

PLAN YEAR

2024

HEALTH BENEFITS ENROLLMENT GUIDE

RETIREE & DIRECT BILL



Monarch Butterfly
Photo Credit: Kansas Tourism

Message from Governor Laura Kelly



Governor Laura Kelly

As former State of Kansas employees, I want to thank you for the service you provided for the people of Kansas. Please know that I value your contribution to the state and that, as governor, I will continue working to support you – including through the State Employee Health Benefits Plan (SEHBP). SEHBP is a division of the Kansas Department of Administration, tasked with providing our employees and our retirees with benefit programs designed to fit each individual family's needs. These benefits include a variety of valuable choices, including medical plans, prescription coverage, dental, vision, and Medicare Advantage and Supplemental plans. Your health and wellbeing is important to us, which is why we offer so many choices to assist you when making these important selections. Please review them carefully, and take advantage of these benefits. They are your benefits and they are part of your compensation for all you have done 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.

SPECIAL THANKS to Kansas Travel & Tourism for the spectacular Kansas photos. Plan your next Kansas outing at TravelKS.com.



Cimmarron National Park
Photo Credit: Kansas Tourism

Welcome to 2024 Enrollment

OPEN ENROLLMENT

The annual Open Enrollment period for State Employee Health Plan (SEHP) Retiree/Direct Bill members is October 16th through November 17th. Enrollment must be completed **NO LATER THAN NOVEMBER 17th**.

Any changes made to your health plans during the Open Enrollment period will become effective January 1, 2024.

DIRECT BILL CALL CENTER

If you have questions, please contact the Direct Bill Call Center toll free at

1-866-541-7100 or (785) 296-1715 (In Topeka)

email: SEHBP.DB@ks.gov

Representatives are available to assist you from October 9 through December 8, Monday through Friday 8:30 a.m. to 4:30 p.m. Central time. The office will be closed for Veterans' Day (November 11) and Thanksgiving (November 24-25).

If you are enrolled in one of the plans listed below and want this coverage to continue, you **DO NOT** need to make an election.

Your current coverage will roll over for Plan Year 2024.

- Enrolled in PLAN A, C, J or N of the Non Medicare plans
- Enrolled in one of the Kansas Senior Plan Medicare Supplement Options with or without Part D
- Enrolled in one of the Aetna Medicare Advantage Plans with Standard Part D

Join us for a Benefits Fair in Topeka

October 5, 2023 & October 19, 2023 | 9 a.m. - 3 p.m.

The State Employee Health Benefits Plan staff and all health plan vendors will be answering your questions in person.

October 5 - Capitol Grounds, South Steps
In the event of inclement weather, the events will be in the Capitol 1st Floor Rotunda.

October 19 - Capitol 1st Floor Rotunda.



Lindsborg Downtown
Photo Credit: Kansas Tourism

Premium Change for Non Medicare Retirees on Plans A, C, J and N

Beginning January 1, 2024, the Health Care Commission (HCC) elected to adjust the rates paid by Direct Bill members who have not yet reach Medicare eligibility. Direct Bill members enrolled in Plans A and C will see the rates for Plans A and C have been reduced significantly and slight reductions for Plans J and N starting in Plan Year 2024. What this means for you and future retirees is the premium rates to enroll directly in the Direct Bill Non Medicare plans (Plans A, C, J and N) will cost less per month then the COBRA program.

Over the past few years, the COBRA premiums were less than the Direct Bill Non Medicare plan rates. This resulted in members electing to enroll in the COBRA program until they reached Medicare eligibility, or they exhausted their COBRA benefits before they enrolled in the Direct Bill Non Medicare program. Members can continue on the Direct Bill Non Medicare plans until they reach 65 or qualify for Medicare.

Retirees who have previously elected COBRA will be able to transition to the Direct Bill Non Medicare program effective January 1st, 2024, and members who retire after January 1st, 2024, will have the options available to them to enroll directly in the Direct Bill Non Medicare plans. The rate change does NOT affect the dental and vision plan rates.

To take advantage of this change, you will need to do the following:

1. Contact State Employee Health Benefits Plan (SEHBP) and notify us the date when your COBRA coverage terminates; (785) 296-1715, 866-541-7100 or email SEHBP.DB@KS.gov.
2. Login to the SEHBP portal at <https://sehp.member.hrissuite.com> to elect the new plan option. If you cannot access to the MAP portal, contact the SEHBP and the customer service representative will make the portal updates for you.
3. Contact COBRAGuard to cancel your COBRA coverage. Call 866-952-6272. It is important that you keep your coverage until Dec. 31, 2023, as the retiree coverage will not start until Jan. 1, 2024.

If you have questions, contact the SEHBP at (785) 296-1715, 866-541-7100 or email SEHBP.DB@KS.gov.



Providence Hill Farm
Photo Credit: Kansas Tourism

Understanding your Options

Selecting your health insurance coverage is a personal decision that can be intimidating.

To assist in this process, there are many available resources:

1. **Visit the SEHP website at [HealthBenefitsProgram.ks.gov](https://www.healthbenefitsprogram.ks.gov)** to review plan documents, watch vendor videos, access a copy of this book, check provider networks, and get contact information to reach out to plan vendors directly.
2. **Read *“Medicare and You.”*** the official U.S. government Medicare handbook published by the US Department of Health and Human Services, if you or a covered dependent is eligible for Medicare.
3. Not sure where to go? **Call the Direct Bill Call Center** at 1-866-541-7100 or (785) 296-1715 (In Topeka) for assistance. Call center staffers are not able to provide coverage recommendations, but are able to put you in contact with plan vendors, help locate educational resources and complete enrollment forms over the phone.
4. **Contact Senior Health Insurance Counseling for Kansas (SHICK)** at 1-800-860-5260. SHICK is a free program that offers Kansans an opportunity to talk with trained, community volunteers and get answers to questions about Medicare and other insurance issues.



Need technical support?

Call the MAP Help Desk at 800-832-5337 (toll free) from Oct. 1-31, 2023, 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 and phone number with an explanation of your issue and they will contact you within 24 hours with a resolution.



