

## City of Smithville: 1/1/2025 – 12/31/2025 Benefits Overview

Below is a brief outline of your In-Network Benefits. For additional details and Out-of-Network benefits, refer to the carrier summaries.

Network: Blue Select Plus <a href="http://www.mybluekc.com">www.mybluekc.com</a>	\$5,000 Blue Saver HSA Blue Select Plus (eligible for HSA) Available in 12 Countries	
PLAN 1- HSA Eligible	In Network	Out of Network
Deductible^	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family
Co-Insurance	10% after Deductible	10% after Deductible
Preventive Care	Covered at 100%	Deductible & 40%
Office Visit: PCP & Specialist	Deductible & 10%	Deductible & 40%
Urgent Care	Deductible & 10%	Deductible & 40%
Blue KC Virtual Care Virtual- Office Visit	No Member Cost Share	Not Applicable
Blue KC Care Virtual- Behavioral Healthy	No Member Cost Share	Not Applicable
Preventive Screenings & Immunizations	No Member Cost Share	Deductible & 40%
Labs	Deductible & 10%	Deductible & 40%
Emergency Services	Deductible & 10%	Deductible & 40%
Hospital: Inpatient or Outpatient	Deductible & 10%	Deductible & 40%
Retail Prescriptions	Deductible & 10%	Deductible & 40%
Out of Pocket Maximum^	\$6,450 Individual \$12,900 Family	\$32,250 Individual \$64,500 Family
<b>Employer Generously Contributes \$46.96 Monthly to Plan 1 HSA.</b>		

Rates: Plan 1				
Employee	\$796.00	\$796.00	\$0.00	\$0
Employee & Spouse	\$1,632.41	\$1498.94	\$133.47	\$66.73
Employee & Child(ren)	\$1,250.33	\$1181.16	\$69.17	\$34.59
Family	\$1,894.47	\$1723.57	\$170.90	\$85.45

Health Savings Account: NueSynergy		
Annual Contribution Limits	2024	2025
Single	\$4,150	\$4,300
Family	\$8,300	\$8,550
Catch Up Contribution (age 55+)	\$1,000	
Be sure to keep our receipts.		

*This is a brief description of your benefits. If a discrepancy exists, benefits outlined in the carrier certificate will prevail.*

Medical: Blue Cross Blue Shield of Kansas City		
Network: Preferred Care Blue <a href="http://www.mybluekc.com">www.mybluekc.com</a>	\$5,000 Blue Saver HSA Preferred Care Blue (eligible for HSA)	
PLAN 2 -HSA Eligible	In Network	Out of Network
Deductible^	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family
Co-Insurance	10% after Deductible	10% after Deductible
Preventive Care	Covered at 100%	Deductible & 30%
Office Visit: PCP & Specialist	Deductible & 10%	Deductible & 30%
Urgent Care	Deductible & 10%	Deductible & 30%
Blue KC Virtual Care Virtual- Office Visit	No Member Cost Share	Not Applicable
Blue KC Care Virtual- Behavioral Healthy	No Member Cost Share	Not Applicable
Preventive Screenings & Immunizations	No Member Cost Share	Deductible & 30%
Labs	Deductible & 10%	Deductible & 30%
Emergency Services	Deductible & 10%	Deductible & 30%
Hospital: Inpatient or Outpatient	Deductible & 10%	Deductible & 30%
Retail Prescriptions	Deductible & 10%	Deductible & 30%
Out of Pocket Maximum^	\$6,450 Individual \$12,900 Family	\$12,900 Individual \$25,800 Family

		Rates Plan 2		
Employee	\$869.47	\$842.95	\$26.52	\$13.26
Employee & Spouse	\$1,783.03	\$1552.86	\$230.17	\$115.09
Employee & Child(ren)	\$1,365.44	\$1230.56	\$134.88	\$67.44
Family	\$2,069.59	\$1779.29	\$290.30	\$145.15

*\*Both employer and employee contributions accumulate towards the annual contribution limit.*

FLEXIBLE SPENDING ACCOUNT: NueSynergy
<b>You can reallocate your income to pay for eligible health expenses not covered by your benefit plan, dependent care expenses, and individual premiums. This voluntary plan allows you to pay for these expenses on a pre-tax basis, and the amount you designate should be conservative.</b>
Medical: Set aside \$3,300 pre-tax for unreimbursed qualified healthcare expenses in 2025. (\$3,200 for 2024)
Dependent Care: Set aside \$5,000 (\$2,500 married filing separately) for qualified dependent care. Minimum \$10 Monthly If your family's gross earnings in 2024 are over \$155,000, your max contribution for childcare is \$3,600 (2023 Gross earnings \$150,000)
Participants have until March 15 of the following year to spend down the prior year's contributions.
You must file claims for reimbursement by May 31 <sup>st</sup> of the following year. You may forfeit the unspent funds if you fail to spend the amount in your FSA funds.
*Be sure to keep all receipts. You will need them for reimbursement.

