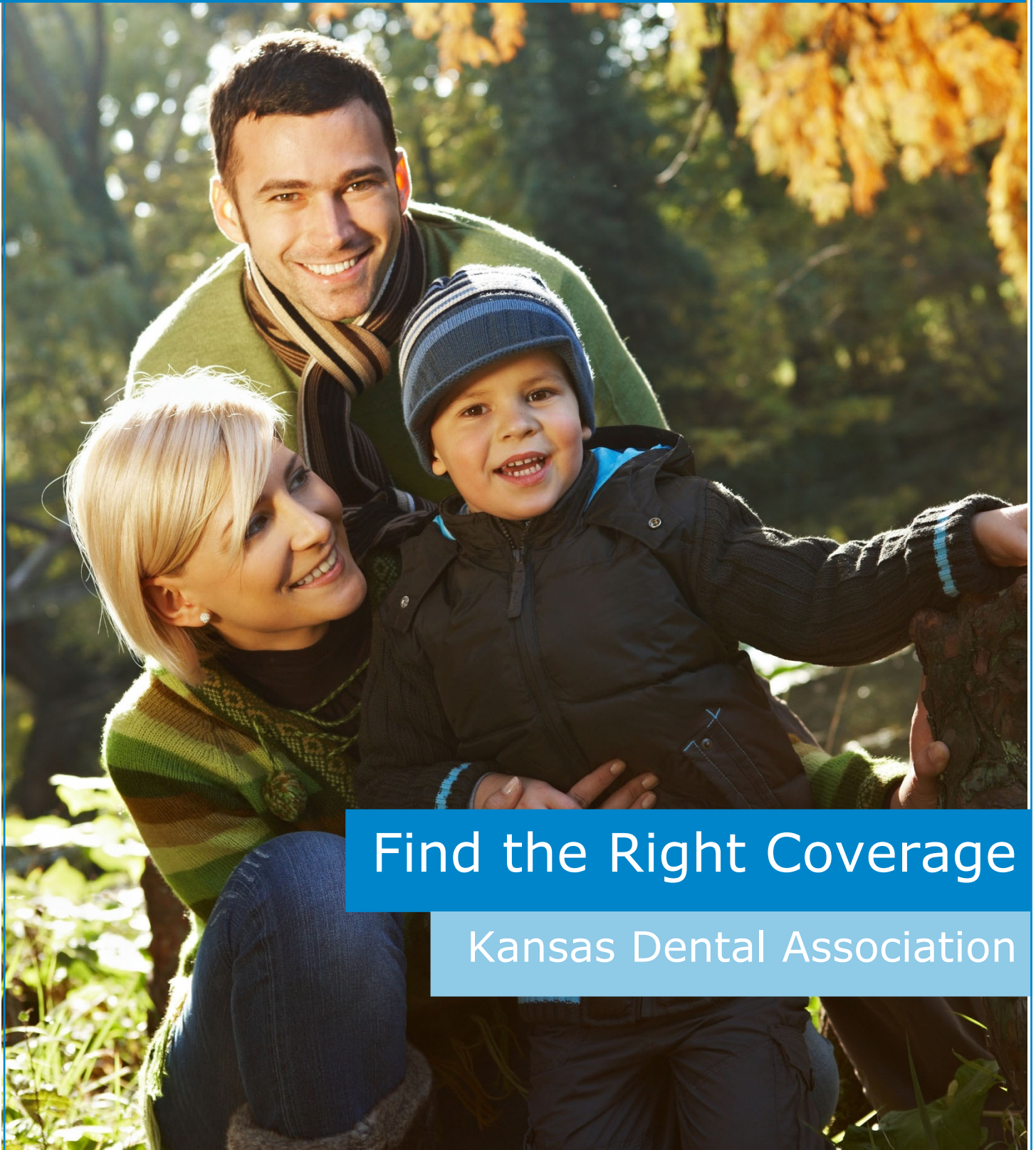




Kansas City

Your Benefits At a Glance



Find the Right Coverage

Kansas Dental Association

Kansas Dental Associations | Plan Options

	Option A PCB PPO \$1500	Option B PCB PPO \$3000	Option C PCB BlueSaver HSA \$5000
Common Services at Preferred Providers			
Preventive Care	100% Covered	100% Covered	100% Covered
Blue KC Virtual Care	\$10 Copay	\$10 Copay	\$10 Copay
Office Visits	\$35 Copay	\$40 Copay	10% Coin after Ded
Urgent Care	\$35 Copay	\$40 Copay	10% Coin after Ded
Emergency Room	\$100 Copay then Ded then 20% Coin	\$100 Copay then Ded then 20% Coin	10% Coin after Ded
Inpatient & Outpatient Care	20% Coin after Ded	20% Coin after Ded	10% Coin after Ded
Lab & Radiology	20% Coin after Ded	20% Coin after Ded	10% Coin after Ded
Occupational & Physical Therapy (60 Visits)	20% Coin after Ded	20% Coin after Ded	10% Coin after Ded
Routine Eye Exam	\$20 Copay	\$20 Copay	\$20 Copay
Deductible, Coinsurance and Out-of-Pocket Maximum (Preferred Providers)			
Deductible:			
Self Only	\$1,500	\$3,000	\$5,000
Self+One / Self+Family	\$4,500	\$6,000	\$10,000
Coinsurance	20%	20%	10%
Out-of-Pocket Maximum:			
Self Only	\$4,500	\$5,000	\$6,450
Self+One / Self+Family	\$9,000	\$10,000	\$12,900

