



# State Employee and Non State Employer Groups

## 2020 ENROLLMENT INFORMATION

Open Enrollment Period is October 1-31, 2019



# Welcome

**The State of Kansas is proud to offer State employees a generous, comprehensive benefits package that provides flexibility and choice.**

This Benefits Guide includes an overview of your benefits, with information on how to save—and even earn—extra dollars with some simple choices.

More information about your benefits package, as well as links to forms you may need are posted on the State Employee Health Plan (SEHP) website, [www.kdheks.gov/hcf/sehp/](http://www.kdheks.gov/hcf/sehp/).

## Message from Governor Laura Kelly



**Governor Laura Kelly**

“Our employees are one of the most valuable resources we have in the State of Kansas and I am proud to be a part of so many dedicated, committed people working to make our state the best place it can be. The Health Care Finance Division is a part of the KDHE and one of its duties is to provide our employees and their families with a myriad of benefit programs designed to fit each individual family's needs. These valuable benefits include a variety of choices for you, including Medical plans, Prescription coverage, Dental, Vision, Flexible Spending Accounts, Health Savings Accounts, along with a variety of voluntary benefit options, an Employee Assistance Program, and an award-winning health and wellness program. The goal of the State Employee Health Plan is to provide you with the opportunity to select the coverage options best suited to your needs, and are designed to protect you financially when faced with unplanned health situations. Your health and well-being are important to us, which is why we offer so many choices and tools to assist you when making these very important selections. Review them carefully, and take advantage of these benefits as part of our appreciation for all you do for the State of Kansas.”

*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.*



## MEET StEtHoscoPe

Look for StEtHoscoPe, our SEHP guide, for helpful tips and information throughout this book!

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Your benefits at-a-glance

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# Terms to Know

**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.

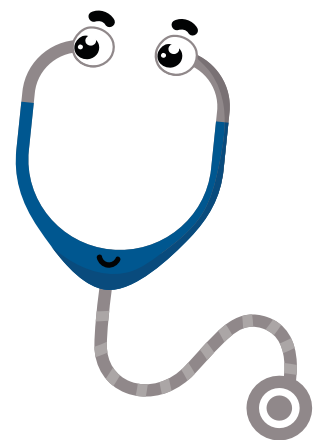
**Non network:** Providers who have NOT agreed to contract with the health, dental or vision vendors to accept the allowed amount. You will typically pay more in out of pocket expenses to use Non network providers, compared to network providers.

**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.





# Before You Enroll

## BEFORE YOU ENROLL

**REMINDER** – you must make elections for Plan Year 2020 or your coverage will be defaulted to Plan N with a Health Reimbursement Account (HRA).

Become familiar with your options. For information on the health plans, vendors and more, review this booklet which includes the Health Plan Comparison Chart in the book, or go to our website – [www.kdheks.gov/hcf/sehp/default.htm](http://www.kdheks.gov/hcf/sehp/default.htm).

- Use ALEX, a decision making tool to help you choose your plan: [www.myalex.com/kansassehp/2020](http://www.myalex.com/kansassehp/2020)
- View on-demand webinar located in the Plan Year 2020 Information: [www.kdheks.gov/hcf/sehp/PY2020-Info.htm](http://www.kdheks.gov/hcf/sehp/PY2020-Info.htm).
- Attend an open enrollment meeting: <http://www.kdheks.gov/hcf/sehp/PY2020-Info.htm>.

## Questions

- Contact the vendor. Toll-free customer service numbers are listed in the back of this booklet.
- Visit the State Employee Health Plan (SEHP) website – [www.kdheks.gov/hcf/sehp/default.htm](http://www.kdheks.gov/hcf/sehp/default.htm)
- Additional benefit questions – send an email to [kdhe.benefits@ks.gov](mailto:kdhe.benefits@ks.gov)
- Membership questions – send an email to [kdhe.sehpmembership@ks.gov](mailto:kdhe.sehpmembership@ks.gov)
- State Employees can contact their agency human resource office.
- Non State Employer Group Members can speak with their benefit contact person.



# Who Is Eligible?

## ELIGIBILITY

Newly Hired or Newly Eligible Employees have 31 days from their date of hire or becoming eligible to enroll in benefits. Your coverage becomes effective on the 1st day of the month after completion of the 30-day waiting period. If you do not enroll by the deadline, you will not be eligible to enroll again until the next Open Enrollment period (unless you experience a qualifying event which allows you to enroll).

In addition to covering yourself you may elect coverage for your eligible dependents.

They include:

- Your lawful spouse
- Your child(ren) or stepchild(ren) under the age of 26.

During your enrollment, required documentation must be submitted online in the MAP (Membership Administration Portal) system to cover eligible dependents.

**Note:** In the event of a divorce, coverage for your former spouse and/or stepchild(ren) will end on the last day of the month in which the divorce is finalized.



