

BlueEdge Quad Option 1	CB1	CB2	CB3	CB4 Qualified High Deductible Health Program
Deductible	\$500 per person / \$1,000 family	\$1,000 per person / \$2,000 family	\$1,500 per person / \$3,000 family	\$3,200 per person / \$6,400 family
Coinsurance (percentage paid by member)	20%	20%	20%	\$0
Coinsurance maximum	\$1,000 per person / \$2,000 family	\$1,000 per person / \$2,000 family	\$1,000 per person / \$2,000 family	Coinsurance to out-of-pocket max
Annual out-of-pocket maximum	\$5,000 per person / \$10,000 family	\$5,000 per person / \$10,000 family	\$5,000 per person / \$10,000 family	\$6,350 per person / \$12,700 family
Primary care doctor	\$25 copay	\$25 copay	\$25 copay	Subject to deductible
Specialists	\$50 copay	\$50 copay	\$50 copay	Subject to deductible
Virtual doctor visits/telemedicine	\$25 copay	\$25 copay	\$25 copay	Subject to deductible
Preventive care	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%
Emergency room	\$250 copay, then subject to deductible/coinsurance	\$250 copay, then subject to deductible/coinsurance	\$250 copay, then subject to deductible/coinsurance	Subject to deductible
Emergency room transportation	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Inpatient surgery	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Inpatient facility fee	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Outpatient lab work and radiology	Paid at 100% of the allowable charge up to a combined max of \$300 for each covered person, each benefit period	Paid at 100% of the allowable charge up to a combined max of \$300 for each covered person, each benefit period	Paid at 100% of the allowable charge up to a combined max of \$300 for each covered person, each benefit period	Subject to deductible
Outpatient rehabilitation	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Hospice	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Chiropractic care	\$50 copay	\$50 copay	\$50 copay	Subject to deductible
BlueRx Card Retail Pharmacy ¹	\$15 generic / \$50 preferred brand / \$75 non-preferred \$150 specialty preferred / 20% coinsurance up to \$250 max for specialty non-preferred ³	\$15 generic / \$50 preferred brand / \$75 non-preferred \$150 specialty preferred / 20% coinsurance up to \$250 max for specialty non-preferred ³	\$15 generic / \$50 preferred brand / \$75 non-preferred \$150 specialty preferred / 20% coinsurance up to \$250 max for specialty non-preferred ³	Subject to deductible. Once deductible is met, copays apply. \$15 generic / \$50 preferred brand / \$75 non-preferred \$150 specialty preferred / 20% coinsurance up to \$250 max for specialty non-preferred ³
Mail order drugs ²	\$37.50 generic / \$125 brand name / \$187.50 non-preferred	\$37.50 generic / \$125 brand name / \$187.50 non-preferred	\$37.50 generic / \$125 brand name / \$187.50 non-preferred	Subject to deductible. Once deductible is met, copays apply. \$37.50 generic / \$125 brand name / \$187.50 non-preferred

1 Quantity is a 30-day supply or 90-day supply (3x copay) through the Extended Supply Network at a retail pharmacy.

2 Quantity is a 90-day supply, available through Express Scripts.

3 Designated specialty pharmacy, Accredo.

Blue Cross and Blue Shield of Kansas reserves the right to review final enrollment within ChamberBlue to confirm rates.

