



# **2021 State Employee Health Plan Retiree and Direct Bill Enrollment Guide**

Open Enrollment Period is  
October 16 - November 15, 2020

Elections are effective January 1, 2021



## State Employee Health Plan Vendors

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### **Aetna - Non-Medicare Plans**

Customer Service  
Behavioral Health (Aetna BH)

[www.aetnastateofkansas.com](http://www.aetnastateofkansas.com)

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

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### **Blue Cross and Blue Shield of Kansas Non-Medicare Plans**

Customer Service

[www.bcbsks.com/CustomerService/Members/State/](http://www.bcbsks.com/CustomerService/Members/State/)

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  
New Directions - **Behavioral Health**

All Areas (Toll Free): 800-332-0307  
Topeka: 785-291-4185

All Areas (Toll Free): 800-952-5906  
Topeka: 785-233-1165

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### **Caremark**

Customer Service

[www.caremark.com](http://www.caremark.com)

All Areas (Toll Free): 800-294-6324  
TDD (Toll Free): 800-863-5488

Caremark Connect Specialty Pharmacy

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

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### **Delta Dental of Kansas, Inc.**

Customer Service

[www.deltadentalks.com/](http://www.deltadentalks.com/)

All Areas (Toll Free): 800-234-3375  
Wichita: 316-264-4511

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### **Direct Bill Membership Call Center**

State Employee Health Plan -  
Enrollment, Qualifying Event, Report a Death, Address Changes

All Areas (Toll Free): 866-541-7100  
Topeka: 785-296-1715

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### **SilverScript**

**Part D Medicare Drug Plans**  
Premier and Economy

[www.caremark.com](http://www.caremark.com)

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

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### **KPERS**

Kansas Public Employee Retirement Systems

All Areas (Toll Free): 888-275-5737  
Topeka: 785-296-6166

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### **Preferred Lab Benefit Program**

- **Quest Diagnostics Lab Card Program**

Customer Service  
Collection Site Listings

[www.labcard.com](http://www.labcard.com)

All Areas (Toll Free): 800-646-7788  
[www.labcard.com/collection.html](http://www.labcard.com/collection.html)

- **Stormont-Vail Regional Lab Program**

Patient Financial Services  
Collection Site Listings

[www.stormontvail.org/state-employees-lab.html](http://www.stormontvail.org/state-employees-lab.html)

All Areas (Toll Free): 800-637-4716  
Topeka: 785-354-1150

## Preferred Lab Benefit Program Continued

**The University of Kansas Health System**  
(TUKHS) Customer Service

[www.kansashealthsystem.com/lab](http://www.kansashealthsystem.com/lab)  
All Areas (Toll Free): 866-358-5227

**Senior Health Insurance Counseling for Kansas**  
(SHICK)

[www.kdads.ks.gov/SHICK/shick\\_index.html](http://www.kdads.ks.gov/SHICK/shick_index.html)  
All Areas (Toll Free): 800-860-5260

**Surency Vision**  
Customer Service - Billing

[www.surency.com/stateofkansas](http://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 2021 Open Enrollment plan options, including the Provider Directories, benefit descriptions and detailed information on all State Employee Health Plan programs and options available at: <https://healthbenefitsprogram.ks.gov>

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

# Highlights for Plan Year 2021

## WHAT'S CHANGING

- **New Medicare Part D Vendor - SilverScript**  
SilverScript offers two plans: Premier and Economy. See page 22 for more information. The SilverScript Part D plans are available for members enrolled in one of the Kansas Senior Plans - C, C Select, G, G Select or N.
- **New Aetna Part D Prescription Drug Options** - Aetna has two new options for those members enrolled in one of the Medicare Advantage Plans - Freedom, Liberty and Elite. In addition to the Aetna Standard Part D plan, Aetna is rolling out the new High Rx and Low Rx Part D plans.
- **Plan A Deductible is changing** for Member/Children and Member/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.
- **New Preferred Lab Benefit Vendor** - The University of Kansas Health System (TUKHS) is now a participating vendor with the preferred lab benefit.
- **New ID Cards** - The following carriers will be sending new ID cards for Plan Year 2021.
  - Aetna for Non-Medicare plans A, C, J, N & Q
  - BCBS for Non-Medicare plans A, C, J, N & Q
  - BCBS for the Kansas Senior Plans - C, C-Select, G, G-Select & N
  - CVS Caremark
  - SilverScript

## Reminders for Plan Year 2021 - Medicare Options

### Blue Cross and Blue Shield of Kansas Medicare Options for 2020

Beginning with Plan Year 2020, CMS (Center for Medicare & Medicaid Services) made the decision that if a member was not Medicare eligible by December 2019, the Supplement Plan C would no longer be an option for members. So, if you become Medicare eligible in 2020 or after, the SEHP Kansas Senior Plan C or C Select will not be a Medicare plan option for you to elect.

