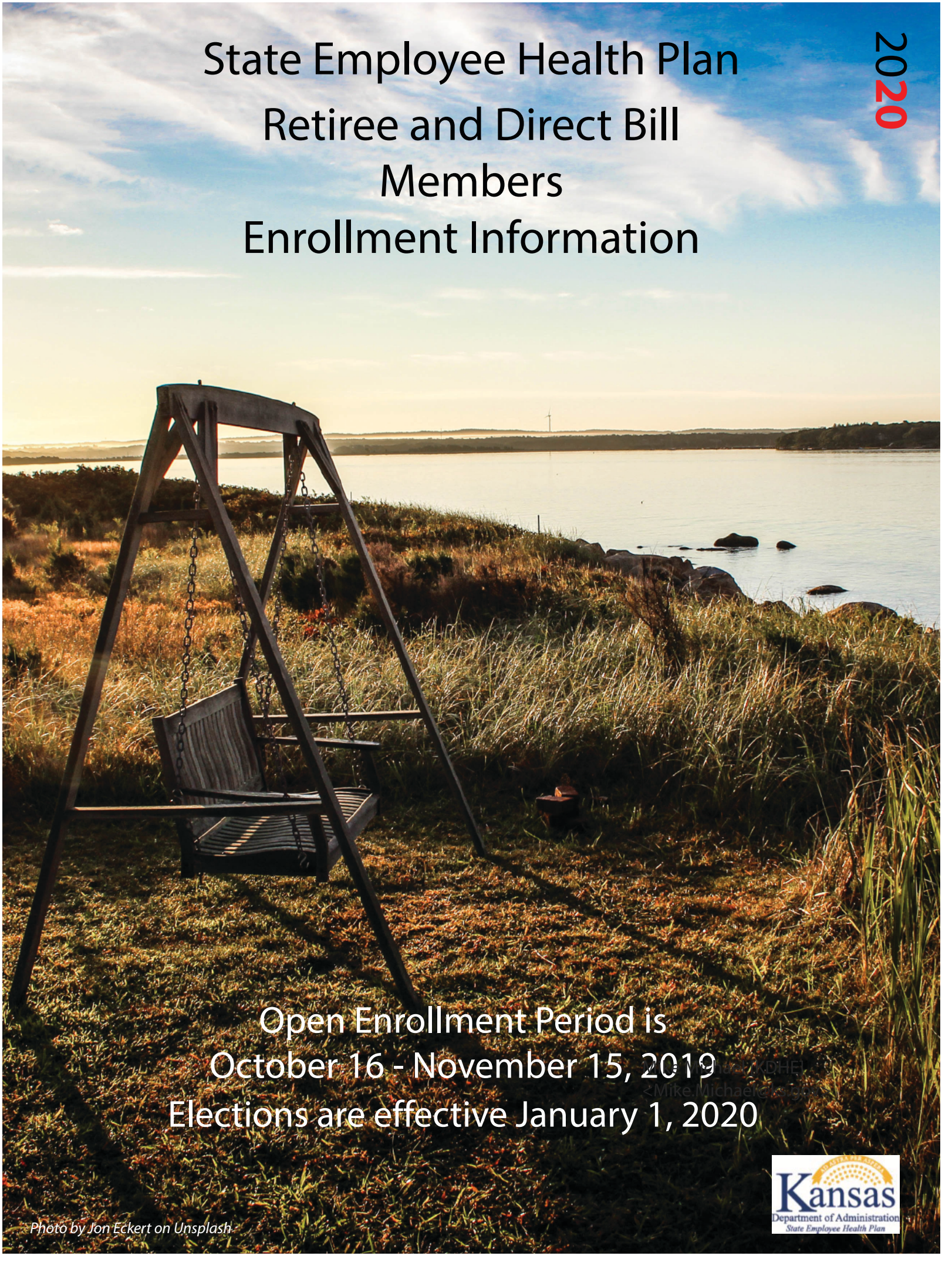
State Employee Health Plan
Retiree and Direct Bill Members
Enrollment Information

2020



Open Enrollment Period is
October 16 - November 15, 2019
Elections are effective January 1, 2020

Kansas
Department of Administration
State Employee Health Plan

Photo by Jon Eckert on Unsplash

Contact Information

State of Kansas Health Plan Vendors

***Aetna* - Non-Medicare Plans**	***www.aetnastateofkansas.com***
Customer Service	All Areas (Toll Free): 866-851-0754
Behavioral Health (Aetna BH)	All Areas (Toll Free): 866-851-0754
***Aetna* Medicare Plans**	
https://www.aetnamedicare.com/state-of-kansas-mapd/en/for-members/view-coverage-benefits.html	
Aetna Medicare **Freedom** PPO ESA Aetna Medicare **Liberty** PPO ESA Aetna Medicare **Elite** PPO ESA	All Areas (Toll Free): 844-233-1939
Behavioral Health (MHNet)	All Areas (Toll Free): 866-607-5970 TTY: 866--200-3269
Blue Cross and Blue Shield of Kansas	***www.bcbsks.com/CustomerService/Members/State/***
Non-Medicare Plans	
Customer Service	All Areas (Toll Free): 800-332-0307 Topeka: 785-291-4185
Blue Cross and Blue Shield of Kansas	
Medicare Plans Kansas Senior Plans C, C Select, G, G Select & N	All Areas (Toll Free): 800-332-0307 Topeka: 785-291-4185
New Directions - ***Behavioral Health***	All Areas (Toll Free): 800-952-5906 Topeka: 785-233-1165
Caremark	***www.caremark.com***
Customer Service	All Areas (Toll Free): 800-294-6324 TDD (Toll Free): 800-863-5488
Caremark Connect Specialty Pharmacy	All Areas (Toll Free): 800-237-2767
Delta Dental of Kansas, Inc.	***www.deltadentalks.com/***
Customer Service	All Areas (Toll Free): 800-234-3375 Wichita: 316-264-4511
Direct Bill Membership Call Center State Employee Health Benefits Plan - Enrollment, Qualifying Event, Report a Death, Address Changes	All Areas (Toll Free): 866-541-7100 Topeka: 785-296-1715
EnvisionInsurance	***www.envisioninsures.com/kansas-retirees***
Part D Medicare Drug Plans Premier, Value and Classic	All Areas (Toll Free): 833-682-1186
KPERS	
Kansas Public Employee Retirement Systems	All Areas (Toll Free): 888-275-5737 Topeka: 785-296-6166
Preferred Lab Benefit Program	
• ***Quest Diagnostics Lab Card Program***	***www.labcard.com***
Customer Service	All Areas (Toll Free): 800-646-7788
Collection Site Listings	***www.labcard.com/collection.html***
• ***Stormont-Vail Regional Lab Program***	***www.stormontvail.org/state-employees-lab.html***
Patient Financial Services	All Areas (Toll Free): 800-637-4716
Collection Site Listings	Topeka: 785-354-1150

