

PLAN YEAR

2024

HEALTH BENEFITS

ENROLLMENT GUIDE

STATE OF KANSAS EMPLOYEES
AND
NON STATE EMPLOYER GROUPS



Message from Governor Laura Kelly



Governor Laura Kelly

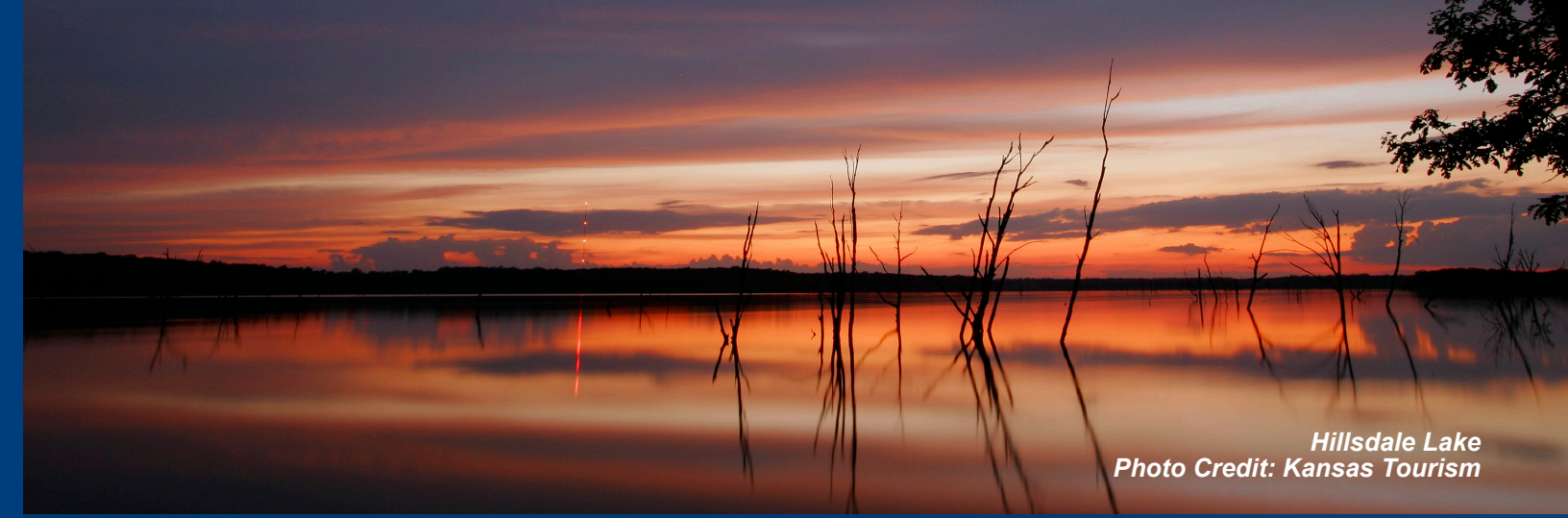
As a State of Kansas employee, your work is essential to providing important services for the people of Kansas. Please know that I value your work and that, as governor, I will continue working to support you and your families – including through the State Employee Health Plan (SEHP). SEHP is part of the Kansas Department of Administration, tasked with providing our employees and their families with benefit programs designed to fit each individual family’s needs. These benefits include a variety of valuable choices for you and your family, including medical plans, prescription coverage, dental, vision, flexible spending accounts, health savings accounts, voluntary benefit options, an employee assistance program, and an award-winning health and wellness program. Your health and wellbeing is important to the State of Kansas, which is why the SEHP offers so many choices and tools to assist you when making these important selections. Please review them carefully, and take advantage of these benefits. They are your benefits, and are part of the compensation for your contributions to 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 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.

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



Hillsdale Lake
Photo Credit: Kansas Tourism

What's New in 2024

Action Required

- **Annual Open Enrollment period is October 1-31, 2023.**
- **This is an Active Enrollment Year. All covered members must enroll for Plan Year 2024.**
- **NOTE: Members who have waived coverage will remain waived unless an enrollment is completed.**

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.

Rate Changes

- In 2024, State of Kansas Employee medical and dental rates will remain the same. State of Kansas employees can refer to page 42 for rates. Non State Employees need to check with their employer.

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. Complete coverage information is provided in the Benefit Descriptions available online at [HealthBenefitsProgram.ks.gov](https://www.healthbenefitsprogram.ks.gov).

Voluntary Benefits

- Voluntary Benefit plans will be insured by MetLife starting Jan. 1, 2024. Due to the change in vendors, members will need to re-enroll for those plans.



Lindsborg Downtown
Photo Credit: Kansas Tourism

Key Terms & Definitions

- Active Enrollment:** Employees must actively make health plan elections during Open Enrollment for their 2024 health plan coverage. If an employee is enrolled this year and does not make a medical plan election for next year, they will be defaulted to Plan N with an HRA account. Employees who have waived coverage will remain waived unless they make an election.
- Benefit Description:** The Benefit Description provides a detailed summary of the benefits and limitations of the coverage. It outlines member rights and processes for benefit questions, appeals and grievances.
- Coinsurance:** Once you meet the annual Deductible, you and the Plan share in the cost of covered medical expenses. This is called Coinsurance. When you use Network providers, your Out-of-Pocket is less than if you use Non Network providers.
- Copay:** A fixed amount you pay for a covered health care service each time a service is received (for example, a doctor's visit). A Copay amount may vary by the type of covered service.
- Deductible:** A fixed dollar amount you must pay each calendar year before the Plan begins reimbursing for eligible expenses. There are two types of deductibles:
- **Individual Deductible:** The Individual Deductible applies separately to each covered person in the family. When a person's Deductible expenses reach the Individual Deductible amount, the person's Deductible is met.
 - **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.
- Health Reimbursement Account (HRA):** An HRA is a tax-advantaged account available to members of Plans C, J or N that allows your employer to set aside money for you to use to pay for qualified medical expenses incurred during the Plan Year. Your employer contributes to your HRA. See page 28 for details.



