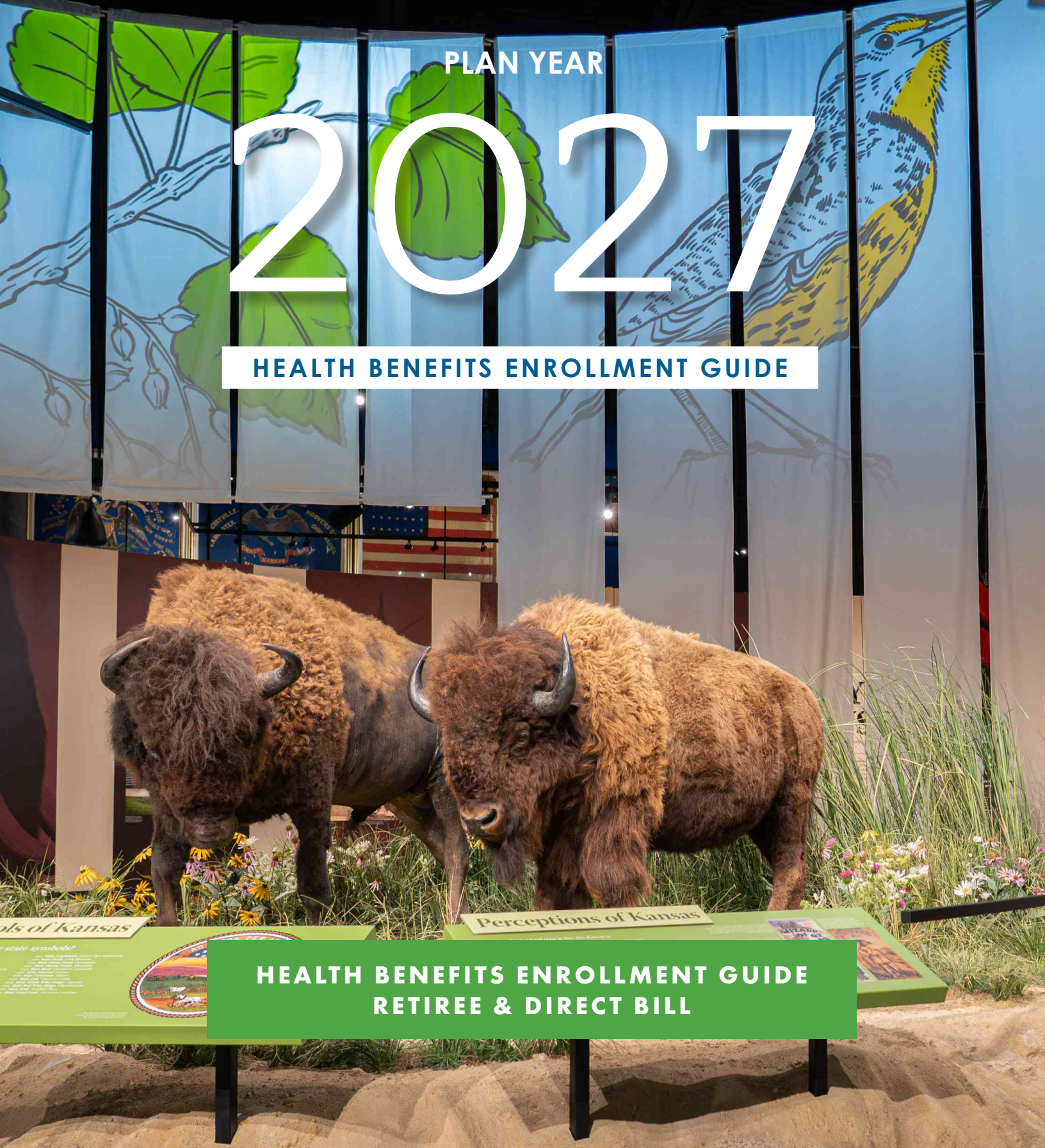
PLAN YEAR

2027

HEALTH BENEFITS ENROLLMENT GUIDE



HEALTH BENEFITS ENROLLMENT GUIDE
RETIREE & DIRECT BILL

KANSAS MUSEUM DISPLAY
PHOTO CREDIT: KANSAS TOURISM

AD ASTRA PER ASPERA
Kansas
Department of Administration
State Employee Health Plan



The State Employee Health Plan

The State Employee Health Plan (SEHP) is responsible for managing health benefits to State of Kansas retirees and direct bill members.

A comprehensive range of benefits offered by the SEHP for all members and their families including medical, dental and voluntary prescription eyewear coverage from which to choose.

- **(785) 368-6361**
- **www.SEHP.HealthBenefitsProgram.ks.gov**

Kansas
Department of Administration
State Employee Health Plan

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

Cover Photo: The Kansas Museum of History reopened November 2025 after being closed for three years for major renovations. The museum features redesigned layouts, new interactive exhibits and improved accessibility. Photo courtesy of Kansas Tourism.

WELCOME TO THE 2027 ENROLLMENT

OPEN ENROLLMENT

The annual Open Enrollment period for State Employee Health Plan (SEHP) Retiree/Direct Bill members is October 15 through November 16. Enrollment must be completed **NO LATER THAN NOVEMBER 16**.

Any changes made to your health plans during the Open Enrollment period will become effective January 1, 2027.

DIRECT BILL CALL CENTER

If you have questions, please contact the Direct Bill Call Center 1-866-541-7100 or email SEHPDirectBill@ks.gov.

Representatives are available to assist you from October 12 through December 4, Monday through Friday, 8:30 a.m. to 4:30 p.m. CT. The office will be closed for Veterans' Day (November 11) and Thanksgiving (November 25 - 26.)

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

Your current coverage will roll over for Plan Year 2027.

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

JOIN US FOR A BENEFITS FAIR

The State Employee Health Plan staff and vendors will be available to answer your questions.

October 1, 2026

- 9 a.m. - 1:30 p.m.
- Capitol Grounds, South Steps. In case of inclement weather, the fair will be in the Docking Building Rooms 350 & 360.

October 15, 2026

- 9 a.m. - 1:30 p.m.
- Capitol 1st Floor, Rotunda.



UNDERSTANDING YOUR OPTIONS

SELECTING YOUR HEALTH INSURANCE COVERAGE IS A PERSONAL DECISION THAT CAN BE INTIMIDATING.

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

- Visit the SEHP website at HealthBenefitsProgram.ks.gov to review Plan documents, watch vendor videos, access a copy of this book, check provider networks, and get contact information to reach out to Plan vendors directly.
- Read Medicare & You, the Official Medicare Handbook published by the US Department of Health & Human Services.
- Contact Senior Health Insurance Counseling for Kansas (SHICK) at 800-860-5260. SHICK is a free program offering seniors the opportunity to talk with trained volunteers and get answers about Medicare.
- Make the most of your Medicare by visiting Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227.)
- Review the Centers for Medicare & Medicaid Services' website at https://www.cms.gov.
- Visit the Kansas Department of Insurance's website https://insurance.kansas.gov/medicare.

ONLINE HELP

The SEHP website has additional information about your benefits package and links to forms you may need.

NEED TECHNICAL SUPPORT?