## HEALTHYKIDS PROGRAM

The HealthyKIDS program is for eligible State Employees only and helps cover the cost of the premiums for their children enrolled in the State Employee Health Plan (SEHP).

Eligibility for the HealthyKIDS program is based in part on family income. Children in households who would otherwise qualify for the Federal/State Medicaid program, may be eligible. The HealthyKIDS program is not Medicaid.

Check out the income guideline chart link at [www.kdheks.gov/hcf/sehp/HealthyKIDS.htm](http://www.kdheks.gov/hcf/sehp/HealthyKIDS.htm) to see if you may qualify. There is additional information on the site which may help to determine your eligibility. If you believe you are eligible for HealthyKIDS, go to - <https://sehp.member.hrissuite.com> to apply.

At the time of your application, you will be notified online if you qualify and are approved for the HealthyKIDS program. If approved, your premiums for coverage of your dependent children will be adjusted based upon the current HealthyKIDS contributions. The HealthyKIDS premiums are found at the bottom of the Semi-Monthly Rates for State of Kansas Active Employees.

Annual application is required. If you are applying mid-year due to a qualifying event, your application must be received no later than 31 days from the date of the qualifying event.

## CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

CHIP coverage is available to the child(ren) of individuals who are eligible to enroll in the SEHP. For most employees, if your child(ren) qualify for Healthy Kids, they may qualify for the Kancare CHIP program. This program has the potential savings of several thousand dollars if you were previously enrolled in Healthy Kids.

### Benefits under CHIP coverage include:

- No Deductibles.
- No Copays.
- No Coinsurance.
- Monthly household premiums from \$0 to \$50.
- Free annual checkups and screenings, including dental.
- Choice of three (3) medical carriers each offering different benefits.
- Coverage is accepted by most doctors.



Income household limits are similar to Healthy Kids. To check your specific household income please use the Kancare Medical Assistance Standard chart, found here: <https://www.kancare.ks.gov/docs/default-source/policies-and-reports/kdhe-keesm/appendix/financial/f-8-ks-medical-standard-09-19.pdf>.

State Employees can apply for CHIP for their child(ren) during Open Enrollment, either by filling out the paper application or online using the following link: <https://kancare.ks.gov/consumers/apply-for-kancare>. If you are going to apply for CHIP, you should still enroll your children in the SEHP medical plans until approved for CHIP.

If your child(ren) are eligible for CHIP after enrolling them in SEHP, the approval letter from Kancare will need to be uploaded in MAP when you submit the request to drop your SEHP coverage for your child(ren).

You can call 800-792-4884 if you have questions.



# Enrollment Instructions

Using your Membership Administrative Portal (MAP)

## OPEN ENROLLMENT MEMBERSHIP ADMINISTRATION PORTAL (MAP) USER INSTRUCTIONS

**This is an Active Enrollment Year. All covered members will need to enroll for Plan Year 2020.**

To enroll for Plan Year 2020, all Active State of Kansas (SOK) employees and Non State Employer Group (NSE) members will need to log in to the Membership Administration Portal (MAP), <https://sehp.member.hrissuite.com/>, and complete the enrollment process for Plan Year 2020 even if they do not wish to change anything about their coverage. Members can enroll online using any computer with Internet access – at work, home, or at most public libraries. All modern internet browsers will work: Internet Explorer 9 and above, Chrome, Firefox, Safari, and Opera.

Technical Support During the Open Enrollment Period, October 1-31: 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 1-31, Monday – Friday: 7 a.m. to 5 p.m. and Saturday: 9 a.m. to 2 p.m. Central Time.

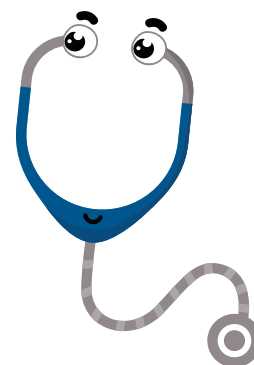
Technical Support After Hours During Open Enrollment: Please e-mail [techsupport@hrissuite.com](mailto:techsupport@hrissuite.com). Include your name, phone number, and an explanation of your issue and they will troubleshoot your issue and contact you within 24 hours with a resolution.

Starting October 1, you can visit MAP to register your online account (if you are a new member), review your contact information, Member and Family Information, and your current SEHP elections. You can make any changes you want for Plan Year 2020. The following information will provide you with step-by-step instructions on how to register your account and complete your open enrollment. Note: You only need to register your account and create a unique login the first time you access MAP. Once you have registered, you will be able to sign into MAP with your username and password.

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

- Your Kansas Employee ID number (available from your Human Resource Office).
- 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.





Human Resource Representatives can also assist the member during Open Enrollment to upload document.

If you are a **State or Non State Employer Group employee**, go to MAP at:

<https://sehp.member.hrissuite.com/>.

