

PLAN YEAR

2024

HEALTH BENEFITS

ENROLLMENT GUIDE

COBRA MEMBERS



Providence Farms
Photo Credit: Kansas Tourism

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Keeper of the Plains
Photo Credit: Kansas Tourism

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The information in this booklet is intended to summarize the benefits offered in language that is clear and easy to understand. Every effort has been made to ensure that this information is accurate. This booklet is not intended to replace the legal plan document (Benefit Description), which contains the complete provisions of a program. In case of any discrepancy between this booklet and the legal plan document, the legal plan document will govern in all cases. You may review the legal plan document upon request or go to the vendor page on our website. Benefit Descriptions are listed under each vendor.





Little Jerusalem Badlands State Park
Photo Credit: Kansas Tourism

What's New in 2024

SPECIAL NOTE

- **The annual Open Enrollment period is October 1-31, 2023.**
- **All members currently enrolled in COBRA do not need to enroll for Plan Year 2024 unless changes need to be made to coverage.**

New Vendors to the SEHP

- Starting January 1, 2024, Caremark Specialty Pharmacy is partnering with PrudentRx to enroll members in available manufacturer copay assistance programs. See page 18 for details.

Medical and Prescription

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

Hearing Aid Coverage

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



Look for Scopes throughout the Guide

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



Kaw River
Photo Credit: Kansas Tourism

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

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

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

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

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

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

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



Gage Park
Photo Credit: Kansas Tourism

Key Terms & Definitions

- Benefit Description:** The Benefit Description provides a detailed summary of the benefits and limitations of the plans of coverage. It also outlines member rights and processes for benefit questions, appeals and grievances. Benefit Descriptions may also include amendments to the benefit plans when any modifications are made to coverage.
- COBRA:** The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time following the loss of employment.
- Coinsurance:** Once you meet your annual Deductible, you and the Plan share in the cost of covered medical expenses. This is called “Coinsurance.” When you visit Network providers, your Coinsurance is much less than if you visit Non Network providers. Coinsurance is considered an out-of-pocket cost, just like Copays.
- Copay:** A fixed amount you pay for a covered health care service (for example, a doctor’s visit). A Copay amount may vary by the type of covered health care service.
- Deductible:** A fixed dollar amount you must pay each calendar year before the plan begins reimbursing for eligible expenses. There are two types of deductibles:
- Individual Deductible: The Individual Deductible applies separately to each covered person in the family. When a person’s Deductible expenses reach the Individual Deductible amount, the person’s Deductible is met. The Plan then starts to pay benefits for that person at the appropriate Coinsurance percentage.
- Family Deductible: The Family Deductible applies to the family as a group. When the combined Deductible expenses of all family members reach the family Deductible, the family Deductible is met. The Plan then begins to pay benefits for all covered family members at the appropriate Coinsurance percentage.
- HDHP:** A “High Deductible Health Plan” meets designated federal requirements..



Key Terms & Definitions

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



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.

Need technical support?



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

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



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

HOW IT WORKS

Physician Care Visits when using a Network provider under Plan A are subject to the corresponding Copay. Eligible Preventive Care Services are covered at 100% when received by a Network Provider.

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

Once the member reaches their designated Out-of-Pocket Maximum (OOP), the Plan pays covered services at 100% of the Plan's allowed charge.

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

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

Benefit Summary	Network	Non Network
Deductible Individual Family	\$900 \$1,800	\$900 \$1,800
Coinsurance (paid by member)	20%	50%
Out of Pocket Maximum (OOP) Individual Family	\$5,250 \$10,500	\$5,250 \$10,500
Preventive Care	\$0	\$0
Office Visits Primary Care Specialist Urgent Care Telehealth HealthQuest Health Center	\$30 \$60 \$50 \$10 \$0	Deductible + Coinsurance
Emergency Room Visits	\$100 Copay + Deductible + Coinsurance (Copay waived if admitted within 24 hours)	\$100 Copay + Network Deductible + 20% Coinsurance (Copay waived if admitted within 24 hours)
Diagnostic Lab Services when using Preferred Lab Providers	100%	Deductible + Coinsurance