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.

Health Savings Account (HSA):	An HSA is a tax-advantaged account available to members enrolled in a Qualified High Deductible Health Plan that allows you to save money for qualified medical expenses for this year and the future. Your employer contributes to your HSA, and you can too. See page 26 for details.
Network:	The providers who have agreed to participate with the health plans to accept the Allowed Amount as payment in full, less any Deductibles, Copays or Coinsurance. Your plan will charge less when you use Network providers.
Non Network:	Providers who have NOT agreed to contract with the health plans to accept the Allowed Charge. You will 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). Open Enrollment Period is in October each year.
Out-of-Pocket Maximum (OOP):	The most an employee could pay during the Plan Year for their 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 Allowed Charge.
Plan Year:	The Plan Year for the State Employee Health Plan is January 1st thru December 31st of each year. This coverage is the period to accumulate your share of covered expenses toward your OOP limit.
Qualified High Deductible Health Plan (QHDHP):	A QHDHP meets federal requirements to allow an employee to establish and contribute to a HSA.
Summary of Benefits & Coverage (SBC):	The SBC is a detailed example that shows how the plan would cover health care services for some sample claims. For the complete terms of each medical plan, please reference the Benefit Description document on the SEHP website at HealthBenefitsProgram.ks.gov under the corresponding plan.



Look for Scopes throughout the Guide

Scopes draws attention to helpful tips and information!

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

Eligibility

ELIGIBLE EMPLOYEES

Newly hired or newly eligible employees have 31 days from their first day of work, or becoming eligible, to enroll in benefits.

- For newly hired employees, coverage will be effective on the first day of work.
- For newly eligible employees, coverage will continue to be effective the first day of the following month unless the change is made on the first day of the month, then it is that day.

If you do not enroll by the deadline, you will not be eligible to enroll again until the next Open Enrollment period unless you experience a **Qualifying Event** which allows you to enroll. A **Qualifying Event** is 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 group 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 and includes the required supporting documentation.

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

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

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

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

DOCUMENTATION

- Dependent documentation must be scanned and uploaded as a PDF to MAP when requesting to add a new dependent. A human resources representative can assist in uploading documents if needed.
- If adding a spouse, a marriage certificate is required.
- For your child(ren) or stepchild(ren) under the age of 26, a birth certificate or hospital announcement is required.

ADDING A NEWBORN TO YOUR SEHP INSURANCE

The SEHP automatically provides benefits for a newborn child of a covered member for first 31 days (beginning on the date of birth); however, **NO benefits** will be available beyond that time unless a request to enroll the dependent is submitted in MAP. **Within 31 days of birth, the member or HR MUST submit a change request form in MAP to add the newborn.**

All mid-year membership change requests for SEHP members must be submitted through MAP and the appropriate documentation uploaded within 31 days of the Qualifying Event. If you have questions about adding a dependent to the SEHP, please contact SEHBPMembership@ks.gov.



Overland Park Arboretum
Photo Credit: Kansas Tourism

Enrollment

HOW TO ENROLL

- **Log in to the Membership Administration Portal (MAP)** using any browser like Chrome, Firefox or Edge. The portal opens October 1.
 - **State or Non State Employer Group employees**, go to: <https://sehp.member.hrissuite.com>
 - **Employees of ESU, KSU, KU, KUMC or PSU**, go to: https://sso.cobraguard.net/seer_login.php and select your university.
- 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 confirmed and submitted your elections, a pending elections statement will be sent to your registered email address as confirmation that your election is complete.
- You may log 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 p.m. on October 31, 2023, will become effective January 1, 2024. Your approved elections will be viewable in MAP by December 1, 2023.
- We recommend using your personal email rather than a state email address if possible.

WHAT HAPPENS IF YOU DON'T ENROLL

MEDICAL COVERAGE:	All active State of Kansas (SOK) employees and Non State Group (NSE) employees who are currently enrolled, MUST make selections for Plan Year 2024. If you are currently enrolled and do not re-enroll, then your medical coverage will be defaulted to Plan N with your current medical carrier and an HRA for the employer contributions.
VISION INSURANCE:	Members currently enrolled in the Vision plan only , will remain enrolled for 2024.
DENTAL ONLY:	Members currently enrolled in the Dental plan only , will remain enrolled for 2024.
VOLUNTARY BENEFITS:	Due to changing vendors from The Hartford to MetLife, members enrolled in Voluntary Benefits Insurance , MUST RE-ENROLL in those plans for 2024.
FSAs:	Members currently enrolled in an FSA need to enroll annually to keep the accounts active.
WAIVED BENEFITS:	Members who have waived coverage will remain waived.



Riverfest Annual and Art, Book and Craft Fair
Photo Credit: Kansas Tourism

Premium Assistance Programs

The State Employee Health Plan has options available for qualifying families with children under the age of 19 on the cost of their dependents' medical insurance premiums. There are two programs available: HealthyKIDS, for State Employees only; and the KanCare Children's Health Insurance Program (CHIP) that is available to all SEHP members that meet income guidelines and have children under the age of 19.

HEALTHYKIDS PROGRAM (STATE EMPLOYEES ONLY)

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

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

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

Review the income guideline chart link at <https://healthbenefitsprogram.ks.gov> to see if you may qualify. Additional information on the SEHP site may help to determine your eligibility. If you believe you are eligible for HealthyKIDS, go to your member portal at

<https://sehp.member.hrissuite.com>, or if you are employed at ESU, KSU, KU, KUMC or PSU, your member portal is https://sso.cobraguard.net/seer_login.php. Sign into your member portal, click on the Enrollments & Events tab and click on the HealthyKIDS link in the green box at the bottom of the page.

