



Built with your business in mind

Designed for businesses
with 3-100 employees.



Level-funded plans to help your employees

With eight BlueEdge plan options, you have the flexibility to choose an individual plan, or offer plans in a Quad option as listed on each page. This gives you the flexibility to choose a plan that meet your employee coverage needs.

Why level-funded?

Value for your business:

- Advanced pharmacy benefit
- Blue Cross meets all Kansas mandates
- Multiple plan options
- Composite rating: Premium based on the average risk profile of the group

Guaranteed renewability

With guaranteed renewability, you will have the right to renew your policy regardless of changes in member

health status or claims history. Guaranteed renewability does not guarantee that premiums will remain the same from year to year.

A new alternative for group health insurance

Blue Cross and Blue Shield of Kansas provides an alternative to traditional, fully insured Affordable Care Act group health plans.

As a self-funding solution, these benefit rich plans are designed to help you share in the savings good health brings.

We will help evaluate your maximum claims risk, then blend specific and aggregate stop loss insurance (risk coverage) to create a level funding plan for ease of budgeting each month.

Plan comparison	
BlueEdge Level Funding	Traditional ACA Plan
Risk is underwritten	Subject to community rating
Risk is capped through stop loss	Risk is capped through fully insured premium
Opportunity for reimbursement when claims are lower than expected	Risk and reward is pooled and shared among the entire pool
Rates reflect a group's claims experience	Rates reflect the group's community experience

How does level-funding work?

With a level-funded plan, the fixed employee monthly premium is made up of three parts:

1 Expected medical and pharmacy costs

Covers claims made by employees and their dependents. This is the maximum you will have to pay for any claims during the coverage year.

2 Administration fees

Covers certain services, such as claims processing, customer service and billing.

3 Built-in stop loss policy

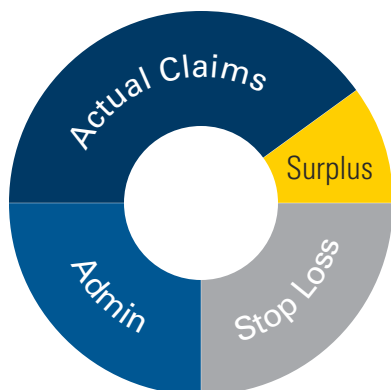
Pays for any covered cost above the annualized claims expense. This is financial protection for unexpected claims and ensures there are no additional expenses.

Built to help you save

BlueEdge level-funded plans have been carefully designed to include stop loss and refund options to provide financial security.

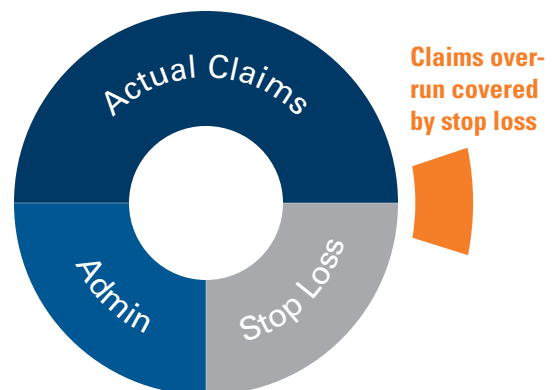
Lower-than-expected claims

When a group pays their monthly premium, a portion of that payment covers claims. At the end of the year, if claims are lower than expected, you may be eligible to share in half of the settlement reimbursement.



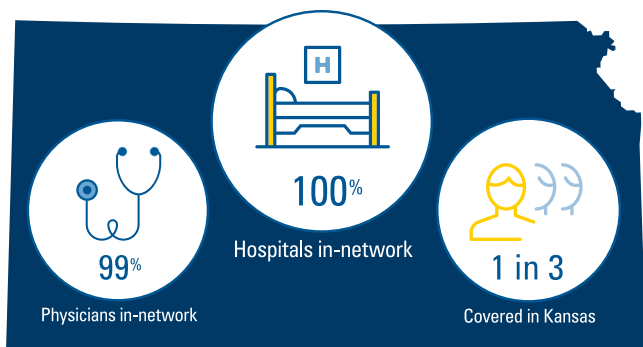
Higher-than-expected claims

If the total claims are more than the amount paid, your group would be protected and you would not owe any additional money. If the total claims are more than the amount paid, stop loss coverage will cover the claims cost.



Network coverage

We understand the importance of having access to high quality health care services. Getting to choose their own doctor, hospital and pharmacy is important to your employees. At Blue Cross, they have that freedom.