Senior Health Insurance Counseling for Kansas (SHICK)	***www.kdads.ks.gov/SHICK/shick_index.html*** All Areas (Toll Free): 800-860-5260
State Employee Health Plan- Premium Billing	Topeka: 785-368-6338
Surency Vision Customer Service - Billing	***www.surency.com/stateofkansas*** All Areas (Toll Free): 866-818-8805 Wichita: 316-462-3316

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Take advantage of the information available online 24/7 on our Open Enrollment Website. View all 2020 Open Enrollment plan options, including the Provider Directories, benefit descriptions and detailed information on all State Employee Health Plan programs and options available at: ***www.kdheks.gov/hcf/sehp/default.htm***

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. It 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 page for your vendor on our website - ***www.kdheks.gov/hcf/sehp/default.htm***

2020 Retiree/Direct Bill Open Enrollment Meeting Schedule

EMPORIA **Thursday, October 17** 10:00 a.m.	**Flint Hills Technical College** Meeting Rooms A and B 3301 W. 18th Avenue
HAYS **Tuesday, October 22** 9:00 a.m. and 1:00 p.m.	**Kansas Highway Patrol** Basement Conference Room 1812 Frontier Road
HUTCHINSON **Wednesday, October 23** 12:30 p.m.	**KDOT Area Office District 5** Conference Room 1220 W. 4th Street
LAWRENCE **Wednesday, October 16** 9:00 a.m. and 1:00 p.m.	**4-H County Fairgrounds** Building 21 2101 Harper
MANHATTAN **Friday, October 4** 9:00 a.m. and 1:00 p.m.	**Fairgrounds - Cico Park** Konza Room - Pottorf Hall 1710 Avery Drive
OVERLAND PARK **Tuesday, October 15** 9:00 a.m. and 1:00 p.m.	**KU Edwards Campus** Regents Center - Room 110 12604 Quivera Road
PITTSBURG **Thursday, October 10** 10:00 a.m.	**Homer Cole Community Center** Conference Room 3003 N. Joplin
SALINA **Thursday, October 24** 9:00 a.m. and 1:00 p.m.	**KSU Polytechnic – Welcome Center** Room 122 2310 Centennial Road

TOPEKA

Wednesday, October 2 - Rooms A, B & C
at 9:00 a.m.
Thursday, October 3 Rooms A, B & C
at 9:00 a.m.
Tuesday, October 8 - Rooms B & C
at 9:00 a.m.
Wednesday, October 9 - Room B & C
at 9:00 a.m.
Friday, October 25 - Room A, B & C
at 9:00 a.m. and 1:30 p.m.

Topeka and Shawnee County Public Library
Marvin Auditorium
Rooms A, B & C
1515 W 10th Street

WICHITA

Friday, October 11
9:00 a.m. and 1:00 p.m.

Delta Dental of Kansas
Multiple Purpose Room
1619 N. Waterfront Parkway

View all Open Enrollment information including the Provider Directories, Benefit Descriptions and detailed information on all State Employee Health Plan programs and options available at: www.kdheks.gov/hcf/sehp/default.htm

Highlights for Plan Year 2020

WHAT'S CHANGING

Blue Cross and Blue Shield of Kansas Medicare Options for 2020

Beginning with Plan Year 2020, CMS (Center for Medicare & Medicaid Services) has made the decision that the Supplement Plan C will no longer be offered. So, **if you will be Medicare eligible in 2020,** the SEHP Kansas Senior Plan C and C Select will **not** be a Medicare option for you.

Your Kansas Senior Plan options are:

- Senior Plan G
- Senior Plan G Select
- Senior Plan N

NOTE: If you are Medicare eligible **before** 2020, Plan C or C Select are included in your options for Medicare coverage.

New Medicare Part D Vendor - EnvisionInsurance

EnvisionInsurance offers three plans: Premier, Value and Classic. See page 24 for more information.

Reminders for Plan Year 2020 - Medicare Options

- **Please review the formularies for all the Envision Part D options** offered by the SEHP to see if your prescriptions are covered or have had a tier change.
- **If you decide to opt out of the Part D prescription drug coverage** offered through the State Employee Health Plan, you must have "creditable drug coverage" from the Private Market to be eligible to return to the SEHP Part D coverage during Open Enrollment without having to pay a penalty. Private Market Open Enrollment for Part D prescription drug coverage is October 15th through December 7th.
- **If you will be receiving Medicare due to a disability, contact Membership Services** at 866-541-7100 (outside Topeka) or 785-296-1715 (in Topeka).
- **If you do not pay your premiums through KPERS deduction** - Members enrolled in one of the Senior Plans will receive a letter from Envision regarding payment of Part D premiums. Medical, Dental and Vision coverage will be paid to the State Employee Health Plan by bank draft. This can be set up online in the Member Portal in MAP - ***https://sehp.member.hrissuite.com/***
  If you need assistance with this, call either 1-866-541-7100 or 785-296-1715.

Enrolling in Coverage for Plan Year 2020

- For those members NOT enrolled in either Aetna Premier Part D or Aetna Value Part D, that do not want to make any changes to your medical, dental or vision coverage, do not need to complete the Open Enrollment process. The coverage the member is enrolled in for 2019 will continue in 2020.
- Members that are currently enrolled in a BCBSKS Senior Plan with an Aetna Part D plan have the options to select one of the Envision Part D plans or waive SEHP Part D coverage and enroll in a Part D plan on the Private Market.

Important: Once coverage (medical, dental, prescription drug and vision) has been terminated, the member cannot re-enroll at a later date. The effective date of termination will be the last day of the month following notification. When a member terminates his or her coverage, all dependents' coverage will be terminated as well.

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

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

Vision Coverage: Members can opt out of vision coverage during Open Enrollment or when they cancel their medical, dental and prescription drug coverage.

Members can waive vision one year, then elect to pick it back up during the next Open Enrollment period, as long as they are enrolled in Medical coverage.

Before you Enroll

Review all of your enrollment materials including this Open Enrollment booklet or go to ***www.kdheks.gov/hcf/sehp/default.htm*** to become familiar with your options.

Read *Medicare and You*, a handbook from the Social Security Administration, if you or a covered dependent is eligible for Medicare.

