

Health Benefits Enrollment Guide

Plan Year 2022



State of Kansas Employee &
Non State Employer Group



Message from Governor Laura Kelly



Governor Laura Kelly

As State of Kansas employees, you work tirelessly each day to provide essential services for the people of Kansas. Please know that I value your work and that, as governor, I will continue working to support you and your families – including through the State Employee Health Plan (SEHP). SEHP is a division of the Kansas Department of Administration, tasked with providing our employees and their families with benefit programs designed to fit each individual family's needs. These benefits include a variety of valuable choices for you and your family, including Medical plans, Prescription coverage, Dental, Vision, Flexible Spending Accounts, Health Savings Accounts, Voluntary Benefit options, an Employee Assistance Program, and an award-winning Health and Wellness Program. Your health and wellbeing are important to us, which is why we offer so many choices and tools to assist you when making these important selections. Please review them carefully, and take advantage of these benefits as part of our appreciation for all you do for the State of Kansas.

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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 this 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 go to the vendor page on our 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.



What's New in 2022

New Vendors to the SEHP

- Avēsis - New Vision Insurance provider.
- MetLife - New Health Savings Account (HSA) and Health Reimbursement Account (HRA) provider.

Medical and Prescription

- Plan A - Deductible amounts reduced to \$900/single and \$1,800/family.
- Plan A - Out-of-Pocket (OOP) Maximum reduced to \$5,250/single and \$10,500/family.
- Plan A - Reduced primary care Copay from \$40 to \$30.
- Plan C - Out-of-Pocket (OOP) Maximum reduced to \$4,500/single and \$9,000/family.
- All Plans - Preferred Brand Name Drugs Coinsurance reduced from 40% to 35%.
- All Plans - Non Preferred Brand Name Drugs Coinsurance reduced from 65% to 60%.
- Plan Q will no longer be offered as a medical plan option.

Rate Changes

- In 2022, State of Kansas Employee medical rates for employee and employee/children premium deductions will remain the same, while employee/spouse and employee/family premium deductions will be reduced by 2%.
- Employee Dental rates will increase 3.3%.

Action Required

- Annual Open Enrollment period is October 1-31, 2021.
- This is an Active Enrollment Year. All covered members must enroll for Plan Year 2022.
NOTE: Members who have waived coverage will remain waived unless an enrollment is completed.



Look for Scopes throughout the Guide

Scopes draws attention to helpful tips and information!

More information about your benefits package and links to forms you may need are posted on the State Employee Health Plan (SEHP) website:
HealthBenefitsProgram.ks.gov/.



Key Terms & Definitions

Active Enrollment: Members must make active elections for benefits/coverage. If you are currently enrolled, and do NOT make new elections, your coverage will default to Plan N with an HRA.

Benefit Description: The Benefit Description provides a detailed summary of the benefits and limitations of the plans of coverage. It also outlines member rights and processes for benefit questions, appeals and grievances. Benefit Descriptions may also include amendments to the benefit plans when any modifications are made to coverage.

Coinurance: Once you meet your annual Deductible, you and the Plan share in the cost of covered medical expenses. This is called "Coinsurance." When you visit Network providers, your Coinsurance is much less than if you visit Non Network providers. Coinsurance is considered an out-of-pocket cost, just like Copays.

Copay: A fixed amount you pay for a covered health care service (for example, a doctor's visit). A Copay amount may vary by the type of covered health care service.

Deductible: A fixed dollar amount you must pay each calendar year before the plan begins reimbursing for eligible expenses. There are two types of deductibles:

Individual Deductible: The Individual Deductible applies separately to each covered person in the family. When a person's Deductible expenses reach the Individual Deductible amount, the person's Deductible is met. The Plan then starts to pay benefits for that person at the appropriate Coinsurance percentage.

Family Deductible: The Family Deductible applies to the family as a group. When the combined Deductible expenses of all family members reach the family Deductible, the family Deductible is met. The Plan then begins to pay benefits for all covered family members at the appropriate Coinsurance percentage.

HDHP: A "High Deductible Health Plan" which meets federal requirements to qualify a covered person to establish and contribute to a Health Savings Account (HSA).

Health Reimbursement Account (HRA): An HRA is a tax-advantaged account available to members of Plans C, J or N that allows your employer to set aside money for you to use to pay for qualified medical expenses incurred during the Plan Year. Your employer contributes to your HRA! See page # 26 for details.

Health Savings Account (HSA): An HSA is a tax-advantaged account available to members enrolled in a qualified High Deductible Health Plan that allows you to save money for qualified medical expenses for this year and the future. Your employer contributes to your HSA, and you can too! See page 24 for details.

| | |
|---|--|
| Network: | The providers who have agreed to participate with the medical, dental or vision plans to accept the allowed amount as payment in full, less any Deductibles, Copays or Coinsurance. Your plans will pay a greater percentage of the cost when you use Network providers. |
| Non Network: | Providers who have NOT agreed to contract with the medical, dental or vision plans to accept the allowed amount. You will typically pay more in Out-of-Pocket expenses to use Non Network providers, compared to Network providers. |
| Open Enrollment: | The period of time when you may review, and enroll or waive benefits available to you through the State Employee Health Plan (SEHP). Typically, the Open Enrollment Period is in October each year. |
| Out of Pocket Maximum (OOP): | The most an employee could pay during the Plan Year for his/her share of the costs for covered services, including Copays, Coinsurance and Deductible. OOP does not include costs for services not covered by the plan, over-the-counter medications or amounts over the allowable amount charged by Non Network providers. |
| Plan Year: | The coverage period to accumulate your share of covered expenses toward your Out-of-Pocket limit. The State Employee Health Plan (SEHP) Plan Year is January 1st thru December 31st of each year. |
| Premium: | A premium is the contribution or share you pay to have insurance. Your premiums are deducted from your pay on a semi-monthly basis. The amount of your premium depends on the plan you elect, whether you choose individual or family coverage, and whether you're a part-time or full-time employee. You pay your premium regardless of how often you use the Plan. Non State Group members should check with their employer for premium costs. |
| Qualifying Event: | A recognized family status change such as marriage, divorce, birth or adoption of a dependent, death of a spouse or dependent, gain or loss of employment and/or benefits for a spouse or dependent. A Qualifying Event enables you to make a coverage change during the middle of a Plan Year, provided the change is consistent with the family status change, and the request for the change is made within 31 days of the event. |
| Summary of Benefits & Coverage (SBC) | The SBC is a more detailed document than this enrollment book that shows how you and the plan would share the cost for covered health care services. For the complete terms of each medical plan, please reference the Benefit Description document on the SEHP website under the corresponding plan. |



Eligibility

ELIGIBLE EMPLOYEES

Newly Hired or Newly Eligible Employees have 31 days from their date of hire, or becoming eligible, to enroll in benefits.

- For Newly Hired individuals, coverage will be effective on the 31st day of employment.
- For Newly Eligible employees, coverage will continue to be effective the first day of the following month unless the change is made on the first day of the month, then it is that day.

If you do not enroll by the deadline, you will not be eligible to enroll again until the next Open Enrollment period (unless you experience a Qualifying Event {see page 5} which allows you to enroll).

In addition to covering yourself, you may elect coverage for your eligible dependents. They include:

- Your lawful spouse
- Your child(ren) or stepchild(ren) under the age of 26.

Note: In the event of a divorce, coverage for your former spouse and/or stepchild(ren) will end on the last day of the month in which the divorce is finalized. You must notify the SEHP when the divorce is final.

During enrollment, required documentation must be submitted online through the Membership Administration Portal (MAP) <https://sehp.member.hrisuite.com> to cover eligible dependents.

DOCUMENTATION

- Your Kansas employee ID number (available from your Human Resources Office)
- The last six digits of your social security number (SSN)
- Your date of birth
- Dependent documentation must be scanned and uploaded as a PDF to MAP when requesting to add a new dependent. Human Resources Representatives can assist in uploading documents if needed.

ADDING A NEWBORN

Employee/Spouse, Employee/Children, Employee/Family or Single coverage administratively provides benefits for a newborn child for first 31 days (beginning on the date of birth). However, NO benefits will be available beyond that time unless the member submits a change request form in MAP to add the newborn. All mid-year membership change requests for SEHP members must be submitted through their member portal and the appropriate documentation uploaded within 31 days of birth.