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Medical: Blue Cross Blue Shield of Kansas City		
Network: Blue Select Plus <a href="http://www.mybluekc.com">www.mybluekc.com</a>	\$3,000 PPO Blue Select Plus (Not eligible for HSA)	
PLAN 3	In Network	Out of Network
Deductible^	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family
Co-Insurance	20% after Deductible	10% after Deductible
Preventive Care	Covered at 100%	Deductible & 40%
Office Visit: PCP & Specialist	\$40 Copay	Deductible & 40%
Urgent Care	\$40 Copay	Deductible & 40%
Blue KC Virtual Care Virtual- Office Visit	No Member Cost Share	Not Applicable
Blue KC Care Virtual- Behavioral Healthy	No Member Cost Share	Not Applicable
Preventive Screenings & Immunizations	No Member Cost Share	Deductible & 40%
Labs Provider's Office, Independent Labs, and Urgent Care Facilities	No Member cost Share	Deductible & 40%
Emergency Services	\$100 Copay + Deductible & 20%	\$100 Copay + Deductible & 20%
Hospital: Inpatient or Outpatient	Deductible & 20%	Deductible & 40%
Retail Prescriptions Generic Brand Non-Preferred Specialty	\$15 Copay \$70 Copay \$110 Copay \$200 Copay	\$15 Copay/ Fill, then 50% Coinsurance \$70 Copay/Fill, then 50% Coinsurance \$175 Copay/Fill, then 50% Coinsurance \$200 Copay/Fill, then 50% Coinsurance
Out of Pocket Maximum^	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family

*This is a brief description of your benefits. If a discrepancy exists, benefits outlined in the carrier certificate will prevail.*

**All plans are on a Calander Year Deductible**

**Waiting Period: 1<sup>st</sup> of the month following the Date of Hire**

		Rates: Plan 3		
Employee	\$881.72	\$843.74	\$37.98	\$18.99
Employee & Spouse	\$1,808.75	\$1555.09	\$253.66	\$126.83
Employee & Child(ren)	\$1,383.04	\$1230.18	\$152.86	\$76.43
Family	\$2,098.98	\$1781.41	\$317.57	\$158.79

Medical: Blue Cross Blue Shield of Kansas City		
Preferred Care Blue <a href="http://www.mybluekc.com">www.mybluekc.com</a>	\$3,000 PPO Preferred Care Blue (Not eligible for HSA)	
PLAN 4	In Network	Out of Network
Deductible^	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family
Co-Insurance	20% after Deductible	10% after Deductible
Preventive Care	Covered at 100%	Deductible & 40%
Office Visit: PCP & Specialist	\$40 Copay	Deductible & 40%
Urgent Care	\$40 Copay	Deductible & 40%
Blue KC Virtual Care Virtual- Office Visit	No Member Cost Share	Not Applicable
Blue KC Care Virtual- Behavioral Healthy	No Member Cost Share	Not Applicable
Preventive Screenings & Immunizations	No Member Cost Share	Deductible & 40%
Labs Provider's Office, Independent Labs, and Urgent Care Facilities	No Member cost Share	Deductible & 40%
Emergency Services	\$100 Copay + Deductible & 20%	\$100 Copay + Deductible & 20%
Hospital: Inpatient or Outpatient	Deductible & 20%	Deductible & 40%
Retail Prescriptions Generic Brand Non-Preferred Specialty	\$15 Copay \$70 Copay \$110 Copay \$200 Copay	\$15 Copay/ Fill, then 50% Coinsurance \$70 Copay/Fill, then 50% Coinsurance \$175 Copay/Fill, then 50% Coinsurance \$200 Copay/Fill, then 50% Coinsurance
Out of Pocket Maximum^	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family

*This is a brief description of your benefits. If a discrepancy exists, benefits outlined in the carrier certificate will prevail.*

		Rates: Plan 4		
Employee	\$967.44	\$849.25	\$118.19	\$59.10
Employee & Spouse	\$1983.87	\$1535.79	\$448.08	\$224.04
Employee & Child(ren)	\$1,519.74	\$1240.95	\$278.79	\$139.40
Family	\$2,302.27	\$1793.82	\$508.45	\$254.23

**All plans are on a Calander Year Deductible**

**Waiting Period: 1<sup>st</sup> of the month following the Date of Hire**

If you are electing a Blue Select Plus Plan, please read the information below carefully:

BLUESELECT PLUS NETWORK (PPO)

Understand the options as part of your Preferred Provider Organization (PPO) plan.

