

Medical Options Key Differences

	HMO Blue-Care Base	HMO Blue-Care Mid-Level	HMO Blue-Care Premium	PPO Preferred-Care Blue Traditional	PPO Preferred-Care Blue BlueSaver Premium	PPO BlueSelect Plus BlueSaver Base	EPO KCMO Custom Plan NEW! St. Luke's + BSP	
HSA Eligible?	NO	NO	NO	NO	YES	YES	NO	
							Level 1 St. Luke's Providers	Level 2 BSP and BlueCard Providers
Deductible	N/A	N/A	N/A	\$500 indiv/ \$1,000 fam	\$2,700 indiv/ \$5,400 fam	\$2,700 ind/ \$5,400 fam	N/A	N/A
Coinsurance	N/A	N/A	N/A	Member pays: 10% Blue KC pays: 90%	Member pays: 0% Blue KC pays: 100%	Member pays: 0% Blue KC pays: 100%	N/A	N/A
Out-of-Pocket Maximum	N/A	N/A	N/A	\$2,500 indiv/ \$5,000 fam <i>(copays do not apply to OOPM)</i>	\$2,700 indiv / \$5,400 fam	\$2,700 indiv / \$5,400 fam	\$3,000 indiv / \$6,000 fam <i>(copays apply to OOPM)</i>	\$4,000 indiv / \$8,000 fam <i>(copays apply to OOPM)</i>
Office Visits	PCP: \$30 Specialist: \$60	PCP: \$20 Specialist: \$40	PCP: \$15 Specialist: \$30	\$20 copay	Deductible then 0%	Deductible then 0%	PCP: \$10 Specialist: \$20	PCP: \$30 Specialist: \$60
Preventative Care	100%	100%	100%	100%	100%	100%	100%	
Inpatient Outpatient Hospital Services	\$500 copay per day/occurrence up to 5 copays per member per calendar year	\$300 copay per day/occurrence up to 5 copays per member per calendar year	\$100 copay per day/occurrence up to 5 copays per member per calendar year	Deductible then 10%	Deductible then 0%	Deductible then 0%	\$100 copay per day/occurrence 5 copay maximum	\$300 copay per day/occurrence 5 copay maximum
MRI's, PET, CT scans etc.	\$150 copay	\$150 copay	\$150 copay	Deductible then 10%	Deductible then 0%	Deductible then 0%	\$150 copay	
Urgent Care	\$50 copay	\$30 copay	\$20 copay	\$20 copay	Deductible then 0%	Deductible then 0%	\$15 copay	\$50 copay
Emergency Room	\$175 copay copay waived if admitted	\$175 copay copay waived if admitted	\$175 copay copay waived if admitted	\$175 copay + deductible +10% copay waived if admitted	Deductible then 0%	Deductible then 0%	\$175 copay copay waived if admitted	
Prescription Drugs	Retail: \$12/35/60 Mail Order: \$24/70/120	Retail: \$12/35/60 Mail Order: \$24/70/120	Retail: \$12/35/60 Mail Order: \$24/70/120	Retail: \$12/35/60 Mail Order: \$24/70/120	Deductible then: 100%	Deductible then: 100%	Retail: \$12/35/60 Mail Order: \$24/70/120	

In-Network Hospitals

NEW!

Hospital Name	HMO Blue-Care (in-network only)	PPO Preferred-Care Blue Traditional and BlueSaver Premium (in and out of network)	PPO BlueSelect Plus BlueSaver Base (in and out of network)	EPO KCMO Custom Plan St. Luke's & BlueSelect Plus (in-network only)
Center Point Medical Center	YES	YES	NO	NO
Children's Mercy Hospitals	YES	YES	YES	Level 2
KU Medical Center	YES	YES	YES	Level 2
Lee's Summit Hospital	YES	YES	NO	NO
Liberty Hospital	YES	YES	YES	Level 2
Menorah Medical Center	YES	YES	NO	NO
North Kansas City Hospital	YES	YES	YES	Level 2
Olathe Medical Center	YES	YES	YES	Level 2
Overland Park Regional	YES	YES	NO	NO
Providence Medical Center	YES	YES	NO	NO
Research Medical Center	YES	YES	NO	NO
Shawnee Mission Medical Center	YES	YES	YES	Level 2
St. Joseph Medical Center	YES	NO	NO	NO
St. Luke's (All Locations)	NO	YES	NO	Level 1
St. Mary's Medical Center	YES	NO	NO	NO
Truman Medical Center (Hospital Hill and Lee's Summit)	YES	YES	YES	Level 2