Enrollment

HOW TO ENROLL

- Log in to the Membership Administration Portal (MAP) using any modern browser like Chrome, Firefox or Edge. The portal opens October 1.
 - State or Non State Employer Group employees, go to: <https://sehp.member.hriissuite.com>
 - Employees of ESU, KSU, KU, KUMC or PSU, go to: https://sso.cobraguard.net/seer_login.php and select your university.
 - If this is the first time you are logging in or you have forgotten your password, please click the “Register Now” button. If you have previously registered and know your password, click the “Sign In” button.
 - Click on the Enrollments & Events tab to start your Plan Year 2022 Enrollment.
 - Once you have submitted your elections, a Pending Elections Statement will be emailed to your registered email address as confirmation that your election is complete.
 - You may go into MAP as many times as needed during the Open Enrollment period to make changes. A Pending Election Statement will be emailed to your registered email address each time an election is saved in the portal. The selection submitted as of 11:59 pm on October 31, 2021, will become effective January 1, 2022. Your approved elections will be viewable in MAP by December 1, 2021.

WHAT HAPPENS IF YOU DON'T ENROLL

| | |
|----------------------------|--|
| MEDICAL COVERAGE: | All active State of Kansas (SOK) employees and Non State Group (NSE) employees who are currently enrolled, MUST make selections for Plan Year 2022. 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. |
| VISION INSURANCE: | Members currently enrolled in a Vision plan MUST enroll for 2022 benefits since there is a new vendor. If you do not re-enroll, you will not have vision insurance for Plan Year 2022. |
| DENTAL ONLY: | Members currently enrolled in the Dental plan only , will remain enrolled for 2022. |
| VOLUNTARY BENEFITS: | Members currently enrolled in Voluntary Benefits insurance only , will remain enrolled in those plans for 2022. |
| WAIVED BENEFITS: | Members who have waived coverage will remain waived. |



Need technical support?

Call the MAP Help Desk at 800-832-5337 (toll free) from Oct. 1-31, Monday – Friday: 7 a.m. to 5 p.m. and Saturday: 9 a.m. to 2 p.m. (CT).

After hours, email techsupport@hrissuite.com. Include your name, phone number with an explanation of your issue and they will contact you within 24 hours with a resolution.



Premium Assistance Programs

The State Employee Health Plan has options available for those families with children under the age of 19 should they need assistance covering the cost of medical insurance premiums. There are two programs available: Healthy KIDS, for State Employees Only; and the Children's Health Insurance Program (CHIP) that is available to all SEHP members that meet income guidelines and have children under the age of 19.

HEALTHYKIDS PROGRAM (STATE EMPLOYEES ONLY)

The HealthyKIDS program is for eligible State Employees only and does not apply to enrolled Non State Employer Groups. This program helps cover the cost of the premiums for their children enrolled in the State Employee Health Plan (SEHP).

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

Review the income guideline chart link at <https://healthbenefitsprogram.ks.gov/sehp/HealthyKIDS> to see if you may qualify. Additional information on the SEHP site may help to determine your eligibility. If you believe you are eligible for HealthyKIDS, go to your member portal at <https://sehp.member.hriissuite.com>, or if you are employed at ESU, KSU, KU, KUMC or PSU, your member portal is https://sso.cobraguard.net/seer_login.php. Sign into your 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 use monthly income. You will need to include everyone living in the household: the employee, spouse, and their eligible dependent children under age 19, adopted children & minors for whom the employee has legal custody.

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 contributions. The HealthyKIDS premiums are found at the bottom of the Semi-Monthly Rates for State of Kansas Active Employees.

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.

CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

CHIP coverage is available to the child(ren) of individuals who are eligible to enroll in the SEHP. For most employees, if your child(ren) qualifies for HealthyKIDS, they may qualify for the KanCare CHIP program. This program has the potential savings of several thousand dollars if you were previously enrolled in HealthyKIDS.

Benefits under CHIP coverage include:

- No Deductibles.
- No Copays.
- No Coinsurance.
- Monthly household premiums from \$0 to \$50, based on income, household size and age of children.
- Free annual checkups and screenings, including dental.
- Choice of three (3) medical carriers each offering different benefits.
- Coverage is accepted by most doctors.

Household income limits are similar to HealthyKIDS. To check your specific household income, please use the KanCare Medical Assistance Standard chart, found on the SEHP website: HealthBenefitsProgram.ks.gov.

State Employees can apply for CHIP for their child(ren) during Open Enrollment, either by filling out the paper application or online using the following link: <https://kancare.ks.gov/consumers/apply-for-kancare>.

If you are going to apply for CHIP, you should still enroll your children in the SEHP medical plans until approved for CHIP. You may call 800-792-4884 if you have questions about CHIP.

During Open Enrollment, if your child(ren) is eligible for CHIP after enrolling them in the SEHP, the approval letter from KanCare will need to be uploaded in MAP when you submit the request to drop your SEHP coverage for your child(ren) for the next plan year.

Gaining CHIP coverage mid-year does not meet the requirements of a Qualifying Event that would allow you to drop your SEHP coverage. The only time members can drop SEHP for CHIP is during open enrollment for the next plan year. CHIP approval after January 1 is not a qualifying event to drop SEHP.

WHICH IS RIGHT FOR ME?

| HEALTHY KIDS | CHIP |
|---|---|
| State Employees with children under age 19. | All with children under age 19 are eligible to apply. |
| Rate discount applies to the entire family covered by SEHP. | Only covers qualified children. |
| SEHP Operated Health Plans. | Federal Benefits Plans. |
| Household income limits apply. Limits are based on income, household size and age of child(ren). | Household income limits apply. Limits are based on income, household size and age of child(ren). |
| Discounts applied to Medical, Prescription, and Dental, premiums. | CHIP may have a total premium of \$20, \$30, or \$50 depending on household size and age of child(ren). |
| Deductibles, Copays, Coinsurance and OOP. | NO Deductibles, Copays, Coinsurance or OOP. |
| Rx costs apply. | Rx covered at 100%. |
| Vision – lenses and frames or contacts covered at 1 per year. | Vision – lenses and frames, contacts covered at 3 per year when medically necessary. |
| Dental max annual benefits of \$1,700. | Preventive and medically necessary dental covered at 100% with no limits. |



Understanding your Options

MEET ALEX

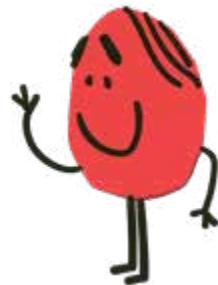
ALEX is an online resource the SEHP uses to walk you through all of your available benefits and explain how they work. ALEX can also help you to compare the various health plan options based on your individual circumstances.

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

“Talking” with ALEX is easy.

- 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 anonymous).
- Let ALEX crunch some numbers**, explain your available benefits options, and make recommendations based on your specific circumstances.
- Print or save your ALEX selections** and complete your enrollment through MAP or go through the process again with a different scenario.

Meet
alex®



<https://www.myalex.com/kansassehp/2022>

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 MAP.

PERSONALIZED HELP

- Contact the vendor: Toll-free customer service numbers are located at the back of this booklet.
- Visit the SEHP website: <https://healthbenefitsprogram.ks.gov/sehp>
- Benefit questions: send an email to SEHPBenefits@ks.gov
- Membership or eligibility questions: send an email to SEHPMembership@ks.gov
- State Employees can contact their agency human resources office.
- Non State Employer Group members can speak with their benefits representative.



Medical Plans

MEDICAL PLANS | 



The State Employee Health Plan (SEHP) offers four medical plans:

- **Plan A** (traditional Preferred Provider Organization (PPO plan))
- **Plans C and N** (Qualifying High Deductible Health Plans)
- **Plan J** (meets all requirements for J-1 Visa employees)

All medical plans include:

- Prescription Drug coverage
- Telemedicine options
- Preferred Lab benefits

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

Please review both provider networks to determine which provides the best access for your needs.

Medical Plan Highlights

- **Preventive services** are covered at 100% of allowable charges when using a Network provider, including services like annual preventive exams, age-appropriate immunizations, health coaching, and age-appropriate cancer screenings like mammograms, colonoscopies, etc.
- **Prescription Drug benefits** for all plans are provided through CVS/Caremark.
- **Preferred Lab benefits** are provided through Quest Diagnostics, Stormont Vail Health and The University of Kansas Health System (TUKHS).
- **Telehealth Services** are provided through both medical provider networks and the HealthQuest Health Center.
- The **HealthQuest Health Center** in downtown Topeka, KS is available to anyone enrolled in the SEHP medical coverage (Plans A, C, J, or N) over the age of 2.

