

Chamber Blue of Kansas

Find the right coverage

Your benefits at a glance



Chamber Blue of Kansas | Plan Options – BlueEdge

	CB 1, 2 & 3	CB 4
Common services at preferred providers		
Primary care doctor	\$25 copay	Subject to deductible
Specialists	\$50 copay	Subject to deductible
Virtual doctor visits/telemedicine	\$25 copay	Subject to deductible
Preventive care	Paid at 100%	Paid at 100%
Emergency room	\$250 copay, then subject to deductible/coinsurance	Subject to deductible
Emergency room transportation	Subject to deductible/coinsurance	Subject to deductible
Inpatient surgery	Subject to deductible/coinsurance	Subject to deductible
Inpatient facility fee	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	Subject to deductible
Outpatient rehabilitation	Subject to deductible/coinsurance	Subject to deductible
Hospice	Subject to deductible/coinsurance	Subject to deductible
Chiropractic care	\$50 copay	Subject to deductible
Deductible & coinsurance		
Self Only	\$500/\$1,000/\$1,500	\$3,200
Coinsurance: Member portion	20%*	\$0
Self + One and Self + Family	\$1,000/\$2,000/\$3,000	\$6,400
Out-of-pocket maximum (preferred providers)		
Self Only	\$5,000	\$6,350
Self + One and Self + Family	\$10,000	\$12,700

*These options have a coinsurance max of \$1,000 for self and \$2,000 for self + one or self + family.

	CB 5, 6 & 7	CB 8
Common services at preferred providers		
Primary care doctor	\$35 copay	Subject to deductible
Specialists	\$70 copay	Subject to deductible
Virtual doctor visits/telemedicine	\$35 copay	Subject to deductible
Preventive care	Paid at 100%	Paid at 100%
Emergency room	\$250 copay, then subject to deductible/coinsurance	Subject to deductible
Emergency room transportation	Subject to deductible/coinsurance	Subject to deductible
Inpatient surgery	Subject to deductible/coinsurance	Subject to deductible
Inpatient facility fee	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	Subject to deductible
Outpatient rehabilitation	Subject to deductible/coinsurance	Subject to deductible
Hospice	Subject to deductible/coinsurance	Subject to deductible
Chiropractic care	\$70 copay	Subject to deductible
Deductible & coinsurance		
Self Only	\$1,500/\$2,500/\$3,500	\$5,000
Coinsurance: Member portion	20%**	\$0
Self + One and Self + Family	\$3,000/\$5,000/\$7,000	\$10,000
Out-of-pocket maximum (preferred providers)		
Self Only	\$6,350	\$6,350
Self + One and Self + Family	\$12,700	\$12,700

**Coinsurance to out-of-pocket max

Option Combinations

Hi/Low	Triple		Quad
Any combo within CB 1 & 4	CB 1, 2, 3	CB 5, 6, 7	CB 1–4
Any combo within CB 5 & 8	CB 1, 2, 4	CB 5, 6, 8	CB 5–8
CB 4 (HDHP) can pair with any option	CB 2, 3, 4	CB 6, 7, 8	
CB 8 (HDHP) can pair with CB 3–7	CB 3, 4, 8		



Pharmacy coverage: ResultsRx Formulary

BlueRx Card Retail Pharmacy ¹	Mail order ²
\$15 generic	\$37.50 generic
\$50 brand name	\$125 brand name
\$75 non-preferred	\$187.50 non-preferred
\$150 specialty ³	
20% coinsurance up to \$250 max for specialty non-preferred ³	

¹Quantity is a 30-day supply or 90-day supply (3x copay) through the Extended Supply Network at a retail pharmacy.

²Quantity is a 90-day supply, available through Express Scripts.

³Designated specialty pharmacy, Accredo.

*HDHP Option CB 4 and CB 8: All pharmacy expenses will go toward the health deductible. Once the deductible is met, the above copays apply.

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