

2020 Medical Plan Comparison Chart

	BlueKC Base Plan PPO	BlueKC Buy-Up Plan PPO	BlueKC Premium PPO	Kaiser HMO Plan
Services	In-Network	In-Network	In-Network	HMO
Lifetime maximum	Unlimited	Unlimited	Unlimited	Unlimited
Deductible (individ/family)	\$600/\$1,200	\$300/\$600	\$0/\$0	\$0/\$0
Coinsurance (you pay)	20%	10%	0%	0%
Out-of-pocket maximum(you pay) (individual/family)	\$5,200/\$10,400	\$3,200/\$6,400	\$500/\$1000	\$2,500/\$5,000
Office Visit Copay	\$20 PCP \$40 Specialist \$40 Urgent Care	\$20 PCP \$40 specialist \$40 Urgent Care	\$20 PCP \$20 Specialist \$20 Urgent Care	\$20 PCP \$30 Specialist \$30 Urgent Care
Preventive Care	No Copay	No Copay	No Copay	No Copay
Emergency Room	\$150 Copay Deductible. Coinsurance	\$150 Copay Deductible, Coinsurance	\$75 Copay	\$150 Copay
Inpatient Hospital	Deductible, Coinsurance	Deductible, Coinsurance	\$75 Copay	\$500 Copay
Dependent Children Covered to End of Calendar Year After Turning	Age 26	Age 26	Age 26	Age 26
Retail Pharmacy Copay / 30-day supply				
Generic	\$10	\$10	\$10	\$10
Preferred brand	\$30	\$30	\$30	\$25
non-preferred brand	\$50	\$50	\$50	\$50