Attend an Open Enrollment Meeting or view the presentation. We encourage you to attend an Open Enrollment Meeting or view the presentation to hear explanations of your benefit options and to ask questions. See pages 4-5 for dates and times of meetings near you.

Learn about your health plan options. Make sure your health care providers, medical facilities and pharmacy are included in your health plan's network of preferred providers.

Open Enrollment

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

If you have questions, please contact the Direct Bill Call Center toll free at 1-866-541-7100 or 296-1715 (In Topeka). Representatives are available to assist you from October 11, 2019 through December 6, 2019 Monday through Friday 8:30 a.m. to 4:30 p.m. Central time. **The office will be closed** for Veterans' Day (November 11) and Thanksgiving (November 28-29).

Any changes made to your health plans during the Open Enrollment period will become effective January 1, 2020.

OPEN ENROLLMENT MEMBERSHIP ADMINISTRATION PORTAL (MAP) USERS INSTRUCTIONS

The Membership Administration Portal (MAP) is located here ***https://sehp.member.hrissuite.com/***

Members can enroll online using any computer with Internet access – at work, home, or at most public libraries. All modern Internet browsers will work: Google Chrome, Firefox, Safari, Internet Explorer 11 and above or Edge.

Technical Support During the Open Enrollment Period, October 16th through November 15th:
If you experience any technical issues with this portal, call the MAP Help Desk at 1-800-832-5337 (Toll free). The MAP Help Desk will be open from October 16th through November 15th Monday – Friday 7 AM to 5 PM and Saturday 9 AM to 2 PM Central Time.
The Technical Help Desk does not reply to questions about your benefits.

Technical Support After Hours during Open Enrollment:
Please e-mail: ***techsupport@hrissuite.com*** Include your name, phone number, and an explanation of your issue and we will trouble shoot your issue and contact you within 24 hours with a resolution.

Starting October 16th, you can visit MAP to register your online account, review your contact information and family roster, review your current SEHP elections and then make any changes you want for Plan Year 2020. The following information will provide you with step-by-step instructions on how to register your account and complete your Open Enrollment. Note: You only need to register your account and create a unique login the first time you access MAP. Once you have registered, you will be able to sign in to MAP with your username and password.

Before you begin, make sure you have the following information ready

- Your Kansas Employee ID number ***(Call the Direct Bill Call Center - 296-1715 (In Topeka) or 866-541-7100 (Toll Free) if you don't know this)***
- The last 6 digits of your Social Security number (SSN)
- Your Date of Birth

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.

Enrollment Instructions

1. Go to MAP at: ***https://sehp.member.hrissuite.com/*** - using any of the following browsers - Google Chrome, Firefox, Safari, Internet Explorer 11and above or Edge.
   NOTE: If you forgot your password from last year, just re-register.
2. The Welcome screen will appear. If this is the first time you are logging into the portal, please click on the "**Register Now**" button to get started. If you have previously registered and remember your password, click on the "**Sign In**" button. If you do not remember your password, you will need to register again.
3. Follow the instructions on the screen.

You may go into MAP as many times as needed during Open Enrollment to make changes. Pending election statements will be emailed directly to your registered email address each time you save an election in the portal. The benefits that you have selected as of midnight on November 15, 2019 will be effective January 1, 2020. Members may log into the member portal after December 15, 2019 to see their final approved elections for Plan Year 2020.

Choosing Your Health Plan:

Non-Medicare - Plan A, High Deductible Health Plans C, J, N and Q
Medicare - Kansas Senior Plans C, C Select, G, G Select, and N or Aetna Medicare Freedom, Liberty and Elite

You have choices when it comes to your health coverage. The State offers the following plans to Direct Bill members:

Non-Medicare Options

- Plan A — Aetna or Blue Cross and Blue Shield of Kansas
- Plans C, J, N or Q — Aetna or Blue Cross and Blue Shield of Kansas

NOTE: Health Savings Accounts or Health Reimbursement Accounts are not available for retirees electing Plans - C, J, N or Q under Direct Bill.

Medicare Options - Remember Sr Plan C and C Select are only available to those who become Medicare eligible before Plan Year 2020

- Aetna Medicare Freedom PPO ESA (with Aetna Standard Part D)
- Aetna Medicare Liberty PPO ESA (with Aetna Standard Part D)
- Aetna Medicare Elite PPO ESA (with Aetna Standard Part D)
- Kansas Senior Plan C (with or without EnvisionInsurance Part D - ***Value, Premier or Classic***)
- Kansas Senior Plan C Select (with or without EnvisionInsurance Part D -***Value, Premier or Classic***)
- Kansas Senior Plan G (with or without EnvisionInsurance Part D - ***Value, Premier or Classic***)
- Kansas Senior Plan G Select (with or without EnvisionInsurance Part D - ***Value, Premier or Classic***)
- Kansas Senior Plan N (with or without EnvisionInsurance Part D - ***Value, Premier or Classic***)

REMINDER: Kansas Senior Plans C, C Select, G, G Select or N are the ONLY plans that Direct Bill members can enroll in without Prescription Drug coverage and select a Part D prescription drug plan from the Private Market.

If you elect to enroll in any of the Kansas Senior Plans without taking Prescription Drug coverage through the SEHP or Private Market Part D, you may re-enroll in the State's Part D Prescription Drug Coverage during the next Open Enrollment period or if you have a qualifying event.

When making your health plan choices, Direct Bill members should always consider present health conditions and the financial status of all individuals to be covered under the chosen plan.

Non-Medicare Options

MEDICAL COVERAGE | aetna BlueCross BlueShield of Kansas

The State Employee Health Plan (SEHP) offers five medical plans (Plans A, C, J, N and Q).

Medical benefit coverage is provided through Aetna and Blue Cross and Blue Shield of Kansas (BCBSKS). The eligible covered services are identical for all five medical plans and both medical vendors.

Vendor Networks

Each vendor offers its own unique network of contracting providers, so be sure to consider their provider networks when making your selection. Provider Directory links for each vendor page are on the SEHP website: ***www.kdheks.gov/hcf/sehp/default.htm***

Medical Plan Highlights

- Prescription benefits for all five plans are provided by CVS Caremark.
- All plans include a Preferred Lab Benefit through Quest Diagnostics and Stormont Vail Health.
- All Plans include 100% coverage for preventive services when using a Network provider, including things like annual preventive exams, age-appropriate immunizations, mammograms, colonoscopies, etc.
- Deductible, Co-insurance and Out-of-Pocket (OOP) maximums differ among the plans. Policies have no lifetime maximum. Your medical plan OOP maximum includes prescription drugs.
- Plan A offers office visits and prescriptions without requiring you to meet the calendar year deductible.
- Plans C and N are Qualified High Deductible Health Plans (QHDHPs) and covered services are subject to the calendar year deductible.
- Plans J and Q have lower deductibles, but covered services are subject to the calendar year deductible.
- Plan J meets all Federal Requirements for employees with J-1 visas, but is available to all members.