BlueEdge Quad Option 2	CB5	CB6	CB7	CB8 Qualified High Deductible Health Program
Deductible	\$1,500 per person / \$3,000 family	\$2,500 per person / \$5,000 family	\$3,500 per person / \$7,000 family	\$5,000 per person / \$10,000 family
Coinsurance (percentage paid by member)	20%	20%	20%	\$0
Coinsurance maximum	Coinsurance to out-of-pocket max	Coinsurance to out-of-pocket max	Coinsurance to out-of-pocket max	Coinsurance to out-of-pocket max
Annual out-of-pocket maximum	\$6,350 per person / \$12,700 family	\$6,350 per person / \$12,700 family	\$6,350 per person / \$12,700 family	\$6,350 per person / \$12,700 family
Primary care doctor	\$35 copay	\$35 copay	\$35 copay	Subject to deductible
Specialists	\$70 copay	\$70 copay	\$70 copay	Subject to deductible
Virtual doctor visits/telemedicine	\$35 copay	\$35 copay	\$35 copay	Subject to deductible
Preventive care	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%
Emergency room	\$250 copay, then subject to deductible/coinsurance	\$250 copay, then subject to deductible/coinsurance	\$250 copay, then subject to deductible/coinsurance	Subject to deductible
Emergency room transportation	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Inpatient surgery	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Inpatient facility fee	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Outpatient lab work and radiology	Paid at 100% of the allowable charge up to a combined max of \$300 for each covered person, each benefit period	Paid at 100% of the allowable charge up to a combined max of \$300 for each covered person, each benefit period	Paid at 100% of the allowable charge up to a combined max of \$300 for each covered person, each benefit period	Subject to deductible
Outpatient rehabilitation	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Hospice	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Chiropractic care	\$70 copay	\$70 copay	\$70 copay	Subject to deductible
BlueRx Card Retail Pharmacy ¹	\$15 generic / \$50 preferred brand / \$75 non-preferred \$150 specialty preferred / 20% coinsurance up to \$250 max for specialty non-preferred ³	\$15 generic / \$50 preferred brand / \$75 non-preferred \$150 specialty preferred / 20% coinsurance up to \$250 max for specialty non-preferred ³	\$15 generic / \$50 preferred brand / \$75 non-preferred \$150 specialty preferred / 20% coinsurance up to \$250 max for specialty non-preferred ³	Subject to deductible. Once deductible is met, copays apply. \$15 generic / \$50 preferred brand / \$75 non-preferred \$150 specialty preferred / 20% coinsurance up to \$250 max for specialty non-preferred ³
Mail order drugs ²	\$37.50 generic / \$125 brand name / \$187.50 non-preferred	\$37.50 generic / \$125 brand name / \$187.50 non-preferred	\$37.50 generic / \$125 brand name / \$187.50 non-preferred	Subject to deductible. Once deductible is met, copays apply. \$37.50 generic / \$125 brand name / \$187.50 non-preferred

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Monthly premiums

Quad Option 1	Self only	Self + Child	Self + Spouse	Self + Family	
CB1	< 26	\$534.37	\$1,060.84	\$1,124.30	\$1,650.76
	26-29	\$567.52	\$1,128.00	\$1,195.55	\$1,756.03
	30-34	\$612.19	\$1,218.51	\$1,291.59	\$1,897.91
	35-39	\$633.08	\$1,260.85	\$1,336.51	\$1,964.28
	40-44	\$670.54	\$1,336.76	\$1,417.06	\$2,083.28
	45-49	\$777.17	\$1,552.82	\$1,646.31	\$2,421.96
	50-54	\$981.07	\$1,965.97	\$2,084.68	\$3,069.59
	55-59	\$1,233.23	\$2,476.93	\$2,626.83	\$3,870.54
	60-64	\$1,480.35	\$2,977.68	\$3,158.15	\$4,655.47
65+	\$1,555.28	\$3,129.51	\$3,319.24	\$4,893.47	
CB2	< 26	\$519.05	\$1,029.78	\$1,091.34	\$1,602.07
	26-29	\$551.20	\$1,094.93	\$1,160.46	\$1,704.19
	30-34	\$594.53	\$1,182.73	\$1,253.63	\$1,841.83
	35-39	\$614.80	\$1,223.80	\$1,297.21	\$1,906.21
	40-44	\$651.14	\$1,297.45	\$1,375.35	\$2,021.66
	45-49	\$754.59	\$1,507.06	\$1,597.75	\$2,350.22
	50-54	\$952.39	\$1,907.86	\$2,023.02	\$2,978.49
	55-59	\$1,197.02	\$2,403.55	\$2,548.98	\$3,755.51
	60-64	\$1,436.75	\$2,889.33	\$3,064.41	\$4,516.98
65+	\$1,509.44	\$3,036.62	\$3,220.69	\$4,747.87	
CB3	< 26	\$506.44	\$1,004.24	\$1,064.25	\$1,562.04
	26-29	\$537.78	\$1,067.74	\$1,131.62	\$1,661.58
	30-34	\$580.02	\$1,153.33	\$1,222.43	\$1,795.73
	35-39	\$599.77	\$1,193.36	\$1,264.90	\$1,858.48
	40-44	\$635.20	\$1,265.14	\$1,341.07	\$1,971.00
	45-49	\$736.02	\$1,469.44	\$1,557.84	\$2,291.25
	50-54	\$928.81	\$1,860.09	\$1,972.34	\$2,903.61
	55-59	\$1,167.25	\$2,343.23	\$2,484.97	\$3,660.95
	60-64	\$1,400.91	\$2,816.71	\$2,987.36	\$4,403.14
65+	\$1,471.76	\$2,960.27	\$3,139.68	\$4,628.17	
CB4	< 26	\$463.72	\$917.68	\$972.40	\$1,426.35
	26-29	\$492.30	\$975.59	\$1,033.84	\$1,517.12
	30-34	\$530.82	\$1,053.63	\$1,116.65	\$1,639.46
	35-39	\$548.83	\$1,090.14	\$1,155.38	\$1,696.68
	40-44	\$581.14	\$1,155.60	\$1,224.84	\$1,799.29
	45-49	\$673.08	\$1,341.90	\$1,422.52	\$2,091.33
	50-54	\$848.89	\$1,698.15	\$1,800.51	\$2,649.76
	55-59	\$1,066.33	\$2,138.74	\$2,288.00	\$3,340.39
	60-64	\$1,279.41	\$2,570.51	\$2,726.13	\$4,017.21
65+	\$1,344.02	\$2,701.43	\$2,865.04	\$4,222.43	