If you are **employed at KU, ESU, KSU, KUMC or PSU**, use the following link to access MAP:

[https://sso.cobraguard.net/seer\\_login.php](https://sso.cobraguard.net/seer_login.php). Select your university and you will be taken to your login screen.

- The Welcome screen will appear. If this is the first time you are logging in the portal or you have forgotten your password from the last enrollment, please click on the “Register Now” button to get started. If you have previously registered and know your password, click on the “Sign In” button.
- Follow the instructions on the screen.
- You may go into MAP as many times as needed during the Open Enrollment period to make changes. Pending elections statements will be emailed to your registered email address each time an election is saved in the portal. The selection saved as of midnight on October 31, 2019, will become effective January 1, 2020. Your approved elections will be viewable in MAP by December 1, 2019.

**Compatible browsers for MAP:**

- Chrome
- Firefox
- Safari
- IE11+
- Edge



# Medical

## MEDICAL COVERAGE | aetna<sup>®</sup> BlueCross BlueShield of Kansas

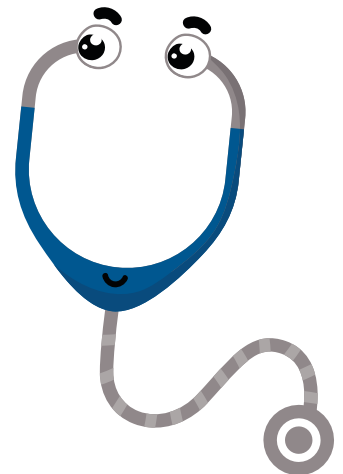
The State Employee Health Plan (SEHP) offers five medical plans (Plans A, C, J, N and Q). Medical benefit coverage is provided through Aetna and Blue Cross and Blue Shield of Kansas (BCBSKS). The eligible covered services are identical for all five medical plans and both medical vendors.

### Vendor Networks

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

### Medical Plan Highlights

- Prescription benefits for all five plans are provided by CVS Caremark.
- All plans include a Preferred Lab Benefit through Quest Diagnostics and Stormont Vail Health.
- All Plans include 100% coverage for preventive services when using a Network provider, including things like annual preventive exams, age-appropriate immunizations, mammograms, colonoscopies, etc.
- Deductible, Coinsurance 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 and include a Health Reimbursement Account (HRA) or a Health Savings Account (HSA).
- **Plans J and Q** have lower deductibles, but covered services are subject to the calendar year deductible and include an HRA.
- **Plan J** meets all Federal Requirements for employees with J-1 visas, but is available to all members.



## Value Adds

### Health Transparency Tools

Did you know that medical costs can differ greatly between health care providers for the exact same service? 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. This information can be accessed by visiting the vendor's website.

### Member Payment Estimator |

Aetna offers members the Member Payment Estimator that lets members estimate how much they'll pay out of pocket for medical tests, office visits and procedures ahead of time for planning and budgeting of health care services. For additional information, please visit: <http://www.kdheks.gov/hcf/sehp/Vendors/Aetna.htm>.

### SmartShopper |

SmartShopper, an exclusive program for State of Kansas employees, makes it easy to save money and earn cash rewards when shopping for certain medical care. This program saves you money on your share of the cost when you need a medical procedure or screening, and helps you earn cash when you select to have that procedure or screening done at certain qualified locations.

SmartShopper provides a Personal Assistant Team who stands by on live chat and phone lines to help you find a cost-effective facility, schedule appointments, validate procedure referrals with your doctor and obtain pre-authorizations with your insurance company. Contacting the Personal Assistant Team is not like a "call center" experience. They are there to take the time with you, every step of the way, to find you the right care. In short, your Personal Assistant Team is here to help you make the most of the SmartShopper program. You can contact your Personal Assistant at: 866-820-6426 or visit [bcbsks.com/state](http://bcbsks.com/state) for more information.

Once your procedure or screening is complete and your claim is paid, SmartShopper verifies that you shopped for an incentive eligible service at a qualified location and mails you a reward check to your home. No forms or hassle! It's that easy. For additional information, please visit: <https://www.bcbsks.com/state/>.

### Telehealth |

Telehealth services are virtual doctor's office visits and are included in your medical plan benefits. U.S. Board certified doctors are available for you to interact with via the internet or your smartphone, providing convenient access 24/7/365. Aetna provides Telehealth services through Teladoc and BCBSKS provides American Well (Amwell). Use Telehealth for symptoms such as: Sore Throat, Ear Infection, Allergies, Rash, Cold or Flu symptoms, and more.

Telehealth doctors do not replace employee's primary care physician, but this benefit is available today and offers a less expensive alternative to Urgent Care or ER visits. Restrictions on services provided are listed on the SEHP website, deductible, coinsurance or copays do apply depending on which medical plan you have. Please visit your health plan's webpage to easily register for this convenient service.