PREFERRED LAB

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. However, your normal medical benefits will apply, and you will not receive the discounts.

Benefits when using a Preferred Lab Vendor:

The Preferred Lab Benefit is included with all five medical plans for the SEHP and is provided through Stormont Vail Health and Quest Diagnostics. 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:** Lab services are paid at 100%.
- **Plans C, J, N and Q:** After your Deductible is satisfied, covered lab services are paid at 100%.

Stormont Vail Health/Cotton O'Neil |

- Offers several locations in northeast Kansas.
- Present your medical plan ID card at the time of service and request to use your Preferred Lab Benefit.
- Obtain the required lab orders from your physician.
- You do not have to be a Cotton O'Neil patient to have lab services done at one of the specified locations.
- All Cotton O'Neil patients can have blood drawn at their own physician's office.
- For a list of locations and additional information please visit: ***www.kdheks.gov/hcf/sehp/Vendors/StormontVailHC.htm***

Quest Diagnostics |

- Offers collection sites throughout Kansas and nationwide.
- Present your Lab Card and request the Lab Card program at the time of service.
- Obtain the required lab orders from your physician.
- Your doctor's office can also 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: ***www.kdheks.gov/hcf/sehp/Vendors/Quest.htm***

PRESCRIPTION DRUG PLAN | CVS caremark

When you elect medical coverage, you automatically receive prescription drug coverage through Caremark. While the Preferred Drug List (PDL) is the same for all plans, the amount you pay will vary depending on the plan you select:

- **Plan A**. Your medical Deductible does not apply. You generally pay Coinsurance for your prescription drug costs until you reach a combined medical and pharmacy Out-Of-Pocket (OOP) annual maximum.
- **Plan C, J, N and Q**. Until you reach your Deductible, you will pay 100% of the discounted cost for your prescriptions drugs when you present your Caremark ID card. Once you have reached your annual Deductible, you pay Coinsurance for your prescription drug costs until you reach a combined pharmacy and medical OOP annual maximum.

Your pharmacy tiers and Coinsurance levels are outlined on the following page.

Your OOP costs will be lower if you use a generic and/or preferred brand name drug. You should refer to the PDL located on our website: ***www.kdheks.gov/hcf/sehp/Caremark.htm*** or ***www.caremark.com***

How Much Will My Prescription Drugs Cost?

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 the plans. If you're currently not enrolled in the State Employee Health Plan (SEHP), you can access the "Check Drug Cost" tool for the plans on the SEHP website here: ***www.kdheks.gov/hcf/sehp/Caremark.htm***
If you need additional assistance regarding your prescription drugs, contact Caremark directly by calling 1-800-294-6324.

Home delivery is available through Caremark. To place an initial order or reorder by phone, call 1-800-294-6324 or email ***online@caremark.com***

Specialty and biotech drugs are available exclusively through the Caremark Connect Specialty Pharmacy. A complete list of Specialty Drugs is available at: ***www.kdheks.gov/hcf/sehp/Caremark.htm***
Contact Caremark Connect at 1-800-237-2767. A Caremark Representative will coordinate patient care with the provider and arrange for medication delivery.

Caremark Prescription Drug Benefits: Plan A

Preferred Drug List, Specialty Drug List and Discount Tier List available on the web at www.caremark.com

Tier	Type of Prescription Medication	Patient Responsibility You Pay
1	Generic Drugs	20% Coinsurance
2	Preferred Brand Name Drugs	40% Coinsurance
3	Special Case Medications	40% Coinsurance to a maximum of $100 per standard unit of therapy / 30-day supply
4	Non Preferred Brand Name Drugs	65% Coinsurance
5	Discount Tier Medications	100% Coinsurance
6	Anticancer Oral Medications	20% Coinsurance to a maximum of $100 per standard unit of therapy / 30-day supply
Value Based	Diabetes	Generic - 10% to a max of $20/30-day supply Preferred brand - 20% to a max of $40/30-day supply
Value Based	Asthma	Generic - 10% to a max of $20/30-day supply Preferred brand - 20% to a max of $40/30-day supply

Caremark Prescription Drug Benefits: Plan C, J, N and Q

Preferred Drug List, Specialty Drug List and Discount Tier List available on the web at www.caremark.com

Tier	Type of Prescription Medication	Patient Responsibility After Deductible is Satisfied, You Pay
1	Generic Drugs	20% Coinsurance
2	Preferred Brand Name Drugs	40% Coinsurance
3	Non Preferred Brand Name Drugs	65% Coinsurance
4	Discount Tier Medications	100% Coinsurance
5	Anticancer Oral Medications	20% Coinsurance

YOUR DENTAL PLAN: DELTA DENTAL PPO™ | DELTA DENTAL

The State of Kansas offers one dental plan through Delta Dental of Kansas. This plan utilizes both of Delta Dental's nationwide networks, Delta Dental PPO and Delta Dental Premier; however, you will receive higher benefit levels when using the Delta Dental PPO network. Delta Dental Network dentists submit claims for your exams/services to us, and we pay them directly. You may also go to any out-of-network provider and receive coverage similar to that of the Delta Dental Premier network; however, additional costs may apply. The following chart provides the percentage of costs paid by the plan under each network as well as out-of-network providers.

You can easily search for a network dentist at: ***https://deltadentalks.com/groups/state-of-kansas***

Dental Benefits Summary

Your Dentist Network Options:	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network
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. Out-of-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 an out-of-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.

SURENCY VISION PLAN | Surency

Our vision carrier is Surency Life and Health, a Kansas-based company owned by Delta Dental of Kansas. Surency's Insight network, which partners with EyeMed Vision Care, offers the choice of independent or retail providers such as LensCrafters, Target, Sears and Walmart, just to name a few. You are offered two vision plans, basic or enhanced. Premiums differ based on level of coverage. Surency offers State of Kansas members discounts when you shop online at: ***www.Glasses.com*** or ***www.ContactsDirect.com*** for frames and lenses, or when they use a participating EyeMed provider.

