



HEALTH & WELLNESS PLAN

Schedule of Benefits

PLAN YEAR - October 1, 2026 - September 30, 2027

CARRIER - Blue Cross Blue Shield of Kansas

OUTLINE OF BENEFITS

Annual Deductible	PLAN A / PLAN B / PLAN C / PLAN D
Per Person	\$1,500 / \$2,500 / \$5,000 / \$6,000
Per Family	\$3,000 / \$5,000 / \$10,000 / \$12,000
Co-Insurance Levels (After Deductible)	
Per Person	20% / 20% / 0% / 0%
Per Family	20% / 20% / 0% / 0%
Out-of-Pocket Max (Including Deductible)	
Per Person	\$6,350 / \$6,350 / \$6,350 / \$6,350
Per Family	\$12,700 / \$12,700 / \$12,700 / \$12,700
Physician Charges	
Office Visits	\$35 / \$35 / \$35 / Deductible
Specialist Office Visits	\$70 / \$70 / \$70 / Deductible
ER Copay	\$250 / \$250 / Deductible
Preventive Care - as defined by the ACA	PLAN A / PLAN B / PLAN C / PLAN D
Routine Physical, Colonoscopy,	100%
Well Woman Exam	100%
Eligible Immunizations	100%
Hospital and Other Facilities	
Inpatient and Intensive Care	Subject to deductible and co-ins.
X-Ray and Lab Services*	Subject to deductible and co-ins.
Outpatient Surgery	Subject to deductible and co-ins.
Prescription Drug Card	PLAN A / PLAN B / PLAN C / PLAN D
Generic Drug Co-Pay	\$15 / \$15 / \$15 / Deductible
Preferred Brand	\$50 / \$50 / \$50 / Deductible
Non-Preferred Brand	\$75 / \$75 / \$75 / Deductible
Specialty Brand	\$150 / \$150 / \$150 / Deductible
Premiums**	PLAN A / PLAN B / PLAN C / PLAN D
Single	\$1132.52 / \$1103.09 / \$1069.27 / \$951.23
EE + Child	\$2241.89 / \$2182.25 / \$2113.72 / \$1874.54
EE + Spouse	\$2375.61 / \$2312.32 / \$2239.61 / \$1985.83
Family	\$3484.98 / \$3391.49 / \$3284.06 / \$2909.14

*Plan D is HSA Qualified and subject to deductible other than for preventive care

**A change in enrollment of 20% or more may impact final premiums

Questions or to enroll, please contact Bukaty Companies at 785-584-6043