Quad Option 2	Self only	Self + Child	Self + Spouse	Self + Family	
CB5	< 26	\$482.26	\$955.24	\$1,012.25	\$1,485.24
	26-29	\$512.04	\$1,015.58	\$1,076.27	\$1,579.82
	30-34	\$552.17	\$1,096.90	\$1,162.55	\$1,707.29
	35-39	\$570.94	\$1,134.93	\$1,202.91	\$1,766.91
	40-44	\$604.60	\$1,203.13	\$1,275.28	\$1,873.82
	45-49	\$700.40	\$1,397.25	\$1,481.24	\$2,178.10
	50-54	\$883.58	\$1,768.42	\$1,875.08	\$2,759.94
	55-59	\$1,110.12	\$2,227.48	\$2,362.16	\$3,479.52
	60-64	\$1,332.14	\$2,677.35	\$2,839.49	\$4,184.72
65+	\$1,399.46	\$2,813.75	\$2,984.22	\$4,398.54	
CB6	< 26	\$467.38	\$925.09	\$980.26	\$1,437.97
	26-29	\$496.20	\$983.48	\$1,042.21	\$1,529.49
	30-34	\$535.03	\$1,062.17	\$1,125.71	\$1,652.85
	35-39	\$553.20	\$1,098.98	\$1,164.77	\$1,710.54
	40-44	\$585.77	\$1,164.98	\$1,234.79	\$1,814.00
	45-49	\$678.47	\$1,352.82	\$1,434.11	\$2,108.46
	50-54	\$855.74	\$1,712.01	\$1,815.23	\$2,671.51
	55-59	\$1,074.97	\$2,156.24	\$2,286.58	\$3,367.86
	60-64	\$1,289.82	\$2,591.59	\$2,748.51	\$4,050.28
65+	\$1,354.96	\$2,723.59	\$2,888.57	\$4,257.19	
CB7	< 26	\$457.55	\$905.17	\$959.13	\$1,406.75
	26-29	\$485.73	\$962.27	\$1,019.71	\$1,496.25
	30-34	\$523.71	\$1,039.23	\$1,101.36	\$1,616.88
	35-39	\$541.47	\$1,075.22	\$1,139.56	\$1,673.31
	40-44	\$573.33	\$1,139.77	\$1,208.04	\$1,774.48
	45-49	\$663.99	\$1,323.47	\$1,402.96	\$2,062.45
	50-54	\$837.34	\$1,674.75	\$1,775.68	\$2,613.09
	55-59	\$1,051.74	\$2,109.18	\$2,236.64	\$3,294.08
	60-64	\$1,261.85	\$2,534.93	\$2,688.39	\$3,961.46
65+	\$1,325.56	\$2,664.02	\$2,825.36	\$4,163.82	
CB8	< 26	\$417.17	\$823.34	\$872.30	\$1,278.47
	26-29	\$442.73	\$875.15	\$927.27	\$1,359.69
	30-34	\$477.20	\$944.98	\$1,001.37	\$1,469.15
	35-39	\$493.32	\$977.65	\$1,036.02	\$1,520.35
	40-44	\$522.22	\$1,036.21	\$1,098.17	\$1,612.16
	45-49	\$604.49	\$1,202.91	\$1,275.04	\$1,873.46
	50-54	\$761.79	\$1,521.66	\$1,613.25	\$2,373.11
	55-59	\$956.34	\$1,915.87	\$2,031.52	\$2,991.06
	60-64	\$1,147.00	\$2,302.20	\$2,441.44	\$3,596.64
65+	\$1,204.80	\$2,419.34	\$2,565.73	\$3,780.26	

Option Combinations

Hi/Low
Any combo within CB 1 & 4
Any combo within CB 5 & 8
CB 4 (HDHP) can pair with any option
CB 8 (HDHP) can pair with CB 3–7

Triple	
CB 1, 2, 3	CB 5, 6, 7
CB 1, 2, 4	CB 5, 6, 8
CB 2, 3, 4	CB 6, 7, 8
CB 3, 4, 8	

Quad
CB 1–4
CB 5–8