When completing the HealthyKIDS application, make sure to include the monthly income for everyone living in the household.

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

The HealthyKIDS premiums are found at the bottom of the Semi Monthly Rates for State of Kansas Active Employees on page 42.

KANCARE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

KanCare CHIP coverage is available to the child(ren) of individuals who are eligible to enroll in the SEHP.

For most employees, if your child(ren) qualifies for HealthyKIDS, they may qualify for the KanCare CHIP program. Potentially, this program can save the employee money.

Benefits under KanCare CHIP coverage include:

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

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

State Employees can apply for CHIP for their child(ren) during Open Enrollment, either by filling out the paper application or online using the following link: <https://kancare.ks.gov/consumers/apply-for-kancare>. Call 800-792-4884 if you have questions about CHIP.

If you are going to apply for CHIP, you should still enroll your children in the SEHP medical plans until approved for CHIP. During Open Enrollment, if your child(ren) is eligible for CHIP after enrolling them in the SEHP, the approval letter from KanCare will need to be uploaded in MAP when you submit the request to drop your SEHP coverage for your child(ren) for the next plan year.

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

WHICH IS RIGHT FOR ME?

HEALTHYKIDS	KANCARE CHIP
State Employees with children under age 19.	All with children under age 19 are eligible to apply.
Rate discount applies to all dependent children covered by SEHP.	Only covers qualified children.
SEHP Operated Health Plans.	Federal/State Benefits Plans.
Household income limits apply. Limits are based on income, household size and age of child(ren).	Household income limits apply. Limits are based on income, household size and age of child(ren).
Discounts applied to Medical and Dental premiums.	CHIP may have a total premium of \$20, \$30, or \$50 depending on household size and age of child(ren).
Deductibles, Copays, Coinsurance and OOP.	No Deductibles, Copays, Coinsurance or OOP.
Rx subject to Coinsurance.	Rx covered at 100%.
Annual vision exams are covered under the medical plan. Contacts, frames etc are covered under the vision plan.	Vision – lenses and frames, contacts covered at 3 per year when medically necessary.
Dental max annual benefits of \$1,700.	Preventive and medically necessary dental covered at 100% with no limits.

Meet alex[®]

Understanding Your Options

<https://www.myalex.com/kansassehp/2024>

MEET ALEX

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

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

“Talking” with ALEX is easy.

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

PERSONALIZED HELP

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



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



Crawford State Park
Photo Credit: Kansas Tourism

Medical Plans

MEDICAL PLAN VENDORS



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

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

All medical plans include:

- Prescription drug coverage
- Telemedicine options
- Preferred lab benefits

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

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

MEDICAL PLAN HIGHLIGHTS

- **Preventive services** are covered at 100% of allowable charges when using a Network provider; includes services such as 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 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**, in downtown Topeka, is available to anyone age 2+ enrolled in the SEHP medical coverage (Plans A, C, J, or N.)

PLAN A

TRADITIONAL PPO PLAN

Plan A is a traditional Preferred Provider Organization (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 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 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, 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 Coinsurance. Pharmacy expenses are not applied to the Plan A Deductible but are applied toward your OOP maximum.

Employees on Plan A are not eligible for HealthQuest reward dollars; however, they may earn the annual Premium Incentive Discount. (See page 36 for more information.)

Benefit Summary	Network	Non Network
Deductible Individual Family	\$800 \$1,600	\$800 \$1,600
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 \$40 \$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.

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>

HealthQuest Premium Incentive Discount

Available to employees earning the required number of HealthQuest Credits.
See page 36 for more information.

HRA/HSA and HealthQuest Rewards Dollars

Not available for members of Plan A. See page 36 for more information.

Plan Year 2024 Medical Semi Monthly Rates for State of Kansas Active Employees

Benefit Plan	Plan A
Full Time (A complete rate chart for full and part time employees and HealthyKIDS is located on page 42.)	
Employee Only	\$39.90
Employee + Spouse	\$237.27
Employee + Child(ren)	\$126.56
Employee + Family	\$415.40

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

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

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 Preventative Care.)

A QHDHP can be combined with a Health Savings Account (HSA) or Health Reimbursement Account (HRA), allowing you to pay for certain medical expenses with tax free dollars. (See pages 24 - 27 for more information.)

HOW IT WORKS

Covered services received under Plans C & 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 Maximum (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 & N are eligible to earn HealthQuest Rewards Dollars and the annual Premium Incentive Discount by participating in the HealthQuest wellness program. (See page 36 for more information.)

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 (employee/spouse, employee/children, employee/family) will be \$3,200 for an individual within the family. However, the overall family deductible for these policies will remain at \$5,500.

**\$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

HRA/HSA

Included with Plans C and N.

HealthQuest Premium Incentive Discount

Available to employees earning the required number of HealthQuest Credits.
See page 36 for more information.

HealthQuest Rewards Dollars

Up to \$500 for Employees.
See page 36 for more information.

Plan Year 2024 Medical Semi Monthly Rates for State of Kansas Active Employees

Benefit Plan	Plan C	Plan N
Full Time		
(A complete rate chart for full and part time employees and HealthyKIDS is located on page 42.)		
Employee Only	\$35.20	\$23.25
Employee + Spouse	\$123.69	\$84.30
Employee + Child(ren)	\$65.02	\$43.92
Employee + Family	\$208.33	\$150.17

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

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

PLAN J

MEETS REQUIREMENTS FOR J-1 VISA EMPLOYEES

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

HOW IT WORKS

Services received under Plan J are paid by the member until the Deductible is met. Once the Deductible is met, the plan will share costs with the member with Coinsurance until the Out-of-Pocket Maximum (OOP) is met. Once a member meets the OOP, the Plan pays covered services at 100% of the Allowed Charge. Eligible Preventive Care Services

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

Plan J includes a Health Reimbursement Account (HRA). (See page 28 for more information.)

