

**Excelsior Springs School District #40**  
**7-1-14 to 6-30-15 In-Network Summary of Benefits**

<u>Benefits</u>	<u>Blue Cross Blue Shield</u>		
	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>
	<b>Base Plan</b>	<b>Buy Up Plan</b>	<b>HSA (Health Savings Account)</b>
Plan	Preferred Care Blue PPO	Preferred Care Blue PPO	Preferred Care Blue PPO
Deductible	1,500 individual/3,000 family	250 individual/500 family	2,500 individual/5,000 family
Out of Pocket Maximum	4,500 individual/9,000 family	2,500 individual/5,000 family	5,000 individual/10,000 family
Primary Care Physician	30*	20*	Deductible + 10%
Specialist/Urgent Care	60*	40*	Deductible + 10%
Preventive Services	Covered in Full**	Covered in Full**	Covered in Full**
MRI, MRA, CT, PET Scans	Deductible + 20%	Deductible + 20%	Deductible + 10%
Outpatient Surgery	Deductible + 20%	Deductible + 20%	Deductible + 10%
Inpatient Hospital	Deductible + 20%	Deductible + 20%	Deductible + 10%
Emergency Room	150 + Deductible + 20%	75 + Deductible + 20%	Deductible + 10%
Prescription copays	10/35/60 (2x Mail Order)	10/35/60 (2x Mail Order)	Deductible + 10/35/60 (2x Mail Order)
<b><u>Monthly Premiums</u></b>			
Employee	Paid by District	\$88.71	Paid by District
Employee/Spouse	\$331.72	\$482.53	\$262.96
Employee/Child(ren)	\$473.89	\$651.31	\$375.65
Family	\$853.83	\$1,102.38	\$676.83
District Contribution to Health Savings Acct for employee	n/a	n/a	\$98.24 monthly (\$1,178.88 annually)

\* Deductible may also apply to office visit charges.

\*\* Please see the Policy/Certificate for list of covered Preventive Services.

**This is only a summary of In-Network benefits. Please see Policy/Certificate for complete list of coverages and exclusions.**