PLAN A

TRADITIONAL PPO PLAN

Plan A is a traditional PPO plan, also known as a Preferred Provider Organization (PPO). This type of health plan contracts with medical providers, such as hospitals and doctors, to create a Network of participating providers. You pay less if you use providers that belong to the plan's Network; however, you may still use Non Network doctors, hospitals, and providers for an additional cost.

HOW IT WORKS

Physician Care 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.

Non Network physician visits and services are first paid by the member until their Deductible is met. Once the Deductible is met, the Plan shares the cost of covered services with the member (Coinsurance). As Non Network Providers have not agreed to accept the plan's allowed charge, you may also be responsible for the difference between the plan's allowance and the provider's actual charge for services. Once the member reaches their designated Out-of-Pocket Maximum (OOP), the Plan pays covered services at 100% of the Plan's allowed charge.

Members on Plan A share the cost of Prescription Drugs with the Plan through Coinsurance. Pharmacy expenses are not applied to the Plan A medical Deductible. **The Coinsurance does apply to your OOP maximum.**

Your Copays, Deductible and Coinsurance apply until the OOP is met. The Network and Non Network Deductibles, Coinsurance and OOP accumulate separately.

Members of Plan A are not eligible for HealthQuest Reward Dollars; however, they may earn the annual Premium Incentive Discount. (see page 34 for more information)

| Benefit Summary | Network | Non Network |
|--|---|---|
| Deductible Individual Family | \$900 \$1,800 | \$900 \$1,800 |
| Coinurance (paid by member) | 20% | 50% |
| Out of Pocket Maximum (OOP) Individual Family | \$5,250 \$10,500 | \$5,250 \$10,500 |
| Preventive Care | \$0 | \$0 |
| Office Visits Primary Care Specialist Urgent Care Telehealth HealthQuest Health Center | \$30 \$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 |

PLAN A - PRESCRIPTION DRUG BENEFITS

| Tier | Prescription Type | Paid by Member |
|-------------|----------------------------|---|
| 1 | Generic | 20% Coinsurance |
| 2 | Preferred Brand Name | 35% Coinsurance |
| 3 | Special Case | 40% Coinsurance <i>Maximum of \$100 per standard unit of therapy per 30-day supply</i> |
| 4 | Non Preferred Brand Name | 60% Coinsurance |
| 5 | Discount Tier | 100% Coinsurance |
| 6 | Anticancer Oral | 20% Coinsurance <i>Maximum of \$100 per standard unit of therapy per 30-day supply</i> |
| Value Based | Diabetes - Generic | 10% Coinsurance <i>Maximum of \$20 per 30-day supply</i> |
| | Diabetes - Preferred Brand | 20% Coinsurance <i>Maximum of \$40 per 30-day supply</i> |
| Value Based | Asthma - Generic | 10% Coinsurance <i>Maximum of \$20 per 30-day supply</i> |
| | Asthma - Preferred Brand | 20% Coinsurance <i>Maximum of \$40 per 30-day supply</i> |

HealthQuest Premium Incentive Discount

Annual discount is available by earning 40 HealthQuest Credits.
See page 34 for more information.

HRA/HSA and HealthQuest Rewards Dollars

Not available for Plan A.
See page 34 for more information.

Plan Year 2022 Medical Semi-Monthly Rates for State of Kansas Active Employees

| Benefit Plan | Plan A |
|---|----------|
| Full-Time | |
| (A complete rate chart for full- and part-time employees and HealthyKIDS is located on page 38) | |
| Employee Only | \$39.90 |
| Employee + Spouse | \$237.27 |
| Employee + Child(ren) | \$126.56 |
| Employee + Family | \$415.40 |

PLANS C and N - (HDHP)

HIGH DEDUCTIBLE HEALTH PLANS

HDHPs are plans with a higher Deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs yourself (your Deductible) before the plan starts to pay its share. A HDHP can be combined with a Health Savings Account (HSA) or Health Reimbursement Account (HRA), allowing you to pay for certain medical expenses with money free from federal taxes.

HOW IT WORKS

Services received under Plans C & N are paid by the member until the Deductible is met. Once the Deductible is met, the plan will share costs with the member (Coinsurance) until the Out-of-Pocket Maximum (OOP) is met. Once a member meets the OOP, the plan pays for covered services at 100%. 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.

Plans C & N include a Health Reimbursement Account (HRA) or a Health Savings Account (HSA) where your employer makes contributions. (see page 24 for more information)

Members of Plans C & N are eligible to earn HealthQuest Rewards Dollars and an annual Premium Incentive Discount by participating in the HealthQuest wellness program. (See page 34 for more information)

| Benefit Summary | PLAN C | | PLAN N | |
|---|---------------------------------|---|---------------------------------|---|
| | Network | Non Network | Network | Non Network |
| Deductible Individual Family | \$2,750* \$5,500 | \$2,750* \$5,500 | \$2,750* \$5,550 | \$2,750* \$5,550 |
| Coinurance (paid by member) | 10% | 50% | 35% | 50% |
| Out of Pocket Maximum (OOP) Individual Family | \$4,500 \$9,000 | \$4,500 \$9,000 | \$6,650 \$13,300 | \$6,650 \$13,300 |
| 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 (employee/spouse, employee/children, employee/family) will be \$2,800 for an individual within the family. However, the overall family deductible for these policies will remain at \$5,500.

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

***Must be a Medical Emergency

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 | Non Preferred Brand Name | Deductible then 60% Coinsurance |
| 4 | Discount Tier | Deductible then 100% Coinsurance |
| 5 | Anticancer Oral | Deductible then 20% Coinsurance |

HRA/HSA

Included with Plans C and N

HealthQuest Rewards Dollars

Up to \$500 for Employee and Employee + Children
Up to \$1,000 for Employee + Spouse and Employee + Family

HealthQuest Premium Incentive Discount

Available by earning 40 HealthQuest Credits

Plan Year 2022 Medical Semi-Monthly Rates for State of Kansas Active Employees

| Benefit Plan | Plan C | Plan N |
|--|----------|----------|
| Full-Time | | |
| (A complete rate chart for full- and part-time employees and HealthyKIDS is located on page 38.) | | |
| Employee Only | \$35.20 | \$23.25 |
| Employee + Spouse | \$123.69 | \$84.30 |
| Employee + Child(ren) | \$65.02 | \$43.92 |
| Employee + Family | \$208.33 | \$150.17 |



NOTE: The Summary of Benefits and Coverage (SBC) for each medical plan is available on the SEHP website HealthBenefitsProgram.ks.gov. The SBC shows how you and the plan would share the cost for covered health care services. This is only a summary. Please read the State Employee Health Plan Benefit Description for the complete terms of coverage for each medical plan.

PLAN J

MEETS REQUIREMENTS FOR J1 VISA EMPLOYEES

Plan J meets all 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 Maximum (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 a Health Reimbursement Account (HRA). (see page 26 for more information)

Members of Plan J are eligible to earn HealthQuest Rewards Dollars and an annual Premium Incentive Discount by participating in the HealthQuest wellness program. (see page 34 for more information)

| Benefit Summary | Network | Non Network |
|---|---|---------------------------------------|
| Deductible Individual Family | \$500 \$1,000 | \$1,000 \$2,000 |
| Coinurance (paid by member) | 25% | 50% |
| Out of Pocket Maximum (OOP) Individual Family | \$7,350 \$14,700 | \$10,000 \$20,000 |
| Preventive Care | \$0 | Deductible + Coinsurance |
| Office Visits Primary Care Specialist Urgent Care Telehealth HealthQuest Health Center* | Deductible + Coinsurance Deductible + Coinsurance Deductible + Coinsurance Deductible + Coinsurance \$40* | Deductible + Coinsurance |
| 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



NOTE: The Summary of Benefits and Coverage (SBC) for each medical plan is available on the SEHP website HealthBenefitsProgram.ks.gov. The SBC shows how you and the plan would share the cost for covered health care services. This is only a summary. Please read the State Employee Health Plan Benefit Description for the complete terms of coverage for each medical plan.