  <http://www.kdheks.gov/hcf/sehp/Vendors/Aetna.htm>

**Plan A:** \$10 Copay

**Plan C, J, N, Q:** \$40 per visit which applies to Deductible then Coinsurance

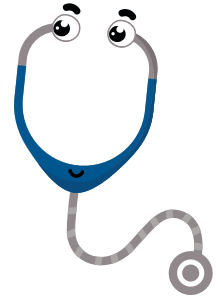
  <http://www.kdheks.gov/hcf/sehp/Vendors/BCBSKS.htm>

**Plan A:** \$10 Copay

**Plan C, J, N, Q:** Starts at \$49 per visit which applies to Deductible then Coinsurance

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

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



**Network Providers**

Network Providers	Plan A	Plan C	Plan J	Plan N	Plan Q
<b>Annual Deductible</b>	Single: \$1,000 E + 1: \$2,000 E + 2+: \$3,000	Single: \$2,750* Family: \$5,500	Single: \$500 Family: \$1,000	Single: \$2,750* Family: \$5,500	Single: \$500 Family: \$1,000
<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
<b>HRA or HSA Dollars</b>	Not Applicable	HRA or HSA	HRA	HRA or HSA	HRA

**Non network Providers**

Non network Providers	Plan A	Plan C	Plan J	Plan N	Plan Q
<b>Annual Deductible</b>	Single: \$1,200 E + 1: \$2,400 E + 2+: \$3,600	Single: \$2,750* Family: \$5,500	Single: \$1,000 Family: \$2,000	Single: \$2,750* Family: \$5,500	Single: \$700 Family: \$1,400
<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
<b>HRA or HSA Dollars</b>	Not Applicable	HRA or HSA	HRA	HRA or HSA	HRA

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

## Medical Benefits Summary (general comparison chart)

Medical Services	Plan A Network Provider	Plan A Non network Provider	Plans C, J, N, Q Network Provider	Plans C, J, N, Q Non network Provider
<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)	Deductible plus Coinsurance	Deductible plus Coinsurance	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	Not Covered	Deductible plus Coinsurance	Not Covered
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	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

General comparison chart for benefits and limitations, for a complete Benefit Description, please visit the SEHP website: <http://www.kdheks.gov/hcf/sehp/default.htm>.

## PREFERRED LAB

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

### Benefits when using a Preferred Lab Vendor:

The Preferred Lab Benefit is included with all five medical plans for the SEHP and is provided through Stormont Vail Health and Quest Diagnostics. Members receive significant discounts on the costs by using these preferred lab vendors for covered diagnostic services.

When using one of the preferred lab vendors for outpatient non emergency testing that is covered and approved by your health plan the following benefits apply:

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

### Stormont Vail Health/Cotton O'Neil | 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: <http://www.kdheks.gov/hcf/sehp/Vendors/StormontVailHC.htm>.

### Quest Diagnostics |

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



## Transparency Tool | Rx Savings Solutions

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

Save Money on Your Prescriptions! Rx Savings Solutions provides an easy way for you to save money on your own prescription costs, and also help control healthcare premium increases for all of us! Rx Savings Solutions is a simple, confidential online tool 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 enroll in your account and start saving! Or you may contact the Rx Savings Solutions Pharmacy Support team at 1-800-268-4476 or [info@rxsavingsolutions.com](mailto:info@rxsavingsolutions.com).

Don't forget: The Rx Savings Solutions mobile app puts all the power of the website into your mobile device so you can find the best price on any new prescription you receive, even in your doctor's office. It also has many helpful features for managing all your prescriptions. Find the app in the Apple App Store or get it on Google Play.



*Dose Form Change*



*Generic Clone*



*Generic Substitution*



*Therapeutic Alternative*

## PRESCRIPTION DRUG PLAN |

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

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

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

Your OOP costs will be lower if you use a generic and/or preferred brand name drugs. You should refer to the PDL located on our website: <http://www.kdheks.gov/hcf/sehp/Caremark.htm> or [www.caremark.com](http://www.caremark.com).

### How Much Will My Prescription Drugs Cost?

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 (SEHP), you can access the “Check Drug Cost” tool for the plans on the SEHP website here: <http://www.kdheks.gov/hcf/sehp/Caremark.htm>. If you need additional assistance regarding your prescription drugs, contact Caremark directly by calling 1-800-294-6324.

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

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



## Caremark Prescription Drug Benefits: Plan A

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

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



# Dental Benefits Summary

January 1 – December 31, 2020

Your Dentist Network Options:	Delta Dental PPO™	Delta Dental Premier®	Out-of-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. Out-of-network dentists have not agreed to an established fee for service, therefore, any amounts in excess of Delta Dental's established fee for service is the member's responsibility when seeing an out-of-network dentist.

