

# Health Benefits Enrollment Guide Plan Year 2022



COBRA Members

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

# Contents

<b>What's New</b>	<b>3</b>
<b>Key Terms &amp; Definitions</b>	<b>4</b>
<b>Enrollment</b>	<b>6</b>
<b>Medical Plans</b>	<b>7</b>
<b>Prescription</b>	<b>16</b>
<b>Preferred Lab</b>	<b>17</b>
<b>HealthQuest Health Center</b>	<b>18</b>
<b>Dental</b>	<b>20</b>
<b>Vision</b>	<b>22</b>
<b>Rates</b>	<b>25</b>
<b>Contacts</b>	<b>26</b>

*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.*



# What's New in 2022

## New Vendors to the SEHP

- COBRAGuard - New COBRA provider.
- Avēsis - New Vision Insurance provider.

## Medical and Prescription

- Plan A - Deductible amounts reduced to \$900/single and \$1,800/family.
- Plan A - Out-of-Pocket (OOP) Maximum reduced to \$5,250/single and \$10,500/family.
- Plan A - Reduced primary care Copay from \$40 to \$30.
- Plan C - Out-of-Pocket (OOP) Maximum reduced to \$4,500/single and \$9,000/family.
- All Plans - Preferred Brand Name Drugs Coinsurance reduced from 40% to 35%.
- All Plans - Non Preferred Brand Name Drugs Coinsurance reduced from 65% to 60%.
- Plan Q will no longer be offered as a medical plan option.

## NOTE

- The annual Open Enrollment period is October 1-31, 2021.
- All members currently enrolled in COBRA do not need to enroll for Plan Year 2022 unless changes need to be made to coverage.



### Look for Scopes throughout the Guide

Scopes draws attention to helpful tips and information!

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

[HealthBenefitsProgram.ks.gov/](https://HealthBenefitsProgram.ks.gov/).





# Key Terms & Definitions

**Benefit Description:**

The Benefit Description provides a detailed summary of the benefits and limitations of the plans of coverage. It also outlines member rights and processes for benefit questions, appeals and grievances. Benefit Descriptions may also include amendments to the benefit plans when any modifications are made to coverage.

**COBRA:**

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time following the loss of employment.

**Coinsurance:**

Once you meet your annual Deductible, you and the Plan share in the cost of covered medical expenses. This is called "Coinsurance." When you visit Network providers, your Coinsurance is much less than if you visit Non Network providers. Coinsurance is considered an out-of-pocket cost, just like Copays.

**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. There are two types of deductibles:

**Individual Deductible:** The Individual Deductible applies separately to each covered person in the family. When a person's Deductible expenses reach the Individual Deductible amount, the person's Deductible is met. The Plan then starts to pay benefits for that person at the appropriate Coinsurance percentage.

**Family Deductible:** The Family Deductible applies to the family as a group. When the combined Deductible expenses of all family members reach the family Deductible, the family Deductible is met. The Plan then begins to pay benefits for all covered family members at the appropriate Coinsurance percentage.

**HDHP:**

A "High Deductible Health Plan" meets designated federal requirements.

<b>Network:</b>	The providers who have agreed to participate with the medical, dental or vision plans 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.
<b>Non Network:</b>	Providers who have NOT agreed to contract with the medical, dental or vision plans to accept the allowed amount. You will typically pay more in Out-of-Pocket expenses to use Non Network providers, compared to Network providers.
<b>Open Enrollment:</b>	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.
<b>Out of Pocket Maximum (OOP):</b>	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. OOP does not include costs for services not covered by the plan, over-the-counter medications or amounts over the allowable amount charged by Non Network providers.
<b>Plan Year:</b>	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.
<b>Premium:</b>	A premium is the contribution or share you pay to have insurance. Your premiums are deducted from your pay on a semi-monthly basis. The amount of your premium depends on the plan you elect, and whether you choose individual or family coverage. You pay your premium regardless of how often you use the Plan.
<b>Qualifying Event:</b>	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.
<b>Summary of Benefits &amp; Coverage (SBC)</b>	The SBC is a more detailed document than this enrollment book that shows how you and the plan would share the cost for covered health care services. For the complete terms of each medical plan, please reference the Benefit Description document on the SEHP website under the corresponding plan.



# Enrollment

## HOW TO ENROLL

- **Log in to the Membership Administration Portal (MAP)** using any modern browser like Chrome, Firefox or Edge. The portal opens October 1.
  - **State or Non State Employer Group members**, go to: <https://sehp.member.hrissuite.com>
- If this is the first time you are logging in or you have forgotten your password, please click the **“Register Now”** button. If you have previously registered and know your password, click the **“Sign In”** button.
- Click on the **Enrollments & Events** tab to start your Plan Year 2022 Enrollment.
- Once you have submitted your elections, a Pending Elections Statement will be emailed to your registered email address as confirmation that your election is complete.
- You may go into MAP as many times as needed during the Open Enrollment period to make changes. A Pending Election Statement will be emailed to your registered email address each time an election is saved in the portal. The selection submitted as of 11:59 pm on October 31, 2021, will become effective January 1, 2022. Your approved elections will be viewable in MAP by December 1, 2021.