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 | Non Preferred Brand Name | Deductible then 60% Coinsurance |
| 4 | Discount Tier | Deductible then 100% Coinsurance |
| 5 | Anticancer Oral | Deductible then 20% Coinsurance |

HRA

Included with Plan J

HealthQuest Rewards Dollars

Up to \$500 for Employee and Employee + Children
Up to \$1,000 for Employee + Spouse and Employee + Family

HealthQuest Premium Incentive Discount

Available by earning 40 HealthQuest Credits

Plan Year 2022 Medical Semi-Monthly Rates for State of Kansas Active Employees

| Benefit Plan | Plan J |
|---|----------|
| Full-Time | |
| (A complete rate chart for full- and part-time employees and HealthyKIDS is located on page 38) | |
| Employee Only | \$52.56 |
| Employee + Spouse | \$153.38 |
| Employee + Child(ren) | \$91.27 |
| Employee + Family | \$262.79 |

Generic or Brand Name drugs?



Your Out-of-Pocket costs will be lower if you use Generic and/or Preferred Brand Name drugs. The PDL is located at: <https://healthbenefitsprogram.ks.gov/sehp/Caremark> or www.caremark.com.

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 |
|--|---|--|--|---|
| 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 | Not Covered | Deductible plus Coinsurance | Not Covered |
| 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 |
| 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 | \$30 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 Exam | 1st exam of year Covered in Full | Deductible plus Coinsurance | 1st exam 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.

General comparison chart for benefits and limitations, for a complete Benefit Description, please visit the SEHP website: <https://healthbenefitsprogram.ks.gov/sehp>.



Telemedicine

TELEMEDICINE OPTIONS

Telemedicine is a fast, easy way to see a doctor. You can visit with a live doctor anytime, anywhere over your computer, tablet or phone. All SEHP medical plans cover telemedicine appointments.

Telemedicine doctors can treat a variety of conditions, including cold, flu, fever, rash, sinus infection, pink eye, ear infection, behavioral health, and more.



Why use Telemedicine?

- Available nationwide, 24/7/365
- Prescribed short-term medications
- Treat common conditions

| | | |
|--|---|--|
| All SEHP Members  Mon, Wed, Fri 7am-4pm Tu, Th 9am-6pm | <ul style="list-style-type: none">• Plan A: \$0• Plans C, J, or N: \$40 fee until Deductible is met, then covered at 100% | HealthQuest Health Center by Marathon Health:  https://my.marathon-health.com/ |
| Aetna Members  24/7/365 | <ul style="list-style-type: none">• Plan A: \$10 Copay• Plan C, J, or N: Starts at \$49 or less per visit which applies to Deductible then Coinsurance | Teladoc:  https://member.teladoc.com/aetna |
| BlueCross BlueShield of Kansas Members  24/7/365 | <ul style="list-style-type: none">• Plan A: \$10 Copay• Plan C, J, or N: Starts at \$59 per visit which applies to Deductible then Coinsurance | Amwell:  https://www.bcbsks.com/CustomerService/Members/State/telehealth.shtml |



Prescription Drug Benefits

PREScription DRUG BENEFITS |

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 State Employee Health Plan, you can access the "Check Drug Cost" tool for the plans on the SEHP website here: <https://healthbenefitsprogram.ks.gov/sehp/vendors/CVS>. If you need additional assistance regarding your prescription drugs, contact CVS/Caremark directly by calling 800-294-6324.

Home delivery is available through CVS/Caremark. To place an initial order or reorder by phone, call 800-294-6324 or email online@caremark.com.

Specialty and biotech drugs are available exclusively through the CVS/Caremark Specialty Pharmacy. A complete list of Specialty Drugs is available at <https://healthbenefitsprogram.ks.gov/sehp/Caremark>. Contact CVS/Caremark Specialty Pharmacy at 800-237-2767. A CVS/Caremark representative will coordinate patient care with the provider and medication delivery.

MANAGING YOUR PRESCRIPTION COSTS |

Save Money on Your Prescriptions! Rx Savings Solutions is a free service to SEHP members providing an easy way for you to save money on your prescription costs.

Rx Savings Solutions works with the SEHP to help you easily 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: Your account is ready to be activated at <http://myrxss.com>—or by calling 1-800-268-4476.

Get started today to see how you can save. Here's how it works:

- 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 contact you anytime you can be spending less.



Preferred Lab Benefits

The Preferred Lab Benefit, included with all SEHP medical plans, is offered through Quest Diagnostics, Stormont Vail Health and The University of Kansas Health System (TUKHS).

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 medical benefits will apply, and you will not receive the discounts.

Benefits when using a Preferred Lab Vendor:

Members receive significant discounts on the costs by using these preferred lab vendors for covered diagnostic services. When using one of the preferred lab vendors for outpatient, non-emergency testing that is *covered and approved* by your health plan the following benefits apply:

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

Quest Diagnostics |



- Offers collection sites throughout Kansas and nationwide.
- Present your Quest Lab Card or 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.
- For a list of collection sites and additional information please visit: <https://healthbenefitsprogram.ks.gov/sehp>.

Stormont Vail Health/Cotton O'Neil |



- You do not have to be a Cotton O'Neil patient to have lab services done at one of the specified locations.
- Present your 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.
- 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. For a list of locations and additional information, please visit: <https://healthbenefitsprogram.ks.gov/sehp>.

The University of Kansas Health System (TUKHS) |



- 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.
- Present your 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.
- Create a MyChart account to review your lab results directly on your mobile or desktop.
- Several locations are available in northeast Kansas. For a list of locations and additional information, please visit: <https://healthbenefitsprogram.ks.gov/sehp>.



HealthQuest Health Center

State and Non-State employees, spouses, and dependent children over age two covered by SEHP medical insurance can use the HealthQuest Health Center in Topeka. Both in-person and Telemedicine appointments are available.

Available Services

- Preventive care at no cost
- Sick care
- Health coaching
- Chronic condition coaching
- Counseling



Available to all members of the SEHP age 2+ covered by Plans A, C, J and N!

What does it cost?

Contracted through Marathon Health, all preventive visits, including immunizations and health coaching, are free regardless of health plan enrollment. Medical care and lab services will be provided at no cost for members of Plan A. Medical care and lab services will require an all-inclusive \$40 per visit fee for those members with Plans C, N and J until their Deductible is met. Once the Deductible has been met, medical care will be provided at no cost.

How to schedule an appointment

To schedule an appointment, call the center or log in to the Marathon eHealth Portal at <https://my.marathon-health.com/>. You will need your medical insurance card to prove eligibility for service.

**At the HealthQuest Health Center, we recommend scheduling an appointment. However, if our providers are not seeing other patients, walk-ins will be accommodated on a first come, first serve basis.*

Preventive Care Covered at 100%

Health Screenings

- Annual Exams
- Blood Pressure
- Body Mass Index
- Cholesterol
- Glucose
- School, Camp and Sports Physicals

Health Coaching

- Nutrition
- Physical Activity
- Tobacco Cessation
- Stress Management
- Weightloss

Chronic Condition Coaching

- Arthritis
- Asthma
- COPD
- Depression
- Diabetes
- Heart Health
- Low Back Pain
- Sleep Apnea
- Educational Offerings



HealthQuest Health Center

- 901 S. Kansas Ave., in Topeka
- CALL: 785-783-4080

HOURS:

- Mon., Wed., Fri. 7 a.m. - 4 p.m.
- Tue., Thu. 9 a.m. - 6 p.m.
- my.marathon-health.com



Proactively Manage Medical Expenses

State of Kansas medical plans empower you as the member to have control over the expenses you pay for covered services. By being an educated consumer and using the tools provided, you can be proactive to meet your healthcare needs. Below are some helpful tools and tips:

