



# 2021 ENROLLMENT GUIDE

State Employee Health Plan (SEHP)  
COBRA Members

Open Enrollment Period is  
October 18 - November 17, 2020



Elections are effective January 1, 2021



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

NOTE: Non State Group Members should check with their employer regarding the availability of Voluntary Benefits and Flexible Spending Accounts in their group.

*Photography courtesy of Kansas Department of Wildlife, Parks & Tourism and David King*



# What's New

## CHANGES IN 2021

- Plan A Deductible is changing for Employee/Children and Employee/Family coverage tiers from three Deductibles to two. The Plan Year 2021 Deductible amounts are \$1,000/single and \$2,000/family. The maximum Deductible for memberships covering two or more people is now \$2,000.
- The University of Kansas Health System (TUKHS) is now a participating vendor with the preferred lab benefit.



### **Look for Scopes throughout the Guide**

He'll point out helpful tips and information!

More information about your benefits package and links to forms you may need are posted on the State Employee Health Plan (SEHP) website:

<https://healthbenefitsprogram.ks.gov/>.





# Before You Enroll

## UNDERSTAND YOUR OPTIONS

- Become familiar with your options. For information about health plans, vendors and more, review this guide, including the Health Plan Comparison Chart or visit – <https://healthbenefitsprogram.ks.gov/sehp>
- **If you are thinking about changing your medical vendor** be sure your doctors and hospital participate with the new vendor you select for Plan Year 2021. Both medical vendors, Aetna and BCBS of Kansas, have unique provider networks. Provider Directories are listed on each vendor's page.
- **If you are adding dependents to your plan** and have not previously submitted the required documentation (such as a birth certificate or marriage license) to Membership Services, you will need to provide the documentation when submitting your enrollment form to TASC. Other pieces of information needed for each new dependent are the dependent's full name, Social Security number, gender and date of birth.

### Personalized Help

- Contact the vendor: Toll-free customer service numbers are located at the back of this booklet.
- Visit the SEHP website: <https://healthbenefitsprogram.ks.gov/sehp>
- Benefit coverage questions: send an email to: [SEHPBenefits@ks.gov](mailto:SEHPBenefits@ks.gov)
- Membership questions: send an email to: [SEHPMembership@ks.gov](mailto:SEHPMembership@ks.gov)
- Contact TASC at 844-285-9985



# Steps to Enroll

COBRA members will enroll through Total Administrative Services Corporation (TASC), the COBRA vendor for the State Employee Health Plan.

**The Open Enrollment Period is October 18th through November 17th, 2020** with benefit elections becoming effective January 1, 2021. Members will receive an Open Enrollment packet from TASC with instructions on how to make changes to their Plan Year 2020 coverage if you would like to.

If you have questions about enrolling, contact TASC Customer Service Toll Free at 844-285-9985.



# Medical

## MEDICAL COVERAGE |



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. Consider each vendor's provider networks when making your selection.



### Need more information?

Provider directory links for each vendor page are on the SEHP website: <https://healthbenefitsprogram.ks.gov/sehp>.

### 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](#) and [The University of Kansas Health System \(TUKHS\)](#).
- All Plans include 100% coverage for preventive services when using a **Network** provider, including services like annual preventive exams, age-appropriate immunizations, mammograms, colonoscopies, etc.
- Deductible, Coinsurance and Out-of-Pocket (OOP) maximums differ among the plans. Your medical benefits 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.

# GET THE MOST OUT OF YOUR BENEFITS

## Telehealth





Skip the waiting rooms and visit a doctor virtually. As part of your medical plan benefits, U.S. board-certified doctors are available via computer or smartphone, providing access 24/7/365. Use telehealth for cold or flu symptoms and more.

While telehealth doctors do not replace a primary care physician, this benefit is a less expensive alternative to Urgent Care or ER visits. Restrictions on services provided are listed on the SEHP website. Deductible, Coinsurance or Copays may apply depending on your medical plan. Please visit your health plan's webpage to register for this convenient service. Aetna provides telehealth services through Teladoc and BCBSKS provides services through American Well (Amwell).



