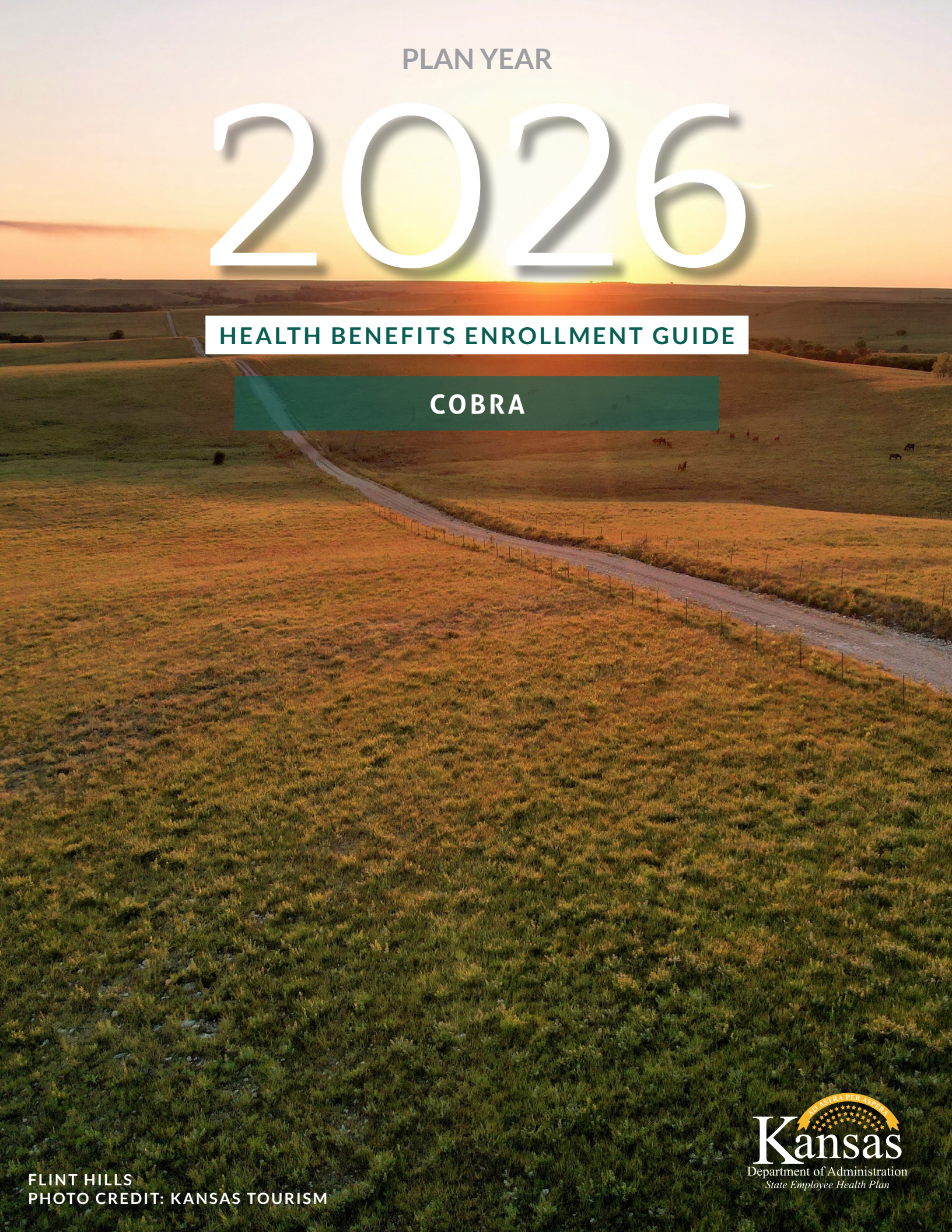
PLAN YEAR

2026

HEALTH BENEFITS ENROLLMENT GUIDE

COBRA



FLINT HILLS
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Kansas
Department of Administration
State Employee Health Plan

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

WHAT'S NEW

ACTION REQUIRED

- **Annual Open Enrollment period is October 1-31, 2025.**
- **All members currently enrolled in COBRA do not need to enroll for Plan Year 2026 unless changes need to be made to coverage.**

CHANGES FOR PLAN YEAR 2026

Open Enrollment Begins October 1

Changes effective for Plan Year 2026.

