

**Medical and Dental Rates for Retirees Currently with Blue Cross Blue Shield  
Insurance Rates Effective January 1, 2019 – December 31, 2019**

**Retiree Medical Insurance  
Rates Effective January 1, 2019 – December 31, 2019**

**Medical Insurance**

<b>Rates</b>	<b>**New** BlueSelect Plus Spira</b>	<b>BlueSelect Plus EPO</b>	<b>Blue-Care HMO</b>	<b>BlueSelect Plus PPO</b>	<b>Preferred-Care Blue PPO</b>	<b>BlueSaver Preferred Care Blue</b>	<b>Blue Saver BlueSelect Plus</b>
Retiree Under 65	\$750.00	\$850.00	\$915.00	\$750.00	\$810.00	\$730.00	\$675.00
Retiree 65+	\$632.04	\$721.68	\$776.86	\$636.77	\$687.72	\$615.18	\$568.83
Retiree Under 65; +1 Dep Under 65	\$1,189.00	\$1,344.00	\$1,447.00	\$1,189.00	\$1,284.00	\$1,151.00	\$1,098.00
Retiree Under 65; +1 Dep 65+	\$956.24	\$1,210.07	\$1,302.90	\$1,075.52	\$1,153.06	\$1,003.29	\$956.24
Retiree 65+; +1 Dep Under 65	\$934.23	\$1,183.47	\$1,274.25	\$1,051.87	\$1,127.71	\$980.21	\$934.23
Retiree 65+; +1 Dep 65+	\$772.86	\$988.38	\$1,064.21	\$878.48	\$941.82	\$810.89	\$772.86
Retiree Under 65; Deps Under 65	\$1,498.00	\$1,697.00	\$1,827.00	\$1,498.00	\$1,618.00	\$1,450.00	\$1,387.00
Retiree Under 65; Deps 65+	\$1,252.73	\$1,581.87	\$1,703.07	\$1,406.00	\$1,507.65	\$1,310.75	\$1,252.73
Retiree 65+; Deps Under 65	\$1,236.40	\$1,562.14	\$1,681.82	\$1,388.46	\$1,488.84	\$1,293.66	\$1,236.40
Retiree 65+; Deps 65+	\$1,130.19	\$1,433.80	\$1,543.66	\$1,274.39	\$1,366.53	\$1,182.53	\$1,130.19
Companion Spouse	\$429.97	\$553.83	\$596.19	\$488.68	\$527.77	\$465.01	\$429.97
Companion Child(ren)	\$444.98	\$591.97	\$637.24	\$522.33	\$564.11	\$481.24	\$444.98