BlueSelect Plus is a select network of healthcare providers specially designed to provide affordable access to care in and around the metro area. With this network, your premiums will be lower based on the discounts Blue Cross and Blue Shield of Kansas City (Blue KC) has negotiated with these providers.

### Who should enroll, and what access do I have with the BlueSelect Plus network?

BlueSelect Plus is **available** exclusively to members who:

☒ Live in one of these twelve (12) counties:

**Missouri:** Clay, Jackson, Platte, Cass, Clinton, DeKalb, Johnson, Lafayette, Ray, Caldwell

**Kansas:** Johnson, Wyandotte

☒ **Seek care** from any of the 4,100+ providers and 16 hospitals primarily located in these seven (7) counties:

**Missouri:** Clinton, Clay, Jackson, Johnson, Platte

**Kansas:** Johnson, Wyandotte

### Which hospitals are in the network?

- AdventHealth College Boulevard
- AdventHealth Shawnee Mission
- AdventHealth South Overland Park
- Cameron Regional Medical Center
- Children's Mercy Hospital
- Children's Mercy Hospital - South
- Liberty Hospital
- North Kansas City Hospital
- Olathe Medical Center
- Providence Medical Center
- St. Joseph Medical Center
- St. Mary's Medical Center
- University Health Truman Medical Center
- University Health Lakewood Medical Center
- University of Kansas Health Hospital
- Western Missouri Medical Center



Over 4,100 Providers.  
16 Top Hospitals.



**All other hospitals in Blue KC's service area are considered out of network.**



BlueSelect Plus also includes specialty hospitals Ascentist Healthcare and Kansas City Orthopedic Institute and over 50 Ambulatory Surgical Centers (ASC). ASCs are modern care facilities focused on providing same-day surgical care, including diagnostic and preventive procedures, and may be more cost effective. To learn more about all providers in the BlueSelect Plus network visit [MyBlueKC.com](http://MyBlueKC.com) or call the customer service number on your member ID card.



If you are electing a Blue Select Plus Plan, please read the information below carefully:



Kansas City

## IMPORTANT:

Your employer is offering the Preferred Provider Organization (PPO) plan. Then use the following guidelines to better understand the network and your coverage.

## BlueSelect Plus Network (PPO) and BlueCard Network

### BlueSelect Plus Network

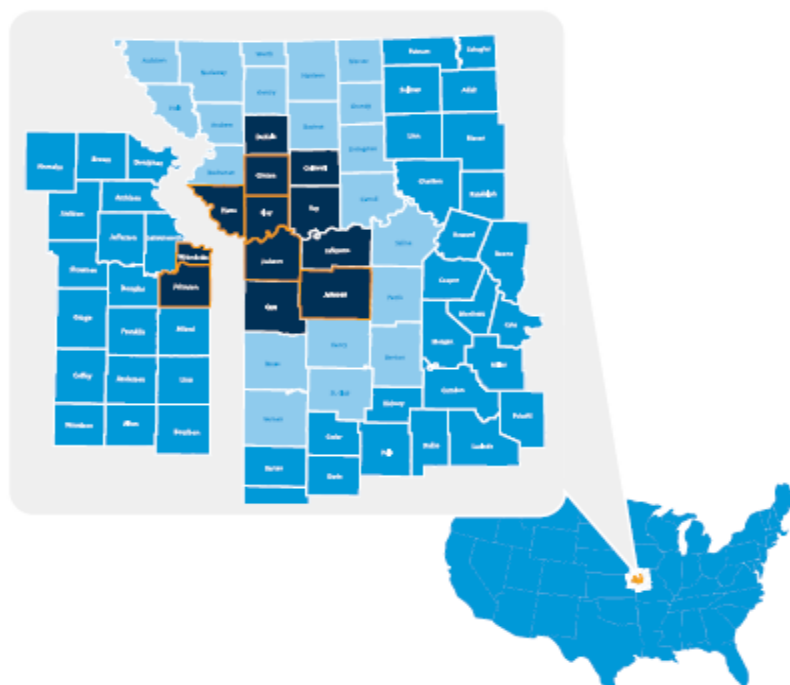
- Provides in-network coverage in the **dark blue** areas of the map. Costs apply toward your annual deductible.
- Hospitals located in the BlueSelect Plus network are located in the seven counties outlined in **orange** (excludes HCA and St. Luke's). Costs apply toward your annual deductible.