Employee on Plan J are eligible to earn HealthQuest Rewards Dollars and an annual Premium Incentive Discount by participating in the HealthQuest wellness program. (See page 36 for more information.)

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 HealthQuest Health Center*	Deductible + Coinsurance Deductible + Coinsurance Deductible + Coinsurance Deductible + Coinsurance \$40*	Deductible + Coinsurance
Emergency Room Visits	Deductible + Coinsurance	Network Deductible + Coinsurance**
Diagnostic Lab Services when using Preferred Lab Providers	Deductible then covered at 100%	Deductible + Coinsurance

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

**Must be a Medical Emergency



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

HRA
Included with Plan J

HealthQuest Premium Incentive Discount
Available to Employees earning the required number of HealthQuest Credits. See page 36 for more information.

HealthQuest Rewards Dollars
Up to \$500 for Employees. See page 36 for more information.

Plan Year 2024 Medical Semi Monthly Rates for State of Kansas Active Employees	
Benefit Plan	Plan J
Full Time (A complete rate chart for full and part time employees and HealthyKIDS is located on page 42.)	
Employee Only	\$52.56
Employee + Spouse	\$153.38
Employee + Child(ren)	\$91.27
Employee + Family	\$262.79

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

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

Medical 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 <small>(Mental illness, alcoholism, drug abuse and substance abuse)</small>	Same coverage as medical services	Same coverage as medical services	Same coverage as medical services	Same coverage as medical services
Autism Services <small>(Subject to limitations and pre-approval)</small>	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Hearing Aids <small>(\$5,000 maximum per 3 years)</small>	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	\$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
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 <small>(regardless of diagnosis)</small>	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. | 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

All SEHP Members



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 Caremark 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. 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.



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>.



HealthQuest Health Center

State and Non State employees, spouses, and dependent children (age 2+) covered by SEHP medical insurance can use the HealthQuest Health Center in Topeka or Anywhere Virtual Care. Both in-person and telemedicine appointments are available.

What does it cost?

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 to the member.

Available Services

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

<p>Health Screenings</p> <p>Annual Exams Blood Pressure Cholesterol Glucose School, Camp and Sports Physicals Skin Cancer Screenings</p>	<p>Vaccinations</p> <p>Tdap Shingles Pneumococcal Flu</p>
<p>Chronic Condition Coaching</p> <p>Arthritis Asthma COPD Depression Diabetes Heart Health Low Back Pain Sleep Apnea Educational Offerings</p>	<p>Health Coaching</p> <p>Nutrition Physical Activity Tobacco Cessation Stress Management Weight loss</p>



HealthQuest Health Center

How to schedule an appointment

To schedule an appointment at the health center or with virtual care, call the HealthQuest Health Center or visit the HealthQuest portal at HealthQuest.ks.gov. You will need to bring your medical insurance card as well as identification to prove eligibility for services at your appointment. For Plan C, J & N members, the \$40 visit fee is due at the time of your appointment.

**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.*

Anywhere Virtual Care Platform- NOW AVAILABLE!

Anywhere is a virtual care platform that gives you access to a dedicated care team of primary care providers, behavior health specialists and health coaches, from anywhere!

- Anywhere services are available to all active employees, spouses and dependents (age 2+) covered by SEHP Plans A, C, J and N.
- Preventive visits and health coaching are free for all members.
- Medical visits and behavioral health visits are free for Plan A members and \$40 per visit for Plan C, J and N members until their Deductible is met then at no cost.
- Schedule your Anywhere appointment by calling the HealthQuest Health Center Monday through Friday from 7 a.m. - 5 p.m., with Nurse Triage from 5 p.m. - 7 a.m., or by visiting HealthQuest.ks.gov.

Available to all members of the SEHP age 2+ covered by Plans A, C, J and N!
Preventive Services are covered at 100%



HealthQuest Health Center

901 S. Kansas Ave.
Topeka, Kan.

(785) 783-4080



In-Person Care:

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

Tue., Thu.
9 a.m. - 6 p.m.

Virtual Care Available



HealthQuest.ks.gov



Providence Hill Farm
Photo Credit: Kansas Tourism

Health Savings Account (HSA)

HEALTH SAVINGS ACCOUNT | MetLife

A Health Savings Account (HSA) is available to all members enrolled in a Qualified High Deductible Health Plan (Plan C or Plan N). An HSA is a personal healthcare bank account that you can use to pay Out-of-Pocket medical expenses with pretax dollars. You own and administer your own HSA. You determine how much you will contribute, when to use your money to pay for qualified medical expenses.

HSAs allow you to save and roll over money if you do not spend it in the calendar year. The money in this account is always yours. If you change health plans or jobs, the money in the account is yours to keep.

Eligibility to Contribute to an HSA

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

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

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

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

The IRS sets maximum limits each year for total contributions to your HSA. These maximums include your contributions AND the employer contributions. SEHP members age 55 and over are also allowed to make additional "catch-up" contributions to their HSA above the IRS maximum. The "catch-up" contribution maximum is \$1,000 each year.

Once you enroll in Medicare, you may no longer contribute to an HSA.

For additional information visit the SEHP website at HealthBenefitsProgram.ks.gov.

