

IN-NETWORK HOSPITALS | www.BlueKC.com

Network	BlueSelect Plus	Preferred-Care Blue
Hospital Name <div style="border: 1px solid black; border-radius: 15px; background-color: #0070C0; color: white; padding: 10px; text-align: center; width: fit-content; margin: 10px auto;"> You can access all 9 Spira Care locations from any plan you choose! </div>	EPO Premium	PPO Traditional
	EPO With St. Luke's	PPO BlueSaver
	EPO Traditional	
	PPO BlueSaver	
AdventHealth Shawnee Mission	YES	YES
Belton Regional Medical Center	NO	YES
Cameron Regional Med Center	YES	YES
Cass Regional Medical Center	NO	YES
Center Point Medical Center	NO	YES
Children's Mercy Hospitals	YES	YES
Lee's Summit Hospital	NO	YES
Liberty Hospital	YES	YES
Menorah Medical Center	NO	YES
North Kansas City Hospital	YES	YES
Olathe Health System	YES	YES
Overland Park Regional Med Center	NO	YES
Providence Medical Center	YES	YES
Research Medical Center	NO	YES
St. Joseph Medical Center	YES	NO
St. Luke's Health System	LEVEL 1	YES
St. Mary's Medical Center	YES	NO
University Health (Formerly Truman Medical Centers)	YES	YES
University of Kansas Health System	YES	YES

Premium	The amount you pay for your health insurance each month. Typically, your premium will be automatically deducted from your paychecks and is based on the plan option you choose. Health insurance premiums are deducted pre-tax from your paychecks.
Deductible	The amount you pay for healthcare services before your plan starts to pay. Common services subject to deductibles: • Inpatient / Outpatient Hospital • Durable Medical Equipment - Diabetic Pumps, CPAP Machines Your deductible resets each January 1st.
Copay	A fixed amount you pay, usually at the time of healthcare service. Copays will not apply to your deductible but will apply to your out-of-pocket maximum.
Coinsurance	Your share of the costs you pay, calculated as a percentage (for example, you pay 20%, insurance pays 80%).
Out-of-Pocket Maximum (OOPM)	Your out-of-pocket maximum is the maximum dollar amount you pay toward covered services in a calendar year. Once you have met your OOPM, your health insurance plan pays 100% of in-network covered services for the remainder of the benefit period. Your out-of-pocket maximum resets each January 1st
Exclusive Provider Organization (EPO)	<ul style="list-style-type: none"> • Requires members to see in-network providers. • Does not require a designated primary care physician (PCP) • Non-emergency services received from out-of-network providers will not be covered
Preferred Provider Organization (PPO)	<ul style="list-style-type: none"> • Encourages members to see in-network providers. • Does not require a designated primary care physician (PCP) • Receive care from any hospital or physician, but benefits are greater when you stay in network