded	Ded	\$15	\$70	\$110	\$15	\$110	Ded			
BSP Spira Care EPO \$7,000 (OOPM \$7,000)	No	\$7,000	\$14,000	N/A	N/A	0%	N/A	\$7,000	\$14,000	N/A	N/A	\$0	Ded	\$0	Ded	Ded	Ded	Ded	\$15	\$70	\$110	\$15	\$110	Ded			

Note: Bolded plan options are new or changing for 2026.

¹ All deductibles are embedded. 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.

² Primary Care Physicians include General Practice, Family Practice, Internal Medicine and Pediatrics.

³ Telehealth benefits apply to virtual visits for primary care, Blue KC Virtual Care, and behavioral health.

⁴ EPO (Exclusive Provider Organization) plans do not provide coverage for out-of-network services except in cases of emergency.

⁵ HSA members will incur a flat, affordable charge when visiting a Spira Care Center. Spira Care services will be at no charge once the deductible is met.

Level Funding ASO

Smart, steady, all-in solutions.

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.



Predictable

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



Comprehensive

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.



Affordable

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

Level Funding ASO

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.

Group customers must maintain active medical coverage with Blue KC at the time of the settlement calculation in order to be eligible to receive a surplus.



Please note fixed costs include administration fees and Stop-Loss Insurance premiums.

Level Funding ASO Employer Considerations

Billing and Payment:

Blue KC Level Funding ASO plans 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	Invoice Generated (viewable in Premium Billing portal)
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 – The first month’s payment will be drafted following the 1st month’s generated invoice. All subsequent payments will be automatically withdrawn via ACH on the 1st of the month.

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 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 [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 [irs.gov/affordable-care-act/questions-and-answers-on-information-reporting-by-health-coverage-providers-section-6055](#).

STEP 1

Required to Finalize ASO Rates:

- ☐ All required documents for Curv underwriting or fully completed applications if not Curv eligible (applications are available on the [BlueKC.com](#) agent portal—EasyApps and FormFire submissions also accepted).
- Level Funding ASO group application (only sections I and III need to be completed)

STEP 2

Required for Final Sale & Group Setup:

- ☐ Complete Level Funding ASO Agreement Packet (from step 1) then scan and submit to Blue KC.
- 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
- Notify Blue KC immediately of any banking changes that will impact your automatic withdrawal
- The first month’s payment, and all subsequent monthly payments, will be automatically withdrawn via ACH on the 1st of the month

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%. This coverage will be for a 12-month contract period plus an additional 12 month run-out period. Per the ASA, a settlement is calculated 9 months after the 12-month contract period. Group customers must maintain active medical coverage with Blue KC at the time of the settlement calculation to be eligible to receive a surplus. The Stop-Loss Insurance Policy outlines the coverage included with your Blue KC Level Funded 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 9 months post the contract period (plan year). Group customers must maintain active medical coverage with Blue KC at the time of the settlement calculation in order to be eligible to receive a surplus.

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.



ChamberCHOICE Level Funding ASO

ChamberCHOICE Level Funding ASO

For businesses with 5–99 employees.

For small business.

Blue KC has made small business a priority for more than 85 years. We understand the unique challenges you face.

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.

For employers 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

For businesses with 5–99 employees.