**Your Kansas Senior Plan options are:**

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

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

- **Please review the formularies for all the SilverScript 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 SilverScript Part D Plans will receive a letter from SilverScript 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 2021

The question everyone has—Do I have to do anything for my current coverage to continue for Plan Year 2021?

If you are enrolled in one of the plans listed below and want this coverage to continue, you DO NOT need to make an election. Your current coverage will rollover for Plan Year 2021.

- Enrolled in one of the Non-Medicare plans
- Enrolled in one of the Kansas Senior Plans without Part D
- Enrolled in one of the Aetna Medicare Advantage Plans with Standard Part D

If you are currently enrolled in one of the Kansas Senior Plans with Envision **Premier** Part D, you do not need to make elections if you wish to keep that coverage. You will be rolled over to the SilverScript Premier Part D plan.

If you are currently enrolled in one of the Kansas Senior Plans with Envision **Classic** or **Value** Part D, you **MUST** make an election for 2021. Your Envision Part D coverage will end as of 12/31/2020.

The new Part D vendor, SilverScript, is offering two Part D options—Premier and Economy. The Premier Part D is the same coverage as the current Envision Premier Part D, just with a lower premium. Economy Part D is a more affordable Part D that is comparable to Part D plans out on the Private Market.

Aetna Part D is offering two new plans in addition to the Standard Part D prescription drug plan - High Rx and Low Rx Part D. These plans are available to members enrolled in one of the Aetna Medicare Advantage plans - Freedom, Liberty and Elite.

If you are currently enrolled in an Advantage plan with the Standard Part D plan, you do not need to do anything to continue that coverage in plan year 2021. If you want to change to one of the new Aetna part D options, you will need to make elections during open enrollment.

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

**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 5, 2020 through December 11, 2020 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 26-27).

Any changes made to your health plans during the Open Enrollment period will become effective January 1, 2021.

## OPEN ENROLLMENT MEMBERSHIP ADMINISTRATION PORTAL (MAP) USER 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](mailto: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 2021. 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 11 and 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, 2020 will be effective January 1, 2021. Members may log into the member portal after December 15, 2020 to see their final approved elections for Plan Year 2021.

## **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 became Medicare eligible before Plan Year 2020**

- Aetna Medicare Freedom PPO ESA (with Aetna **Standard, High Rx or Low Rx** Part D)
- Aetna Medicare Liberty PPO ESA (with Aetna **Standard, High Rx or Low Rx** Part D)
- Aetna Medicare Elite PPO ESA ((with Aetna **Standard, High Rx or Low 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 N (with or without SilverScript Part D - **Premier or Economy**)

**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 |

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: <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](#), [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 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, 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 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:

<https://healthbenefitsprogram.ks.gov/sehp/vendors/Quest>

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

- 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:

<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>.

## 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.

## Plan Year 2021 Medical Monthly Rates for State of Kansas Retirees/Direct Bill Members

Benefit Plan	Plan A	Plan C	Plan J	Plan N	Plan Q
Member Only	\$958.60	\$707.62	\$782.55	\$681.82	\$688.52
Member+ Spouse	\$1,997.69	\$1,525.33	\$1,618.36	\$1,418.22	\$1,446.14
Member + Child(ren)	\$1,714.63	\$1,290.20	\$1,375.88	\$1,235.04	\$1,248.07
Member + Family	\$2,846.92	\$2,230.64	\$2,425.49	\$2,029.58	\$2,128.71

# Medical Benefits Summary (general comparison chart)

<b>Medical Services</b>	<b>Plan A</b> Network Provider	<b>Plan A</b> Non Network Provider	<b>Plans C, J, N, Q</b> Network Provider	<b>Plans C, J, N, Q</b> 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
<b>Physician Care Visits</b>	<b>Plan A</b> Network Provider	<b>Plan A</b> Non Network Provider	<b>Plans C, J, N, Q</b> Network Provider	<b>Plans C, J, N, Q</b> 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
<b>Preventive Care</b>	<b>Plan A</b> Network Provider	<b>Plan A</b> Non Network Provider	<b>Plans C, J, N, Q</b> Network Provider	<b>Plans C, J, N, Q</b> 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>.

