



How to Determine the Best Health Care Plan for Me

Frequently Asked Questions

Q: When is the enrollment period to elect health insurance benefits?

A: Enroll in your health benefits from **March 4th – March 22nd**. This year is a Passive Open Enrollment (OE). This means if you don't select a new medical plan, your **current** medical plan will stay the same for the upcoming plan year, effective May 1, 2019.

Q: What is the deadline?

A: The deadline to enroll is **March 22, 2019.**

Q: How do I elect benefits?

A: Log into **PeopleSoft** to make all benefit elections. If you need assistance with logging in or have additional questions regarding your benefits, please plan to attend one of the open enrollment meetings referenced on the schedule in your OE packet.

Q: Who can I contact if I have questions about any of the plans offered?

A: Blue KC has a dedicated customer service phone line for the City; you are encouraged to call **816-395-2969, toll free at **800-422-7318** to address any questions you may have.**

Q: If I want to learn more about the Spira Care Centers, what should I do?

A: To learn more about the care center and the Spira Plan, you are invited to a **Spira Care Open House to tour a Care Center. The next scheduled Open House is **Saturday, March 16th from 12:30 – 2:30pm**. Tours start at 12:45p & 1:45p at the Spira Care Crossroads location (1916 Grand Boulevard, Kansas City, MO 64108). You can also visit **SpiraCare.com** to take a virtual tour and see information on our providers and hours of operation at each location.**

Q: If I elect the Spira Plan, what is the maximum I will spend in a plan year?

A: At the individual coverage level, you will never spend more than **\$1,000. For family coverage, the out-of-pocket maximum (OOPM) is **\$2,000** and no individual will ever meet more than \$1,000 in medical expenses and collectively the family, in total, will never exceed \$2,000.**

Q: If I elect the Spira Plan, who can I seek care from?

A: Spira Care is integrated primary care where a member forms a partnership with their Care Team to address and coordinate wellness, sick and long-term care needs. Should your needs extend beyond primary care, such as specialist or hospital (both inpatient and outpatient), rest assured a Care Guide, part of your Spira Care team, will help you navigate the extensive BlueSelect Plus (BSP) network to identify the provider or location that will best meet your personal care needs.

Q: Can I be confident I will have access to Saint Luke's providers if I choose the City of Kansas City Missouri (KCMO) Custom Plan?

A: Saint Luke's is **fully committed to ensuring each member enrolled in the KCMO Custom Plan has access to the care and providers they need. In addition to multiple communications from Saint Luke's executive management to their provider practices, and Blue KC's updates to the Custom Plan ID card, **Saint Luke's implemented a City of KCMO Concierge Line, 816-932-5100**. The concierge team will help Custom Plan members identify physicians. The concierge team will not be able to schedule an appointment on your behalf. However, any Custom Plan member experiencing difficulties scheduling with a provider can work with the concierge team to engage the practice manager at the desired provider office. Please note, any questions related to your benefits will still need to be directed to your Blue KC dedicated customer service team at **816-395-2969**.**



Q: Are chiropractic services a benefit in all the plans offered?

A: Yes, chiropractic benefits are covered on all plans. However, the amounts you may owe for chiropractic office visits or therapies, such as skeletal manipulations, vary depending on the plan you select. Before scheduling chiropractic services, it is recommended you speak with your provider to understand how they bill for services rendered. For example, some providers may charge an office visit for every visit, even when therapies are received, while others may not. These billing decisions are at the discretion of your provider and Blue Cross and Blue Shield of Kansas City (Blue KC) cannot prevent a provider from charging an office visit fee.

Additional Note: While chiropractic services are covered on the Spira Plan, please be mindful these services can only be received from BSP providers, as they are **not** currently available in a Spira Care Center.

Q: Do all plans have the over-the-counter allergy/gastro intestinal benefit?

A: Yes, the following plans have this benefit at a \$1 copay: all HMOs, Traditional PPO, the Custom Plan and Spira. The health savings account (HSA) plans are subject to deductible and then no charge.

Q: Do all plans cover maternity for dependent daughter?

A: Yes.

Q: Do all health plans offer out of area benefits when travelling outside Blue KC's 32 county service area?

A: No, the **HMO plans do not offer out of area** (travelling) benefits unless it is life or limb threatening and causes you to go to the emergency room, then your ER visit is considered in-network. The **non-HMO plans utilize the nationwide Blue Card** network when travelling outside of the Blue KC's 32 county service area.

Q: How can I determine if a doctor is in-network for the plan I select?