Kaw River
Photo Credit: Kansas Tourism

Dropping Coverage

DROPPING COVERAGE

Direct Bill members may drop medical, dental, prescription, and vision coverage for themselves and/or any covered dependents at any time by submitting the request in writing via email: SEHBP.DB@ks.gov or regular mail to:

State Employee Health Plan
Direct Bill Membership Services
109 SW 9th Street, Suite 600
Topeka, KS 66612

Important

Once coverage (medical, dental, prescription drug and vision) has been terminated, the member cannot re-enroll at a later date. The effective date of termination will be the last day of the month following notification.

When a member terminates his or her coverage, all dependents' coverage will be terminated as well.

Medical Coverage: Members can opt out of medical coverage and keep dental and vision coverage during Open Enrollment only. Once you have opted out of medical coverage, you will not be able to re-enroll in medical coverage at a later date.

Dental Coverage: Members can opt out of dental coverage during Open Enrollment only. Once a member opts out of dental coverage, the member will not be able to re-enroll in dental coverage at a later date.

Vision Coverage: Members can opt out of vision coverage during Open Enrollment or when they cancel their medical, dental and prescription drug coverage. Members can waive vision one year, then elect to pick it back up during the next Open Enrollment period, as long as they are enrolled in Medical or Dental coverage.

Termination of Benefits due to a change in family status

The primary member enrolled in the Direct Bill program, or a primary member's authorized representative is responsible for notifying the SEHP in writing within 31-days of a change in family status, including the death of a primary member, spouse or dependent.



How To Enroll

BEFORE YOU BEGIN, MAKE SURE YOU HAVE THE FOLLOWING INFORMATION READY

- **Your Kansas Employee ID number**
- If you don't know the number, call the Direct Bill Call Center at (785) 296-1715 in Topeka or 866-541-7100.
- **The last 6 digits of your Social Security number (SSN)**
- **Your Date of Birth**

HOW TO ENROLL

- **Log in to the Membership Administration Portal (MAP)** using any modern browser like Chrome, Firefox or Edge. The portal opens October 16.
 - Go to: <https://sehp.member.hrissuite.com>
- 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 2024 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 November 15, 2023, will become effective January 1, 2024. Your approved elections will be viewable in MAP by December 1, 2023.

ADDING A NEW DEPENDENT?

Dependent documentation in pdf format will need to be scanned and uploaded into MAP at the time the member is requesting to add a new dependent.



Key Terms & Definitions

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.
Coinsurance:	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:	<p>A fixed dollar amount you must pay each calendar year before the plan begins reimbursing for eligible expenses. There are two types of deductibles:</p> <p>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.</p> <p>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.</p>
HDHP:	A “High Deductible Health Plan.”
Medicare:	The Health Insurance for the Aged Act (Title XVIII of the Social Security Act Amendments of 1965, as amended now and in the future). The term Medicare includes any rules and regulations authorized by that Act and any law designed specifically to replace that Act.
Medicare Part A:	The part of Medicare insurance that covers inpatient hospital stays, which consists of semi-private room and board, general nursing and miscellaneous services and supplies, care in a, Skilled Nursing Facility, Hospice care and some home health care. It is sometimes referred to as Medicare hospital insurance.

Medicare Part B:	The part of Medicare insurance that covers inpatient or outpatient physician's services, outpatient hospital care, medical supplies and preventive services.
Medicare Part D:	The part of Medicare that covers most outpatient prescription drugs.
Medicare Supplement:	Medicare Supplement Insurance exists to help fill the gaps that Medicare approves but does not pay.
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/November 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 paid on a monthly basis. The amount of your premium depends on the plan you elect, and whether you choose individual or family coverage.
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.





Non Medicare Options

Keeper of the Plains Statue
Photo Credit: Kansas Tourism



Museum at Prairiefire
Photo Credit: Kansas Tourism

What's New in 2024 Non Medicare Options

Action Required

- **Annual Open Enrollment period is October 16 - November 17, 2023.**

Medical and Prescription

- *Members of Plans C & N*
 - To meet new IRS requirements for Qualified High Deductible Health Plans, members with dependent coverage will see the FIRST Deductible increase to \$3,200. The remaining family members would meet the balance of the Deductible of \$2,300 for an overall Deductible of \$5,500.
- *Specialty Medications*
 - Beginning in 2024 PrudentRx will be offered to members using Specialty Medications. The PrudentRx program will provide members the opportunity to get their Specialty Medications through CVS/ Caremark at no cost to members on Plan A, and no coinsurance expense to members after the deductible for those enrolled on Plans C, J and N.

Hearing Aid Coverage

- The Health Care Commission approved coverage for medically necessary hearing aid(s) and the associated hearing aid professional services to be included with the medical plan benefits.
- The Hearing Aid Benefits is only available to our Non Medicare Retirees. The Medicare retirees on a State Medicare Supplemental plan are not eligible for the Hearing Aid benefits.
- Complete coverage information is provided in the Benefit Descriptions available online at [HealthBenefitsProgram.ks.gov](https://www.healthbenefitsprogram.ks.gov).



Overland Park Arboretum
Photo Credit: Kansas Tourism

Non Medicare 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 members)

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 QuestSelect by Quest Diagnostics, Stormont Vail Health and The University of Kansas Health System (TUKHS).
- **Telehealth Services** are provided through both medical provider networks.
- **Access to the HealthQuest Health Center in Topeka.** Members, spouses, and dependent children over age two covered by SEHP medical insurance plans A, C, J and N can use the [HealthQuest Health Center in Topeka](#). Both in-person and Telemedicine appointments are available. 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. Appointments can be made by calling (785) 783-4080.

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.