# 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

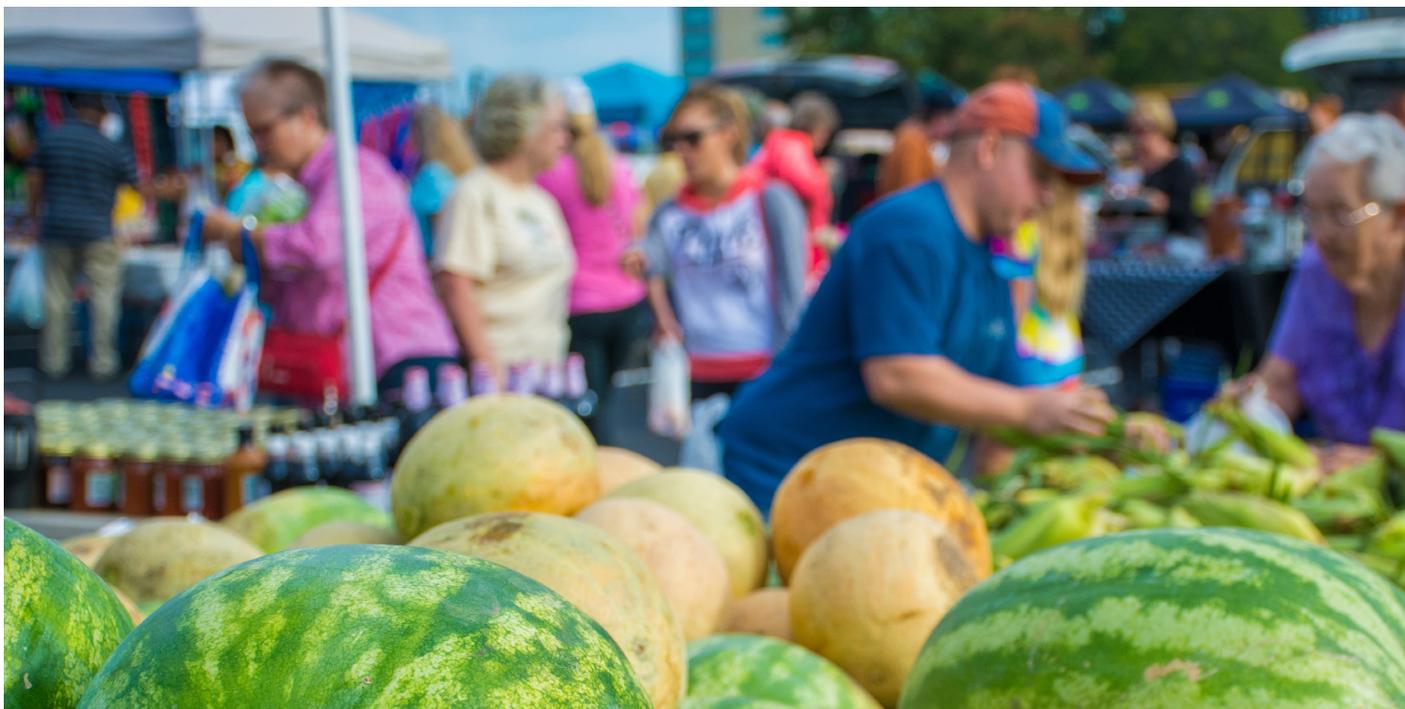
Preferred Drug List, Specialty Drug List and Discount Tier List available on the web at [www.caremark.com](http://www.caremark.com)

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



# 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.

**Delta Dental Network dentists submit claims for your exams/services to Delta Dental, and they pay them directly.** 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)

### ENHANCED BENEFIT

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

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

### BASIC BENEFIT

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

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

### YOUR ANNUAL BENEFIT MAXIMUM

\$1,700 per member

### YOUR DEDUCTIBLE

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

### YOUR ORTHODONTIA LIFETIME BENEFIT MAXIMUM

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

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

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

Plan Year 2021 Dental Monthly Rates for State of Kansas Retirees/Direct Bill Members			
Member Only	Member + Spouse	Member + Child(ren)	Member + Family
\$38.68	\$88.05	\$97.92	\$157.19



# 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	Member pays up to \$40	Covered in Full	Not Covered
Scratch Coat	Member pays up to \$15	Covered in Full	Not Covered
UV Coat	Member pays 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.

