

Medical and Dental Rates for Retirees Currently with Blue Cross Blue Shield Insurance Rates Effective January 1, 2016 – December 31, 2016

The chart below shows the new rates with Blue Cross Blue Shield effective January 1, 2016 through December 31, 2016. **The Blue Cross Blue Shield Medical insurance shows an average increase of 2.5% in rates and the Dental insurance rates did not change.** For all plans, the benefit information and deduction amounts has not changed.

Retiree Medical and Dental Insurance Rates Effective January 1, 2016 – December 31, 2016					
Blue Cross Blue Shield KC <i>Medical</i> Plans					
Rates	Base Plan		Buy-UP		Blue Saver
	Blue Care HMO	Preferred Care Blue PPO	Blue Care HMO	Preferred Care Blue PPO	Preferred Care Blue Saver
Retiree Under 65	\$747.28	\$675.56	\$758.40	\$694.23	\$607.64
Retiree 65+	\$655.27	\$594.38	\$665.08	\$610.56	\$533.95
Retiree Under 65; +1 Dep Under 65	\$1,177.70	\$1,064.38	\$1,198.49	\$1,096.76	\$957.12
Retiree Under 65; +1 Dep 65+	\$1,082.63	\$980.53	\$1,098.88	\$1,007.48	\$881.03
Retiree 65+; + 1 Dep Under 65	\$1,063.62	\$963.76	\$1,079.59	\$990.19	\$865.81
Retiree 65+; + 1 Dep 65+	\$924.19	\$840.79	\$938.19	\$863.45	\$754.21
Retiree Under 65; Deps Under 65	\$1,485.35	\$1,342.19	\$1,508.16	\$1,380.00	\$1,206.78
Retiree Under 65; Deps 65+	\$1,403.30	\$1,269.83	\$1,424.34	\$1,304.88	\$1,141.11
Retiree 65+; Deps Under 65	\$1,389.21	\$1,257.40	\$1,410.05	\$1,292.08	\$1,129.84
Retiree 65+; Deps 65+	\$1,297.59	\$1,176.61	\$1,317.14	\$1,208.80	\$1,056.53
Companion Spouse	\$534.92	\$488.20	\$543.03	\$501.14	\$437.57
Companion Child(ren)	\$563.05	\$513.10	\$573.01	\$528.09	\$448.92
Benefits	Base Plan		Buy-UP		Blue Saver
	Blue Care HMO	Preferred Care Blue PPO	Blue Care HMO	Preferred Care Blue PPO	Preferred Care Blue Saver
HMO Plans					
Hospital Copay	\$400		\$300		
Out of Pocket Hospital Stay (5 days)	\$2,000/member		\$1,500/member		
PCP/Specialist Office Visit Copay	\$35 / \$70		\$25 / \$50		
Urgent Care/Emergency Room Copay	\$70 / \$200		\$50 / \$100		
Out-of-Pocket Maximum (indiv/family)	\$4,000 / \$10,000		\$3,650 / \$9,125		
Prescription Drugs					
Deductible (Indiv/family)	\$100 / \$200		\$100 / \$200		
Retail Copay	\$10/\$50/\$70		\$10/\$50/\$70		
Mail Order Copay	\$20/\$100/\$140		\$20/\$100/\$140		
PPO Plans					
Deductible (indiv/family)		\$1,500 / \$3,000		\$1,000 / \$2,000	\$3,000 / \$6,000
Coinsurance (Network/Non-Network)		20% / 50%		20% / 40%	20% / 40%
Out-of-Pocket Maximum					
Network (indiv/family)		\$4,500 / \$9,000		\$4,600 / \$9,200	\$4,000 / \$8,000
Non-Network (indiv/family)		\$13,500 / \$27,000		\$13,800 / \$27,600	\$8,000 / \$16,000
Office Visit (PCP/Specialist)		deduct & coinsur		\$20 / \$40 copay	deduct & coinsur
Urgent Care		deduct & coinsur		\$40 copay (network)	deduct & coinsur
Emergency Room Copay		\$150 copay then deduct & coinsur		\$100 copay then deduct & coinsur	deductible then 100%
Prescription Drugs					
Deductible (Indiv/family)		\$100 / \$200		\$100 / \$200	Deductible, then Copay
Retail Copay		\$10/\$50/\$70		\$10/\$50/\$70	\$10/\$50/\$70
Mail Order Copay		\$20/\$100/\$140		\$20/\$100/\$140	\$20/\$100/\$140
Blue Cross Blue Shield KC <i>Dental</i> Plans					
Rates	Benefit	In Network	Out-of-Network		
Retiree \$31.40	Preventative	\$0; 100%	\$0; 50%		
Retiree + One \$59.02	Basic Service	\$50; 100%	\$50; 50%		
Family \$82.70	Major Service	\$50; 60%	\$50; 50%		
	Annual Benefit	\$1,250	\$1,250		
	Orthodontic Services	Not covered	Not covered		
Economy Plan	Benefit	In Network	Out-of-Network		
Retiree \$23.79	Preventative	\$0; 100%	\$0; 80%		
Retiree + One \$44.71	Basic Service	\$50; 60%	\$50; 40%		
Family \$62.65	Major Services	Not covered	Not covered		
	Annual Benefit	\$750	\$750		
	Orthodontic Services	Not covered	Not covered		