Benefit Summary	Network	Non Network
Deductible		
Individual	\$800	\$800
Family	\$1,600	\$1,600
Coinsurance (paid by member)	20%	50%
Out of Pocket Maximum (OOP)		
Individual	\$5,250	\$5,250
Family	\$10,500	\$10,500
Preventive Care	\$0	\$0
Office Visits		
Primary Care	\$20	Deductible + Coinsurance
Specialist	\$40	
Urgent Care	\$50	
Telehealth	\$10	
HealthQuest Health Center	\$0	
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	Specialty Medications <i>*See PrudentRX Solutions Program</i>	30% Coinsurance
4	Non Preferred Brand Name	60% Coinsurance
5	Discount Tier	100% of discounted prescription cost
6	Anticancer Oral	20% Coinsurance - <i>Maximum of \$100 per standard unit of therapy or 30 day supply</i>
7	Special Case	40% Coinsurance to a maximum of \$100 per standard unit of therapy or 30 day supply
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>

Plan Year 2024 Medical Monthly Rates for State of Kansas Retirees/Direct Bill Members

Benefit Plan	Plan A
Member Only	\$690.74
Member + Spouse	\$1,443.18
Member + Child(ren)	\$1,243.34
Member + Family	\$1,799.44

PLANS C and N - (HDHP)

HIGH DEDUCTIBLE HEALTH PLANS 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.

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.

Benefit Summary	PLAN C		PLAN N	
	Network	Non Network	Network	Non Network
Deductible				
Individual	\$2,750*	\$2,750*	\$2,750*	\$2,750*
Family	\$5,500	\$5,500	\$5,500	\$5,500
Coinsurance (paid by member)	10%	50%	35%	50%
Out of Pocket Maximum (OOP)				
Individual	\$4,500	\$4,500	\$6,650	\$6,650
Family	\$9,000	\$9,000	\$13,300	\$13,300
Preventive Care	\$0	Deductible + Coinsurance	\$0	Deductible + Coinsurance
Office Visits				
Primary Care	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Specialist				
Urgent Care				
Telehealth				
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 (member/spouse, member/children, member/family) will be \$3,200 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	Specialty Medications <i>*See PrudentRX Solutions Program</i>	Deductible then 30% Coinsurance
4	Non Preferred Brand Name	Deductible then 60% Coinsurance
5	Discount Tier	100% of discounted prescription cost
6	Anticancer Oral	Deductible then 20% Coinsurance

Plan Year 2024 Medical Monthly Rates for State of Kansas Retirees/Direct Bill Members		
Benefit Plan	Plan C	Plan N
Member Only	\$446.72	\$645.10
Member + Spouse	\$1,070.19	\$1,043.49
Member + Child(ren)	\$835.38	\$962.73
Member + Family	\$1,239.47	\$1,175.23



NOTE: The Summary of Benefits and Coverage (SBC) for each medical plan is available on the SEHP website [HealthBenefitsProgram.ks.gov](https://www.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 members 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.

Benefit Summary	Network	Non Network
Deductible		
Individual	\$500	\$1,000
Family	\$1,000	\$2,000
Coinsurance (paid by member)	25%	50%
Out of Pocket Maximum (OOP)		
Individual	\$7,350	\$10,000
Family	\$14,700	\$20,000
Preventive Care	\$0	Deductible + Coinsurance
Office Visits		
Primary Care	Deductible + Coinsurance	Deductible + Coinsurance
Specialist	Deductible + Coinsurance	
Urgent Care	Deductible + Coinsurance	
Telehealth	Deductible + Coinsurance	
HealthQuest Health Center	\$40*	
Emergency Room Visits	Deductible + Coinsurance	Network Deductible + Coinsurance**
Diagnostic Lab Services when using Preferred Lab Providers	Deductible then covered at 100%	Deductible + Coinsurance

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

**Must be a Medical Emergency



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	Specialty Medications <i>*See PrudentRX Solutions Program</i>	Deductible then 30% Coinsurance
4	Non Preferred Brand Name	Deductible then 60% Coinsurance
5	Discount Tier	100% of discounted prescription cost
6	Anticancer Oral	Deductible then 20% Coinsurance



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> or www.caremark.com.

Plan Year 2024 Medical Monthly Rates for State of Kansas Retirees/Direct Bill Members	
Benefit Plan	Plan J
Member Only	\$745.38
Member + Spouse	\$1,233.74
Member + Child(ren)	\$1,130.34
Member + Family	\$1,452.55

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	\$20 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Specialist	\$40 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
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>.



Telemedicine

TELEMEDICINE OPTIONS

Telemedicine is a fast, easy way to see a doctor. You can visit with a live doctor anytime, anywhere using 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

This is for Plans A, C, J & N Only



Available:

Mon, Wed, Fri: 7 a.m. - 4 p.m.

Tu, Th: 9 a.m. - 6 p.m.

- **Plan A:** \$0
- **Plans C, J, or N:** \$40 fee until Deductible is met, then covered at 100%

Phone: (785) 783-4080

Online:

<https://sehp.healthbenefitsprogram.ks.gov/benefits/health-center>

Aetna Members



Available: 24/7/365

- **Plan A:** \$10 Copay
- **Plan C, J, or N:** Starts at \$56 or less per visit subject to Deductible and Coinsurance



Phone: 1-855-835-2362

Online:

<https://member.teladoc.com/aetna>

BlueCross BlueShield of Kansas Members



Available: 24/7/365

- **Plan A:** \$10 Copay
- **Plan C, J, or N:** Starts at \$64 per visit subject to Deductible and Coinsurance



Phone: 1-800-317-5656

Online:

<https://www.bcbsks.com/members/state/telemedicine>



Chase State Fishing Lake Waterfall
Photo Credit: Kansas Tourism

Prescription Drug Benefits

PRESCRIPTION DRUG VENDOR



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>.

If you need additional assistance regarding your prescription drugs, contact CVS/Caremark directly by calling 800-294-6324.

SPECIALTY MEDICINE

Specialty and biotech drugs are available exclusively through the CVS/Caremark Specialty Pharmacy. A complete list of Specialty Drugs is available at <https://sehp.healthbenefitsprogram.ks.gov/benefits/medical/cvs-caremark>.

Contact CVS/Caremark Specialty Pharmacy at 800-237-2767. A CVS/Caremark representative will coordinate patient care with the provider and medication delivery.

Starting January 1, 2024, Caremark Specialty Pharmacy is partnering with PrudentRx to enroll members in available manufacturer copay assistance programs.

- **Members on Plan A** will benefit by receiving their specialty medications at no cost, with the copay assistance applied to their cost.
- **Members on Plans C, J and N** will benefit once their deductible has been met.