Call the SEHP Member Portal Help Desk at 800-832-5337 from Oct. 15 - Nov. 16, 2026, Mon. – Fri., 7 a.m. to 5 p.m. (CT). After hours, email techsupport@hrissuite.com. Include your name and phone number with an explanation of your issue and they will contact you within 24 hours with a resolution.

SUMMARY OF BENEFITS AND COVERAGE

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

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 on the SEHP website or www.caremark.com.

DROPPING COVERAGE

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

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

IMPORTANT

Once medical, dental and/or prescription drug coverage has been terminated, the member **cannot reenroll** at a later date. The effective date of termination will be the last day of the month following notification. When a member terminates their coverage, all dependents' coverage will be terminated as well.

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

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

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

Requests can be submitted in MAP via a Communication Form under the mid-year benefits change tab, emailed to SEHPDirectBill@ks.gov or mailed to SEHP Direct Bill, 109 SW 9th St, Suite 600 Topeka, KS 66612.

TERMINATION OF BENEFITS DUE TO A CHANGE IN FAMILY STATUS

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

PERSONAL REPRESENTATIVE

If you want your spouse, children or other person to contact SEHP on your behalf regarding your health benefits, you must have a POA or Personal Representative form on file with SEHP. The form is on page 46.

HOW TO ENROLL

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

- Your Kansas Employee ID number
    - If you don't know the number, call the Direct Bill Call Center at 1-866-541-7100.
- The last 6 digits of your Social Security number (SSN)
- Your Date of Birth
- If you forgot your password, you will need to reregister.

HOW TO ENROLL

- **Log in to the Membership Administration Portal (MAP)** using any modern browser like Chrome, Firefox or Edge. The portal opens October 15.
    - Go to: https://sehp.member.hrissuite.com
- If this is the first time you are logging in or you have forgotten your password, please click the "**Register Now**" button. If you have previously registered and know your password, click the "Sign In" button.
- Click on the **Enrollments & Events** tab to start your Plan Year 2027 Enrollment.
- Once you have submitted your elections, a Pending Elections Statement will be emailed to your registered email address as confirmation that your election is complete.
- You may go into MAP as many times as needed during the Open Enrollment period to make changes. A Pending Election Statement will be emailed to your registered email address each time an election is submitted in the portal. The selection submitted as of 11:59 p.m. on November 16, 2026, will become effective January 1, 2027. Your approved elections will be viewable in MAP by December 1, 2026.

ADDING A NEW DEPENDENT?

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

BENEFITS MEETINGS

Virtually / Webinar

Wednesday, October 21

- **9 – 11 a.m.**
- **Registration link is available on the SEHP Website.**

In-Person

Monday, October 26

- **Topeka & Shawnee County Public Library**
- **1515 SW 10th Ave., Topeka, KS 66604**
- **Marvin Auditorium – Rooms B & C**
- **Presentations at 9 a.m. and 1 p.m.**



PREMIUM REFUNDS DUE TO DEATH OF DIRECT BILL MEMBER, SPOUSE, OR DEPENDENT DEATH

PREMIUM REFUNDS – IMPORTANT

The primary member enrolled in the Direct Bill program, or a primary member's authorized representative, is responsible for notifying the SEHP in writing within 31 days of a change in family status, including due to the death of a primary member, spouse or dependent. If the primary member or authorized representative does not notify the SEHP within 31 days of a change in family status due to the death of the primary member, spouse, or dependent, their premium refund for any premiums paid during this period is limited to the following:

- If the SEHP is notified after 31 days but within 24 months of the date of death of a primary member, spouse, or dependent, a maximum of 12 months of paid premiums will be fully refunded.
- If the SEHP is notified 24 months after the date of death of a primary member, spouse, or dependent, the primary member or their authorized representative will not be eligible for any premium refund.

Example: If a primary member's monthly premium payment is $200 per month and the SEHP is notified in writing in the 8th month after death, the primary member or their authorized representative would receive a premium refund of eight months of the actual monthly premium paid on behalf of by the primary member for a total refund of $1,600.

Requests can be submitted in MAP via a Communication Form under the mid-year benefits change tab, emailed to SEHPDirectBill@ks.gov or mailed to SEHP Direct Bill, 109 SW 9th St, Suite 600 Topeka, KS 66612.

NON MEDICARE OPTIONS

Kansas
Department of Administration
State Employee Health Plan

WHAT'S NEW IN 2027

Non Medicare Options

- **Annual Open Enrollment period is October 15 - November 16, 2026.**

Changes effective for Plan Year 2027.

- Non Medicare medical plan rates for Aetna will remain unchanged.
- Non Medicare medical rates for Blue Cross and Blue Shield of Kansas will increase 10% effective 1/1/2027.
- Dental plan rate increase by 3.3%.

GLP-1 FOR ANTI OBESITY MEDICATIONS

- Starting in 2027 the BMI requirement for GLP-1s for Anti-Obesity Medications (AOMs) will continue to be 35. There will be a $200 copay applied to these prescriptions in addition to the standard plan provisions and cost sharing requirements.

MEDICAL PLAN CHANGES:

PLAN A:

- Plan A Calendar Year Deductible will increase from $1,000 Individual/$2,000 Family to $1,250 Individual/$2,500 Family.
- Plan A Calendar Year Out-of-Pocket Maximums will increase from $5,250 Individual/$10,500 Family to $5,500 Individual/$11,000 Family.
- Eliminate the Special Case Pharmacy Tier.

PLAN C:

- Plan C Calendar Year Single Coverage Deductible will increase from $2,750 Individual to $2,900 Individual.
- Plan C Calendar Year Deductible for member plus dependent coverage will increase from $3,400 Individual/$5,500 Family to $3,500 Individual/$5,700 Family.
- Plan C Calendar Year Out-of-Pocket Maximums will increase from $4,500 Individual/$9,000 Family to $4,750 Individual/$9,500 Family.

PLAN N:

- Plan N Calendar Year Single Coverage Deductible will increase from $2,750 Individual to $2,900 Individual.
- Plan N Calendar Year Deductible for member plus dependent coverage will increase from $3,400 Individual/$5,500 Family to $3,500 Individual/$5,700 Family.
- Plan N Calendar Year Out-of-Pocket Maximums will increase from $6,650 Individual/$13,300 Family to $6,900 Individual/$13,800 Family.

PLAN J:

- The Network Out-of-Pocket Maximums will increase from $7,350 Individual/ $14,700 Family to $7,600 Individual/$15,200 Family.

DIFFERENTIAL RATES EXPLAINED

DIFFERENTIAL RATES

This year, the Health Care Commission voted to implement differential medical rates after reviewing the bid received from Blue Cross and Blue Shield of Kansas (BCBSKS), which was higher than Aetna's bid.

