



Belton School District Blue Cross Blue Shield of Kansas City Medical Comparison Effective July 1, 2020

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	www.bluekc.com		www.bluekc.com		www.bluekc.com		www.bluekc.com		www.bluekc.com	
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	
Annual Deductible (calendar year)⁽¹⁾										
Individual	\$2,700 \$3,000	\$5,400 \$6,000	\$2,700 \$2,800		N/A		N/A		\$500	
Family	\$5,400 \$6,000	\$10,800 \$12,000	\$5,400 \$5,600		N/A		N/A		\$1,000	
Coinsurance										
Member Pays	0% 20%	30% 40%	0%	20%	0%		0%	20%	50%	
Maximum Out-of-Pocket (calendar year)⁽²⁾										
Individual	\$2,700 \$5,500	\$10,800 \$15,000	\$2,700 \$2,800	\$5,400 \$5,600	\$6,250		\$3,000	\$2,750	\$8,250	
Family	\$5,400 \$11,000	\$27,000 \$30,000	\$5,400 \$5,600	\$10,800 \$11,200	\$13,200		\$6,000	\$5,500	\$16,500	
Physician Services										
Preventive Care	\$0	Deductible then 30% 40%	\$0	Deductible then 20%	\$0		\$0	\$0	Deductible then 50%	
Office Visits	Deductible then 20%	Deductible then 30% 40%	Deductible	Deductible then 20%	\$40 / \$80		\$30 / \$60	\$20	Deductible then 50%	
Diagnostic (Non-routine) X-Ray	Deductible then 20%	Deductible then 30% 40%	Deductible	Deductible then 20%	\$0		\$0	Deductible then 20%	Deductible then 50%	
Diagnostic (Non-routine) Labs	Deductible then 20%	Deductible then 30% 40%	Deductible	Deductible then 20%	\$0		\$0	\$0	Deductible then 50%	
Routine Eye Exam (every year)	Deductible then 20%	Deductible then 30% 40%	Deductible	Deductible then 20%	\$10		\$10	\$20	Deductible then 50%	
Chiropractic Services (unlimited visits)	Deductible then 20%	Deductible then 30% 40%	Deductible	Deductible then 20%	\$40		\$30	Deductible then 20%	Deductible then 50%	
Urgent Care Center	Deductible then 20%	Deductible then 30% 40%	Deductible	Deductible then 20%	\$100		\$60	\$20	Deductible then 50%	
Hospital Services										
Inpatient Care	Deductible then 20%	Deductible then 30% 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 30% 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 30% 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%	
Prescription Drugs										
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

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