Search for a provider at: ***www.surency.com/stateofkansas***

NOTE: *Your first eye exam per year is covered at 100% under the medical plan when you use a network provider. You will need to present your medical card at the time of service to receive the full benefit.*

2020 SURENCY VISION BENEFITS

Service or Item	Basic Plan: Network	Enhanced Plan: Network	Out-of-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 Lenses, 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	Covered up to $165*	Not Covered
High Index Lenses, pair	Not Covered	Up to $116 retail*	Not Covered
Polycarbonate Lenses, pair	Up to $40*	Covered in Full	Not Covered
Scratch Coat	Up to $15*	Covered in Full	Not Covered
UV Coat	Up to $15*	Covered in Full	Not Covered
Contact Lenses: Not Subject to Materials Copayment			
Elective/Cosmetic Retail	Up to $150 retail*	Up to $150 retail*	Up to $105*
When Medically Necessary	Covered in Full	Covered in Full	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 contact 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 or extended 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 toric, gas permeable and multi-focal lenses.

Costs to consider when using a Network or Non network provider.

- Network Providers agree to accept the plan allowance as payment in full, using Network Providers saves you money!
- Non network Providers have not agreed to accept the plan allowance, so in addition to your required out-of-pocket cost, any amount above the plan allowance will be your responsibility.
- Out-of-Pocket Maximums accumulate separately for Network and Non network providers.

Network Providers

Network Providers	Plan A	Plan C	Plan J	Plan N	Plan Q
Annual Deductible	Single: $1,000 E + 1: $2,000 E +2+:$3,000	Single: $2,750 Family: $5,500	Single: $500 Family: $1,000	Single: $2,750 Family: $5,500	Single: $500 Family: $1,000
Annual Coinsurance (% you pay)	20%	10%	25%	35%	50%
Out-of-Pocket Maximum (combined medical & pharmacy)	Single: $6,250 Family: $12,500	Single: $5,500 Family: $11,000	Single: $7,350 Family: $14,700	Single: $6,650 Family: $13,300	Single: $6,650 Family: $13,300
Lifetime Maximum	None	None	None	None	None

Non-Network Providers

Non network Providers	Plan A	Plan C	Plan J	Plan N	Plan Q
Annual Deductible	Single: $1,200 E + 1: $2,400 E + 2+:$3,600	Single: $2,750 Family: $5,500	Single: $1,000 Family: $2,000	Single: $2,750 Family: $5,500	Single: $700 Family: $1,400
Annual Coinsurance (% you pay)	50%	50%	50%	50%	60%
Out-of-Pocket Maximum (combined medical & pharmacy)	Single: $6,250 Family: $12,500	Single: $5,500 Family: $11,000	Single: $10,000 Family: $20,000	Single: $6,650 Family: $13,300	Single: $6,650 Family: $13,300
Lifetime Maximum	None	None	None	None	None

Plan C and N: The deductible for all non-single policies (employee/spouse; employee/children; employee/family) will be $2,800 for an individual within the family. However, the overall family deductible for these policies will remain at $5,500.

Medical Benefits Summary (general comparison chart)

Medical Services	**Plan A** Network Provider	**Plan A** Non network Provider	**Plans C, J, N, Q** Network Provider	**Plans C, J, N, Q** 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)	Deductible plus Coinsurance	Deductible plus Coinsurance	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, Q** Network Provider	**Plans C, J, N, Q** Non network Provider
PCP office visit	$40 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
Preventive Care	**Plan A** Network Provider	**Plan A** Non network Provider	**Plans C, J, N, Q** Network Provider	**Plans C, J, N, Q** 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	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

Plan Year 2020 Retiree/ Direct Bill Non-Medicare Options Rate Chart					
Coverage Choice	PLAN **A**	PLAN **C**	PLAN **J**	PLAN **N**	PLAN **Q**
	Aetna / BCBS	Aetna / BCBS	Aetna / BCBS	Aetna / BCBS	Aetna / BCBS
1	$978.16	$722.06	$798.52	$695.73	$702.57
2	$2,038.46	$1,556.46	$1,651.39	$1,447.16	$1,475.65
3	$1,749.62	$1,316.53	$1,403.96	$1,260.24	$1,273.54
4	$2,905.02	$2,276.16	$2,474.99	$2,071.00	$2,172.15

Coverage Choice	Delta Dental	Surency Vision Basic	Surency Vision Enhanced
1	$37.43	$3.68	$7.24
2	$85.21	$7.21	$14.29
3	$94.76	$6.51	$12.89
4	$152.11	$10.05	$19.99

Coverage Choice Codes Key
1-Member Only
2-Member and Spouse Only
3-Member and Child(ren)
4-Member, Spouse and Child(ren)

IMPORTANT REMINDERS: The premiums provided for vision and dental coverage above are separate from the premiums provided for the medical plans. Therefore, when calculating your total monthly premium, please be sure to add all three premium amounts, as applicable.

Medicare Options

Medicare Options

Medicare is a federal health plan designed for the elderly and disabled. It assists enrollees in the payment of health costs subject to certain co-pays and/or co-insurances. 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 will become Medicare eligible in 2020, Senior Plans C and C Select are not an option for you.

The State Employee Health Plan Medicare Options are:

- Aetna Medicare Freedom PPO ESA (with Aetna Standard Part D)
- Aetna Medicare Liberty PPO ESA (with Aetna Standard Part D)
- Aetna Medicare Elite PPO ESA (with Aetna Standard Part D)
- Kansas Senior Plan C (with or without EnvisionInsurance Part D - ***Value, Premier or Classic***)
- Kansas Senior Plan C Select (with or without EnvisionInsurance Part D - ***Value, Premier or Classic***)
- Kansas Senior Plan G (with or without EnvisionInsurance Part D - ***Value, Premier or Classic***)
- Kansas Senior Plan G Select (with or without EnvisionInsurance Part D - ***Value, Premier or Classic***)
- Kansas Senior Plan N (with or without EnvisionInsurance Part D -***Value, Premier or Classic***)

Aetna Medicare Freedom, Liberty and Elite PPO ESA Plans

Direct Bill members enrolled in Medicare Part A and Part B have three Medicare Advantage PPO plans to select from for 2020 benefits: Freedom PPO ESA, Liberty 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.

These Medicare Advantage plans are offered by Aetna Medicare and include Aetna Standard Part D Prescription Drug Coverage. You must be enrolled in Part B and continue to pay your Part B premium. You do not need to buy additional supplemental Medicare or Part D insurance.

The Aetna PPO ESA plans allow you to see any provider, in and out of network. If you choose to go to an out-of-network provider, they must be licensed, eligible to receive Medicare payments, and willing to accept the plan. You will pay the in-network cost share all of the time. No referral required. To view a list of providers, visit http://stateofkansas.aetnamedicare.com or contact Aetna Customer Service at 1-844-233-1939.

