

Changes to Blue Cross and Blue Shield of Kansas City Medical

B1 EPO

BENEFIT CATEGORY	2023-2024	2022-2023
ER VISIT	\$250 COPAY	\$150 COPAY
IN-PATIENT HOSPITAL	\$600 COPAY (PER ADMIT)	\$500 COPAY PER ADMIT
OTHER RADIOLOGY (MRI, CT, PET, MRA)	\$250 COPAY	\$75 COPAY
OUT-PATIENT HOSPITAL	\$600 COPAY	\$500 COPAY
CALENDAR YEAR OUT OF POCKET MAXIMUM (INDIVIDUAL)	\$6,500	\$3,500
CALENDAR YEAR OUT OF POCKET MAXIMUM (FAMILY)	\$13,000	\$7,000

B2 HDHP (HIGH DEDUCTIBLE HEALTH PLAN)

BENEFIT CATEGORY	2023-2024	2022-2023
DEDUCTIBLE (INDIVIDUAL)	\$1,900	\$1,400
DEDUCTIBLE (FAMILY)	\$3,800	\$2,800
CALENDAR YEAR OUT OF POCKET MAXIMUM (INDIVIDUAL)	\$4,500	\$3,750
CALENDAR YEAR OUT OF POCKET MAXIMUM (FAMILY)	\$9,000	\$7,500

B3 EPO/SPIRA Care

BENEFIT CATEGORY	2023-2024	2022-2023
DEDUCTIBLE (INDIVIDUAL)	\$1,550	\$1,350
DEDUCTIBLE (FAMILY)	\$3,100	\$2,700
CALENDAR YEAR OUT OF POCKET MAXIMUM (INDIVIDUAL)	\$1,550	\$1,350
CALENDAR YEAR OUT OF POCKET MAXIMUM (FAMILY)	\$3,100	\$2,700

Changes to Dental

BENEFIT CATEGORY	2023-2024	2022-2023
DENTAL CARRIER	AMERITAS	DELTA DENTAL OF MISSOURI

All Other Plans

- ◆ EyeMed Vision – benefit design and rates remain the same
- ◆ MetLife Products – benefit design and rates remain the same
- ◆ Trustmark Life and Long-Term Care – benefit design and rates remain the same
- ◆ All-State Identity Theft – benefit design and rates remain the same