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

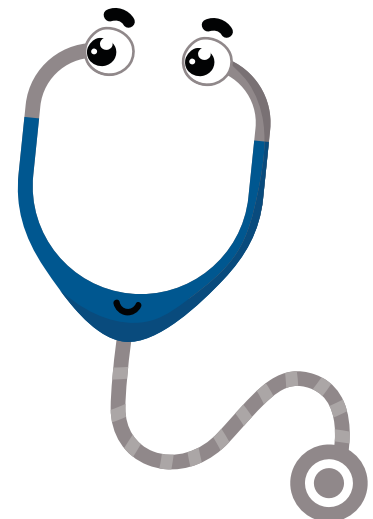


# Vision

## SURENCY VISION PLAN | Surency

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

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



## 2020 SURENCY VISION BENEFITS

Service or Item	Basic Plan: Network	Enhanced Plan: Network	Out-of-Network
<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.



# HealthQuest

HealthQuest Programs |  **Cerner** natura)(y slim<sup>®</sup>



BIOMETRIC SCREENING



HEALTH COACHING



WELLNESS CHALLENGES



EMPLOYEE ASSISTANCE PROGRAM



WEIGHT MANAGEMENT



WELLNESS CHAMPION NETWORK

## HEALTHQUEST (HQ) REWARDS PROGRAM | **HealthQuest** YOUR PATH TO WELLNESS

HealthQuest is the State of Kansas Health and Wellness Rewards Program for employees and spouses covered under the State Employee Health Plan Medical Plans.

If you are enrolled in **Plan A**, to receive the full premium incentive discount for Plan Year 2021, employees and their covered spouses must each earn 40 credits.

If you are enrolled in **Plans C, J, N or Q**, employees and their covered spouses can each earn HSA/HRA reward dollars during the 2020 Program Year. To receive the full premium incentive discount for Plan Year 2021, employees and their covered spouses must each earn 40 credits.

For a complete list of credit/reward dollar earning activities, please visit the HealthQuest website.

Walk your way to Wellness



Maintain Don't Gain



Drink Up!



To get registered and start earning, visit <https://kansashealthquest.cernerwellness.com/dt/v2/sokindex.asp>.

The Employee Assistance Program (EAP) is a confidential, special service provided for State of Kansas benefits eligible employees and their dependents at no charge. The EAP provides information, short term counseling, advice, and referrals from licensed professionals who understand the typical stress we all face day in and day out.

In today's fast paced world, trying to manage work, home, family and all the associated demands can sometimes be a real test. And occasionally, wouldn't it be nice if there were an experienced, objective, professional who could answer a confidential question or help with one of life's concerns?

## Who is Eligible?

- The EAP is available to all active, benefits eligible employees of the State of Kansas, their family members living in the same household or dependent children.
- All active, benefits-eligible employees of our Non State employer groups, their family members living in the same household or dependent children.
- Benefits eligible employees who have been laid off/terminated are eligible to use the EAP for six months after layoff.
- Retirees and COBRA participants are not eligible to participate.

The graphic features the title 'Your Employee Assistance Program' at the top left and the 'Kansas' logo at the top right. The central illustration shows several hands holding smartphones, with various icons representing different services: a graduation cap, a piggy bank, a gavel, a question mark, a star, a globe, a checkmark, and a family icon. Below the illustration is a yellow banner with the text 'find what you're looking for'.

Health issues. Financial pitfalls. Relationship troubles. Whatever the issue, Your Employee Assistance Program can help sort it out. The program is provided free of charge and offers someone to talk to and resources to consult whenever and wherever you need them, 24 hours a day, seven days a week. Call us today for confidential help.

### Get the answers you need.

Call: 888.276.1205, Option 1 Online: [guidanceresources.com](http://guidanceresources.com)  
TTY: 800.887.0362 App: GuidanceResources® Now Web ID: SOKEAP



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## Support on the GO:

Whether you are at home or on the go, GuidanceResources Online is your 24/7 link to vital information, tools, on demand trainings, and support. Log on to your web browser or download the GuidanceResources app for articles, podcasts, trainings, slide shows, and professional responses to your questions.

## Did You Know?

Your Employee Assistance Program offers someone to talk to, and resources to consult whenever and wherever you need them. Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including: anxiety, depression, grief, stress, and relationship/marital conflicts. The EAP program is not just counseling. You have unlimited telephonic access to our staff attorneys or staff financial experts for practical assistance with your most pressing legal and financial issues. The EAP can even act as your own personal assistant! Our Work-Life Solutions specialist provide qualified referrals and resources for just about anything on your to-do list, such as finding child and elder care, hiring movers or home repair contractors, planning events, or even locating pet care!



# Voluntary Benefits

## **VOLUNTARY BENEFITS** | **MetLife**

Accident, Critical Illness, and Hospital Indemnity Insurance are the voluntary benefits being offered through MetLife for State of Kansas employees for 2020.

### **Accident Insurance**

Accidents can happen, and this coverage can help protect your savings from unexpected expenses, that may not be covered by medical insurance.

