

2026 Plan Year

Health plans for businesses with up to 50 employees



bcbksks.com/smallbiz

Helping members during the biggest times of their lives.

80+ years of putting Kansans first.

Blue Cross and Blue Shield of Kansas is a not for profit health plan that serves our members and our communities, not shareholders. Our members' health comes first, always. We're local – born and raised in Kansas – so we understand what matters to our communities. In fact, we invest in them, supporting programs that improve health and well-being across the state. While our focus is always on our neighbors in Kansas, rest assured we are also nationally connected, with an expansive network wherever you may roam.



"As the state's largest health insurer, Blue Cross and Blue Shield of Kansas is uniquely positioned to improve the health of Kansans. We understand our responsibility to provide members peace of mind as they experience happy moments of life, as well as life's challenges. We'll be there with the largest provider network, answers to your questions, and will process your claims accurately."

Matt All
President/CEO

Contact us

We are available 8 a.m. to 4:30 p.m.
Monday through Friday.

866-584-0171

smallbiz@bcbsks.com

bcbsks.com/smallbiz

Small group health plan funding options

Which is the right choice for your small business?

	Fully Insured Metallic	Level-Funded	Self-Insured (Self-Funded/ASO)
Best fit	Businesses with up to 50 full-time eligible employees	Businesses with 3-100 employees looking for more cost-saving potential without full risk	Large companies with stable cash flow looking for most control over costs
Rating methodology	Community rated	Experience rated	Experience rated
Underwriting requirement	No	Yes Health profiles/CURV	Yes Claims/CURV/Profiles
Stop loss ISL – individual ASL – aggregate	N/A	ISL – \$25,000 ASL – 120%	ISL – Guidelines apply ASL – Guidelines apply
Claims	Paid by BCBSKS	Paid by BCBSKS	Employer pays claims via weekly draw until ISL/ASL is met, then BCBSKS pays claims
Potential for savings or refunds	None	Yes	Yes
Renewability	Guaranteed	Guaranteed	Guaranteed
Filing requirements	No	Yes	Yes

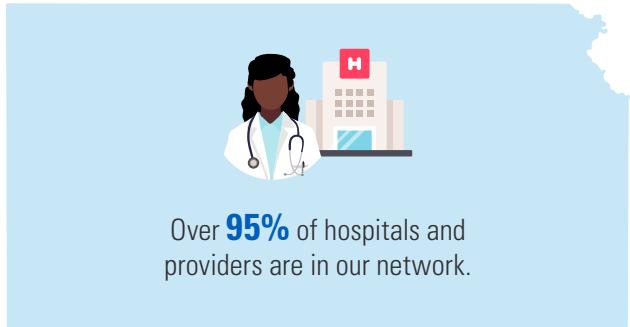
Networks and service areas

In Kansas

Across the state, we've got you covered. Our dominant network size provides members access to discounted fees with all participating doctors and hospitals – and that means savings for you.

With the largest provider network in Kansas, our members have the ability to choose which provider best suits them.

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

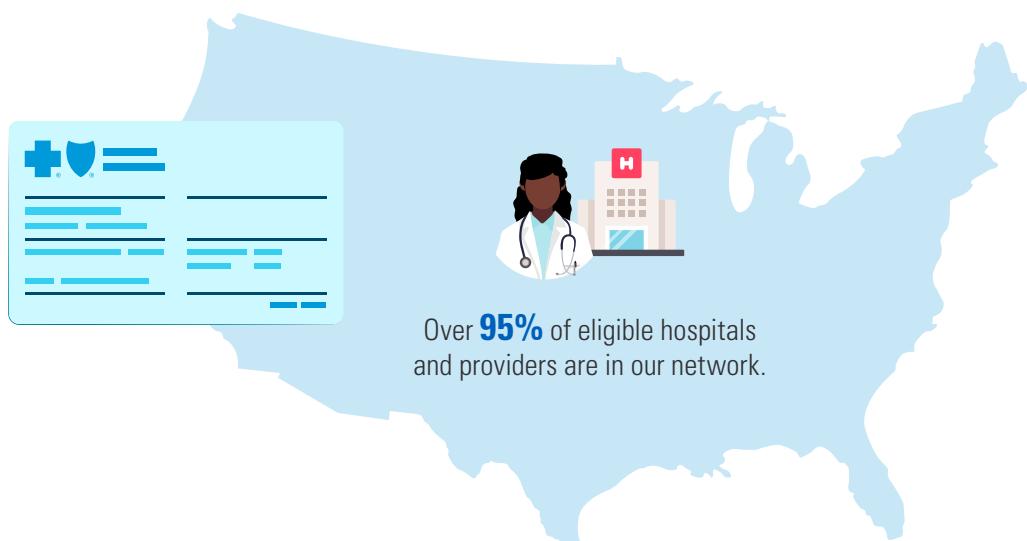


Over **95%** of hospitals and providers are in our network.