PLAN A - PRESCRIPTION DRUG BENEFITS

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

Plan Year 2024 Medical Monthly Rates for State of Kansas COBRA Members

Benefit Plan	Plan A
Member Only	\$806.29
Member + Spouse	\$1,546.14
Member + Child(ren)	\$1,320.29
Member + Family	\$1,909.52

Plan Year 2024 Medical Monthly Rates for Non State COBRA Members

Benefit Plan	Plan A
Member Only	\$948.38
Member + Spouse	\$2,005.52
Member + Child(ren)	\$1,779.12
Member + Family	\$2,388.78

PLANS C and N - (QHDHP)

HIGH DEDUCTIBLE HEALTH PLANS

QHDHPs are plans with a higher Deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs yourself (your Deductible) before the plan starts to pay its share.

HOW IT WORKS

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

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

Benefit Summary	PLAN C		PLAN N	
	Network	Non Network	Network	Non Network
Deductible				
Individual	\$2,750*	\$2,750*	\$2,750*	\$2,750*
Family	\$5,500	\$5,500	\$5,550	\$5,550
Coinsurance (paid by member)	10%	50%	35%	50%
Out of Pocket Maximum (OOP)				
Individual	\$4,500	\$4,500	\$6,650	\$6,650
Family	\$9,000	\$9,000	\$13,300	\$13,300
Preventive Care	\$0	Deductible + Coinsurance	\$0	Deductible + Coinsurance
Office Visits				
Primary Care	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Specialist				
Urgent Care				
Telehealth				
HealthQuest Health Center**	\$40**		\$40**	
Emergency Room Visits	Deductible + Coinsurance	Network Deductible + Coinsurance***	Deductible + Coinsurance	Network Deductible + Coinsurance***
Diagnostic Lab Services when using Preferred Lab Providers	Deductible then covered at 100%	Deductible + Coinsurance	Deductible then covered at 100%	Deductible + Coinsurance

*The deductible for all “non-single” policies (member/spouse, member/children, member/family) will be \$2,800 for an individual within the family. However, the overall family deductible for these policies will remain at \$5,500.

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

***Must be a Medical Emergency

PLANS C and N - PRESCRIPTION DRUG BENEFITS

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

Plan Year 2024 Medical Monthly Rates for State of Kansas COBRA Members

Benefit Plan	Plan C	Plan N
Member Only	\$686.21	\$704.32
Member + Spouse	\$1,118.93	\$1,112.95
Member + Child(ren)	\$999.24	\$1,041.21
Member + Family	\$1,291.60	\$1,247.33

Plan Year 2024 Medical Monthly Rates for Non State COBRA Members

Benefit Plan	Plan C	Plan N
Member Only	\$826.15	\$847.22
Member + Spouse	\$1,589.35	\$1,580.89
Member + Child(ren)	\$1,461.34	\$1,502.98
Member + Family	\$1,782.48	\$1,725.38



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

PLAN J

MEETS REQUIREMENTS FOR J1 VISA EMPLOYEES

Plan J meets all Federal Requirements for 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.

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



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

PLAN J - PRESCRIPTION DRUG BENEFITS

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

Plan Year 2024 Medical Monthly Rates for State of Kansas COBRA Members	
Benefit Plan	Plan J
Member Only	\$806.62
Member + Spouse	\$1,349.50
Member + Child(ren)	\$1,222.80
Member + Family	\$1,572.70

Plan Year 2024 Medical Monthly Rates for State of Kansas COBRA Members	
Benefit Plan	Plan J
Member Only	\$953.17
Member + Spouse	\$1,825.45
Member + Child(ren)	\$1,690.38
Member + Family	\$2,063.58



Generic or Brand Name drugs?

