

HEALTH PLAN COMPARISON

	Traditional EPO Preferred-Care Blue	Traditional PPO Preferred-Care Blue	BlueSaver QHDHP PPO Preferred-Care Blue
HSA Eligible?	NO	NO	YES
Deductible (<i>Individual / Family</i>)	N/A	\$1,500 / \$3,000	\$3,200 / \$6,400
Coinsurance (<i>Your Share</i>)	N/A	20%	10%
Out-of-Pocket Maximum (<i>Individual / Family</i>)	\$7,900 / \$15,800	\$3,500 / \$7,000	\$4,200/ \$8,400
Preventive Care	No Cost	No Cost	No Cost
Office Visit	PCP: \$40 copay Specialist: \$80 copay	PCP: \$40 copay Specialist: \$80 copay	Deductible then 10%
BlueKC Virtual Care	\$50 copay	No Cost	Deductible then 10%
Routine Vision Care (<i>one exam / year</i>)	\$10 copay	\$25 copay	Deductible then 10%
Urgent Care	\$50 copay	\$25 copay	Deductible then 10%
Emergency Room	\$200 copay	\$150 copay then deductible then 20%	Deductible then 10%
Inpatient or Outpatient Services	\$400 copay/day in/out-patient occurrence up to \$1,200/calendar year	Deductible then 20%	Deductible then 10%
MRI, MRA, CT and PET Scans, etc.	No copay	Deductible then 20%	Deductible then 10%
Prescription Drugs	\$8/\$35/\$55/\$150 \$16/\$70/\$110	\$8/\$35/\$55/\$150 \$16/\$70/\$110	Deductible then \$8/\$35/\$55/\$150 \$16/\$70/\$110

***Out-of-Pocket Maximum:** The amount members pay each year toward covered services before Blue KC pays 100% of benefits. This includes total of deductible, coinsurance, office visit copays and Rx drugs.