NOTE: Enrollment in Private Market Part D coverage is not allowed with any of the Aetna Medicare PPO ESA options and will cause your Medicare Medical plan to be terminated. This would also mean you would no longer be eligible for any State Employee Health Plan coverage.

On page 25, you can review the monthly premiums, out-of-pocket maximums and covered services (ie. Hospital Stays, Office Visit Co-pays and the drug plan) that will be best for you.

Extra Benefits for Aetna Medicare Advantage Members include:

- Hearing Aid Coverage
- Vision Coverage
- Resources for Living
- SilverSneakers

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*.**

Kansas Senior Plans

- Kansas Senior Plans-C, C Select, G, G Select and N are State of Kansas Medigap policies administered by Blue Cross and Blue Shield designed to lower costs for Medicare eligible Direct Bill members, spouses and/or dependents.
  NOTE: Due to CMS regulations, if you will become Medicare eligible in 2020, Senior Plan C and C Select will not be options for you to enroll in.
- Members that enroll in one of the Kansas Senior Plans can choose to enroll in one of the EnvisionInsurance Part D prescription drug plans or they can purchase Part D prescription drug coverage on the Private Market.
- The Kansas Senior Plans are part of the 10 standardized Medicare supplement insurance plans. They have the same medical benefits as any other Medicare Supplement Plan C, C Select, G, G Select or N. 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.
- The Kansas Senior Plans are the only plans offered to Direct Bill members that allows the member to elect Part D coverage from the Private Market.
- See page 29 for how each of the Kansas Senior Plans pay on claims.
- Important Note: If Medicare does not cover a service, there is no benefit under the medical portion of the Kansas Senior Plans.
- Simply 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.
- To be eligible to enroll in one of the Select plans, you must live in one of these counties:

Washington, Marshall, Clay, Riley, Pottawatomie, Jackson, Wabaunsee, Shawnee, Osage, Brown, Doniphan, Atchison, Jefferson, Leavenworth, Douglas, Pratt, Reno, Kingman, Harper, Harvey, Sedgwick, Sumner, Marion, Chase, Butler, Cowley, Greenwood, Elk or Chautauqua.

- Travel with confidence because Kansas Senior Plans C, G and N coverages are accepted by doctors and hospitals everywhere in the United States so you'll have access to care if you need it. Foreign travel emergencies are also covered with some limitations.
- Members may elect any of the Kansas Senior Plans with or without Delta Dental coverage. However - once a member opts out of dental coverage, the member will not be able to re-enroll in dental coverage at a later date.

ENVISIONINSURANCE
A MEDICARE APPROVED PRESCRIPTION DRUG PLAN

Medicare Part D Prescription Drug Plan

EnvisionInsurance is the new Medicare Part D vendor for members of the State Employee Health Plan. They offer three plans - Premier, Value and Classic.

The Premier Plan has the highest premium, but has a $0 deductible. It also offers coverage through the Gap (a.k.a. "Donut Hole"). For 90-day prescription fills, you only pay 1.5 months' co-pay, which can save you money on your medications. See the benefit summary for full co-pay details.

The Value Plan has a lower premium than Premier and only slightly higher than Classic, and it has a low deductible at $100. Coverage is provided through the Gap (Donut Hole) on Tiers 1 and 2. Additionally, co-pays are generally lower on this plan than on Premier, but you need to check the formulary to verify. Also, to get a 90-day fill of medications, you only pay 2 months' co-pay so you can save money on medications. See the benefit summary for full co-pay details.

The Classic Plan is an option to consider if you do not take many medications, as it can keep your costs down. This is the lowest premium plan, but it has a higher deductible than the other plans at $435. Coverage is provided through the Gap (Donut Hole) on all drug Tiers, and co-pays are lower than both the Premier and Value plans. There is also co-pay savings if you fill prescriptions for 90 days instead of 30 on this plan as well. Savings varies by drug tier, so see the benefit summary for full co-pay details.

For more information, go to ***www.envisioninsures.com/kansas-retirees***

Plan Year 2020 Retiree/Direct Bill Health Plan Rate Chart - Medicare Options

Monthly Premiums for Medicare Plans Member Only Rates

Medicare Plan	With Aetna Standard Part D	With Envision Premier Part D	With Envision Value Part D	With Envision Classic Part D	Without Part D
Aetna Medicare Freedom PPO ESA	$176.26 *	N/A	N/A	N/A	N/A
Aetna Medicare Liberty PPO ESA	$208.06 *	N/A	N/A	N/A	N/A
Aetna Medicare Elite PPO ESA	$243.43 *	N/A	N/A	N/A	N/A
BCBSKS Kansas Senior Plan C **	N/A	$417.69	$371.19	$365.89	$226.09
BCBSKS Kansas Senior Plan C Select **	N/A	$352.35	$305.85	$300.55	$160.75
BCBSKS Kansas Senior Plan G	N/A	$399.60	$353.10	$347.80	$208.00
BCBSKS Kansas Senior Plan G Select	N/A	$343.08	$296.58	$291.28	$151.48
BCBSKS Kansas Senior Plan N	N/A	$351.90	$305.40	$300.10	$160.30

NOTE: If you enroll in one of the Kansas Senior Plans in the Member Portal, you will select your Medicare Plan on one screen, then you will select your Part D coverage on the next screen. The two premiums combined are listed in this chart.

* The premium includes Health Insurer Fee (HIF). The Affordable Care Act (ACA) imposed a Health Insurer Fee beginning in 2014. This fee was suspended by Congress in 2017 and 2019. It applies for 2020 and beyond. A portion of the increase in medical and pharmacy plan premiums is a result of the Health Insurer Fee.