Nationally

Network options

At BCBSKS, you have the option to choose between an exclusive provider organization (EPO) and a preferred provider organization (PPO). An EPO network plan limits members to only in-network providers and may offer a more affordable option. A PPO network plan allows members to seek care both in-network and out-of-network providers both in Kansas and nationwide.



Not for profit. For Kansas.

At BCBSKS, we don't have shareholders. We have neighbors.

We put people first by offering:

- Less on-hold time with an award-winning, Kansas-based customer service team
- A large network and cost savings for members
- Quick claims processing done right here in Kansas
- A team of health care experts dedicated to helping our members live healthier lives

Types of enrollment

Small businesses can choose from four types of enrollment for their employees.



Single membership

Covers the employee only



Employee and spouse

Covers the employee and spouse



Employee and child(ren)

Covers the employee and eligible dependent children, but not spouse



Family membership

Covers the employee, spouse and eligible dependent children

Prescription drug coverage

You pay less when prescriptions are filled at an in-network pharmacy and more at an out-of-network pharmacy.

In-network

- Walgreens
- Walmart/Sam's Club
- Hy-Vee

Out-of-network

- CVS (including Target)
- Costco

This list is only a sample, not a complete list of pharmacies.

Prescription drug tiers (formulary)

Prescription drugs fall into five different tiers. The prescription drug tiers are also known as your formulary. For more information, visit bcbsks.com/prescription-drugs



Integrated drug management

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



We prioritize seamless integration into the health care journey.



We don't push members to owned pharmacies.



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

Group administrator tools

Our online tools make managing your group plan simple.

BlueAccess® for Employers

Our secure online portal for easy and convenient viewing of your employees' account information.

- Verify benefits, including eligibility and deductible/coinsurance information
- Employee search for details of member coverage
- Electronic payment with eBilling
- Online enrollment through BluesEnroll

Contact your sales representative to obtain a password and user ID if you don't already have a BlueAccess employer account

Group Administrator Manual (GAM)

A comprehensive guide for plan administrators to navigate life events, understanding rules and regulations about health care, including employer requirements as mandated by the Affordable Care Act (ACA).

BluesEnroll

BluesEnroll is an efficient benefits management tool that allows you to simplify benefit administration at no additional cost. Your employee information is housed in a central database that you can access anytime, making updates, corrections or even pulling reports.

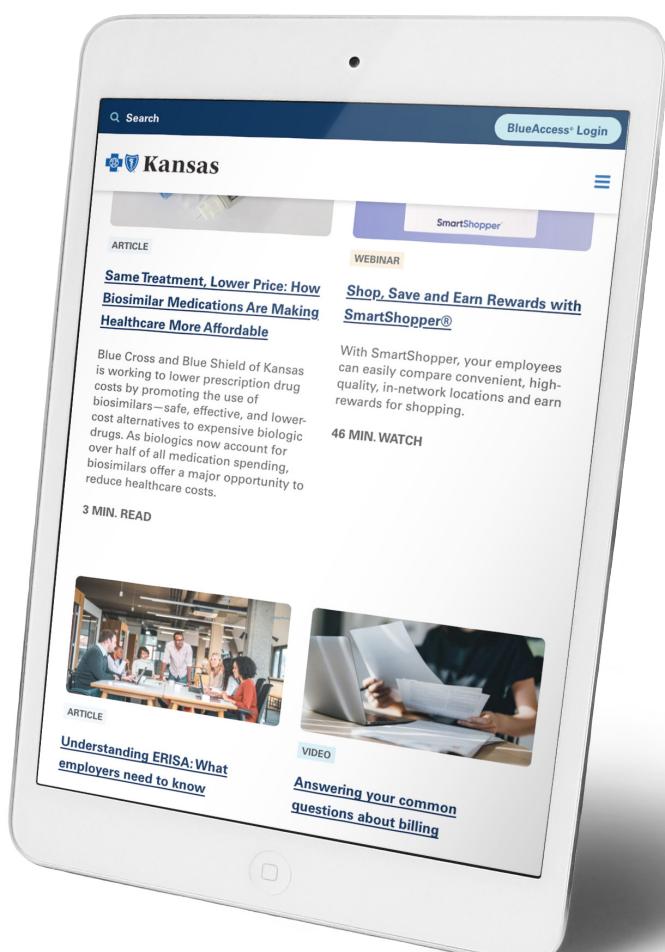
This option syncs with our membership system, allowing for a secure data transfer method, making enrollment data transfers a seamless experience.