### Plan Year 2021 Vision Monthly Rates for State of Kansas Retirees/Direct Bill Members

Member Only	Member + Spouse	Member + Child(ren)	Member + Family
Basic: \$3.68 Enhanced: \$7.24	Basic: \$7.21 Enhanced: \$14.29	Basic: \$6.51 Enhanced: \$12.89	Basic: \$10.05 Enhanced: \$19.99

## Plan Year 2021 Retiree/ Direct Bill Non-Medicare Options Rate Chart

Coverage Choice	PLAN A	PLAN C	PLAN J	PLAN N	PLAN Q
	Aetna / BCBS				
Member Only	\$958.60	\$707.62	\$782.55	\$681.82	\$688.52
Member + Spouse	\$1,997.69	\$1,525.33	\$1,618.36	\$1,418.22	\$1,446.14
Member + Children	\$1,714.63	\$1,290.20	\$1,375.88	\$1,235.04	\$1,248.07
Member + Family	\$2,846.92	\$2,230.64	\$2,425.49	\$2,029.58	\$2,128.71

Coverage Choice	Delta Dental	Surency Vision Basic	Surency Vision Enhanced
Member Only	\$38.68	\$3.68	\$7.24
Member + Spouse	\$88.05	\$7.21	\$14.29
Member + Children	\$97.92	\$6.51	\$12.89
Member + Family	\$157.19	\$10.05	\$19.99

**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 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 Freedom PPO ESA (with Aetna **Standard, High Rx or Low Rx** Part D)
- Aetna Medicare Liberty PPO ESA (with Aetna **Standard, High Rx or Low Rx** Part D)
- Aetna Medicare Elite PPO ESA (with Aetna **Standard, High Rx or Low 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 N (with or without SilverScript Part D - **Premier or Economy**)



## 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 2021 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. You must be enrolled in 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 have three options available for Part D Prescription Drug coverage - Aetna **Standard, High Rx or Low Rx** Part D. You do not need to buy additional 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.

Beginning on page 24, 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](http://www.silversneakers.com).

## Aetna

### Medicare Part D Prescription Drug Plan

Aetna provides Medicare Part D coverage for members of the State Employee Health Plan enrolled in one of the Aetna Medicare Advantage Plans - Freedom, Liberty or Elite. In addition to the Standard Part D plan, they will offer the new High Rx and Low Rx options for 2021.

**The High Rx Plan** has a \$0 deductible. It has four tiers and offers coverage through the Gap (a.k.a. "Donut Hole") on all tiers. 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 Low Rx Plan** has a \$350 deductible. Coverage is provided through the Gap (a.k.a. "Donut Hole") on Tier 1 and 2 drugs. For 90-day prescription fills, you may pay a reduced co-pay based on the tier level. See the benefit summary for full co-pay details.



### 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 become Medicare eligible in 2020 or after, 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 SilverScript 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 28 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: Atchison, Brown, Butler, Chase, Chautauqua, Clay, Cowley, Doniphan, Douglas, Elk, Greenwood, Harper, Harvey, Jackson, Jefferson, Kingman, Leavenworth, Marion, Marshall, Osage, Pottawatomie, Pratt, Reno, Riley, Sedgwick, Shawnee, Sumner, Wabaunsee or Washington.
- 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.

## SilverScript Medicare Part D Prescription Drug Plan

SilverScript is the new Medicare Part D vendor for members of the State Employee Health Plan enrolled in one of the Kansas Senior Plans - C, C Select, G, G Select, or N. They offer two plans - Premier and Economy.

**The Premier Plan** has a \$0 deductible. It has five tiers and offers coverage through the Gap (a.k.a. "Donut Hole") on all tiers. 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 Economy Plan** has a \$350 deductible. Coverage is provided through the Gap (a.k.a. "Donut Hole") on Tier 1 and 2 drugs. For 90-day prescription fills, you may pay a reduced co-pay based on the tier level. See the benefit summary for full co-pay details.

For more information, go to [www.caremark.com](http://www.caremark.com)

## Plan Year 2021 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 either Aetna High Rx or SilverScript Premier Part D *	With either Aetna Low Rx or SilverScript Economy Part D *	Without Part D
Aetna Medicare Freedom PPO ESA	\$149.82	\$240.68	\$123.28	N/A
Aetna Medicare Liberty PPO ESA	\$194.17	\$274.87	\$157.47	N/A
Aetna Medicare Elite PPO ESA	\$228.16	\$308.86	\$191.46	N/A
BCBSKS Kansas Senior Plan C **	N/A	\$397.37	\$279.97	\$244.17
BCBSKS Kansas Senior Plan C Select **	N/A	\$326.81	\$209.41	\$173.61
BCBSKS Kansas Senior Plan G	N/A	\$377.84	\$260.44	\$224.64
BCBSKS Kansas Senior Plan G Select	N/A	\$316.79	\$199.39	\$163.59
BCBSKS Kansas Senior Plan N	N/A	\$326.32	\$208.92	\$173.12

**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 Plan on one screen, then you will hit the continue button and select your SilverScript Part D coverage on the next screen. On this chart the Medicare and Part D premiums are combined.