**Medical Insurance Continued**

<b>Benefits</b>	<b>**New** BlueSelect Plus Spira</b>	<b>BlueSelect Plus EPO</b>	<b>Blue-Care HMO</b>	<b>BlueSelect Plus PPO</b>	<b>Preferred-Care Blue PPO</b>	<b>BlueSaver Preferred Care Blue</b>	<b>Blue Saver BlueSelect Plus</b>
Network	BlueSelect Plus	BlueSelect Plus	Blue-Care	BlueSelect Plus	Preferred-Care Blue	Preferred-Care Blue	BlueSelect Plus
In Network Deductible	\$1,500 indiv \$3,000 fam	N/A	N/A	\$1,500 indiv \$3,000 fam	\$1,500 indiv \$3,000 fam	\$3,000 indiv \$6,000 fam	\$3,000 indiv \$6,000 fam
Out of Network Deductible	N/A	N/A	N/A	\$3,000 indiv \$6,000 fam	N/A	\$3,000 indiv \$6,000 fam	\$6,000 indiv \$12,000 fam
In Network Coinsurance	Your share: 0%	N/A	N/A	Your share: 20%	Your share: 20%	Your share: 20%	Your share: 20%
Out of Network Coinsurance	N/A	N/A	N/A	Your share: 50%	Your share: 50%	Your share: 40%	Your share: 50%
In Network Out of Pocket Maximum	\$1,500 indiv \$3,000 fam	\$4,000 indiv \$10,000 fam	\$4,000 indiv \$10,000 fam	\$4,500 indiv \$9,000 fam	\$4,500 indiv \$9,000 fam	\$4,000 indiv \$8,000 fam	\$4,000 indiv \$8,000 fam
Out of Network Out of Pocket Maximum	N/A	N/A	N/A	\$23,000 indiv \$46,000 fam	\$13,500 indiv \$27,000 fam	\$8,000 indiv \$16,000 fam	\$20,000 indiv \$40,000 fam
Office Visits	Spira: No Cost; Other BSP Provider: Deductible	\$35 PCP/\$30 PCMH PCP \$70 Specialist copay	\$35 PCP/\$30 PCMH PCP \$70 Specialist copay	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Preventative Care	100%	100%	100%	100%	100%	100%	100%
Urgent Care	Spira: No Cost; Other BSP Provider: Deductible	\$70 copay	\$70 copay	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Emergency Services	Deductible	\$200 copay	\$200 copay	\$150 copay then deductible then 20%	\$150 copay then deductible then 20%	Deductible then 20%	Deductible then 20%
Inpatient Hospital Services	Deductible	\$400 copay per member up to \$2,000	\$400 copay per member up to \$2,000	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Scans (MRI's PET, CT etc.)	Deductible	\$200 copay	\$200 copay	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Prescription Drugs	\$15/\$50/ Retail \$15/\$125/ Deductible Mail	<b>Rx Deductible</b> \$100/\$200 then \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	<b>Rx Deductible</b> \$100/\$200 then \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	<b>Rx Deductible</b> \$100/\$200 then \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	<b>Rx Deductible</b> \$100/\$200 then \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Deductible then: \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Deductible then: \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail

# Retiree Dental Insurance Base Plan

## Rates Effective January 1, 2019 – December 31, 2019

Dental Service Type	Blue Dental PPO Providers <sup>1</sup>	Blue Dental Choice Providers <sup>2</sup>	Non-Participating Providers <sup>3</sup>
	Deductible, Coinsurance and Limitations		
<b>Calendar Year Deductible</b>	Combined Basic Services and Major Services: \$50 per person		
<b>Type I-Diagnostic and Preventive Services</b> <b>Deductible Does Not Apply</b> <ul style="list-style-type: none"> <li>• Oral evaluations – 2 per calendar year</li> <li>• X-rays – complete mouth 1 every 3 calendar years; single tooth 12 per calendar year; bitewing 2 occurrences per calendar year</li> <li>• Teeth cleaning – 2 per calendar year</li> <li>• Fluoride treatment – 2 per calendar year age 19 and under</li> <li>• Sealant application on posterior tooth – 1 treatment per tooth every 3 years (age 14 and under)</li> <li>• Fixed and removable space maintainer (initial appliance only)</li> <li>• Emergency treatment – temporary pain relief</li> </ul>	100%	80%	80%
<b>Type II-Basic Services</b> <b>Deductible Applies</b> <ul style="list-style-type: none"> <li>• Fillings – composite fillings on all teeth</li> <li>• Recementation of existing inlays, crowns and bridges</li> <li>• Endodontics – root canals and pulpal therapy</li> <li>• Periodontics – gum/tissue care and surgery</li> <li>• Tooth extraction (simple and surgical including wisdom teeth)</li> <li>• General Anesthesia – payable only if provided in connection with a covered service</li> </ul>	70%	50%	50%
<b>Type III-Major Services</b> <b>Deductible Applies</b> <ul style="list-style-type: none"> <li>• Single crowns, inlays, onlays, bridges and dentures</li> <li>• Maintenance of Prosthodontics – adjust/ repair of dentures</li> </ul>	50%	40%	40%
<b>Dependent Limiting Age</b>	26		
<b>Calendar Year Maximum</b>	\$750 Combined per Covered Person <i>Preventive applies towards Calendar Year Maximum</i>		
<b>Dental Rewards</b>	If you have Calendar Year claims between \$1 - \$300, you will receive \$250 in Rewards to use next year and beyond. Your accumulated Rewards total is capped at \$500.		
<b>Retiree</b>	\$28.98		
<b>Retiree +1</b>	\$54.49		
<b>Family</b>	\$76.34		

<sup>1</sup>**Blue Dental PPO Providers:** The preferred network of coverage in the Blue KC service area. **Lowest** out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID Blue Cross and Blue Shield national network.