### BlueCard

- Offers coverage nationwide, including counties in **medium blue** on the map. Costs apply toward your annual deductible.
- Visit **MyBlueKC.com** to see in-network providers for our medical plans.
- Simply click **Find a Provider**. You will then be prompted to enter information found on your member ID card.

### Out-of-Network

- The areas in **light blue** are out-of-network.



## PPO Plan Type

<b>BlueSelect Plus Network:</b> When receiving care in the BlueSelect Plus network.	You have in-network coverage when using any of the 4,100+ providers and sixteen (16) hospitals in the network. Important note: All other hospitals (and their providers) in the Kansas City metro area that are not in the BlueSelect Plus network are considered out-of-network. † Emergency services are always covered at the in-network cost share. Cost applies toward your annual deductible.
<b>BlueCard:</b> When receiving care in the BlueCard network.	You have access to the BlueCard network which offers coverage nationwide, including counties in medium blue on the map. Cost applies toward your annual deductible.
<b>Out-of-Network:</b> When receiving care outside the BlueSelect Plus network within the 32-county Blue KC service area.	<b>PPO:</b> Your extended out-of-network benefits provide some coverage, but higher-out-of-pocket costs will apply.

† Out-of-network benefits are subject to the plan's allowable charge. Out-of-network providers may bill the member for the remaining balance if they are enrolled in a PPO plan.

**Questions?** Please call the Blue KC Customer Service number listed on your member ID card.

## City of Smithville: 1/1/2025 – 12/31/2025 Benefits Overview- Ancillary

Dental: MetLife		
PDP Plus	In Network	Out of Network
Preventive <i>(deductible waived)</i>	Covered at 100%	Covered at 80%
Deductible^	\$50 Individual / \$150 Family	
Basic Services	Covered at 80%	Covered at 60%
Major Services	Covered at 50%	Covered at 40%
Annual Benefit Maximum	\$1,000 per person	\$1,000 per person
Orthodontia Services <i>(children &lt; age 19)</i>	Covered at 50%	Covered at 50%
Orthodontia Lifetime Maximum	\$1,000 per person	\$1,000 per person

Vision: MetLife		
MetLife + VSP Network	Benefit	Frequency
Examination	\$10 Copay	Every 12 Months
Materials	\$25 Copay	Every 12 Months
Lenses: Single/ Bifocal / Trifocal	\$25 Copay	Every 12 Months
Frames	\$130 Allowance + 20% off balance	Every 24 Months
Contacts	\$130 Allowance	Every 12 Months
Contact Lens Fitting & Evaluation	Up to \$40 Copay	Every 12 Months

*You may elect either lenses or contacts, but not within the same 12 months.*

Life and AD&D: MetLife	
City of Smithville Sponsored Life and AD&D	\$50,000

Voluntary Life: MetLife	Increments	Guarantee Issue^	Maximum
Employee Coverage	\$10,000	\$150,000	\$500,000
Spouse Coverage	\$5,000	\$25,000	\$100,000
Child(ren) Coverage	\$10,000 benefit @ \$2.91 per family unit		

*\*To purchase Spouse &/or Child(ren) coverage, you must purchase on yourself. Spouse rate based on employee age.*

*The guarantee issue was applicable only during initial eligibility. All coverage is subject to an age reduction schedule.*

Voluntary Life and AD&D Rate Grid			
Age	Per \$1,000	Age	Per \$1,000
< 30	\$0.075	50 – 54	\$0.412
30 - 34	\$0.087	55 – 59	\$0.633
35 - 39	\$0.117	60 – 64	\$0.938
40 - 44	\$0.168	65 – 69	\$1.500
45 - 49	\$0.256	70 +	\$2.410
		AD&D	\$0.029