A: To determine if your doctor is in-network for the plan you select, please use one of the following resources:

- Provider Finder on MyBlueKC.com
- KCMO Custom Plan Directory on MyBlueKC.com/Saint Luke's Concierge Line, **816-932-5100**
- Dedicated customer service team, **816-395-2969**, toll free at **800-422-7318**
- City of KCMO HR team, **816-513-1932**

Q: If I elect a new plan, will I receive credit for copays, coinsurance, deductible and any other costs incurred from (January 1, 2019 – April 30, 2019) for my new plan year effective May 1, 2019?

A: Yes, you will receive credit for any costs incurred when moving between the following Blue KC plans: Custom Plan, any high-deductible health plan, the PPO, or Spira. Please note, there are no credits applied if moving from an HMO plan, as these plans currently do not have a deductible or OOPM.

Q: What costs should I consider when deciding which plan is best for me?

A: When determining the overall cost of a plan consider the following:

- **Monthly Premium**
- Copays
- Deductibles
- Out of Pocket Maximums
- Pharmacy costs
- Employer HSA contributions

On the following pages, you will find claims examples for each plan illustrating savings opportunities.



EMPLOYEE ONLY COVERAGE: HIGH UTILIZER

1 preventive exam, 2 specialist visits, 2 ER visits and 1 hospital stay of 7 days.

Taking six prescriptions monthly for entire plan year: 3 generic, 2 brand name and 1 non-preferred.

| | Premium HMO | Mid Level HMO | Low HMO | \$500 PPO | PCB HSA | BSP HSA | Custom Plan | Spira |
|----------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Annual Premium | \$908.40 | \$894.24 | \$855.60 | \$991.20 | \$460.08 | \$266.88 | \$0.00 | \$0.00 |
| Preventive Exam | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Specialist Visits (2) | \$60.00 | \$80.00 | \$120.00 | \$40.00 | \$0.00 | \$0.00 | \$40.00 | \$240.00 |
| Emergency Room Visit(s) | \$300.00 | \$300.00 | \$300.00 | \$300.00 | \$2,000.00 | \$1,700.00 | \$300.00 | \$760.00 |
| Hospital Stay | \$500.00 | \$1,500.00 | \$2,500.00 | \$2,500.00 | \$1,700.00 | \$1,000.00 | \$500.00 | \$0.00 |
| Generic Prescriptions | \$432.00 | \$432.00 | \$432.00 | \$432.00 | \$0.00 | \$0.00 | \$432.00 | \$0.00 |
| Brand Name Prescriptions | \$840.00 | \$840.00 | \$840.00 | \$840.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Non-Preferred Prescription | \$720.00 | \$720.00 | \$720.00 | \$720.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Employer HSA Contribution | \$0.00 | \$0.00 | \$0.00 | \$0.00 | (\$1,000.00) | (\$1,000.00) | \$0.00 | \$0.00 |
| Total Expenses | \$3,760.40 | \$4,766.24 | \$5,767.60 | \$5,823.20 | \$3,160.08 | \$1,966.88 | \$1,272.00 | \$1,000.00 |

- A lower monthly premium is available by choosing the **Custom** or **Spira** plan and would leave more money in your paycheck.
- If your provider is most important when shopping for your health plan, consider the savings available by moving to the Preferred Care Blue (**PCB**) **HSA Plan**.

FAMILY LEVEL COVERAGE: HIGH UTILIZER

All family members have a preventive exam

Member 1: Two brand name and 3 generic meds per month. One 4-day hospital stay.

Member 2: One urgent care visit and 1 one-time generic medication.

| | Premium HMO | Mid Level HMO | Low HMO | \$500 PPO | PCB HSA | BSP HSA | Custom Plan | Spira |
|---------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Annual Premium | \$5,230.80 | \$5,015.28 | \$4,926.72 | \$5,559.12 | \$3,941.76 | \$3,277.92 | \$3,127.92 | \$3,127.92 |
| Preventive Exam | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Maintenance Rx | \$1,272.00 | \$1,272.00 | \$1,272.00 | \$1,272.00 | \$2,700.00 | \$2,700.00 | \$1,272.00 | \$1,000.00 |
| Hospital Stay (4 Days) | \$400.00 | \$1,200.00 | \$2,000.00 | \$2,500.00 | \$0.00 | \$0.00 | \$400.00 | \$0.00 |
| Urgent Care Visit | \$20.00 | \$30.00 | \$50.00 | \$20.00 | \$75.00 | \$75.00 | \$15.00 | \$0.00 |
| Generic Prescription | \$12.00 | \$12.00 | \$12.00 | \$12.00 | \$40.00 | \$40.00 | \$12.00 | \$15.00 |
| Employer HSA Contribution | \$0.00 | \$0.00 | \$0.00 | \$0.00 | (\$2,000.00) | (\$2,000.00) | \$0.00 | \$0.00 |
| Total Expenses | \$6,934.80 | \$7,529.28 | \$8,260.72 | \$9,363.12 | \$4,756.76 | \$4,092.92 | \$4,826.92 | \$4,142.92 |