Members who use specialty medications will receive communications from Caremark and PrudentRx to begin the enrollment process. Members with questions about the new program should contact PrudentRx at 800-578-4403.



Charles Curtis Statue
Photo Credit: Kansas Tourism

Prescription Drug Benefits

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 www.myrxss.com — or by calling 1-800-268-4476, or TTY 1-800-877-8973. You can download the RxSS mobile app from the Google Play or iOS app stores.

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.



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> or www.caremark.com.

Monarch Butterfly
Photo Credit: Kansas Tourism



Preferred Lab Benefits

The Preferred Lab Benefit, included with all SEHP medical plans, is offered through QuestSelect, 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 benefits will apply.

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



The Summary of Benefits and Coverage (SBC) for each medical plan is available on the SEHP website [HealthBenefitsProgram.ks.gov](https://www.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.



Arikaree Breaks in Cheyenne County
Photo Credit: Kansas Tourism

Preferred Lab Benefits

QUESTSELECT | QuestSelect™ QuestSelect.com • 800-646-7788

- Offers collection sites throughout Kansas and nationwide.
- Present your Quest 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 | Stormont Vail Health

- You do not have to be a Cotton O’Neil patient to have lab services done at one of the specified locations.
- Obtain the required lab orders from your physician to provide at time of lab service. You need the lab orders before you go to the lab.
- Present your SEHP medical plan ID card.
- All Cotton O’Neil patients can have blood drawn at their own physician’s office.
- Create a MyChart account to receive lab results directly on your phone or desktop.
- Several locations are available in northeast Kansas. For a list of locations and additional information, please visit: <https://healthbenefitsprogram.ks.gov/sehp>.

THE UNIVERSITY OF KANSAS HEALTH SYSTEM | THE UNIVERSITY OF KANSAS HEALTH SYSTEM

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



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](https://www.healthbenefitsprogram.ks.gov).

Dental Benefits Summary

January 1 – December 31, 2024

Your Dentist Network Options:	Delta Dental PPO™	Delta Dental Premier®	Non Network
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BENEFIT PAID (% PLAN PAYS)

ENHANCED BENEFIT

Applies when you have received 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 received 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 2024 Dental Monthly Rates for State of Kansas Retirees/Direct Bill Members			
Member Only	Member + Spouse	Member + Child(ren)	Member + Family
\$41.31	\$94.04	\$104.56	\$167.84



Vision

VOLUNTARY VISION PLAN |

Avēsis is a leading managed vision insurance company. The Avēsis Network offers a mix of independent and large retail providers. The national network includes retailers like Walmart, Sam’s Club, Costco and others. Materials are covered up to the Plan Allowances depending on the Plan selected, with any overage being the member’s responsibility.

Website: www.avesis.com/kansas

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.

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.

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. 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. ID cards are not required for services.

Plan Year 2024 Vision Monthly Rates for Employees

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Basic: \$2.88 Enhanced: \$5.84	Basic: \$5.84 Enhanced: \$10.80	Basic: \$6.32 Enhanced: \$12.70	Basic: \$8.68 Enhanced: \$16.36

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

**** Underwritten by:** Fidelity Security Life Insurance Company, Kansas City, MO. Insured benefits are administered by Avēsis Third Party Administrators, Inc., Phoenix, AZ

2024 AVESIS 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+	Provider discount up to 20%	Provider discount up to 20%	Not covered
Contact Lenses ***Contact Lenses purchased online by mail order are provided at Non Network level***			
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 disposable, 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 Quallsight (visit quallsight.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.





Medicare Options



Lake Scott State Park
Photo Credit: Kansas Travel Tourism

2024 Medicare Options

Medicare is the federal health insurance program for: People who are 65 or older; Certain younger people with disabilities; and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

Medicare assists enrollees in the payment of health costs subject to certain copays and/or coinsurances. A person may be eligible for Medicare by virtue of reaching age 65 or by being approved for total disability by the Social Security Administration.

NOTE: If you became Medicare eligible after January 2020, Senior Plans C and C Select are not an option for you.

The State Employee Health Plan Medicare Options are:

- **Aetna Medicare Advantage Freedom PPO ESA** (with Aetna Standard Rx Part D)
- **Aetna Medicare Advantage Elite PPO ESA** (with Aetna Standard Rx Part D)
- **Kansas Senior Plan C** (with or without SilverScript Part D - Premier or Economy)
- **Kansas Senior Plan C Select** (with or without SilverScript Part D - Premier or Economy)
- **Kansas Senior Plan G** (with or without SilverScript Part D - Premier or Economy)
- **Kansas Senior Plan G Select** (with or without SilverScript Part D - Premier or Economy)
- **Kansas Senior Plan N** (with or without SilverScript Part D - Premier or Economy)

DENTAL COVERAGE

Members may elect any of the Kansas Senior Plans or Medicare Advantage plans with or without Delta Dental coverage; however, once a member opts out of Dental coverage, the member will not be able to re-enroll in Dental coverage at a later date. See page 26 for more information.

VISION COVERAGE

Members with any of the Kansas Senior Plans or Medicare Advantage plans may elect to participate in Vision coverage with Avēsis. See page 28 for more information.



Lake Scott State Park
Photo Credit: Kansas Travel Tourism

Medicare Advantage Plans

MEDICARE FREEDOM AND ELITE PPO ESA PLANS

Direct Bill members enrolled in Medicare Part A and Part B have two Medicare Advantage PPO plans to choose from for 2024: **Freedom PPO ESA** or **Elite PPO ESA**. These Medicare Advantage plans offer different levels of coverage and monthly premium will vary based on the plan selected. You must be enrolled in Medicare Part A and Part B and continue to pay your Part B premium. You do not need to buy additional supplemental Medicare coverage.

These Medicare Advantage plans are offered by Aetna Medicare and come with Aetna Standard Part D prescription drug coverage as well as additional health and wellness benefits. You do not need to enroll in a separate Part D insurance.