## DOCUMENTATION

- Your Kansas employee ID number (available from your Human Resources Office)
- The last six digits of your social security number (SSN)
- Your date of birth
- Dependent documentation must be scanned and uploaded as a PDF to MAP when requesting to add a new dependent. Human Resources Representatives can assist in uploading documents if needed.



### Need technical support?

Call the MAP Help Desk at 800-832-5337 (toll free) from Oct. 1-31, Monday – Friday: 7 a.m. to 5 p.m. and Saturday: 9 a.m. to 2 p.m. (CT).

After hours, email [techsupport@hrissuite.com](mailto:techsupport@hrissuite.com). Include your name, phone number with an explanation of your issue and they will contact you within 24 hours with a resolution.



# Medical Plans

## MEDICAL PLANS |



BlueCross  
BlueShield  
of Kansas

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

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

All medical plans include:

- Prescription Drug coverage
- Telemedicine options
- Preferred Lab benefits

Medical plan coverage is provided through both Aetna and Blue Cross and Blue Shield of Kansas (BCBSKS).

Please review both provider networks to determine which provides the best access for your needs.

## Medical Plan Highlights

- **Preventive services** are covered at 100% of allowable charges when using a Network provider, including services like annual preventive exams, age-appropriate immunizations, health coaching, and age-appropriate cancer screenings like mammograms, colonoscopies, etc.
- **Prescription Drug benefits** for all plans are provided through CVS/Caremark.
- **Preferred Lab benefits** are provided through Quest Diagnostics, Stormont Vail Health and The University of Kansas Health System (TUKHS).
- **Telehealth Services** are provided through both medical provider networks and the HealthQuest Health Center.
- The **HealthQuest Health Center** in downtown Topeka, KS is available to anyone enrolled in the SEHP medical coverage (Plans A, C, J, or N) over the age of 2.



# PLAN A

## TRADITIONAL PPO PLAN

Plan A is a traditional PPO plan, also known as a Preferred Provider Organization (PPO). This type of health plan contracts with medical providers, such as hospitals and doctors, to create a Network of participating providers. You pay less if you use providers that belong to the plan’s Network; however, you may still use Non Network doctors, hospitals, and providers for an additional cost.

### HOW IT WORKS

Physician Care Visits when using a Network provider under Plan A are subject to the corresponding Copay. Eligible Preventive Care Services are covered at 100% when received by a Network Provider.

Non Network physician visits and services are first paid by the member until their Deductible is met. Once the Deductible is met, the Plan shares the cost of covered services with the member (Coinsurance). As Non Network Providers have not agreed to accept the plan’s allowed charge, you may also be responsible for the difference between the plan’s allowance and the provider’s actual charge for services. Once the member reaches their designated Out-of-Pocket Maximum (OOP), the Plan pays covered services at 100% of the Plan’s allowed charge.

Members on Plan A share the cost of Prescription Drugs with the Plan through Coinsurance. Pharmacy expenses are not applied to the Plan A medical Deductible. **The Coinsurance does apply to your OOP maximum.**

Your Copays, Deductible and Coinsurance apply until the OOP is met. The Network and Non Network Deductibles, Coinsurance and OOP accumulate separately.

Benefit Summary	Network	Non Network
<b>Deductible</b> Individual Family	\$900 \$1,800	\$900 \$1,800
<b>Coinsurance</b> (paid by member)	20%	50%
<b>Out of Pocket Maximum (OOP)</b> Individual Family	\$5,250 \$10,500	\$5,250 \$10,500
<b>Preventive Care</b>	\$0	\$0
<b>Office Visits</b> Primary Care Specialist Urgent Care Telehealth HealthQuest Health Center	\$30 \$60 \$50 \$10 \$0	Deductible + Coinsurance
<b>Emergency Room Visits</b>	\$100 Copay + Deductible + Coinsurance (Copay waived if admitted within 24 hours)	\$100 Copay + Network Deductible + 20% Coinsurance (Copay waived if admitted within 24 hours)
<b>Diagnostic Lab Services</b> when using Preferred Lab Providers	100%	Deductible + Coinsurance



## PLAN A - PRESCRIPTION DRUG BENEFITS

Tier	Prescription Type	Paid by Member
1	Generic	20% Coinsurance
2	Preferred Brand Name	35% Coinsurance
3	Special Case	40% Coinsurance <i>Maximum of \$100 per standard unit of therapy per 30-day supply</i>
4	Non Preferred Brand Name	60% Coinsurance
5	Discount Tier	100% Coinsurance
6	Anticancer Oral	20% Coinsurance <i>Maximum of \$100 per standard unit of therapy per 30-day supply</i>
Value Based	Diabetes - Generic	10% Coinsurance <i>Maximum of \$20 per 30-day supply</i>
	Diabetes - Preferred Brand	20% Coinsurance <i>Maximum of \$40 per 30-day supply</i>
Value Based	Asthma - Generic	10% Coinsurance <i>Maximum of \$20 per 30-day supply</i>
	Asthma - Preferred Brand	20% Coinsurance <i>Maximum of \$40 per 30-day supply</i>

### Plan Year 2022 Medical Monthly Rates for State of Kansas COBRA Members

Benefit Plan	Plan A
Member Only	\$682.81
Member + Spouse	\$1,386.19
Member + Child(ren)	\$1,158.35
Member + Family	\$1,749.58

### Plan Year 2022 Medical Monthly Rates for Non State COBRA Members

Benefit Plan	Plan A
Member Only	\$808.96
Member + Spouse	\$1,785.55
Member + Child(ren)	\$1,565.23
Member + Family	\$2,168.81

# PLANS C and N - (HDHP)

## HIGH DEDUCTIBLE HEALTH PLANS

HDHPs are plans with a higher Deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs yourself (your Deductible) before the plan starts to pay its share.