- Covers your family for a wide variety of accidental injuries, including broken bones, concussions, dislocations, and second and third-degree burns.
- A lump sum payment is provided directly to you when a covered person has medical services and treatments related to accidental injuries. For instance, these costs may include the ambulance transportation, certain doctor visits, medical testing or physical therapy.

### **Critical Illness Insurance**

When a critical illness occurs, recovery and treatment can sometimes take weeks or months, and this coverage can help with some of the expenses.

- Critical Illness Insurance covers specific conditions including cancer, heart attack, stroke, or Alzheimer's disease.
- This policy provides a lump sum payment to you if you are diagnosed with a covered condition, which helps you focus on your recovery instead of your finances.

### **Hospital Indemnity Insurance**

When someone ends up in the hospital, it can cause a variety of out of pocket costs such as medical plan deductibles, treatments, transportation, therapies and other unplanned expenses.

- If you experience a covered event and meet the policy and certificate requirements for an inpatient hospital stay, a lump sum payment will be made directly to you.
- Typically, a flat amount is paid for the day you are admitted to a hospital and a per day amount is paid for each day of a covered hospital stay.

For more information about these policies please visit [http://www.kdheks.gov/hcf/sehp/met\\_life.htm](http://www.kdheks.gov/hcf/sehp/met_life.htm).

These voluntary plans are not designed to replace medical or disability insurance benefits. These policies are designed to pay cash to you in certain covered circumstances to help offset unplanned expenses. However, you may use these cash payments in any manner you wish.





# Flexible Spending Accounts

## FLEXIBLE SPENDING ACCOUNT | NueSynergy

CUSTOMER FOCUSED • TECHNOLOGY DRIVEN

**Flexible Spending Accounts (FSA)** allow you to set aside funds on a pre-tax basis for any qualified medical, dental, vision, or daycare expense. There are three accounts available to you, the Healthcare FSA, Limited Purpose FSA, and Dependent Care FSA. Each October you make a new election to participate during the open enrollment period. Your new enrollment election becomes effective January 1.

**Healthcare FSA** allows you to be reimbursed for any qualified medical, dental, or vision expense not covered by insurance. Common expenses for the Healthcare FSA include Copays, prescriptions, eye glasses, and dental services, including orthodontics. Up to \$500 of your unused Healthcare FSA contributions may be carried over to the following calendar year.

**Limited Purpose FSA** allows you to be reimbursed for qualified dental or vision expenses. You are eligible to enroll if you participate in a Health Savings Account (HSA), Plan C or N. Up to \$500 of unused Health Care FSA contributions may be carried over to the following calendar year.

**Dependent Care FSA** allows reimbursement when you have a dependent under the age of 13 or adult dependent that is physically or mentally incapable of self-care. A Dependent Care FSA may be used to reimburse you for daycare expenses. Some common Dependent Care costs include daycare centers, before/after school care, and adult daycare centers. The deadline to submit Dependent Care claims against your 2020 Plan Year balance is April 30, 2021. Funds in a Dependent Care FSA do not roll over to the following year.

For more information, including tools and calculators, FAQs, eligible expenses, Direct Deposit forms and more, visit [www.MyKansasCDH.com](http://www.MyKansasCDH.com).

**NOTE:** Non State Group members should check with their employer regarding the availability of FSA's in their group.

Flexible Spending Account- State Employees ONLY						
	HEALTH CARE FSA		LIMITED PURPOSE FSA Dental and Vision Only Plans C or N w/HSA		DEPENDENT CARE	
IRS Maximum Total	\$2,700		\$2,700		Family Maximum \$5,000	
Payroll Deductions	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum
Employee Bi-Weekly Payroll Deductions	\$8	\$112.50	\$8	\$112.50	\$16	\$208.33
Regent Academic Year Employee Payroll Deductions	\$8	\$150	\$8	\$150	\$16	\$277.77

*\*Subject to tax filing status*

*The payroll deduction amounts listed are for 2019 based on Federal Guidelines. Any change in the guidelines will be updated in the online version of this booklet. Employees that terminate coverage in 2020 will have 90 days after the contributions end or employment is terminated to pay out claims that were incurred while coverage was active.*



# Health Savings Account

## HEALTH SAVINGS ACCOUNT | NueSynergy CUSTOMER FOCUSED • TECHNOLOGY DRIVEN

A Health Savings Account (HSA) is a tax-advantaged savings account available to you when you enroll in our Qualified High Deductible Health Plans, Plan C or Plan N. You may use the money in your account to pay for eligible health expenses for you and your tax qualified dependents. Your HSA is your account, and always portable, even if you retire or stop working for the State of Kansas, or your employer.

### Eligibility to Contribute to an HSA

The IRS sets the guidelines outlining your eligibility to enroll and contribute to an HSA. These rules apply only to you as the employee and not to any covered family members. For you to qualify for an HSA, you must meet ALL the following:

- You must enroll in Plan C or N.
- You cannot be enrolled in Medicare A or B, Medicaid or TRICARE.
- You cannot be claimed as a dependent on another person's tax return.
- You cannot be enrolled in other non-qualifying coverage.