No referral is required and the Aetna PPO plans include an extended service area (ESA) giving you the flexibility to see any medical provider, in or out of network, at the same cost, according to the costs listed on your plan benefits summary. They just have to be licensed, eligible to receive Medicare payments and willing to accept your plan. You do not need to buy additional supplemental Medicare coverage. For more plan details, visit <http://stateofkansas.aetnamedicare.com> or contact Aetna Customer Service at 844-233-1939.

Beginning on page 30, you can review the monthly premiums, out-of-pocket maximums and covered services (e.g. Hospital Stays, Office Visit Co-pays and the drug plan).

Extra Benefits for Aetna Medicare Advantage Members include:

- Hearing Aid Reimbursement
- Meal Home Delivery
- Teladoc
- Aetna Discount Program
- Routine Eye Exam
- Transportation
- Telehealth
- Silver Sneakers Fitness Program
- Healthy Home Visits
- Resources for Living

All Aetna Medicare Advantage plans include the SilverSneakers Program. This benefit provides unlimited access to participating fitness centers anywhere in the country at no extra charge. For more information about SilverSneakers, visit www.silversneakers.com.

NOTE: Enrollment in another Medicare Part D through the private market is not allowed with any of the Aetna Medicare PPO ESA options and will cause Medicare to cancel your Medicare Advantage Plan and drug coverage through the SEHP.

Plan Year 2024 Monthly Premiums for Medicare Advantage Plans

	Aetna Medicare Freedom PPO ESA	Aetna Medicare Elite PPO ESA
Member Only	\$ 118.82	\$207.00

Aetna Medicare Advantage Plans Preferred Provider Organization (PPO ESA) Options

The benefits below are applicable for both Network and Non-Network Providers.

	Freedom	Elite
Basic		
Provider Choice	No referral is required. The Aetna PPO plans include an extended service area (ESA) and give you the flexibility to see any medical provider, in or out of network, at the same cost, according to the costs listed on your plan benefits summary. Provider must be licensed, eligible to receive Medicare payments and willing to accept your plan.	
Annual Deductible	\$0	\$150
<i>(Annual Deductible is waived for emergency room, ambulance in the US, and preventive care)</i>		
Annual Out-of-Pocket Maximum	\$1,000	\$150
Lifetime Benefit Maximum	No Limit	No Limit
Network Providers Only Amounts Above Plan Allowance	Provider to Write Off	Provider to Write Off
Covered Services		
Inpatient Hospital Services	\$150 per day, days 1-5; \$0 Unlimited Additional Days	\$0
Outpatient Surgery	\$150	\$0
Skilled Nursing Facility	Day 1-20 - \$0 per day Days 21-100 - \$167.50 per day	\$0
Office Visits		
Primary Care Provider	\$10	\$0
Specialist	\$25	\$0

**Aetna Medicare Advantage Plans
Preferred Provider Organization (PPO ESA)**

	Freedom	Elite
Covered Services Continued		
Physician Hospital Visits	Included in the inpatient services Copay	Included in the inpatient services Copay
Diagnostic Radiology (MRI and CT scans)	\$150	\$0
Durable Medical Equipment	20% Coinsurance	\$0
Home Health Care	\$0	\$0
Hospice	Covered by Original Medicare at a Medicare certified hospice.	Covered by Original Medicare at a Medicare certified hospice.
X-Ray and Laboratory Services	\$0	\$0
Outpatient Rehabilitation Services: <i>(Speech, physical, and occupational therapy)</i>	\$0	\$0
Inpatient Mental Health Care and Substance Abuse	\$150 per day, days 1-5; \$0 Unlimited Additional Days	\$0
Outpatient Mental Health Care and Substance Abuse <i>(Individual Visit)</i>	\$25	\$0
Chiropractic	\$20	\$0
Urgently Needed Care; Worldwide	\$30	\$0
Emergency Care; Worldwide <i>(waived if admitted)</i>	\$80	\$0
Ambulance Services	\$100	\$0
Allergy Testing	\$10 Copay for PCP; \$25 Copay for specialist	\$0
Antigen Administration: <i>desensitization/treatment; allergy shots</i>	\$10 Copay for PCP; \$25 Copay for specialist	\$0

Aetna Medicare Advantage Plans Preferred Provider Organization (PPO ESA)

	Freedom	Elite
Preventive Care **		
Routine Physical Exam <i>(One exam per calendar year)</i>	\$0	\$0
Immunizations <i>(Flu, Hep B, & Pneumococcal)</i>	\$0	\$0
Well-Woman Care: <i>(One pap and pelvic exam every two years)</i>	\$0	\$0
Well-Man Care:	\$0	\$0
Routine Hearing Screening - <i>(One exam every 12 months)</i>	\$0	\$0
Hearing Aid Reimbursement <i>Limit allowance every 12 months</i>	\$500 allowance	\$500 allowance
Routine Eye Exam - <i>(One exam every 12 months)</i>	\$0	\$0
Non Medicare Covered Services		
Fitness Benefit	Silver Sneakers	Silver Sneakers
Resources for Living <i>For help locating resources for every day needs.</i>	Covered	Covered
Telehealth	Covered <i>Co-pay may vary</i>	Covered \$0
Transportation <i>(Non-emergency)</i>	24 one-way trips with 60 miles allowed per trip Covered \$0 Copay	
Teladoc™	\$10	\$0
Podiatry	\$25 Medicare covered \$15 Routine Services	\$0 Medicare covered podiatry
Meal Delivery	Covered \$0	Covered \$0
Diabetic Care		
Medicare Diabetes Prevention Program	\$0	\$0
Diabetic Eye Exams	\$0	\$0
Diabetic Supplies	\$0	\$0
<p>*Major Diagnostic Tests include, but are not limited to: PET scans, CT scans, nuclear cardiology studies, magnetic resonance angiography and computerized topography angiography. Most major diagnostic tests require pre-approval by the Health Plan.</p> <p>** Other Preventive Care - please refer to the Benefit Summary located on our website at https://healthbenefitsprogram.ks.gov</p> <p>For more details about these programs or additional assistance regarding your medical or prescription drug benefits, visit http://stateofkansas.aetnamedicare.com or contact Aetna toll-free at 1-844-233-1939 (TTY: 711), Monday to Friday, 8 a.m. to 9 p.m. ET.</p>		

Aetna Medicare Advantage Plans
Standard Rx plan included with Freedom and Elite plans

Members enrolled in Aetna Medicare are not eligible for enrollment in the Private Market Part D plans.