### HOW IT WORKS

Services received under Plans C & N are paid by the member until the Deductible is met. Once the Deductible is met, the plan will share costs with the member (Coinsurance) until the Out-of-Pocket Maximum (OOP) is met. Once a member meets the OOP, the plan pays for covered services at 100%. Eligible Preventive Care Services are covered at 100% when received by a Network Provider. The Network and Non Network Deductible, Coinsurance and OOP accumulate separately.

Benefit Summary	PLAN C		PLAN N	
	Network	Non Network	Network	Non Network
<b>Deductible</b>				
Individual	\$2,750*	\$2,750*	\$2,750*	\$2,750*
Family	\$5,500	\$5,500	\$5,550	\$5,550
<b>Coinsurance</b> (paid by member)	10%	50%	35%	50%
<b>Out of Pocket Maximum (OOP)</b>				
Individual	\$4,500	\$4,500	\$6,650	\$6,650
Family	\$9,000	\$9,000	\$13,300	\$13,300
<b>Preventive Care</b>	\$0	Deductible + Coinsurance	\$0	Deductible + Coinsurance
<b>Office Visits</b>				
Primary Care	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Specialist				
Urgent Care				
Telehealth				
HealthQuest Health Center**	\$40**		\$40**	
<b>Emergency Room Visits</b>	Deductible + Coinsurance	Network Deductible + Coinsurance***	Deductible + Coinsurance	Network Deductible + Coinsurance***
<b>Diagnostic Lab Services</b> when using Preferred Lab Providers	Deductible then covered at 100%	Deductible + Coinsurance	Deductible then covered at 100%	Deductible + Coinsurance

\*The deductible for all "non-single" policies (member/spouse, member/children, member/family) will be \$2,800 for an individual within the family. However, the overall family deductible for these policies will remain at \$5,500.

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

\*\*\*Must be a Medical Emergency

## PLANS C and N - PRESCRIPTION DRUG BENEFITS

Tier	Prescription Type	Paid by Member
1	Generic	Deductible then 20% Coinsurance
2	Preferred Brand Name	Deductible then 35% Coinsurance
3	Non Preferred Brand Name	Deductible then 60% Coinsurance
4	Discount Tier	Deductible then 100% Coinsurance
5	Anticancer Oral	Deductible then 20% Coinsurance

### Plan Year 2022 Medical Monthly Rates for State of Kansas COBRA Members

Benefit Plan	Plan C	Plan N
Member Only	\$566.97	\$585.09
Member + Spouse	\$1,008.70	\$980.42
Member + Child(ren)	\$862.81	\$894.14
Member + Family	\$1,181.37	\$1,114.78

### Plan Year 2022 Medical Monthly Rates for Non State COBRA Members

Benefit Plan	Plan C	Plan N
Member Only	\$690.98	\$712.06
Member + Spouse	\$1,419.12	\$1,388.33
Member + Child(ren)	\$1,272.95	\$1,303.96
Member + Family	\$1,612.24	\$1,532.82



NOTE: The Summary of Benefits and Coverage (SBC) for each medical plan is available on the SEHP website [HealthBenefitsProgram.ks.gov](https://www.healthbenefitsprogram.ks.gov). The SBC shows how you and the plan would share the cost for covered health care services. This is only a summary. Please read the State Employee Health Plan Benefit Description for the complete terms of coverage for each medical plan.



# PLAN J

## MEETS REQUIREMENTS FOR J1 VISA EMPLOYEES

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

### HOW IT WORKS

Services received under Plan J are paid by the member until the Deductible is met. Once the Deductible is met, the plan will share costs with the member with Coinsurance until the Out-of-Pocket Maximum (OOP) is met. Once a member meets the OOP, the plan pays covered services at 100% of the allowed charge. Eligible Preventive Care Services are covered at 100% when received by a Network Provider. The Network and Non Network Deductible, Coinsurance and OOP accumulate separately.

Benefit Summary	Network	Non Network
<b>Deductible</b>		
Individual	\$500	\$1,000
Family	\$1,000	\$2,000
<b>Coinsurance</b> (paid by member)	25%	50%
<b>Out of Pocket Maximum (OOP)</b>		
Individual	\$7,350	\$10,000
Family	\$14,700	\$20,000
<b>Preventive Care</b>	\$0	Deductible + Coinsurance
<b>Office Visits</b>		
Primary Care	Deductible + Coinsurance	Deductible + Coinsurance
Specialist	Deductible + Coinsurance	
Urgent Care	Deductible + Coinsurance	
Telehealth	Deductible + Coinsurance	
HealthQuest Health Center*	\$40*	
<b>Emergency Room Visits</b>	Deductible + Coinsurance	Network Deductible + Coinsurance**
<b>Diagnostic Lab Services</b> when using Preferred Lab Providers	Deductible then covered at 100%	Deductible + Coinsurance

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

\*\*Must be a Medical Emergency



NOTE: The Summary of Benefits and Coverage (SBC) for each medical plan is available on the SEHP website [HealthBenefitsProgram.ks.gov](https://www.healthbenefitsprogram.ks.gov). The SBC shows how you and the plan would share the cost for covered health care services. This is only a summary. Please read the State Employee Health Plan Benefit Description for the complete terms of coverage for each medical plan.