** BCBSKS Kansas Senior Plan C and C Select are available to members that are Medicare eligible by the end of 2019 only.

Surency Vision Services and Delta Dental Member Only Rates		
Surency Vision Services - Basic	**Surency Vision Serivces - Premium**	**Delta Dental**
$3.68	$7.24	$37.43

Plan Year 2020 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options			
The benefits below are applicable for both Network and Non-Network Providers.	**Aetna Medicare Plans Preferred Provider Organization (PPO ESA) with Aetna Standard Part D prescription drug**		
	Freedom	**Liberty**	**Elite**
Basic			
Provider Choice	Freedom to use provider of choice, benefits based on plan description: coverage level based on provider network status		
Co-insurance *(for all eligible expenses, unless otherwise noted)*	$0	$0	$0
Deductible	$0	$0	$150 (ER, US Ambulance & Preventive excluded)
Network Annual Out-of-Pocket Maximum	$1,000	$500	$150
Lifetime Benefit Maximum	No Limit	No LImit	No Limit
Network Providers Only Amounts Above Plan Allowance	Provider to Write Off	Provider to Write Off	Provider to Write Off
Aetna Standard Part D program included with Aetna Medicare products			
Aetna Standard Part D	See page 30	See page 30	See page 30
Covered Services			
Inpatient Hospital Services	$150 Co-pay per day up to 5 days	$0	$0
Outpatient Surgery	$150 Co-pay	$0	$0
Skilled Nursing Facility	Day 1-20 - $0 per day Days 21-100 - $167.50 per day	Day 1 - 20 - $0 per day Days 21-100 - $75 per day	$0
Specialist	$25	$30	$30

Plan Year 2020 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options			
The benefits below are applicable for both Network and Non-Network Providers.	**Aetna Medicare Plans Preferred Provider Organization (PPO ESA) with Aetna Standard Part D prescription drug**		
	Freedom	**Liberty**	**Elite**
Covered Services Continued			
Physician Hospital Visits	Included in the inpatient services Co-pay	Included in the inpatient services Co-pay	Included in the inpatient services Co-pay
Office Visits			
Primary Care Provider	$10	$15	$0
Specialist	$25	$15	$0
Major Diagnostics Tests*	$0 - $150	$0 - $200	$0
Durable Medical Equipment	20% Co-insurance	20% Co-insurance	$0
Home Health Care	$0	$0	$0
Hospice *limited to six months*	Services covered under Regular Medicare	Services covered under Regular Medicare	Services covered under Regular Medicare
X-Ray and Laboratory Services	$0	$15	$0
Outpatient Physical Rehabilitation Services: *(services limited to those medically necessary and appropriate: medical records must show continued improvement)*	$0 Co-pay	$15 Co-pay	$0
Mental Illness and Drug or Alcohol Treatment	Same coverage as Medical	Same coverage as Medical	Same coverage as Medical
Chiropractic	$20 Co-pay	$15 Co-pay	$0
Urgent Care Center	$30 Co-pay, worldwide coverage	$15 Co-pay, worldwide coverage	$0
Emergency Room Visits	$80 Co-pay (waived if admitted)	$50 Co-pay (waived if admitted)	$0
Ambulance Services	$100	$15	$0

Plan Year 2020 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options			
The benefits below are applicable for both Network and Non-Network Providers.	**Aetna Plans Preferred Provider Organization (PPO ESA) with Aetna Standard Part D prescription drug**		
	Freedom	**Liberty**	**Elite**
Covered Services Continued			
Allergy Testing	$10 Co-pay for PCP; $25 Co-pay for specialist	$15	$0
Antigen Administration: *desensitization/treatment; allergy shots*	$10 Co-pay for PCP; $25 Co-pay for specialist	$15	$0
Preventive Care **			
Age Appropriate Routine Physical Exam	$0	$0	$0
Covered Immunizations	$0	$0	$0
Well-Woman Care:	$0 **Limitation:** one pap and pelvic exam every two years	$0 **Limitation:** one pap and pelvic exam every two years	$0
Well-Man Care:	$0	$0	$0
Routine Hearing Exam - *Limit one per year*	$0	$0	$0
Hearing Aids - *Limit allowance every 12 months*	$500 allowance	$500 Allowance	$500 Allowance
Routine Vision Exam - *Limit one per year*	$0	$0	$0
Eye Glasses or Contacts	Not covered	Not covered	Not covered
Dental Preventive Exam - Excludes Restorative	Not covered	Not covered	Not covered

***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 ***www.kdheks.gov/hcf/sehp/Vendors/AetnaMedicare.htm***

The comparison chart is NOT the governing document. For complete information including **Non-Network Provider coverage**, members need to refer to each Provider's Benefit Description located on our website at ***www.kdheks.gov/hcf/sehp/Vendors/AetnaMedicare.htm***

Kansas Senior Plans - Plan Year 2020 Medicare Payment Information				
Plan Name	**Medicare A – Hospitalization**		**Medicare B – Medical**	
	You Pay	**The Plan Pays**	**You Pay**	**The Plan Pays**
Sr. Plan C *Available if you are Medicare eligible before 2020*	**$0**	**Deductible and co-insurance for Medicare covered services**	**$0**	**Deductible and Co-insurance for Medicare covered services**
Sr. Plan C Select *Available if you are Medicare eligible before 2020*	**$0**	**To received full Select benefits, you must obtain your planned hospitalization services from one of the network hospitals.**	**$0**	**Deductible and Co-insurance for Medicare covered services**
Sr. Plan G	**$0**	**Deductible and co-insurance for Medicare covered services**	**$198***	**After deductible has been paid, Plan pays co-insurance 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.**	**$198***	**After deductible has been paid, Plan pays co-insurance for Medicare covered services**
Sr. Plan N	**$0**	**Deductible and co-insurance for Medicare covered services**	**$198* $20 Office Visit up to $50 for ER Visit**	**Balance after deductible and co-pays are paid**

* The deductible and co-insurance amounts listed for Kansas Senior Plans reflect **2020** rates.

Aetna Standard Part D Plan Benefits Only available to those enrolled in one of the Aetna Medicare PPO ESA plans.	
Aetna Medicare PPO ESA members have Aetna Standard Part D. Members enrolled in Aetna Medicare are not eligible for enrollment in the Private Market Part D plans.	
Tier	**Medicare Freedom, Liberty and Elite**
	Tier 1 (Preferred Generic) **Tier 2** (Generic) **Tier 3** (Preferred Brand) **Tier 4** (Non-Preferred Brand) **Tier 5** (Speciality Tier)
Pharmacy Network	
Network Retail Pharmacy Specialty Tier only available at 30 day supply (d/s)	
30 day supply cost share	**Tier 1** $2 co-pay **Tier 2** $6 co-pay **Tier 3** $47 co-pay **Tier 4** $100 co-pay **Tier 5** 33% of the total cost - 30 day only
60 day supply cost share	2 times tier amount listed above
90 day supply cost share	3 times tier amount listed above - 2-4 Tiers Tier 1 $0 co-pay
Network Coverage Gap Coverage	
After you have a total drug spend over $4,020 coverage in the Coverage Gap	Network Preferred Tier 1 - $2 co-pay Network Generic Tier 2 - $6 co-pay Network Preferred Brand Tier 3- 25% generic, 25% brand Network Non Preferred Brand Tier 4 - 25% generic, 25% brand Network Specialty Tier 5 - 25% generic, 25% brand
Network Catastrophic Coverage	
If out-of-pocket expenses exceed $6,350coverage for Catastrophic Coverage	**Generics:** the greater of 5% Co-insurance or $3.60 **Brands:** the greater of 5% Co-insurance or $8.95
Mail Order provided by CVS/Caremark Mail Service Pharmacy.	

