

IN-NETWORK PLAN COMPARISON

*Shaded box indicates a change for 5/1/26

Key Differences	EPO Premium	EPO KCMO Custom Plan		EPO Traditional	PPO Traditional	PPO BlueSaver Premium	PPO BlueSaver Base
Network	BlueSelect Plus	St. Luke's + BlueSelect Plus		BlueSelect Plus	Preferred-Care Blue	Preferred-Care Blue	BlueSelect Plus
HSA Eligible?	NO	NO		NO	NO	YES	YES
		Level 1 St. Luke's	Level 2 BlueSelect Plus				
Deductible <i>(Ded is calendar year 1/1-12/31)</i>	N/A	N/A	N/A	\$1,250 individual / \$2,500 family	\$500 individual / \$1,000 family	\$3,750 individual / \$7,500 family	\$3,750 individual / \$7,500 family
Coinsurance	N/A	N/A	N/A	Member pay: 0% BC pay: 100%	Member pay: 10% BC pay: 90%	Member pay: 0% BC pay: 100%	Member pay: 0% BC pay: 100%
Out-of-Pocket Maximum <i>(OOP is calendar year 1/1-12/31)</i>	\$4,250 individual / \$8,500 family	\$3,000 individual / \$6,000 family	\$4,000 individual / \$8,000 family	\$1,250 individual / \$2,500 family	\$2,500 individual / \$5,000 family	\$3,750 individual / \$7,500 family	\$3,750 individual / \$7,500 family
Office Visits	PCP: \$20 Specialist: \$40 SPIRA CARE - \$0	PCP: \$15 Specialist: \$50	PCP: \$20 Specialist: \$60 SPIRA CARE - \$0	Deductible then 0% SPIRA CARE - \$0	PCP: \$25 Specialist: \$50 SPIRA CARE - \$0	Deductible then 0% SPIRA CARE - \$60	Deductible then 0% SPIRA CARE - \$60
Preventative Care	100%	100%		100%	100%	100%	100%
Inpatient/Outpatient Hospital Services	\$200 copay per day / occurrence 5 copay maximum	\$150 copay per day / occurrence 5 copay maximum	\$300 copay per day / occurrence 5 copay maximum	Deductible then 0%	Deductible then 10%	Deductible then 0%	Deductible then 0%
MRI's, PET, CT scans etc.	\$150 copay	\$150 copay		Deductible then 0%	Deductible then 10%	Deductible then 0%	Deductible then 0%
Urgent Care	\$40 copay	\$40 copay	\$50 copay	Deductible then 0%	\$50 copay	Deductible then 0%	Deductible then 0%
Vision Care	\$10 copay	\$10 copay	\$10 copay	Deductible then 0%	Not Covered	Not Covered	Not Covered
Emergency Room <i>(copay waived if admitted)</i>	\$175 copay	\$175 copay		Deductible then 0%	\$200 copay	Deductible then 0%	Deductible then 0%
Prescription Drugs	Retail: \$15 / \$60 / \$80 Mail Order: \$45 / \$180 / \$240 LT Retail: \$45 / \$180 / \$240	\$12 / \$35 / \$60 \$24 / \$70 / \$120 \$36 / \$105 / \$180		\$15 / \$50 / Deductible \$15 / \$125 / Deductible \$15 / \$125 / Deductible	\$12 / \$35 / \$60 \$24 / \$70 / \$120 \$36 / \$105 / \$180	Deductible then 0%	Deductible then 0%

Out-of-Pocket Maximum includes all medical and Rx copays.