### Why use Telehealth?

- Available nationwide, 24/7/365
- Prescribed short-term medications
- Treat common conditions

	<ul style="list-style-type: none"> <li>• <b>Plan A:</b> \$10 Copay</li> <li>• <b>Plan C, J, N, Q:</b> Starts at \$47 per visit which applies to Deductible then Coinsurance</li> </ul>	<p>Teladoc:</p>  <p><a href="https://member.teladoc.com/aetna">https://member.teladoc.com/aetna</a></p>
	<ul style="list-style-type: none"> <li>• <b>Plan A:</b> \$10 Copay</li> <li>• <b>Plan C, J, N, Q:</b> Starts at \$49 per visit which applies to Deductible then Coinsurance</li> </ul>	<p>American Well (Amwell):</p>  <p><a href="https://www.bcbsks.com/CustomerService/Members/State/telehealth.shtml">https://www.bcbsks.com/CustomerService/Members/State/telehealth.shtml</a></p>

## Health Transparency Tools

Medical costs for the same service can differ greatly between health care providers. Compare estimated costs before you receive care. See where you are with your Deductible and Coinsurance, and review coverage for yourself and your family members. Access by visiting the vendor's website.

## Member Payment Estimator | Aetna

Aetna offers members the Member Payment Estimator that lets members estimate out-of-pocket costs for medical tests, office visits and procedures ahead of time for planning and budgeting of health care services. For additional information, visit: <https://www.aetnastateofkansas.com/>.

## Costs to consider when using a Network or Non Network provider

- Network Providers accept the plan allowance as payment in full. This saves you money!
- Non Network Providers have not agreed to accept the plan allowance. This means that 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	Plan A	Plan C	Plan J	Plan N	Plan Q
<b>Annual Deductible</b>	Single: \$1,000 Family: \$2,000	Single: \$2,750* Family: \$5,500	Single: \$500 Family: \$1,000	Single: \$2,750* Family: \$5,500	Single: \$500 Family: \$1,000
<b>Annual Coinsurance</b> (% you pay)	20%	10%	25%	35%	50%
<b>Out-of-Pocket Maximum</b> (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
<b>Lifetime Maximum</b>	None	None	None	None	None

### Non Network Providers

Non Network	Plan A	Plan C	Plan J	Plan N	Plan Q
<b>Annual Deductible</b>	Single: \$1,200 Family: \$2,400	Single: \$2,750* Family: \$5,500	Single: \$1,000 Family: \$2,000	Single: \$2,750* Family: \$5,500	Single: \$700 Family: \$1,400
<b>Annual Coinsurance</b> (% you pay)	50%	50%	50%	50%	60%
<b>Out-of-Pocket Maximum</b> (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
<b>Lifetime Maximum</b>	None	None	None	None	None

**\*Plan C and N:** For all “non-single policies”, the first Deductible will be \$2,800 to meet IRS requirements. However, the overall Deductible for the entire family 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
<b>Autism Services</b> (Subject to limitations and pre-approval)	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
<b>Bariatric Surgery</b> (Subject to limitations and pre-approval)	Deductible plus Coinsurance	Not Covered	Deductible plus Coinsurance	Not Covered
<b>Inpatient Services</b>	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
<b>Emergency Room Visit</b>	\$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*
<b>Mental Health</b> (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
<b>PCP office visit</b>	\$40 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
<b>Specialist</b>	\$60 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
<b>Urgent Care</b>	\$50 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
<b>Telehealth</b>	\$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
<b>Well Woman Exam</b>	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
<b>Well Man Exam</b>	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
<b>Well Baby and Child</b>	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
<b>Vision Exam</b>	1st exam of year Covered in Full	Deductible plus Coinsurance	1st exam of year Covered in Full	Deductible plus Coinsurance
<b>Routine Hearing Exam</b>	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
<b>Colonoscopy</b>	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
<b>Mammogram</b>	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
<b>Preventive Lab</b>	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
<b>Immunizations</b>	Covered in Full	Covered in Full to age six, otherwise Deductible plus Coinsurance	Covered in Full	Covered in Full to age six, otherwise Deductible plus Coinsurance

\* Must be a medical emergency.

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

## TRANSPARENCY TOOL |

Save Money on Your Prescriptions! Rx Savings Solutions provides an easy way for you to save money on your prescription costs, and also helps control healthcare premium increases for all of us!

Rx Savings Solutions is a simple, confidential online service that shows you every opportunity to save money on your prescriptions. Unlike basic prescription price look-up tools or coupon programs, it will automatically alert you if you are paying too much for your prescription and tell you how to get the same treatment for less money. It works for all your dependents too.

