

# 2025 Medical Plan Options

In-network Benefits	BlueSelect Plus	Preferred-Care Blue	BlueSelect Plus	BlueSelect Plus	Preferred-Care Blue
	PPO	PPO	Spira Care \$1,000	QHDHP With Spira Care	BlueSaver QHDHP
Spring Hill Plan Number	Option 1	Option 2	Option 3	Option 4	Option 5
<b>HSA Eligible?</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>YES</b>	<b>YES</b>
<b>Deductible</b>	\$1,000 indiv / \$2,000 fam	\$1,000 indiv / \$2,000 fam	\$1,000 ind / \$2,000 fam	<b>\$3,700 indiv / \$7,400 fam</b>	<b>\$3,700 indiv / \$7,400 fam</b>
<b>Coinsurance</b>	Member: 20% BlueKC: 80%	Member: 20% BlueKC: 80%	Member: 20% BlueKC: 80%	N/A	N/A
<b>Out-of-Pocket Maximum*</b>	\$4,000 indiv / \$8,000 fam	\$4,000 indiv / \$8,000 fam	\$4,000 indiv / \$8,000 fam	<b>\$3,700 indiv / \$7,400 fam</b>	<b>\$3,700 indiv / \$7,400 fam</b>
<b>Office Visits</b>	<b>\$40 PCP copay</b> <b>\$80 Specialist copay</b>	<b>\$40 PCP copay</b> <b>\$80 Specialist copay</b>	Deductible then 80% Spira Care Center: \$0 Copay	Deductible	Deductible
<b>Preventive Care</b>	No Cost	No Cost	No cost	No Cost	No Cost
<b>Inpatient/Outpatient Hospital Services</b>	Deductible then 80%	Deductible then 80%	Deductible then 80%	Deductible	Deductible
<b>MRI, CT, PET Scans</b>	Deductible then 80%	Deductible then 80%	Deductible then 80%	Deductible	Deductible
<b>Urgent Care</b>	<b>\$80 copay</b>	<b>\$80 copay</b>	Deductible then 80% Spira Care Center: \$0 Copay	Deductible	Deductible
<b>Emergency Room</b>	<b>\$400 copay</b> , then deductible then 80%	<b>\$400 copay</b> , then deductible then 80%	Deductible then 80%	Deductible	Deductible
<b>Prescription Drug Deductible</b> <small>You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services</small>	<b>\$200 single</b> <b>\$400 family</b>	<b>\$200 single</b> <b>\$400 family</b>	<b>\$200 single</b> <b>\$400 family</b>	N/A	N/A
<b>Prescription Drugs</b>	Retail: \$15 / \$55 / \$75	Retail: \$15 / \$55 / \$75	Retail: \$15 / \$50 / Deductible	Retail: Deductible	Retail: Deductible

Benefits listed in bold are plan design changes from 2024 to 2025

\*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.