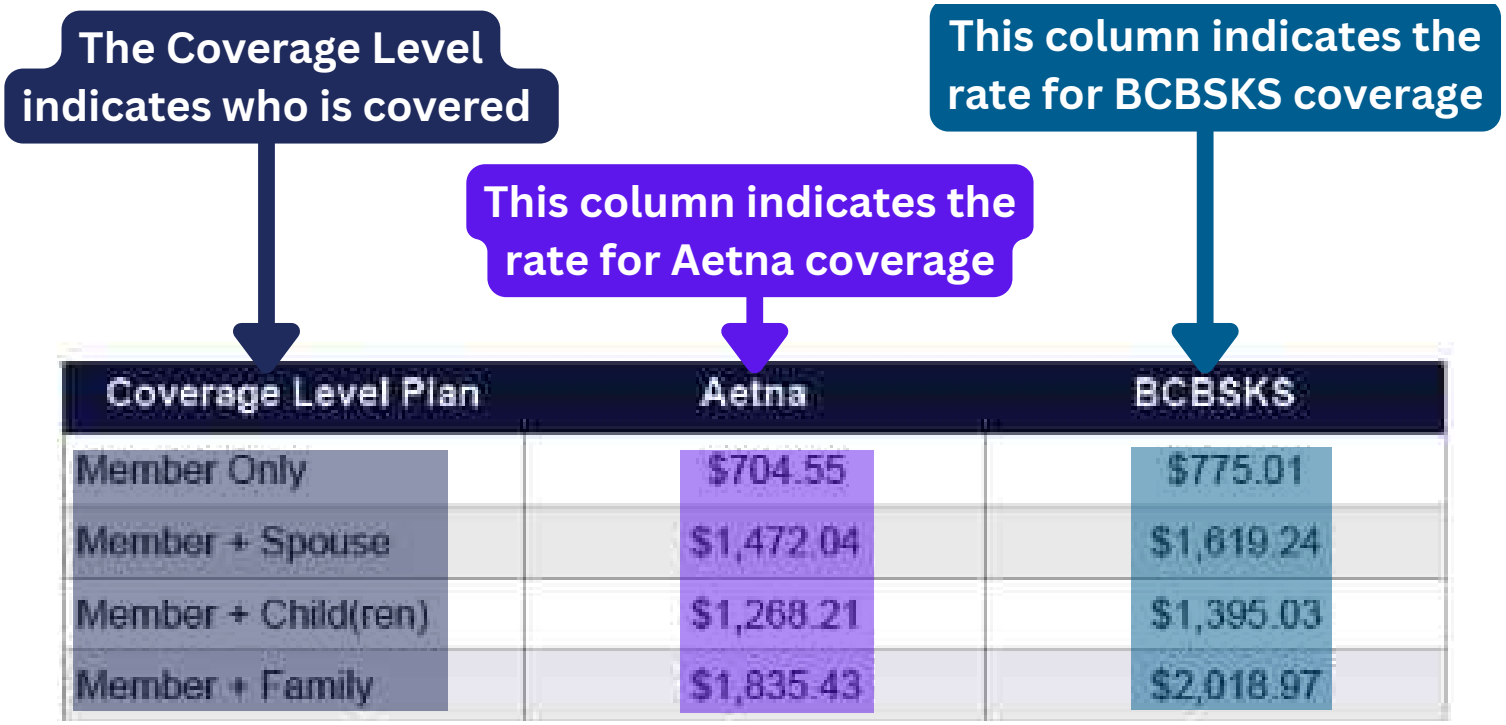
State of Kansas employee feedback indicated significant support for retaining BCBSKS, even with the associated higher rates.

HOW TO READ THE RATE TABLE

This Open Enrollment guide has tables to provide the cost of each Plan's medical coverage. The table has three columns; the first column is who is covered in the Plan. The second column is the rate for the Aetna coverage and the third column is the BCBSKS rate.

This explanation only applies to the tables on pages 14, 16 and 18. The other rate tables and charts displays the coverage level, vendor and rates differently.

Contact SEHP if you need assistance understanding the differential rates or reading the tables.



Coverage Level Plan	Aetna	BCBSKS
Member Only	$704.55	$775.01
Member + Spouse	$1,472.04	$1,619.24
Member + Child(ren)	$1,268.21	$1,395.03
Member + Family	$1,835.43	$2,018.97

DIFFERENT RATES THE SAME BENEFITS

The SEHP offers four health Plan options: Plan A, Plan C, Plan J and Plan N. Each health Plan has different Deductibles, Coinsurance and Out-of-Pocket Maximums, but the benefits **are the same** regardless of Plan option or medical vendor.

ALL OPTIONS OFFER THE FOLLOWING:

- 100 percent coverage for certain preventive care services, such as an annual preventive exam, colonoscopy, mammograms and age-appropriate immunizations including flu and allergy shots when using a Network provider.
- Prescription drug coverage through CVS Caremark.
- Preferred Lab Benefits through QuestSelect, Stormont Vail Health and The University of Kansas Health System.
- Participation in the HealthQuest Health and Wellness program, and access to the HealthQuest Health Center either in-person or virtually.

BOTTOM LINE:

No matter which medical vendor or Plan you choose, the covered benefits are the same.

- The differences between **Plans** are the Deductible, Coinsurance, and Out-of-Pocket Maximum amounts.
- The differences between **medical vendors** are the doctors, clinics, hospitals, and other healthcare services, such as physical therapy, that are considered Network or Non Network.

  All medical vendors and Plans cover the same healthcare benefits.

What changes is:

- **The Plan**: Your Deductible, Coinsurance and Out-of-Pocket Maximum.
- **The Medical Vendor**: Which doctors, clinics, hospitals and services (such as physical therapy) are Network or Non Network.

NON MEDICARE MEDICAL PLANS

MEDICAL PLAN HIGHLIGHTS

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

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

MEDICAL PLAN VENDORS

aetna®

BlueCross BlueShield Kansas

All medical plans include:

- Prescription drug coverage through CVS Caremark
- Telemedicine options
- Preferred lab benefits

Medical plan coverage is provided through both Aetna and Blue Cross and Blue Shield of Kansas. Please review both provider networks to determine which provides the best access for your needs.

- **Preventive services** are covered at 100% of allowable charges when using a Network provider, including services like annual preventive exams, age appropriate immunizations, health coaching, and age appropriate cancer screenings like mammograms, colonoscopies, etc.
- **Prescription Drug benefits** for all plans are provided through CVS Caremark.
- **Preferred Lab benefits** are provided through QuestSelect by Quest Diagnostics, Stormont Vail Health and The University of Kansas Health System.
- **Telehealth Services** are provided through both medical provider networks.
- **Access to the HealthQuest Health Center in Topeka**. Members, spouses and dependent children over age two covered by SEHP medical insurance Plans A, C, J and N can use the HealthQuest Health Center in Topeka. Both in person and virtual appointments are available. All preventive visits, including immunizations, are at no cost regardless of SEHP health plan. Medical care and lab services will be provided at no cost for members of Plan A. Medical care and lab services will require a $40 per visit fee for those members with Plans C, N and J until their Deductible is met. Once the Deductible has been met, medical care will be provided at no cost. Appointments can be made by calling (785) 783-4080 or through the HealthQuest portal at HealthQuest.ks.gov.