- 1. Take advantage of preventive services.** Preventive services are covered at 100% by all SEHP medical plans when using a Network Provider.
- 2. Use Network providers whenever possible.** SEHP plans cover services received through Network providers at a higher percentage than services received through Non Network providers. Provider lists are available online at HealthBenefitsProgram.ks.gov.
- 3. Ask questions.** Check with different providers regarding the cost of their services.
 - **Aetna members** can access the Member Payment Estimator to estimate out-of-pocket expenses for various services.
 - **Blue Cross and Blue Shield of Kansas members** can access the SmartShopper program. The SmartShopper program is available to help locate the lowest cost location, schedule appointments and obtain pre-authorizations for various medical treatments and procedures.
- 4. Manage your prescription options** using RxSavings Solutions, a simple online service that reviews and monitors your prescriptions for lower cost options. RxSavings is free to SEHP members and can notify you when lower cost options are available. Enable an account at <http://myrxss.com>.
- 5. Select the right location for treatment.** The cost of non-life-threatening conditions is much higher in an emergency room or community hospital than at an urgent care center, telehealth provider, physician's office, or the HealthQuest Health Center.
- 6. Develop a relationship with a primary care provider.** Primary Care physicians specialize in diagnosing, treating, and preventing a wide variety of conditions. Many of the preventive services covered by SEHP plans can be facilitated through your primary care provider.
- 7. Participate in the HealthQuest wellness program.** HealthQuest was developed to provide you the tools necessary to improve your overall health and wellbeing, while providing you financial rewards along the way like an annual premium discount and/or contributions to your eligible HRA or HSA.
- 8. Take care of yourself.** Eat healthy foods, exercise, and manage your current conditions to improve your quality of life. Your HealthQuest Health Coaches can help you along the way at no cost to you. Enable an account at HealthQuest.ks.gov.
- 9. Take advantage of discount programs.** Each provider offers their own selection of member-only discounts on things like gym memberships, hearing aids, medical and dental equipment, apparel and more.
 - Blue Cross and Blue Shield of Kansas members - Blue 365 Deals - www.bcbsks.com/sok
 - Aetna Members - www.aetnastateofkansas.com
 - Delta Dental Members – www.deltadentalks.com
 - Avēsis Members - www.avesis.com



Health Savings Account (HSA)

HEALTH SAVINGS ACCOUNT | MetLife

A Health Savings Account (HSA) is available to all members enrolled in a Qualified High Deductible Health Plan (Plan C or Plan N). An HSA is a personal healthcare bank account that you can use to pay out-of-pocket medical expenses with pretax dollars. You own and administer your own HSA. You determine how much you will contribute, when to use your money to pay for qualified medical expenses and when to reimburse yourself. HSAs allow you to save and roll over money if you do not spend it in the calendar year. The money in this account is always yours. If you change health plans or jobs, the money in the account is yours to keep.

Eligibility to Contribute to an HSA

The IRS sets the guidelines outlining your eligibility to enroll and contribute to an HSA. These rules apply only to you as the employee and not to any covered family members. For you to qualify for an HSA, you must meet ALL the following:

- You must enroll in Plan C or 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 not considered a Qualified High Deductible Health Plan.

Plan C requires an employee contribution of \$25 per pay period (\$50 per month) to receive the employer contributions to your HSA.

Plan N does not require any contribution from you, the employee, to receive the employer contributions. The employer contribution amounts are outlined for you on the following page. Your employee contributions are made to your HSA on a pre-tax basis, and when you use the funds for eligible expenses, the amount you spend is not taxable.

The IRS sets maximum limits each year for total contributions to your HSA. These maximums include your contributions AND the employer contributions. SEHP members age 55 and over are also allowed to make additional "catch-up" contributions to their HSA above the IRS maximum. The "catch-up" contribution maximum is \$1,000 each year. Once you enroll in Medicare, you may no longer contribute to an HSA.

For additional information visit: HealthBenefitsProgram.ks.gov.

| EMPLOYER CONTRIBUTIONS Health Savings Account | | | | | | |
|---|---|---|---|---------------------------------------|---------------------------------------|---|
| | Full-Time Employee | | | Part-Time Employee | | |
| | Employee Only | Employee / Spouse & Family | Employee / Child(ren) | Employee Only | Employee / Spouse & Family | Employee / Child(ren) |
| IRS Maximum Total | \$3,650.00 | \$7,300.00 | \$7,300.00 | \$3,650.00 | \$7,300.00 | \$7,300.00 |
| Plan C Employer Contribution | \$250.00 per quarter \$1,000.00 year | \$312.50 per quarter \$1,250.00 year | \$437.50 per quarter \$1,750.00 year | \$156.30 per quarter \$625.20 year | \$171.90 per quarter \$687.60 year | \$296.90 per quarter \$1,187.60 year |
| Plan N Employer Contribution | \$125.00 per quarter \$500.00 year | \$156.25 per quarter \$625.00 year | \$218.75 per quarter \$875.00 year | \$78.15 per quarter \$312.60 year | \$85.95 per quarter \$343.80 year | \$148.45 per quarter \$593.80 year |

| EMPLOYEE CONTRIBUTIONS Health Savings Account | | | | | | | | |
|---|--|---------------------|----------------------------|-----------------------|---------------------|----------------------------|-----------------------|---------------------|
| | | Full-Time Employee | | | Part-Time Employee | | | |
| Plan | | Employee Only | Employee / Spouse & Family | Employee / Child(ren) | Employee Only | Employee / Spouse & Family | Employee / Child(ren) | |
| | IRS Maximum Total | \$3,650.00 | | \$7,300.00 | \$7,300.00 | \$7,300.00 | \$7,300.00 | |
| PLAN C | Employee Bi-Weekly Payroll Deductions | \$25.00 to \$89.58 | | \$25.00 to \$210.41 | \$25.00 to \$210.41 | \$25.00 to \$105.20 | \$25.00 to \$233.85 | \$25.00 to \$233.85 |
| PLAN C | Regent Academic Year Employee Payroll Deductions | \$25.00 to \$119.44 | | \$25.00 to \$280.55 | \$25.00 to \$280.55 | \$25.00 to \$140.26 | \$25.00 to \$311.80 | \$25.00 to \$311.80 |
| PLAN N | Employee Bi-Weekly Payroll Deductions | \$0.00 to \$110.41 | | \$0.00 to \$236.45 | \$0.00 to \$246.87 | \$0.00 to \$118.22 | \$0.00 to \$248.17 | \$0.00 to \$258.59 |
| PLAN N | Regent Academic Year Employee Payroll Deductions | \$0.00 to \$147.22 | | \$0.00 to \$315.27 | \$0.00 to \$329.16 | \$0.00 to \$157.63 | \$0.00 to \$330.90 | \$0.00 to \$344.78 |

When choosing your HSA payroll deduction amount, remember, as you earn HealthQuest reward dollars, they will be deposited to your HSA. HealthQuest rewards can be earned up to \$500 each year for employee, and up to \$500 each year for your covered spouse, for a possible total of \$1,000. These dollars count toward the annual maximum contributions to your HSA. To receive HealthQuest dollars you must have an active paycheck.

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.

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 your Membership Administration Portal (MAP) account.

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



Health Reimbursement Account

HEALTH REIMBURSEMENT ACCOUNT | MetLife

A Health Reimbursement Account (HRA) is a tax-advantaged savings account available to you if you enroll in Plans C, J, or N. The State contributes to the HRA account on your behalf. You may use the money in your HRA to pay for eligible health expenses. When you earn HealthQuest rewards, you are eligible to receive contributions in your HRA. The HRA will end if you terminate employment, and does not have a rollover provision.

Employees who are not eligible to contribute to a Health Savings Account (HSA) because of one of the following reasons will need to elect the HRA option:

- Enrolled in Medicare A or B.
- Enrolled in TRICARE.
- Being claimed as a dependent on someone else's tax return.
- Concurrent enrollment in another health plan not considered a Qualified High Deductible Health Plan.

State Employees – Employer contributions are made to your account quarterly.

Non State Employees – Employer contributions are made to your account monthly.

If you have remaining HRA funds at the end of the plan year (December 31), the funds do not roll to the next year. Participants will have 60 days from December 31 to file manual claims for expenses incurred in the plan year. If you should terminate employment, you will have 60 days to file manual claims for any expenses incurred while employed for the plan year.

Note: Newly hired State and Non State Employees, the Employer Contributions will begin the quarter following the benefit effective date.

For additional information visit HealthBenefitsProgram.ks.gov.

The employer contribution amounts are outlined on the following page.



Have you considered an HRA?