Plan C requires an employee contribution of \$25 per pay period (\$50 per month) to receive the employer contributions to your HSA. Plan N does not require any contribution from you, the employee, to receive the employer contributions. The employer contribution amounts are outlined for you on the following page. Your employee contributions are made to your HSA on a pre-tax basis, and when you use the funds for eligible expenses, the amount you spend is not taxable.

The IRS sets maximum limits each year for total contributions to your HSA. These maximums include your contributions AND the employer contributions. SEHP members age 55 and over are also allowed to make additional "catch-up" contributions to their HSA above the IRS maximum. The "catch-up" contribution maximum is \$1,000 each year. Once you enroll in Medicare, you may no longer contribute to an HSA.

For additional information visit [http://www.kdheks.gov/hcf/sehp/HSA\\_NueSynergy.htm](http://www.kdheks.gov/hcf/sehp/HSA_NueSynergy.htm).

Health Savings Account						
	Full-Time Employee			Part Time-Employee		
	Employee Only	Employee/ Spouse and Family	Employee/ Child(ren)	Employee Only	Employee/ Spouse and Family	Employee/ Child(ren)
<b>IRS Maximum Total</b>	\$3,550	\$7,100	\$7,100	\$3,550	\$7,100	\$7,100
<b>Plan C Employer Contribution</b>	\$250 per quarter \$1,000.00 year	\$312.50 per quarter \$1,250.00 year	\$437.50 per quarter \$1,750.00 year	\$156.30 per quarter \$625.20 year	\$171.90 per quarter \$687.60 year	\$296.90 per quarter \$1,187.60 year
<b>Plan N Employer Contribution</b>	\$125 per quarter \$500.00 year	\$156.25 per quarter \$625.00 year	\$218.75 per quarter \$875.00 year	\$78.15 per quarter \$312.60 year	\$85.95 per quarter \$343.80 year	\$148.45 per quarter \$593.80 year

Health Savings Account							
		Full-Time Employee			Part-Time Employee		
Plan		Employee Only	Employee/ Spouse and Family	Employee Child(ren)	Employee Only	Employee/ Spouse and Family	Employee Child(ren)
	IRS Maximum Total	\$3,550	\$7,100	\$7,100	\$3,550	\$7,100	\$7,100
<b>PLAN C</b>	Employee Bi-Weekly Payroll Deductions	\$25 to \$85.41	\$25 to \$202.08	\$25 to \$202.08	\$25 to \$101.03	\$25 to \$225.51	\$25 to \$225.51
<b>PLAN C</b>	Regent Academic Year Employee Payroll Deductions	\$25 to \$113.88	\$25 to \$269.44	\$25 to \$269.44	\$25 to \$134.71	\$25 to \$300.68	\$25 to \$300.68
<b>PLAN N</b>	Employee Bi-Weekly Payroll Deductions	\$0 to \$106.25	\$0 to \$228.12	\$0 to \$238.54	\$0 to \$114.05	\$0 to \$239.84	\$0 to \$250.25
<b>PLAN N</b>	Regent Academic Year Employee Payroll Deductions	\$0 to \$141.66	\$0 to \$304.16	\$0 to \$318.05	\$0 to \$152.07	\$0 to \$319.78	\$0 to \$333.67

When choosing your HSA payroll deduction amount, remember, as you earn HealthQuest reward dollars, they will be deposited to your HSA. HealthQuest rewards can be earned up to \$500 each year for employee, and up to \$500 each year for the spouse, for a possible total of \$1,000. These dollars count toward the annual maximum contributions to your HSA. To receive HealthQuest dollars you must have an active paycheck.

**Important:** You are responsible to ensure your HSA contributions do not exceed the maximum each year. Amounts in excess of the maximum limit will be subject to IRS penalties and additional taxes.

You may make adjustments to your HSA employee contributions at any time during the year by submitting a request to change your contribution amount in your Membership Administration Portal (MAP) account.

**State Employees:** Employer contributions are made to your account quarterly.

**Non State Employees:** Employer contributions are made monthly.

**State and Non State New Employees:** Employer contributions begin the calendar quarter following the benefit effective date of your coverage.



# Health Reimbursement Account

## HEALTH REIMBURSEMENT ACCOUNT | NueSynergy CUSTOMER FOCUSSED • TECHNOLOGY DRIVEN

A Health Reimbursement Account (HRA) is a tax-advantaged savings account available to you if you enroll in Plans C, J, N or Q. The State contributes to the HRA account on your behalf. You may use the money in your HRA to pay for eligible health expenses. When you earn HealthQuest rewards, you are eligible to receive contributions in your HRA. The HRA will end if you terminate employment, and does not have a rollover provision.