Drug Plan Name	Aetna Standard Rx
Rx Deductible	\$0
Pharmacy Network	S2
Formulary	GRP B2
Tiers	5 Tier
30 day supply vs. 90 day supply cost sharing	1. Retail - 30 day supply 2. Retail or preferred mail order - 90 day supply
Initial Coverage Limit (ICL)	\$5,030
Tier 1 - Preferred generic	\$2 / \$0
Tier 2 - Generic	\$6 / \$18
Tier 3 - Preferred brand (& high cost generic)	\$47 / \$141
Tier 4 - Non preferred brand (& high cost generic)	\$100 / \$300
Tier 5 - Specialty	33% <i>(limited to one month supply)</i>
Coverage Gap	Prior to \$8,000 TrOOP
Tier 1 - Preferred generic	Same as above
Tier 2 - Generic	Same as above
Tier 3 - Preferred brand (& high cost generic)	25%
Tier 4 - Non preferred brand (& high cost generic)	25%
Tier 5 - Specialty	25% <i>(limited to one month supply)</i>
Catastrophic Coverage	After \$8,000 TrOOP
All tiers	\$0
Precertification for Rx	Applies
Step therapy	Applies
Mail Order	Provided by CVS Caremark Mail Service Pharmacy.

For questions, visit <http://stateofkansas.aetnamedicare.com> or contact Aetna Medicare toll-free at 1-844-233-1939 (TTY: 711), Monday to Friday, 8 a.m. to 9 p.m. ET.



Overland Park Arboretum
Photo Credit: Kansas Tourism

Medicare Supplement Plans

BLUE CROSS & BLUE SHIELD OF KANSAS KANSAS SENIOR PLANS



The Kansas Senior Plans are part of the 10 standardized Medicare Supplement Insurance. They have the same medical benefits as any other Medicare Supplement Insurance. Medicare Supplement Insurance exists to help fill the gaps that Medicare approves but does not pay. Unlike individual medigap policies such as Plan 65, the Kansas Senior Plans are group rated rather than individually age rated. The Kansas Senior Plans offer optional prescription drug, dental and vision benefits while most individual policies offer only medical benefits. The retiree and any Medicare Eligible Dependents must be enrolled in Medicare Part A and Medicare Part B.

Available Kansas Senior Plans include: **Plans C, C Select, G, G Select, and N**. These plans are administered by Blue Cross Blue Shield of Kansas and are designed to lower costs for Medicare eligible Direct Bill members, spouses and/or dependents. *Senior Plans C and C Select are only available to members that became Medicare eligible before 2020.*

To be eligible to enroll in one of the Select plans, you must live in one of these counties: Atchison, Brown, Butler, Chase, Chautauqua, Clay, Cowley, Doniphan, Douglas, Elk, Greenwood, Harper, Harvey, Jackson, Jefferson, Kingman, Leavenworth, Marion, Marshall, Osage, Pottawatomie, Pratt, Reno, Riley, Sedgwick, Shawnee, Sumner, Wabaunsee or Washington.

MAXIMIZE YOUR COVERAGE

To maximize your coverage, utilize providers who accept Medicare assignment. These providers agree to accept the Medicare allowance as payment in full.

To obtain full benefits with the Kansas Senior Select Plans, you must use network hospitals for your planned hospitalization services.

Important Note: If Medicare does not cover a service, there is no benefit under the medical portion of the Kansas Senior Plans.

PART D COVERAGE

Members that enroll in one of the Kansas Senior Plans can choose to enroll in one of the SilverScript Part D prescription drug plans, or they can purchase Part D prescription drug coverage on the Private Market. The Kansas Senior Plans are the only plans offered that allow the member to elect Part D coverage from the Private Market.

TRAVEL WITH CONFIDENCE

Travel with confidence because Kansas Senior Plans C, G and N coverages are accepted by doctors and hospitals everywhere in the United States so you'll have access to care if you need it. Foreign travel emergencies are also covered with some limitations.

DENTAL COVERAGE

Members may elect any of the Kansas Senior Plans with or without Delta Dental coverage; however, once a member opts out of Dental coverage, the member will not be able to re-enroll in Dental coverage at a later date. See page 26 for more information.

VISION COVERAGE

Members with any of the Kansas Senior Plans may elect to participate in Vision coverage with Avēsis. See page 28 for more information.

Plan Year 2024 Monthly Premiums for Medicare Supplement Plans			
Medicare Plan	With SilverScript Premier Part D	With SilverScript Economy Part D	Without Part D
Senior Plan C **	\$415.19	\$300.95	\$271.89
Senior Plan C Select **	\$336.62	\$222.38	\$193.32
Senior Plan G	\$393.44	\$279.20	\$250.14
Senior Plan G Select	\$325.46	\$211.22	\$182.16
Senior Plan N	\$336.08	\$221.84	\$192.78

NOTE: When making your Medicare elections in the Member Portal, if you wish to enroll in one of the SilverScript Part D Plans, you will select your Medicare Supplement Plan on one screen, then you will hit the continue button and select your SilverScript Part D coverage on the next screen. On this chart the Medicare Supplement Plan and Part D premiums are combined.

** BCBSKS Kansas Senior Plan C and C Select are available only to members that were Medicare eligible by January 1, 2020.

