



# SPIRA CARE™

## The Plan That Puts Care First

An innovative new plan from Blue Cross and Blue Shield of Kansas City, Spira Care combines the convenience of no-additional cost primary care with all the benefits of the BlueSelect Plus network.

### NO ADDITIONAL COST

Primary care, including x-rays, labs and behavioral health services, is completely covered at convenient, integrated Care Centers.

### NO DEDUCTIBLES OR COPAYS\*

All procedures are covered at Spira Care Centers.

### CARE GUIDES WHO HAVE YOUR BACK

Get personalized help with insurance questions, managing claims, specialist referrals and more.

### A NETWORK YOU CAN RELY ON

Get access to over 3,000 physicians and specialists across the BlueSelect Plus network, which includes nine leading hospitals.

[SPIRACARE.COM](http://SPIRACARE.COM)

Introducing  
a healthcare  
option  
designed with  
you in mind.

Now Available for  
2019 Coverage



Kansas City

\*There are no additional costs for any procedure provided at Spira Care Centers, but select prescriptions will be available on-site subject to applicable copay.

© 2017 Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association.

# Plan Overview

THE INFORMATION BELOW will help you choose the plan that works best for you and your family.



IN-NETWORK BENEFITS	PLAN 6 BLUESELECT PLUS EPO	PLAN 1 BLUESELECT PLUS HDHP	PLAN 2 PREFERRED-CARE BLUE HDHP	PLAN 3 BLUESELECT PLUS PPO	PLAN 4 PREFERRED-CARE BLUE PPO	PLAN 5 BLUE CARE HMO
<b>Medical Deductible<sup>1</sup></b> (Individual / Family)	\$2,000 / \$4,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$1,000 / \$2,000	\$1,000 / \$2,000	None
<b>Coinsurance</b> • Member Pays • Blue KC Pays	• 0% • 100%	• 0% • 100%	• 0% • 100%	• 20% • 80%	• 20% • 80%	• 20% • 80%
<b>Out-of-Pocket Maximum<sup>1&amp;3</sup></b> (Individual / Family)	\$2,000 / \$4,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$5,500 / \$11,000	\$5,500 / \$11,000	\$4,000 / \$8,000
<b>Office Visits</b>	At Care Center: No Charge In-Network: Deductible	Deductible, then 100% Covered	Deductible, then 100% Covered	\$30 Copay	\$30 Copay	Primary Care: \$25 Copay Specialist: \$50 Copay
<b>Urgent Care</b>	At Care Center: No Charge In-Network: Deductible	Deductible, then 100% Covered	Deductible, then 100% Covered	\$30 Copay	\$30 Copay	\$50 Copay
<b>Preventive Care</b>	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
<b>MRIs, PET, CT, etc.</b>	Deductible, then 100% Covered	Deductible, then 100% Covered	Deductible, then 100% Covered	Deductible, then 20% Coinsurance	Deductible, then 20% Coinsurance	\$100 Copay
<b>Inpatient / Outpatient Hospital Services</b>	Deductible, then 100% Covered	Deductible, then 100% Covered	Deductible, then 100% Covered	Deductible, then 20% Coinsurance	Deductible, then 20% Coinsurance	20% Coinsurance
<b>Emergency Room</b>	Deductible, then 100% Covered	Deductible, then 100% Covered	Deductible, then 100% Covered	\$75 Copay, then Deductible, then 20% Coinsurance	\$75 Copay, then Deductible, then 20% Coinsurance	\$100 Copay
<b>Prescription Rx Deductible<sup>2</sup></b> (Individual / Family)	None	Included in Medical Deductible	Included in Medical Deductible	\$100 / \$300	\$100 / \$300	\$100 / \$300
<b>Retail Prescription Drugs</b> (Tier 1 / Tier 2 / Tier 3)	\$15 / \$50 / Deductible, then 100% Covered	Deductible, then 100% Covered	Deductible, then 100% Covered	Deductible, then \$10 / \$50 / \$70	Deductible, then \$10 / \$50 / \$70	Deductible, then \$10 / \$50 / \$70
<b>HSA Eligible?</b>	No	Yes	Yes	No	No	No
<b>MONTHLY EMPLOYEE COST</b>						
<b>Employee Only</b>	\$0.00	\$0.00	\$35.34	\$32.47	\$70.54	\$153.27
<b>Employee + Spouse</b>	\$678.05	\$652.85	\$738.03	\$731.13	\$822.86	\$1,022.24
<b>Employee + Child(ren)</b>	\$375.95	\$356.50	\$419.06	\$415.00	\$482.47	\$627.80
<b>Family</b>	\$1,042.61	\$1,009.36	\$1,121.76	\$1,112.65	\$1,233.69	\$1,496.77

+Primary care, including x-rays, labs and behavioral health service, is completely covered a Spira Care Centers.

<sup>1</sup>Medical Deductible and Out-of-Pocket Maximum decreases by \$100 / \$200 on Plans 1, 2, and 6 with completion of screening and HRA.

<sup>2</sup>Prescription Rx Deductible is waived on Plans 3, 4, and 5 with completion of screening and HRA.

<sup>3</sup>Out-of-Pocket Maximum: The amount members pay each year toward covered services before Blue Cross and Blue Shield of Kansas City pays 100% of benefits. This includes the total of deductible, coinsurance, copays, and Rx drugs.



The information listed above is based upon in-network services only; out-of-network services are paid differently.