



KSU Benefit Open Enrollment October 1 – 31

for Benefits Effective Jan 1, 2027

The Benefits Team

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Overview

Changes for 2027

Plan Option Review

Other Benefit Options

Enrollment Resources & Reminders



Most Notable Change for 2027



Differential Medical Rates — 2027

- Members will have **two medical rate options**:
 - Aetna (No rate change)
 - Blue Cross and Blue Shield of Kansas (10% increase)

Why did this happen?

- Vendors submitted **different costs** to administer the State Employee Health Plan.

What Does This Mean?

- Your **premium will depend on the medical vendor** you select.
- Members can choose the provider that **best fits their needs**.

Medical benefits are the same — rates and provider networks are different.

Most Notable Change for 2027



How do I choose between Aetna and BCBS?

When reviewing your options, consider:

- Whether **your** doctors, hospitals, and specialists are in the vendor's Network
- The monthly premium for each vendor
- **Your** family's health care needs
- **Your** preferred providers and locations
- Before making your election, **use the vendor provider search tools** to confirm whether your providers are Network.
 - [Aetna Network](#)
 - [Blue Cross and Blue Shield of Kansas Network](#)

Network Basics

June 2026



Click link below to watch video

<https://youtu.be/g-iO-boynUI?si=tHy8tD49W04VKuKh>

What's the difference?

- **Network Providers** accept the plan allowance as payment in full and save you money.
- **Non-Network Providers** have not agreed to accept the plan allowance.

This means that in addition to your required Out-of-Pocket cost, any amount above the plan allowance will be your responsibility.

What's New for 2027



Medical Plan Rates:

Employee rates:

- **Aetna:** No increase
- **BCBSKS:** Increases 10%

Employer rates are increasing 16%

Plan A:

- **Deductible** will increase from \$1,000/\$2,000 to \$1,250/\$2,500
- **OOP Maximum** will increase from \$5,250/\$10,500 to \$5,500/\$11,000

Plans C & N Deductible & Out of Pocket Maximum (OOP):

- Employee only single plan Deductible will increase from \$2,750 to \$2,900
- The first Deductible for all member plus dependent plans will be \$3,500 to meet new IRS regulation
- The overall family Deductible will increase from \$5,500 to \$5,700
- **Plan C** OOP Maximum will increase from \$4,500/\$9,000 to \$4,750/\$9,500
- **Plan N** OOP Maximum will increase from \$6,650/\$13,300 to \$6,900/\$13,800

Plan J OOP Maximum will increase from \$7,350/\$14,700 to \$7,600/\$15,200

What's New for 2027



Dental Coverage (Delta Dental)

- Employee only coverage remains 100% paid by the employer
- 3.3% increase in dental premium for Employee + Dependent coverages

Flexible Spending Accounts (MetLife/Health Equity)

- MetLife's new partnership with Health Equity
- MetLife remains the vendor – but funds move to Health Equity on 1/1/2027

GLP-1 for Anti-Obesity Medications:

- Starting in 2027 the BMI requirement for GLP-1s for Anti-Obesity Medications (AOMs) will continue to be 35. There will be a \$200 copay applied to these prescriptions in addition to the standard plan provisions and cost sharing requirements.

Navigating Health Insurance



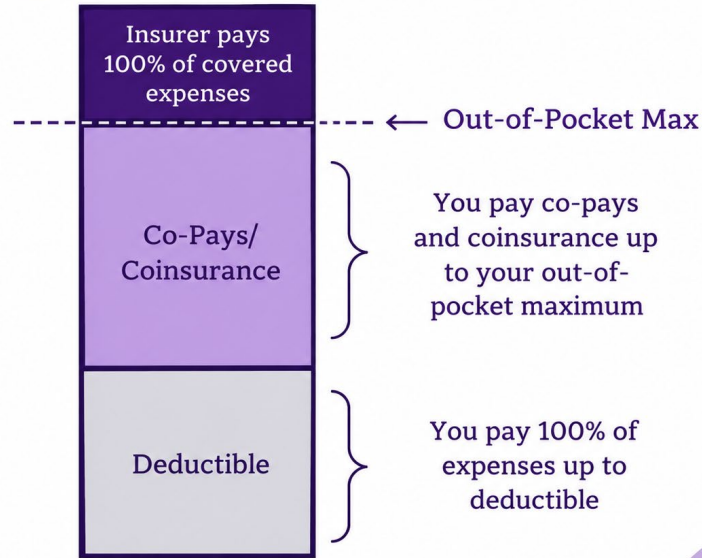
Click link below to watch video

https://youtu.be/elHF_XM-i70?si=Zwa6JKY2MH73Hw9u

Video by Select Health "10Health Insurance Terms Explained"