Rates for PY 2026:

- COBRA Enrollee rates will increase 2% effective 1/1/2026.
- Rate chart is available on page 24.

Medical Plan changes:

- **Plan A**: Deductible will increase by $200 for single coverage and $400 for family coverage, resulting in new amounts of $1,000 (single) and $2,000 (family).
- **Plan A**: Specialist Office visit Copay will increase from $40 to $60
- **Plans C and N:** The first Deductible for all member plus dependent coverage will be $3,400 to meet new IRS regulation. The overall family Deductible will remain at $5,500.

Dental Rate:

- The dependent portion of the dental rates will increase by 3.3%.

Prescription Drug change:

- The body mass index (BMI) requirement for GLP-1 medications prescribed for anti obesity treatment has changed. For prior authorizations issued or renewed on or after 1/1/2026, members must have a BMI of 35 or higher.

HELPFUL TIPS

ONLINE HELP

The SEHP website has additional information about your benefits package.

NEED TECHNICAL SUPPORT?

Call the SEHP MAP Help Desk at 800-832-5337 from Oct. 1-31, 2025, Monday – Friday: 7 a.m. to 5 p.m. CT. After hours, email techsupport@hrissuite.com. Include your name and phone number with an explanation of your issue and the Help Desk will contact you within 24 hours with a resolution.

SUMMARY OF BENEFITS AND COVERAGE

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

ACRONYMS

- Non State Employee Group (NSE)
- Out of Pocket Maximum (OOP)
- Preferred Provider Organization (PPO)
- Qualified High Deductible Health Plan (QHDHP)
- State Employee Health Plan (SEHP)
- State of Kansas (SOK)
- Summary of Benefits & Coverage (SBC)

CONTINUATION OF BENEFITS COVERAGE

The State of Kansas offers Continuation of Benefits coverage (COBRA) through COBRAGuard, an ITEDIUM Solution. Those eligible for COBRA will receive information in the mail following a qualfying event.

- **COBRA Website**: mycobra.info/login
- **Toll Free Number**: 866-952-6272
- **Itedium Email**: Ks.sehp.ps@itedium.com

State Employee Health Plan
(785) 368-6361 | SEHP.HealthBenefitsProgram.ks.gov

Kansas
Department of Administration
State Employee Health Plan

ENROLLMENT

HOW TO ENROLL

- **Log in to the MAP Member Portal** using any browser like Chrome, Firefox or Edge. The portal opens Oct. 1.
- **Portal Link:** https://sehp.member.hrissuite.com.

FIRST TIME USERS AND PASSWORD RESETS

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

ENROLLMENT PROCESS

1. Click on the Enrollments & Events tab to begin your Plan Year 2026 Enrollment.
2. Confirm and submit your benefit elections.
3. A pending elections statement will be sent to your registered email as confirmation.

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

During the annual Open Enrollment, elections submitted by 11:59 p.m. on Oct. 31, 2025, will become effective Jan. 1, 2026, of the upcoming Plan Year. Your elections will be viewable in the MAP Member Portal by Dec. 31, 2025.

HEALTH CENTER

HealthQuest HEALTH CENTER

HealthQuest Health Center

- HealthQuest.ks.gov
- HealthQuest@marathon.health
- SEHPHealthQuest@ks.gov
- 901 S. Kansas Ave., in Topeka
- (785) 783-4080
- TRS: 711

HOURS:

- Mon., Wed., Fri., 7 a.m. - 4 p.m.
- Tue., Thur., 9 a.m. - 6 p.m.
- Virtual Care Available

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

SEHP members, spouses, and dependent children over age two covered by SEHP medical insurance as well as COBRA and eraly retirees 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

WHAT DOES IT COST?

Contracted through Marathon Health, all preventive visits, including immunizations and health coaching, are at no cost 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 health center. 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
- Weight loss

Flu and COVID Vaccinations

Chronic Condition Coaching

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

MEDICAL PLANS

Medical Coverage

Aetna

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

Medical Coverage

Blue Cross Blue Shield of Kansas

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

MEDICAL PLAN HIGHLIGHTS

The SEHP offers four medical plans:

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

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

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

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

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

PLAN A TRADITIONAL PPO PLAN

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

HOW IT WORKS

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

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

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

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

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

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

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

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

PLAN A - PRESCRIPTION DRUG BENEFITS

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

Plan Year 2026 Medical Monthly Rates for State of Kansas COBRA Members	
Benefit Plan	**Plan A**
Member Only	$901.25
Member + Spouse	$1,692.56
Member + Child(ren)	$1,462.19
Member + Family	$2,063.21

