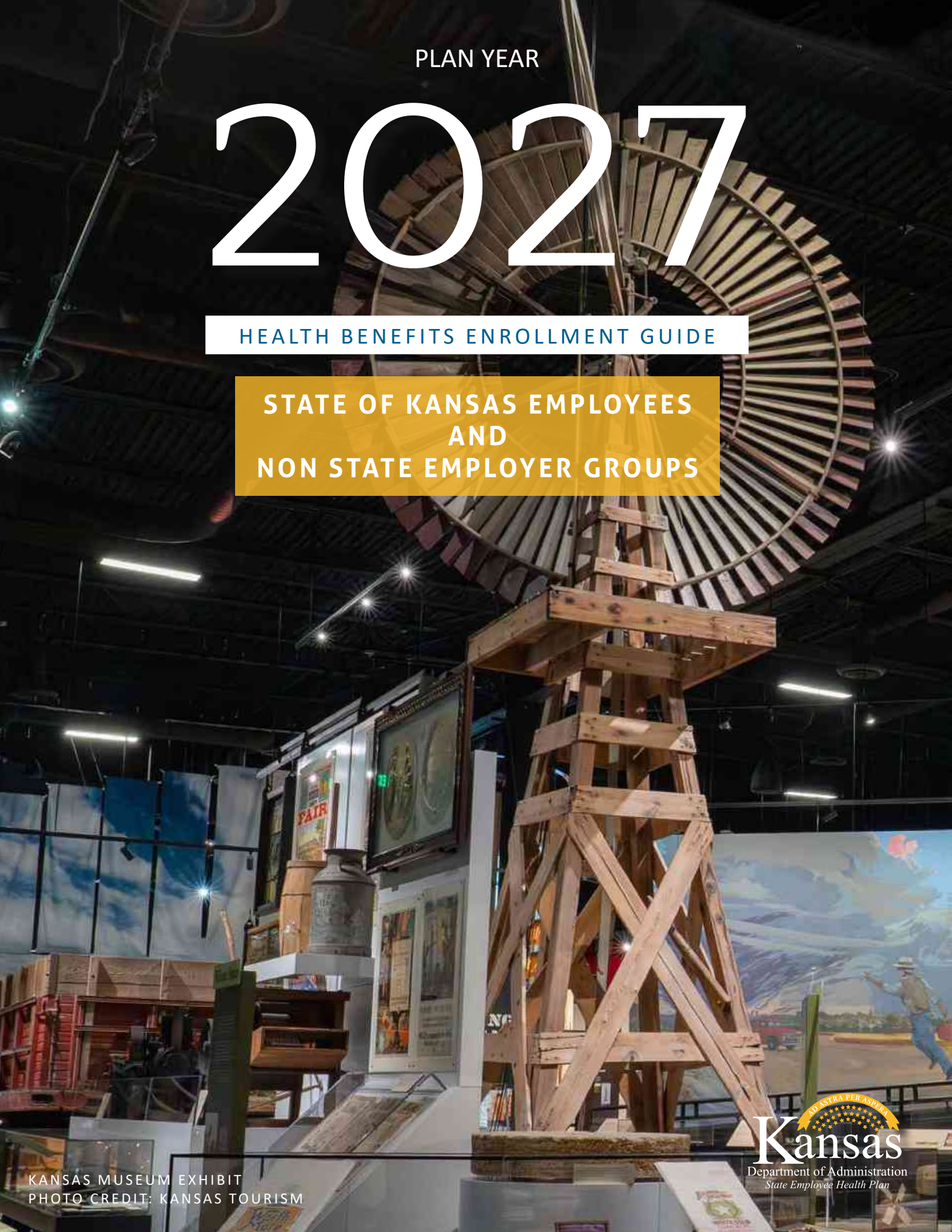
PLAN YEAR

2027

HEALTH BENEFITS ENROLLMENT GUIDE

STATE OF KANSAS EMPLOYEES AND NON STATE EMPLOYER GROUPS



KANSAS MUSEUM EXHIBIT
PHOTO CREDIT: KANSAS TOURISM

Kansas
Department of Administration
State Employee Health Plan

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The information in this booklet is intended to summarize the benefits offered in language that is clear and easy to understand. Every effort has been made to ensure that the information is accurate. This booklet is not intended to replace the legal plan document (Benefit Description), which contains the complete provisions of a program. In case of any discrepancy between this booklet and the legal plan document, the legal plan document will govern in all cases. You may review the legal plan document upon request or access the vendor page on the SEHP website. Benefit Descriptions are listed under each vendor. NOTE: Non State Group Members should check with their employer regarding the availability of Voluntary Benefits and Flexible Spending Accounts in their group.

Cover Photo: The Kansas Museum of History reopened November 2025 after being closed for three years for major renovations. The museum features redesigned layouts, new interactive exhibits and improved accessibility. Photo courtesy of Kansas Tourism.

WHAT'S NEW

ACTION REQUIRED

- Annual Open Enrollment period is October 1-31, 2026.
- This is an Active Enrollment Year. All covered members must enroll for Plan Year 2027.
- Members who have waived coverage will remain waived unless an enrollment is completed.

CHANGES FOR PLAN YEAR 2027

Open Enrollment Begins October 1

Changes effective for Plan Year 2027

Rates for PY 2027:

- Employee rates for Aetna are unchanged.
- Employee rates for Blue Cross and Blue Shield of Kansas will increase 10% effective 1/1/2027.
- Employer rates will increase 16% effective 7/1/2027.
- Rate charts are on pages 43 - 45.

MEDICAL PLAN CHANGES:

PLAN A:

- Plan A Calendar Year Deductible will increase from $1,000 Individual/$2,000 Family to $1,250 Individual/$2,500 Family.
- Plan A Calendar Year Out-of-Pocket Maximums will increase from $5,250 Individual/$10,500 Family to $5,500 Individual/$11,000 Family.
- Eliminate the Special Case Pharmacy Tier.

PLAN C:

- Plan C Calendar Year Single Coverage Deductible will increase from $2,750 Individual to $2,900 Individual.
- Plan C Calendar Year Deductible for member plus dependent coverage will increase from $3,400 Individual/$5,500 Family to $3,500 Individual/$5,700 Family.
- Plan C Calendar Year Out-of-Pocket Maximums will increase from $4,500 Individual/$9,000 Family to $4,750 Individual/$9,500 Family.

PLAN N:

- Plan N Calendar Year Single Coverage Deductible will increase from $2,750 Individual to $2,900 Individual.
- Plan N Calendar Year Deductible for member plus dependent coverage will increase from $3,400 Individual/$5,500 Family to $3,500 Individual/$5,700 Family.
- Plan N Calendar Year Out-of-Pocket Maximums will increase from $6,650 Individual/$13,300 Family to $6,900 Individual/$13,800 Family.

WHAT'S NEW
Continued

PLAN J:

- The Network Out-of-Pocket Maximums will increase from $7,350 Individual/ $14,700 Family to $7,600 Individual/$15,200 Family.

DENTAL RATE:

- Employee only dental rate remains covered in full by the employer. The dependent portion of the dental rates will increase by 3.3%.

VOLUNTARY BENEFITS:

- The MetLife Voluntary Benefits' contract was approved for another three years.

PREFERRED LAB BENEFIT:

- The Preferred Lab Benefits will continue for another three years. Approved lab providers remain QuestSelect, Stormont Vail Health and The University of Kansas Health System.

GLP-1 FOR ANTI OBESITY MEDICATIONS

- Starting in 2027 the BMI requirement for GLP-1s for Anti-Obesity Medications (AOMs) will continue to be 35. There will be a $200 copay applied to these prescriptions in addition to the standard plan provisions and cost sharing requirements.



Kansas
Department of Administration
State Employee Health Plan

The State Employee Health Plan

The State Employee Health Plan (SEHP) is responsible for managing health benefits to State of Kansas employees.

Here's a breakdown of what SEHP offers:

Dental Coverage - for more information see pages 27-28

Medical Plans - for more information see pages 14-20

Prescription Drug Benefits - for more information see pages 23-24

Tax Advantaged Accounts

- **Health Savings Account** - for more information see pages 35-36
- **Health Reimbursement Account** - for more information see pages 37-38
- **Flexible Spending Accounts** - for more information see pages 33-34

Voluntary Prescription Eyewear Insurance - for more information see pages 29-30

Voluntary Benefits - for more information see page 31

A comprehensive range of benefits offered by the SEHP for all members and their families including medical, dental, eyewear, voluntary benefit plans and tax advantaged accounts from which to choose.

(785) 368-6361 | SEHP.HealthBenefitsProgram.ks.gov

DIFFERENTIAL RATES EXPLAINED

DIFFERENTIAL RATES

This year, the Health Care Commission voted to implement different medical rates after reviewing the bid received from Blue Cross and Blue Shield of Kansas (BCBSKS), which was higher than Aetna's bid.

State of Kansas employee feedback indicated significant support for retaining BCBSKS, even with the associated higher rates.

HOW TO READ THE RATE TABLE

This Open Enrollment guide has tables to provide the cost of each Plan's medical coverage. The table has three columns; the first column is who is covered in the Plan. The second column is the rate for the Aetna coverage and the third column is the BCBSKS rate.

This explanation only applies to the tables on pages 16, 18 and 20. The rate tables on pages 43 - 45 list the coverage level, vendor and rate differently.

Contact SEHP if you need assistance understanding the differential rates or reading the tables.



Coverage Level	Aetna	BCBSKS
Employee Only	$40.70	$44.77
Employee + Spouse	$242.02	$266.22
Employee + Child(ren)	$129.09	$142.00
Employee + Family	$423.71	$466.08

DIFFERENT RATES THE SAME BENEFITS

The SEHP offers four health Plan options: Plan A, Plan C, Plan J and Plan N. Each health Plan has different Deductibles, Coinsurance and Out-of-Pocket Maximums, but the benefits **are the same** regardless of Plan option or medical vendor.

ALL OPTIONS OFFER THE FOLLOWING:

- 100 percent coverage for certain preventive care services, such as an annual preventive exam, colonoscopy, mammograms and age-appropriate immunizations including flu and allergy shots when using a Network provider.
- Prescription drug coverage through CVS Caremark.
- Preferred Lab Benefits through QuestSelect, Stormont Vail Health and The University of Kansas Health System.
- Participation in the HealthQuest Health and Wellness program, and access to the HealthQuest Health Center either in-person or virtually.

BOTTOM LINE:

No matter which medical vendor or Plan you choose, the covered benefits are the same.

- The differences between **Plans** are the Deductible, Coinsurance, and Out-of-Pocket Maximum amounts.
- The differences between **medical vendors** are the doctors, clinics, hospitals, and other healthcare services, such as physical therapy, that are considered Network or Non Network.

  All medical vendors and Plans cover the same healthcare benefits.

What changes is:

- **The Plan**: Your Deductible, Coinsurance and Out-of-Pocket Maximum.
- **The Medical Vendor**: Which doctors, clinics, hospitals and services (such as physical therapy) are Network or Non Network.

HELPFUL TIPS

ONLINE HELP

The SEHP website has additional information about your benefits package.

NEED TECHNICAL SUPPORT?

Call the SEHP MAP Help Desk at 800-832-5337 from Oct. 1-31, 2026, Monday – Friday: 7 a.m. to 5 p.m. CT. After hours, email techsupport@hrissuite.com. Include your name and phone number with an explanation of your issue and the Help Desk will contact you within 24 hours with a resolution.

SUMMARY OF BENEFITS AND COVERAGE

The Summary of Benefits and Coverage (SBC) for each medical plan is available on the SEHP website. The SBC outlines how you and the Plan would share the cost for covered health care services. This is only a summary. Read the SEHP Benefit Description for the complete terms of coverage for each medical plan.

ACRONYMS

- Flexible Spending Account (FSA)
- Health Reimbursement Account (HRA)
- Health Savings Account (HSA)
- Membership Administration Portal (MAP)
- Non State Employer Group (NSE)
- Out of Pocket Maximum (OOP)
- Preferred Provider Organization (PPO)
- Qualified High Deductible Health Plan (QHDHP)
- State Employee Health Plan (SEHP)
- State of Kansas (SOK)
- Summary of Benefits & Coverage (SBC)

ONLINE REFERENCES

- MAP Member Portal for State of Kansas Employees - https://sehp.member.hrissuite.com
- MAP for ESU, KSU, KU, KUMC and PSU University Employees - https://sso.cobraguard.net/seer_login.php
- SEHP Website - SEHP.HealthBenefitsProgram.ks.gov
- HealthQuest Portal - HealthQuest.ks.gov

FINDING ANSWERS

ASK YOUR HR REPRESENTATIVE

SEHP works closely with all state agencies' HR representatives to provide them with accurate and helpful benefits information.

SEHP WEBSITE

The SEHP website provides several helpful web resources, including detailed Benefit Descriptions that outline health Plan options and coverage details. It also features ALEX, allowing users to estimate their Out-of-Pocket expenses for different plans.

ASK ALEX

ALEX is an online resource the SEHP offers to walk you through all of your available benefits and explain how they work. ALEX can also help you to compare the various health Plan options based on your individual circumstances. Get instant answers using ALEX's online chat feature.

CONTACT SEHP

Phone: (785) 368-6361

Membership: SEHPMembership@ks.gov

Health Plan Operations: SEHPBenefits@ks.gov

HealthQuest: SEHPHealthQuest@ks.gov

MORE WAYS TO GET INFORMATION

SEHP offers webinars, in person meetings, and Benefits Fairs to help you connect with vendors and SEHP staff, plus learn more about your health benefits. Dates and locations are available on the SEHP website.

JOIN US FOR A BENEFITS FAIR

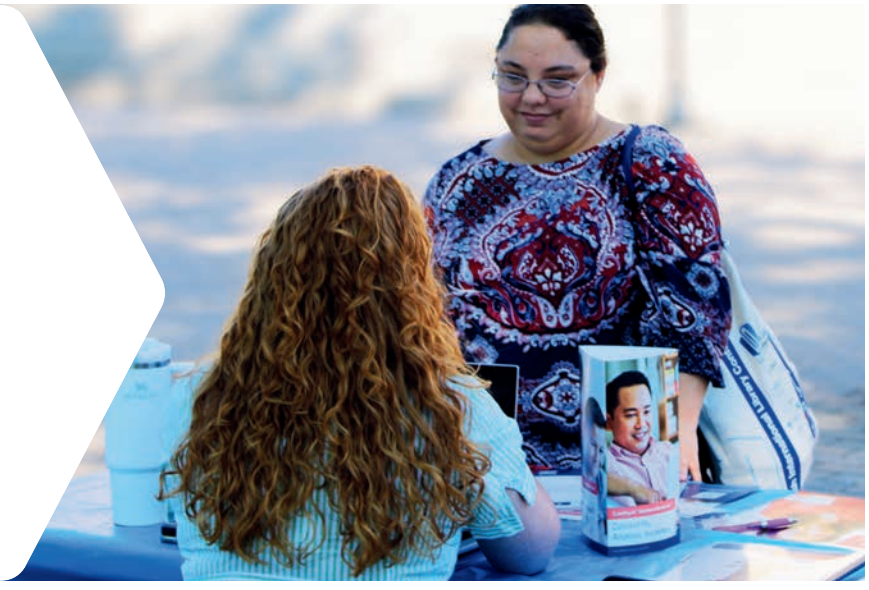
The State Employee Health Plan staff and vendors will be available to answer your questions.

October 1, 2026

- 9 a.m. - 1:30 p.m.
- Capitol Grounds, South Steps. In case of inclement weather, the fair will be in the Docking Building Rooms 350 & 360.

October 15, 2026

- 9 a.m. - 1:30 p.m.
- Capitol 1st Floor, Rotunda.



ELIGIBILITY

ELIGIBLE EMPLOYEES

Newly hired or eligible employees have 31 days from their first day of work to elect and submit their benefit elections. If you do not submit your elections by the deadline, you must wait until the next Open Enrollment to enroll or experience a Qualifying Event to enroll.

ELIGIBLE DEPENDENTS

You may elect coverage for your lawful spouse and/or your child(ren) or stepchild(ren) under the age of 26.

DEPENDENT DOCUMENTATION

When enrolling dependents in SEHP for the first time, you must upload documentation through the MAP Member Portal verifying your relationship to them.

- **Spouses**: Marriage license
- **Children**: Birth certificate or hospital announcement

Documentation must be scanned and uploaded as a PDF to the MAP Member Portal when adding a new dependent. The document upload section is at the bottom of your member and family screen in the MAP Member Portal.

ADDING A NEWBORN TO YOUR SEHP INSURANCE

SEHP automatically provides coverage for a newborn child of a covered member for the first 31 days from the date of birth. Benefits will terminate at the end of the 31 days, unless a request to add the newborn is submitted in the MAP Member Portal.

The member or an HR representative must submit a Change Request in the MAP Member Portal and upload the required documentation within 31 days of the newborn's date of birth.

For assistance with adding a dependent, contact your HR representative or SEHPMembership@ks.gov.

QUALIFYING EVENTS

If a primary member is enrolled in coverage on a pre tax basis, there must be a Qualifying Event, to make a mid year coverage change.

A Qualifying Event is a recognized family status change, including:

- Marriage or divorce
- Birth or adoption of a dependent
- Death of a spouse or dependent
- Gain or loss of group benefits for a spouse or dependent

A coverage change must be consistent with the family status change and requested within 31 days of the event. A mid year Change Request must be submitted in the MAP Member Portal along with uploading the supporting documentation.

In the event of a divorce, coverage for your former spouse and stepchild(ren) will end on the last day of the month in which the divorce is final. If the divorce is final on the first of the month, coverage ends on the last day of the previous month. A mid year Change Request must be submitted in the MAP Member Portal along with uploading a copy of the final divorce decree.

ENROLLMENT

HOW TO ENROLL

- **Log in to the MAP Member Portal** using any browser like Chrome, Firefox or Edge. The portal opens Oct. 1.
  - **State and Non State Employer Group employees**, go to: https://sehp.member.hrissuite.com.
  - **Employees of ESU, KSU, KU, KUMC or PSU**, go to: https://sso.cobraguard.net/seer_login.php and select your university.

FIRST TIME USERS AND PASSWORD RESETS

- If this is the first time you are logging in or you have forgotten your password, click the "**Register Now**" button.
- If you have previously registered and know your password, click the "**Sign In**" button.

ENROLLMENT PROCESS

1. Click on the Enrollments & Events tab to begin your Plan Year 2027 Enrollment.
2. Confirm and submit your benefit elections.
3. A pending elections statement will be sent to your registered email as confirmation.

You may log into the MAP Member Portal as many times as needed during your enrollment period to make elections. Each time you submit your enrollment elections; a pending elections statement will be sent to the registered email address in the MAP Member Portal.

During the annual Open Enrollment, elections submitted by 11:59 p.m. on Oct. 31, 2026, will become effective Jan. 1, 2027, of the upcoming Plan Year. Your elections will be viewable in the MAP Member Portal by Dec. 31, 2026.

If possible, use your personal email rather than your state or business email in case you are unable to access your state or business email.

COVERAGE	ACTION REQUIRED
MEDICAL COVERAGE:	All active SOK employees and NSE employees who are currently enrolled, MUST make elections for Plan Year 2027. **If you are currently enrolled and do not re-enroll, then your medical coverage will be defaulted to Plan N with your current medical carrier and an HRA for the employer contributions.**
VOLUNTARY PRESCRIPTION EYEWEAR INSURANCE:	Members currently enrolled in **Voluntary Prescription Eyewear coverage only**, will remain enrolled for 2027.
DENTAL ONLY:	Members currently enrolled in the **Dental plan only**, will remain enrolled for 2027.
VOLUNTARY BENEFITS:	Members currently enrolled in **Voluntary Benefits insurance only**, will remain enrolled for 2027.
FSAs:	Members currently enrolled in an FSA, **MUST** enroll annually to keep the account active.
WAIVED BENEFITS:	Members who have waived coverage will remain waived.

PREMIUM ASSISTANCE PROGRAM

The HealthyKIDS Program is a premium assistance initiative offered to eligible State of Kansas employees. It helps subsidize the cost of medical insurance premiums for their dependent children under age 19 who are enrolled in the SEHP. HealthyKIDS is not the KanCare program.

HEALTHYKIDS PROGRAM (STATE EMPLOYEES ONLY)

The HealthyKIDS program is available for eligible State Employees only and does not apply to enrolled Non State Employer Groups.

Eligibility for the HealthyKIDS program is based in part on household income. Children in households who would otherwise qualify for the Federal/State Medicaid program, may be eligible. The HealthyKIDS program is not Medicaid.

Annual application is required. If you are applying mid year due to a Qualifying Event, your application must be received no later than 31 days from the date of the Qualifying Event.

Review the income guideline chart on the SEHP website to see if you may be eligible. If you believe you are eligible for HealthyKIDS, login to the MAP Member Portal, click on the Enrollments & Events tab and click on the HealthyKIDS link in the green box at the bottom of the page.

When completing the HealthyKIDS application, make sure to include the monthly income before taxes and other deductions for everyone living in the household.

At the time of your application, you will be notified online if you qualify for the HealthyKIDS program. If approved, your premiums for coverage of your dependent children will be adjusted based upon the current HealthyKIDS premiums.

The HealthyKIDS rates are found on page 45.

Understanding YOUR OPTIONS

Meet alex®

MEET ALEX

ALEX is an online tool offered by SEHP that guides you through your available benefits and explains how they work. It can also help you compare health plan options based on your individual circumstances.

Want to know what the cost difference would be to cover your family on Plan A vs Plan C vs Plan N? Let ALEX do that calculation for you.

Using ALEX is easy.

1. **Select some basic options** like how many people will be covered on your plan and what types of medial claims you anticipate for the year. Your answers remain strictly confidential.
2. **Let ALEX crunch some numbers**, explain your available benefits options, and make recommendations based on your specific circumstances.
3. **Print or save your ALEX selections** and complete your enrollment through the MAP Member Portal or go through the process again with a different scenario.

https://www.myalex.com/kansassehp

PERSONALIZED HELP

- Contact the vendor: toll free customer service numbers are located at the back of this booklet.
- Visit the SEHP website.
- Contact SEHP
  - **Phone**: (785) 368-6361
  - **Health Plan Operations**: SEHPBenefits@ks.gov
- Non State Employer Group members may speak with their benefits representative.

ALEX provides a summary of your benefits, but you should fully review all of your benefits documents before enrolling. ALEX may provide estimates or suggestions, but only you can elect benefits to best suit your needs and budget. ALEX is an educational tool. It is not an application for enrollment, and you will still need to enroll and complete your elections in the MAP Member Portal.



NO MATTER WHICH YOU CHOOSE, YOU ARE COVERED

No matter which medical vendor or Plan you choose, the covered benefits are the same.

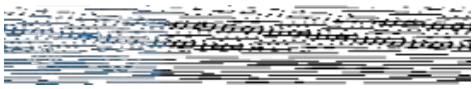


MEDICAL PLANS

Medical Coverage

Aetna

- Customer Service
- Behavioral Health
- www.aetnastateofkansas.com
- All Areas (Toll Free): 866-851-0754



Medical Coverage

Blue Cross Blue Shield of Kansas

- www.bcbsks.com/sok
- All Areas (Toll Free): 800-332-0307
- Topeka: (785) 291-4185
- Lucet - Behavioral Health
- All Areas (Toll Free): 800-952-5906
- Lucet - Autism
- Topeka: (785) 233-1165
- All Areas (Toll Free): 877-563-9347 Opt.2

MEDICAL PLAN HIGHLIGHTS

The SEHP offers four medical plans:

- **Plan A** - traditional PPO plan
- **Plans C and N** - QHDHP Plans
- **Plan J** - meets all requirements for J-1 Visa employees

All medical plans include prescription drug coverage, telemedicine options and preferred lab benefits.

Medical plan coverage is provided through both Aetna and Blue Cross and Blue Shield of Kansas.

Please review each medical vendor's provider networks to determine which provides the best access for you and your covered family members.

- **Preventive Services** are covered at 100% of the Allowed Charge when using a Network provider. These services include annual preventive exams, age appropriate immunizations, health coaching and age appropriate cancer screenings such as mammograms and colonoscopies.
- **Prescription Drug** benefits for all plans are provided through CVS Caremark.
- **Preferred Lab** benefits are provided through QuestSelect Diagnostics, Stormont Vail Health and The University of Kansas Health System.
- **Telehealth Services** are provided through both medical provider networks and the HealthQuest Health Center.
- **The HealthQuest Health Center**, located in downtown Topeka, is available to anyone aged 2 and older who is enrolled in SEHP Plans A, C, J or N.

PLAN A TRADITIONAL PPO PLAN

Plan A is a traditional PPO plan. This type of health plan contracts with medical providers, such as hospitals and doctors, to create a Network of participating providers. Your costs are lower if you use providers that belong to the Plan's Network; however, you may still use Non Network doctors, hospitals and providers.

HOW IT WORKS

Your Deductible, Coinsurance and Copays apply until the Out of Pocket (OOP) is met. The Network and Non Network Deductibles, Coinsurance and OOP accumulate separately.

Physician Office Visits, when using a Network provider under Plan A, are subject to the corresponding Copay. Eligible Preventive Care Services are covered at 100% when received by a Network provider and the Deductible does not apply.

Non Network services are subject to a separate Deductible. Non Network providers have not agreed to accept the Plan's Allowed Charge, therefore you will also be responsible for the difference between the Plan's Allowed Charge and the provider's actual charge for services.

Once the member reaches the OOP maximum, the Plan pays covered services at 100% of the Plan's Allowed Charge.

Members on Plan A have first dollar coverage for Prescription Drugs subject to the appropriate Coinsurance. The Coinsurance amounts apply to your overall OOP maximum.

Employees on Plan A are not eligible for HealthQuest reward dollars; however, they may earn the annual Premium Incentive Discount.

Benefit Summary	Network	Non Network
Deductible Individual Family	 $1,250 $2,500	 $1,250 $2,500
Coinsurance (paid by member)	20%	50%
Out of Pocket Maximum (OOP) Individual Family	 $5,500 $11,000	 $5,500 $11,000
Preventive Care	$0	Deductible + Coinsurance
Office Visits Primary Care Specialist Urgent Care Telehealth HealthQuest Health Center	 $20 $60 $50 $10 $0	Deductible + Coinsurance
Emergency Room Visits	$100 Copay + Deductible + Coinsurance (Copay waived if admitted within 24 hours)	$100 Copay + Network Deductible + 20% Coinsurance* (Copay waived if admitted within 24 hours)
Diagnostic Lab Services when using Preferred Lab Providers	100%	Deductible + Coinsurance

** Must be a Medical Emergency otherwise the Non Network Deductible & Coinsurance apply.*

PLAN A - PRESCRIPTION DRUG BENEFITS

Tier	Prescription Type	Paid by Member
1	Generic	20% Coinsurance
2	Preferred Brand Name	35% Coinsurance
3	Specialty Medications *See PrudentRX Solutions Program	30% Coinsurance
4	Non Preferred Brand Name	60% Coinsurance
5	Discount Tier	100% of discounted prescription cost
6	Anticancer Oral	20% Coinsurance - Maximum of $100 per standard unit of therapy or 30 day supply
Value Based	Diabetes - Generic	10% Coinsurance Maximum of $20 per 30 day supply
	Diabetes - Preferred Brand	20% Coinsurance Maximum of $40 per 30 day supply
Value Based	Asthma - Generic	10% Coinsurance Maximum of $20 per 30 day supply
	Asthma - Preferred Brand	20% Coinsurance Maximum of $40 per 30 day supply

HealthQuest Premium Incentive Discount

Available to employees earning the required number of HealthQuest credits.

HRA/HSA and HealthQuest Rewards Dollars

Not available for members of Plan A

• *See page 39 for more information*

Plan Year 2027

Medical Semi Monthly Rates for Full Time State of Kansas Active Employees

PLAN A

Coverage Level	Aetna	BCBSKS
Employee Only	$40.70	$44.77
Employee + Spouse	$242.02	$266.22
Employee + Child(ren)	$129.09	$142.00
Employee + Family	$423.71	$466.08

A complete rate chart for full and part time employees and HealthyKIDS is located on pages 43 - 45.

***If you have qualified for the full HealthQuest Rewards Program Premium Incentive Discount, subtract $20 per pay period from the rates above to determine the amount of your discounted Semi Monthly premium.*

****Non State members should check with their HR office for premium rates.*

PLANS C and N - QHDHP

Qualified High Deductible Health Plans

QHDHPs have a monthly premium that is usually lower, but you pay your Deductible before the Plan starts to pay, except for eligible preventive care.

A QHDHP can be combined with a HSA or HRA, allowing you to pay for certain medical expenses with tax free dollars. See pages 35 and 37 for more information.

HOW IT WORKS

Covered services received under Plans C and N are paid by the member until the Deductible is met. Once the Deductible is met, the member pays Coinsurance until the Out of Pocket (OOP) is met.

Once a member meets the OOP, the Plan pays for covered services at 100% of the Allowed Charge when received by a Network Provider and the Deductible does not apply.

Eligible Preventive Care Services are covered at 100% when received by a Network Provider. The Network and Non Network Deductible, Coinsurance and OOP accumulate separately.

Non Network services are subject to a separate Deductible. Non Network Providers have not agreed to accept the plan's Allowed Charge as payment in full. You are responsible for the difference between the Plan's Allowed Charge and the provider's actual charge for services.

Employees enrolled in Plans C and N are eligible to earn HealthQuest rewards dollars and the annual Premium Incentive Discount by participating in the HealthQuest wellness program.

Benefit Summary	PLAN C Network	PLAN C Non Network	PLAN N Network	PLAN N Non Network
Deductible Individual Family	$2,900* $5,700	$2,900* $5,700	$2,900* $5,700	$2,900* $5,700
Coinsurance (paid by member)	10%	50%	35%	50%
Out of Pocket Maximum (OOP) Individual Family	$4,750 $9,500	$4,750 $9,500	$6,900 $13,800	$6,900 $13,800
Preventive Care	$0	Deductible + Coinsurance	$0	Deductible + Coinsurance
Office Visits Primary Care Specialist Urgent Care Telehealth	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
HealthQuest Health Center**	$40**		$40**	
Emergency Room Visits	Deductible + Coinsurance	Network Deductible + Coinsurance***	Deductible + Coinsurance	Network Deductible + Coinsurance***
Diagnostic Lab Services when using Preferred Lab Providers	Deductible then covered at 100%	Deductible + Coinsurance	Deductible then covered at 100%	Deductible + Coinsurance

**The deductible for all "non single" policies for example employee/spouse, employee/children, employee/family, will be $3,500 for an individual within the family. The overall family deductible for these policies is $5,700.*

***$40 fee until the deductible has been met, then services are covered at 100%.*

****Must be a Medical Emergency otherwise the Non Network Deductible and Coinsurance apply.*

PLANS C and N - PRESCRIPTION DRUG BENEFITS

Tier	Prescription Type	Paid by Member
1	Generic	Deductible then 20% Coinsurance
2	Preferred Brand Name	Deductible then 35% Coinsurance
3	Specialty Medications **See PrudentRX Solutions Program*	Deductible then 30% Coinsurance
4	Non Preferred Brand Name	Deductible then 60% Coinsurance
5	Discount Tier	100% of discounted prescription cost
6	Anticancer Oral	Deductible then 20% Coinsurance

HealthQuest Premium Incentive Discount

Available to employees earning the required number of HealthQuest credits.

HRA/HSA and HealthQuest Rewards Dollars

Up to $500 for employees.

• *See page 39 for more information*

Plan Year 2027

Medical Semi Monthly Rates for Full Time State of Kansas Active Employees

PLAN C

Coverage Level	Aetna	BCBSKS
Employee Only	$35.90	$39.49
Employee + Spouse	$126.16	$138.78
Employee + Child(ren)	$66.32	$72.95
Employee + Family	$212.50	$233.75

PLAN N

Coverage Level	Aetna	BCBSKS
Employee Only	$23.72	$26.09
Employee + Spouse	$85.99	$94.59
Employee + Child(ren)	$44.80	$49.28
Employee + Family	$153.17	$168.49

A complete rate chart for full and part time employees and HealthyKIDS is located on pages 43 - 45.

***If you have qualified for the full HealthQuest Rewards Program Premium Incentive Discount, subtract $20 per pay period from the rates above to determine the amount of your discounted Semi Monthly premium.*

****Non State members should check with their HR office for premium rates.*

MEDICAL - PLAN J

PLAN J

MEETS REQUIREMENTS FOR J-1 VISA EMPLOYEES

Plan J meets the Federal Requirements for employees with J-1 Visas but is available to all members.

HOW IT WORKS

Services received under Plan J are paid by the member until the Deductible is met. Once the Deductible is met, the Plan will share costs with the member with Coinsurance until the Out of Pocket (OOP) is met. Once a member meets the OOP, the Plan pays covered services at 100% of the Allowed Charge. Eligible Preventive Care Services are covered at 100% when received by a Network Provider. The Network and Non Network Deductible, Coinsurance and OOP accumulate separately.

Plan J includes an HRA. See page 37 for more information.

Employees on Plan J are eligible to earn HealthQuest rewards dollars and an annual Premium Incentive Discount by participating in the HealthQuest wellness program.

Benefit Summary	Network	Non Network
Deductible Individual Family	 $500 $1,000	 $1,000 $2,000
Coinsurance (paid by member)	25%	50%
Out of Pocket Maximum (OOP) Individual Family	 $7,600 $15,200	 $10,000 $20,000
Preventive Care	$0	Deductible + Coinsurance
Office Visits Primary Care Specialist Urgent Care Telehealth	 Deductible + Coinsurance Deductible + Coinsurance Deductible + Coinsurance Deductible + Coinsurance	 Deductible + Coinsurance
HealthQuest Health Center*	$40*	
Emergency Room Visits	Deductible + Coinsurance	Network Deductible + Coinsurance**
Diagnostic Lab Services when using Preferred Lab Providers	Deductible then covered at 100%	Deductible + Coinsurance

**$40 fee until the deductible has been met, then services are covered at 100%.*

***Must be a Medical Emergency otherwise the Non Network Deductible and Coinsurance apply.*

PLAN J - PRESCRIPTION DRUG BENEFITS

Tier	Prescription Type	Paid by Member
1	Generic	Deductible then 20% Coinsurance
2	Preferred Brand Name	Deductible then 35% Coinsurance
3	Specialty Medications **See PrudentRX Solutions Program*	Deductible then 30% Coinsurance
4	Non Preferred Brand Name	Deductible then 60% Coinsurance
5	Discount Tier	100% of discounted prescription cost
6	Anticancer Oral	Deductible then 20% Coinsurance

HealthQuest Premium Incentive Discount

Available to employees earning the required number of HealthQuest credits.

HRA/HSA and HealthQuest Rewards Dollars

Up to $500 for employees.

- *See page 39 for more information*

Plan Year 2027

Medical Semi Monthly Rates for Full Time State of Kansas Active Employees

PLAN J

Coverage Level	Aetna	BCBSKS
Employee Only	$53.61	$58.97
Employee + Spouse	$156.45	$172.10
Employee + Child(ren)	$93.10	$102.41
Employee + Family	$268.05	$294.86

A complete rate chart for full and part time employees and HealthyKIDS is located on pages 43 - 45.

*** If you have qualified for the HealthQuest Rewards Program Premium Incentive Discount, subtract $20 per pay period from the rates above to determine the amount of your discounted Semi Monthly premium.*

**** Non State members should check with their HR office for premium rates.*

MEDICAL PLAN
BENEFITS SUMMARY

Network Benefits	Plan A	Plan C	Plans N	Plans J
Deductible	$1,250 Single $2,500 Family	$2,900 Single $3,500/$5,700 Family*	$2,900 Single $3,500/$5,700 Family*	$500 Single $1,000 Family
Coinsurance	20%	10%	35%	25%
Out of Pocket Maximum+	$5,500 Single $11,000 Family	$4,750 Single $9,500 Family	$6,900 Single $13,800 Family	$7,600 Single $15,200 Family

Non Network Benefits	Plan A	Plan C	Plan N	Plan J
Deductible	$1,250 Single $2,500 Family	$2,900 Single $3,500/$5,700 Family*	$2,900 Single $3,500/$5,700 Family*	$1,000 Single $2,000 Family
Coinsurance	50%	50%	50%	50%
Out of Pocket Maximum+	$5,500 Single $11,000 Family	$4,750 Single $9,500 Family	$6,900 Single $13,800 Family	$10,000 Single $20,000 Family

** The Deductible for all employee plus family member(s) coverage will have an individual member Deductible of $3,500. The overall total family Deductible will be $5,700.*

+ Network and Non Network Out-of-Pocket Maximums accumlate separately.

NOTE: When receiving services from Non Network providers, you may be responsible for additional Out-of-Pocket expenses for balances over Allowed Charges.

Medical Benefits Summary (general comparison chart)

Medical Services	Plan A Network Provider	Plan A Non Network Provider	Plans C, J, N Network Provider	Plans C, J, N Non Network Provider
Inpatient Services	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Emergency Room Visit	$100 Copay, Deductible plus Coinsurance (Copay waived if admitted within 24 hours)	$100 Copay, Network Deductible plus 20% Coinsurance (Copay waived if admitted within 24 hours)*	Network Deductible plus Coinsurance	Network Deductible plus Coinsurance*
Mental Health (Mental illness, alcoholism, drug abuse and substance abuse)	Same coverage as medical services	Same coverage as medical services	Same coverage as medical services	Same coverage as medical services
Autism Services (Subject to limitations and pre approval)	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Hearing Aids ($5,000 maximum per 3 years)	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance

Physician Care Visits	Plan A Network Provider	Plan A Non Network Provider	Plans C, J, N Network Provider	Plans C, J, N Non Network Provider
PCP office visit	$20 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Specialist	$60 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Urgent Care	$50 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Telehealth	$10 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
HealthQuest HealthCenter	$0	N/A	$40 until Deductible has been met, then $0	N/A

Preventive Care	Plan A Network Provider	Plan A Non Network Provider	Plans C, J, N Network Provider	Plans C, J, N Non Network Provider
Well Woman Exam	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Well Man Exam	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Well Baby and Child	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Vision Visit (regardless of diagnosis)	1st visit of year Covered in Full	Deductible plus Coinsurance	1st visit of year Covered in Full	Deductible plus Coinsurance
Routine Hearing Exam	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Colonoscopy	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Mammogram	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Preventive Lab	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Immunizations	Covered in Full	Covered in Full to age six, otherwise Deductible plus Coinsurance	Covered in Full	Covered in Full to age six, otherwise Deductible plus Coinsurance

** Must be a Medical Emergency otherwise the Non Network Deductible and Coinsurance apply.*

General comparison chart for benefits and limitations, for a complete Benefit Description, please visit the SEHP website.

PRESCRIPTION DRUG BENEFITS

Prescription Drug Vendor

CVS Caremark

- Customer Service
- Caremark Connect
- Specialty Pharmacy
- www.caremark.com
- All Areas (Toll Free): 800-294-6324
- TDD (Toll Free): 800-863-5488
- All Areas (Toll Free): 800-237-2767
- Specialty Pharmacy: 800-237-2767
- PrudentRX: 800-578-4403

When you elect medical coverage, you automatically receive prescription drug coverage through CVS Caremark. The cost is included in the health plan rates. While the Preferred Drug List (PDL) is the same for all plans, the amount you pay varies depending on your selected plan.

Once you set up an account at www.caremark.com, you can find the PDL from your personal portal under the "Plan and Benefits" tab. From there, you can also access the "Check Drug Cost" tool to determine if your prescription drug is covered and what it will cost under your plan.

If you're not currently enrolled in the SEHP, you can use the "Check Drug Cost" tool available on the SEHP website to view plan details.

SPECIALTY MEDICINE

Specialty and biotech drugs are available exclusively through the CVS Caremark Specialty Pharmacy. A complete list of Specialty Drugs is available on the SEHP website.

When you contact CVS Caremark, a representative will facilitate patient care coordination with the provider and arrange medication delivery.

CVS Caremark Specialty Pharmacy partners with PrudentRx to enroll members in available manufacturer Copay assistance programs.

- **Members on Plan A** will benefit by receiving their specialty medications at no cost, when using PrudentRX.
- **Members on Plans C, J and N** will benefit by receiving their specialty medicine at no cost once they have met their plan Deductible.

Members who use specialty medications will receive communications from CVS Caremark and PrudentRX to begin the enrollment process.

MANAGING YOUR PRESCRIPTION COSTS

Save on your prescriptions. Rx Savings Solutions is a free service for SEHP members, helping you reduce your prescription costs.

Rx Savings Solutions works with the SEHP to help you find the lowest price options for your prescription drugs. This service is linked to your health plan, so everything is personalized for your medications and plan selection.

NEXT STEP: Activate your account online at www.myrxss.com or by calling 1-800-268-4476 or TTY 1-800-877-8973.

Here's how you can start saving:

- Your account shows which lower cost prescriptions may be available under your insurance plan and lets you compare prices.
- Switch to a lower cost option with ease. Rx Savings Solutions will handle everything with your doctor and pharmacy.
- Rx Savings Solutions will notify you whenever you have an opportunity to save money.

rxss™
Rx Savings Solutions

Prescription Savings

Rx Savings Solutions

- www.rxss.com
- All Areas: (Toll Free) 800-268-4476
- TTY 800-877-8973
- support@rxss.com
- You can download the RxSS mobile app from the Google Play or iOS app stores.

PREFERRED LAB BENEFITS

QuestSelect

- www.questselect.com
- All Areas (Toll Free): 800-646-7788

Stormont Vail Health

- www.stormontvail.org
- All Areas (Toll Free): 800-637-4716
- Topeka: (785) 354-1150

The University of Kansas Health System

- www.kansashealthsystem.com/lab
- All Areas (Toll Free): 866-358-5227

The Preferred Lab Benefit, included with all SEHP medical plans, is offered through QuestSelect, Stormont Vail Health and The University of Kansas Health System.

The Preferred Lab Benefit is completely voluntary. If you and your healthcare provider choose to use a lab other than one of the preferred lab vendors, you still have lab coverage through your medical plan; however, your normal benefits will apply.

PREFERRED LAB VENDOR BENEFITS:

Members receive significant cost discounts by using the preferred lab vendors for covered diagnostic services. When using a preferred lab vendor for outpatient, non emergency testing that is *covered and approved* by your health plan the following benefits apply:

- **Plan A:** Covered lab outpatient services are paid at 100% of the Allowable Charge.
- **Plans C, J and N:** After your Deductible is satisfied, covered lab outpatient services are paid at 100% of the Allowed Charge.

PREFERRED LAB VENDORS

QuestSelect™
QuestSelect.com • 800-646-7788

- Offers collection sites throughout Kansas and nationwide.
- Present your Quest card or your SEHP medical plan ID card and request to use your Preferred Lab Benefits.
- Obtain the required lab orders from your physician to provide at time of lab service.
- Your doctor's office also can arrange to have specimens picked up by calling the number on the back of your Quest ID card.
- Create a My Quest account to receive lab results directly on your phone or desktop.



- You do not have to be a Cotton O'Neil patient to have lab services done at one of the specified locations.
- Obtain the required lab orders from your physician to provide at time of lab service. You need the lab orders before you go to the lab.
- Present your SEHP medical plan ID card.
- All Cotton O'Neil patients can have blood drawn at their own physician's office.
- Create a MyChart account to receive lab results directly on your phone or desktop.
- Several locations are available in northeast Kansas.



- You do not have to be a patient to have lab services done at one of the specified locations.
- Same day collection and testing as well as walk in services are available. No appointment is necessary.
- Obtain the required lab orders from your physician to provide at time of lab service. You need the lab orders before you go to the lab.
- Present your SEHP medical plan ID card.
- Create a MyChart account to review your lab results directly on your mobile or desktop.
- Several locations are available in northeast Kansas.

Visit the SEHP website for a list of collection sites and additional information.

DENTAL

Dental Coverage

Delta Dental of Kansas, Inc.

- Customer Service
- www.deltadentalks.com
- All Areas (Toll Free): 800-234-3375
- Wichita: (316) 264-4511

The SEHP offers dental benefits through the Delta Dental Plan of Kansas.

This single plan offers multiple levels of coverage:

- **Enhanced Benefit:** applies if you have received at least one dental exam or cleaning in the past 12 months.
- **Basic Benefit:** applies if you have not received a dental exam or cleaning in the past 12 months.

New Enrollees: automatically receive the Enhanced Benefit for their first 12 months.

Your plan offers both of Delta Dental's nationwide networks: **Delta Dental PPO** and **Delta Dental Premier**. You'll receive the highest benefit levels when using a Delta Dental PPO Network provider.

You may also visit a Non Network provider and receive coverage similar to the Delta Dental Premier Network. However, you'll be responsible for any charges exceeding Delta Dental's Allowed Charge for services.

The following chart outlines the percentage of costs covered by the plan for both Network and Non Network providers.

Plan Year 2027

Dental Semi Monthly Rates for Full Time State of Kansas Active Employees

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
$0.00	$10.64	$8.51	$19.18

A complete rate chart for full and part time employees and HealthyKIDS is located on pages 43 - 45.

Dental Benefits Summary

Plan Year 2027

Enhanced Benefit - Applies when you have had at least one routine cleaning and/or preventive oral exam in the past 12 months.

Benefit Paid (% Plan Pays)

Your Dentist Network Options	Delta Dental PPO™	Delta Dental Premier®	Non Network
Diagnostic & Preventive Services	100%	100%	100%*
Basic Restorative Services	80%	60%	60%*
Major Restorative Services	50%	50%	50%
Implant Coverage	50%	50%	50%*

Basic Benefit - Applies when you have not had at least one routine cleaning and/or preventive oral exam in the past 12 months.

Benefit Paid (% Plan Pays)

Your Dentist Network Options	Delta Dental PPO™	Delta Dental Premier®	Non Network
Diagnostic & Preventive Services	100%	100%	100%*
Basic Restorative Services	50%	50%	50%*
Major Restorative Services	40%	30%	30%*
Implant Coverage	40%	30%	30%*

YOUR ANNUAL BENEFIT MAXIMUM	YOUR DEDUCTIBLE	YOUR ORTHODONTIA LIFETIME BENEFIT MAXIMUM
$2,000 per member	$50 per person, per Plan Year (Not to exceed a yearly family maximum of $150) Deductible does not apply to Diagnostic and Preventive Services	50% Coinsurance up to $1,500 per Member

* When dentists agree to become part of Delta Dental's PPO or Premier Network, they agree to accept the Allowed Charge for services, and cannot charge you the difference between the agreed upon fee and their usual fee. Non Network dentists have not agreed to an Allowed Charge for service, therefore, any amounts in excess of Delta Dental's Allowed Charge for service is the member's responsibility when seeing a Non Network dentist.

This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Please refer to your Benefit Booklet for complete coverage information, including exclusions and limitations. Coverage as described in the benefit description for dental benefits (contract) is binding on all parties and supersedes all other written or oral communications.

VOLUNTARY PRESCRIPTION EYEWEAR



Voluntary Prescription Eyewear Insurance

Surency Vision

- www.surency.com/stateofkansas
- All Areas (Toll Free): 866-818-8805
- Access your Surency account from your phone with the Surency APP.

Members can choose between two Surency voluntary prescription eyewear insurance plans: **Basic** or **Enhanced**. Premiums vary based on the level of coverage. To find a provider near you or learn more about these plans and additional benefits, visit www.surency.com/stateofkansas.

Surency offers State of Kansas members discounts on frames and lenses when shopping online at Glasses.com or ContactsDirect.com, as well as through Surency's provider network, EyeMed.

Plan Year 2027

Voluntary Prescription Eyewear Insurance Semi Monthly Rates for Employees

Coverage Level	Basic	Enhanced
Employee Only	$1.94	$3.88
Employee + Spouse	$3.99	$7.89
Employee + Child(ren)	$3.61	$7.12
Employee + Family	$5.57	$11.04

SURENCY BENEFITS FOR ENHANCED PLAN PROGRESSIVE LENSES

Progressive Price List *	Member Cost In Network (includes Lens Copay)
Standard Progressive	$25 Copay
Premium Progressive as follows:	
Tier 1	$25 Copay
Tier 2	$25 Copay
Tier 3	$25 Copay
Tier 4	$25 Copay, $165 Allowance

** NOTE: Regardless of reason or diagnosis, your first eye visit each year is covered at 100% if you are enrolled in any of the SEHP medical plans and you use a Network provider. You will need to present your medical ID card to your provider at the time of the service to receive your full benefit. If not enrolled in one of the SEHP medical plans, then your voluntary prescription eyewear plan covers an eye exam.

The Enhanced Plan has coverage for progressive lenses. The standard or tier 1-3 progressive lens will have a $25 Copay. The Tier 4 progressive lens will have a $25 Copay with a $165 allowance towards the purchase of the lenses, and any cost above the Tier 4 allowance will be the member's responsibility.

Prescription Eyewear Benefits Summary

Plan Year 2027

SURENCY BENEFITS

Eye Exams: Subject to $50 Copayment

Service or Item	Basic Plan: Network	Enhanced Plan: Network	Non Network
Eye Exam, M.D. or O.D.	Covered in Full After Copayment	Covered in Full After Copayment	Up to $38*

Eyeglasses: Subject to $25 Materials Copayment

Service or Item	Basic Plan: Network	Enhanced Plan: Network	Non Network
Frame	up to $100 retail*	up to $150 retail*	Basic: Up to $45* Enhanced: Up to $78*
Single Vision Lens, pair	Covered in Full After Copayment	Covered in Full After Copayment	Up to $31*
Bifocal Lenses, pair	Covered in Full After Copayment	Covered in Full After Copayment	Up to $51*
Trifocal Lenses, pair	Covered in Full After Copayment	Covered in Full After Copayment	Up to $64*
Lenticular Lenses, pair	Covered in Full After Copayment	Covered in Full After Copayment	Up to $80*
Progressive Lenses, pair	Not Covered	See tier chart on page 29	Not Covered
High Index Lenese, pair	Not Covered	Covered up to $116 retail*	Not Covered
Polycarbonate Lenses, pair	Member pays up to $40	Covered in Full	Not Covered
Scratch Coat	Members pays up to $15	Covered in Full	Not Covered
UV Coat	Member pays up to $15	Covered in Full	Not Covered

Contact Lenses: Not Subject to Materials Copayment

Service or Item	Basic Plan: Network	Enhanced Plan: Network	Non Network
Elective/Cosmetic Retail	Covered up to $150 retail*	Covered up to $150 retail*	Covered up to $105*
When Medically Necessary	Covered in Full	Covered in Full	Covered up to $105*

Contact Lens Exam Fitting Fee: $35 Copayment

Service or Item	Basic Plan: Network	Enhanced Plan: Network	Non Network
Standard Contacts **	Covered in Full After Copayment	Covered in Full After Copayment	Not Covered
Specialty Contacts ***	10% off Retail Price, minus $55 allowance	10% off Retail Price, minus $55 allowance	Not Covered

* You are responsible for any charges above the allowance.

** Standard contacts lens fit and up to two follow up vists covered once a comprehensive eye exam has been completed. Typical standard lens wearers include disposable, daily wear lenses.

*** Specialty contact lens fit and up to two follow up vists covered once a comprehensive eye exam has been completed. Typical specialty lens wearers include tonic, gas permeable and multi-focal lenses.

VOLUNTARY BENEFITS

MetLife

Voluntary Benefits

- mybenefits.metlife.com
- All Areas (Toll Free): 800-438-6388
- ahmetlifeclaims@metlife.com

Accident, Critical Illness and Hospital Indemnity insurance are the voluntary insurance plans available to SEHP members through MetLife. These plans are a supplemental coverage to your healthcare coverage which provides you with additional financial protection. Non State Group Members should check with their employer regarding the availability of Voluntary Benefits in their group.

Voluntary benefit premiums are deducted after taxes.

ACCIDENT INSURANCE

Accident Insurance: Help be better prepared when the unexpected happens.

Accidents can happen at any time, and treatment can knock a household budget off course. MetLife makes accident insurance payments directly to you, not to your healthcare provider, so you can use the money however you want. There are more than 150 covered injuries including fractures, eye injuries, or broken teeth that pay benefits regardless of any benefits that your healthcare plan may pay.

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance: Help protect your family's finances.

A critical illness in the family can happen when you least expect them and can result in a scary and uncertain time. MetLife makes a lump sum payment—one payment all at once—paid directly to you when it matters, which can mean one less worry. Because MetLife makes the payment to you, not to your healthcare provider, you can use it any way you see fit. There are more than 30 critical conditions covered, including cancer, stroke, heart attack, among others.

HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity Insurance: Help protect yourself from extensive hospital stays.

Hospitalization can be expensive and can have a big impact on your life. Hospital Indemnity Insurance provides a direct lump sum payment to you—one payment all at once—if you or a family member become hospitalized. You have a choice of two comprehensive plans called the "Low Plan" and the "High Plan" which provide lump sum cash payments for covered events regardless of any other payments you may receive from your medical plan. Some of the covered services include admissions for hospital stays and inpatient rehabilitation benefits.

DO YOU HAVE QUESTIONS ABOUT YOUR CLAIMS?

The State Employee Health Plan can help.

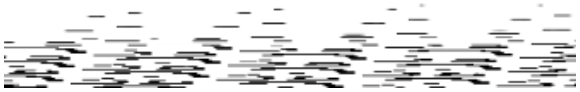
- **Read the Benefit Description:** The Benefit Description provides a detailed summary of the benefits and limitations of the coverage. It outlines member rights and processes for benefit questions, appeals and grievances. Benefit Descriptions can be located on the SEHP website.
- **Review the Vendor's Network:** Check the vendor's network of each plan to determine which provides the best access for you and your covered family members.
- **Call customer service:** Contact your insurance vendor's customer service team at the phone number on the back of your card for assistance.
- **Gather paperwork:** Have all relevant documents like claim notices and the Explanation of Benefits handy for your call.
- **Document everything:** Keep detailed records of phone calls (dates, notes) and any written correspondence with your insurer.

While SEHP does not process or handle individual claims, if you have questions or concerns, contact SEHP Health Plan Operations for assistance mediating between you and your health insurance vendor.

SEHPBenefits@ks.gov | (785) 368-6361
SEHP.HealthBenefitsProgram.ks.gov

Kansas
Department of Administration

FLEXIBLE SPENDING ACCOUNTS



Flexible Spending Accounts

MetLife

- www.healthequity.com
- All Areas (Toll Free): 866-346-5800

Flexible Spending Accounts (FSAs) through MetLife offer a tax advantaged way to pay for eligible out of pocket expenses. These may include Deductibles, Copays, dependent or adult day care, and even commuting costs like mass transit and work parking. FSAs let you use pre tax dollars, helping you save money by reducing your taxable income.

There are five accounts available to you:

- Healthcare
- Dependent Care
- Limited Purpose
- Mass Transit
- Parking

Each October, you make a new benefits election for the upcoming plan year. Your choices take effect on January 1.

Dependent Care FSA - Dependent Care FSA allows reimbursement when a dependent under the age of 13 or adult dependent is physically or mentally incapable of self care. Common Dependent Care costs include daycare centers, before/after school care and adult daycare centers.

There is a 75 day grace period, where you can continue to incur expenses up until March 16, 2027. The deadline to submit Dependent Care claims against your 2026 Plan Year balance is April 30, 2027. Funds in a Dependent Care FSA do not roll over to the following year.

Mass Transit FSA - Mass Transit FSA allows reimbursement for qualified mass transit tickets or passes, or SOK van pools. Unused contributions may be carried over to the following calendar year with continued enrollment. Toll fees including KTAG charges are not eligible expenses under the Mass Transit FSA.

Parking FSA - Parking FSA allows reimbursement for parking costs associated with your daily commute to the office. Unused contributions may be carried over to the following calendar year with continued enrollment.

Health Care FSA - Health Care FSA allows reimbursement for qualified medical, dental or vision expenses not covered by insurance. Common expenses for the Healthcare FSA include Copays, prescriptions, eye glasses, dental services, and orthodontics. Up to $680 of unused Health Care FSA contributions may be carried over to the following calendar year.

Limited Purpose FSA - Limited Purpose FSA allows reimbursement for qualified dental or vision expenses. You are eligible to enroll if you participate in a HSA, Plan C or N. Up to $680 of unused Limited Purpose FSA contributions may be carried over to the following calendar year.

Additional information is available on the MetLife website.

HealthEquity partners with MetLife to provide member support. Questions? Call HealthEquity Member Services at 1-866-346-5800 and say "Speak to a Rep" to connect with a representative for Open Enrollment assistance. Representatives are available 24/7.

Flexible Spending Account Contribution Limits and Payroll Deductions for Employees Bi-Weekly Payroll Deductions

Account Type	IRS Maximum Total	Payroll Type	Minimum Deduction	Maximum Deduction
Health Care FSA	$3,400	Employee Bi-Weekly Payroll Deduction	$8.00	$141.66
Limited Purpose FSA for Plans C or N with HSA, Dental and Vision Services	$3,400	Employee Bi-Weekly Payroll Deduction	$8.00	$141.66
Dependent Care FSA	Family Maximum $7,500	Employee Bi-Weekly Payroll Deduction	$16.00	$312.50*
Commuter FSA for Mass Transit and Parking	Monthly Maximum of $340 for each account	Employee Bi-Weekly Payroll Deduction	$8.00	$170.00

* Subject to tax filing status. The payroll deduction amounts listed for Health Care, Limited Purpose and Commuter benefits shown are the 2026 limits. Once the 2027 limits are available, we will notify members so they can adjust their accounts.

Flexible Spending Account Contribution Limits and Payroll Deductions for Regent Academic Year Payroll Deductions

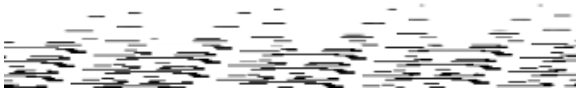
Account Type	IRS Maximum Total	Payroll Type	Minimum Deduction	Maximum Deduction
Health Care FSA	$3,400	Regent Academic Year Payroll Deductions	$8.00	$188.88
Limited Purpose FSA for Plans C or N with HSA, Dental and Vision Services	$3,400	Regent Academic Year Payroll Deductions	$8.00	$188.88
Dependent Care FSA	Family Maximum $7,500	Regent Academic Year Payroll Deductions	$16.00	$416.66*
Commuter FSA for Mass Transit and Parking	Monthly Maximum of $340 for each account	Regent Academic Year Payroll Deductions	$8.00	$170.00

* Subject to tax filing status. The payroll deduction amounts listed for Health Care, Limited Purpose and Commuter benefits shown are the 2026 limits. Once the 2027 limits are available, we will notify members so they can adjust their accounts.

Employees who terminate coverage mid year will have 90 days after contributions end or employment is terminated to pay out claims that were incurred while coverage was active.

Non State Group Members should contact their employer to confirm if FSAs are available for their group.

HEALTH SAVINGS ACCOUNT



Health Savings Account

MetLife - HSA

- www.healthequity.com
- All Areas (Toll Free): 866-346-5800

An HSA is a personal healthcare bank account that allows you to pay for out of pocket medical expenses using pre-tax dollars. It is available to all members enrolled in a QHDHP, including Plan C and Plan N.

- You own and administer your HSA.
- You decide how much to contribute and when to use the funds for qualified medical expenses.
- When you earn HealthQuest rewards, you are eligible to receive contributions to your HSA.
- HSAs roll over from year to year—unused funds remain in your account.
- The money in your HSA is always yours, even if you change health plans or jobs.

See page 36 for more information on contributions.

ELIGIBILITY TO CONTRIBUTE TO AN HSA

The IRS sets guidelines for HSA eligibility. These rules apply only to you as the employee and not to covered family members.

To qualify, you must meet all the following:

- You must enroll in Plan C or Plan N.
- You cannot be enrolled in Medicare A or B, Medicaid, or TRICARE.
- You cannot be claimed as a dependent on another person's tax return.
- You may not be enrolled in another health plan that is not a QHDHP.

EMPLOYEE & EMPLOYER CONTRIBUTIONS

- Plan C requires an employee contribution of $25 per pay period, $50 per month, to receive employer contributions.
- Plan N does not require an employee contribution to receive employer contributions.

Your employee contributions are made to your HSA on a pretax basis. When you use these funds for eligible expenses, the money is not taxable.

IRS CONTRIBUTION LIMITS

Each year, the IRS sets maximum limits for total HSA contributions, including both employee and employer contributions.

- SEHP members aged 55 and older can make additional catch up contributions of up to $1,000 per year.
- Once you enroll in Medicare, you can no longer contribute to an HSA.

HealthEquity partners with MetLife to provide member support. Questions? Call HealthEquity Member Services at 1-866-346-5800 and say "Speak to a Rep" to connect with a representative for Open Enrollment assistance. Representatives are available 24/7.

EMPLOYER CONTRIBUTIONS | Health Savings Account

	FULL TIME Employee Only	FULL TIME Employee / Spouse & Family	FULL TIME Employee / Child(ren)	PART TIME Employee Only	PART TIME Employee / Spouse & Family	PART TIME Employee / Child(ren)
IRS Maximum Total	$4,500	$9,000	$9,000	$4,500	$9,000	$9,000
Plan C Employer Contribution	$250 per quarter $1,000 year	$500 per quarter $2,000 year	$500 per quarter $2,000 year	$156.30 per quarter $625.20 year	$296.88 per quarter $1,187.52 year	$296.88 per quarter $1,187.52 year
Plan N Employer Contribution	$125 per quarter $500 year	$281.25 per quarter $1,125 year	$250 per quarter $1,000 year	$78.15 per quarter $312.60 year	$210.94 per quarter $843.76 year	$148.44 per quarter $593.76 year

EMPLOYEE CONTRIBUTIONS | Health Savings Account

Plan	Payroll Deduction	FULL TIME Employee Only	FULL TIME Employee / Spouse & Family	FULL TIME Employee / Child(ren)	PART TIME Employee Only	PART TIME Employee / Spouse & Family	PART TIME Employee / Child(ren)
	IRS Maximum Total	$4,500	$9,000	$9,000	$4,500	$9,000	$9,000
PLAN C	Employee Bi Weekly Payroll Deductions	$25 to $125.00	$25 to $270.83	$25 to $270.83	$25 to $140.61	$25 to $304.68	$25 to $304.68
PLAN C	Regent Academic Year Employee Payroll Deductions	$25 to $166.66	$25 to $361.11	$25 to $361.11	$25 to $187.48	$25 to $406.24	$25 to $406.24
PLAN N	Employee Bi-Weekly Payroll Deductions	$0 to $145.83	$0 to $307.29	$0 to $312.50	$0 to $153.64	$0 to $319.01	$0 to $329.42
PLAN N	Regent Academic Year Employee Payroll Deductions	$0 to $194.44	$0 to $409.72	$0 to $416.66	$0 to $204.85	$0 to $425.34	$0 to $439.23

Important: You are responsible to ensure your HSA contributions DO NOT exceed the IRS maximum each year.

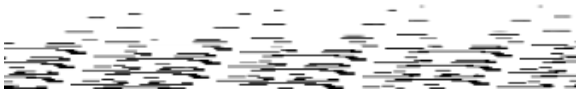
Amounts in excess of the maximum limit will be subject to IRS penalties and additional taxes.

When choosing your HSA payroll deduction amount, remember, as you earn HealthQuest reward dollars, they will be deposited into your HSA. Employees can earn up to $500 each year in HealthQuest rewards. These dollars count toward the annual maximum contributions to your HSA. To receive HealthQuest dollars you must have an active paycheck.

You may make adjustments to your HSA employee contributions at any time during the year by submitting a request to change your contribution amount in the MAP Member Portal. Changes are effective with the next available paycheck.

- **State Employees**: Employer contributions are made quarterly.
- **Non State Employees**: Employer contributions are made monthly.
- **New State and Non State Employees**: Employer contributions begin the calendar quarter following the benefit effective date.

HEALTH REIMBURSEMENT ACCOUNT



Health Reimbursement Account

MetLife - HRA

- www.healthequity.com
- All Areas (Toll Free): 866-346-5800

HealthEquity partners with MetLife to provide member support. Questions? Call HealthEquity Member Services at 1-866-346-5800 and say "Speak to a Rep" to connect with a representative for Open Enrollment assistance. Representatives are available 24/7.

An HRA is a tax advantaged savings account available to employees enrolled in Plans C, J or N. The State contributes to your HRA on your behalf, and you can use the funds to pay for eligible healthcare expenses.

Additionally, when you earn HealthQuest rewards, you can receive contributions to your HRA.

KEY FEATURES OF THE HRA:

- The HRA does not roll over to the next year.
- If you terminate employment, your HRA will end.
- You have **60 days** from Dec. 31 to submit claims for eligible expenses incurred during that plan year.
- If you terminate employment, you have **60 days** to file claims for expenses incurred while employed.

WHO SHOULD ELECT THE HRA?

Employees who cannot contribute to a HSA due to any of the following reasons must elect an HRA instead:

- Enrollment in Medicare A or B
- Enrollment in TRICARE
- Being claimed as a dependent on someone else's tax return
- Concurrent enrollment in another health plan not considered a QHDHP

EMPLOYER CONTRIBUTIONS:

- **State Employees**: Employer contributions are made quarterly.
- **Non State Employees**: Employer contributions are made monthly.
- **New State and Non State Employees**: Employer contributions begin the calendar quarter following the benefit effective date.

The employer contribution amounts are outlined on the following page.

EMPLOYER CONTRIBUTIONS
Health Reimbursement Account

Plan	FULL TIME Employee Only	FULL TIME Employee / Spouse & Family	FULL TIME Employee Child(ren)	PART TIME Employee Only	PART TIME Employee / Spouse & Family	PART TIME Employee Child(ren)
PLAN C	$250 per quarter Total $1,000 year	$500 per quarter Total $2,000 year	$500 per quarter Total $2,000 year	$156.30 per quarter Total $625.20 year	$296.88 per quarter Total $1,187.52 year	$296.88 per quarter Total $1,187.52 year
PLAN N	$125 per quarter Total $500 year	$281.25 per quarter Total $1,125.00 year	$250 per quarter Total $1,000 year	$78.15 per quarter Total $312.60 year	$210.94 per quarter Total $843.76 year	$148.44 per quarter Total $593.76 year
PLAN J	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned

Employees can earn up to $500 each year in HealthQuest rewards. As you earn HealthQuest reward dollars, they will be deposited into your HRA. To be eligible to receive HealthQuest reward dollars, you must have an active paycheck.

HRA/HSA Employer Contributions: No changes to the Employer HRA/HSA contributions for Plans C and N.

BENEFITS MADE EASY

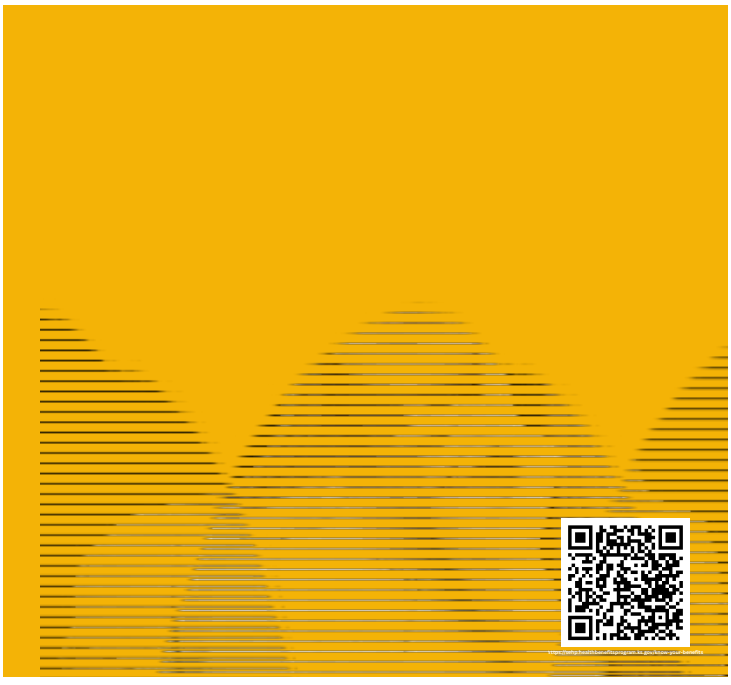
Do you have questions about:

- **Network vs. Non Network**
- **Flexible Spending Accounts**
- **How to Select the Right Plan**
- **Preventive Benefits**

WE HAVE ANSWERS.

FLYERS, VIDEOS AND INFO IN SIMPLE TERMS.

Kansas Department of Administration State Employee Health Plan



HEALTHQUEST
HEALTH & WELLNESS PROGRAM



Health and Wellness Program

HealthQuest

- HealthQuest.ks.gov
- HealthQuest@marathon.health
- SEHPHealthQuest@ks.gov
- (785) 783-4080
- TRS: 711

HealthQuest is the SOK's Health and Wellness Program, available to active, benefits eligible employees and covered spouses.

The HealthQuest program was developed to provide you the necessary tools to improve your overall health and wellbeing, while providing you rewards along the way.

The program provides you tools to improve your overall health, while allowing you to earn financial rewards. The program focuses on preventive health activities.

Resources include:

- Health Coaching
- Statewide Challenges
- Weight Management Program
- Chronic Condition Management Programs
- EAP Webinars
- Wellness Educational Webinars
- Health Education Modules
- Rewards for completing Preventive Medical Care, such as:
    - Annual Physical
    - Eye Exam
    - Dental Exams
    - Flu Vaccine

Covered spouses are eligible to participate in HealthQuest but are not required to participate to earn the HealthQuest Premium Incentive Discount or rewards dollars.

GET STARTED

To enable your account and start earning your rewards, visit the HealthQuest portal at: HealthQuest.ks.gov.

To view a complete list of credit earning opportunities and activities, visit the SEHP website and click on the HealthQuest menu item.

HealthQuest Health & Wellness Program

Plan A HealthQuest Rewards

Annual Premium Incentive Discount

- **TWENTY CREDITS -** Employees who have been employed for a minimum of 365 days who earn 20 credits in 2027 will receive the partial annual premium incentive discount of $240 in 2028.
- **FORTY CREDITS -** Employees who earn 40 credits in 2027 will receive the annual premium incentive discount of $480 for 2028.

Plans C, J and N HealthQuest Rewards

Annual Premium Incentive Discount

- **FORTY CREDITS** - Employees who earn 40 credits in 2027 will receive the annual premium incentive discount of $480 for 2028.
- Employees will also earn $12.50 for each credit earned, up to 40 credits, or a maximum of $500 annually in 2027. Funds will be deposited into your qualified HRA or HSA account.