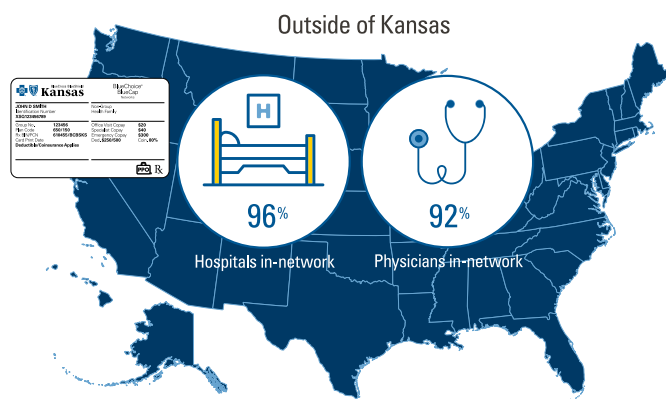


Network: BlueChoice

BlueChoice is our statewide Kansas network, made up of 99% of Kansas doctors and 100% of eligible Kansas hospitals and acute care facilities.

Nationwide Access

Blue Cross members have access to a national network called the BlueCard® Program. Through the BlueCard PPO network, your employees have access to higher-performing, higher-value healthcare wherever they live, work or travel – giving them access everywhere within the United States.



Built for
flexibility



A photograph of a middle-aged man with grey hair, wearing a light blue button-down shirt, standing at a pharmacy counter. He is smiling and looking at a female pharmacist with dark curly hair, who is also smiling and looking at him. She is wearing a white lab coat over a blue shirt. They are both holding a small white card or piece of paper. The background shows shelves stocked with various medications and pharmacy supplies.

Built to manage pharmacy spend

Pharmacy coverage

The BlueEdge level-funded plans utilize the ResultsRx formulary.

	Retail Pharmacy ¹	Mail Order ²
Tier 1	\$15	\$37.50
Tier 2	\$50	\$125
Tier 3	\$75	\$187.50
Tier 4 ³	\$150	Specialty drugs not covered
	20% coinsurance up to \$250 max for Tier 5 ³	

¹ Quantity is a 30-day supply.

² Quantity is a 90-day supply, available through the Extended Supply Network.

³ Designated specialty pharmacy.

BlueEdge Level-Funded Plans

	CMZCC	CMZDC	CMZEC	H182A
Deductible	\$1,500 / \$3,000	\$2,500 / \$5,000	\$3,500 / \$7,000	\$5,000 / \$10,000
HSA compliant	No	No	No	Yes
Coinurance (% paid by member)	20% of allowed amounts after deductible	20% of allowed amounts after deductible	20% of allowed amounts after deductible	\$0
Coinurance maximum	N/A	N/A	N/A	N/A
Total deductible plus coinsurance	N/A	N/A	N/A	N/A
Annual out-of-pocket maximum	\$6,350 / \$12,700	\$6,350 / \$12,700	\$6,350 / \$12,700	\$6,350 / \$12,700
Home and office visits – Primary & Telemedicine	\$35 copay per visit	\$35 copay per visit	\$35 copay per visit	Subject to deductible
Home and office visits – Specialists	\$70 copay per visit	\$70 copay per visit	\$70 copay per visit	Subject to deductible
Telemedicine	AmWell virtual visits are covered at 100%. Virtual visit with a non-AmWell provider is covered at 100%.			Services provided via Telemedicine are subject to the same Cost Sharing provisions as a non-Telemedicine service.
Preventive care (as defined by the ACA) ¹	Paid at 100% of allowable charge	Paid at 100% of allowable charge	Paid at 100% of allowable charge	Paid at 100% of allowable charge
Prescription drugs – Retail ²	\$15 / \$50 / \$75 / \$150 Spec. Non-preferred: 20% coinsurance not to exceed \$250	\$15 / \$50 / \$75 / \$150 Spec. Non-preferred: 20% coinsurance not to exceed \$250	\$15 / \$50 / \$75 / \$150 Spec. Non-preferred: 20% coinsurance not to exceed \$250	Integrated drugs until deductible met, then \$15 / \$50 / \$75 / \$150; Spec. Non-preferred: 20% coinsurance not to exceed \$250 ³
Prescription drugs – Mail order ²	\$37.50 / \$125 / \$187.50 / Specialty drugs not covered	\$37.50 / \$125 / \$187.50 / Specialty drugs not covered	\$37.50 / \$125 / \$187.50 / Specialty drugs not covered	\$37.50 / \$125 / \$187.50 / Specialty drugs not covered
Emergency medical transportation	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Inpatient surgery physician/surgical	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 surgery physician/surgical	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Outpatient lab, radiology and advanced imaging	Paid at 100% of allowable charge up to \$300 per person	Paid at 100% of allowable charge up to \$300 per person	Paid at 100% of allowable charge up to \$300 per person	Subject to deductible
Emergency room	\$250 copay then deductible/coinsurance	\$250 copay then deductible/coinsurance	\$250 copay then deductible/coinsurance	Subject to deductible
Accidental injury services	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	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
Home social work visits	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Mental illness/substance use disorders – Inpatient services	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Mental illness/substance use disorders – Outpatient services	\$35 copay per visit	\$35 copay per visit	\$35 copay per visit	Subject to deductible