Understanding Out of Pocket Costs

OUT-OF-POCKET COSTS



Plan Summary Details & Comparison

(In-Network)	Plan A	Plan C	Plan N	Plan J
Deductible	Individual \$1,250 Family \$2,500	Individual \$2,900 Family \$3,500/\$5,700	Individual \$2,900 Family \$3,500/\$5,700	Individual \$500 Family \$1,000
Coinsurance	20%	10%	35%	25%
Out of Pocket Maximum Individual/Family	\$5,500 \$11,000	\$4,750 \$9,500	\$6,900 \$13,800	\$7,600 \$15,200

Overview of Plan A

Benefit Summary	Network	Non Network
Deductible Individual Family	\$1,250 \$2,500	\$1,250 \$2,500
Coinsurance (paid by member)	20%	50%
Out of Pocket Maximum (OOP) Individual Family	\$5,500 \$11,000	\$5,500 \$11,000
Preventive Care	\$0	Deductible + Coinsurance
Office Visits Primary Care Specialist Urgent Care Telehealth HealthQuest Health Center	\$20 \$60 \$50 \$10 \$0	Deductible + Coinsurance
Emergency Room Visits	\$100 Copay + Deductible + Coinsurance (Copay waived if admitted within 24 hours)	\$100 Copay + Network Deductible + 20% Coinsurance* (Copay waived if admitted within 24 hours)
Diagnostic Lab Services when using Preferred Lab Providers	100%	Deductible + Coinsurance

Notable Items

- Lowest plan deductible
- Not the lowest OOP Max
- Has co-pays for office visits

* Must be a Medical Emergency otherwise the Non Network Deductible & Coinsurance apply.

Understanding Plan C/N High-Deductible Health Plans



[Click link below to watch video](#)

<https://youtu.be/OEfXuIKDLSo?si=dn70J7lrGinfisZy>

Video by [Excellus BlueCross BlueShield](#)

Overview of Plans C and N

Benefit Summary	PLAN C Network	PLAN C Non Network	PLAN N Network	PLAN N Non Network
Deductible				
Individual	\$2,900*	\$2,900*	\$2,900*	\$2,900*
Family	\$5,700	\$5,700	\$5,700	\$5,700
Coinsurance (paid by member)	10%	50%	35%	50%
Out of Pocket Maximum (OOP)				
Individual	\$4,750	\$4,750	\$6,900	\$6,900
Family	\$9,500	\$9,500	\$13,800	\$13,800
Preventive Care	\$0	Deductible + Coinsurance	\$0	Deductible + Coinsurance
Office Visits				
Primary Care	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Specialist				
Urgent Care				
Telehealth				
HealthQuest Health Center**	\$40**		\$40**	
Emergency Room Visits	Deductible + Coinsurance	Network Deductible + Coinsurance***	Deductible + Coinsurance	Network Deductible + Coinsurance***
Diagnostic Lab Services 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 for example employee/spouse, employee/children, employee/family, will be \$3,500 for an individual within the family. The overall family deductible for these policies is \$5,700.

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

***Must be a Medical Emergency otherwise the Non Network Deductible and Coinsurance apply.

Notable Items

- Plan C has the lowest OOP Max
- No Copays on these plans

Deductible Details

- Individual Coverage
 - \$2,900 deductible
- Employee + Spouse/Dependent Coverage
 - FIRST deductible is **\$3,500**
 - Remaining family members have **\$2,200 balance of \$5,700 total family deductible**

