

Wichita Independent Business Association

Rates for any of the following plan designs can be obtained by calling the WIBA/KIBC office at 316-267-8987 or 1-800-2799422.

Rates are based upon the age of the subscriber and the level of coverage desired.

We have a four-tier rating structure - Single, Employee + Spouse, Employee + Child(ren) or Family

Plan Designs at a Glance

HMO - Health Maintenance Organization

HMO Hi Option

\$10 Primary Care Physician Visit, \$10 Specialist,
\$50 per day hospital copay up to an individual maximum of
\$500 or a family maximum of \$1000 per calendar year.
Lifetime maximum: \$2,000,000

HMO Low Option

\$15 Primary Care Physician Visit, \$30 Specialist,
\$200 per day hospital copay up to an individual maximum of
\$1000 or a family maximum of \$2000 per calendar year
Lifetime maximum: \$2,000,000

PPO - Preferred Provider Organization

PPO Premium Plan

In network: \$500 individual/\$1,000 family deductible, \$15 office
visit copay, pays 80/20, \$2,000 individual/\$4,000 family
out-of-pocket maximum. Out of network: \$1,000 individual/\$2,000
family deductible, pays 50/50, \$5,000 individual/\$10,000 family
out-of-pocket maximum. Lifetime maximum \$1,000,000

PPO Base Plan

In network: \$1,000 individual/\$2,000 family deductible, pays 80/20,
\$2,000 individual/\$4,000 family out-of-pocket maximum.
Out of network: \$2,000 individual/\$4,000 family deductible, pays
50/50, \$5,000 individual/\$10,000 family out-of-pocket maximum.
Lifetime maximum \$1,000,000

HDHP - High Deductible Health Plan

HSA - Health Savings Account

HDHP Premium Plan

In network: \$2,500 individual/\$5,000 family deductible, pays 80/20,
\$4,000 individual/\$8,000 family out-of-pocket maximum.
Out of network: \$5,000 individual/\$10,000 family deductible, pays
60/40, \$8,000 individual/\$16,000 family out-of-pocket maximum.
Lifetime maximum \$1,000,000

HDHP Base Plan

In network: \$4,000 individual/\$8,000 family deductible, pays 50/50
\$5,000 individual/\$10,000 family out-of-pocket maximum.
Out of network: \$8,000 individual/\$16,000 family deductible, pays
50/50, \$10,000 individual/\$20,000 family out-of-pocket maximum.
Lifetime maximum \$1,000,000

MaxorPlus Prescription Drug Plan

A limited generic formulary plan with a \$15 copay per prescription
and a \$2,500 annual maximum.

For a quote contact:

Karen Fillenworth

Manager Insurance Services

316-267-8987 ♦ 1-800-279-9422

Delta Dental Plan of Kansas

Diagnostic & Preventive covered at 100%
Basic Services covered at 75%, Orthodontics covered at 50%
Major Services covered at 50% (subject to a 6 month waiting
period) \$100 deductible per person per year/Family deductible
of \$300. Per year maximum of \$1,500, lifetime benefit for
orthodontics \$1,000

Vision Care Direct

Healthy eye exam once every 12 months \$15. With a \$15 materials
(frame and/or lenses) member payment, one pair of lenses allowed
per 12 months, one frame allowed every 12 months with retail
value of approximately \$100. Contact lenses may be purchased
once per 12 months in lieu of lenses and frames. Professional fees
may apply. No Charge up to \$105 plan limit

Long Term Care Insurance

Plans available include those for non-smoker preferred, lowest
possible rates as well as plans for those with chronic health
problems such as diabetes, asthma, etc. Home healthcare,
assisted living apartments and nursing care are all covered.
Contact David Landwehr, LT Care Solutions, 316-945-2011