

# 2026 Large Group Plan Portfolio



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The 2026 Blue Cross and Blue Shield of Kansas (BCBSKS) Large Group Portfolio is available from January 1 until December 31, 2026. All our plans offer features and benefits designed with members' health and wellbeing in mind.

Blue Cross and Blue Shield of Kansas serves all counties in Kansas except Johnson and Wyandotte.

## Now it's even easier to boost benefits with ancillary plans

Robust, competitive benefits are essential for employers to attract and retain a talented workforce. That's why we've combined our medical coverage with some of the most popular ancillary benefits. Add Dental, Vision, Secure 300 Cancer and Hospital Indemnity, along with life insurance plans for your employees. So go ahead. Boost your groups' benefits with ancillary options.

## Complimentary programs help members take control of their health

We're empowering members to take control of their health through complimentary programs that can help them save money and prevent certain types of health conditions. Putting the power of wellness in members' hands can also help employers lower costs by reducing doctors visits and hospitalizations. Here are a few of the advantages your employees have - just for being BCBSKS members.

### **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](https://bcbsks.com/blueaccess)

### **SmartShopper®**

SmartShopper delivers cost savings and cash rewards by empowering consumers to find cost-effective care with its digital platform and personalized consumer experience.

### **Blue365®**

With Blue365, employees save money on health and wellness products and services from top retailers not covered by insurance. There are no claims to file and no referrals or preauthorizations.

### **Strive, powered by WebMD ONE**

Your employee resource for unlimited access to doctor-designed, powerful online tools, including a personalized health risk assessment and more.

### **Telehealth**

No copay for virtual office visit telehealth services with both AmWell and local providers, paid at 100% for plans with an office visit copay.

With AmWell, members may visit with a doctor and get prescriptions if they don't have a doctor or when the doctor isn't available, including after hours and weekends. For cold and flu symptoms, rashes and minor infections, members can get care 24/7.

AmWell also provides mental health services for several conditions, including anxiety, ADHD, stress and more.

### **Prescription Discount Benefit with MedsYourWay**

MedsYourWay automatically compares medicine prices from multiple discount cards and your health plan benefit (copay). By simply showing your Blue Cross insurance card at the pharmacy, you will pay the best price available on most medicines.

## Integrated drug management

We deliver tailored pharmacy management focused on savings without sacrificing employee experience.

**Better  
employee  
experience**

We prioritize seamless integration into the health care journey.

**Channel  
independence**

We don't push members to owned pharmacies.

**Targeted  
savings  
solutions**

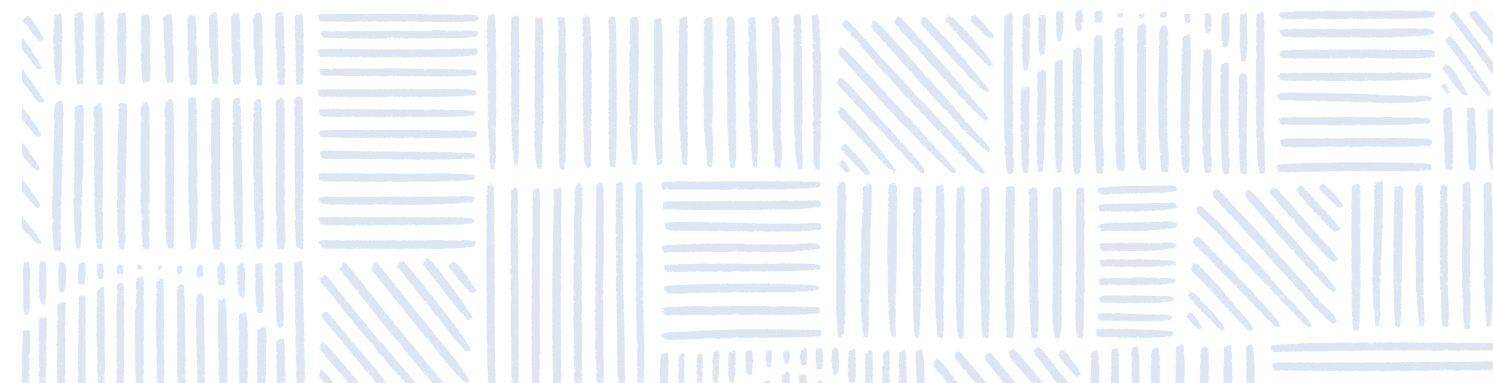
We create innovative programs that support adherence, mitigate gaps in care and create savings.

## The largest provider network

Our dominant network size provides members access to discounted fees with over 95% of hospitals and providers in our network.

**PPO Plans:** Nationwide, we've got your employees covered with our BlueCard network. Members can access care across all 50 states through a national network that spans nearly every ZIP code. This ensures they can receive in-network services wherever they travel or reside.