Employer Resources

Our Employer Resources web site offers group plan administrators quick access to forms and manuals, including our Group Administrator Manual (GAM), eBilling, and BluesEnroll for online enrollment.

bcbks.com/employers

For more tips and resources to help educate your team, and your employees visit our Resource Center at bcbks.com/answers.



Member tools and benefits

All fully insured plans include powerful tools and benefits for your employees to manage their health and wellbeing.

BlueAccess®

bcbsks.com/blueaccess

Our secure online member portal and mobile app allows you to:

- View benefits, including eligibility and deductible/coinsurance information.
- Check your claims.
- View, download and monitor medical expenses through your Explanation of Benefits (EOB).
- View, download or print your digital ID card.

MyPrime

myprime.com

A secure website providing pharmacy benefit information, offered through Prime Therapeutics and accessible through BlueAccess, includes:

- Food and drug interactions.
- Generic drugs availability.
- Side-by-side cost comparisons of brand-name and generic drugs.
- The ability to review complete prescription history.

SmartShopper®

bcbsks.com/mysmartshopper

Employees can easily compare convenient, high-quality, in-network locations for common medical care and be redirected to the most cost-effective facility of their choice. In addition to lowering their costs, employees earn a share of the overall savings as cash rewards of \$20 - \$425.

HealthyOptions®

bcbsks.com/behealthy

A powerful set of services, tools and one-on-one support to live a healthy life at no extra cost to you. Programs available include:

- Case management for members with complex medical conditions.
- One-on-one health coaching from registered nurses for members with chronic conditions or to help members become tobacco-free, manage stress, have a healthy pregnancy or lose weight.
- Strive, powered by WebMD ONE, provides members with a recommended health action plan and other tools to help you achieve your unique well-being goals.

Virta

bcbsks.com/virta

A personalized nutrition, remote care and continuous support program available to fully insured group members to reverse type 2 diabetes.

Telehealth

bcbsks.com/telehealth

You can have a virtual doctor's visit from your smartphone or computer right when you need it. See a doctor from the comfort of your own home – or anywhere else for that matter. Safe and secure, it's the quality care you need, made easier.

Blue365®

blue365deals.com/BCBSKS

Get exclusive deals and discounts for things like:

- Gym memberships and fitness products.
- Healthy eating and meal delivery.
- Personal care: Hearing and vision.

Complete your coverage

Many businesses choose to offer their employees a complete package of health care options.

Dental insurance coverage

- Vast dental plan options
- Comprehensive coverage with preventive, primary and major care
- Additional services at 100% or discounted rates
- Robust network including over 90% of Kansas dentists

Life and disability insurance

Provide essential financial protection for employees and their families, offering peace of mind in the event of unexpected illness, injury or death.

Vision insurance

Vision insurance through EyeMed® offers an outstanding member experience, focused on choice, convenience and savings.

Secure Hospital Indemnity PlanSM

- Pays cash to you when you're hospitalized
- Supplements to help with expenses not covered by health insurance
- Pays double benefits when in ICU
- Guaranteed issue coverage with a group plan

Secure 300 Cancer PlanSM

- Pays cash for screenings and treatment
- Supplements to help with transportation, meals and other expenses
- Annual wellness screening benefit
- Inpatient and outpatient benefit
- Guaranteed issue coverage with a group plan

GeoBlue® for travel abroad

Whether you're traveling abroad for business or pleasure, Blue Cross offers affordable medical and trip protection plans through GeoBlue®. Enrollment is easy and takes only minutes to ensure a worry-free travel experience wherever you go, whenever you need it for you and your loved ones. Learn more and get a quote at bcbks.com/travel

Compare plans

Each of our fully insured PPO and EPO metallic plans fall into a bronze, silver, gold or platinum category, depending on coverage costs.