Visit <http://myrxss.com> to activate your account and start saving! You also may contact the Rx Savings Solutions Pharmacy Support team at 800-268-4476 or email [support@rxsavingsolutions.com](mailto:support@rxsavingsolutions.com).

## PRESCRIPTION DRUG PLAN |

When you elect medical coverage, you automatically receive prescription drug coverage through 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:

- **Plan A.** Your medical Deductible does not apply. You generally pay a Coinsurance for your prescription drug costs throughout the year, up to a combined medical and pharmacy Out-of-Pocket 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 a Coinsurance for your prescription drug costs throughout the year, up to a combined pharmacy and medical Out-of-Pocket maximum.

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



### Generic or brand-name drugs?

Your Out-of-Pocket costs will be lower if you use generic and/or preferred brand-name drugs. The PDL is located at: <https://healthbenefitsprogram.ks.gov/sehp/Caremark> or [www.caremark.com](http://www.caremark.com).

## Prescription Drug Costs

Once you set up an account at [www.caremark.com](http://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, you can access the “Check Drug Cost” tool for the plans on the SEHP website here: <https://healthbenefitsprogram.ks.gov/sehp/Caremark>. If you need additional assistance regarding your prescription drugs, contact Caremark directly by calling 800-294-6324.

Home delivery is available through Caremark. To place an initial order or reorder by phone, call 800-294-6324 or email [online@caremark.com](mailto:online@caremark.com).

Specialty and biotech drugs are available exclusively through the CVS Caremark Specialty Pharmacy. A complete list of Specialty Drugs is available at <https://healthbenefitsprogram.ks.gov/sehp/Caremark>. Contact CVS Specialty Pharmacy at 800-237-2767. A Caremark representative will coordinate patient care with the provider and 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](http://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](http://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

## PREFERRED LAB

The Preferred Lab Benefit, included with all five medical plans for the SEHP, is offered through Quest Diagnostics, Stormont Vail Health and The University of Kansas Health System (TUKHS).

The Preferred Lab Benefit is completely voluntary. If you and your healthcare provider choose to use a lab other than one of the Preferred Lab Vendors, you still have lab coverage through your medical plan. However, your normal medical benefits will apply, and you will not receive the discounts.

### Benefits when using a Preferred Lab Vendor:

Members receive significant discounts on the costs by using these preferred lab vendors for covered diagnostic services. When using one of the preferred lab vendors for outpatient, non-emergency testing that is *covered and approved* by your health plan the following benefits apply:

- **Plan A:** Lab services are paid at 100%.
- **Plans C, J, N and Q:** After your Deductible is satisfied, covered lab services are paid at 100%.

### Quest Diagnostics |

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

### Stormont Vail Health/Cotton O'Neil |

- You do not have to be a Cotton O'Neil patient to have lab services done at one of the specified locations.
- Present your medical plan ID card and request to use your Preferred Lab Benefit.
- Obtain the required lab orders from your physician to provide at time of lab service.
- 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.
- Offers several locations in northeast Kansas. For a list of locations and additional information, please visit: <https://healthbenefitsprogram.ks.gov/sehp/vendors/StormontVailHC>.

### The University of Kansas Health System (TUKHS) |

- You do not have to be a patient to have lab services done at one of the specified locations.
- Offers same-day collection and testing as well as walk-in services. No appointment is necessary.
- Present your medical plan ID card and request to use your Preferred Lab Benefit.
- Obtain the required lab orders from your physician to provide at time of lab service.
- Create a [MyChart account](#) to review your lab results directly on your mobile or desktop.
- Offers several locations in northeast Kansas. For a list of locations and additional information, please visit: <https://healthbenefitsprogram.ks.gov/sehp/vendors/TUKHS>.



# Dental

## YOUR DENTAL PLAN: DELTA DENTAL PPO™ |



The SEHP offers one dental plan through Delta Dental Plan of Kansas. To receive the enhanced benefit level, you must have had a dental exam or cleaning in the prior 12 months to qualify. Members of the health plan who have not had a covered exam or cleaning in the prior 12 months will be at the basic level of benefits.

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. You may also go to a Non Network provider and receive coverage similar to that of the Delta Dental Premier network; however, any amounts in excess of Delta Dental's established fee for service is the member's responsibility.