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	 $1,250 $2,500	 $1,250 $2,500
Coinsurance (paid by member)	20%	50%
Out of Pocket Maximum (OOP) Individual Family	 $5,500 $11,000	 $5,500 $11,000
Preventive Care	$0	Deductible + Coinsurance
Office Visits Primary Care Specialist Urgent Care Telehealth HealthQuest Health Center	 $20 $60 $50 $10 $0	Deductible + Coinsurance
Emergency Room Visits	$100 Copay + Deductible + Coinsurance (Copay waived if admitted within 24 hours)	$100 Copay + Network Deductible + 20% Coinsurance (Copay waived if admitted within 24 hours)
Diagnostic Lab Services when using Preferred Lab Providers	100%	Deductible + Coinsurance

PLAN A - PRESCRIPTION DRUG BENEFITS

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

Plan Year 2027 Medical Monthly Rates for State of Kansas Retirees/Direct Bill Members

Coverage Level Plan	Aetna	BCBSKS
Member Only	$704.55	$775.01
Member + Spouse	$1,472.04	$1,619.24
Member + Child(ren)	$1,268.21	$1,395.03
Member + Family	$1,835.43	$2,018.97

PLANS C and N - QHDHP

Qualified 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 and 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 Network	PLAN C Non Network	PLAN N Network	PLAN N Non Network
Deductible Individual Family	$2,900* $5,700	$2,900* $5,700	$2,900* $5,700	$2,900* $5,700
Coinsurance (paid by member)	10%	50%	35%	50%
Out of Pocket Maximum (OOP) Individual Family	$4,750 $9,500	$4,750 $9,500	$6,900 $13,800	$6,900 $13,800
Preventive Care	$0	Deductible + Coinsurance	$0	Deductible + Coinsurance
Office Visits Primary Care Specialist Urgent Care Telehealth	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
HealthQuest Health Center**	$40**		$40**	
Emergency Room Visits	Deductible + Coinsurance	Network Deductible + Coinsurance***	Deductible + Coinsurance	Network Deductible + Coinsurance***
Diagnostic Lab Services when using Preferred Lab Providers	Deductible then covered at 100%	Deductible + Coinsurance	Deductible then covered at 100%	Deductible + Coinsurance

**The Deductible for all "non-single" policies (member/spouse, member/children, member/family) will be $3,500 for an individual within the family. The overall family Deductible for these policies is $5,700.*

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

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

PLANS C and N - PRESCRIPTION DRUG BENEFITS

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

Plan Year 2027 Medical Monthly Rates for State of Kansas Retirees/Direct Bill Members

PLAN C

Coverage Level Plan	Aetna	BCBSKS
Member Only	$455.65	$501.22
Member + Spouse	$1,091.59	$1,200.75
Member + Child(ren)	$852.09	$937.30
Member + Family	$1,264.26	$1,390.69

PLAN N

Coverage Level Plan	Aetna	BCBSKS
Member Only	$658.00	$723.80
Member + Spouse	$1,064.36	$1,170.80
Member + Child(ren)	$981.98	$1,080.18
Member + Family	$1,198.73	$1,318.60

NON MEDICARE - PLAN J

PLANS J

MEETS REQUIREMENTS FOR J-1 VISA EMPLOYEES

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

HOW IT WORKS

Services received under Plan J are paid by the member until the Deductible is met. Once the Deductible is met, the Plan will share costs with the member with Coinsurance until the Out-of-Pocket Maximum (OOP) is met.

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

Benefit Summary	Network	Non Network
Deductible Individual Family	 $500 $1,000	 $1,000 $2,000
Coinsurance (paid by member)	25%	50%
Out of Pocket Maximum (OOP) Individual Family	 $7,600 $15,200	 $10,000 $20,000
Preventive Care	$0	Deductible + Coinsurance
Office Visits Primary Care Specialist Urgent Care Telehealth	 Deductible + Coinsurance Deductible + Coinsurance Deductible + Coinsurance Deductible + Coinsurance	 Deductible + Coinsurance
HealthQuest Health Center	$40*	
Emergency Room Visits	Deductible + Coinsurance	Network Deductible + Coinsurance**
Diagnostic Lab Services when using Preferred Lab Providers	Deductible then covered at 100%	Deductible + Coinsurance

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

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

PLAN J - PRESCRIPTION DRUG BENEFITS

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

Plan Year 2027 Medical Monthly Rates for State of Kansas Retirees/Direct Bill Members

Coverage Level Plan	Aetna	BCBSKS
Member Only	$760.29	$836.32
Member + Spouse	$1,258.41	$1,384.25
Member + Child(ren)	$1,152.95	$1,268.25
Member + Family	$1,481.60	$1,629.76

MEDICAL PLAN BENEFITS SUMMARY

Plan Year 2027 Monthly Rates for Direct Bill/Retirees

	Member Only	Member + Spouse	Member + Children	Member + Family
PLAN A Aetna	$704.55	$1,472.04	$1,268.21	$1,835.43
PLAN A BCBSKS	$775.01	$1,619.24	$1,395.03	$2,018.97
PLAN C Aetna	$455.65	$1,091.59	$852.09	$1,264.26
PLAN C BCBSKS	$501.22	$1,200.75	$937.30	$1,390.69
PLAN J Aetna	$760.29	$1,258.41	$1,152.95	$1,481.60
PLAN J BCBSKS	$836.32	$1,384.25	$1,268.25	$1,629.76
PLAN N Aetna	$658.00	$1,064.36	$981.98	$1,198.73
PLAN N BCBSKS	$723.80	$1,170.80	$1,080.18	$1,318.60
DENTAL Delta	$44.09	$100.35	$111.57	$179.10
BASIC Prescription Eyewear Coverage	$3.87	$7.98	$7.21	$11.13
ENHANCED Prescription Eyewear Coverage	$7.76	$15.78	$14.23	$22.07

Network Benefits	Plan A	Plan C	Plans N	Plans J
Deductible	$1,250 Single $2,500 Family	$2,900 Single $3,500/$5,700 Family*	$2,900 Single $3,500/$5,700 Family*	$500 Single $1,000 Family
Coinsurance	20%	10%	35%	25%
Out of Pocket Maximum+	$5,500 Single $11,000 Family	$4,750 Single $9,500 Family	$6,900 Single $13,800 Family	$7,600 Single $15,200 Family

Non Network Benefits	Plan A	Plan C	Plan N	Plan J
Deductible	$1,250 Single $2,500 Family	$2,900 Single $3,500/$5,700 Family*	$2,900 Single $3,500/$5,700 Family*	$1,000 Single $2,000 Family
Coinsurance	50%	50%	50%	50%
Out of Pocket Maximum+	$5,500 Single $11,000 Family	$4,750 Single $9,500 Family	$6,900 Single $13,800 Family	$10,000 Single $20,000 Family

** The Deductible for all employee plus family member(s) coverage will have an individual member Deductible of $3,500. The overall total family Deductible will be $5,700.*

+ Network and Non Network Out-of-Pocket Maximums accumlate separately. NOTE: When receiving services from Non Network providers, you may be responsible for additional Out-of-Pocket expenses for balances over Allowed Charges.