Bronze

- Lowest monthly premium
- Highest costs when you need care

Silver

- Moderate monthly premium
- Moderate costs when you need care

Gold

- High monthly premium
- Low costs when you need care

Platinum

- Highest monthly premium
- Lowest costs when you get care

All of our small business plans offer:

- Wellness benefits
- Adult eye exams
- Emergency services
- Pediatric dental and vision
- Mental illness/substance use disorder services

Level-funded health plans

If your company has three or more full-time employees, a level-funded health plan is an alternative to a traditional, fully-insured group health plan that combines the cost savings of self-funding with the financial safety and predictability of fully-funded plans. Learn more at bcbks.com/level-funded.

For plan exclusions, please refer to the glossary.



2026 Metallic P

		Calendar Year Deductibles		Medical and Rx Out-of-Pocket Maximum		Coinsurance	
Plan Name	HSA Compliant	Individual In/Out	Family In/Out	Individual	Family	Coinsurance In/Out	Primary Care Visits
BC707 BlueCare PlatinumSG 0/0	No	\$0/\$1,700	\$0/\$3,400	\$1,350	\$2,700	50%/50%	1
BC729 BlueCare PlatinumSG 0/25	No	\$0/\$1,500	\$0/\$3,000	\$3,000	\$6,000	20%/50%	\$
BC737 BlueCare PlatinumSG 1000/25	No	\$1,000/\$3,000	\$2,000/\$6,000	\$1,700	\$3,400	20%/50%	1
BC719 BlueCare PlatinumSG 500/25	No	\$500/\$3,000	\$1,000/\$6,000	\$1,500	\$3,000	20%/50%	\$
BC720 BlueCare GoldSG 1000/25	No	\$1,000/\$4,000	\$2,000/\$8,000	\$7,100	\$14,200	30%/50%	\$
BC706 BlueCare GoldSG 1500/25	No	\$1,500/\$3,500	\$3,000/\$7,000	\$5,400	\$10,800	20%/50%	\$25 visits,
BC721 BlueCare GoldSG 2000/25	No	\$2,000/\$5,500	\$4,000/\$11,000	\$6,000	\$12,000	30%/50%	\$
BC728 BlueCare SilverSG 3000/35	No	\$3,000/\$4,250	\$6,000/\$8,500	\$9,700	\$19,400	50%/50%	\$
BC718 BlueCare SilverSG 3100/35	No	\$3,100/\$5,500	\$6,200/\$11,000	\$9,800	\$19,600	40%/60%	\$35 visits,
BC722 BlueCare SilverSG 6200/35	No	\$6,200/\$8,200	\$12,400/\$16,400	\$9,900	\$19,800	40%/50%	\$
BC725 BlueCare SilverSG HDHP 5300/0	Yes	\$5,300/\$11,300	\$10,600/\$22,600	\$5,300	\$10,600	0%/0%	1
BC736 BlueCare SilverSG HDHP 6000/0	Yes	\$6,000/\$10,000	\$12,000/\$20,000	\$6,000	\$12,000	0%/0%	1
BC700 BlueCare BronzeSG 5000/25	No	\$5,000/\$8,500	\$10,000/\$17,000	\$9,500	\$19,000	50%/70%	\$25 for the
BC723 BlueCare BronzeSG HDHP 7100/0	Yes	\$7,100/\$13,600	\$14,200/\$27,200	\$7,100	\$14,200	0%/0%	1

General Notes:

DC = Deductible and Coinsurance

*Specialty drugs are not covered

PO Group Plans

Copayments			Per Occurrence Deductibles Annual deductible and coinsurance will apply after the per occurrence deductible			Pharmacy Benefits	
Primary 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*
DC	DC	DC	DC	DC/DC	DC/DC	DC	DC
\$25	\$50	DC	DC	DC/DC	DC/DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
DC	DC	DC	DC	DC/DC	DC/DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
\$25	\$50	\$300, then DC	DC	DC/DC	DC/DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
\$25	\$50	\$300, then DC	DC	DC/DC	DC/DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
for 5 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
\$25	\$50	\$300, then DC	DC	DC/DC	DC/DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
\$35	\$70	DC	DC	DC/DC	DC/DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
for 3 then DC	\$70	DC	DC	DC/DC	DC/DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
\$35	\$70	\$300, then DC	DC	DC/DC	DC/DC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
DC	DC	DC	DC	DC/DC	DC/DC	DC	DC
DC	DC	DC	DC	DC/DC	DC/DC	DC	DC
for 1 visit, then DC	DC	DC	DC/DC	DC/DC	DC/DC	DC	DC
DC	DC	DC	DC	DC/DC	DC/DC	DC	DC