## PLAN J - PRESCRIPTION DRUG BENEFITS

Tier	Prescription Type	Paid by Member
1	Generic	Deductible then 20% Coinsurance
2	Preferred Brand Name	Deductible then 35% Coinsurance
3	Non Preferred Brand Name	Deductible then 60% Coinsurance
4	Discount Tier	Deductible then 100% Coinsurance
5	Anticancer Oral	Deductible then 20% Coinsurance

Plan Year 2022 Medical Monthly Rates for State of Kansas COBRA Members	
Benefit Plan	Plan J
Member Only	\$687.38
Member + Spouse	\$1,173.40
Member + Child(ren)	\$1,065.11
Member + Family	\$1,396.59

Plan Year 2022 Medical Monthly Rates for State of Kansas COBRA Members	
Benefit Plan	Plan J
Member Only	\$818.01
Member + Spouse	\$1,589.34
Member + Child(ren)	\$1,480.74
Member + Family	\$1,827.46



### 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).

# Medical Benefits Summary (general comparison chart)

Medical Services	Plan A Network Provider	Plan A Non Network Provider	Plans C, J, N Network Provider	Plans C, J, N Non Network Provider
<b>Autism Services</b> (Subject to limitations and pre-approval)	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
<b>Bariatric Surgery</b> (Subject to limitations and pre-approval)	Deductible plus Coinsurance	Not Covered	Deductible plus Coinsurance	Not Covered
<b>Inpatient Services</b>	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
<b>Emergency Room Visit</b>	\$100 Copay, Deductible plus Coinsurance (Copay waived if admitted within 24 hours)	\$100 Copay, Network Deductible plus 20% Coinsurance (Copay waived if admitted within 24 hours)*	Network Deductible plus Coinsurance	Network Deductible plus Coinsurance*
<b>Mental Health</b> (Mental illness, alcoholism, drug abuse and substance abuse)	Same coverage as medical services	Same coverage as medical services	Same coverage as medical services	Same coverage as medical services
Physician Care Visits	Plan A Network Provider	Plan A Non Network Provider	Plans C, J, N Network Provider	Plans C, J, N Non Network Provider
<b>PCP office visit</b>	\$30 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>HealthQuest HealthCenter</b>	\$0	N/A	\$40 until deductible has been met, then \$0	N/A
Preventive Care	Plan A Network Provider	Plan A Non Network Provider	Plans C, J, N Network Provider	Plans C, J, N Non Network Provider
<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>.





# Telemedicine

## TELEMEDICINE OPTIONS




Telemedicine is a fast, easy way to see a doctor. You can visit with a live doctor anytime, anywhere over your computer, tablet or phone. All SEHP medical plans cover telemedicine appointments.

Telemedicine doctors can treat a variety of conditions, including cold, flu, fever, rash, sinus infection, pink eye, ear infection, behavioral health, and more.



### Why use Telemedicine?

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

<b>All SEHP Members</b>  Mon, Wed, Fri 7am-4pm Tu, Th 9am-6pm	<ul style="list-style-type: none"> <li>• <b>Plan A:</b> \$0</li> <li>• <b>Plans C, J, or N:</b> \$40 fee until Deductible is met, then covered at 100%</li> </ul>	HealthQuest Health Center by Marathon Health:  <a href="https://my.marathon-health.com/">https://my.marathon-health.com/</a>
<b>Aetna Members</b>  24/7/365	<ul style="list-style-type: none"> <li>• <b>Plan A:</b> \$10 Copay</li> <li>• <b>Plan C, J, or N:</b> Starts at \$49 or less per visit which applies to Deductible then Coinsurance</li> </ul>	Teladoc:  <a href="https://member.teladoc.com/aetna">https://member.teladoc.com/aetna</a>
<b>BlueCross BlueShield of Kansas Members</b>  24/7/365	<ul style="list-style-type: none"> <li>• <b>Plan A:</b> \$10 Copay</li> <li>• <b>Plan C, J, or N:</b> Starts at \$59 per visit which applies to Deductible then Coinsurance</li> </ul>	Amwell:  <a href="https://www.bcbsks.com/members/state/telemedicine/">https://www.bcbsks.com/members/state/telemedicine/</a>



# Prescription Drug Benefits

## PRESCRIPTION DRUG BENEFITS |

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

Once you set up an account at [www.caremark.com](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 your plan. If you’re not currently 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/vendors/CVS>. If you need additional assistance regarding your prescription drugs, contact CVS/Caremark directly by calling 800-294-6324.

**Home delivery** is available through CVS/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/Caremark Specialty Pharmacy at 800-237-2767. A CVS/Caremark representative will coordinate patient care with the provider and medication delivery.

## MANAGING YOUR PRESCRIPTION COSTS |

Save Money on Your Prescriptions! Rx Savings Solutions is a free service to SEHP members providing an easy way for you to save money on your prescription costs.

