

Medical and Dental Rates for Retirees Currently with Blue Cross Blue Shield Insurance Rates Effective January 1, 2025 – December 31, 2025

Rates	BlueSelect Plus Spira	BlueSelect Plus EPO	Blue-Care HMO (Closed to new enrollment)	BlueSelect Plus PPO	Preferred-Care Blue PPO	BlueSaver Spira BlueSelect Plus	BlueSaver Preferred Care Blue
Retiree Under 65	\$885.60	\$1,032.48	\$1,138.32	\$885.60	\$983.88	\$788.40	\$853.20
Retiree 65+	\$745.41	\$876.06	\$965.50	\$750.98	\$834.85	\$664.41	\$732.55
Retiree Under 65; +1 Dep Under 65	\$1,401.84	\$1,631.88	\$1,798.20	\$1,401.84	\$1,558.44	\$1,283.04	\$1,370.52
Retiree Under 65; +1 Dep 65+	\$1,127.75	\$1,468.92	\$1,619.28	\$1,268.43	\$1,399.72	\$1,116.90	\$1,194.71
Retiree 65+; + 1 Dep Under 65	\$1,101.79	\$1,436.63	\$1,583.67	\$1,240.53	\$1,368.95	\$1,091.20	\$1,167.23
Retiree 65+; + 1 Dep 65+	\$911.48	\$1,199.82	\$1,322.62	\$1,036.04	\$1,143.30	\$902.72	\$965.60
Retiree Under 65; Deps Under 65	\$1,766.88	\$2,059.56	\$2,270.16	\$1,766.88	\$1,964.52	\$1,620.00	\$1,728.00
Retiree 65+; Deps 65+	\$1,477.42	\$1,920.26	\$2,116.62	\$1,658.18	\$1,830.16	\$1,463.22	\$1,560.84
Retiree 65+; Deps Under 65	\$1,458.16	\$1,896.31	\$2,090.56	\$1,637.50	\$1,807.33	\$1,444.14	\$1,540.48
Retiree 65+; Deps 65+	\$1,332.90	\$1,740.51	\$1,918.49	\$1,502.96	\$1,658.86	\$1,320.08	\$1,408.16
Companion Spouse	\$507.09	\$672.31	\$740.96	\$576.32	\$640.68	\$502.21	\$553.74
Companion Child(ren)	\$524.79	\$718.61	\$791.97	\$616.02	\$684.80	\$519.75	\$573.06

Benefits	BlueSelect Plus Spira	BlueSelect Plus EPO	Blue-Care HMO (Closed to new enrollment)	BlueSelect Plus PPO	Preferred-Care Blue PPO	Blue Saver Spira BlueSelect Plus	BlueSaver Preferred Care Blue
Network	BlueSelect Plus	BlueSelect Plus	Blue-Care	BlueSelect Plus	Preferred-Care Blue	BlueSelect Plus	Preferred-Care Blue
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	\$3,300 indiv \$6,600 fam	\$3,300 indiv \$6,600 fam
Out of Network Deductible	N/A	N/A	N/A	\$3,000 indiv \$6,000 fam	\$1,500 indiv \$3,000 fam	\$6,600 indiv \$13,200 fam	\$3,300 indiv \$6,600 fam
In Network Coinsurance	Your share: 0%	N/A	N/A	Your share: 20%	Your share: 20%	Your share: 20% Spira: 0%	Your share: 20%
Out of Network Coinsurance	N/A	N/A	N/A	Your share: 50%	Your share: 50%	Your share: 50%	Your share: 40%
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	\$4,300 indiv \$8,600 fam	\$4,300 indiv \$8,600 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	\$20,000 indiv \$40,000 fam	\$8,600 indiv \$17,200 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%	Spira locations: Fair Market Charge (\$60); BSP providers: 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/ Deductible Retail \$15/\$125/ Deductible Mail	Rx Deductible \$100/\$200 then \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Rx Deductible \$100/\$200 then \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Rx Deductible \$100/\$200 then \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Rx Deductible \$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, 2025 – December 31, 2025