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

Medical Benefits Summary (general comparison chart)

Medical Services	Plan A Network Provider	Plan A Non Network Provider	Plans C, J, N Network Provider	Plans C, J, N Non Network Provider
Autism Services (Subject to limitations and pre-approval)	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Bariatric Surgery (Subject to limitations and pre-approval)	Deductible plus Coinsurance	Not Covered	Deductible plus Coinsurance	Not Covered
Inpatient Services	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Emergency Room Visit	\$100 Copay, Deductible plus Coinsurance (Copay waived if admitted within 24 hours)	\$100 Copay, Network Deductible plus 20% Coinsurance (Copay waived if admitted within 24 hours)*	Network Deductible plus Coinsurance	Network Deductible plus Coinsurance*
Mental Health (Mental illness, alcoholism, drug abuse and substance abuse)	Same coverage as medical services	Same coverage as medical services	Same coverage as medical services	Same coverage as medical services
Physician Care Visits	Plan A Network Provider	Plan A Non Network Provider	Plans C, J, N Network Provider	Plans C, J, N Non Network Provider
PCP office visit	\$30 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Specialist	\$60 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Urgent Care	\$50 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Telehealth	\$10 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
HealthQuest HealthCenter	\$0	N/A	\$40 until deductible has been met, then \$0	N/A
Preventive Care	Plan A Network Provider	Plan A Non Network Provider	Plans C, J, N Network Provider	Plans C, J, N Non Network Provider
Well Woman Exam	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Well Man Exam	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Well Baby and Child	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Vision Exam	1st exam of year Covered in Full	Deductible plus Coinsurance	1st exam of year Covered in Full	Deductible plus Coinsurance
Routine Hearing Exam	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Colonoscopy	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Mammogram	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Preventive Lab	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Immunizations	Covered in Full	Covered in Full to age six, otherwise Deductible plus Coinsurance	Covered in Full	Covered in Full to age six, otherwise Deductible plus Coinsurance

* Must be a medical emergency.

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



Telemedicine

TELEMEDICINE OPTIONS

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

COBRA 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.



Mount Sunflower
Photo Credit: Kansas Tourism

Preferred Lab Benefits

QUESTSELECT | QuestSelect™

QuestSelect.com • 800-646-7788

- Offers collection sites throughout Kansas and nationwide.
- Present your Quest card or medical plan ID card and request to use your Preferred Lab Benefits.
- Obtain the required lab orders from your physician to provide at time of lab service.
- Your doctor's office also can arrange to have specimens picked up by calling the number on the back of your Quest ID card.
- Create a My Quest account to receive lab results directly on your phone or desktop.
- For a list of collection sites and additional information please visit: <https://healthbenefitsprogram.ks.gov/sehp>.

STORMONT VAIL HEALTH COTTON O'NEIL | Stormont Vail Health

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

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

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



HealthQuest Health Center

COBRA members, 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

Health Screenings

Annual Exams
Blood Pressure
Cholesterol
Glucose
School, Camp and Sports Physicals
Skin Cancer Screenings

Vaccinations

Tdap
Shingles
Pneumococcal
Flu

Chronic Condition Coaching

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

Health Coaching

Nutrition
Physical Activity
Tobacco Cessation
Stress Management
Weight loss



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

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



- 5. 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.
- 6. 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.
- 7. 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.
- 8. 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
- 9. Take advantage of discount programs.** Each provider offers their own selection of member-only discounts on things like gym memberships, hearing aids, medical and dental equipment, apparel and more.
 - 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



Dental

YOUR DENTAL PLAN: DELTA DENTAL PPO™



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



Searching for A Network dentist?

Start your search online at:
[HealthBenefitsProgram.ks.gov](https://www.healthbenefitsprogram.ks.gov).

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

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

Plan Year 2024 Dental Monthly Rates for State of Kansas COBRA Members			
Member Only	Member + Spouse	Member + Child(ren)	Member + Family
\$39.60	\$77.15	\$73.09	\$93.49

Plan Year 2024 Dental Monthly Rates for Non State COBRA Members			
Member Only	Member + Spouse	Member + Child(ren)	Member + Family
\$69.30	\$128.44	\$124.38	\$144.76