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

ChamberCHOICE

ChamberCHOICE		Deductible ¹				Coinsurance		Out-of-Pocket Maximum				Copay / Cost-Share – Per Occurrence						Rx Copay / Cost-Share / Network									
		Network		Out of Network		Network	Out of Network	Network		Out of Network		Network						Network – Rx Premier									
		HSA	Single	Family	Single			Family	Single	Family	Single	Family	Primary Care (PCP) ²	Virtual Care/ Telehealth ³	Urgent Care	Specialist	Hospital	Emergency Room	Generic	Preferred	Non-Preferred	Generic Specialty	Preferred Specialty	Non-Pref. Specialty			
Medical Products Available on Preferred–Care Blue Network																											
Choice PCB PPO \$1,000 (OOPM \$3,500)	No	\$1,000	\$2,000	\$1,000	\$2,000	10%	30%	\$3,500	\$7,000	\$7,000	\$14,000	\$20	\$0	\$40	\$40	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$100	\$15	\$100	\$200				
Choice PCB PPO \$2,500 (OOPM \$5,000)	No	\$2,500	\$5,000	\$2,500	\$5,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000	\$20	\$0	\$40	\$40	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$100	\$15	\$100	\$200				
Choice PCB BlueSaver HSA \$3,500 (OOPM \$3,500)	Yes	\$3,500	\$7,000	\$3,500	\$7,000	0%	20%	\$3,500	\$7,000	\$7,000	\$14,000	Ded	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded				
CHOICE PCB PPO \$5,000 (OOPM \$6,500)	No	\$5,000	\$10,000	\$5,000	\$10,000	20%	40%	\$6,500	\$13,000	\$13,000	\$26,000	\$25	\$0	\$50	\$50	Ded/Coins	\$100 + Ded/Coins	\$15	\$70	\$100	\$15	\$100	\$200				
Medical Products Available on BlueSelect Plus Network												Spira Care	Other PCP														
Choice BSP SPIRA CARE EPO ⁴ \$3,000 (OOPM \$3,000)	No	\$3,000	\$6,000	N/A	N/A	0%	N/A	\$3,000	\$6,000	N/A	N/A	\$0	Ded	\$0	Ded	Ded	Ded	Ded	\$15	\$70	\$110	\$15	\$110	\$200			
Choice BSP PPO \$4,500 (OOPM \$4,500)	No	\$4,500	\$9,000	\$4,500	\$9,000	0%	30%	\$4,500	\$9,000	\$9,000	\$18,000	N/A	\$35	\$0	\$70	\$70	Ded	\$100 + Ded	\$15	\$70	\$100	\$15	\$100	\$200			

Note: Bolded benefits are changing for 2026.

² Primary Care Physicians include General Practice, Family Practice, Internal Medicine and Pediatrics.

³ Telehealth benefits apply when to virtual visits for primary care, Blue KC Virtual Care, and behavioral health.

¹ All deductibles are embedded. Embedded - An individual deductible you must satisfy each calendar year before benefits will be paid. Aggregate - The entire family deductible⁶ EPO (Exclusive Provider Organization) plans do not provide coverage for out-of-network services except in cases of emergency. must be satisfied each calendar year before benefits for any person will be paid.

Optional Dental & Vision Plans

	Vision Plans					Dental Plans						
	Routine Exam	Frames	Std. Plastic Lenses ¹	Contact Lens Exam	Contact Lenses ²	Calendar Year Maximum	Deductible	Diagnostic & Preventative	Basic Services	Major Services	Orthodontics	Non-Participating Providers ³
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 Individual / \$150 Family Basic	PPO/GRID Providers ⁶ – 100% Choice/GRID+ Providers ⁷ – 100%	PPO/GRID Providers ⁶ – 90% Choice/GRID+ Providers ⁷ – 70%	Not Covered	Not Covered	Diagnostic & Preventative – 80% Basic – 60%
Choice Value Vision & Dental	\$0	\$130 Allowance ³	\$10/\$10/\$10	Std. Lens to \$40 Allowance ⁴	\$130 Allowance ⁵	\$1,000 Preventative does apply towards Calendar Year Max	\$50 Individual / \$150 Family Basic& Major	PPO/GRID Providers ⁶ – 100% Choice/GRID+ Provider ⁷ – 100%	PPO/GRID Providers ⁶ – 80% Choice/GRID+ Providers ⁷ – 70%	PPO/GRID Providers ⁶ – 50% Choice/GRID+ Providers ⁷ – 50%	Not Covered	Diagnostic & Preventative – 80% Basic – 60% Major – 40%
Choice Buy-up Vision & Dental	\$10	\$150 Allowance ³	\$25/\$25/\$25	Std. Lens to \$40 Allowance ⁴	\$150 Allowance ⁵	\$1,500 Preventative does not apply towards Calendar Year Max	\$50 Individual / \$150 Family Basic& Major	PPO/GRID Providers ⁶ – 100% Choice/GRID+ Providers ⁷ – 100%	PPO/GRID Providers ⁶ – 90% Choice/GRID+ Providers ⁷ – 80%	PPO/GRID Providers ⁶ – 60% Choice/GRID+ Providers ⁷ – 50%	Not Covered	Diagnostic & Preventative – 80% Basic – 60% Major – 40%

¹ Single Vision/Bifocal/Trifocal; ²Conventional/Disposable; ³20% off balance over Allowance; ⁴ Premium Lens: 10% off Retail;