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# SMITHVILLE

missouri

Premiums	Total Monthly	Employer Monthly	Employee Monthly	Employee Per Check (24)
<b><i>The City of Smithville generously contributes \$46.96 monthly to Plan 1 HSA</i></b>				
<b>Medical: Plan 1 -HSA Eligible \$5,000 90% \$6,450 MOOP BLUE SELECT PLUS BlueSaver</b>				
Employee	\$796.00	\$796.00	\$0.00	\$0
Employee & Spouse	\$1,632.41	\$1498.94	\$133.47	\$66.73
Employee & Child(ren)	\$1,250.33	\$1181.16	\$69.17	\$34.59
Family	\$1,894.47	\$1723.57	\$170.90	\$85.45
<b>Plan 1: Your Zip code must be in one of the listed 12 counties to enroll in Blue Select Plus</b>				
<b>Medical: Plan 2- HSA Eligible \$5,000 90% \$6,450 MOOP PREFERRED CARE BLUE BlueSaver HSA</b>				
Employee	\$869.47	\$842.95	\$26.52	\$13.26
Employee & Spouse	\$1,783.03	\$1552.86	\$230.17	\$115.09
Employee & Child(ren)	\$1,365.44	\$1230.56	\$134.88	\$67.44
Family	\$2,069.59	\$1779.29	\$290.30	\$145.15
<b>Medical: Plan 3 \$3,000 80% \$5,000 MOOP PPO BLUE SELECT PLUS</b>				
Employee	\$881.72	\$843.74	\$37.98	\$18.99
Employee & Spouse	\$1,808.75	\$1555.09	\$253.66	\$126.83
Employee & Child(ren)	\$1,383.04	\$1230.18	\$152.86	\$76.43
Family	\$2,098.98	\$1781.41	\$317.57	\$158.79
<b>Plan 3: Your Zip code must be in one of the listed 12 counties to enroll in Blue Select Plus</b>				
<b>Medical: Plan 4 \$3,000 80% \$5,000 MOOP PPO PREFERRED CARE BLUE</b>				
Employee	\$967.44	\$849.25	\$118.19	\$59.10
Employee & Spouse	\$1983.87	\$1535.79	\$448.08	\$224.04
Employee & Child(ren)	\$1,519.74	\$1240.95	\$278.79	\$139.40
Family	\$2,302.27	\$1793.82	\$508.45	\$254.23
<b>Dental- Voluntary- 24 Pay Periods</b>				
Employee	\$27.99	\$0.00	\$27.99	\$14.00
Employee & Spouse	\$56.58	\$0.00	\$56.58	\$28.29
Employee & Child(ren)	\$67.40	\$0.00	\$67.40	\$33.70
Family	\$103.31	\$0.00	\$103.31	\$51.66
<b>Vision- Voluntary – 24 Pay periods</b>				
Employee	\$6.82	\$0.00	\$6.82	\$3.41
Employee & Spouse	\$13.68	\$0.00	\$13.68	\$6.84
Employee & Child(ren)	\$11.58	\$0.00	\$11.58	\$5.79
Family	\$19.08	\$0.00	\$19.08	\$8.54
<b>Group Life coverage is paid on your behalf by the City of Smithville.</b>				
<b>The Employee portion of the premium is deducted on a pre-tax basis.</b>				

**Contact Information**

 <b>MIKE KEITH INSURANCE, INC.</b> <small>THE TEAM OF PROFESSIONALS</small>	Contact for all Benefits Info	Phone: 660-747-3151    Fax: 660-747-8467 <b>Benefits Specialist: Sherrie Haverstick</b> Phone: (660) 202-8447 Email: <a href="mailto:shaverstick@mkeithins.com">shaverstick@mkeithins.com</a>
 <b>Kansas City</b>	Medical Insurance	<b>BCBSKC Group Number: 48106000</b> <b>Customer Service:</b> 816-395-3558 888-989-8842 <b>Provider out-of-area: 800-810-BLUE</b> <b>Prior Auth/UM:</b> 816-395-3989 800-892-6116 <b>Behavioral Health &amp;</b> <b>Substance Abuse:</b> 833-964-6338 <b>Pharmacy:</b> 800-228-1436 <b>Vision Service Plan:</b> 800-877-7195
	Dental & Vision Insurance	<a href="http://www.metlife.com">www.metlife.com</a> <b>Choose: Dental or Vision Provider</b> <b>Mobile App Available</b>
	Employee Assistance Program	<b>833-955-3396</b> <a href="http://www.guidanceresources.com">www.guidanceresources.com</a>

Notes: