Chamber Blue of Kansas

Find the right coverage

Your benefits at a glance

BlueCross BlueShield Kansas

Chamber Blue of Kansas | Plan Options – BlueEdge

	CB 1, 2 & 3	CB 4
Common services at preferred providers		
Primary care doctor	$25 copay	Subject to deductible
Specialists	$50 copay	Subject to deductible
Virtual doctor visits/telemedicine	$25 copay	Subject to deductible
Preventive care	Paid at 100%	Paid at 100%
Emergency room	$250 copay, then subject to deductible/coinsurance	Subject to deductible
Emergency room transportation	Subject to deductible/coinsurance	Subject to deductible
Inpatient surgery	Subject to deductible/coinsurance	Subject to deductible
Inpatient facility fee	Subject to deductible/coinsurance	Subject to deductible
Outpatient lab work and radiology	Paid at 100% of the allowable charge up to a combined max of $300 for each covered person, each benefit period	Subject to deductible
Outpatient rehabilitation	Subject to deductible/coinsurance	Subject to deductible
Hospice	Subject to deductible/coinsurance	Subject to deductible
Chiropractic care	$50 copay	Subject to deductible
Deductible & coinsurance		
Self Only Coinsurance: Member portion	$500/$1,000/$1,500 20%*	$3,000 $0
Self + One and Self + Family	$1,000/$2,000/$3,000	$6,000
Out-of-pocket maximum (preferred providers)		
Self Only	$5,000	$6,350
Self + One and Self + Family	$10,000	$12,700

*These options have a coinsurance max of $1,000 for self and $2,000 for self + one or self + family.

	CB 5, 6 & 7	CB 8
Common services at preferred providers		
Primary care doctor	$35 copay	Subject to deductible
Specialists	$70 copay	Subject to deductible
Virtual doctor visits/telemedicine	$35 copay	Subject to deductible
Preventive care	Paid at 100%	Paid at 100%
Emergency room	$250 copay, then subject to deductible/coinsurance	Subject to deductible
Emergency room transportation	Subject to deductible/coinsurance	Subject to deductible
Inpatient surgery	Subject to deductible/coinsurance	Subject to deductible
Inpatient facility fee	Subject to deductible/coinsurance	Subject to deductible
Outpatient lab work and radiology	Paid at 100% of the allowable charge up to a combined max of $300 for each covered person, each benefit period	Subject to deductible
Outpatient rehabilitation	Subject to deductible/coinsurance	Subject to deductible
Hospice	Subject to deductible/coinsurance	Subject to deductible
Chiropractic care	$70 copay	Subject to deductible
Deductible & coinsurance		
Self Only Coinsurance: Member portion	$1,500/$2,500/$3,500 20%**	$5,000 $0
Self + One and Self + Family	$3,000/$5,000/$7,000	$10,000
Out-of-pocket maximum (preferred providers)		
Self Only	$6,350	$6,350
Self + One and Self + Family	$12,700	$12,700

**Coinsurance to out-of-pocket max

Option Combinations

Hi/Low
Any combo within CB 1 & 4
Any combo within CB 5 & 8
CB 4 (HDHP) can pair with any option
CB 8 (HDHP) can pair with CB 3–7

Triple	
CB 1, 2, 3	CB 5, 6, 7
CB 1, 2, 4	CB 5, 6, 8
CB 2, 3, 4	CB 6, 7, 8
CB 3, 4, 8	

Quad
CB 1–4
CB 5–8

Pharmacy coverage: ResultsRx Formulary

BlueRx Card Retail Pharmacy[1]	Mail order[2]
$15 generic	$37.50 generic
$50 brand name	$125 brand name
$75 non-preferred	$187.50 non-preferred
$150 specialty[3]	
20% coinsurance up to $250 max for specialty non-preferred[3]	

[1] Quantity is a 30-day supply or 90-day supply (3x copay) through the Extended Supply Network at a retail pharmacy.

[2] Quantity is a 90-day supply, available through Express Scripts.

[3] Designated specialty pharmacy, Accredo.

*HDHP Option CB 4 and CB 8: All pharmacy expenses will go toward the health deductible. Once the deductible is met, the above copays apply.

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MC449B 07/22