2026 Metallic E

		Calendar Year Deductibles		Medical and Rx Out-of-Pocket Maximum		Coinsurance	
Plan Name	HSA Compliant	Individual In/Out	Family In/Out	Individual	Family	Coinsurance In/Out	Primary Care Visits
BCS712 BlueCare EPO PlatinumSG 500/25	No	\$500/NC	\$1,000/NC	\$1,500	\$3,000	20%/NC	\$25 visits,
BCS713 BlueCare EPO GoldSG 1000/25	No	\$1,000/NC	\$2,000/NC	\$7,100	\$14,200	30%/NC	\$25 visits,
BCS705 BlueCare EPO GoldSG 1500/25	No	\$1,500/NC	\$3,000/NC	\$5,400	\$10,800	\$50/NC	\$25 visits,
BCS714 BlueCare EPO GoldSG 2000/25	No	\$2,000/NC	\$4,000/NC	\$6,000	\$12,000	30%/NC	\$25 visits,
BCS711 BlueCare EPO SilverSG 3000/35	No	\$3,000/NC	\$6,000/NC	\$9,700	\$19,400	50%/NC	\$25 visits,
BCS710 BlueCare EPO SilverSG 3100/35	No	\$3,100/NC	\$6,200/NC	\$9,800	\$19,600	40%/NC	\$35 visits,
BCS709 BlueCare EPO SilverSG HDHP 5300/0	Yes	\$5,300/NC	\$10,600/NC	\$5,300	\$10,600	0%/NC	\$25 visits,
BCS701 BlueCare EPO BronzeSG 5000/25	No	\$5,000/NC	\$10,000/NC	\$9,500	\$19,000	50%/NC	\$25 visits,
BCS708 BlueCare EPO BronzeSG HDHP 7100/0	Yes	\$7,100/NC	\$14,200/NC	\$7,100	\$14,200	0%/NC	\$25 visits,

General Notes:

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

*Specialty drugs are not covered

PO Group Plans

Copayments			Per Occurrence Deductibles Annual deductible and coinsurance will apply after the per occurrence deductible			Pharmacy Benefits	
Primary 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*
\$25	\$50	\$300 then DC	DC	DC/NC	DC/NC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
\$25	\$50	\$300 then DC	DC	DC/NC	DC/NC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
\$5 for 5 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
\$25	\$50	\$300 then DC	DC	DC/NC	DC/NC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
\$35	\$70	DC	DC	DC/NC	DC/NC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
\$5 for 3 then DC	\$70	DC	DC	DC/NC	DC/NC	\$10 / \$30 / \$65 / \$100 / DC 25% up to \$500	\$25 / \$75 / \$162.50 / \$250
DC	DC	DC	DC	DC/NC	DC/NC	DC	DC
or 1 visit, then DC	DC	DC	DC	DC/NC	DC/NC	DC	DC
DC	DC	DC	DC	DC/NC	DC/NC	DC	DC

	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 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.

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.

Glossary

Allowed amount

The amount Blue Cross determines as the maximum amount paid for the medical service provided.

Coinsurance

Coinurance is your share of the cost of a covered medical service after you've met your deductible for your benefit period.

Copayment or copay

A copayment is the set dollar amount you pay (for example, the \$20 you pay when you check out at the doctor's office) for medical services or prescription drugs at the time you receive them.

Deductible

A deductible is the set dollar amount you pay toward covered medical services each benefit period before Blue Cross starts paying toward those services.

Explanation of benefits (EOB)

You receive an EOB after a visit to a doctor, health care provider, pharmacy or facility. An EOB lists details of the medical service received including date, amounts paid by Blue Cross and the cost you may owe.

In-network providers

In-network providers are health care providers and facilities that contract with Blue Cross or participate in the BlueCard program. You may pay less if you see an in-network provider.

Out-of-pocket maximum

The maximum dollar amount you pay for covered services in a benefit period before Blue Cross pays 100% of covered services. It includes your deductible, coinsurance and copayments.



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