Kansas Senior Plan - Medicare Supplement Plans				
Plan Name	Medicare A – Hospitalization		Medicare B – Medical	
	You Pay	The Plan Pays	You Pay	The Plan Pays
Sr. Plan C <i>Available if you were Medicare eligible before January 1, 2020</i>	\$0	Deductible and Coinsurance for Medicare covered services	\$0	Deductible and Coinsurance for Medicare covered services
Sr. Plan C Select <i>Available if you were Medicare eligible before January 1, 2020</i>	\$0	To received full Select benefits, you must obtain your planned hospitalization services from one of the network hospitals.	\$0	Deductible and Coinsurance for Medicare covered services
Sr. Plan G	\$0	Deductible and Coinsurance for Medicare covered services	\$226*	After deductible has been paid, Plan pays Coinsurance for Medicare covered services
Sr. Plan G Select	\$0	To received full Select benefits, you must obtain your planned hospitalization services from one of the network hospitals.	\$226*	After deductible has been paid, Plan pays Coinsurance for Medicare covered services
Sr. Plan N	\$0	Deductible and Coinsurance for Medicare covered services	\$226* \$20 Office Visit up to \$50 for ER Visit	Balance after deductible and Copays are paid

*** The Deductible and Coinsurance amounts listed for Kansas Senior Plans reflect 2023 rates as Medicare has not yet published rates for 2024.**

The comparison chart is NOT the governing document. For complete information, including **Non Network Provider coverage**, members need to refer to each Provider’s Benefit Description located on our website at <https://healthbenefitsprogram.ks.gov/>



Medicare Part D Prescription Drug Plan

SILVERSCRIPT MEDICARE PART D PRESCRIPTION DRUG PLAN



SilverScript is the Medicare Part D Plan for members of the State Employee Health Plan enrolled in one of the Kansas Senior Plans (C, C Select, G, G Select, or N). SilverScript offers two plans, **Premier** and **Economy**.

The **Premier Plan** has a \$0 deductible. It has five tiers and offers coverage through the Gap (a.k.a. “Donut Hole”) on all tiers. For 90-day prescription fills, you only pay 1.5 months’ co-pay, which can save you money on your medications. See the benefit summary for full co-pay details.

The **Economy Plan** has a \$350 deductible. The deductible does not apply to Tier 1 and 2 drugs. Coverage is provided through the Gap (a.k.a. “Donut Hole”) on Tier 1 and 2 drugs. For 90-day prescription fills, you may pay a reduced co-pay based on the tier level. See the benefit summary for full co-pay details.

For more information, go to www.caremark.com or contact SilverScript at 800-411-3986.

Plan Year 2024 Retirees/Direct Bill Members Monthly Premiums for SilverScript Part D

	Silverscript Premier Part D	SilverScript Economy Part D
Member Only	\$143.30	\$29.06

2024 SilverScript Standalone Part D Drug Coverage PREMIER Rx Plan

For Retirees enrolled in BCBS Medicare Supplement Plans

Deductible	\$0		
Pharmacy Network	P1		
Formulary	Group B2		
Tiers	5 Tier		
Initial Coverage Limit	\$5,030		
Prescription	Network Retail 30-Day Supply	Network Retail 60-Day Supply	Network Retail and Mail Order 90-Day Supply
Tier 1 - Preferred Generic	Preferred: 20% Max \$30 Standard: 25% Max \$30	Preferred: 20% Max \$45 Standard: 25% Max \$45	Preferred: 20% Max \$45 Standard: 25% Max \$45
Tier 2 - Generic	Preferred: 20% Max \$30 Standard: 25% Max \$30	Preferred: 20% Max \$45 Standard: 25% Max \$45	Preferred: 20% Max \$45 Standard: 25% Max \$45
Tier 3 - Preferred Brand	25% Max \$100	25% Max \$150	25% Max \$150
Tier 4 - Non Preferred	50% Max \$150	50% Max \$225	50% Max \$225
Tier 5 - Specialty	25% No Max	Limited to 30 Day Supply	Limited to 30 Day Supply

Coverage Gap

The Coverage Gap starts once covered Medicare prescription drug expenses have reached the Initial Coverage Limit. Your cost-sharing for covered Part D drugs after the Initial Coverage Limit and until you reach \$8,000 in prescription drug expenses is indicated below.

Coverage Gap	Your former employer/union/trust provides additional coverage during the Coverage Gap stage for covered drugs. You will generally continue to pay the same amount for covered drugs as you paid in the Initial Coverage stage, but you may pay less for some drugs due to Medicare requirements. Coinsurance-based cost-sharing is applied against the overall cost of the drug, prior to the application of any discounts or benefits.
Catastrophic Coverage	Benefits start once \$8,000 in true out-of-pocket costs is incurred.
Mail Order	90 Day Supply Mail Order provided by CVS Caremark Mail Pharmacy

For questions, contact SilverScript at 1-800-411-3986.

2024 SilverScript Standalone Part D Drug Coverage ECONOMY Rx Plan

For Retirees enrolled in BCBS Medicare Supplement Plans

Deductible	\$350 <i>(The deductible does not apply to drugs on Tier 1 or 2)</i>
Pharmacy Network	P1
Formulary	Group B2
Tiers	5 Tier

Initial Coverage Limit: \$5,030

Initial Coverage Limit includes the plan Deductible, if applicable. This is your cost sharing until covered Medicare prescription drug expenses reach the Initial Coverage Limit and after the deductible is satisfied.

Prescription	Network Retail 30-Day Supply	Network Retail 60-Day Supply	Network Retail and Mail Order 90-Day Supply
Tier 1 - Preferred Generic	Preferred: \$0 Standard: \$15	Preferred: \$0 Standard: \$30	Preferred: \$0 Standard: \$30
Tier 2 - Generic	Preferred: \$10 Standard: \$20	Preferred: \$20 Standard: \$40	Preferred: \$20 Standard: \$40
Tier 3 - Preferred Brand	\$47	\$94	\$94
Tier 4 - Non Preferred	50%	50%	50%
Tier 5 - Specialty	25%	Limited to 30 Day Supply	Limited to 30 Day Supply

Coverage Gap

The Coverage Gap starts once covered Medicare prescription drug expenses have reached the Initial Coverage Limit. Your cost-sharing for covered Part D drugs after the Initial Coverage Limit and until you reach \$8,000 in prescription drug expenses is indicated below.