- If your provider is most important when shopping for your health plan, consider the savings available by moving to the **PCB HSA Plan**.
- If total out of pocket spend is most important, please consider the **BSP HSA Plan**, the **Custom Plan** or **Spira** to achieve a cost savings.



EMPLOYEE + 1 COVERAGE: ONE HIGH, ONE MODERATE UTILIZER

Both receive preventive exams.

Member 1: One generic med taken monthly, one urgent care visit

Member 2: One lengthy hospitalization, one ER visit and two high-tech imaging scans. Takes 2 generic meds/month for last 5 months

| | Premium HMO | Mid Level HMO | Low HMO | \$500 PPO | PCB HSA | BSP HSA | Custom Plan | Spira |
|---------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Annual Premium | \$2,726.40 | \$2,688.24 | \$2,568.00 | \$2,979.48 | \$2,039.52 | \$1,603.44 | \$1,530.00 | \$1,530.00 |
| Preventive Exam | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Maintenance Rx | \$144.00 | \$144.00 | \$144.00 | \$144.00 | \$384.00 | \$384.00 | \$144.00 | \$180.00 |
| Hospital Stay (4 Days) | \$500.00 | \$1,500.00 | \$2,500.00 | \$2,500.00 | \$2,700.00 | \$2,700.00 | \$500.00 | \$1,000.00 |
| Emergency Room Visit | \$175.00 | \$175.00 | \$175.00 | \$175.00 | \$0.00 | \$0.00 | \$175.00 | \$0.00 |
| Urgent Care Visit | \$20.00 | \$30.00 | \$50.00 | \$20.00 | \$75.00 | \$75.00 | \$15.00 | \$0.00 |
| H-Tech Imaging Scan | \$300.00 | \$300.00 | \$300.00 | \$300.00 | \$0.00 | \$0.00 | \$300.00 | \$0.00 |
| Generic Prescription | \$120.00 | \$120.00 | \$120.00 | \$120.00 | \$0.00 | \$0.00 | \$120.00 | \$150.00 |
| Employer HSA Contribution | \$0.00 | \$0.00 | \$0.00 | \$0.00 | (\$2,000.00) | (\$2,000.00) | \$0.00 | \$0.00 |
| Total Expenses | \$3,985.40 | \$4,957.24 | \$5,857.00 | \$6,238.48 | \$3,198.52 | \$2,762.44 | \$2,784.00 | \$2,860.00 |

- If total out of pocket spend is most important, please consider the **BSP HSA Plan**, the **Custom Plan** or **Spira** to achieve a cost savings.

EMPLOYEE ONLY COVERAGE: LOW UTILIZER

1 preventive exam, 1 urgent care visit with a generic prescription

| | Premium HMO | Mid Level HMO | Low HMO | \$500 PPO | PCB HSA | BSP HSA | Custom Plan | Spira |
|---------------------------|-----------------|-----------------|-----------------|-------------------|-------------------|-------------------|----------------|----------------|
| Annual Premium | \$908.40 | \$894.24 | \$855.60 | \$991.20 | \$460.08 | \$266.88 | \$0.00 | \$0.00 |
| Preventive Exam | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Urgent Care Visit | \$20.00 | \$30.00 | \$50.00 | \$20.00 | \$75.00 | \$75.00 | \$15.00 | \$0.00 |
| Generic Prescription | \$12.00 | \$12.00 | \$12.00 | \$12.00 | \$22.00 | \$22.00 | \$12.00 | \$15.00 |
| Employer HSA Contribution | \$0.00 | \$0.00 | \$0.00 | \$0.00 | (\$1,000.00) | (\$1,000.00) | \$0.00 | \$0.00 |
| Total Expenses | \$940.40 | \$936.24 | \$917.60 | \$1,023.20 | (\$442.92) | (\$636.12) | \$27.00 | \$15.00 |

- By choosing one of the HSA plans, you would have money remaining in your HSA account to rollover to the next plan year. The City of KCMO contributes up front the first \$1000 for employee and \$2000 for employee + 1 and family to your Health Savings Account.