Plan Year 2026 Medical Monthly Rates for Non State COBRA Members	
Benefit Plan	**Plan A**
Member Only	$1,061.36
Member + Spouse	$2,210.66
Member + Child(ren)	$1,979.73
Member + Family	$2,601.58

PLANS C and N - QHDHP

Qualified High Deductible Health Plans

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

A QHDHP can be combined with a HSA or HRA, allowing you to pay for certain medical expenses with tax free dollars. See pages 31 and 33 for more information.

HOW IT WORKS

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

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

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

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

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

Benefit Summary	PLAN C		PLAN N	
	Network	Non Network	Network	Non Network
Deductible Individual Family	$2,750* $5,500	$2,750* $5,500	$2,750* $5,500	$2,750* $5,500
Coinsurance (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 for example employee/spouse, employee/children, employee/family, will be $3,400 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 otherwise the Non Network Deductible and Coinsurance apply.*

PLANS C and N - PRESCRIPTION DRUG BENEFITS

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

Plan Year 2026 Medical Monthly Rates for State of Kansas COBRA Members		
Benefit Plan	**Plan C**	**Plan N**
Member Only	$780.97	$798.60
Member + Spouse	$1,260.72	$1,253.13
Member + Child(ren)	$1,138.64	$1,179.74
Member + Family	$1,436.84	$1,390.20

Plan Year 2026 Medical Monthly Rates for Non State COBRA Members		
Benefit Plan	**Plan C**	**Plan N**
Member Only	$938.89	$959.54
Member + Spouse	$1,790.08	$1,779.94
Member + Child(ren)	$1,659.51	$1,700.26
Member + Family	$1,987.07	$1,927.33

PLAN J

MEETS REQUIREMENTS FOR J-1 VISA MEMBERS

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

Plan J includes an HRA. See page 33 for more information.

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

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

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

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

PLAN J - PRESCRIPTION DRUG BENEFITS

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

Plan Year 2026 Medical Monthly Rates for State of Kansas COBRA Members	
Benefit Plan	**Plan J**
Member Only	$902.09
Member + Spouse	$1,492.50
Member + Child(ren)	$1,363.26
Member + Family	$1,720.16

Plan Year 2026 Medical Monthly Rates for Non State COBRA Members	
Benefit Plan	**Plan J**
Member Only	$1,066.76
Member + Spouse	$2,027.49
Member + Child(ren)	$1,889.72
Member + Family	$2,270.39

MEDICAL PLAN BENEFITS SUMMARY

Network Benefits	Plan A	Plan C	Plans N	Plans J
Deductible	$1,000 Single $2,000 Family	$2,750 Single $3,400/$5,500 Family*	$2,750 Single $3,400/$5,500 Family*	$500 Single $1,000 Family
Coinsurance	20%	10%	35%	25%
Out of Pocket Maximum+	$5,250 Single $10,500 Family	$4,500 Single $9,000 Family	$6,650 Single $13,300 Family	$7,350 Single $14,700 Family
Non Network Benefits	**Plan A**	**Plan C**	**Plan N**	**Plan J**
Deductible	$1,000 Single $2,000 Family	$2,750 Single $3,400/$5,500 Family*	$2,750 Single $3,400/$5,500 Family*	$1,000 Single $2,000 Family
Coinsurance	50%	50%	50%	50%
Out of Pocket Maximum+	$5,250 Single $10,500 Family	$4,500 Single $9,000 Family	$6,650 Single $13,300 Family	$10,000 Single $20,000 Family

** The Deductible for all employee plus family member(s) coverage will have an individual member Deductible of $3,400. The overall total family Deductible will be $5,500.*

+ Network and Non Network Out of Pocket Maximums accumulate separately.

NOTE: When receiving services from Non Network providers, you may be responsible for additional out of pocket expenses for balances over allowed charges.

