

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	\$3,000 per person / \$6,000 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
Monthly Premium				
Self only	\$678.10	\$658.40	\$641.58	\$593.37
Self + Child	\$1,352.15	\$1,312.24	\$1,278.16	\$1,180.47
Self + Spouse	\$1,433.39	\$1,391.05	\$1,354.88	\$1,251.23
Self + Family	\$2,107.45	\$2,044.89	\$1,991.46	\$1,838.33

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, Accreddo.

BCBSKS 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
Monthly Premium				
Self only	\$609.65	\$589.82	\$576.97	\$524.78
Self + Child	\$1,213.45	\$1,173.27	\$1,147.22	\$1,041.48
Self + Spouse	\$1,286.23	\$1,243.60	\$1,215.96	\$1,103.76
Self + Family	\$1,890.03	\$1,827.05	\$1,786.22	\$1,620.46

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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