

USD #500 Kansas City, Kansas Public Schools
Blue Cross Blue Shield of Kansas City Plan Designs
Effective July 1, 2010

	BCBS KC \$2,500 PPO with First Dollar Coverage		BCBS KC \$1,000 PPO with First Dollar Coverage	
	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers
Benefit Allowance ⁽¹⁾				
Per Member	\$500 per calendar year	N/A	\$500 per calendar year	N/A
Annual Deductibles (calendar year)				
Single	\$2,500	\$5,000	\$1,000	\$3,000
Family	\$7,500	\$15,000	\$3,000	\$9,000
Out-of-pocket Amounts (calendar year) ⁽²⁾				
Single	\$2,500	\$7,500	\$3,000	\$9,000
Family	\$7,500	\$22,500	\$9,000	\$27,000
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000	
Preventive Care				
Adult & Child Routine Physicals	100% after \$25 copay	70% after deductible	100% after \$20 copay	70% after deductible
Routine Lab ⁽³⁾	100%	70% after deductible	100%	70% after deductible
Routine Mammogram ⁽³⁾	100%	70% after deductible	100%	70% after deductible
Vision Exam	100% after \$25 copay	70% after deductible	100% after \$20 copay	70% after deductible
Physician Services				
Primary Care Physician Office Visit	100% after \$25 copay ⁽⁴⁾	70% after deductible	100% after \$20 copay ⁽⁴⁾	70% after deductible
Specialist Office Visit	100% after \$25 copay ⁽⁴⁾	70% after deductible	100% after \$20 copay ⁽⁴⁾	70% after deductible
Non-routine diagnostic tests and labs	100% after deductible	70% after deductible	80% after deductible	70% after deductible
Hospital Services				
Inpatient care	100% after \$600 copay & deductible Copay is charged once per admission	70% after deductible ⁽⁵⁾	100% after \$400 copay & deductible Copay is charged once per admission	70% after deductible ⁽⁵⁾
Outpatient surgery	100% after deductible	70% after deductible ⁽⁵⁾	80% after deductible	70% after deductible ⁽⁵⁾
Outpatient nonsurgical care (i.e. MRI)	100% after deductible	70% after deductible ⁽⁵⁾	80% after deductible	70% after deductible ⁽⁵⁾
Urgent Care	100% after \$25 copay ⁽⁶⁾	70% after deductible	100% after \$20 copay ⁽⁶⁾	70% after deductible
Emergency Room	100% after \$200 copay & deductible	70% after \$200 copay & deductible	80% after \$200 copay & deductible	70% after \$200 copay & deductible
Prescription Drugs				
Calendar year deductible	Participating Pharmacy \$300 Individual / \$900 Family (waived upon completion of HRA & Health Screening)		Participating Pharmacy \$300 Individual / \$900 Family (waived upon completion of HRA & Health Screening)	
Level 1	\$15 Copay		\$15 Copay	
Level 2	\$30 copay		\$30 copay	
Level 3	\$50 copay		\$50 copay	
Level 4	N/A		N/A	
Mail Order (90 Day Supply)	2x Retail Copay		2x Retail Copay	

(1) Benefit Allowance does not apply to office visits (regardless if routine or diagnostic) or prescription drugs.

(2) PPO out-of-pocket amount includes coinsurance and deductible but excludes copays. HMO out-of-pocket amount includes copays unless otherwise noted.

(3) Office visit copay will apply if service is performed in conjunction with an office visit.

(4) Office visit copay applies only to specified services; any non-specified services will be subject to deductible and coinsurance.

(5) Diagnostic services performed at a non-par imaging center within the service area are limited to \$200 CY Max. Inpatient services in a non-par hospital within the service area are limited to \$200 max per day and are limited to 30 days CY. Outpatient services at a non-par facility (including ambulatory surgical center) are limited to \$200 CY Max.

(6) Urgent care copay applies to office visit and lab only. Other services performed by Urgent Care provider are subject to deductible and coinsurance.

(7) Copay applies only to MRI, MRA, CT and PET scans performed in physician's office, imaging center or other outpatient setting (including hospital). Only one copay will apply for each provider on a specified date of service even if multiple scans are performed.

Note: This is only a summary. Please refer to the booklet/certificate for specific details. If a conflict arises, the booklet/certificate will govern in all cases.

Note: This is not an offer of insurance coverage. Information on final rates, coverages and limitations must come from the Insurance Company.

USD #500 Kansas City, Kansas Public Schools
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	BCBS KC PPO 250		BCBS KC HMO 1
	Participating Providers	Non-Participating Providers	Participating Providers
Benefit Allowance ⁽¹⁾			
Per Member	N/A	N/A	N/A
Annual Deductibles (calendar year)			
Single	\$250	\$500	N/A
Family	\$750	\$1,500	N/A
Out-of-pocket Amounts (calendar year) ⁽²⁾			
Single	\$2,250	\$4,500	\$500 per member (hospital copays only)
Family	\$6,750	\$13,500	\$500 per member (hospital copays only)
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000
Preventive Care			
Adult & Child Routine Physicals	100% after \$15 copay	70% after deductible	100% after \$15 PCP/\$30 specialist copay
Routine Lab ⁽³⁾	100%	70% after deductible	100%
Routine Mammogram ⁽³⁾	100%	70% after deductible	100%
Vision Exam	100% after \$15 copay	70% after deductible	100% after \$10 copay
Physician Services			
Primary Care Physician Office Visit	100% after \$15 copay ⁽⁴⁾	70% after deductible	100% after \$15 copay
Specialist Office Visit	100% after \$15 copay ⁽⁴⁾	70% after deductible	100% after \$30 copay
Non-routine diagnostic tests and labs	90% after deductible	70% after deductible	100%
Hospital Services			
Inpatient care	100% after \$400 copay & deductible Copay is charged once per admission	70% after deductible ⁽⁵⁾	100% after \$100 copay per day Copay is charged per day for the first 5 days per calendar year (IP & OP combined)
Outpatient surgery	90% after deductible	70% after deductible ⁽⁵⁾	100% after \$100 copay
Outpatient nonsurgical care (i.e. MRI)	90% after deductible	70% after deductible ⁽⁵⁾	100% after \$200 copay ⁽⁷⁾
Urgent Care	100% after \$15 copay ⁽⁶⁾	70% after deductible	100% after \$30 copay
Emergency Room	90% after \$200 copay & deductible	70% after \$200 copay & deductible	100% after \$200 copay
Prescription Drugs			
Calendar year deductible	Participating Pharmacy \$300 Individual / \$900 Family (waived upon completion of HRA & Health Screening)		Participating Pharmacy \$300 Individual / \$900 Family (waived upon completion of HRA & Health Screening)
Level 1	\$15 Copay		\$15 copay
Level 2	\$30 copay		\$30 copay
Level 3	\$50 copay		\$50 copay
Level 4	N/A		N/A
Mail Order (90 Day Supply)	2x Retail Copay		2x Retail copay

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