

# Key Differences (In-network)

	QHDHP Spira Care EPO BlueSelect Plus	Traditional Spira Care EPO BlueSelect Plus	Traditional Spira Care EPO BlueSelect Plus	QHDHP Preferred Care Blue	Traditional PPO Preferred Care Blue
<b>HSA Eligible?</b>	<b>YES</b>	<b>NO</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>
<b>Deductible</b>	\$3,000 indiv \$6,000 fam	\$2,500 indiv \$5,000 fam	\$1,000 indiv \$2,000 fam	\$2,700 indiv \$5,400 fam	\$500 indiv \$1,000 fam
<b>Coinsurance</b>	Member pays: <b>0%</b> BlueKC pays: 100%	Member pays: <b>0%</b> BlueKC pays: 100%	Member pays: <b>0%</b> BlueKC pays: 100%	Member pays: <b>20%</b> BlueKC pays: 80%	Member pays: <b>20%</b> BlueKC pays: 80%
<b>Out-of-Pocket Maximum*</b>	\$3,000 indiv \$6,000 fam	\$2,500 indiv \$5,000 fam	\$1,000 indiv \$2,000 fam	\$4,000 indiv \$8,000 fam	\$4,500 indiv \$9,000 fam
<b>Office Visits</b>	Spira Care \$60 charge BSP: Deductible then 0%	Spira Care: No Charge BSP: Deductible then 0%	Spira Care: No Charge BSP: Deductible then 0%	Deductible then 20%	PCP: \$35 copay Specialist:\$70 copay
<b>Preventive Care</b>	0%	0%	0%	0%	0%
<b>Routine Vision</b>	Deductible then 0%	Deductible then 0%	Deductible then 0%	Deductible then 20%	\$35 copay
<b>In/Outpatient Hospital</b>	Deductible then 0%	Deductible then 0%	Deductible then 0%	Deductible then 20%	Deductible then 20%
<b>MRI's PET, CT etc.</b>	Deductible then 0%	Deductible then 0%	Deductible then 0%	Deductible then 20%	Deductible then 20%
<b>Urgent Care</b>	Spira Care: \$60 charge BSP: Deductible then 0%	Spira Care: No charge BSP: Deductible then 0%	Spira Care: No charge BSP: Deductible then 0%	Deductible then 20%	\$70 copay
<b>Emergency Room</b>	Deductible then 0%	Deductible then 0%	Deductible then 0%	Deductible then 20%	\$150 copay, then deductible then 20%
<b>Prescription Drugs</b>	Deductible then 0%	\$15/\$50/Deductible \$15/\$125/Deductible  VBB Eligible: \$0/\$0/Deductible	\$15/\$50/Deductible \$15/\$125/Deductible  VBB Eligible: \$0/\$0/Deductible	Deductible then \$10/\$60/\$80 \$30/\$180/\$240  VBB Eligible: Deductible then \$0/\$0/\$40	\$10/\$60/\$80 \$30/\$180/\$240  VBB Eligible: \$0/\$0/\$40

\*Out-of-Pocket Maximum: The amount members pay each year toward covered services before Blue KC pays 100% of benefits. This includes total of deductible, coinsurance, office visit copays and Rx drugs.