The HRA is an employer-funded account. You get the same employer contributions as an HSA and you submit claims for reimbursement.

| EMPLOYER CONTRIBUTIONS Health Reimbursement Account | | | | | | | |
|---|-----------------------|---|---|---|---|---|---|
| | | Full-Time Employee | | | Part-Time Employee | | |
| Plan | | Employee Only | Employee / Spouse & Family | Employee Child(ren) | Employee Only | Employee / Spouse & Family | Employee Child(ren) |
| PLAN C | Employer Contribution | \$250.00 per quarter Total \$1,000.00 year | \$312.50 per quarter Total \$1,250.00 year | \$437.50 per quarter Total \$1,750.00 year | \$156.30 per quarter Total \$625.20 year | \$171.90 per quarter Total \$687.60 year | \$296.90 per quarter Total \$1,187.60 year |
| PLAN N | Employer Contribution | \$125.00 per quarter Total \$500.00 year | \$156.25 per quarter Total \$625.00 year | \$218.75 per quarter Total \$875.00 year | \$78.15 per quarter Total \$312.60 year | \$85.95 per quarter Total \$343.80 year | \$148.45 per quarter Total \$593.80 year |
| PLAN J | Employer Contribution | HealthQuest Rewards Earned | HealthQuest Rewards Earned | HealthQuest Rewards Earned | HealthQuest Rewards Earned | HealthQuest Rewards Earned | HealthQuest Rewards Earned |

To receive HealthQuest dollars, you must have an active paycheck.



Dental

YOUR DENTAL PLAN: DELTA DENTAL PPO™ |



The SEHP offers dental benefits through Delta Dental Plan of Kansas. There is a single plan with multiple levels of coverage. The Enhanced level of coverage applies when you have received at least one dental exam or cleaning in the prior 12 months. The Basic level of coverage applies when you have not received at least one dental exam or cleaning in the prior 12 months. New enrollees in the dental plan automatically receive the enhanced level for their first 12 months of coverage.

Both of Delta Dental's nationwide Networks, Delta Dental PPO and Delta Dental Premier, are included in your plan; however, you will receive higher benefit levels when using the Delta Dental PPO Network. You may also go to a Non Network provider and receive coverage similar to the Delta Dental Premier Network; however, any amounts in excess of Delta Dental's established fee for service are the member's responsibility.

The following chart provides the percentage of costs paid by the plan under each Network as well as Non Network providers.



Searching for A Network dentist?

Start your search online at:

HealthBenefitsProgram.ks.gov.

Dental Benefits Summary

January 1 – December 31, 2022

Your Dentist Network Options:

Delta Dental PPO™

Delta Dental Premier®

Non Network

BENEFIT PAID (% PLAN PAYS)

ENHANCED BENEFIT

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

| | | | |
|----------------------------------|------|------|-------|
| 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.

| | | | |
|----------------------------------|------|------|-------|
| 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

\$1,700 per member

YOUR DEDUCTIBLE

\$50 per person, per Plan Year

(Not to exceed a yearly family maximum of \$150)

Deductible does not apply to Diagnostic & Preventive Services

YOUR ORTHODONTIA LIFETIME BENEFIT MAXIMUM

50% Coinsurance up to \$1,000 per Member

*When dentists agree to become part of Delta Dental's PPO or Premier Network, they agree to accept established fees 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 established fee for service, therefore, any amounts in excess of Delta Dental's established fee 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 employer group's agreement to provide dental benefits (contract) is binding on all parties and supersedes all other written or oral communications.

Plan Year 2022 Dental Semi-Monthly Rates for State of Kansas Active Employees

| Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family |
|---------------|-------------------|-----------------------|-------------------|
|---------------|-------------------|-----------------------|-------------------|

Full-Time

(A complete rate chart for full- and part-time employees and HealthyKIDS is located on page 38)

| | | | |
|--------|---------|---------|---------|
| \$6.69 | \$16.34 | \$14.41 | \$24.09 |
|--------|---------|---------|---------|



Vision

VOLUNTARY VISION PLAN | avēsis

Avēsis is a leading managed vision insurance company. Providing outstanding customer service has been a top priority for more than 40 years, and our core values help us deliver innovative, valued benefit programs to our members. A strong provider network, a user-friendly website for members, and mail order and LASIK benefits are some of the reasons Avesis vision benefits are a plan you can keep! Don't lose sight of all the good when you can see it with Avēsis!

Your Website: www.avesis.com

Here are just a few of the things you can do easily on the member portal:

- **Print ID cards** – though you never need to present your id to get benefits
- **Submit claims and check status** – faster, easier, and greener because it's paperless
- **View benefit summaries and eligibility** – your full range of benefits at your fingertips
- **Search for providers** – by mile radius, provider name, city, state, gender, and more
- **Order glasses online** – shipped to your door, free
- **Find LASIK providers** – and schedule your surgery

Healthy Vision in Sight

Got a question about how you can improve your chances to have healthy vision for life? Try our interactive site, with downloadable flyers and a fun quiz to teach you more about vision.

Participating Retailers

Avēsis participates with many of the nation's top retailers such as Walmart, Sam's Club, and Costco. Materials are covered up to the plan allowances depending on the plan selection, with any overage being a member responsibility.

Avēsis Vision Delivered

Order frames and lenses from the comfort of your couch. Free shipping and free returns make this a risk-free experience for our members. Choose state-of-the-art coatings and materials, upload your prescription (or fill it in yourself), and your eyes are the prize.

LASIK

Save money on LASIK surgery from QualSight. Choosing a QualSight provider can save you up to 25 percent on the average costs and includes exams, post-op visits, and more. You can even use your FSA or HSA dollars!

Plan Year 2022 Vision Semi-Monthly Rates for Employees

| Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Basic: \$1.44 Enhanced: \$2.92 | Basic: \$2.92 Enhanced: \$5.40 | Basic: \$3.16 Enhanced: \$6.35 | Basic: \$4.34 Enhanced: \$8.18 |

NOTE: Your first eye exam 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 card to your provider at the time of the service to receive your full benefit.

2022 AVĒSIS VISION BENEFITS

| Service or Item | Basic Plan: Network | Enhanced Plan: Network | Non Network |
|--|--|---|--|
| Vision Exam | | | |
| Vision Exam includes Refraction | Covered in full after \$50 copayment | Covered in full after \$50 copayment | Up to \$38* |
| Contact Lens Fit and Follow-up (CLEFFU)* | | | |
| Standard CLEFFU | \$35 copay | \$35 copay | Not Covered |
| Custom CLEFFU | 10% off retail price minus \$55 allowance | 10% off retail price minus \$55 allowance | Up to \$39 |
| Frame | | | |
| Frame Allowance | \$100 allowance | \$150 allowance | Basic: Up to \$45 Enhanced: Up to \$78 |
| Standard Spectacle Lenses Materials: \$25 Copay (Applies to frame or spectacle lenses, if applicable) | | | |
| Single Vision | Covered in full after \$25 copay | Covered in full after \$25 copay | Up to \$31 |
| Bifocal | Covered in full after \$25 copay | Covered in full after \$25 copay | Up to \$51 |
| Trifocal | Covered in full after \$25 copay | Covered in full after \$25 copay | Up to \$64 |
| Lenticular | Covered in full after \$25 copay | Covered in full after \$25 copay | Up to \$80 |
| Lens Options | | | |
| Polycarbonate (Single Vision/Multi-Focal) | Member pays up to \$40 | Covered in full | Basic: Not Covered Enhanced: Up to \$14 |
| Standard Scratch-Resistant Coating | Member pays up to \$15 | Covered in full | Basic: Not Covered Enhanced: Up to \$7 |
| Ultraviolet Screening | Member Pays up to \$15 | Covered in full | Basic: Not Covered Enhanced: Up to \$7 |
| Solid or Gradient Tint | Member pays up to \$17 | Member pays up to \$17 | Not covered |
| Standard Anti-Reflective Coating | Member pays up to \$45 | Member pays up to \$45 | Not covered |
| Progressives | Not Covered | Covered up to \$165 | Basic: Not covered Enhanced: Up to \$84 |
| High-Index Lenses | Not covered | Covered up to \$116 | Basic: Not covered Enhanced: Up to \$39 |
| Transitions (Single Vision / Multi-Focal) | Member pays up to \$70/\$80 | Member pays up to \$70/\$80 | Not covered |
| Polarized | Member pays up to \$75 | Member pays up to \$75 | Not covered |
| PGX/PBX | Member pays up to \$40 | Member pays up to \$40 | Not covered |
| Other Lens Options+ Contact Lenses | Provider discount up to 20% | Provider discount up to 20% | Not covered |
| Elective | \$150 allowance | \$150 allowance | Up to \$105 |
| Medically Necessary | Covered in full | Covered in full | Up to \$105 |
| Refractive Laser Surgery | | | |
| Up to 25% provider discount^ | \$150 onetime/lifetime allowance | \$150 onetime/lifetime allowance | \$150 onetime/lifetime allowance |
| Frequency | | | |
| Vision Exam | Covered once every calendar year | | |
| Frame | Covered once every calendar year | | |
| Spectacle Lenses | Covered once every calendar year, unless contact lenses are selected | | |
| Contact Lenses | Covered once every calendar year, unless spectacle lenses are selected | | |

*Contact lens fit and up to two (2) follow up visits covered once a comprehensive eye exam has been completed. For typical standard lens wearers include disposables, daily wear or extended wear lenses. For typical specialty lens wearers include toric, gas permeable and multi-focal lenses.