Medical Benefits Summary (general comparison chart)

Medical Services	Plan A Network Provider	Plan A Non Network Provider	Plans C, J, N Network Provider	Plans C, J, N Non Network Provider
Inpatient Services	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Emergency Room Visit	$100 Copay, Deductible plus Coinsurance (Copay waived if admitted within 24 hours)	$100 Copay, Network Deductible plus 20% Coinsurance (Copay waived if admitted within 24 hours)*	Network Deductible plus Coinsurance	Network Deductible plus Coinsurance*
Mental Health (Mental illness, alcoholism, drug abuse and substance abuse)	Same coverage as medical services	Same coverage as medical services	Same coverage as medical services	Same coverage as medical services
Autism Services (Subject to limitations and pre approval)	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Hearing Aids ($5,000 maximum per 3 years)	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance

Physician Care Visits	Plan A Network Provider	Plan A Non Network Provider	Plans C, J, N Network Provider	Plans C, J, N Non Network Provider
PCP office visit	$20 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Specialist	$60 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Urgent Care	$50 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Telehealth	$10 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
HealthQuest HealthCenter	$0	N/A	$40 until Deductible has been met, then $0	N/A

Preventive Care	Plan A Network Provider	Plan A Non Network Provider	Plans C, J, N Network Provider	Plans C, J, N Non Network Provider
Well Woman Exam	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Well Man Exam	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Well Baby and Child	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Vision Visit (regardless of diagnosis)	1st visit of year Covered in Full	Deductible plus Coinsurance	1st visit of year Covered in Full	Deductible plus Coinsurance
Routine Hearing Exam	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Colonoscopy	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Mammogram	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Preventive Lab	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Immunizations	Covered in Full	Covered in Full to age six, otherwise Deductible plus Coinsurance	Covered in Full	Covered in Full to age six, otherwise Deductible plus Coinsurance

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

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

PRESCRIPTION DRUG VENDOR

Prescription Drug Vendor

CVS Caremark

Customer Service

Caremark Connect

Specialty Pharmacy

www.caremark.com

All Areas (Toll Free): 800-294-6324

TDD (Toll Free): 800-863-5488

All Areas (Toll Free): 800-237-2767

Specialty Pharmacy: 800-237-2767

PrudentRX: 800-578-4403

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

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

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

SPECIALTY MEDICINE

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

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

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

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

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

MANAGING YOUR PRESCRIPTION COSTS

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

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

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

Here's how you can start saving:

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

rxss™
Rx Savings Solutions

Prescription Savings

Rx Savings Solutions

www.rxss.com

All Areas: (Toll Free) 800-268-4476

(TTY 800-877-8973)

support@rxss.com

You can download the RxSS mobile app from the Google Play or iOS app stores.

PREFERRED LAB BENEFITS

QuestSelect

www.questselect.com

All Areas (Toll Free): 800-646-7788

Stormont Vail Health

www.stormontvail.org

All Areas (Toll Free): 800-637-4716

Topeka: (785) 354-1150

The University of Kansas Health System

www.kansashealthsystem.com/lab

All Areas (Toll Free): 866-358-5227

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

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

PREFERRED LAB VENDOR BENEFITS:

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

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

PREFERRED LAB VENDORS

QuestSelect™
QuestSelect.com • 800-646-7788

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

Stormont Vail Health

- You do not have to be a Cotton O'Neil patient to have lab services done at one of the specified locations.
- Obtain the required lab orders from your physician to provide at time of lab service. You need the lab orders before you go to the lab.
- Present your SEHP medical plan ID card.
- All Cotton O'Neil patients can have blood drawn at their own physician's office.
- Create a MyChart account to receive lab results directly on your phone or desktop.
- Several locations are available in northeast Kansas.

The University of Kansas Health System

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

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

DENTAL

Dental Coverage

Delta Dental of Kansas, Inc.

Customer Service

www.deltadentalks.com

All Areas (Toll Free): 800-234-3375

Wichita: (316) 264-4511

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

This single plan offers multiple levels of coverage:

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

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

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

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

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

Plan Year 2027

Dental Monthly Rates for Direct Bill/Retirees

Member Only	Member + Spouse	Member + Child(ren)	Member + Family
$44.09	$100.35	$111.57	$179.10

Dental Benefits Summary

Plan Year 2027

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

Benefit Paid (% Plan Pays)

Your Dentist Network Options	Delta Dental PPO™	Delta Dental Premier®	Non Network
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.

Benefit Paid (% Plan Pays)

Your Dentist Network Options	Delta Dental PPO™	Delta Dental Premier®	Non Network
Diagnostic & Preventive Services	100%	100%	100%*
Basic Restorative Services	50%	50%	50%*
Major Restorative Services	40%	30%	30%*
Implant Coverage	40%	30%	30%*

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

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

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

VOLUNTARY PRESCRIPTION EYEWEAR

Surency

Voluntary Prescription Eyewear Insurance

Surency Vision

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

Members can choose between two Surency voluntary prescription eyewear insurance plans: **Basic** and **Enhanced**. Premiums vary based on the level of coverage.

To find a provider near you or learn more about these plans and additional benefits, visit www.surency.com/stateofkansas.

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

Plan Year 2027

Voluntary Prescription Eyewear Insurance Monthly Rates

Coverage Level	Basic	Enhanced
Member Only	$3.87	$7.76
Member + Spouse	$7.98	$15.78
Member + Child(ren)	$7.21	$14.23
Member + Family	$11.13	$22.07

SURENCY BENEFITS FOR ENHANCED PLAN PROGRESSIVE LENSES

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

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

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

Prescription Eyewear Benefits Summary

Plan Year 2027

SURENCY BENEFITS			
Service or Item	**Basic Plan: Network**	**Enhanced Plan: Network**	**Non Network**
Eye Exams: Subject to $50 Copayment			
Eye Exam, M.D. or O.D.	Covered in Full After Copayment	Covered in Full After Copayment	Up to $38*
Eyeglasses: Subject to $25 Materials Copayment			
Frame	up to $100 retail*	up to $150 retail*	Basic: Up to $45* Enhanced: Up to $78*
Single Vision Lens, pair	Covered in Full After Copayment	Covered in Full After Copayment	Up to $31*
Bifocal Lenses, pair	Covered in Full After Copayment	Covered in Full After Copayment	Up to $51*
Trifocal Lenses, pair	Covered in Full After Copayment	Covered in Full After Copayment	Up to $64*
Lenticular Lenses, pair	Covered in Full After Copayment	Covered in Full After Copayment	Up to $80*
Progressive Lenses, pair	Not Covered	See tier chart on page 27	Not Covered
High Index Lenses, pair	Not Covered	Covered up to $116 retail*	Not Covered
Polycarbonate Lenses, pair	Member pays up to $40	Covered in Full	Not Covered
Scratch Coat	Members pays up to $15	Covered in Full	Not Covered
UV Coat	Member pays up to $15	Covered in Full	Not Covered
Contact Lenses: Not Subject to Materials Copayment			
Elective/Cosmetic Retail	Covered up to $150 retail*	Covered up to $150 retail*	Covered up to $105*
When Medically Necessary	Covered in Full	Covered in Full	Covered up to $105*
Contact Lens Exam Fitting Fee: $35 Copayment			
Standard Contacts **	Covered in Full After Copayment	Covered in Full After Copayment	Not Covered
Specialty Contacts ***	10% off Retail Price, minus $55 allowance	10% off Retail Price, minus $55 allowance	Not Covered
Frequencies			
Eye Exam	Covered once every calendar year		
Frames	Covered once every calendar year		
Frame Lenses	Covered once every calendar year unless contact lenses has been elected.		
Contact Lenses	Covered once every calendar year unless frame lenses has been elected.		

* You are responsible for any charges above the allowance.