EMPLOYER CONTRIBUTIONS Health Savings Account						
	Full Time Employee			Part Time Employee		
	Employee Only	Employee / Spouse & Family	Employee / Child(ren)	Employee Only	Employee / Spouse & Family	Employee / Child(ren)
IRS Maximum Total	\$4,150	\$8,300	\$8,300	\$4,150	\$8,300	\$8,300
Plan C Employer Contribution	\$250 per quarter \$1,000 year	\$500 per quarter \$2,000 year	\$500 per quarter \$2,000 year	\$156.30 per quarter \$625.20 year	\$296.88 per quarter \$1,187.52 year	\$296.88 per quarter \$1,187.52 year
Plan N Employer Contribution	\$125 per quarter \$500 year	\$281.25 per quarter \$1,125 year	\$250 per quarter \$1,000 year	\$78.15 per quarter \$312.60 year	\$210.94 per quarter \$843.76 year	\$148.44 per quarter \$593.76 year

EMPLOYEE CONTRIBUTIONS Health Savings Account							
		Full Time Employee			Part Time Employee		
Plan		Employee Only	Employee / Spouse & Family	Employee / Child(ren)	Employee Only	Employee / Spouse & Family	Employee / Child(ren)
	IRS Maximum Total	\$4,150	\$8,300	\$8,300	\$4,150	\$8,300	\$8,300
PLAN C	Employee Bi-Weekly Payroll Deductions	\$25 to \$110.41	\$25 to \$241.66	\$25 to \$241.66	\$25 to \$126.03	\$25 to \$275.52	\$25 to \$275.52
PLAN C	Regent Academic Year Employee Payroll Deductions	\$25 to \$147.22	\$25 to \$322.22	\$25 to \$322.22	\$25 to \$168.04	\$25 to \$367.36	\$25 to \$367.36
PLAN N	Employee Bi-Weekly Payroll Deductions	\$0 to \$131.25	\$0 to \$278.12	\$0 to \$283.33	\$0 to \$139.05	\$0 to \$289.84	\$0 to \$300.26
PLAN N	Regent Academic Year Employee Payroll Deductions	\$0 to \$175.00	\$0 to \$370.83	\$0 to \$377.77	\$0 to \$185.41	\$0 to \$386.45	\$0 to \$400.34

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

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

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

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

- **Non State Employees:** Employer contributions begin the calendar quarter following the benefit effective date of your coverage
- **State Employees:** Employer contributions begin the calendar quarter following the benefit effective date of your coverage.
- **State New Employee HSA** contributions begin the first of the month after the hire date.
- **Non State New Employee HSA** contributions begin the first of the month after the hire date.

Little Jerusalem Badlands
Photo Credit: Kansas Tourism

Health Reimbursement Account

HEALTH REIMBURSEMENT ACCOUNT | MetLife

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

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

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

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

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

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

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

For additional information visit [HealthBenefitsProgram.ks.gov](https://www.healthbenefitsprogram.ks.gov).

The employer contribution amounts are outlined on the following page.



Have you considered an HRA?

The HRA is an employer funded account. You get the same employer contributions as an HSA. You submit claims for reimbursement to the HRA administrator, MetLife.

Maxwell Wildlife Refuge
Photo Credit: Kansas Tourism

Health Reimbursement Account

EMPLOYER CONTRIBUTIONS Health Reimbursement Account							
		Full Time Employee			Part Time Employee		
Plan		Employee Only	Employee / Spouse & Family	Employee Child(ren)	Employee Only	Employee / Spouse & Family	Employee Child(ren)
PLAN C	Employer Contribution	\$250 per quarter	\$500 per quarter	\$500 per quarter	\$156.30 per quarter	\$296.88 per quarter	\$296.88 per quarter
		Total \$1,000 year	Total \$2,000 year	Total \$2,000 year	Total \$625.20 year	Total \$1,187.52 year	Total \$1,187.52 year
PLAN N	Employer Contribution	\$125 per quarter	\$281.25 per quarter	\$250 per quarter	\$78.15 per quarter	\$210.94 per quarter	\$148.44 per quarter
		Total \$500 year	Total \$1,125.00 year	Total \$1,000 year	Total \$312.60 year	Total \$843.76 year	Total \$593.76 year
PLAN J	Employer Contribution	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned

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



Dental

YOUR DENTAL PLAN: DELTA DENTAL PPO™



The SEHP offers dental benefits through Delta Dental Plan of Kansas. **This 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; 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 Allowed Charge for service are the member's responsibility.

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



Searching for A Network dentist?

Start your search online at:
HealthBenefitsProgram.ks.gov.

Dental Benefits Summary

Plan Year 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 had at least one routine cleaning and/or preventive oral exam in the past 12 months.

Diagnostic & Preventive Services	100%	100%	100%*
Basic Restorative Services	80%	60%	60%*
Major Restorative Services	50%	50%	50%*
Implant Coverage	50%	50%	50%*

BASIC BENEFIT

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

Diagnostic & Preventive Services	100%	100%	100%*
Basic Restorative Services	50%	50%	50%*
Major Restorative Services	40%	30%	30%*
Implant Coverage	40%	30%	30%*

YOUR ANNUAL BENEFIT MAXIMUM

\$1,700 per member

YOUR DEDUCTIBLE

\$50 per person, per Plan Year
 (Not to exceed a yearly family maximum of \$150)
 Deductible does not apply to Diagnostic & Preventive Services

YOUR ORTHODONTIA LIFETIME BENEFIT MAXIMUM

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

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

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

Plan Year 2024 Dental Semi Monthly Rates for State of Kansas Active Employees

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Full Time			
(A complete rate chart for full and part time employees and HealthyKIDS is located on page 42)			
\$0.00	\$9.97	\$7.98	\$17.98



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 Semi Monthly Rates for Employees			
Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Basic: \$1.44 Enhanced: \$2.92	Basic: \$2.92 Enhanced: \$5.40	Basic: \$3.16 Enhanced: \$6.35	Basic: \$4.34 Enhanced: \$8.18

**** NOTE:** 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.



Overland Park Arboretum & Botanical Gardens
Photo Credit: Kansas Tourism

Voluntary Benefits

VOLUNTARY BENEFITS VENDOR



ACCIDENT INSURANCE

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

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

Accidents can happen at any time, and treatment can knock a household budget off course. We make accident insurance payments directly to you, not to your healthcare provider, so you can use the money however you want. There are more than 150 covered events that pay benefits, regardless of any benefits that your medical plan may pay.

