

City of Arkansas City 07888 01/01/2025 - 12/31/2025				
Type Contract				
Deductible				
Coinsurance % and Max				
Deduct + Coins Max				
Maximum Out of Pocket (Ded+Coins+Copays)				
Office Visits				
Preventive Care				
Ambulance				
Inpatient Hospital				
Outpatient Lab & Radiology				
Emergency Room				
Accidental Injuries				
Skilled Nursing / HHC / Hospice				
Mental Health Inpatient				
Mental Health Outpatient				
Prescription Formulary / Product				
Prescription (Retail) Preferred Generic / Tier 1				
Non-Preferred Generic / Tier 1				
Preferred Brand / Tier 2				
Non-Preferred Brand / Tier 3				
Preferred Specialty / Tier 4				
Non-Preferred Specialty / Tier 5				
Prescription (Mail Order)				
	A	B	C	D
EE	10	20	10	0
EC	2	3	1	0
ES	11	5	6	0
EF	13	8	7	0
Monthly Premium				
Total Monthly Premium				
Total Annual Premium				
\$ Difference From Current				
% Difference From Current				

CARRIER		
CURRENT		
OPTION A	OPTION B	OPTION C
\$200 / \$400	\$500 / \$1,000	\$1,000 / \$2,000
20% to \$1,000 / \$2,000	20% to \$1,000 / \$2,000	20% to \$1,000 / \$2,000
\$1,200 / \$2,400	\$1,500 / \$3,000	\$2,000 / \$4,000
25	25	25
ACA does not apply	ACA does not apply	ACA does not apply
Deduct / Coins	Deduct / Coins	Deduct / Coins
Deduct / Coins	Deduct / Coins	Deduct / Coins
100% to \$300 for each cov person per benefit period	100% to \$300 for each cov person per benefit period	100% to \$300 for each cov person per benefit period
\$100 copay per incident, then deduct / coins	\$100 copay per incident, then deduct / coins	\$100 copay per incident, then deduct / coins
100% up to \$1,000 per person, then deduct / coins	100% up to \$1,000 per person, then deduct / coins	100% up to \$1,000 per person, then deduct / coins
100% of allowable charges	100% of allowable charges	100% of allowable charges
Subject to Deduct / coins	Subject to Deduct / coins	Subject to Deduct / coins
\$25 office visit copay	\$25 office visit copay	\$25 office visit copay
Select Formulary BlueRx Card	Select Formulary BlueRx Card	Select Formulary BlueRx Card
\$15 Copay	\$15 Copay	\$15 Copay
\$30 Copay	\$30 Copay	\$30 Copay
\$45 Copay	\$45 Copay	\$45 Copay
\$30 Copay	\$30 Copay	\$30 Copay
\$45 Copay	\$45 Copay	\$45 Copay
OPTION A	OPTION B	OPTION C
\$658.26	\$644.84	\$627.92
\$1,318.86	\$1,291.66	\$1,257.37
\$1,413.64	\$1,384.78	\$1,348.40
\$2,074.25	\$2,031.62	\$1,977.88
\$51,735.61	\$60,264.84	\$29,472.13
	\$141,472.58	
	\$1,697,670.96	

CARRIER		
RENEWAL		
OPTION A	OPTION B	OPTION C
\$200 / \$400	\$500 / \$1,000	\$1,000 / \$2,000
20% to \$1,000 / \$2,000	20% to \$1,000 / \$2,000	20% to \$1,000 / \$2,000
\$1,200 / \$2,400	\$1,500 / \$3,000	\$2,000 / \$4,000
25	25	25
ACA does not apply	ACA does not apply	ACA does not apply
Deduct / Coins	Deduct / Coins	Deduct / Coins
Deduct / Coins	Deduct / Coins	Deduct / Coins
100% to \$300 for each cov person per benefit period	100% to \$300 for each cov person per benefit period	100% to \$300 for each cov person per benefit period
\$100 copay per incident, then deduct / coins	\$100 copay per incident, then deduct / coins	\$100 copay per incident, then deduct / coins
100% up to \$1,000 per person, then deduct / coins	100% up to \$1,000 per person, then deduct / coins	100% up to \$1,000 per person, then deduct / coins
100% of allowable charges	100% of allowable charges	100% of allowable charges
Subject to Deduct / coins	Subject to Deduct / coins	Subject to Deduct / coins
\$25 office visit copay	\$25 office visit copay	\$25 office visit copay
Select Formulary BlueRx Card	Select Formulary BlueRx Card	Select Formulary BlueRx Card
\$15 Copay	\$15 Copay	\$15 Copay
\$30 Copay	\$30 Copay	\$30 Copay
\$45 Copay	\$45 Copay	\$45 Copay
\$30 Copay	\$30 Copay	\$30 Copay
\$45 Copay	\$45 Copay	\$45 Copay
OPTION A	OPTION B	OPTION C
\$798.09	\$779.93	\$757.91
\$1,600.66	\$1,563.84	\$1,519.23
\$1,714.28	\$1,675.23	\$1,627.88
\$2,516.85	\$2,459.15	\$2,389.22
\$62,758.35	\$72,930.97	\$35,590.15
	\$171,279.47	
	\$2,055,353.64	
	\$357,682.68	
	21.07%	

- Rates contingent upon Kansas Insurance Department Approval
- For comparison purposes only. Refer to contract for additional benefits and final rates.
- We reserve the right to review rates should enrollment vary by +- 20%.