Employees who are not eligible to contribute to a Health Savings Account (HSA) because of one of the following reasons will need to elect the HRA option:

- Enrolled in Medicare A or B.
- Enrolled in TRICARE.
- Being claimed as a dependent on someone else's tax return.
- Concurrent enrollment in another health plan not considered a Qualified High Deductible Health Plan.

**State Employees** – Employer contributions are made to your account quarterly .

**Non State Employees** – Employer contributions are made to your account monthly.

If you have remaining HRA funds at the end of the plan year (December 31), the funds do not roll to the next year. Participants will have 60 days from December 31 to file manual claims for expenses incurred in the plan year. If you should terminate employment, you will have 60 days to file manual claims for any expenses incurred while employed for the plan year.

**Note:** New State and Non State employees, the Employer Contributions will begin the quarter following the benefit effective date.

For additional information visit [http://www.kdheks.gov/hcf/sehp/HRA\\_NueSynergy.htm](http://www.kdheks.gov/hcf/sehp/HRA_NueSynergy.htm).

The employer contribution amounts are outlined on the following page.

Health Reimbursement Account							
		Full-Time Employee			Part-Time Employee		
Plan		Employee Only	Employee/ Spouse and Family	Employee Child(ren)	Employee Only	Employee/ Spouse and Family	Employee Child(ren)
<b>PLAN C</b>	Employer Contribution	\$250 per quarter Total \$1,000 year	\$312.50 per quarter Total \$1,250 year	\$437.50 per quarter Total \$1,750 year	\$156.30 per quarter Total \$625.20 year	\$171.90 per quarter Total \$687.60 year	\$296.90 per quarter Total \$1,187.60 year
<b>PLAN N</b>	Employer Contribution	\$125.00 per quarter Total \$500 year	\$156.25 per quarter Total \$625 year	\$218.75 per quarter Total \$875 year	\$78.15 per quarter Total \$312.60 year	\$85.95 per quarter Total \$343.80 year	\$148.45 per quarter Total \$593.80 year
<b>PLAN J</b>	Employer Contribution	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned
<b>PLAN Q</b>	Employer Contribution	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned	HealthQuest Rewards Earned

To receive HealthQuest dollars you must have an active paycheck.



# Rates

Plan Year 2020 Semi-Monthly Rates for State of Kansas Active Employees								
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	2020 Basic	2020 Enhanced
<b>Full-Time</b>								
Employee Only	\$39.90	\$35.20	\$52.56	\$23.25	\$26.35	\$6.26	\$1.84	\$3.62
Employee + Spouse	\$247.05	\$128.79	\$159.70	\$87.78	\$98.47	\$15.30	\$3.61	\$7.15
Employee + Children	\$126.56	\$65.02	\$91.27	\$43.92	\$48.91	\$13.49	\$3.26	\$6.45
Employee + Family	\$432.53	\$216.92	\$273.62	\$156.36	\$186.22	\$22.56	\$5.03	\$10.00
<b>All Part-Time</b>								
Employee Only	\$115.68	\$52.62	\$65.60	\$34.76	\$39.39	\$11.30	\$1.84	\$3.62
Employee + Spouse	\$368.55	\$164.72	\$187.17	\$112.28	\$125.95	\$22.70	\$3.61	\$7.15
Employee + Children	\$200.22	\$88.32	\$108.80	\$59.65	\$66.43	\$20.41	\$3.26	\$6.45
Employee + Family	\$584.83	\$261.60	\$311.96	\$188.55	\$224.57	\$31.89	\$5.03	\$10.00
<b>HealthyKIDS</b>								
Employee + Children	\$82.82	\$49.37	\$79.52	\$33.36	\$37.14	\$7.87	\$3.26	\$6.45
Employee + Family	\$323.36	\$198.40	\$257.72	\$143.00	\$170.32	\$16.91	\$5.03	\$10.00

\*\*If you have qualified for the HealthQuest Rewards Program Premium Incentive Discount, subtract \$20 per pay period from the rates above to determine the amount of your discounted semi-monthly premium.

**Non State Group Employees should check with their HR office for premium rates.**

## CONTACT INFORMATION

Contact	
<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> All Areas (Toll Free): 800-952-5906 New Directions - Behavior Health	<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 All Areas (Toll Free): 800-952-5906 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>HealthQuest</b> HealthQuest@cerner.com	<a href="http://www.kansashealthquest.cernerwellness.com">www.kansashealthquest.cernerwellness.com</a> All Areas (Toll Free): 888-275-1205
<b>MetLife</b> Customer Service	<a href="http://www.metlife.com/stateofks">www.metlife.com/stateofks</a> All Areas (Toll Free): 800-438-6388
<b>NueSynergy</b> Customer Service	<a href="http://www.MyKansasCDH.com">www.MyKansasCDH.com</a> All Areas (Toll Free): 855-750-9440 Fax (Toll Free): 855-890-7238
<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 Regional Lab Program</b>                Patient Financial Services                Benefit Information and Collection Site Listings             </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
<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

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