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

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

MEDICARE OPTIONS

Kansas
Department of Administration
State Employee Health Plan

WHAT'S NEW IN 2027

Medicare Options

- **Annual Open Enrollment period is October 15 - November 16, 2026.**

Medicare Plans

Aetna Medicare Advantage Plans

- Rates will decrease by $14.55 for both Elite and Freedom Plans

Blue Cross Blue Shield Supplemental Plans

- Supplemental Plans C and C Select monthly rates will increase by 8%
- All other Supplemental Plans will remain the same monthly rate as 2026

SilverScript

- The annual Out-of-Pocket Maximum increases by $300 to $2,400
- The monthly rates will remain the same as 2026

Medicare Resources

When you become eligible for Medicare, you will have multiple options both through the SEHP and on the open market. Below is information regarding Medicare Supplement and Medicare Advantage plans available on the open market, including guides to help you understand and compare your choices.

SEHP members are free to elect a plan from the open market. **However, once a member opts out of the SEHP retiree Plan options for medical coverage they may not re-enroll at a later date.**

A member may retain their dental coverage and voluntary prescription eyewear coverage through the SEHP even if they opt out of the medical plans.

Read Medicare & You, the Official Medicare Handbook published by the US Department of Health & Human Services.

Contact Senior Health Insurance Counseling for Kansas (SHICK) at 800-860-5260. SHICK is a free program offering seniors the opportunity to talk with trained volunteers and get answers about Medicare.

Make the most of your Medicare by visiting Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227).

Review the Centers for Medicare & Medicaid Services website at https://www.cms.gov.

Visit the Kansas Department of Insurance website https://insurance.kansas.gov/medicare.

2027 MEDICARE OPTIONS

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

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

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

The State Employee Health Plan Medicare Options are:

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

DENTAL COVERAGE

Members may elect any of the Kansas Senior Plans or Medicare Advantage Plans with or without Delta Dental coverage; however, once a member opts out of Dental coverage, the member will not be able to reenroll in Dental coverage at a later date. See page 25 for more information.

VOLUNTARY PRESCRIPTION EYEWEAR COVERAGE

Members with any of the Kansas Senior Plans or Medicare Advantage Plans may elect to participate in voluntary prescription eyewear coverage with Surency. See page 27 for more information.

2027 MEDICARE OPTIONS

MEDICARE ADVANTAGE PLANS

aetna® MEDICARE FREEDOM AND ELITE PPO ESA PLANS

Direct Bill members enrolled in Medicare Part A and Part B have two Medicare Advantage PPO Plans to choose from for 2027: **Freedom PPO ESA** or **Elite PPO ESA**. These Medicare Advantage Plans offer different levels of coverage and monthly premium will vary based on the Plan selected. You must be enrolled in Medicare Part A and Part B and continue to pay your Part B premium. You do not need to buy additional supplemental Medicare coverage.

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

To process member benefits, SEHP needs your Medicare card and banking information.

No referral is required and the Aetna PPO Plans include an extended service area (ESA) giving you the flexibility to see any medical provider, in or out of network, at the same cost, according to the costs listed on your Plan benefits summary. They just have to be licensed, eligible to receive Medicare payments and willing to accept your Plan. You do not need to buy additional supplemental Medicare coverage.

For more Plan details, visit http://stateofkansas.aetnamedicare.com or contact Aetna Customer Service at 844-233-1939.

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

Extra Benefits for Aetna Medicare Advantage Members include:

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

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

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

MEDICARE ADVANTAGE PLANS

Plan Year 2027 Monthly Premiums for Medicare Advantage Plans		
	Aetna Medicare Freedom PPO ESA	**Aetna Medicare Elite PPO ESA**
Member Only	$169.86	$256.04

Aetna Medicare Advantage Plans Preferred Provider Organization (PPO ESA) Options		
The benefits below are applicable for both Network and Non Network Providers.		
	Freedom	**Elite**
Basic		
Provider Choice	No referral is required. The Aetna PPO Plans include an extended service area (ESA) and give you the flexibility to see any medical provider, in or out of network, at the same cost, according to the costs listed on your plan benefits summary. Provider must be licensed, eligible to receive Medicare payments and willing to accept your plan.	
Annual Deductible	$0	$150
(Annual Deductible is waived for emergency room, ambulance in the US, and preventive care)		
Annual Out-of-Pocket Maximum	$1,000	$150
Lifetime Benefit Maximum	No Limit	No Limit
Network Providers Only Amounts Above Plan Allowance	Provider to Write Off	Provider to Write Off

Covered Services		
Inpatient Hospital Services	$150 per day, days 1-5; $0 Unlimited Additional Days	$0
Outpatient Surgery	$150	$0
Skilled Nursing Facility	Day 1-20 - $0 per day Days 21-100 - $167.50 per day	$0
Office Visits		
Primary Care Provider	$10	$0
Specialist	$25	$0

MEDICARE ADVANTAGE PLANS

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

Aetna Medicare Advantage Plans Preferred Provider Organization (PPO ESA)		
	Freedom	**Elite**
Preventive Care **		
Routine Physical Exam *(One exam per calendar year)*	$0	$0
Immunizations *(Flu, Hep B, & Pneumococcal)*	$0	$0
Well-Woman Care: *(One pap and pelvic exam every two years)*	$0	$0
Well-Man Care:	$0	$0
Routine Hearing Screening - **(***One exam every 12 months)*	$0	$0
Hearing Aid Reimbursement *Limit allowance every 12 months*	$500 allowance	$500 allowance
Routine Eye Exam - **(***One exam every 12 months)*	$0	$0
Non-Medicare Covered Services		
Fitness Benefit	Silver Sneakers	Silver Sneakers
Resources for Living *For help locating resources for every day needs.*	Covered	Covered
Telehealth	Covered *Copay may vary*	Covered $0
Transportation *(Non-emergency)*	24 one-way trips with 60 miles allowed per trip Covered $0 Copay	
Teladoc™	$0	$0
Podiatry	$25 Medicare covered $15 Routine Services	$0 Medicare covered podiatry
Meal Delivery	Covered $0	Covered $0
Diabetic Care		
Medicare Diabetes Prevention Program	$0	$0
Diabetic Eye Exams	$0	$0
Diabetic Supplies	$0	$0

***Major Diagnostic Tests** include, but are not limited to: PET scans, CT scans, nuclear cardiology studies, magnetic resonance angiography and computerized topography angiography. Most major diagnostic tests require pre-approval by the Health Plan.

**** Other Preventive Care -** please refer to the Benefit Summary located on our website at https://healthbenefitsprogram.ks.gov. For more details about these programs or additional assistance regarding your medical or prescription drug benefits, visit http://stateofkansas.aetnamedicare.com or contact Aetna toll-free at 1-844-233-1939 (TTY: 711), Monday to Friday, 8 a.m. to 9 p.m. ET.