To receive the enhanced benefit level, you must have had a dental exam or cleaning in the prior 12 months to qualify. Members of the health plan who have not had a covered exam or cleaning in the prior 12 months will be at the basic level of benefits and will pay more of the cost of restorative services.

The following chart, located on the next page, provides the percentage of costs paid by the plan under each Network as well as Non Network providers.



### Searching for network dentist?

Start your search online at:

<https://deltadentalks.com/groups/state-of-kansas>.



# Dental Benefits Summary

January 1 – December 31, 2021

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

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

## YOUR ANNUAL BENEFIT MAXIMUM

\$1,700 per member

## YOUR DEDUCTIBLE

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

## YOUR ORTHODONTIA LIFETIME BENEFIT MAXIMUM

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

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

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



# Vision

## SURENCY VISION PLAN |

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 to name a few. Surency offers State of Kansas members discounts when you shop online at [www.Glasses.com](http://www.Glasses.com) or [www.ContactsDirect.com](http://www.ContactsDirect.com) for frames and lenses, or when they use a participating EyeMed provider.

There are two different vision plans from which to choose, Basic and Enhanced. Premiums differ based on level of coverage. To search for a provider near you, or to find additional information on these plans, including other value added benefits can be found at: [www.surency.com/stateofkansas](http://www.surency.com/stateofkansas).

**NOTE: Your first eye exam each year is covered at 100% under your medical plan if you are enrolled in any of the SEHP medical plans and you use a Network provider. You will need to present your medical card to your provider at the time of the service to receive your full benefit.**



### Searching for a Network vision provider?

Start your search online at:

[www.surency.com/stateofkansas](http://www.surency.com/stateofkansas)

## 2021 SURENCY VISION BENEFITS

Service or Item	Basic Plan: Network	Enhanced Plan: Network	Non Network
<b>Eye Exams: Subject to \$50 Copayment</b>			
Eye Exam, M.D. or O.D.	Covered in Full After Copayment	Covered in Full After Copayment	Up to \$38*
<b>Eyeglasses: Subject to \$25 Materials Copayment</b>			
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
<b>Contact Lenses: Not Subject to Materials Copayment</b>			
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*
<b>Contact Lens Exam Fitting Fee: \$35 Copayment</b>			
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
<b>Frequencies</b>			
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.

# Rates

Employee Category	Plan A	Plan C	Plan J	Plan N	Plan Q	Dental	Vision	
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Delta	2021 Basic	2021 Enhanced
<b>STATE COBRA RATES</b>								
Employee Only	\$682.81	\$566.97	\$687.38	\$585.09	\$633.92	\$51.63	\$3.75	\$7.38
Employee + Spouse	\$1,414.47	\$1,029.29	\$1,197.35	\$1,000.43	\$1,074.93	\$86.81	\$7.35	\$14.58
Employee + Children	\$1,158.35	\$862.81	\$1,065.11	\$894.14	\$978.70	\$82.99	\$6.64	\$13.15
Employee + Family	\$1,785.29	\$1,205.48	\$1,425.10	\$1,137.53	\$1,250.37	\$102.11	\$10.25	\$20.39
<b>NON STATE EMPLOYER GROUP COBRA RATES</b>								
Employee Only	\$808.96	\$690.98	\$818.01	\$712.06	\$760.95	\$63.91	\$3.75	\$7.38
Employee + Spouse	\$1,821.99	\$1,448.08	\$1,621.77	\$1,416.67	\$1,491.09	\$118.36	\$7.35	\$14.58
Employee + Children	\$1,565.23	\$1,272.95	\$1,480.74	\$1,303.96	\$1,388.45	\$114.56	\$6.64	\$13.15
Employee + Family	\$2,213.07	\$1,645.14	\$1,864.76	\$1,564.10	\$1,678.22	\$133.65	\$10.25	\$20.39