Overview of Plan J – Meets J-1 Visa Requirements

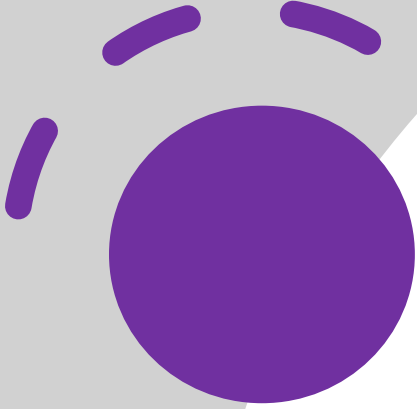
Benefit Summary	Network	Non Network
Deductible Individual Family	\$500 \$1,000	\$1,000 \$2,000
Coinsurance (paid by member)	25%	50%
Out of Pocket Maximum (OOP) Individual Family	\$7,600 \$15,200	\$10,000 \$20,000
Preventive Care	\$0	Deductible + Coinsurance
Office Visits Primary Care Specialist Urgent Care Telehealth HealthQuest Health Center*	Deductible + Coinsurance Deductible + Coinsurance Deductible + Coinsurance Deductible + Coinsurance \$40*	Deductible + Coinsurance
Emergency Room Visits	Deductible + Coinsurance	Network Deductible + Coinsurance**
Diagnostic Lab Services 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 otherwise the Non Network Deductible and Coinsurance apply.

Notable Items

- Plan J meets all Federal Requirements for employees with J-1 visas but is available to all employees



Understanding FSA, HSA, and HRA plans

Change to FSA, HSA, and HRA Accounts

MetLife remains the vendor – but funds move to Health Equity on 1/1/2027

MetLife and HealthEquity will both support all plan offerings including FSA, HSA and HRA.

What does this mean? MetLife will continue to be the vendor, but your account funds are moving. MetLife will mail a letter to the accountholder notifying them of this transition.

FSA and HRA will continue using the current platform through the runout of the 2026 plan year.

HSA Accounts will automatically be transferred to the HealthEquity platform in January 2027.

How to navigate this change during Open Enrollment: Since your account will not be set up yet with HealthEquity, and you have questions about the Plan Year 2027 benefits during Open Enrollment, Call HealthEquity Member Services at **1-866-346-5800** and say “**Speak to a Rep**” to connect with a representative for assistance. Representatives are available 24/7.



NOTE: For questions about your **2026** benefits, current account balance, claims processed, etc., you will continue to contact MetLife at 1-877-759-3399.

Healthcare Flexible Spending Account (FSA) – PLAN A

Allows employees to use pre-tax dollars to pay for eligible out-of-pocket medical expenses, with annual contribution limits and use-it-or-lose-it rules.

- Must have Plan A to enroll
- Pre-funded after the first contribution
- Funded by the employee only
- 12-month employees have 24 deductions
- 9-month employees have 20 deductions
- IRS maximum limits apply
- Use it or lose it with a carryover allowance: Up to **\$680** may roll to the following calendar year. *(must enroll in FSA for 2027 for funds to carry over)*

Employees who terminate coverage mid year will have 90 days after contributions end or employment is terminated to pay out claims that were incurred while coverage was active.

Health Savings Account (HSA) – PLANS C & N

A tax-advantaged savings account available to those with high-deductible health plans, allowing contributions, growth, and withdrawals for qualified medical expenses to be tax-free.

Minimum Contribution Requirements

- Minimum \$25/pay period contribution on Plan C.
- No minimum contribution for Plan N.

Employee-owned account

- Funded by employee **and** employer

Earn Money with HealthQuest

- \$12.50/credit up to \$500

IRS Max \$4,500/\$9,000

- Includes HQ Reward contributions

HSA Eligibility Requirements



When Can't You Have An HSA

- If you are enrolled in **Medicare A or B**, Medicaid or TRICARE
- If you are claimed as a dependent on another person's tax return
- If you are enrolled in another health plan not considered a Qualified High-Deductible Health Plan

If you do not qualify for an HSA, you can elect an HRA.

Health Reimbursement Account (HRA) – Plans C, J, or N

An employer-funded account that reimburses employees tax-free for qualified medical expenses.

Plan C, N, or J

- Employee can choose between an HSA and HRA – cannot have both.

Employer-owned account

- Borrowed funds from the employer. No employee contributions allowed.