\* The rates for Aetna High Rx and Low Rx Part D plans are the same as SilverScript Premier and Economy Part D plans.

Members enrolled in one of the Aetna Advantage Plans - Freedom, Liberty or Elite can enroll in Aetna Standard, High Rx or Low Rx Part D. Members enrolled in one of the Kansas Senior plans - C, C Select, G, G Select or N, can enroll in either SilverScript Premier or Economy Part D plans.

\*\* 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 Services -Enhanced	Delta Dental
\$3.68	\$7.24	\$38.68

## Plan Year 2021 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options

<i>The benefits below are applicable for both Network and Non-Network Providers.</i>	Aetna Medicare Plans Preferred Provider Organization (PPO ESA)		
	Freedom	Liberty	Elite

### Basic

<b>Provider Choice</b>	Freedom to use provider of choice, benefits based on plan description: coverage level based on provider network status		
<b>Co-insurance</b> (for all eligible expenses, unless otherwise noted)	\$0	\$0	\$0
<b>Deductible</b>	\$0	\$0	\$150
<b>Network Annual Out-of-Pocket Maximum</b>	\$1,000	\$500	\$150
<b>Lifetime Benefit Maximum</b>	No Limit	No Limit	No Limit
<b>Network Providers Only Amounts Above Plan Allowance</b>	Provider to Write Off	Provider to Write Off	Provider to Write Off

### Aetna Standard, High Rx or Low Rx Part D plans are included with Aetna Medicare products

<b>Aetna Standard Part D Aetna High Rx Aetna Low Rx</b>	See pages 29-33	See pages 29-33	See pages 29-33
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### Covered Services

<b>Inpatient Hospital Services</b>	\$150 Co-pay per day up to 5 days	\$0	\$0
<b>Outpatient Surgery</b>	\$150 Co-pay	\$0	\$0
<b>Skilled Nursing Facility</b>	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

### Office Visits

Primary Care Provider	\$10	\$15	\$0
Specialist	\$25	\$15	\$0
<b>Inpatient Hospital Services</b>	\$150 Co-pay per day up to 5 days	\$0	\$0

## Plan Year 2021 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)

**Freedom**

**Liberty**

**Elite**

### Covered Services Continued

<b>Outpatient Surgery</b>	\$150 Co-pay	\$0	\$0
<b>Skilled Nursing Facility</b>	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
<b>Physician Hospital Visits</b>	Included in the inpatient services Co-pay	Included in the inpatient services Co-pay	
<b>Office Visits</b>			
Primary Care Provider	\$10	\$15	\$0
Specialist	\$25	\$15	\$0
<b>Major Diagnostics Tests*</b>	\$0 - \$150	\$0 - \$200	\$0
<b>Durable Medical Equipment</b>	20% Co-insurance	15% Co-insurance	\$0
<b>Home Health Care</b>	\$0	\$0	\$0
<b>Hospice</b>	Services covered under Regular Medicare	Services covered under Regular Medicare	Services covered under Regular Medicare
<b>X-Ray and Laboratory Services</b>	\$0	\$15	\$0
<b>Outpatient Physical Rehabilitation Services:</b> <i>(services limited to those medically necessary and appropriate; medical records must show continued improvement)</i>	\$0 Co-pay	\$15 Co-pay	\$0
<b>Mental Illness and Drug or Alcohol Treatment</b>	Same coverage as Medical	Same coverage as Medical	Same coverage as Medical
<b>Chiropractic</b>	\$20 Co-pay	\$15 Co-pay	\$0
<b>Urgent Care Center</b>	\$30 Co-pay, worldwide coverage	\$15 Co-pay, worldwide coverage	\$0
<b>Emergency Room Visits</b>	\$80 Co-pay (waived if admitted)	\$50 Co-pay (waived if admitted)	\$0
<b>Ambulance Services</b>	\$100	\$15	\$0