Prescription	Network Retail 30-Day Supply	Network Retail 60-Day Supply	Network Retail and Mail Order 90-Day Supply
Tier 1 - Preferred Generic	Preferred: \$0 Standard: \$15	Preferred: \$0 Standard: \$30	Preferred: \$0 Standard: \$30
Tier 2 - Generic	Preferred: \$10 Standard: \$20	Preferred: \$20 Standard: \$40	Preferred: \$20 Standard: \$40
Tier 3 - Preferred Brand	25%	25%	25%
Tier 4 - Non Preferred	25%	25%	25%
Tier 5 - Specialty	25%	Limited to 30 Day Supply	Limited to 30 Day Supply

Catastrophic Coverage	Benefits start once \$8,000 in true out-of-pocket costs is incurred.
Mail Order	90 Day Supply Mail Order provided by CVS Caremark Mail Pharmacy

For questions, contact SilverScript at 1-800-411-3986.

State Employee Health Plan Vendors

<p>Aetna - Non Medicare Plans Customer Service Behavioral Health (Aetna BH)</p> <p>Aetna Medicare Plans Aetna Medicare Freedom PPO ESA Aetna Medicare Elite PPO ESA Behavioral Health (MHNNet)</p>	<p>www.aetnastateofkansas.com All Areas (Toll Free): 866-851-0754 All Areas (Toll Free): 866-851-0754</p> <p>http://stateofkansas.aetnamedicare.com All Areas (Toll Free): 844-233-1939 All Areas (Toll Free): 844-233-1939 TTY: 866-200-3269</p>
<p>Blue Cross and Blue Shield of Kansas Non Medicare Plans Customer Service</p> <p>Blue Cross and Blue Shield of Kansas Medicare Plans Kansas Senior Plans C, C Select, G, G Select & N OTC Card Questions</p> <p>Lucet - Behavioral Health</p>	<p>www.bcbsks.com/CustomerService/Members/State/</p> <p>All Areas (Toll Free): 800-332-0307 Topeka: (785) 291-4185</p> <p>All Areas (Toll Free): 800-332-0307 Topeka: (785) 291-4185 All Areas (Toll Free): 800-432-3990</p> <p>All Areas (Toll Free): 800-952-5906 Topeka: (785) 233-1165</p>
<p>CVS Caremark Non Medicare Prescription Coverage</p> <p>Caremark Connect Specialty Pharmacy</p>	<p>www.caremark.com All Areas (Toll Free): 800-294-6324 TDD (Toll Free): 800-863-5488</p> <p>All Areas (Toll Free): 800-237-2767</p>
<p>Delta Dental of Kansas, Inc. Customer Service</p>	<p>www.deltadentalks.com/ All Areas (Toll Free): 800-234-3375 Wichita: (316) 264-4511</p>
<p>Direct Bill Membership Call Center State Employee Health Plan - Enrollment, Qualifying Event, Report a Death, Address Changes</p>	<p>All Areas (Toll Free): 866-541-7100 Topeka: (785) 296-1715</p>
<p>SilverScript Medicare Part D Plans Premier and Economy</p>	<p>www.caremark.com All Areas (Toll Free): 800-411-3986 TTY: 711</p>
<p>KPERS Kansas Public Employee Retirement Systems</p>	<p>www.KPERS.org All Areas (Toll Free): 888-275-5737 Topeka: (785) 296-6166</p>
<p>Preferred Lab Benefit Program - Non Medicare</p> <ul style="list-style-type: none"> • QuestSelect Program Customer Service Collection Site Listings • Stormont Vail Health Patient Financial Services Collection Site Listings 	<p>www.labcard.com All Areas (Toll Free): 800-646-7788 www.labcard.com/collection.html</p> <p>www.stormontvail.org All Areas (Toll Free): 800-637-4716 Topeka: (785) 354-1150</p>
<p>The University of Kansas Health System (TUKHS) Customer Service</p>	<p>www.kansashealthsystem.com/lab All Areas (Toll Free): 866-358-5227</p>
<p>Senior Health Insurance Counseling for Kansas (SHICK)</p>	<p>www.kdads.ks.gov/SHICK/shick_index.html All Areas (Toll Free): 800-860-5260</p>
<p>Vision - Avēsis Customer Service - Billing LASIK Provider</p>	<p>www.avesis.com All Areas (Toll Free): 855-249-6317 All Areas (Toll Free): 877-712-2010</p>



**STATE EMPLOYEE HEALTH PLAN (SEHP)
Appointment of Personal Representative**

Member ID Number or Social Security Number _____

Member Information		
Member, Spouse or Dependent Names (Last, First, MI)	Mailing Address Street Address, City, State, Zip	Phone Number Include Area Code

Personal Representative Information			
Member, Spouse or Dependent Names (Last, First, MI)	Mailing Address Street Address, City, State, Zip	Phone Number Include Area Code	Relationship to Member

I, the above named member, hereby designate the above named person(s), to act on my behalf or on behalf of my covered spouse and dependent(s).

I authorize my Personal Representative to act for me (and for my covered spouse and dependents, if named above,) in receiving any information that is (or would be) provided to me as a member of the SEHP, including but not limited to, any information that relates to my claim for coverage or benefits under the SEHP and any individual rights that I have regarding my protected health information under the Health Insurance Portability and Accountability Act (HIPAA).

Or alternatively,
 I authorize my Personal Representative to act for me, my covered spouse and dependents (if named above) in receiving protected health information to conduct the following functions on my behalf:

I understand that this designation is subject to approval by the SEHP. I also understand that once approved, this designation will remain in effect indefinitely or until I revoke it. I understand that I have the right to revoke this designation at any time by submitting a signed statement to that effect to the SEHP.

I certify that I have reviewed the SEHP's Policy for designation of Personal Representative.

Member's Signature: _____

Date: _____

**Submit to: SEHP Direct Bill Membership Services
109 SW 9th Street - Suite 600
Topeka, KS 66612**

1 The SEHP may wish to use this paragraph to allow members and dependents to designate individuals to be a personal representative only for specific activities. The preamble to the privacy rules states that a personal representative must be treated as the individual only to the extent that PHI is relevant to the matters on which the personal representative is authorized to represent the individual. 65 Fed. Reg. 82500.

Kansas Department of Administration
STATE EMPLOYEE HEALTH PLAN
Mills Building
109 SW 9th Street, Suite 600
Topeka, KS 66612

Presorted Standard
U.S. Postage
PAID
Permit No. 157
Topeka, KS

First Name Middle Initial Last Name
Address
Address Line2
City, State Zip