Dental Service Type	Blue Dental PPO Providers ¹	Blue Dental Choice Providers ²	Non-Participating Providers ³
	Deductible, Coinsurance and Limitations		
Calendar Year Deductible	Combined Basic Services and Major Services: \$50 per person		
Type I-Diagnostic and Preventive Services Deductible Does Not Apply <ul style="list-style-type: none"> • Oral evaluations – 2 per calendar year • X-rays – complete mouth 1 every 3 calendar years; single tooth 12 per calendar year; bitewing 2 occurrences per calendar year • Teeth cleaning – 2 per calendar year • Fluoride treatment – 2 per calendar year age 19 and under • Sealant application on posterior tooth – 1 treatment per tooth every 3 years (age 14 and under) • Fixed and removable space maintainer (initial appliance only) • Emergency treatment – temporary pain relief 	100%	80%	80%
Type II-Basic Services Deductible Applies <ul style="list-style-type: none"> • Fillings – composite fillings on all teeth • Recementation of existing inlays, crowns and bridges • Endodontics – root canals and pulpal therapy • Periodontics – gum/tissue care and surgery • Tooth extraction (simple and surgical including wisdom teeth) • General Anesthesia – payable only if provided in connection with a covered service 	70%	50%	50%
Type III-Major Services Deductible Applies <ul style="list-style-type: none"> • Single crowns, inlays, onlays, bridges and dentures • Maintenance of Prosthodontics – adjust/ repair of dentures 	50%	40%	40%
Dependent Limiting Age	26		
Calendar Year Maximum	\$1,000 Combined per Covered Person <i>Preventive applies towards Calendar Year Maximum</i>		
Dental Rewards	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.		
Retiree	\$28.25		
Retiree +1	\$53.11		
Family	\$74.41		

¹**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.

²**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.

³**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, 2025 – December 31, 2025

Dental Service Type	Blue Dental PPO Providers ¹	Blue Dental Choice Providers ²	Non-Participating Providers ³
	Deductible, Coinsurance and Limitations		
Calendar Year Deductible	Combined Basic Services and Major Services: \$50 per person		
Type I-Diagnostic and Preventive Services Deductible Does Not Apply <ul style="list-style-type: none"> • Oral evaluations – 2 per calendar year • X-rays – complete mouth 1 every 3 calendar years; single tooth 12 per calendar year; bitewing 2 occurrences per calendar year • Teeth cleaning – 2 per calendar year • Fluoride treatment – 2 per calendar year age 19 and under • Sealant application on posterior tooth – 1 treatment per tooth every 3 years (age 14 and under) • Fixed and removable space maintainer (initial appliance only) • Emergency treatment – temporary pain relief 	100%	70%	50%
Type II-Basic Services Deductible Applies <ul style="list-style-type: none"> • Fillings – composite fillings on all teeth • Recementation of existing inlays, crowns and bridges • Endodontics – root canals and pulpal therapy • Periodontics – gum/tissue care and surgery • Tooth extraction (simple and surgical including wisdom teeth) • General Anesthesia – payable only if provided in connection with a covered service 	80%	70%	50%
Type III-Major Services Deductible Applies <ul style="list-style-type: none"> • Single crowns, inlays, onlays, bridges and dentures • Maintenance of Prosthodontics – adjust/ repair of dentures 	50%	50%	50%
Type IV-Orthodontia Services Includes: <ul style="list-style-type: none"> • Covered Retirees Only (does not include spouses) • Covered Children to age 19 	50%	50%	50%
Dependent Limiting Age	26		
Orthodontia Lifetime Maximum	\$1,250 Combined per Covered Person <i>Dental Rewards does not apply</i>		
Calendar Year Maximum	\$1,500 Combined per Covered Person <i>Preventive applies towards Calendar Year Maximum</i>		
Dental Rewards	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.		
Retiree	\$32.88		
Retiree +1	\$71.86		
Family	\$93.74		

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