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

**NEXT STEP:** Your account is ready to be activated at <http://myrxss.com>—or by calling 1-800-268-4476.

Get started today to see how you can save. Here’s how it works:

- Your account shows which lower-cost prescriptions may be available under your insurance plan and lets you compare prices.
- Switch to a lower-cost option with ease. Rx Savings Solutions will handle everything with your doctor and pharmacy.
- Rx Savings Solutions will contact you anytime you can be spending less.



# Preferred Lab Benefits

The Preferred Lab Benefit, included with all SEHP medical plans, 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:** Covered lab services are paid at 100%.
- **Plans C, J and N:** After your Deductible is satisfied, covered lab services are paid at 100%.

### Quest Diagnostics |



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

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



- You do not have to be a Cotton O'Neil patient to have lab services done at one of the specified locations.
- Present your medical plan ID card and request to use your Preferred Lab Benefits.
- Obtain the required lab orders from your physician to provide at time of lab service.
- All Cotton O'Neil patients can have blood drawn at their own physician's office.
- Create a MyChart account to receive lab results directly on your phone or desktop.
- Several locations are available in northeast Kansas. For a list of locations and additional information, please visit: <https://healthbenefitsprogram.ks.gov/sehp>.

### 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.
- Same-day collection and testing as well as walk-in services are available. No appointment is necessary.
- Present your medical plan ID card and request to use your Preferred Lab Benefits.
- Obtain the required lab orders from your physician to provide at time of lab service.
- Create a MyChart account to review your lab results directly on your mobile or desktop.
- Several locations are available in northeast Kansas. For a list of locations and additional information, please visit: <https://healthbenefitsprogram.ks.gov/sehp>.





# HealthQuest Health Center

State and Non-State employees, spouses, and dependent children over age two covered by SEHP medical insurance can use the HealthQuest Health Center in Topeka. Both in-person and Telemedicine appointments are available.

## Available Services

- Preventive care at no cost
- Sick care
- Health coaching
- Chronic condition coaching
- Counseling



**Available to all members of the SEHP age 2+ covered by Plans A, C, J and N!**

## What does it cost?

Contracted through Marathon Health, all preventive visits, including immunizations and health coaching, are free regardless of health plan enrollment. Medical care and lab services will be provided at no cost for members of Plan A. Medical care and lab services will require an all-inclusive \$40 per visit fee for those members with Plans C, N and J until their Deductible is met. Once the Deductible has been met, medical care will be provided at no cost.

## How to schedule an appointment

To schedule an appointment, call the center or log in to the Marathon eHealth Portal at <https://my.marathon-health.com/>. You will need your medical insurance card to prove eligibility for service.

*\*At the HealthQuest Health Center, we recommend scheduling an appointment. However, if our providers are not seeing other patients, walk-ins will be accommodated on a first come, first serve basis.*

## Preventive Care Covered at 100%

### Health Screenings

- Annual Exams
- Blood Pressure
- Body Mass Index
- Cholesterol
- Glucose
- School, Camp and Sports Physicals

### Health Coaching

- Nutrition
- Physical Activity
- Tobacco Cessation
- Stress Management
- Weightloss

### Chronic Condition Coaching

- Arthritis
- Asthma
- COPD
- Depression
- Diabetes
- Heart Health
- Low Back Pain
- Sleep Apnea
- Educational Offerings



### HealthQuest Health Center

- 901 S. Kansas Ave., in Topeka
- CALL: 785-783-4080

### HOURS:

- Mon., Wed., Fri. 7 a.m. - 4 p.m.
- Tue., Thu. 9 a.m. - 6 p.m.
- [my.marathon-health.com](https://my.marathon-health.com)



# Proactively Manage Medical Expenses

State of Kansas medical plans empower you as the member to have control over the expenses you pay for covered services. By being an educated consumer and using the tools provided, you can be proactive to meet your healthcare needs. Below are some helpful tools and tips:

- 1. Take advantage of preventive services.** Preventive services are covered at 100% by all SEHP medical plans when using a Network Provider.
- 2. Use Network providers whenever possible.** SEHP plans cover services received through Network providers at a higher percentage than services received through Non Network providers. Provider lists are available online at [HealthBenefitsProgram.ks.gov](http://HealthBenefitsProgram.ks.gov).
- 3. Ask questions.** Check with different providers regarding the cost of their services.
  - **Aetna members** can access the Member Payment Estimator to estimate out-of-pocket expenses for various services.
  - **Blue Cross and Blue Shield of Kansas members** can access the SmartShopper program. The SmartShopper program is available to help locate the lowest cost location, schedule appointments and obtain pre-authorizations for various medical treatments and procedures.
- 4. Manage your prescription options** using RxSavings Solutions, a simple online service that reviews and monitors your prescriptions for lower cost options. RxSavings is free to SEHP members and can notify you when lower cost options are available. Enable an account at <http://myrxss.com>.
- 5. Select the right location for treatment.** The cost of non-life-threatening conditions is much higher in an emergency room or community hospital than at an urgent care center, telehealth provider, physician's office, or the HealthQuest Health Center.
- 6. Develop a relationship with a primary care provider.** Primary Care physicians specialize in diagnosing, treating, and preventing a wide variety of conditions. Many of the preventive services covered by SEHP plans can be facilitated through your primary care provider.
- 7. Take advantage of discount programs.** Each provider offers their own selection of member-only discounts on things like gym memberships, hearing aids, medical and dental equipment, apparel and more.
  - Blue Cross and Blue Shield of Kansas members - Blue 365 Deals - [www.bcbsks.com/sok](http://www.bcbsks.com/sok)
  - Aetna Members - [www.aetnastateofkansas.com](http://www.aetnastateofkansas.com)
  - Delta Dental Members – [www.deltadentalks.com](http://www.deltadentalks.com)
  - Avēsis Members - [www.avesis.com](http://www.avesis.com)