†All services not listed up to 20% off of retail. Discounts do not apply at certain providers including Walmart, Sam's Club, and Costco locations.

‡In lieu of frame and spectacle lenses.

§Prior authorization is required for medically necessary contacts.

||Save up to 25% on average LASIK prices when you use Qualsight (visit qualsight.com/-avesis for more information).

Note: Members may use their benefit for contact lenses OR spectacle lenses once (1) per year, however the members frame allowance can still be used if contact lenses are elected.

VALUE ADD SERVICES

- Top Retail providers are in Network – Walmart, Costco, Sam's, Target etc.
- Hearing Aids are Discounted through Amplifon*
- LASIK is up to 25% off the average cost with Qualsight
- Contact lens fitting does not come out of allowance
- Avēsis Vision Delivered lets you shop at home for glasses at home

*see plan certificate for details

- Additional discounts available*
- Members have full plan year to use contact lens allowance
- Retinal Imaging is available for a member preferred price
- Up to 20% off remaining frame balance
- Up to 10% off remaining contact lens balance

**Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO
Insured benefits are administered by Avēsis Third Party Administrators, Inc., Phoenix, AZ
Policy #: VC-16, Form M-9059**

Using Non Network Providers

Members who elect to use a Non Network provider must pay the provider in full at the time of service and submit a claim to Avēsis for reimbursement. Reimbursement levels are in accordance with the Non Network reimbursement schedule previously listed. Non Network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan, and are in lieu of services provided by a participating Avēsis provider. Non Network claim forms can be obtained by contacting Avēsis' Customer Service Center or your group administrator, or by visiting www.avesis.com.

Termination Provisions

Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

Notes and Disclaimers

The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only. Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Avēsis is not responsible for the outcome of any refractive surgery. Discounts on materials are not available at Walmart locations. Members may not use their contact lens allowance toward fitting fees at Walmart and are responsible for any out-of-pocket fees associated with fittings there. Discounts on materials are not available at Costco locations. ID cards are not required for services.

Limitations and Exclusions

Some provisions, benefits, exclusions, or limitations listed herein may vary depending on your state of residence.

Limitations

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avēsis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions

There are no benefits under the plan for professional services or materials connected with and arising from:

1. Orthoptics or vision training;
2. Subnormal vision aids and any supplemental testing, aniseikonic lenses;
3. Plano (non-prescription) lenses, sunglasses;
4. Two pair of glasses in lieu of bifocal lenses;
5. Any medical or surgical treatment of eye or supporting structures;
6. Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;
7. Any eye examination or corrective eyewear required by an employer as a condition of employment and safety eyewear;
8. Services or materials provided as a result of Workers' Compensation Law, or similar legislation, required by any governmental agency whether Federal, State, or subdivision thereof.
9. Services or materials provided by any other group benefit plan providing vision care.

Refractive Surgery Vision Benefit Exclusions

Benefits are not payable for any of the following:

1. Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames, or contact lenses; or
2. Medical or surgical procedures, services, or treatments:
 - a. not specifically covered under this Rider;
 - b. provided free of charge in the absence of insurance
 - c. payable under any Workers' Compensation law or similar statutory authority
 - d. payable under governmental plan or program, whether Federal, state, or subdivisions thereof.



Employee Assistance Program

In today's fast-paced world, trying to manage work, home, family, and all the associated demands can sometimes be a real test. And occasionally, wouldn't it be nice if there were an experienced, objective professional who could answer a confidential question or help with one of life's concerns?

The Employee Assistance Program (EAP) is a special service that includes short-term counseling, legal 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 employees of the State of Kansas and Non State employer 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.
- Retirees and COBRA participants are not eligible

EAP Contact Information:

- Call: 888-275-1205 Option 1
- TTY: 800-697-0353
- Online: guidanceresources.com
- App: GuidanceNow
- Web ID: SOKEAP

EAP Services

Counseling Services

- You and your family members have access to 8 free counseling sessions with a ComPsych provider, per issue, per year. Trained clinicians listen to your concerns and help with any issues, including anxiety, depression, grief, stress and relationship/marital conflicts.

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 GuidanceResources 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.



HealthQuest

HealthQuest HEALTH & WELLNESS PROGRAM

Your path to wellness

HealthQuest is the State of Kansas' Health and Wellness Program, available to active, benefit-eligible employees and covered spouses.

The HealthQuest program was developed to provide you the tools necessary to improve your overall health and wellbeing, and provide you rewards along the way. Participation is not mandatory but is highly encouraged.

Resources provided include:

- Health coaching
- Biometric screenings
- Wellness challenges
- Weight management program
- Educational webinars and events

Questions about HealthQuest?



Call 888-275-1205 (Option 3) or email: HealthQuest@cerner.com. For additional questions or concerns regarding your HSA/HRA deposits, please email: SEHPBenefits@ks.gov.

Rewards:

| Plan A HealthQuest Rewards | |
|--|---|
| Employee Only Employee + Child(ren) | Employees who earn 40 credits in 2022 will receive an annual premium incentive discount of \$480 in 2023. |
| Employee + Spouse Employee + Family | When both the employee and the spouse on the plan EACH earn 40 credits in 2022, an annual premium incentive discount of \$480 will be awarded in 2023. |
| | If only the employee or the spouse on the plan earns 40 credits, and the other does not, an annual premium incentive discount of \$240 will be awarded in 2023. |

Plans C, J, and N HealthQuest Rewards

| Annual Premium Incentive Discount | |
|--|---|
| Employee Only Employee + Child(ren) | Employees who earn 40 credits in 2022 will receive an annual premium incentive discount of \$480 in 2023. |
| Employee + Spouse Employee + Family | When both the employee and the spouse on the plan EACH earn 40 credits in 2022, an annual premium incentive discount of \$480 will be awarded in 2023. If only the employee or the spouse on the plan earns 40 credits, and the other does not, an annual premium incentive discount of \$240 will be awarded in 2023. |
| HRA/HSA Rewards | |
| Employee Only Employee + Child(ren) | Employees can earn \$10 per HealthQuest credit, up to a maximum of 50 credits, or \$500 annually. Funds will be deposited into your qualified HRA or HSA. |
| Employee + Spouse Employee + Family | Employees and spouses can each earn \$10 per HealthQuest credit, up to a maximum of 50 credits, or \$500 each, for a combined maximum total of \$1,000 annually. Funds will be deposited into your qualified HRA or HSA. |

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 account (HRA or HSA) in 1-2 pay periods (1 credit = \$10).

If you earned 40 credits in 2021, you have earned the \$480 premium incentive discount for plan year 2022. The \$480 premium discount is applied by taking \$20 off your semi-monthly rate, equaling \$40 off per month, for a total of \$480 per year.

**If you have earned your premium incentive discount for plan year 2022, and wish to see how it impacts your semi-monthly rate in 2022, subtract \$20 per pay period from the Employee rates located on Page 38.*

Need Help with HealthQuest?



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

To view a complete list of credit earning opportunities and activities, visit <https://healthbenefitsprogram.ks.gov/sehp/healthquest/home>

Questions about HealthQuest? Call 888-275-1205 (Option 3) or email: HealthQuest@cerner.com.



Voluntary Benefits

VOLUNTARY BENEFITS |



Accident, Critical Illness and Hospital Indemnity Insurance are the voluntary insurance plans available to SEHP members through The Hartford. *Non State Group Members should check with their employer regarding the availability of Voluntary Benefits in their group.*

Accident Insurance

Can help protect your savings from unexpected expenses that may not be covered by medical insurance.

- Can cover your family for a variety of accidental injuries, including broken bones, concussions, dislocations, and second and third-degree burns.
- Provides a lump sum payment when a covered person has medical services/treatments related to accidental injuries. These costs may include ambulance transport, certain doctor visits, medical testing or physical therapy.

Critical Illness Insurance

When a critical illness occurs, recovery and treatment can sometimes take weeks or months, and this coverage can help with some of the expenses.