# Glossary

- Active Enrollment:** Members must make active elections for benefits/coverage. If you are currently enrolled, and do NOT make new elections, your coverage will default to Plan N with an HRA.
- Coinsurance:** Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for the service (for example, 20%).
- Copay:** A fixed amount you pay for a covered health care service (for example, a doctor's visit). A Copay amount may vary by the type of covered health care service.
- Deductible:** A fixed dollar amount you must pay each calendar year before the plan begins reimbursing for eligible expenses.
- HDHP:** A "High Deductible Health Plan" which meets federal requirements to qualify a covered person to establish and contribute to a Health Savings Account (HSA).
- Network:** The providers who have agreed to participate with the health, dental or vision vendors to accept the allowed amount as payment in full, less any Deductibles, Copays or Coinsurance. Your plans will pay a greater percentage of the cost when you use network providers.
- Non Network:** Providers who have NOT agreed to contract with the health, dental or vision vendors to accept the allowed amount. You will typically pay more in Out-of-Pocket expenses to use Non Network providers, compared to Network providers.
- Open Enrollment:** The period of time when you may review, and enroll or waive benefits available to you through the State Employee Health Plan (SEHP). Typically, the Open Enrollment Period is in October each year.
- Out of Pocket:** The most an employee could pay during the Plan Year for his/her share of the costs for covered services, including Copays, Coinsurance and Deductible.
- Plan Year:** The coverage period to accumulate your share of covered expenses toward your Out-of-Pocket limit. The State Employee Health Plan (SEHP) Plan Year is January 1st thru December 31st of each year.
- Qualifying Event:** A recognized family status change such as marriage, divorce, birth or adoption of a dependent, death of a spouse or dependent, gain or loss of employment and/or benefits for a spouse or dependent. A Qualifying Event enables you to make a coverage change during the middle of a Plan Year, provided the change is consistent with the family status change, and the request for the change is made within 31 days of the event.



## CONTACT INFORMATION

<b>Aetna</b> Customer Service Behavioral Health (Aetna BH)	<a href="http://www.aetnastateofkansas.com">www.aetnastateofkansas.com</a> All Areas (Toll Free): 866-851-0754 All Areas (Toll Free): 866-851-0754
<b>Blue Cross Blue Shield of Kansas</b>	<a href="http://www.bcbsks.com/CustomerService/Members/State/">www.bcbsks.com/CustomerService/Members/State/</a> All Areas (Toll Free): 800-332-0307 Topeka: 785-291-4185 <b>New Directions - Behavioral Health</b> All Areas (Toll Free): 800-952-5906 <b>New Directions - Autism</b> Topeka: 785-233-1165 All Areas (Toll Free): 877-563-9347 Opt.2
<b>Caremark</b> Customer Service Caremark Connect Specialty Pharmacy	<a href="http://www.caremark.com">www.caremark.com</a> All Areas (Toll Free): 800-294-6324 TDD (Toll Free): 800-863-5488 All Areas (Toll Free): 800-237-2767
<b>Delta Dental of Kansas, Inc.</b> Customer Service	<a href="http://www.deltadentalks.com/">www.deltadentalks.com/</a> All Areas (Toll Free): 800-234-3375 Wichita: 316-264-4511
<b>Preferred Lab Benefit Program</b> <ul style="list-style-type: none"> <li>• <b>Quest Diagnostics Lab Card Program</b>              Customer Service              Collection Site Listings</li> <li>• <b>Stormont Vail Health</b>              Patient Financial Services              Benefit Information and Collection Site Listings</li> <li>• <b>The University of Kansas Health System</b>              (TUKHS) Customer Service</li> </ul>	<a href="http://www.labcard.com">www.labcard.com</a> All Areas (Toll Free): 800-646-7788 <a href="http://www.labcard.com/collection.html">www.labcard.com/collection.html</a> <a href="http://www.stormontvail.org/state-employees-lab">www.stormontvail.org/state-employees-lab</a> All Areas (Toll Free): 800-637-4716 Topeka: 785-354-1150  <a href="http://www.kansashealthsystem.com/lab">www.kansashealthsystem.com/lab</a> All Areas (Toll Free): 866-358-5227
<b>Rx Savings Solutions</b>	<a href="https://portal.rxsavingsolutions.com">https://portal.rxsavingsolutions.com</a> All Areas: (Toll Free) 800-268-4476 <a href="mailto:info@rxsavingsolutions.com">info@rxsavingsolutions.com</a>
<b>Surency Vision</b> Customer Service	<a href="http://www.surency.com/stateofkansas">www.surency.com/stateofkansas</a> All Areas (Toll Free): 866-818-8805 Wichita: 316-462-3316
<b>TASC - COBRA Administration</b> Customer Service	<a href="http://www.tasconline.com">www.tasconline.com</a> All Areas (Toll Free): 844-285-9985