



Your Benefits At a Glance



Find the Right Coverage

Kansas Dental Association





	Option A	Option B	Option C	Option D
Common services at preferred providers				
Primary care doctor	\$35 copay	\$35 copay	\$35 copay	Subject to deductible
Specialists	\$35 copay	\$35 copay	\$35 copay	Subject to deductible
Virtual doctor visits/Telemedicine	\$35 copay	\$35 copay	\$35 copay	Subject to deductible
Preventive Care	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%
Emergency Room	\$100 copay, then subject to deductible/coinsurance	\$100 copay, then subject to deductible/coinsurance	\$100 copay, then subject to deductible/coinsurance	Subject to deductible
Emergency Room Transportation	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Inpatient surgery	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Inpatient facility fee	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Outpatient lab work and radiology	Paid at 100% of the allowable charge up to a combined max of \$300 for each covered person, each benefit period	Paid at 100% of the allowable charge up to a combined max of \$300 for each covered person, each benefit period	Paid at 100% of the allowable charge up to a combined max of \$300 for each covered person, each benefit period	Subject to deductible
Outpatient rehabilitation	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Hospice	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Chiropractic care	\$35 copay	\$35 copay	\$35 copay	Subject to deductible

Deductible & Coinsurance				
Self Only	\$1,000	\$1,500	\$2,500	\$3,000
Coinsurance: Member portion	20%*	20%*	20%*	0%
Self + One and Self + Family	\$2,000	\$3,000	\$5,000	\$6,000

Out-of-Pocket Maximum (preferred providers)				
Self Only	\$5,000	\$5,000	\$5,000	\$6,350
Self + One and Self + Family	\$10,000	\$10,000	\$10,000	\$12,700

*This option has a coinsurance max of \$2,500 for self and \$5,000 for self + one or self + family



Pharmacy Coverage: ResultsRx

BlueRx Card ¹	Mail Order ²
\$15 generic	\$37.50 generic
\$50 brand name	\$125 brand name
\$75 non-preferred	\$187.50 non-preferred
\$150 specialty ³	\$375 specialty ³
20% coinsurance up to \$250 max for specialty non-preferred ³	

¹Quantity is a 30-day supply.

²Quantity is a 90-day supply, available through the Extended Supply Network.

³Designated specialty pharmacy.

*Option D: All pharmacy expenses will go toward the health deductible. Once the deductible is met, the above copays apply.

What You'll Pay

	Option A	Option B	Option C	Option D
Employee	\$603.92	\$588.64	\$564.65	\$537.26
Employee + Child(ren)	\$1,222.59	\$1,191.63	\$1,143.03	\$1,087.55
Employee + Spouse	\$1,297.16	\$1,264.32	\$1,212.74	\$1,153.87
Family	\$1,915.84	\$1,867.32	\$1,791.12	\$1,704.15