MEDICARE ADVANTAGE PLANS

Aetna Medicare Advantage Plans Standard Rx Plan included with Freedom and Elite Plans Members enrolled in Aetna Medicare are not eligible for enrollment in the Private Market Part D Plans.	
Drug Plan Name	**Aetna Standard Rx**
Rx Deductible	$0
Pharmacy Network	S2
Formulary	GRP B2
Tiers	5 Tier
30 day supply vs. 90 day supply cost sharing	1. Retail - 30 day supply 2. Retail or preferred mail order - 90 day supply
Standard Coverage Phase	$2,400
Tier 1 - Preferred generic	$2 / $0
Tier 2 - Generic	$6 / $18
Tier 3 - Preferred brand (& high cost generic)	$47 / $141
Tier 4 - Non preferred brand (& high cost generic)	$100 / $300
Tier 5 - Specialty	33% *(limited to one month supply)*
Catastrophic Coverage	After $2,400
All tiers	$0
Precertification for Rx	Applies
Step therapy	Applies
Mail Order	Provided by CVS Caremark Mail Service Pharmacy.

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

MEDICARE SUPPLEMENT PLANS

BLUE CROSS & BLUE SHIELD OF KANSAS KANSAS SENIOR PLANS

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

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

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

To process a members' Direct Bill benefits, SEHP needs your Medicare card and banking information on file.

MAXIMIZE YOUR COVERAGE

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

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

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

PART D COVERAGE

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

TRAVEL WITH CONFIDENCE

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

DENTAL COVERAGE

Members may elect any of the Kansas Senior Plans with or without Delta Dental coverage; however, once a member opts out of Dental coverage, the member will not be able to reenroll in Dental coverage at a later date. See page 25 for more information.

VOLUNTARY PRESCRIPTION EYEWEAR COVERAGE

Members with any of the Kansas Senior Plans may elect to participate in voluntary prescription eyewear coverage with Surency. See page 27 for more information.

Plan Year 2027
Monthly Premiums for Medicare Supplement Plans

Medicare Plan	Without Part D
Senior Plan C **	$339.49
Senior Plan C Select **	$241.39
Senior Plan G	$267.77
Senior Plan G Select	$195.00
Senior Plan G High Deductible	$109.79
Senior Plan N	$206.37

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

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

MEDICARE SUPPLEMENT PLANS

Kansas Senior Plan - Medicare Supplement Plans				
Plan Name	**Medicare A – Hospitalization**		**Medicare B – Medical**	
	You Pay	**The Plan Pays**	**You Pay**	**The Plan Pays**
Sr. Plan C *Available if you were Medicare eligible before January 1, 2020*	**$0**	**Deductible and Coinsurance for Medicare covered services**	**$0**	**Deductible and Coinsurance for Medicare covered services**
Sr. Plan C Select *Available if you were Medicare eligible before January 1, 2020*	**$0**	**To received full Select benefits, you must obtain your planned hospitalization services from one of the network hospitals.**	**$0**	**Deductible and Coinsurance for Medicare covered services**
Sr. Plan G	**$0**	**Deductible and Coinsurance for Medicare covered services**	**$283[1]**	**After Deductible has been paid, Plan pays Coinsurance for Medicare covered services**
Sr. Plan G Select	**$0**	**To received full Select benefits, you must obtain your planned hospitalization services from one of the network hospitals.**	**$283[1]**	**After Deductible has been paid, Plan pays Coinsurance for Medicare covered services**
Sr. Plan G High Deductible	**$2,950 [2]**	**After deductible has been paid, Plan pays for Medicare covered services.**	**$283[1]**	**After deductible has been paid, Plan pays coinsurance for Medicare covered services.**
Sr. Plan N	**$0**	**Deductible and Coinsurance for Medicare covered services**	**$283[1] $20 Office Visit up to $50 for ER Visit**	**Balance after Deductible and Copays are paid**

[1] $283 is the 2026 Medicare Part B deductible.

[2] With High Deductible Plan G coverage, you must pay for Medicare covered costs (Coinsurance, Copayments and Deductibles) up to the Deductible amount of $2,950 in 2026 before your plan pays anything. You must also pay a separate Deductible ($250 per year) for foreign travel emergency services.

The comparison chart is NOT the governing document. For complete information, including **Non Network Provider coverage**, members need to refer to each Provider's Benefits Description location on the SEHP website.

Plan G High Deductible Benefit Summary

With High Deductible Plan G coverage, you must pay for Medicare-covered costs (Coinsurance, Copayments and Deductibles) up to the Deductible amount of $2,950[1] in 2026 before your plan pays anything. You must also pay a separate Deductible ($250 per year) for foreign travel emergency services.

Medicare Part A (hospital services) - per benefit period

Services	Medicare Pays	Plan G Pays	You Pay
Hospitalization | Semi-private room and board, general nursing, miscellaneous services and supplies[2]			
First 60 days	All but $1,736[3]	$1,736 (Part A Deductible)[3]	$0
61st through 90th day	All but $434 a day	$434 a day	$0
91st day and after:			
» while using 60 lifetime reserve days	All but $868 a day	$868 a day	$0
» once lifetime reserve days are used:			
- additional 365 days	$0	100% of Medicare eligible expenses	$0[2]
- beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care | You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital.[2]			
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $217 a day	Up to $217 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints (per calendar year)	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care | You must meet Medicare's requirements, including a doctor's certification of terminal illness.			
	All but limited Coinsurance for outpatient drugs and inpatient respite care	Medicare Copayment/ Coinsurance	$0

[1] $2,950 is the 2026 HD Plan G deductible.

[2] A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[3] $1,736 is the 2026 Medicare Part A deductible.

[4] Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid, up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan G High Deductible Benefit Summary

Continued

With High Deductible Plan G coverage, you must pay for Medicare covered costs (Coinsurance, Copayments and Deductibles) up to the Deductible amount of $2,950[1] in 2026 before your plan pays anything. You must also pay a separate Deductible ($250 per year) for foreign travel emergency services.

Medicare Part B (medical services) - per calendar period

Services	Medicare Pays	Plan G Pays	You Pay
Medical Expenses | In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First $283 of Medicare-approved amounts [2&3]	$0	$0	$283 (Part B Deductible)[2]
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges	$0	100%	$0
Blood			
First 3 pints (per calendar year)	$0	All costs	$0
Next $240 of Medicare approved amounts [2&3]	$0	$0	$283 (Part B Deductible)[2]
Remainder of Medicare approved amounts	Generally 80%	20%	$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0

Medicare Parts A & B (home health care) - Medicare approved services

Services	Medicare Pays	Plan G Pays	You Pay
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable Medical Equipment			
First $283 of Medicare approved amounts [2&3]	$0	$0	$283 (Part B Deductible)[2]
Remainder of Medicare approved amounts	80%	20%	$0
Foreign Travel I Medically necessary emergency care services during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to lifetime max. benefit of $50,000	20% and amounts over $50,000 lifetime max.

[1] $2,950 is the 2026 HD Plan G Deductible.

[2] $283 is the 2026 Medicare Part B Deductible.

[3] Once you have been billed $283 of Medicare-approved amounts for covered services, your Part B Deductible will have been met for the year.

MEDICARE PART D PRESCRIPTION DRUG PLAN

SILVERSCRIPT
MEDICARE PART D PRESCRIPTION DRUG PLAN

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

The **Premier Plan** has a $0 Deductible. It has five tiers. For 90 day prescription fills, you only pay 1.5 months' copay, which can save you money on your medications. See the benefit summary for full copay details.