# Dental

## YOUR DENTAL PLAN: DELTA DENTAL PPO™ |



The SEHP offers dental benefits through Delta Dental Plan of Kansas. There is a single plan with multiple levels of coverage. The Enhanced level of coverage applies when you have received at least one dental exam or cleaning in the prior 12 months. The Basic level of coverage applies when you have not received at least one dental exam or cleaning in the prior 12 months. New enrollees in the dental plan automatically receive the enhanced level for their first 12 months of coverage.

Both of Delta Dental's nationwide Networks, Delta Dental PPO and Delta Dental Premier, are included in your plan; 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 the Delta Dental Premier Network; however, any amounts in excess of Delta Dental's established fee for service are the member's responsibility.

The following chart provides the percentage of costs paid by the plan under each Network as well as Non Network providers.

Plan Year 2022 Dental Monthly Rates for State of Kansas COBRA Members			
Member Only	Member + Spouse	Member + Child(ren)	Member + Family
\$53.34	\$89.72	\$85.74	\$105.50

Plan Year 2022 Dental Monthly Rates for Non State COBRA Members			
Member Only	Member + Spouse	Member + Child(ren)	Member + Family
\$66.06	\$122.30	\$118.38	\$138.10



### Searching for A Network dentist?

Start your search online at:  
[HealthBenefitsProgram.ks.gov](https://HealthBenefitsProgram.ks.gov).

# Dental Benefits Summary

January 1 – December 31, 2022

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.*





# Vision

## VOLUNTARY VISION PLAN | avēsis a GUARDIAN company

Avēsis is a leading managed vision insurance company. Providing outstanding customer service has been a top priority for more than 40 years, and our core values help us deliver innovative, valued benefit programs to our members. A strong provider network, a user-friendly website for members, and mail order and LASIK benefits are some of the reasons Avesis vision benefits are a plan you can keep! Don't lose sight of all the good when you can see it with Avēsis!

### Your Website: [www.avesis.com](http://www.avesis.com)

Here are just a few of the things you can do easily on the member portal:

- **Print ID cards**
- **Submit claims and check status**
- **View benefit summaries and eligibility**
- **Search for providers**
- **Order glasses online**
- **Find LASIK providers**

### Healthy Vision in Sight

Got a question about how you can improve your chances to have healthy vision for life? Try our interactive site, with downloadable flyers and a fun quiz to teach you more about vision.

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

### Participating Retailers

Avēsis participates with many of the nation's top retailers such as Walmart, Sam's Club, and Costco. Materials are covered up to the plan allowances depending on the plan selection, with any overage being a member responsibility.

### Avēsis Vision Delivered

Order frames and lenses from the comfort of your couch. Free shipping and free returns make this a risk-free experience for our members. Choose state-of-the-art coatings and materials, upload your prescription (or fill it in yourself), and your eyes are the prize.

### LASIK

Save money on LASIK surgery from QualSight. Choosing a QualSight provider can save you up to 25 percent on the average costs and includes exams, post-op visits, and more.

#### Plan Year 2022 Vision Monthly Rates for State of Kansas COBRA Members

Member Only	Member + Spouse	Member + Child(ren)	Member + Family
Basic: \$2.94 Enhanced: \$5.96	Basic: \$5.96 Enhanced: \$11.02	Basic: \$6.45 Enhanced: \$12.95	Basic: \$8.85 Enhanced: \$16.69

#### Plan Year 2022 Vision Monthly Rates for Non State COBRA Members

Member Only	Member + Spouse	Member + Child(ren)	Member + Family
Basic: \$2.94 Enhanced: \$5.96	Basic: \$5.96 Enhanced: \$11.02	Basic: \$6.45 Enhanced: \$12.95	Basic: \$8.85 Enhanced: \$16.69