	CMZFC	CMZGC	CMZHC	H181A
Deductible	\$500 / \$1,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$3,400 / \$6,800
HSA compliant	No	No	No	Yes
Coinurance (% paid by member)	20% of allowed amounts after deductible	20% of allowed amounts after deductible	20% of allowed amounts after deductible	\$0
Coinurance maximum	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000	N/A
Total deductible plus coinsurance	\$1,500 / \$3,000	\$2,000 / \$4,000	\$2,500 / \$5,000	N/A
Annual out-of-pocket maximum	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$6,350 / \$12,700
Home and office visits – Primary & Telemedicine	\$25 copay per visit	\$25 copay per visit	\$25 copay per visit	Subject to deductible
Home and office visits – Specialists	\$50 copay per visit	\$50 copay per visit	\$50 copay per visit	Subject to deductible
Telemedicine	AmWell virtual visits are covered at 100%. Virtual visit with a non-AmWell provider is covered at 100%.			Services provided via Telemedicine are subject to the same Cost Sharing provisions as a non-Telemedicine service.
Preventive care (as defined by the ACA) ¹	Paid at 100% of allowable charge	Paid at 100% of allowable charge	Paid at 100% of allowable charge	Paid at 100% of allowable charge
Prescription drugs – Retail ²	\$15 / \$50 / \$75 / \$150 Spec. Non-preferred: 20% coinsurance not to exceed \$250	\$15 / \$50 / \$75 / \$150 Spec. Non-preferred: 20% coinsurance not to exceed \$250	\$15 / \$50 / \$75 / \$150 Spec. Non-preferred: 20% coinsurance not to exceed \$250	Integrated drugs until deductible met, then \$15 / \$50 / \$75 / \$150; Spec. Non-preferred: 20% coinsurance not to exceed \$250 ³
Prescription drugs – Mail order ²	\$37.50 / \$125 / \$187.50 / Specialty drugs not covered	\$37.50 / \$125 / \$187.50 / Specialty drugs not covered	\$37.50 / \$125 / \$187.50 / Specialty drugs not covered	\$37.50 / \$125 / \$187.50 / Specialty drugs not covered
Emergency medical transportation	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Inpatient surgery physician/surgical	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 surgery physician/surgical	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Outpatient lab, radiology and advanced imaging	Paid at 100% of allowable charge up to \$300 per person	Paid at 100% of allowable charge up to \$300 per person	Paid at 100% of allowable charge up to \$300 per person	Subject to deductible
Emergency room	\$250 copay then deductible/coinsurance	\$250 copay then deductible/coinsurance	\$250 copay then deductible/coinsurance	Subject to deductible
Accidental injury services	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	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
Home social work visits	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Mental illness/substance use disorders – Inpatient services	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible
Mental illness/substance use disorders – Outpatient services	\$25 copay per visit	\$25 copay per visit	\$25 copay per visit	Subject to deductible

¹ Services include routine screenings, preventive immunizations, well-women visits/screenings and contraceptive methods.

² A 90-day supply is available through the Extended Supply Network. Quantity per prescription is 30-day pharmacy supply or 90-day mail order supply. Designated Specialty Pharmacy.

³ Integrated drugs (pharmacy submitted).

All plans: Unlimited maximum lifetime benefit and eligible dependents covered to age 26.

Benefits of Blue

BlueAccess®

Our secure member portal puts you in control. It's your one-stop shop for understanding, managing and maximizing your health insurance benefits. Review your benefits, track claims and get access to Strive, Blue365, mental health resources and SmartShopper®.

bcbsks.com/blueaccess

Save with SmartShopper®

Use SmartShopper to compare in-network prices for nearly 200+ procedures at high quality locations. Call the Care Concierge Team at **866-820-6426** or shop online to earn cash rewards and save money.

Learn more at bcbsks.com/mysmartshopper

Choose the best plan for your business.

Call **866-584-0171** to speak to a local, small business group specialist who can walk you through the process. Or, ask your representative to quote BlueEdge level-funded plans and see if it's right for you and your employees.

Visit us at bcbsks.com