The **Economy Plan** has a $350 Deductible. The Deductible does not apply to Tier 1 and 2 drugs. For 90 day prescription fills, you may pay a reduced copay based on the tier level. See the benefit summary for full copay details.

Premiums are paid directly to SilverScript. You will receive a bill from SilverScript and you need to pay SilverScript directly.

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

Plan Year 2027 Retirees/Direct Bill Members
Monthly Premiums for SilverScript Part D

	Silverscript Premier Part D	SilverScript Economy Part D
Member Only	$150.10	$23.56

MEDICARE PART D - PRESCRIPTION DRUG COVERAGE

2027 SilverScript Standalone Part D Drug Coverage PREMIER Rx Plan For Retirees enrolled in BCBS Medicare Supplement Plans			
Deductible	$0		
Pharmacy Network	P1		
Formulary	Group B2		
Tiers	5 Tier		
Initial Coverage Limit	$2,400		
Prescription	**Network Retail 30 Day Supply**	**Network Retail 60 Day Supply**	**Network Retail and Mail Order 90 Day Supply**
Tier 1 - Preferred Generic	Preferred: 20% Max $30 Standard: 25% Max $30	Preferred: 20% Max $45 Standard: 25% Max $45	Preferred: 20% Max $45 Standard: 25% Max $45
Tier 2 - Generic	Preferred: 20% Max $30 Standard: 25% Max $30	Preferred: 20% Max $45 Standard: 25% Max $45	Preferred: 20% Max $45 Standard: 25% Max $45
Tier 3 - Preferred Brand	25% Max $100	25% Max $150	25% Max $150
Tier 4 - Non Preferred	50% Max $150	50% Max $225	50% Max $225
Tier 5 - Specialty	25% No Max	Limited to 30 Day Supply	Limited to 30 Day Supply
Catastrophic Coverage	Benefits start once $2,400 in true Out-of-Pocket costs is incurred. You pay $0 once $2,400 limit is reached.		
Mail Order	90 Day Supply Mail Order provided by CVS Caremark Mail Pharmacy		
For questions, contact SilverScript at 1-800-411-3986.			

[3] Once you have been billed $257 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the year.

MEDICARE PART D - PRESCRIPTION DRUG COVERAGE

2027 SilverScript Standalone Part D Drug Coverage ECONOMY Rx Plan For Retirees enrolled in BCBS Medicare Supplement Plans			
Deductible	$350 *(The Deductible does not apply to drugs on Tier 1 or 2)*		
Pharmacy Network	P1		
Formulary	Group B2		
Tiers	5 Tier		
Initial Coverage Limit: $2,400 Initial Coverage begins after plan Deductible, if applicable.			
Prescription	**Network Retail 30 Day Supply**	**Network Retail 60 Day Supply**	**Network Retail and Mail Order 90 Day Supply**
Tier 1 - Preferred Generic	Preferred: $0 Standard: $15	Preferred: $0 Standard: $30	Preferred: $0 Standard: $30
Tier 2 - Generic	Preferred: $10 Standard: $20	Preferred: $20 Standard: $40	Preferred: $20 Standard: $40
Tier 3 - Preferred Brand	$47	$94	$94
Tier 4 - Non Preferred	50%	50%	50%
Tier 5 - Specialty	25%	Limited to 30 Day Supply	Limited to 30 Day Supply
Catastrophic Coverage	Benefits start once $2,400 in true Out-of-Pocket costs is incurred. You pay $0 once the $2,400 limit is reached.		
Mail Order	90 Day Supply Mail Order provided by CVS Caremark Mail Pharmacy		
For questions, contact SilverScript at 1-800-411-3986.			

CONTACTS

Dental Coverage

Delta Dental of Kansas, Inc.

Customer Service

www.deltadentalks.com

All Areas (Toll Free): 800-234-3375

Wichita: (316) 264-4511

Direct Bill Call Center

Enrollment, Qualifying Event, Report a Death, Address Changes

(Toll Free) 866-541-7100

Eligibility & Enrollment

State Employee Health Plan

HealthBenefitsProgram.ks.gov

(785) 368-6361

SEHPMembership@ks.gov

General Benefits Information

State Employee Health Plan

HealthBenefitsProgram.ks.gov

(785) 368-6361

SEHPMembership@ks.gov

HealthQuest

HealthQuest Health Center

HealthQuest.ks.gov

(785) 783-4080

HealthQuest@marathon.health

KPERS

Kansas Public Employers Retirement Systems

www.KPERS.org

All Areas (Toll Free): 888-275-5737

Topeka: (785) 296-6166

Medical Coverage

Aetna

Customer Service

Behavioral Health

www.aetnastateofkansas.com

All Areas (Toll Free): 866-851-0754

Aetna - Medicare Plans

All Areas (Toll Free): 866-233-1939

TTY: 866-200-3269

Blue Cross Blue Shield of Kansas

www.bcbsks.com/sok

Medicare Plans

All Areas: 844-327-4435

Topeka: (785) 291-4413

Non Medicare Plans

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

Medicare

Medicare.gov

1-800- MEDICARE (633-4227)

TTY: 1-877-486-2048

Prescription Coverage

CVS CareMark

Customer Service

Caremark Connect

Specialty Pharmacy

www.caremark.com

All Areas (Toll Free): 800-294-6324

TDD (Toll Free): 800-863-5488

All Areas (Toll Free): 800-237-2767

Specialty Pharmacy: 800-237-2767

PrudentRX: 800-578-4403

Prescription Savings

Rx Savings Solutions

www.rxsavingssolutions.com

All Areas: (Toll Free) 800-268-4476

(TTY 800-877-8973)

support@rxsavingssolutions.com

Preferred Lab Benefit Program

QuestSelect

www.questselect.com

All Areas (Toll Free): 800-646-7788

Stormont Vail Health

www.stormontvail.org

All Areas (Toll Free): 800-637-4716

Topeka: (785) 354-1150

The University of Kansas Health

www.kansashealthsystem.com/lab

All Areas (Toll Free): 866-358-5227

SilverScript

Medicare Part D Plans

Premier and Economy

All Areas (Toll Free): 800-411-3986

TTY: 711

SHICK

Senior Health Insurance Counseling for Kansas

https://www.kdads.ks.gov

All Areas (Toll Free): 800-860-5260

Voluntary Prescription Eyewear Insurance

Surency Vision

www.surency.com/stateofkansas

All Areas (Toll Free): 866-818-8805

Kansas
Department of Administration
State Employee Health Plan

STATE EMPLOYEE HEALTH PLAN (SEHP)
Appointment of Personal Representative

Primary Member Name _____
First name, Middle Initial, Last name

Member ID Number _____

Member Information

Member, Spouse, or Dependent Names First name, Middle Initial, Last name	Mailing Address STREET ADDRESS CITY, STATE, ZIP	Phone Number INCLUDING AREA CODE

Personal Representative Information

Personal Representative Name First name, Last name	Mailing Address STREET ADDRESS CITY, STATE, ZIP	Phone Number INCLUDING AREA CODE	Relationship to the Member

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

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

Or alternatively,

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

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

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

Member's Signature: _____ **Date:** _____

Mail to:

SEHP Direct Bill Membership Services
109 SW 9th Street – Suite 600
Topeka, KS 66612
Email: SEHPDirectBill@ks.gov

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