Medical Benefits Summary (general comparison chart)

Medical Services	Plan A Network Provider	Plan A Non Network Provider	Plans C, J, N Network Provider	Plans C, J, N Non Network Provider
Inpatient Services	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Emergency Room Visit	$100 Copay, Deductible plus Coinsurance (Copay waived if admitted within 24 hours)	$100 Copay, Network Deductible plus 20% Coinsurance (Copay waived if admitted within 24 hours)*	Network Deductible plus Coinsurance	Network Deductible plus Coinsurance*
Mental Health (Mental illness, alcoholism, drug abuse and substance abuse)	Same coverage as medical services	Same coverage as medical services	Same coverage as medical services	Same coverage as medical services
Autism Services (Subject to limitations and pre approval)	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Hearing Aids ($5,000 maximum per 3 years)	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Physician Care Visits	**Plan A** Network Provider	**Plan A** Non Network Provider	**Plans C, J, N** Network Provider	**Plans C, J, N** Non Network Provider
PCP office visit	$20 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Specialist	$60 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Urgent Care	$50 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Telehealth	$10 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
HealthQuest HealthCenter	$0	N/A	$40 until Deductible has been met, then $0	N/A
Preventive Care	**Plan A** Network Provider	**Plan A** Non Network Provider	**Plans C, J, N** Network Provider	**Plans C, J, N** Non Network Provider
Well Woman Exam	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Well Man Exam	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Well Baby and Child	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Vision Visit (regardless of diagnosis)	1st visit of year Covered in Full	Deductible plus Coinsurance	1st visit of year Covered in Full	Deductible plus Coinsurance
Routine Hearing Exam	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Colonoscopy	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Mammogram	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Preventive Lab	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Immunizations	Covered in Full	Covered in Full to age six, otherwise Deductible plus Coinsurance	Covered in Full	Covered in Full to age six, otherwise Deductible plus Coinsurance

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

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

PRESCRIPTION DRUG BENEFITS

CVS caremark®

Prescription Drug Vendor

CVS Caremark

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

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

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

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

SPECIALTY MEDICINE

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

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

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

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

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

MANAGING YOUR PRESCRIPTION COSTS

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

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

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

Here's how you can start saving:

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

rxss™
Rx Savings Solutions

Prescription Savings

Rx Savings Solutions

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

PREFERRED LAB BENEFITS

QuestSelect™
QuestSelect.com • 800-646-7788

QuestSelect

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

Stormont Vail Health

Stormont Vail Health

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

The University of Kansas Health System

The University of Kansas Health System

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

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

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

PREFERRED LAB VENDOR BENEFITS:

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

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

PREFERRED LAB VENDORS

QuestSelect™
QuestSelect.com • 800-646-7788

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

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.

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.

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

DENTAL

Dental Coverage

Delta Dental of Kansas, Inc.

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

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

This single plan offers multiple levels of coverage:

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

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

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

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

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

Plan Year 2026 Dental Monthly Rates for State of Kansas COBRA Members			
Member Only	**Member + Spouse**	**Member + Child(ren)**	**Member + Family**
$42.25	$81.64	$77.45	$98.52

Plan Year 2026 Dental Monthly Rates for Non State COBRA Members			
Member Only	**Member + Spouse**	**Member + Child(ren)**	**Member + Family**
$71.58	$132.01	$127.95	$148.33

Dental Benefits Summary

Plan Year 2026

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

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

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

VOLUNTARY PRESCRIPTION EYEWEAR

Voluntary Prescription Eyewear Insurance

Surency Vision

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

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

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

Plan Year 2026 Voluntary Prescription Eyewear Monthly Rates for State of Kansas COBRA Members			
Member Only	**Member + Spouse**	**Member + Child(ren)**	**Member + Family**
Basic: $3.95 Enhanced: $7.92	Basic: $8.14 Enhanced: $16.10	Basic: $7.35 Enhanced: $14.51	Basic: $11.35 Enhanced: $22.51

Plan Year 2026 Voluntary Prescription Eyewear Monthly Rates for Non State COBRA Members			
Member Only	**Member + Spouse**	**Member + Child(ren)**	**Member + Family**
Basic: $3.95 Enhanced: $7.92	Basic: $8.14 Enhanced: $16.10	Basic: $7.35 Enhanced: $14.51	Basic: $11.35 Enhanced: $22.51