	Option A	Option B	Option C
Pharmacy Coverage: Rx Premier			
Generic	\$15	\$15	10% Coin after Ded
Brand Name	\$70	\$70	10% Coin after Ded
Non-Preferred	\$110	\$110	10% Coin after Ded
Specialty	\$200	\$200	10% Coin after Ded
Mail Order	\$37.50 / \$175 / \$275 / Not Covered	\$37.50 / \$175 / \$275 / Not Covered	10% Coin after Ded

	Option A	Option B	Option C
What You'll Pay			
Employee	\$722.88	\$688.04	\$644.49
Employee+Spouse	\$1,822.00	\$1,734.04	\$1,624.30
Employee+Child	\$1,395.24	\$1,328.18	\$1,243.70
Family	\$2,067.60	\$1,967.45	\$1,842.90

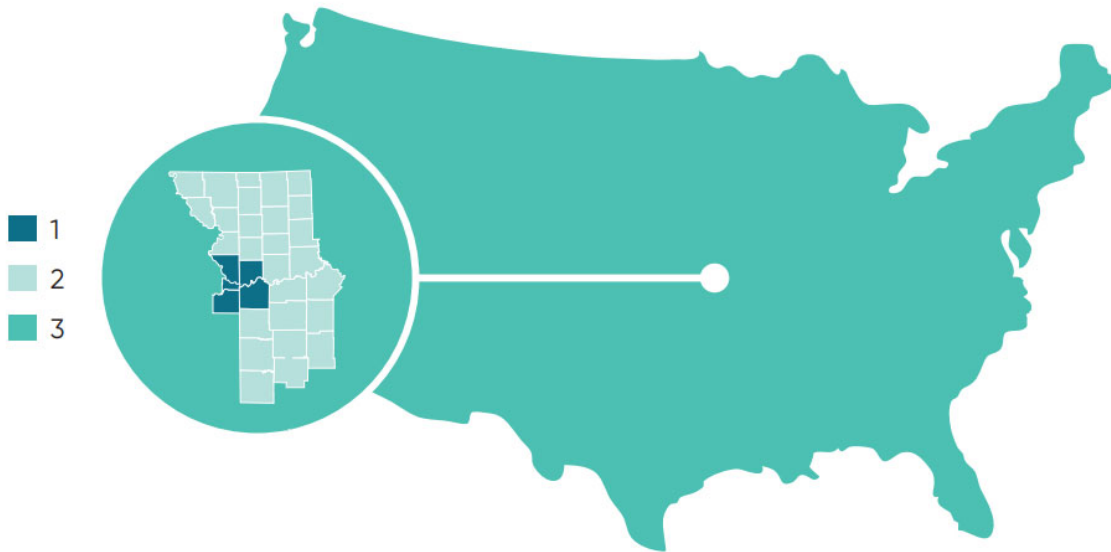
Kansas Dental Associations | Plan Options

	Option D BSP Spira Care EPO \$3,500	Option E BSP Spira Care EPO \$7,000
Common Services at Preferred Providers		
Preventive Care	100% Covered	100% Covered
Blue KC Virtual Care	100% Covered	100% Covered
Office Visits	Spira Care --- No Cost BSP --- Deductible	Spira Care --- No Cost BSP --- Deductible
Urgent Care	BSP --- Deductible	BSP --- Deductible
Emergency Room	Deductible	Deductible
Inpatient & Outpatient Care	Deductible	Deductible
Lab & Radiology	Spira Care --- No Cost BSP --- Deductible	Spira Care --- No Cost BSP --- Deductible
Occupational & Physical Therapy (60 Visits)	Deductible	Deductible
Routine Eye Exam	Not Covered	Not Covered
Deductible, Coinsurance and Out-of-Pocket Maximum (Preferred Providers)		
Deductible:		
Self Only	\$3,500	\$7,000
Self+One / Self+Family	\$7,000	\$14,000
Coinsurance	0%	0%
Out-of-Pocket Maximum:		
Self Only	\$3,500	\$7,000
Self+One / Self+Family	\$7,000	\$14,000

	Option D	Option E
Pharmacy Coverage: Rx Premier		
Generic	\$15	\$15
Brand Name	\$50	\$50
Non-Preferred	Deductible	Deductible
Mail Order	\$15 / \$125 / Deductible	\$15 / \$125 / Deductible

	Option D	Option E
What You'll Pay		
Employee	\$609.66	\$539.98
Employee+Spouse	\$1,536.63	\$1,361.01
Employee+Child	\$1,176.71	\$1,042.23
Family	\$1,743.76	\$1,544.47

BlueSelect Plus Network (Plans: Options D and E)



BlueSelect Plus Network (Plan Options D & E)

<p>1. When receiving care in the BlueSelect Plus network (Clay, Clinton, Jackson and Platte counties in Missouri, and Johnson and Wyandotte counties in Kansas).</p>	<p>You have in-network coverage when using any of the 4,100+ providers in the six area counties and ten hospitals in the network. Important note: All other hospitals (and their providers) in the Kansas City metro area that are not in the BlueSelect Plus network are considered out-of-network. Emergency services are always covered at the in-network cost share.</p>
<p>2. When receiving care outside the BlueSelect Plus network within the 32-county Blue KC service area.</p>	<p>No coverage except for emergency services. You will be responsible for 100% of the costs.</p>
<p>3. When receiving care outside the 32-county Blue KC service area (when traveling or on vacation, for example).</p>	<p>You have access to the BlueCard network which provides you in-network access to medical care. If you use a non-BlueCard provider, you do not have out-of-network coverage except for emergency services.</p>

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