## Plan Year 2021 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)

**Freedom**

**Liberty**

**Elite**

### Covered Services Continued

<b>Allergy Testing</b>	\$10 Co-pay for PCP; \$25 Co-pay for specialist	\$15	\$0
<b>Antigen Administration:</b> <i>desensitization/treatment; allergy shots</i>	\$10 Co-pay for PCP; \$25 Co-pay for specialist	\$15	\$0
<b>Preventive Care **</b>			
<b>Age Appropriate Routine Physical Exam</b>	\$0	\$0	\$0
<b>Covered Immunizations</b>	\$0	\$0	\$0
<b>Well-Woman Care:</b>	\$0 <b>Limitation:</b> one pap and pelvic exam every two years	\$0 <b>Limitation:</b> one pap and pelvic exam every two years	\$0
<b>Well-Man Care:</b>	\$0	\$0	\$0
<b>Routine Hearing Exam -</b> <i>Limit one per year</i>	\$0	\$0	\$0
<b>Hearing Aids -</b> <i>Limit allowance every 12 months</i>	\$500 allowance	\$500 Allowance	\$500 Allowance
<b>Routine Vision Exam -</b> <i>Limit one per year</i>	\$0	\$0	\$0

### Non-Medicare Covered Services

<b>Fitness Benefit</b>	Silver Sneakers	Silver Sneakers	Silver Sneakers
<b>Resources for Living</b>	Covered	Covered	Covered
<b>Telehealth</b>	Covered	Covered	Covered

### Diabetic Care

<b>Medicare Diabetes Prevention Program</b>	\$0	\$0	\$0
<b>Diabetic Eye Exams</b>	\$0	\$0	\$0
<b>Diabetic Supplies</b>	\$0	\$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/Vendors/Aetna-Medicare-Advantage>

## Kansas Senior Plans - Plan Year 2021 Medicare Payment Information

Plan Name	Medicare A – Hospitalization		Medicare B – Medical	
	You Pay	The Plan Pays	You Pay	The Plan Pays
<b>Sr. Plan C</b> <i>Available if you are Medicare eligible before 2020</i>	\$0	Deductible and co-insurance for Medicare covered services	\$0	Deductible and Co-insurance for Medicare covered services
<b>Sr. Plan C Select</b> <i>Available if you are Medicare eligible before 2020</i>	\$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
<b>Sr. Plan G</b>	\$0	Deductible and co-insurance for Medicare covered services	\$198*	After deductible has been paid, Plan pays co-insurance for Medicare covered services
<b>Sr. Plan G Select</b>	\$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
<b>Sr. Plan N</b>	\$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.

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

## 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 three options for Part D coverage. Members enrolled in Aetna Medicare are not eligible for enrollment in the Private Market Part D plans.

<b>Tier</b>	<b>Medicare Freedom, Liberty and Elite</b>
	<b>Tier 1</b> (Preferred Generic) <b>Tier 2</b> (Generic) <b>Tier 3</b> (Preferred Brand) <b>Tier 4</b> (Non-Preferred Brand) <b>Tier 5</b> (Specialty Tier)
<b>Pharmacy Network</b>	
<b>Network Retail Pharmacy</b>	
Specialty Tier only available at 30 day supply (d/s)	
<b>30 day supply cost share</b>	<b>Tier 1</b> \$2 co-pay <b>Tier 2</b> \$6 co-pay <b>Tier 3</b> \$47 co-pay <b>Tier 4</b> \$100 co-pay <b>Tier 5</b> 33% of the total cost - 30 day only
<b>60 day supply cost share</b>	2 times tier amount listed above
<b>90 day supply cost share</b>	3 times tier amount listed above - 2-4 Tiers Tier 1 \$0 co-pay
<b>Network Coverage Gap Coverage</b>	
<b>After you have a total drug spend over \$4,130 coverage in the Coverage Gap</b>	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
<b>Network Catastrophic Coverage</b>	
<b>If out-of-pocket expenses exceed \$6,550 coverage for Catastrophic Coverage</b>	<b>Generics:</b> the greater of 5% Co-insurance or \$3.70 <b>Brands:</b> the greater of 5% Co-insurance or \$9.20
<b>Mail Order provided by CVS/Caremark Mail Service Pharmacy.</b>	

## Aetna High Rx Part D Plan Benefits

Only available to those enrolled in one of the Aetna Medicare PPO ESA plans.