Earn Money with HealthQuest

- \$12.50/credit up to \$500 (*Plan J is not eligible for this*)

Use It or Lose It

- HRA terminates when you terminate
- No rollover provision

HSA/HRA Quarterly Employer Contributions

Plan C

Single: \$250

Employee + Dependent: \$500

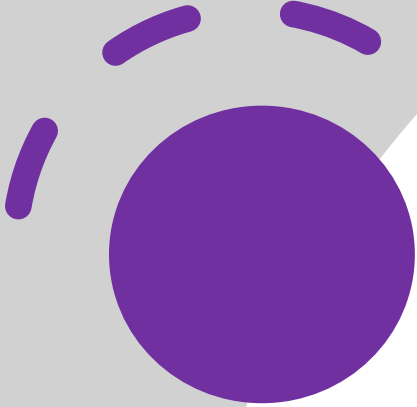
Plan N

Single: \$125

Employee + Children: \$250

Employee + Spouse/Family: \$281.25

**Figures based on full-time employee status*



All Plan Benefits

Preventative Care Coverage



Included in all plans at no cost when using an In-Network Provider

Preventive Care	Plan A Network Provider	Plan A Non-Network Provider	Plans C, J, N Network Provider	Plans C, J, N Non-Network Provider
Well Woman Exam	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Well Man Exam	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Well Baby and Child	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Vision Visit (regardless of diagnosis)	1 st visit of the year Covered in Full	Deductible plus Coinsurance	1 st visit of the year Covered in Full	Deductible plus Coinsurance
Routine Hearing Exam	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Colonoscopy	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Mammogram	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Preventive Lab	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Immunizations	Covered in Full	Covered in Full to age six, otherwise Deductible plus Coinsurance	Covered in Full	Covered in Full to age six, otherwise Deductible plus Coinsurance

Prescription Drug Benefits – CVS Caremark

- ✓ **Included with all four medical plans**
- ✓ Can use/choose any pharmacy
- ✓ Preferred drug list is the same across plans – what you pay varies based on plan design.
- ✓ The BMI requirement for GLP-1s for Anti-Obesity Medications (AOMs) will continue to be 35. A \$200 copay will apply to these prescriptions, in addition to the standard plan provisions and cost-sharing requirements.
- ✓ Enroll for free in Prudent RX for specialty and biotech drugs.

Set up account at [Caremark.com](https://www.caremark.com)

Access the "Check Drug Cost" tool to determine if your prescription drug is covered and what it will cost under your plan



Prescription Drugs & Plan Pay Differences

Plan A

Prescription drugs are **not subject to the deductible** under this plan, **generally you pay a coinsurance for your prescription drug costs** throughout the year, up to a combined medical and pharmacy Out Of Pocket (OOP) Maximum.

Plans C, J, and N

Prescription drugs **are subject to the deductible** so until you reach your deductible, when you present your Caremark ID card, **you will pay 100% of the discounted cost** for your prescription drugs. Once you have reached the deductible, you pay a coinsurance for your prescription drug costs throughout the year, up to the combined medical and pharmacy Out of Pocket (OOP) Maximum.



Preferred Lab Benefit

- **Included with all four medical plans.**
- The Preferred Lab Benefit is completely voluntary.
- By selecting to use one of these labs, members will receive a discount.
- 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.

Plan A:

Your lab costs have been significantly discounted and are covered at 100%.

Plans C, J, and N:

Your lab costs have again been significantly discounted.

Lab service will be applied to your deductible until your deductible is met, then covered lab services are paid at 100%.



Flexible Spending Account Options

MetLife remains the vendor – but funds move to Health Equity on 1/1/2027

Healthcare FSA – Must have Plan A

Contribute up to ***\$3,400** for expenses not covered by insurance, including copays, prescriptions, dental (non-cosmetic), menstrual products, orthodontics, OTC items, and vision *

Limited Purpose FSA – Not contingent upon medical plan

ONLY vision and dental expenses, including contact lenses, dental treatments, dentures, orthodontia, co-pays, and eye surgeries (e.g., LASIK, cataracts)

Dependent Care FSA – Not contingent upon medical plan

For dependent care costs for children under 13 or dependents who can't care for themselves. The IRS limits contributions to ***\$3,750** for married filing separately and ***\$7,500 for single or married and filing jointly**.
Covers daycare, summer camp, preschool, and before/after school programs