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

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

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

Prescription Eyewear Benefits Summary

Plan Year 2026

SURENCY BENEFITS			
Service or Item	**Basic Plan: Network**	**Enhanced Plan: Network**	**Non Network**
Eye Exams: Subject to $50 Copayment			
Eye Exam, M.D. or O.D.	Covered in Full After Copayment	Covered in Full After Copayment	Up to $38*
Eyeglasses: Subject to $25 Materials Copayment			
Frame	up to $100 retail*	up to $150 retail*	Basic: Up to $45* Enhanced: Up to $78*
Single Vision Lens, pair	Covered in Full After Copayment	Covered in Full After Copayment	Up to $31*
Bifocal Lenses, pair	Covered in Full After Copayment	Covered in Full After Copayment	Up to $51*
Trifocal Lenses, pair	Covered in Full After Copayment	Covered in Full After Copayment	Up to $64*
Lenticular Lenses, pair	Covered in Full After Copayment	Covered in Full After Copayment	Up to $80*
Progressive Lenses, pair	Not Covered	See tier chart on page 25	Not Covered
High Index Lenses, pair	Not Covered	Covered up to $116 retail*	Not Covered
Polycarbonate Lenses, pair	Member pays up to $40	Covered in Full	Not Covered
Scratch Coat	Members pays up to $15	Covered in Full	Not Covered
UV Coat	Member pays up to $15	Covered in Full	Not Covered
Contact Lenses: Not Subject to Materials Copayment			
Elective/Cosmetic Retail	Covered up to $150 retail*	Covered up to $150 retail*	Covered up to $105*
When Medically Necessary	Covered in Full	Covered in Full	Covered up to $105*
Contact Lens Exam Fitting Fee: $35 Copayment			
Standard Contacts **	Covered in Full After Copayment	Covered in Full After Copayment	Not Covered
Specialty Contacts ***	10% off Retail Price, minus $55 allowance	10% off Retail Price, minus $55 allowance	Not Covered
Frequencies			
Eye Exam	Covered once every calendar year		
Frames	Covered once every calendar year		
Frame Lenses	Covered once every calendar year unless contact lenses has been elected.		
Contact Lenses	Covered once every calendar year unless frame lenses has been elected.		

* You are responsible for any charges above the allowance.

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

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

RATES

Plan Year 2026 Monthly Rates for COBRA Members							
Member Category	**Plan A**	**Plan C**	**Plan J**	**Plan N**	**Dental**	**Prescription Eyewear Coverage**	
	Aetna/ BCBS	**Aetna/ BCBS**	**Aetna/ BCBS**	**Aetna/ BCBS**	**Delta**	**2026 Basic**	**2026 Enhanced**
State of Kansas COBRA Members							
Member Only	$901.25	$780.97	$902.09	$798.60	$42.25	$3.95	$7.92
Member + Spouse	$1,692.56	$1,260.72	$1,492.50	$1,253.13	$81.64	$8.14	$16.10
Member + Children	$1,462.19	$1,138.64	$1,363.26	$1,179.74	$77.45	$7.35	$14.51
Member + Family	$2,063.21	$1,436.84	$1,720.16	$1,390.20	$98.52	$11.35	$22.51
Non State COBRA Members							
Member Only	$1,061.36	$938.89	$1,066.76	$959.54	$73.95	$3.95	$7.92
Member + Spouse	$2,210.66	$1,790.08	$2,027.49	$1,779.94	$136.37	$8.14	$16.10
Member + Children	$1,979.73	$1,659.51	$1,889.72	$1,700.26	$132.18	$7.35	$14.51
Member + Family	$2,601.58	$1,987.07	$2,270.39	$1,927.33	$153.23	$11.35	$22.51

CONTACTS

Dental Coverage

Delta Dental of Kansas, Inc.

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

COBRA Provider

COBRAGuard

Participant Service: 866-952-6272
(913) 499-4853
Tech Support: 800-832-5337

Dental Coverage

Delta Dental of Kansas, Inc.

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

Eligibility & Enrollment

State Employee Health Plan

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

General Benefits Information

State Employee Health Plan

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

HealthQuest

HealthQuest Health Center

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

Medical Coverage

Aetna

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

Blue Cross Blue Shield of Kansas

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

Prescription Coverage

CVS CareMark

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

Prescription Savings

Rx Savings Solutions
wwwrxss.com
All Areas: (Toll Free) 800-268-4476
(TTY 800-877-8973)
support@rxss.com

Preferred Lab Benefit Program

QuestSelect

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

Stormont Vail Health

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

The University of Kansas Health System

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

Voluntary Prescription Eyewear Insurance

Surency Vision

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