<sup>2</sup>**Blue Dental Choice Providers:** An additional network of coverage in the Blue KC service area. **Higher** out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID+ Blue Cross and Blue Shield national network.

<sup>3</sup>**Non-Participating Providers:** Seeing a non-participating dentist results in the **highest** out-of-pocket costs for covered services. Members may be responsible for filing claims and may be balanced billed by the non-participating provider.

## Retiree Dental Insurance Buy-Up Plan Rates Effective January 1, 2019 – December 31, 2019

Dental Service Type	Blue Dental PPO Providers <sup>1</sup>	Blue Dental Choice Providers <sup>2</sup>	Non-Participating Providers <sup>3</sup>
	Deductible, Coinsurance and Limitations		
<b>Calendar Year Deductible</b>	Combined Basic Services and Major Services: \$50 per person		
<b>Type I-Diagnostic and Preventive Services</b> <b>Deductible Does Not Apply</b> <ul style="list-style-type: none"> <li>• Oral evaluations – 2 per calendar year</li> <li>• X-rays – complete mouth 1 every 3 calendar years; single tooth 12 per calendar year; bitewing 2 occurrences per calendar year</li> <li>• Teeth cleaning – 2 per calendar year</li> <li>• Fluoride treatment – 2 per calendar year age 19 and under</li> <li>• Sealant application on posterior tooth – 1 treatment per tooth every 3 years (age 14 and under)</li> <li>• Fixed and removable space maintainer (initial appliance only)</li> <li>• Emergency treatment – temporary pain relief</li> </ul>	100%	70%	50%
<b>Type II-Basic Services</b> <b>Deductible Applies</b> <ul style="list-style-type: none"> <li>• Fillings – composite fillings on all teeth</li> <li>• Recementation of existing inlays, crowns and bridges</li> <li>• Endodontics – root canals and pulpal therapy</li> <li>• Periodontics – gum/tissue care and surgery</li> <li>• Tooth extraction (simple and surgical including wisdom teeth)</li> <li>• General Anesthesia – payable only if provided in connection with a covered service</li> </ul>	80%	70%	50%
<b>Type III-Major Services</b> <b>Deductible Applies</b> <ul style="list-style-type: none"> <li>• Single crowns, inlays, onlays, bridges and dentures</li> <li>• Maintenance of Prosthodontics – adjust/ repair of dentures</li> </ul>	50%	50%	50%
<b>Type IV-Orthodontia Services</b> Includes: <ul style="list-style-type: none"> <li>• Covered Retirees Only (does not include spouses)</li> <li>• Covered Children to age 19</li> </ul>	50%	50%	50%
<b>Dependent Limiting Age</b>	26		
<b>Orthodontia Lifetime Maximum</b>	\$1,250 Combined per Covered Person <i>Dental Rewards does not apply</i>		
<b>Calendar Year Maximum</b>	\$1,250 Combined per Covered Person <i>Preventive applies towards Calendar Year Maximum</i>		
<b>Dental Rewards</b>	If you have Calendar Year claims between \$1 - \$300, you will receive \$250 in Rewards to use next year and beyond. Your accumulated Rewards total is capped at \$500.		
<b>Retiree</b>	\$33.74		
<b>Retiree +1</b>	\$73.72		
<b>Family</b>	\$96.18		

<sup>1</sup>**Blue Dental PPO Providers:** The preferred network of coverage in the Blue KC service area. **Lowest** out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID Blue Cross and Blue Shield national network.

<sup>2</sup>**Blue Dental Choice Providers:** An additional network of coverage in the Blue KC service area. **Higher** out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID+ Blue Cross and Blue Shield national network.

<sup>3</sup>**Non-Participating Providers:** Seeing a non-participating dentist results in the **highest** out-of-pocket costs for covered services. Members may be responsible for filing claims and may be balanced billed by the non-participating provider.