**2027 amounts not yet released*

HealthQuest Rewards Program

SEHP program that promotes health and wellness through money savings incentives

Complete activities that promote physical, mental, and emotional wellness and earn credits towards premium discounts and/or HRA/HSA reward dollars

Voluntary and Confidential

Points earned by employee/policy-holder during the current plan year count towards the premium incentive discount

Covered dependents can utilize wellness opportunities through HealthQuest but do not earn points

Earning HealthQuest Reward Credits



Claims must be filed with SEHP insurance plans to receive HealthQuest credits
No claim = No credits



HRA/HSA reward dollars you earn will be deposited within 1-2 pay periods after credits are earned, delays possible based on insurance filing

Plan A Incentives

- ★ Once employed 365 days, 20-39 credits = \$240 premium discount for the next calendar year
- ★ 40 credits = \$480 premium discount for the next calendar year

Plan C, J, and N Incentives

- ★ 40 credits = premium discount of \$480 for the next calendar year
- ★ Earn \$12.50 per credit towards HSA/HRA, to a maximum of \$500
- ★ Earn quarterly deposits to HSA/HRA (dependent upon plan)

HealthQuest Rewards Program



Deadlines



Premium Discount Earning Period (for 2027 discount)

January 1, 2026 – December 31, 2026



HRA/HSA Contribution Earning Period

January 1, 2026 – November 13, 2026

HealthQuest Premium Incentive



- Members can verify if they have “Qualified” for the 2027 premium incentive discount during enrollment by viewing their **“Pending Elections Statement”** after enrolling
- If you have not yet earned the 2027 premium incentive discount, it will show as “Not Qualified” but you have until December 31 to earn the points

HealthyKIDS: Premium Discount

HealthyKids is designed to help eligible SOK employees reduce premium costs for children

Same coverage, lower premiums

Eligibility is based partly on household income

Enrollment is completed in MAP, and should be completed during open enrollment

Employees must review their first paycheck in 2027 paycheck to verify any discount has been applied

Participants **must re-apply each year** during Open Enrollment

<https://sehp.healthbenefitsprogram.ks.gov/benefits/premium-assistance-programs/healthy-kids>



HealthyKIDS

A program that helps eligible state employees with the cost of premiums for their children's medical insurance coverage

You may apply online during Open Enrollment when making your health plan and coverage tier elections through your [Member Portal](#).

1. Sign in to your Member Portal
2. Click on the Enrollments & Events tab
3. Click on the Healthy KIDS link in the green box at the bottom of the page
4. Complete the application

Once you have submitted your application, you will be notified at that time if your application has been approved and no further notification will be sent.

2027 Regular Full-Time Semi-Monthly Rates

Plan	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Plan A: Aetna	\$40.70	\$242.02	\$129.09	\$423.71
Plan A: BCBSKS	\$44.77	\$266.22	\$142.00	\$466.08
Plan C: Aetna	\$35.90	\$126.16	\$66.32	\$212.50
Plan C: BCBSKS	\$39.49	\$138.78	\$72.95	\$233.75
Plan J: Aetna	\$53.61	\$156.45	\$93.10	\$268.05
Plan J: BCBSKS	\$58.97	\$172.10	\$102.41	\$294.86
Plan N: Aetna	\$23.72	\$85.99	\$44.80	\$153.17
Plan N: BCBSKS	\$26.09	\$94.59	\$49.28	\$168.49
Delta Dental	\$0.00	\$10.64	\$8.51	\$19.18
Prescription Eyewear: Basic	\$1.94	\$3.99	\$3.61	\$5.57
Prescription Eyewear: Enhanced	\$3.88	\$7.89	\$7.12	\$11.04

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.

HealthyKIDS 2027 Semi - Monthly Rates

Plan	Employee + Children	Employee + Family
Plan A: Aetna	\$84.48	\$316.76
Plan A: BCBSKS	\$92.93	\$348.44
Plan C: Aetna	\$50.36	\$194.35
Plan C: BCBSKS	\$55.40	\$213.79
Plan J: Aetna	\$81.11	\$252.47
Plan J: BCBSKS	\$89.22	\$277.72
Plan N: Aetna	\$34.03	\$140.09
Plan N: BCBSKS	\$37.43	\$154.10
Delta Dental	\$1.89	\$12.53
Prescription Eyewear: Basic	\$3.61	\$5.57
Prescription Eyewear: Enhanced	\$7.12	\$11.04



Supplemental Benefits

An employee does not have to enroll in medical to select other benefits

- **Except** for an HSA and HRA which require enrollment in a HDHP

Employee only coverage is 100% paid by K-State!

