

Small Group – up to 50 employees

2026 Small Group Plan Portfolio



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The 2026 Blue Cross and Blue Shield of Kansas (BCBSKS) Small 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

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.

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	
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*
BC707 BlueCare PlatinumSG 0/0	No	\$0/\$1,700	\$0/\$3,400	\$1,350	\$2,700	50%/50%	DC	DC	DC	DC	DC/DC	DC/DC	DC	DC
BC729 BlueCare PlatinumSG 0/25	No	\$0/\$1,500	\$0/\$3,000	\$3,000	\$6,000	20%/50%	\$25	\$50	DC	DC	DC/DC	DC/DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BC737 BlueCare PlatinumSG 1000/25	No	\$1,000/\$3,000	\$2,000/\$6,000	\$1,700	\$3,400	20%/50%	DC	DC	DC	DC	DC/DC	DC/DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BC719 BlueCare PlatinumSG 500/25	No	\$500/\$3,000	\$1,000/\$6,000	\$1,500	\$3,000	20%/50%	\$25	\$50	\$300, then DC	DC	DC/DC	DC/DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BC720 BlueCare GoldSG 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	DC/DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BC706 BlueCare GoldSG 1500/25	No	\$1,500/\$3,500	\$3,000/\$7,000	\$5,400	\$10,800	20%/50%	\$25 for 5 visits, then DC	\$50	DC	\$300, then DC	DC/DC	DC/DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BC721 BlueCare GoldSG 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	DC/DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BC728 BlueCare SilverSG 3000/35	No	\$3,000/\$4,250	\$6,000/\$8,500	\$9,700	\$19,400	50%/50%	\$35	\$70	DC	DC	DC/DC	DC/DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BC718 BlueCare SilverSG 3100/35	No	\$3,100/\$5,500	\$6,200/\$11,000	\$9,800	\$19,600	40%/60%	\$35 for 3 visits, then DC	\$70	DC	DC	DC/DC	DC/DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BC722 BlueCare SilverSG 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	DC/DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BC725 BlueCare SilverSG 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	DC	DC
BC736 BlueCare SilverSG 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	DC	DC
BC700 BlueCare BronzeSG 5000/25	No	\$5,000/\$8,500	\$10,000/\$17,000	\$9,500	\$19,000	50%/70%	\$25 for 1 visit, then DC	DC	DC	DC/DC	DC/DC	DC/DC	DC	DC
BC723 BlueCare BronzeSG HDHP 7100/0	Yes	\$7,100/\$13,600	\$14,200/\$27,200	\$7,100	\$14,200	0%/0%	DC	DC	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*
BCS712 BlueCare EPO PlatinumSG 500/25	No	\$500/NC	\$1,000/NC	\$1,500	\$3,000	20%/NC	\$25	\$50	\$300 then DC	DC	DC/NC	DC/NC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BCS713 BlueCare EPO GoldSG 1000/25	No	\$1,000/NC	\$2,000/NC	\$7,100	\$14,200	30%/NC	\$25	\$50	\$300 then DC	DC	DC/NC	DC/NC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BCS705 BlueCare EPO GoldSG 1500/25	No	\$1,500/NC	\$3,000/NC	\$5,400	\$10,800	\$50/NC	\$25 for 5 visits, then DC	\$50	DC	\$300 then DC	DC/NC	DC/NC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BCS714 BlueCare EPO GoldSG 2000/25	No	\$2,000/NC	\$4,000/NC	\$6,000	\$12,000	30%/NC	\$25	\$50	\$300 then DC	DC	DC/NC	DC/NC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
BCS711 BlueCare EPO SilverSG 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
BCS710 BlueCareEPO SilverSG 3100/35	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
BCS709 BlueCare EPO SilverSG 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
BCS701 BlueCare EPO BronzeSG 5000/25	No	\$5,000/NC	\$10,000/NC	\$9,500	\$19,000	50%/NC	\$25 for 1 visit, then DC	DC	DC	DC	DC/NC	DC/NC	DC	DC
BCS708 BlueCareEPO BronzeSG HDHP 7100/0	Yes	\$7,100/NC	\$14,200/NC	\$7,100	\$14,200	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	1 to 50	1 to 50
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.