**EPO Plans:** In Kansas, our dominant network size provides members access to medical and preventive care providers and pharmacy locations within the state. Please remember, you have no coverage for services provided outside of the provider network with the exception of medical emergencies. If you receive services from an out-of-network doctor or other healthcare provider, you will be held responsible to pay all of the costs for the services.



## Metallic PPO Group Plans

		Calendar Year Deductibles		Medical and Rx Out-of-Pocket Maximum		Coinsurance	Copayments			Per Occurrence Deductibles <small>Annual deductible and coinsurance will apply after the per occurrence deductible</small>			Pharmacy Benefits	
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Plan Name	HSA Compliant	Individual In/Out	Family In/Out	Individual	Family	Coinsurance In/Out	Primary Care Office Visits	Specialist Office Visits	Advanced Imaging In (MRI, CT & PET)	ER Visit In/Out	Inpatient In/Out	Outpatient In/Out	Prescription Drugs	Mail Order Drugs*
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BC707L BlueCare PlatinumLG 0/0	No	\$0/\$1,700	\$0/\$3,400	\$1,350	\$2,700	50%/50%	DC	DC	DC	DC	DC	DC	DC	DC
BC729L BlueCare PlatinumLG 0/25	No	\$0/\$1,500	\$0/\$3,000	\$3,000	\$6,000	20%/50%	\$25	\$50	DC	DC	DC	DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BC719L BlueCare PlatinumLG 500/25	No	\$500/\$3,000	\$1,000/\$6,000	\$1,500	\$3,000	20%/50%	\$25	\$50	DC	DC	DC	DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BC737L BlueCare PlatinumLG 1000/25	No	\$1,000/\$3,000	\$2,000/\$6,000	\$1,700	\$3,400	20%/50%	DC	DC	DC	DC	DC	DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BC720L BlueCare GoldLG 1000/25	No	\$1,000/\$4,000	\$2,000/\$8,000	\$7,100	\$14,200	30%/50%	\$25	\$50	\$300, then DC	DC	DC	DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BC706L BlueCare GoldLG 1500/25	No	\$1,500/\$3,500	\$3,000/\$7,000	\$5,400	\$10,800	20%/50%	\$25 for 1 visit, then DC	\$50	DC	DC	DC	DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BC721L BlueCare GoldLG 2000/25	No	\$2,000/\$5,500	\$4,000/\$11,000	\$6,000	\$12,000	30%/50%	\$25	\$50	\$300, then DC	DC	DC	DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BC728 BlueCare SilverLG 3000/35	No	\$3,000/\$4,250	\$6,000/\$8,500	\$9,700	\$19,400	50%/50%	\$35	\$70	DC	DC	DC	DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BC718L BlueCare SilverLG 3100/35	No	\$3,100/\$5,500	\$6,200/\$11,000	\$9,800	\$19,600	40%/60%	DC	\$70	DC	DC	DC	DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BC722L BlueCare SilverLG 6200/35	No	\$6,200/\$8,200	\$12,400/\$16,400	\$9,900	\$19,800	40%/50%	\$35	\$70	\$300, then DC	DC	DC	DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BC725L BlueCare SilverLG HDHP 5300/0	Yes	\$5,300/\$11,300	\$10,600/\$22,600	\$5,300	\$10,600	0%/0%	DC	DC	DC	DC	DC	DC	DC	DC
BC736L BlueCare SilverLG HDHP 6000/0	Yes	\$6,000/\$10,000	\$12,000/\$20,000	\$6,000	\$12,000	0%/0%	DC	DC	DC	DC	DC	DC	DC	DC
BC723L BlueCare BronzeLG HDHP 6500/0	Yes	\$6,500/\$13,000	\$13,000/\$26,000	\$6,500	\$13,000	0%/0%	DC	DC	DC	DC	DC	DC	DC	DC

General Notes:  
 DC = Deductible and Coinsurance  
 \*Specialty drugs are not covered