CRITICAL ILLNESS INSURANCE

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

A critical illness in the family can result in a scary and uncertain time. A lump-sum payment—one payment all at once—paid directly to you when it matters, can mean one less worry. What's more, Covered Conditions include heart attack, cancer, or stroke, among others.

HOSPITAL INDEMNITY INSURANCE

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

Hospitalization can be expensive and can have a big impact on your life. Hospital Indemnity Insurance provides a direct lump-sum payment—one payment all at once—if you or a family member become hospitalized. Because we make the payment to you, not to your healthcare provider, you can use it any way you see fit.

- Contact: 1-800-GET-MET8 (1-800-438-6388)
- Website: mybenefits.metlife.com



Employee Assistance Program

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

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

Who is eligible to use the EAP?

- The EAP is available to all active, benefits-eligible employees of the State of Kansas and Non State employer groups, their family members living in the same household and dependent children.
- Benefits eligible employees who have been laid off or terminated are eligible to use the EAP for six months after layoff.
- Retirees and COBRA participants are not eligible

EAP Services

Counseling Services

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

FamilySource®

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

LegalConnect®

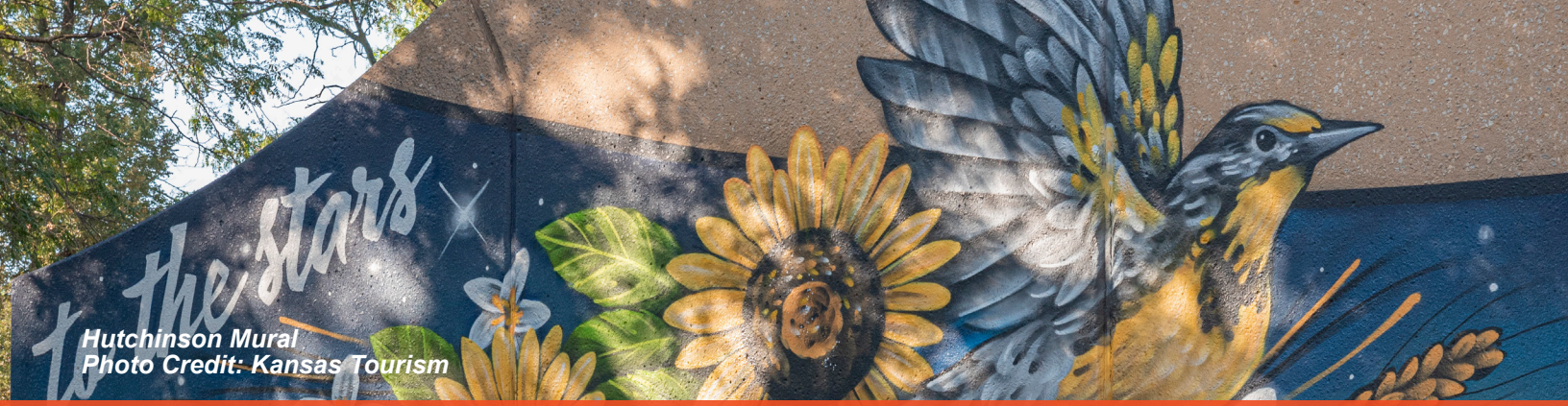
- Provides instant access to qualified counsel to ask questions, gain strategic guidance and plan next steps. If following your phone consultation, your legal matter requires in-person representation; you can receive a referral to a qualified attorney in the Guidance Resources network. Your EAP benefit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

FinancialConnect®

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

EAP Contact Information:

- Call: 888-270-8897
- TTY: 800-697-0353
- Online: [guidanceresources.com](https://www.guidanceresources.com)
- App: GuidanceNow
- Web ID: SOKEAP



HealthQuest

HEALTH & WELLNESS PROGRAM



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

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

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

Resources include:

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

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

Plan A HealthQuest Rewards

Annual Premium Incentive Discount

Employees who have been employed for a minimum of 365 days who earn 20 credits in 2024 will receive the partial annual premium incentive discount of \$240 in 2025.

Employees who earn 40 credits in 2024 will receive the annual premium incentive discount of \$480 for 2025.

Plans C, J, and N HealthQuest Rewards

Annual Premium Incentive Discount

Employees who earn 40 credits in 2024 will receive the annual premium incentive discount of \$480 for 2025.

Employees will also earn \$12.50 for each credit earned, up to 40 credits, or a maximum of \$500 annually in 2024. Funds will be deposited into your qualified HRA or HSA account.

Your Rewards

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

If you earned 40 credits in 2023, you have earned the \$480 premium incentive discount for plan year 2024. The \$480 premium incentive discount is applied by taking \$20 off your Semi Monthly rate, equaling \$40 off per month, for a total of \$480 per year.

The total number of credits required for 2024 to earn your 2025 discount is 40 credits.

The State of Kansas payroll deadline for 2024 earned HealthQuest HRA/HSA reward dollars is November 15, 2024.

**If you have earned your premium incentive discount for plan year 2023, and wish to see how it impacts your Semi Monthly rate in 2024, subtract \$20 per pay period from the Employee rates located on page 42.*



Need Help with HealthQuest?

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

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

Questions about HealthQuest? Email: SEHBPHHealthQuest@ks.gov.