EnvisionInsurance Part D Plan Benefits - Premier Option - 1-833-682-1186 Only Available to those enrolled in one of the BCBSKS Senior Plans			
Prescription	**Network Retail 30-Day Supply**	**Network Retail 60-Day Supply**	**Network Retail / Mail Order 90-Day Supply**
Tier 1 - Preferred Generic drugs	25% Co-insurance up to a $30 maximum	25% Co-insurance up to a $45 maximum	25% Co-insurance up to a $45 maximum
Tier 2 - Generic drugs	25% Co-insurance up to a $30 maximum	25% Co-insurance up to a $45 maximum	25% Co-insurance up to a $45 maximum
Tier 3 - Preferred Brand Name drugs	25% Co-insurance up to a $100 maximum	25% Co-insurance up to a $150 maximum	25% Co-insurance up to a $150 maximum
Tier 4 - Non-Preferred Generic and Brand Name drugs	50% Co-insurance up to a $150 maximum	50% Co-insurance up to a $225 maximum	50% Co-insurance up to a $225 maximum
Tier 5 - Specialty 30 day supply only	25% Co-insurance No maximum	N/A	N/A
If out-of-pocket expenses exceed $6,350	**Generics:** the greater of 5% Co-insurance or $3.60 **Brands:** the greater of 5% Co-insurance or $8.95	**Generics:** the greater of 5% Co-insurance or $3.60 **Brands:** the greater of 5% Co-insurance or $8.95	**Generics:** the greater of 5% Co-insurance or $3.60 **Brands:** the greater of 5% Co-insurance or $8.95

90 Day Supply Mail Order provided by EnvisionPharmacies Mail Service Pharmacy.	
Tier 1 - Preferred Generic drugs	25% Co-insurance up to a $45 maximum
Tier 2 - Generic	25% Co-insurance up to a $45 maximum
Tier 3 - Preferred Brand Name	25% Co-insurance up to a $150 maximum
Tier 4 - Non-Preferred Generic and Brand Name	50% Co-insurance up to a $225 maximum

EnvisionInsurance Part D Plan Benefits - Value Option - 1-833-682-1186
Only Available to those enrolled in one of the BCBSKS Senior Plans

Prescription	Retail 30-Day Supply	Retail 60-Day Supply	Retail/Mail Order 90-Day Supply
Deductible	**$100 deductible for initial out-of-pocket prior to tier coverage**		
All co-payments would be cost of drug or co-payment listed below. Whichever is less.			
Network / Preferred Pharmacy			
Tier 1 - Preferred Generic drugs	$12 Co-payment	$24 Co-payment	$24 Co-payment
Tier 2 - Generic drugs	$16 Co-payment	$32 Co-payment	$32 Co-payment
Tier 3 - Preferred Brand Name drugs	$42 Co-payment	$84 Co-payment	$84 Co-payment
Tier 4 - Non-Preferred Generic and Brand Name drugs	$86 Co-payment	$172 Co-payment	$172 Co-payment
Tier 5 - Specialty **30 day supply only**	25% Co-insurance No Maximum	N/A	N/A
90 Day Supply Mail Order provided by EnvisionPharmacies Mail Service Pharmacy.			
Tier 1 - Preferred Generic drugs	$24 Co-payment		
Tier 2 - Generic drugs	$32 Co-payment		
Tier 3 - Preferred Brand Name drugs	$84 Co-payment		
Tier 4 - Non Preferred Generic and Brand Name drugs	$172 Co-payment		
After you have a total drug spend over $4,020 coverage in Coverage Gap	Generic Tiers 1 and 2 Only in Gap		
If out-of-pocket expenses exceed $6,350	**Generics:** the greater of 5% Co-insurance or $3.60 **Brands:** the greater of 5% Co-insurance or $8.95	**Generics:** the greater of 5% Co-insurance or $3.60 **Brands:** the greater of 5% Co-insurance or $8.95	**Generics:** the greater of 5% Co-insurance or $3.60 **Brands:** the greater of 5% Co-insurance or $8.95

EnvisionInsurance Part D Plan Benefits - Classic Option - 1-833-682-1186
Only Available to those enrolled in one of the BCBSKS Senior Plans

Prescription	Retail 30-Day Supply	Retail 60-Day Supply	Retail/Mail Order 90-Day Supply
Deductible	**$435 deductible for initial out-of-pocket prior to tier coverage**		
All co-payments would be cost of drug or co-payment listed below. Whichever is less.			
Network / Preferred Pharmacy			
Tier 1 - Preferred Generic drugs	$10 Co-payment	$20 Co-payment	$18 Co-payment
Tier 2 - Generic drugs	$13 Co-payment	$26 Co-payment	$30 Co-payment
Tier 3 - Preferred Brand Name drugs	$42 Co-payment	$84 Co-payment	$120 Co-payment
Tier 4 - Non-Preferred Generic and Brand Name drugs	$86 Co-payment	$172 Co-payment	$240 Co-payment
Tier 5 - Specialty **30 day supply only**	25% Co-insurance No Maximum	N/A	N/A
90 Day Supply Mail Order provided by EnvisionPharmacies Mail Service Pharmacy.			
Tier 1 - Preferred Generic drugs	$9 Co-payment		
Tier 2 - Generic drugs	$15 Co-payment		
Tier 3 - Preferred Brand Name drugs	$120 Co-payment		
Tier 4 - Non Preferred Generic and Brand Name drugs	$240 Co-payment		
After you have a total drug spend over $4,020 coverage in Coverage Gap	Coverage through the donut hole for all tiers		
If out-of-pocket expenses exceed $6,350	**Generics:** the greater of 5% Co-insurance or $3.60 **Brands:** the greater of 5% Co-insurance or $8.95	**Generics:** the greater of 5% Co-insurance or $3.60 **Brands:** the greater of 5% Co-insurance or $8.95	**Generics:** the greater of 5% Co-insurance or $3.60 **Brands:** the greater of 5% Co-insurance or $8.95

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Kansas Department of Health and Environment
STATE EMPLOYEE HEALTH PLAN
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Topeka, KS 66612

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