

State of Kansas

Health insurance the Kansas Way

2024 Open Enrollment Guide for the State of Kansas



2024 State of Kansas benefit summary

Cost to member when receiving services from network providers	Plan A	Plan C ^{1,2}	Plan N ^{1,2}	Plan J ¹
Annual plan deductible	\$800 employee \$1,600 family	\$2,750 employee \$3,200/\$5,500 employee/family	\$2,750 employee \$3,200/\$5,500 employee/family	\$500 employee \$1,000 family
Coinsurance for all eligible expenses (unless otherwise noted)	20%	10%	35%	25%
Annual out-of-pocket maximum (includes deductible, coinsurance and copayment) – Combined medical/drug	\$5,250 individual \$10,500 family	\$4,500 individual \$9,000 family	\$6,650 individual \$13,300 family	\$7,350 individual \$14,700 family
Lifetime benefit maximum	None	None	None	None

Cost to member when receiving services from non network providers	Plan A	Plan C ^{1,2}	Plan N ^{1,2}	Plan J ¹
Annual plan deductible	\$800 employee \$1,600 family	\$2,750 employee \$3,200/\$5,500 employee/family	\$2,750 employee \$3,200/\$5,500 employee/family	\$1,000 employee \$2,000 family
Coinsurance for all eligible expenses (unless otherwise noted)	50%	50%	50%	50%
Annual out-of-pocket maximum (includes deductible, coinsurance and copayment) – Combined medical/drug	\$5,250 individual \$10,500 family	\$4,500 individual \$9,000 family	\$6,650 individual \$13,300 family	\$10,000 individual \$20,000 family
Lifetime benefit maximum	None	None	None	None

Note: When receiving services from non network providers, you may be responsible for additional out-of-pocket expenses for balances over allowed charges.

¹ HRA/HSA eligible

² Plan C and N: The deductible for all “non-single” policies (employee/spouse, employee/children, employee/family) will be \$3,200 for an individual within the family. However, the overall family deductible for these policies will remain at \$5,500.

This information is a general overview of the Medical Benefit. For additional benefits and limitation regarding the Medical Benefit, please refer to the Plan Description.



	Plan A	Plans C, N & J	Plan A	Plans C, N & J
Preventive Care	Cost to member when receiving services from network providers	Cost to member when receiving services from non network providers		
Well woman exam	None	None	Deductible plus coinsurance	Deductible plus coinsurance
Mammograms	None	None	Deductible plus coinsurance	Deductible plus coinsurance
Well baby and child care	None	None	Deductible plus coinsurance	Deductible plus coinsurance
Well man care	None	None	Deductible plus coinsurance	Deductible plus coinsurance
Routine vision exam (refraction for glasses; lenses and frames not covered)	None	None	Deductible plus coinsurance	Deductible plus coinsurance
Routine hearing exam	None	None	Deductible plus coinsurance	Deductible plus coinsurance
Age appropriate bone density screening	None	None	Deductible plus coinsurance	Deductible plus coinsurance
Colonoscopy screening	None	None	Deductible plus coinsurance	Deductible plus coinsurance
Preventive lab services	None	None	Deductible plus coinsurance	Deductible plus coinsurance
Immunizations				
Pediatric	None	None	Covered in full to age six, otherwise deductible plus coinsurance	
Adult	None	None	Deductible plus coinsurance	
Physician Care				
Primary care physician (PCP) office visit	\$20 copayment	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance
Specialist office visit	\$40 copayment	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance
Telehealth visit - AmWell	\$10 copayment	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance
Inpatient services				
Services must be pre-approved by health plan. Services include: semi-private hospital room and board, physician and surgeon services, lab, x-ray, anesthesiology, and other facility and ancillary charges	Deductible plus coinsurance		Deductible plus coinsurance	Deductible plus coinsurance
Outpatient surgery				
Surgery/anesthesia/assistant surgeon	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance
Outpatient services				
Not listed elsewhere	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance
Outpatient laboratory services				
Preferred lab benefit	No cost to member if using preferred lab vendor	Discounts to member if using preferred lab vendor while satisfying deductible; no cost to member if using preferred lab vendor after deductible is satisfied		Not available
Other labs	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance
Urgent care facility visits				
	\$50 copayment	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance

Plan A		Plans C, N & J		Plan A	Plans C, N & J
Ambulance/emergency transportation					
Domestic ground or air	Deductible plus coinsurance	Deductible plus coinsurance	Network deductible plus coinsurance		
Emergency room services					
Copayment waived if admitted to any hospital within 24 hours	\$100 copay, deductible plus coinsurance	Deductible plus coinsurance	\$100 copay, deductible plus coinsurance	Network deductible plus coinsurance	
Home health care and hospice care					
Services must be pre-approved by health plan. Inpatient hospice care is limited to 6 months.	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	
Rehabilitation services (including physical medicine)					
Inpatient and outpatient facility	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	
Office services – office visit copayment may apply if an office visit is billed. Spinal manipulations are limited to 30 visits per calendar year.	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	
Durable medical equipment (DME)					
DME greater than \$750 must be pre-approved by health plan	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	
Prosthetic devices and orthopedic devices					
Prosthetics greater than \$1,000 must be pre-approved by health plan	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	
Mental illness, alcoholism, drug abuse and substance abuse					
Inpatient services	Same as medical	Same as medical	Same as medical	Same as medical	
Outpatient services	Same as medical	Same as medical	Same as medical	Same as medical	
Office visits	\$20 copayment	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	
Group therapy sessions	\$20 copayment	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	
Autism services					
Subject to limitations and pre-approval	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	
Bariatric surgery					
Subject to limitations and pre-approval	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Not covered	
Hearing aids					
During a three (3) year period, one (1) hearing aid device per ear are eligible for coverage. All covered hearing aid services include hearing devices, and covered services from both network and non network apply toward a maximum benefit for all services of \$5,000 per a three (3) year period.	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	Deductible plus coinsurance	

Please note: Maximum benefit limits do not guarantee that all services will be approved to the maximum number allowed under this plan. Payments that are on a percentage basis will be applied to the contracted allowed amount reimbursed to the provider, if applicable.

Providing health and wellness for Members of the State Employee Health Plan

From day one, our company culture has been based on Kansans serving Kansans

We exist to provide peace of mind and access to a better quality of life for our members and all Kansans. Three words help sum up the values our leadership and employees hold close: commitment, compassion and community.

Access to the largest network in Kansas

The Blue Cross and Blue Shield of Kansas card is accepted by more than **14,000** providers statewide.

That includes:

99% of all eligible medical doctors

100% of all eligible medical facilities

We negotiate special discounted fees with all participating doctors and hospitals – that means you save money by cutting healthcare spending.

- Discounted fees are automatically accepted by contracting providers as payment-in-full
- In 2022, exclusive provider discounts saved members more than \$3.97 billion

Even more access with BlueCard®

With BlueCard, you get access to more than **1.8 million** doctors and hospitals nationwide.



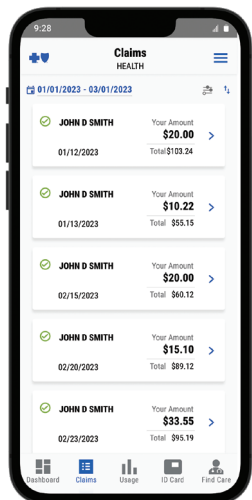
Our secure online member portal allows you to:

- View benefits, including eligibility and deductible/coinsurance information
- Check your claims
- View, download and monitor medical expenses through your Explanation of Benefits (EOBs)
- View, download or print your digital ID card

Registration is quick and simple

If you already have a BlueAccess account, log in to view your health plan information. If you don't have an account, registration is easy.

- 1 Go to bcbsks.com/BlueAccess
- 2 Click *Sign up for BlueAccess*
- 3 Have your ID card handy and follow the step-by-step instructions



Scan to download the BlueAccess app or visit our website: bcbsks.com/app



- 1 **Manage My Account** – Edit and manage your preferences.
- 2 **Forms** – Order a new ID card, find authorization forms and other forms related to your health insurance coverage.
- 3 **Summary of Benefits and Coverage (SBC) and Contract/Certificate** – View details about your coverage and contract.
 - View your copay, deductible and coinsurance amounts
 - Common medical coverage information
 - Coverage for specific tests or treatments
- 4 **Explanation of Benefits (EOB)** – See how much we paid, what your responsibility is and the amount of the provider write-off.
- 5 **Strive, powered by WebMD ONE** – Use this health and wellness platform to take a health assessment and generate a personalized health plan to reach your well-being goals.
- 6 **Blue365** – Exclusive health and fitness deals and discounts.

Member tools and benefits

HealthyOptionsSM

bcbsks.com/healthyoptions

HealthyOptions is a powerful set of services, tools and support designed to help you live a healthy lifestyle.

Strive

bcbsks.com/strive

Strive, powered by WebMD ONE, provides you with personalized information, a recommended health action plan and other tools to help you achieve your unique well-being goals. Download the app and get started!

Blue365[®]

blue365deals.com

Blue365 gives you access to thousands of fitness locations nationwide for as little as \$19 a month. You also get access to the “Deal of the Week” or you can browse all ongoing deals by category. You simply sign up to receive health and wellness deals and they arrive straight to your inbox every week.

You can view the weekly deals or browse all ongoing deals by these categories:

- Financial health
- Fitness
- Healthy eating
- Lifestyle
- Personal care
- Wellness



View and print your SBC and benefit descriptions from our website.

bcbsks.com/members/state

Doctor and Hospital Finder

bcbsks.com/state

Looking for a doctor, hospital or urgent care center when you're on the go? Let your mobile device be your guide. This easy-to-use directory allows you to search doctors by:

- Address
- County
- Name
- Gender
- Specialty

SmartShopper[®]

bcbsks.com/state

SmartShopper makes it easy to save money and earn cash rewards when shopping for certain medical care. This program saves you money on your share of the cost when you need a medical procedure or screening, and helps you earn cash when you select to have that procedure or screening done at certain qualified locations.

Once your procedure or screening is complete and your claim is paid, SmartShopper verifies that you shopped for an incentive eligible service at a qualified location and mails you a reward check to your home. No forms or hassle! It's that easy.

Procedure	Your Reward
Mammogram	up to \$150
Carpal tunnel	up to \$250
Colonoscopy	up to \$250
Gall bladder removal	up to \$250
Hip or knee replacement	up to \$425

Value you can trust

Customized website for State employees

bcbsks.com/state

Your customized website provides videos that explain the benefits of choosing a Blue Cross and Blue Shield of Kansas health plan, as well as quick overviews about Plan A, Plan C & N, and Plan J. You also have quick access to benefit information, SBCs, our provider finders, special Blue365 discounts and the *Healthy You* member newsletter.

Connect with a doctor anytime, anywhere

bcbsks.com/state/telehealth

Telehealth is a fast, convenient way to see a doctor virtually.

For non-emergency conditions like the flu, fever, rash or pink eye, you have the option to interact with a board-certified doctor at your convenience on your phone, tablet or computer.

Available 24/7/365, this fast, convenient way to see a doctor virtually is easy-to-use and affordable.

Questions? Give us a call.

Toll free: **800-332-0307**

In Topeka: 291-4185

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1133 SW Topeka Blvd, Topeka, KS 66629