



# Belton School District Blue Cross Blue Shield of Kansas City Medical Comparison Effective July 1, 2022

MEDICAL	Blue Cross Blue Shield of Kansas City		Blue Cross Blue Shield of Kansas City		Blue Cross Blue Shield of Kansas City		Blue Cross Blue Shield of Kansas City		Blue Cross Blue Shield of Kansas City	
Carrier Website	<a href="http://www.bluecross.com">www.bluecross.com</a>		<a href="http://www.bluecross.com">www.bluecross.com</a>		<a href="http://www.bluecross.com">www.bluecross.com</a>		<a href="http://www.bluecross.com">www.bluecross.com</a>		<a href="http://www.bluecross.com">www.bluecross.com</a>	
Plan Type	Base Plan BlueSaver QHDHP / HSA Blue Select Plus		Buy Up Plan BlueSaver QHDHP / HSA Preferred Care Blue		Buy Up Plan Blue Care HMO I (Purple)		Buy Up Plan Blue Care HMO II (Gold)		Buy Up Plan Preferred Care Blue PPO II	
	In Network	Out of Network	In Network	Out of Network	In Network Only	In Network Only		In Network	Out of Network	
<b>Annual Deductible (calendar year)<sup>(1)</sup></b>										
Individual	\$3,000	\$6,000		\$2,800	N/A	N/A			\$500	
Family	\$6,000	\$12,000		\$5,600	N/A	N/A			\$1,000	
<b>Coinsurance</b>										
Member Pays	20%	40%	0%	20%	0%	0%		20%	50%	
<b>Maximum Out-of-Pocket (calendar year)<sup>(2)</sup></b>										
Individual	\$5,500	\$15,000	\$2,800	\$5,600	\$6,250	\$3,000		\$2,750	\$8,250	
Family	\$11,000	\$30,000	\$5,600	\$11,200	\$13,200	\$6,000		\$5,500	\$16,500	
<b>Physician Services</b>										
Preventive Care	\$0	Deductible then 40%	\$0	Deductible then 20%	\$0	\$0		\$0	Deductible then 50%	
Office Visits	Deductible then 20%	Deductible then 40%	Deductible	Deductible then 20%	\$40 / \$80	\$30 / \$60		\$20	Deductible then 50%	
Diagnostic (Non-routine) X-Ray	Deductible then 20%	Deductible then 40%	Deductible	Deductible then 20%	\$0	\$0		Deductible then 20%	Deductible then 50%	
Diagnostic (Non-routine) Labs	Deductible then 20%	Deductible then 40%	Deductible	Deductible then 20%	\$0	\$0		\$0	Deductible then 50%	
Routine Eye Exam (every year)	Deductible then 20%	Deductible then 40%	Deductible	Deductible then 20%	\$10	\$10		\$20	Deductible then 50%	
Chiropractic Services (unlimited visits)	Deductible then 20%	Deductible then 40%	Deductible	Deductible then 20%	\$40	\$30		Deductible then 20%	Deductible then 50%	
Urgent Care Center	Deductible then 20%	Deductible then 40%	Deductible	Deductible then 20%	\$100	\$60		\$20	Deductible then 50%	
<b>Hospital Services</b>										
Inpatient Care	Deductible then 20%	Deductible then 40%	Deductible	Deductible then 20%	\$600 per day up to 5 copays per person per calendar year (inpatient and outpatient combined)	\$250 per day up to 5 copays per person per calendar year (inpatient and outpatient combined)		Deductible then 20%	Deductible then 50%	
Outpatient Surgery and Services	Deductible then 20%	Deductible then 40%	Deductible	Deductible then 20%	\$600 per day up to 5 copays per person per calendar year (inpatient and outpatient combined)	\$250 per day up to 5 copays per person per calendar year (inpatient and outpatient combined)		Deductible then 20%	Deductible then 50%	
High Tech Diagnostics	Deductible then 20%	Deductible then 40%	Deductible	Deductible then 20%	\$200	\$150		Deductible then 20%	Deductible then 50%	
Ambulance		Deductible then 20%		Deductible	\$0	\$0			Deductible then 20%	
Emergency Room		Deductible then 20%		Deductible	\$200	\$150			\$75 then Deductible then 20%	
<b>Prescription Drugs</b>										
Level 1	Deductible then \$20	Deductible then 50%	Deductible	Deductible then 50%	\$20	\$15		\$15	Copay then 50%	
Level 2	Deductible then \$60	Deductible then 50%	Deductible	Deductible then 50%	\$60	\$50		\$50	Copay then 50%	
Level 3	Deductible then \$80	Deductible then 50%	Deductible	Deductible then 50%	\$80	\$70		\$70	Copay then 50%	
Mail Order (90 Day Supply)	Deductible then \$40/\$120/\$160	Not covered	Deductible	Not covered	2x copays	2x copays		2x copays	Not covered	

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.

(1) Family deductible is embedded. An individual covered in a family will not pay more than the individual deductible.

(2) Out-of-pocket amount includes coinsurance, deductible, medical and pharmacy copays.