Dental Benefits Summary

January 1 – December 31, 2024

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

ENHANCED BENEFIT			
Applies when you have had at least one routine cleaning and/or preventive oral exam in the past 12 months.			
Diagnostic & Preventive Services	100%	100%	100%*
Basic Restorative Services	80%	60%	60%*
Major Restorative Services	50%	50%	50%*
Implant Coverage	50%	50%	50%*
BASIC BENEFIT			
Applies when you have not had at least one routine cleaning and/or preventive oral exam in the past 12 months.			
Diagnostic & Preventive Services	100%	100%	100%*
Basic Restorative Services	50%	50%	50%*
Major Restorative Services	40%	30%	30%*
Implant Coverage	40%	30%	30%*

YOUR ANNUAL BENEFIT MAXIMUM

\$1,700 per member

YOUR DEDUCTIBLE

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

YOUR ORTHODONTIA LIFETIME BENEFIT MAXIMUM

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

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

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



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: \$2.94 Enhanced: \$5.96	Basic: \$5.96 Enhanced: \$11.02	Basic: \$6.45 Enhanced: \$12.95	Basic: \$8.85 Enhanced: \$16.69

**** 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 Quasight (visit quasight.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.

Columbus Hot Air Balloon Festival
 Photo Credit: Kansas Tourism

Rates

Plan Year 2024 Monthly Rates for COBRA Members							
Member Category	Plan A	Plan C	Plan J	Plan N	Dental	Vision	
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Delta	2024 Basic	2024 Enhanced
State of Kansas COBRA Members							
Member Only	\$806.26	\$686.21	\$806.62	\$704.32	\$39.60	\$2.94	\$5.96
Member + Spouse	\$1,546.14	\$1,118.93	\$1,349.50	\$1,112.95	\$77.15	\$5.96	\$11.02
Member + Children	\$1,320.29	\$999.24	\$1,222.80	\$1,041.21	\$73.09	\$6.45	\$12.95
Member + Family	\$1,909.52	\$1,291.60	\$1,572.70	\$1,247.33	\$93.49	\$8.85	\$16.69
Non State COBRA Members							
Member Only	\$948.38	\$826.15	\$953.17	\$847.22	\$69.30	\$2.94	\$5.96
Member + Spouse	\$2,005.52	\$1,589.35	\$1,825.45	\$1,580.89	\$128.44	\$5.96	\$11.02
Member + Children	\$1,779.12	\$1,461.34	\$1,690.38	\$1,502.98	\$124.38	\$6.45	\$12.95
Member + Family	\$2,388.78	\$1,782.48	\$2,063.58	\$1,725.38	\$144.76	\$8.85	\$16.69

CONTACT INFORMATION

Enrollment	State Employee Health Plan	HealthBenefitsProgram.ks.gov (785) 368-6361 SEHBPMembership@ks.gov
General Benefits Information	State Employee Health Plan	HealthBenefitsProgram.ks.gov (785) 368-6361 SEHBPBenefits@ks.gov
Medical Coverage	Aetna Customer Service Behavioral Health (Aetna BH)	www.aetnastateofkansas.com All Areas (Toll Free): 866-851-0754 All Areas (Toll Free): 866-851-0754
	Blue Cross Blue Shield of Kansas	www.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: 800-578-4403
Prescription Savings	Rx Savings Solutions	https://api.rxsavingsolutions.com/login All Areas: (Toll Free) 800-268-4476 info@rxsavingsolutions.com
Preferred Lab Benefit Program	QuestSelect Lab Card Program Stormont Vail Health The University of Kansas Health System	www.labcard.com All Areas (Toll Free): 800-646-7788 www.stormontvail.org/state-employees-lab All Areas (Toll Free): 800-637-4716 Topeka: (785) 354-1150 www.kansashealthsystem.com/lab All Areas (Toll Free): 866-358-5227
Dental Coverage	Delta Dental of Kansas, Inc. Customer Service	www.deltadentalks.com/ All Areas (Toll Free): 800-234-3375 Wichita: (316) 264-4511
Vision Coverage	Avēsis Vision Customer Service LASIK Provider	www.avesis.com All Areas (Toll Free): 855-249-6317 All Areas (Toll Free): 877-712-2010
COBRA Provider	COBRAGuard	Participant Service: 866-952-6272 (913) 499-4853 Tech Support: 800-832-5337
HealthQuest Health Center	Marathon Health	my.marathon-health.com (785) 783-4080