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

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

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

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

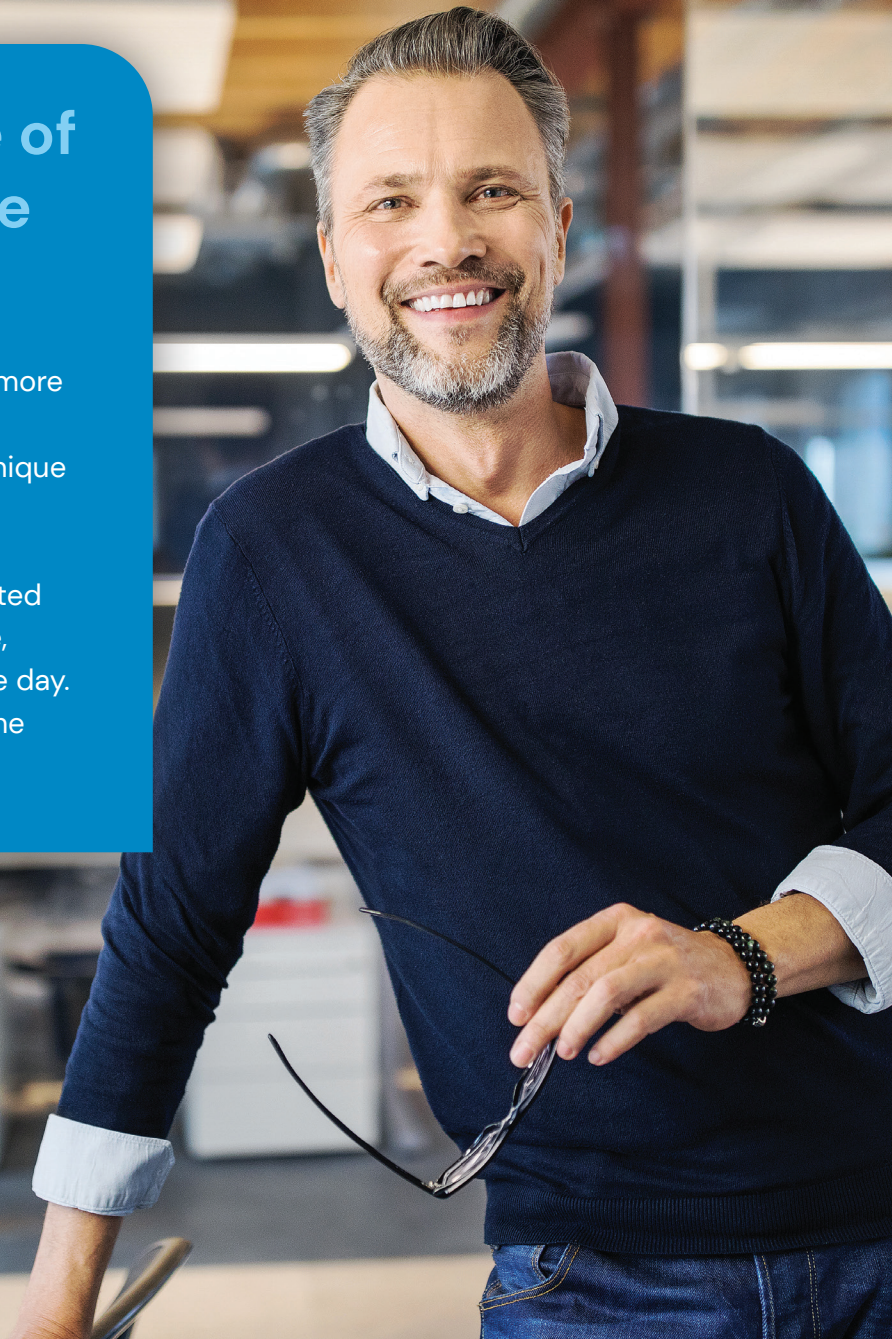
⁸ Non-Participating Providers: Seeing a non-participating dentist results in the highest out-of pocket costs for covered services. Members may be responsible for filing claims and may be balanced billed by the non-participating provider.

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

Your business is one of a kind. Your coverage should be, too.

When you choose Blue KC, you're choosing more than a health plan – you're partnering with a trusted local expert who understands the unique needs of your small business.

We care about your people and are committed to helping make healthcare more accessible, effective, and easier to navigate, every single day. That's the benefit of choosing local. That's the Benefit of Blue®.



**For more information, visit us at BlueKC.com. Prefer to talk in person?
Call your broker or contact a small group Blue KC representative.**



Kansas City

BlueKC.com