# 2022 AVESIS VISION BENEFITS

Service or Item	Basic Plan: Network	Enhanced Plan: Network	Non Network
<b>Vision Exam</b>			
<b>Vision Exam includes Refraction</b>	Covered in full after \$50 copayment	Covered in full after \$50 copayment	Up to \$38*
<b>Contact Lens Fit and Follow-up (CLEFFU)*</b>			
<b>Standard CLEFFU</b>	\$35 copay	\$35 copay	Not Covered
<b>Custom CLEFFU</b>	10% off retail price minus \$55 allowance	10% off retail price minus \$55 allowance	Up to \$39
<b>Frame</b>			
<b>Frame Allowance</b>	\$100 allowance	\$150 allowance	Basic: Up to \$45 Enhanced: Up to \$78
<b>Standard Spectacle Lenses</b> Materials: \$25 Copay (Applies to frame or spectacle lenses, if applicable)			
<b>Single Vision</b>	Covered in full after \$25 copay	Covered in full after \$25 copay	Up to \$31
<b>Bifocal</b>	Covered in full after \$25 copay	Covered in full after \$25 copay	Up to \$51
<b>Trifocal</b>	Covered in full after \$25 copay	Covered in full after \$25 copay	Up to \$64
<b>Lenticular</b>	Covered in full after \$25 copay	Covered in full after \$25 copay	Up to \$80
<b>Lens Options</b>			
<b>Polycarbonate (Single Vision/Multi-Focal)</b>	Member pays up to \$40	Covered in full	Basic: Not Covered Enhanced: Up to \$14
<b>Standard Scratch-Resistant Coating</b>	Member pays up to \$15	Covered in full	Basic: Not Covered Enhanced: Up to \$7
<b>Ultraviolet Screening</b>	Member Pays up to \$15	Covered in full	Basic: Not Covered Enhanced: Up to \$7
<b>Solid or Gradient Tint</b>	Member pays up to \$17	Member pays up to \$17	Not covered
<b>Standard Anti-Reflective Coating</b>	Member pays up to \$45	Member pays up to \$45	Not covered
<b>Progressives</b>	Not Covered	Covered up to \$165	Basic: Not covered Enhanced: Up to \$84
<b>High-Index Lenses</b>	Not covered	Covered up to \$116	Basic: Not covered Enhanced: Up to \$39
<b>Transitions (Single Vision / Multi-Focal)</b>	Member pays up to \$70/\$80	Member pays up to \$70/\$80	Not covered
<b>Polarized</b>	Member pays up to \$75	Member pays up to \$75	Not covered
<b>PGX/PBX</b>	Member pays up to \$40	Member pays up to \$40	Not covered
<b>Other Lens Options+</b>	Provider discount up to 20%	Provider discount up to 20%	Not covered
<b>Contact Lenses</b>			
<b>Elective</b>	\$150 allowance	\$150 allowance	Up to \$105
<b>Medically Necessary</b>	Covered in full	Covered in full	Up to \$105
<b>Refractive Laser Surgery</b>			
<b>Up to 25% provider discount^</b>	\$150 onetime/lifetime allowance	\$150 onetime/lifetime allowance	\$150 onetime/lifetime allowance
<b>Frequency</b>			
<b>Vision Exam</b>	Covered once every calendar year		
<b>Frame</b>	Covered once every calendar year		
<b>Spectacle Lenses</b>	Covered once every calendar year, unless contact lenses are selected		
<b>Contact Lenses</b>	Covered once every calendar year, unless spectacle lenses are selected		

\*Contact lens fit and up to two (2) follow up visits covered once a comprehensive eye exam has been completed. For typical standard lens wearers include disposable, daily wear or extended wear lenses. For typical specialty lens wearers include toric, gas permeable and multi-focal lenses.

†All services not listed up to 20% off of retail. Discounts do not apply at certain providers including Walmart, Sam's Club, and Costco locations.

‡In lieu of frame and spectacle lenses.

\$Prior authorization is required for medically necessary contacts.

||Save up to 25% on average LASIK prices when you use Quasight (visit [quasight.com/-avesis](https://quasight.com/-avesis) for more information).

Note: Members may use their benefit for contact lenses OR spectacle lenses once (1) per year, however the members frame allowance can still be used if contact lenses are elected.

## VALUE ADD SERVICES

- Top Retail providers are in Network – Walmart, Costco, Sam's, Target etc.
  - Hearing Aids are Discounted though Amplifon\*
  - LASIK is up to 25% off the average cost with Quallsight
  - Contact lens fitting does not come out of allowance
  - Avësis Vision Delivered lets you shop at home for glasses at home
  - Additional discounts available\*
  - Members have full plan year to use contact lens allowance
  - Retinal Imaging is available for a member preferred price
  - Up to 20% off remaining frame balance
  - Up to 10% off remaining contact lens balance
- \*see plan certificate for details*

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO  
 Insured benefits are administered by Avësis Third Party Administrators, Inc., Phoenix, AZ  
 Policy #: VC-16, Form M-9059

### Using Non Network Providers

Members who elect to use a Non Network provider must pay the provider in full at the time of service and submit a claim to Avësis for reimbursement. Reimbursement levels are in accordance with the Non Network reimbursement schedule previously listed. Non Network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan, and are in lieu of services provided by a participating Avësis provider. Non Network claim forms can be obtained by contacting Avësis' Customer Service Center or your group administrator, or by visiting [www.avesis.com](http://www.avesis.com).

### Termination Provisions

Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

### Notes and Disclaimers

The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only. Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Avësis is not responsible for the outcome of any refractive surgery. Discounts on materials are not available at Walmart locations. Members may not use their contact lens allowance toward fitting fees at Walmart and are responsible for any out-of-pocket fees associated with fittings there. Discounts on materials are not available at Costco locations. ID cards are not required for services.

### Limitations and Exclusions

Some provisions, benefits, exclusions, or limitations listed herein may vary depending on your state of residence.