Prescription	Network Retail 30-Day Supply	Network Retail 60-Day Supply	Network Retail / Mail Order 90-Day Supply
<b>Tier 1 - Preferred Generic drugs</b>	Preferred: 20% Max \$30 Standard: 25% Max \$30	Preferred: 20% Max \$45 Standard: 25% Max \$45	Preferred: 20% Max \$45 Standard: 25% Max \$45
<b>Tier 2 - Generic drugs</b>	Preferred: 20% Max \$30 Standard: 25% Max \$30	Preferred: 20% Max \$45 Standard: 25% Max \$45	Preferred: 20% Max \$45 Standard: 25% Max \$45
<b>Tier 3 - Preferred Brand Name drugs</b>	Preferred & Standard: 25% Max \$100	Preferred & Standard: 25% Max \$150	Preferred & Standard: 25% Max \$150
<b>Tier 4 - Non- Preferred Generic and Brand Name drugs</b>	50% Co-insurance up to a \$150 maximum	50% Co-insurance up to a \$225 maximum	50% Co-insurance up to a \$225 maximum
<b>Tier 5 - Specialty 30 day supply only</b>	Preferred & Standard: 25% No Max	N/A	N/A
<b>If out-of-pocket expenses exceed \$6,550</b>	<b>Generics:</b> the greater of 5% Co-insurance or \$3.70 <b>Brands:</b> the greater of 5% Co-insurance or \$9.20	<b>Generics:</b> the greater of 5% Co-insurance or \$3.70 <b>Brands:</b> the greater of 5% Co-insurance or \$9.20	<b>Generics:</b> the greater of 5% Co-insurance or \$3.70 <b>Brands:</b> the greater of 5% Co-insurance or \$9.20

### 90 Day Supply Mail Order provided by CVS Caremark Mail Pharmacy.

<b>Tier 1 - Preferred Generic drugs</b>	20% up to a \$45 maximum
<b>Tier 2 - Generic</b>	20% up to a \$45 maximum
<b>Tier 3 - Preferred Brand Name</b>	25% up to a \$150 maximum
<b>Tier 4 - Non- Preferred Generic and Brand Name</b>	50% up to a \$225 maximum

## Aetna Low Rx Part D Plan Benefits

Only available to those enrolled in one of the Aetna Medicare PPO ESA plans.

Prescription	Retail 30-Day Supply	Retail 60-Day Supply	Retail/Mail Order 90-Day Supply
<b>Deductible</b>	<b>\$350 deductible for initial out-of-pocket prior to tier coverage.</b>		
<b>All co-payments would be cost of drug or co-payment listed below. Whichever is less.</b>			
<b>Network / Preferred Pharmacy</b>			
<b>Tier 1 - Preferred Generic drugs</b>	\$0 / \$15	\$0 / \$30	\$0 / \$30
<b>Tier 2 - Generic drugs</b>	\$10 / \$20	\$20 / \$40	\$20 / \$40
<b>Tier 3 - Preferred Brand Name drugs</b>	\$47.00	\$94.00	\$94.00
<b>Tier 4 - Non-Preferred Generic and Brand Name drugs</b>	50%	50%	50%
<b>Tier 5 - Specialty 30 day supply only</b>	25%	N/A	N/A
<b>90 Day Supply Mail Order provided by CVS Caremark Mail Pharmacy.</b>			
<b>Tier 1 - Preferred Generic drugs</b>	\$0		
<b>Tier 2 - Generic drugs</b>	\$20		
<b>Tier 3 - Preferred Brand Name drugs</b>	\$94.00		
<b>Tier 4 - Non Preferred Generic and Brand Name drugs</b>	50%		
<b>After you have a total drug spend over \$4,130 coverage in Coverage Gap</b>	The coverage gap begins after the total yearly drug costs (including what the plan has paid and what you have paid) reaches \$4,130. Your plan offers a reduced level of coverage through the coverage gap. You will qualify for catastrophic coverage once you reach an out-of-pocket cost of \$6,550.		
<b>If out-of-pocket expenses exceed \$6,550</b>	<b>Generics:</b> the greater of 5% Co-insurance or \$3.70 <b>Brands:</b> the greater of 5% Co-insurance or \$9.20	<b>Generics:</b> the greater of 5% Co-insurance or \$3.70 <b>Brands:</b> the greater of 5% Co-insurance or \$9.20	<b>Generics:</b> the greater of 5% Co-insurance or \$3.70 <b>Brands:</b> the greater of 5% Co-insurance or \$9.20