- Covers specific conditions including cancer, heart attack, stroke or Alzheimer's disease.
- Provides a lump sum payment to you if you are diagnosed with a covered condition, which helps you focus on your recovery instead of your finances.

Hospital Indemnity Insurance

Hospital stays can cause a variety of out-of-pocket costs (medical plan Deductibles, treatments, transportation, therapies and other unplanned expenses).

- If you experience a covered event and meet the policy and certificate requirements for an inpatient hospital stay, a lump sum payment will be made directly to you.
- Typically, a flat amount is paid for the day you are admitted to a hospital and a per day amount is paid for each day of a covered hospital stay.

For more information about these policies, please visit https://healthbenefitsprogram.ks.gov/sehp/vendors/The_Hartford.

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THESE POLICIES PROVIDE LIMITED BENEFITS. These limited benefit plans (1) do not constitute major medical coverage, and (2) do not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: The Hospital Indemnity and Critical Illness policies provide limited benefits health insurance only. The Accident policy provides ACCIDENT insurance only. **IMPORTANT NOTICE—THE ACCIDENT POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.** These policies do NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Accident Form Series includes GBD-2000, GBD-2300, or state equivalent. Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent. Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent. Policy Number: 681811.

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Flexible Spending Accounts

FLEXIBLE SPENDING ACCOUNT | NueSynergy[®]

Flexible Spending Accounts (FSA), provided by NueSynergy, are a tax-saving way to pay healthcare and dependent care expenses that you would typically pay for out-of-pocket. Expenses such as Deductibles and Copays can quickly add up, and dependent day care or elder care can be expensive. FSAs let you pay these expenses with pretax dollars. This means that the money you set aside is not taxed, so you save money.

There are three accounts available to you: Healthcare FSA, Limited Purpose FSA, and Dependent Care FSA. Each October, you make a new election for the coming year. Your new enrollment election becomes effective January 1.

- **Health Care FSAs** 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 \$550 of unused Health Care FSA contributions may be carried over to the following calendar year.
- **Limited Purpose FSAs** allow reimbursement for qualified dental or vision expenses. You are eligible to enroll if you participate in a Health Savings Account (HSA), Plan C or N. Up to \$550 of unused Limited Purpose FSA contributions may be carried over to the following calendar year.
- **Dependent Care FSAs** allow 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 15, 2022. The deadline to submit Dependent Care claims against your 2021 Plan Year balance is April 30, 2022. Funds in a Dependent Care FSA do not roll over to the following year.

For more information, including tools and calculators, direct deposit forms and more, visit www.MyKansasCDH.com.

| Flexible Spending Account- State Employees ONLY | | | | | | |
|--|-----------------|----------|---|----------|---------------------------|-----------|
| | HEALTH CARE FSA | | LIMITED PURPOSE FSA for Plans C or N w/HSA Dental and Vision Svcs. Only | | DEPENDENT CARE | |
| IRS Maximum Total | \$2,750.00 | | \$2,750.00 | | Family Maximum \$5,000.00 | |
| Payroll Deductions | Minimum | Maximum | Minimum | Maximum | Minimum | Maximum |
| Employee Bi-Weekly Payroll Deductions | \$8.00 | \$114.58 | \$8.00 | \$114.58 | \$16.00 | \$208.33* |
| Regent Academic Year Employee Payroll Deductions | \$8.00 | \$152.77 | \$8.00 | \$152.77 | \$16.00 | \$277.77* |

*Subject to tax filing status

The payroll deduction amounts listed are for 2021 based on federal guidelines. Any change in the guidelines will be updated in the online version of this booklet. 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.

Rates

| Plan Year 2022 Semi-Monthly Rates for State of Kansas Active Employees | | | | | | | |
|--|----------------|----------------|----------------|----------------|---------|------------|---------------|
| Employee Category | Plan A | Plan C | Plan J | Plan N | Dental | Vision | |
| | Aetna/ BCBS | Aetna/ BCBS | Aetna/ BCBS | Aetna/ BCBS | Delta | 2022 Basic | 2022 Enhanced |
| Full-Time | | | | | | | |
| Employee Only | \$39.90 | \$35.20 | \$52.56 | \$23.25 | \$6.69 | \$1.44 | \$2.92 |
| Employee + Spouse | \$237.27 | \$123.69 | \$153.38 | \$84.30 | \$16.34 | \$2.92 | \$5.40 |
| Employee + Children | \$126.56 | \$65.02 | \$91.27 | \$43.92 | \$14.41 | \$3.16 | \$6.35 |
| Employee + Family | \$415.40 | \$208.33 | \$262.79 | 150.17 | \$24.09 | \$4.34 | \$8.18 |
| All Part-Time | | | | | | | |
| Employee Only | \$115.68 | \$52.62 | \$65.60 | \$34.76 | \$12.07 | \$1.44 | \$2.92 |
| Employee + Spouse | \$353.96 | \$158.20 | \$179.76 | \$107.83 | \$24.24 | \$2.92 | \$5.40 |
| Employee + Children | \$200.22 | \$88.32 | \$108.80 | \$59.65 | \$21.79 | \$3.16 | \$6.35 |
| Employee + Family | \$561.67 | \$251.24 | \$299.61 | \$181.08 | \$34.05 | \$4.34 | \$8.18 |
| HealthyKIDS | | | | | | | |
| Employee + Children | \$82.82 | \$49.37 | \$79.52 | \$33.36 | \$8.40 | \$3.16 | \$6.35 |
| Employee + Family | \$310.55 | \$190.54 | \$247.52 | \$137.34 | \$18.05 | \$4.34 | \$8.18 |

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

CONTACT INFORMATION

| | | |
|--|---|---|
| Eligibility & Enrollment | State Employee Health Plan | HealthBenefitsProgram.ks.gov (785) 368-6361 SEHPMembership@ks.gov |
| General Benefits Information | State Employee Health Plan | HealthBenefitsProgram.ks.gov (785) 368-6361 SEHPBenefits@ks.gov |
| Medical Coverage | Aetna Customer Service Behavioral Health (Aetna BH) | www.aetnastateofkansas.com All Areas (Toll Free): 866-851-0754 All Areas (Toll Free): 866-851-0754 |
| | Blue Cross Blue Shield of Kansas | www.bcbksks.com/sok All Areas (Toll Free): 800-332-0307 Topeka: 785-291-4185 New Directions - Behavioral Health All Areas (Toll Free): 800-952-5906 New Directions - 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 |
| Prescription Savings | Rx Savings Solutions | https://portal.rxsavingssolutions.com All Areas: (Toll Free) 800-268-4476 info@rxsavingssolutions.com |
| Preferred Lab Benefit Program | Quest Diagnostics Lab Card Program Stormont Vail Health The University of Kansas Health System (TUKHS) | www.labcard.com All Areas (Toll Free): 800-646-7788 www.stormontvail.org/state-employees-lab All Areas (Toll Free): 800-637-4716 Topeka: 785-354-1150 www.kansashealthsystem.com/lab All Areas (Toll Free): 866-358-5227 |
| Health Savings Account Health Reimbursement Account | MetLife - HRA/HSA | HealthSavingsAndSpending.metlife.com All Areas (Toll Free): 877-759-3399 SEHPsupport@healthaccountservices.com |
| Dental Coverage | Delta Dental of Kansas, Inc. Customer Service | www.deltadentalks.com/ All Areas (Toll Free): 800-234-3375 Wichita: 316-264-4511 |
| Vision Coverage | Avēsis Vision Customer Service LASIK Provider | www.avesis.com All Areas (Toll Free): 855-249-6317 All Areas (Toll Free): 877-712-2010 |
| Employee Assistance Program (EAP) | ComPsych Company ID: SOKEAP | www.guidanceresources.com All Areas: (Toll Free) 888-275-1205 (option 1) |
| HealthQuest Wellness Program | HealthQuest | HealthQuest.ks.gov All Areas (Toll Free): 888-275-1205 Option 3 HealthQuest@cerner.com |
| HealthQuest Health Center | Marathon Health | my.marathon-health.com 785-783-4080 |
| Voluntary Benefits | The Hartford | HealthBenefitsProgram.ks.gov All Areas: (Toll Free) 866-547-4205 |
| Flexible Spending Accounts | NueSynergy - FSA | www.MyKansasCDH.com All Areas (Toll Free): 855-750-9440 Fax (Toll Free): 855-890-7238 |

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