#### Limitations

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avësis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

#### Exclusions

There are no benefits under the plan for professional services or materials connected with and arising from:

1. Orthoptics or vision training;
2. Subnormal vision aids and any supplemental testing, aniseikonic lenses;
3. Plano (non-prescription) lenses, sunglasses;
4. Two pair of glasses in lieu of bifocal lenses;
5. Any medical or surgical treatment of eye or supporting structures;
6. Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;
7. Any eye examination or corrective eyewear required by an employer as a condition of employment and safety eyewear;
8. Services or materials provided as a result of Workers' Compensation Law, or similar legislation, required by any governmental agency whether Federal, State, or subdivision thereof.
9. Services or materials provided by any other group benefit plan providing vision care.

### Refractive Surgery Vision Benefit Exclusions

Benefits are not payable for any of the following:

1. Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames, or contact lenses;
2. Medical or surgical procedures, services, or treatments:
  - a. not specifically covered under this Rider;
  - b. provided free of charge in the absence of insurance
  - c. payable under any Workers' Compensation law or similar statutory authority
  - d. payable under governmental plan or program, whether Federal, state, or subdivisions thereof.



# Rates

Plan Year 2022 Monthly Rates for COBRA Members							
Member Category	Plan A	Plan C	Plan J	Plan N	Dental	Vision	
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Delta	2022 Basic	2022 Enhanced
State of Kansas COBRA Members							
Member Only	\$682.81	\$566.97	\$687.38	\$585.09	\$53.34	\$2.94	\$5.96
Member + Spouse	\$1,386.19	\$1,008.70	\$1,173.40	\$980.42	\$89.72	\$5.96	\$11.02
Member + Children	\$1,158.35	\$862.81	\$1,065.11	\$894.14	\$85.74	\$6.45	\$12.95
Member + Family	\$1,749.58	\$1,181.37	\$1,396.59	\$1,114.78	\$105.50	\$8.85	\$16.69
Non State COBRA Members							
Member Only	\$808.96	\$690.98	\$818.01	\$712.06	\$66.06	\$2.94	\$5.96
Member + Spouse	\$1,785.55	\$1,419.12	\$1,589.34	\$1,388.33	\$122.30	\$5.96	\$11.02
Member + Children	\$1,565.23	\$1,272.95	\$1,480.74	\$1,303.96	\$118.38	\$6.45	\$12.95
Member + Family	\$2,168.81	\$1,612.24	\$1,827.46	\$1,532.82	\$138.10	\$8.85	\$16.69



## CONTACT INFORMATION

<b>Enrollment</b>	<b>State Employee Health Plan</b>	<a href="http://HealthBenefitsProgram.ks.gov">HealthBenefitsProgram.ks.gov</a> (785) 368-6361 SEHPMembership@ks.gov
<b>General Benefits Information</b>	<b>State Employee Health Plan</b>	<a href="http://HealthBenefitsProgram.ks.gov">HealthBenefitsProgram.ks.gov</a> (785) 368-6361 SEHPBenefits@ks.gov
<b>Medical Coverage</b>	<b>Aetna</b> Customer Service Behavioral Health (Aetna BH)	<a href="http://www.aetnastateofkansas.com">www.aetnastateofkansas.com</a> All Areas (Toll Free): 866-851-0754 All Areas (Toll Free): 866-851-0754
	<b>Blue Cross Blue Shield of Kansas</b>	<a href="http://www.bcbsks.com/sok">www.bcbsks.com/sok</a> All Areas (Toll Free): 800-332-0307 Topeka: 785-291-4185 <b>New Directions - Behavioral Health</b> All Areas (Toll Free): 800-952-5906 <b>New Directions - Autism</b> Topeka: 785-233-1165 All Areas (Toll Free): 877-563-9347 Opt.2
<b>Prescription Coverage</b>	<b>CVS/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>Prescription Savings</b>	<b>Rx Savings Solutions</b>	<a href="https://api.rxsavingsolutions.com/login">https://api.rxsavingsolutions.com/login</a> All Areas: (Toll Free) 800-268-4476 info@rxsavingsolutions.com
<b>Preferred Lab Benefit Program</b>	<b>Quest Diagnostics Lab Card Program</b>  <b>Stormont Vail Health</b>  <b>The University of Kansas Health System (TUKHS)</b>	<a href="http://www.labcard.com">www.labcard.com</a> All Areas (Toll Free): 800-646-7788  <a href="http://www.stormontvail.org/state-employees-lab">www.stormontvail.org/state-employees-lab</a> All Areas (Toll Free): 800-637-4716 Topeka: 785-354-1150  <a href="http://www.kansashealthsystem.com/lab">www.kansashealthsystem.com/lab</a> All Areas (Toll Free): 866-358-5227
<b>Dental Coverage</b>	<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>Vision Coverage</b>	<b>Avēsis Vision</b> Customer Service LASIK Provider	<a href="http://www.avesis.com">www.avesis.com</a> All Areas (Toll Free): 855-249-6317 All Areas (Toll Free): 877-712-2010
<b>COBRA Provider</b>	<b>COBRAGuard</b>	Participant Service: 866-952-6272 913-499-4853  Tech Support: 800-832-5337
<b>HealthQuest Health Center</b>	<b>Marathon Health</b>	<a href="http://my.marathon-health.com">my.marathon-health.com</a> 785-783-4080

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STATE EMPLOYEE HEALTH PLAN  
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