## SilverScript Part D Plan Benefits - Premier Option - 1-800-411-3986

Prescription	Network Retail 30-Day Supply	Network Retail 60-Day Supply	Network Retail / Mail Order 90-Day Supply
<b>Tier 1 - Preferred Generic drugs</b>	Preferred: 20% Max \$30 Standard: 25% Max \$30	Preferred: 20% Max \$45 Standard: 25% Max \$45	Preferred: 20% Max \$45 Standard: 25% Max \$45
<b>Tier 2 - Generic drugs</b>	Preferred: 20% Max \$30 Standard: 25% Max \$30	Preferred: 20% Max \$45 Standard: 25% Max \$45	Preferred: 20% Max \$45 Standard: 25% Max \$45
<b>Tier 3 - Preferred Brand Name drugs</b>	Preferred & Standard: 25% Max \$100	Preferred & Standard: 25% Max \$150	Preferred & Standard: 25% Max \$150
<b>Tier 4 - Non-Preferred Generic and Brand Name drugs</b>	50% Co-insurance up to a \$150 maximum	50% Co-insurance up to a \$225 maximum	50% Co-insurance up to a \$225 maximum
<b>Tier 5 - Specialty 30 day supply only</b>	Preferred & Standard: 25% No Max	N/A	N/A
<b>If out-of-pocket expenses exceed \$6,550</b>	<b>Generics:</b> the greater of 5% Co-insurance or \$3.70 <b>Brands:</b> the greater of 5% Co-insurance or \$9.20	<b>Generics:</b> the greater of 5% Co-insurance or \$3.70 <b>Brands:</b> the greater of 5% Co-insurance or \$9.20	<b>Generics:</b> the greater of 5% Co-insurance or \$3.70 <b>Brands:</b> the greater of 5% Co-insurance or \$9.20

### 90 Day Supply Mail Order provided by CVS Caremark Mail Pharmacy.

<b>Tier 1 - Preferred Generic drugs</b>	20% up to a \$45 maximum
<b>Tier 2 - Generic</b>	20% up to a \$45 maximum
<b>Tier 3 - Preferred Brand Name</b>	25% up to a \$150 maximum
<b>Tier 4 - Non-Preferred Generic and Brand Name</b>	50% up to a \$225 maximum

## SilverScript Part D Plan Benefits - Economy Option - 1-800-411-3986

Prescription	Retail 30-Day Supply	Retail 60-Day Supply	Retail/Mail Order 90-Day Supply
<b>Deductible</b>	<b>\$350 deductible for initial out-of-pocket prior to tier coverage.</b>		
<b>All co-payments would be cost of drug or co-payment listed below. Whichever is less.</b>			
<b>Network / Preferred Pharmacy</b>			
<b>Tier 1 - Preferred Generic drugs</b>	\$0 / \$15	\$0 / \$30	\$0 / \$30
<b>Tier 2 - Generic drugs</b>	\$10 / \$20	\$20 / \$40	\$20 / \$40
<b>Tier 3 - Preferred Brand Name drugs</b>	\$47.00	\$94.00	\$94.00
<b>Tier 4 - Non-Preferred Generic and Brand Name drugs</b>	50%	50%	50%
<b>Tier 5 - Specialty 30 day supply only</b>	25%	N/A	N/A
<b>90 Day Supply Mail Order provided by CVS Caremark Mail Pharmacy.</b>			
<b>Tier 1 - Preferred Generic drugs</b>	\$0		
<b>Tier 2 - Generic drugs</b>	\$20		
<b>Tier 3 - Preferred Brand Name drugs</b>	\$94.00		
<b>Tier 4 - Non Preferred Generic and Brand Name drugs</b>	50%		
<b>After you have a total drug spend over \$4,130 coverage in Coverage Gap</b>	The coverage gap begins after the total yearly drug costs (including what the plan has paid and what you have paid) reaches \$4,130. Your plan offers a reduced level of coverage through the coverage gap. You will qualify for catastrophic coverage once you reach an out-of-pocket cost of \$6,550.		
<b>If out-of-pocket expenses exceed \$6,550</b>	<b>Generics:</b> the greater of 5% Co-insurance or \$3.70 <b>Brands:</b> the greater of 5% Co-insurance or \$9.20	<b>Generics:</b> the greater of 5% Co-insurance or \$3.70 <b>Brands:</b> the greater of 5% Co-insurance or \$9.20	<b>Generics:</b> the greater of 5% Co-insurance or \$3.70 <b>Brands:</b> the greater of 5% Co-insurance or \$9.20



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STATE EMPLOYEE HEALTH PLAN  
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