Cedar Bluff State Park
Photo Credit: Kansas Tourism



Flexible Spending Accounts

FLEXIBLE SPENDING ACCOUNT

VENDOR



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

There are five accounts available to you:

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

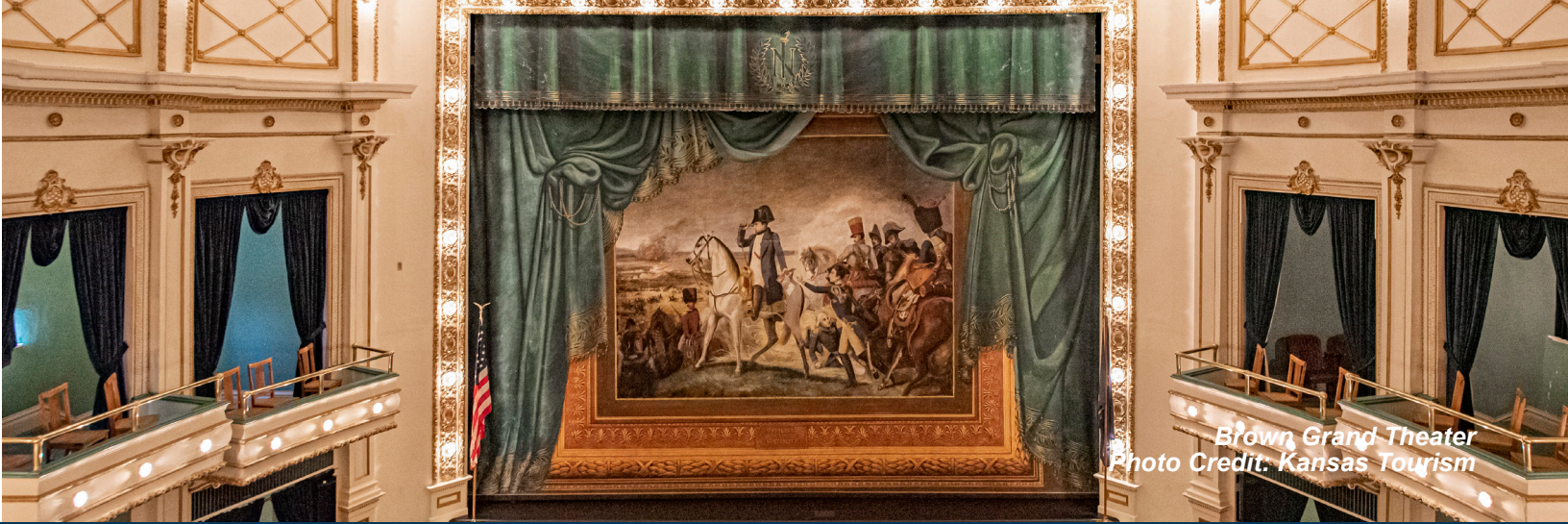
Each October, you make a new election for the coming year. Your new enrollment election becomes effective January 1.

HEALTH CARE FSA

Health Care FSA allows reimbursement for qualified medical, dental or vision expenses not covered by insurance. Common expenses for the Healthcare FSA include Copays, prescriptions, eye glasses, dental services, and orthodontics. Up to \$640 of unused Health Care FSA contributions may be carried over to the following calendar year.

LIMITED PURPOSE FSA

Limited Purpose FSA allows reimbursement for qualified dental or vision expenses. You are eligible to enroll if you participate in a Health Savings Account (HSA), Plan C or N. Up to \$640 of unused Limited Purpose FSA contributions may be carried over to the following calendar year.



Brown Grand Theater
Photo Credit: Kansas Tourism

Flexible Spending Accounts

DEPENDENT CARE FSA

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

There is a 75-day grace period, where you can continue to incur expenses up until March 15, 2024. The deadline to submit Dependent Care claims against your 2023 Plan Year balance is April 30, 2024. Funds in a Dependent Care FSA do not roll over to the following year.

MASS TRANSIT FSA

Mass Transit FSA allows reimbursement for qualified mass transit tickets or passes, or State of Kansas Van pools. Unused contributions may be carried over to the following calendar year as long as you continue to participate in the plan.

PARKING FSA

Parking FSA allows reimbursement for parking costs associated with your daily commute to the office. Unused contributions may be carried over to the following calendar year as long as you continue to participate in the plan.

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

Non State Group Members should check with their employer regarding the availability of FSAs for their group.

Flexible Spending Account - State Employees ONLY								
	HEALTH CARE FSA		LIMITED PURPOSE FSA for Plans C or N w/HSA Dental and Vision Svcs.		DEPENDENT CARE		COMMUTER FSAs Mass Transit & Parking	
IRS Maximum Total	\$3,200		\$3,200		Family Maximum \$5,000		Monthly Maximum of \$315 for each account	
Payroll Deductions	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum
Employee Bi-Weekly Payroll Deductions	\$8.00	\$133.33	\$8.00	\$133.33	\$16.00	\$208.33*	\$8.00	\$157.50
Regent Academic Year Payroll Deductions	\$8.00	\$177.77	\$8.00	\$177.77	\$16.00	\$277.77*	\$8.00	\$157.50

**Subject to tax filing status | The payroll deduction amounts listed are for 2024 based on federal guidelines. The maximum payroll deduction amounts listed are based on a 01/01 effective date. Any change in the guidelines will be updated in the online version of this booklet.*

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

Proactively Manage Medical Expenses

10 Ways To Save

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



- 1. Take advantage of preventive services.** Preventive services are covered at 100% by all SEHP medical plans when using a Network Provider.
- 2. Use Network providers whenever possible.** You will pay less out of your pocket by using a Network Provider.
- 3. Comparison Shop.** Not all providers charge the same amount for the same service.
 - **Aetna members** can access [Healthcare Bluebook](#) to shop price and quality for various medical procedures.
 - **Blue Cross and Blue Shield of Kansas members** can access the [SmartShopper](#) program. The SmartShopper program is available to help locate the lowest cost location, schedule appointments and obtain pre-authorizations for various medical treatments and procedures.
- 4. Manage your prescription options** using RxSavings Solutions, a simple online service that reviews and monitors your prescriptions for lower cost options. RxSavings is free to SEHP members and can notify you when lower cost options are available. Enable an account at <http://myrxss.com>.
- 5. Select the right location for treatment.** The cost of non life threatening conditions is much higher in an emergency room or community hospital than at an urgent care center, telehealth provider, physician's office, or the [HealthQuest Health Center](#).