## Metallic EPO Group Plans

		Calendar Year Deductibles		Medical and Rx Out-of-Pocket Maximum		Coinsurance	Copayments			Per Occurrence Deductibles <small>Annual deductible and coinsurance will apply after the per occurrence deductible</small>			Pharmacy Benefits	
Plan Name	HSA Compliant	Individual In/Out	Family In/Out	Individual	Family	Coinsurance In/Out	Primary Care Office Visits	Specialist Office Visits	Advanced Imaging In (MRI, CT & PET)	ER Visit In/Out	Inpatient In/Out	Outpatient In/Out	Prescription Drugs	Mail Order Drugs*
BCS712L BlueCare EPO PlatinumLG 500/25	No	\$500/NC	\$1,000/NC	\$1,500	\$3,000	20%/NC	\$25	\$50	DC	DC	DC/NC	DC/NC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BCS713L BlueCare EPO GoldLG 1000/25	No	\$1,000/NC	\$2,000/NC	\$7,100	\$14,200	30%/NC	\$25	\$50	DC	DC	DC/NC	DC/NC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BCS705L BlueCare EPO GoldLG 1500/25	No	\$1,500/NC	\$3,000/NC	\$5,400	\$10,800	20%/NC	\$25 for 1 visit, then DC	\$50	DC	DC	DC/NC	DC/NC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BCS714L BlueCare EPO GoldLG 2000/25	No	\$2,000/NC	\$4,000/NC	\$6,000	\$12,000	30%/NC	\$25	\$50	DC	DC	DC/NC	DC/NC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BCS711L BlueCare EPO SilverLG 3000/35	No	\$3,000/NC	\$6,000/NC	\$9,700	\$19,400	50%/NC	\$35	\$70	DC	DC	DC/NC	DC/NC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BCS711L BlueCare EPO SilverLG 3000/35	No	\$3,100/NC	\$6,200/NC	\$9,800	\$19,600	40%/NC	\$35 for 3 visits, then DC	\$70	DC	DC	DC/NC	DC/NC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BCS709L BlueCare EPO SilverLG HDHP 5300/0	Yes	\$5,300/NC	\$10,600/NC	\$5,300	\$10,600	0%/NC	DC	DC	DC	DC	DC/NC	DC/NC	DC	DC

**General Notes:**

DC = Deductible and Coinsurance; NC = Not Covered, In = In-Network OUT and OON = Out-of-Network

\*Specialty drugs are not covered

	BlueCare PPO	BlueCare EPO
Network/Network Name	BlueChoice® Preferred-Care Blue®	Solutions Network
Group Size Availability	51+	51+
Residency Requirements	No	No
Coverage	Nationwide	Statewide
Medical Group Selection Requirements	No	No
Referral Required	No	Yes for OON Providers
OON Coverage	Yes	No
BlueCard®	Yes	No
SmartShopper®	Yes	Yes
BlueAccess® for Members	Yes	Yes
Provider Finder	Yes	Yes

Multiple option arrangements allow employers to offer health plans with more coverage choices and a greater variety of benefits. Dual and quadruple options are available. Ask your representative for more information.

## Exclusions for PPO Plans

Following is a list of common non-covered services. For a complete list of limitations and exclusions, refer to your contract or certificate.

Services involving cosmetic or reconstructive surgery (except as stated in the contract or certificate); charges for personal items; convalescent or custodial care or rest care; all keratotomy procedures; blood or payments to donors of blood; services related to the reversal of sterilization procedures; any medically-aided insemination procedure; charges for services by immediate relatives or by members of the household; acupuncture and admission for acupuncture; medically unnecessary services and admissions; Health services associated with accidental bodily injuries arising from a motor vehicle accident to the extent such services are payable under a medical expense payment provision of any automobile insurance policy; services, supplies or treatments not specifically listed as covered in the member's contract or certificate.

**Drug coverage limitation:** Generic drugs are mandatory if available unless physician prescribes a brand drug.

**Specialty drug coverage:** In-network benefits are applied when specialty drugs are obtained from our designated specialty pharmacy.

## Exclusions for EPO Plans

Following is a list of common non-covered services. For a complete list of limitations and exclusions, refer to your contract.

Services involving cosmetic or reconstructive surgery (except as stated in the contract or certificate); charges for personal items; convalescent or custodial care or rest care; all keratotomy procedures; blood or payments to donors of blood; services related to the reversal of sterilization procedures; any medically-aided insemination procedure; charges for services by immediate relatives or by members of the household; acupuncture and admission for acupuncture; medically unnecessary services and admissions; Health services associated with accidental bodily injuries arising from a motor vehicle accident to the extent such services are payable under a medical expense payment provision of any automobile insurance policy; services, supplies or treatments not specifically listed as covered in the member's contract or certificate.

**Drug coverage limitation:** Generic drugs are mandatory if available unless physician prescribes a brand drug.

**Specialty drug coverage:** In-network benefits are applied when specialty drugs are obtained from our designated specialty pharmacy.

## Referrals

See the specialist you prefer within the Solutions provider network without having to see a primary care physician (PCP) first.

Referrals to a provider outside of the network cannot be made by your doctor or hospital. **Referrals to non-network providers must be approved by Blue Cross and Blue Shield of Kansas** and are only considered when the services are not available from an in-network provider. Out-of-network providers are those that do not contract inside the state and all providers outside of our 103-county coverage area within the state of Kansas.

This brochure provides a brief description of some important features and exclusions of this benefit program. It is not a legal document. The certificate or contract sets forth in detail the rights and obligations of both you and Blue Cross and Blue Shield of Kansas.