YOUR REWARDS

Your HSA/HRA Rewards Dollars will be awarded to you throughout the year, as credits are earned. After HealthQuest credits are earned for an activity and the credits have been posted to your HealthQuest Portal, your HealthQuest Reward Dollars will be deposited into your MetLife HRA or HSA account in 1-2 pay periods.

If you earned 40 credits in 2027, you have earned the $480 premium incentive discount for plan year 2028. The $480 premium incentive discount is applied by taking $20 off your Semi Monthly rate, equaling $40 off per month, for a total of $480 per year.

The SOK payroll deadline for 2027 earned HealthQuest HRA/HSA reward dollars is Nov. 12, 2027.

**If you have earned your premium incentive discount for plan year 2027, and wish to see how it impacts your Semi Monthly rate in 2028, subtract $20 per pay period from the employee rates located on pages 43 - 45.*

For a complete list of HealthQuest Health and Wellness services including the HealthQuest Health Center and Virtual Care Program, visit HealthQuest.ks.gov.

EMPLOYEE ASSISTANCE PROGRAM

Employee Assistance Program

ComPsych

- Call: 888-270-8897
- TRS: 711
- guidanceresources.com
- APP: GuidanceNow
- Web ID: SOKEAP
- SEHPHealthQuest@ks.gov

The Employee Assistance Program (EAP) is a service that includes eight short term counseling sessions, legal and financial advice, and referrals from licensed professionals who can help guide you through personal issues, plan for life events or simply manage daily life at no cost to you.

WHO IS ELIGIBLE TO USE THE EAP?

- The EAP is available to all active, benefits eligible SOK employees and NSE groups, their family members living in the same household and dependent children.
- Benefits eligible employees who have been laid off or terminated are eligible to use the EAP for six months after layoff.

EAP SERVICES

Counseling Services

- You and your family members living in your household and dependent children have access to eight free, confidential counseling sessions with a ComPsych provider, per issue, per year. Trained clinicians are available to assist with emotional and mental health concerns.

FamilySource®

- Provides help for a wide range of needs, including childcare, elder care, education, adoption, pet care and personal convenience. Each unique problem will be assessed and researched thoroughly to develop an individualized and tailored solution for you and your family.

LegalConnect®

- Provides instant access to qualified counsel to ask questions, gain strategic guidance and plan next steps. If following your phone consultation, your legal matter requires in person representation; you can receive a referral to a qualified attorney in the Guidance Resources network. Your EAP benefit includes a free, 30 minute consultation with a local network attorney, plus a 25 percent reduction in the attorney's customary legal fees thereafter.

FinancialConnect®

- Available at the touch of a button are Certified Public Accountants (CPAs), Certified Financial Planners (CFPs) and other professionals who are exclusively dedicated to providing financial information by phone to receive impartial and objective information on your money topics.

Kansas
Department of Administration
State Employee Health Plan

Will you or someone in your family be eligible for Medicare due to reaching age 65 or disability in 2027?

If you or a covered family member will become eligible for Medicare this year or during 2027, you need to watch "Medicare is Just Around the Corner" before you complete your 2027 Open Enrollment elections. This is particularly important for members enrolled in Plan C or N contributing to an HSA. **If you elect to waive Medicare and continue under Plan C or N with an HSA, you must stop contributing to your HSA six month before you elect to apply for Medicare**, or you may be responsible for paying taxes on your HSA contributions.



Learn more about becoming Medicare eligible and your State of Kansas benefits, scan the QR Code with your mobile device to watch the video "Medicare is Just Around the Corner."

https://www.youtube.com/watch?v=6cIKRJpz8SU&feature=youtu.be

For helpful information and videos, visit the SEHP website.

(785) 368-6361

SEHP.HealthBenefitsProgram.ks.gov

RATES FULL TIME

Plan Year 2027 Semi Monthly Rates for State of Kansas Active Employees

	ACTIVE Employee Only	ACTIVE Employee + Spouse	ACTIVE Employee + Children	ACTIVE Employee + Family
PLAN A Aetna	$40.70	$242.02	$129.09	$423.71
PLAN A BCBS	$44.77	$266.22	$142.00	$466.08
PLAN C Aetna	$35.90	$126.16	$66.32	$212.50
PLAN C BCBS	$39.49	$138.78	$72.95	$233.75
PLAN J Aetna	$53.61	$156.45	$93.10	$268.05
PLAN J BCBS	$58.97	$172.10	$102.41	$294.86
PLAN N Aetna	$23.72	$85.99	$44.80	$153.17
PLAN N BCBS	$26.09	$94.59	$49.28	$168.49
DENTAL Delta	$0.00	$10.64	$8.51	$19.18
BASIC Prescription Eyewear Coverage	$1.94	$3.99	$3.61	$5.57
ENHANCED Prescription Eyewear Coverage	$3.88	$7.89	$7.12	$11.04

** Base rate is non discounted

** If you have qualified for the HealthQuest Rewards Program Premium Incentive Discount, subtract $20 per pay period from the rates above to determine the amount of your discounted Semi Monthly premium.

Voluntary benefit premiums are deducted after taxes.

Non State Group Employees should check with their HR office for premium rates.

RATES PART TIME

Plan Year 2027 Semi Monthly Rates for State of Kansas Active Employees

	ACTIVE Employee Only	ACTIVE Employee + Spouse	ACTIVE Employee + Children	ACTIVE Employee + Family
PLAN A Aetna	$117.99	$361.04	$204.22	$572.90
PLAN A BCBS	$129.79	$397.14	$224.64	$630.19
PLAN C Aetna	$53.67	$161.36	$90.09	$256.26
PLAN C BCBS	$59.04	$177.50	$99.10	$281.89
PLAN J Aetna	$66.91	$183.36	$110.98	$305.60
PLAN J BCBS	$73.60	$201.70	$122.08	$336.16
PLAN N Aetna	$35.46	$109.99	$60.84	$184.70
PLAN N BCBS	$39.01	$120.99	$66.92	$203.17
DENTAL Delta	$0.00	$13.43	$10.71	$24.23
BASIC Prescription Eyewear Coverage	$1.94	$3.99	$3.61	$5.57
ENHANCED Prescription Eyewear Coverage	$3.88	$7.89	$7.12	$11.04

** Base rate is non discounted

** If you have qualified for the HealthQuest Rewards Program Premium Incentive Discount, subtract $20 per pay period from the rates above to determine the amount of your discounted Semi Monthly premium.

Voluntary benefit premiums are deducted after taxes.

Non State Group Employees should check with their HR office for premium rates.

RATES HEALTHYKIDS

Plan Year 2027 Semi Monthly Rates for State of Kansas Active Employees

	HealthyKids Employee + Children	HealthyKids Employee + Family
PLAN A Aetna	$84.48	$316.76
PLAN A BCBS	$92.93	$348.44
PLAN C Aetna	$50.36	$194.35
PLAN C BCBS	$55.40	$213.79
PLAN J Aetna	$81.11	$252.47
PLAN J BCBS	$89.22	$277.72
PLAN N Aetna	$34.03	$140.09
PLAN N BCBS	$37.43	$154.10
DENTAL Delta	$1.89	$12.53
BASIC Prescription Eyewear Coverage	$3.61	$5.57
ENHANCED Prescription Eyewear Coverage	$7.12	$11.04

** Base rate is non discounted

** If you have qualified for the HealthQuest Rewards Program Premium Incentive Discount, subtract $20 per pay period from the rates above to determine the amount of your discounted Semi Monthly premium.

Voluntary benefit premiums are deducted after taxes.

Non State Group Employees should check with their HR office for premium rates.

CONTACTS

Dental Coverage

Delta Dental of Kansas, Inc.

Customer Service
www.deltadentalks.com
All Areas (Toll Free): 800-234-3375
Wichita: (316) 264-4511

Eligibility & Enrollment

State Employee Health Plan

HealthBenefitsProgram.ks.gov
(785) 368-6361
SEHPMembership@ks.gov

Employee Assistance Program (EAP)

ComPsych

Company ID: SOKEAP
www.guidanceresources.com
All Areas: (Toll Free) 888-270-8897

Flexible Spending Accounts

MetLife - FSA

www.healthequity.com
All Areas (Toll Free): 866-346-5800

General Benefits Information

State Employee Health Plan

HealthBenefitsProgram.ks.gov
(785) 368-6361
SEHPBenefits@ks.gov

Health Savings Account Health Reimbursement Account

MetLife - HRA/HSA

www.healthequity.com
All Areas (Toll Free): 866-346-5800

HealthQuest

HealthQuest Health Center/HealthQuest Wellness Program

HealthQuest.ks.gov
(785) 783-4080
HealthQuest@marathon.health

Medical Coverage

Aetna

Customer Service
Behavioral Health
www.aetnastateofkansas.com
All Areas (Toll Free): 866-851-0754

Blue Cross Blue Shield of Kansas

www.bcbsks.com/sok
All Areas (Toll Free): 800-332-0307
Topeka: 785-291-4185
Lucet - Behavioral Health
All Areas (Toll Free): 800-952-5906
Lucet - Autism
Topeka: (785) 233-1165
All Areas (Toll Free): 877-563-9347 Opt.2

Prescription Coverage

CVS Caremark

Customer Service
Caremark Connect
Specialty Pharmacy
www.caremark.com
All Areas (Toll Free): 800-294-6324
TDD (Toll Free): 800-863-5488
All Areas (Toll Free): 800-237-2767
Specialty Pharmacy: 800-237-2767
PrudentRX: 800-578-4403

Prescription Savings

Rx Savings Solutions

www.rxss.com
All Areas: (Toll Free) 800-268-4476
(TTY 800-877-8973)
support@rxss.com

Preferred Lab Benefit Program

QuestSelect

www.questselect.com
All Areas (Toll Free): 800-646-7788

Stormont Vail Health

https://www.stormontvail.org
All Areas (Toll Free): 800-637-4716
Topeka: (785) 354-1150

The University of Kansas Health System

www.kansashealthsystem.com/lab
All Areas (Toll Free): 866-358-5227

Voluntary Prescription Eyewear Insurance

Surency Vision

www.surency.com/stateofkansas
All Areas (Toll Free): 866-818-8805

Voluntary Benefits

MetLIfe

ahmetlifeclaims@metlife.com
800-438-6388