Proactively Manage Medical Expenses



- 6. Develop a relationship with a Primary Care Provider.** Primary Care Providers specialize in diagnosing, treating, and preventing a wide variety of conditions. Many of the preventive services covered by SEHP plans can be facilitated through your Primary Care Provider.
- 7. Participate in the HealthQuest wellness program.** [HealthQuest](#) was developed to provide you the tools necessary to improve your overall health and wellbeing, while providing you financial rewards along the way like an Annual Premium Incentive Discount and/or rewards paid to your eligible HRA or HSA.
- 8. Take care of yourself.** Eat healthy foods, exercise, and manage your current conditions to improve your quality of life. Your HealthQuest Health Coaches can help you along the way at no cost to you. Enable an account at HealthQuest.ks.gov.
- 9. Preferred Lab Vendors:** By selecting to use one of the Preferred Lab Vendors, members will receive a discount. The Preferred Lab Benefit is completely voluntary.
 - QuestSelect
 - Stormont Vail Health
 - The University of Kansas Health System
- 10. Take advantage of discount programs.** Each provider offers their own selection of member-only discounts on things like gym memberships, hearing aids, medical and dental equipment, apparel and more.
 - Aetna Members - www.aetnastateofkansas.com
 - Avēsis Vision Members - www.avesis.com
 - Blue Cross and Blue Shield of Kansas - members Blue 365 Deals - www.bcbsks.com/sok
 - Delta Dental Members - www.deltadentalks.com

Columbus Hot Air Balloon Festival
Photo Credit: Kansas Tourism

Rates

Plan Year 2024 Semi Monthly Rates for State of Kansas Active Employees							
Employee Category	Plan A	Plan C	Plan J	Plan N	Dental	Vision	
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Delta	2024 Basic	2024 Enhanced
Full Time							
Employee Only	\$39.90	\$35.20	\$52.56	\$23.25	\$0.00	\$1.44	\$2.92
Employee + Spouse	\$237.27	\$123.69	\$153.38	\$84.30	\$9.97	\$2.92	\$5.40
Employee + Children	\$126.56	\$65.02	\$91.27	\$43.92	\$7.98	\$3.16	\$6.35
Employee + Family	\$415.40	\$208.33	\$262.79	\$150.17	\$17.98	\$4.34	\$8.18
All Part Time							
Employee Only	\$115.68	\$52.62	\$65.60	\$34.76	\$0.00	\$1.44	\$2.92
Employee + Spouse	\$353.96	\$158.20	\$179.76	\$107.83	\$12.58	\$2.92	\$5.40
Employee + Children	\$200.22	\$88.32	\$108.80	\$59.65	\$10.04	\$3.16	\$6.35
Employee + Family	\$561.67	\$251.24	\$299.61	\$181.08	\$22.71	\$4.34	\$8.18
HealthyKIDS							
Employee + Children	\$82.82	\$49.37	\$79.52	\$33.36	\$1.77	\$3.16	\$6.35
Employee + Family	\$310.55	\$190.54	\$247.52	\$137.34	\$11.74	\$4.34	\$8.18

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

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

Contacts

Dental Coverage	Delta Dental of Kansas, Inc. <i>Customer Service</i>	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 SEHBPMembership@ks.gov
Employee Assistance Program (EAP)	ComPsych <i>Company ID: SOKEAP</i>	www.guidanceresources.com All Areas: (Toll Free) 888-270-8897
Flexible Spending Accounts	NueSynergy - FSA	www.MyKansasCDH.com All Areas (Toll Free): 855-750-9440 Fax (Toll Free): 855-890-7238
General Benefits Information	State Employee Health Plan	HealthBenefitsProgram.ks.gov (785) 368-6361 SEHBPBenefits@ks.gov
Health Savings Account Health Reimbursement Account	MetLife - HRA/HSA	HealthSavingsAndSpending.metlife.com All Areas (Toll Free): 877-759-3399 SEHPsupport@healthaccountservices.com
HealthQuest Wellness Program	HealthQuest	HealthQuest.ks.gov (785) 783-4080 HealthQuest@marathon-health.com
HealthQuest Health Center	Marathon Health	my.marathon-health.com (785) 783-4080
Medical Coverage	Aetna <i>Customer Service</i> <i>Behavioral Health (Aetna BH)</i>	www.aetnastateofkansas.com All Areas (Toll Free): 866-851-0754 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 <i>Customer Service</i> <i>Caremark Connect</i> <i>Specialty Pharmacy</i>	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: 800-578-4403
Prescription Savings	Rx Savings Solutions	www.rxsavingsolutions.com All Areas: (Toll Free) 800-268-4476 (TTY 800-877-8973) support@rxsavingsolutions.com
Preferred Lab Benefit Program	QuestSelect Stormont Vail Health The University of Kansas Health System (TUKHS)	http://www.questselect.com/index.php All Areas (Toll Free): 800-646-7788 https://www.stormontvail.org/ All Areas (Toll Free): 800-637-4716 Topeka: (785) 354-1150 www.kansashealthsystem.com/lab All Areas (Toll Free): 866-358-5227
Vision Coverage	Avèsis Vision <i>Customer Service</i> <i>LASIK Provider</i>	www.avesis.com All Areas (Toll Free): 855-249-6317 All Areas (Toll Free): 877-712-2010
Voluntary Benefits	MetLife	mybenefits.metlife.com 1-800-GET-MET8 (1-800-438-6388)

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