One Dental Plan

Provider Determines:

- PPO | Premier | Out-Of-Network

Basic vs. Enhanced Benefit:

- New hires receive enhanced benefit for 12 months
- Preventative Care (dental cleaning/exam) determines coverage level after 12 months

Enhanced Benefit

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

Delta Dental Provider Networks	PPO	Premier	<u>Non Network</u>
Services:	Plan Pays		
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** received at least one routine cleaning and/or preventive oral exam in the past 12 months.

Delta Dental Provider Networks	PPO	Premier	<u>Non Network</u>
Services:	Plan Pays		
Diagnostic & Preventive Services	100%	100%	100%*
Basic Restorative Services	50%	50%	50%*
Major Restorative Services	40%	30%	30%*
Implant Coverage	40%	30%	30%

Prescription Eyewear Benefits - Surency

Your first eye visit each year, regardless of reason or diagnosis, is covered at 100% if you are enrolled in any of the SEHP medical plans and you use a Network provider.

Frequency of Coverage

- Frames: Covered once every calendar year
- Frame Lenses & Contact Lenses: Employee can choose to receive new frame lenses or contact lenses once every calendar year. (not both)

If your provider is in Network for your eye exam, but does not participate with Surency, you may:

- Take your RX and go to a Surency Network Provider to fill your materials order.
- Use your RX online through [ContactsDirect.com](https://www.contactsdirect.com) or [glasses.com](https://www.glasses.com) and order your materials at Network benefit levels.

MetLife Voluntary Benefit Options



Supplemental coverage to your healthcare coverage which provides you with additional financial protection.

Accident Insurance:

Helps offset unexpected costs due to an accidental injury. There are more than 150 covered injuries including fractures, eye injuries, or broken teeth that pay benefits.

Critical Illness Insurance:

Provides a lump sum benefit to offset costs due to specified critical illnesses. There are more than 30 critical conditions covered, including cancer, stroke, heart attack, among others.

Hospital Indemnity Insurance:

Provides a lump sum payment in the event of a hospital stay. You have a choice of two comprehensive plans called the "Low Plan" and the "High Plan". Some of the covered services include admissions for hospital stays and inpatient rehabilitation benefits.

Exclusions and limitations in any policy and certificate issued

Employee Assistance Program



Employee Assistance Program



Contact Your Employee Assistance Program

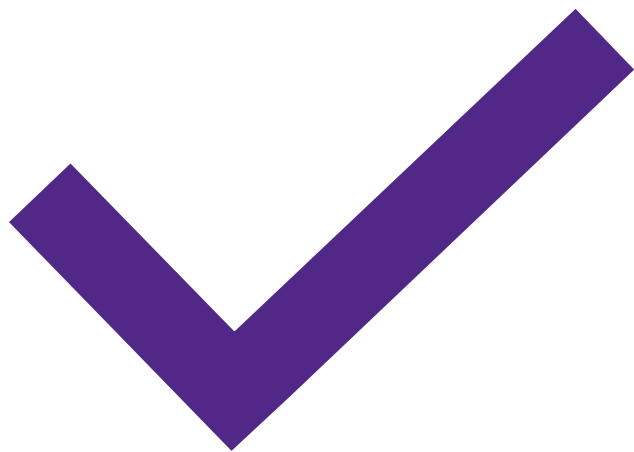
Call: 888.270.8897 | TRS: Dial 711

Online: guidanceresources.com

Web ID: SOKEAP

App: GuidanceNow

Up to eight free sessions per issue



Enrollment

Ask ALEX

Coverage Comparison Tool

ALEX is a resource that educates and provides explanation of available benefits, how benefits work, and assists in the selection and comparison of coverage

It is NOT an **Enrollment** Tool

All benefit enrollment MUST still be completed through the Membership Administration Portal (MAP)

Coming soon, ALEX for Retirees

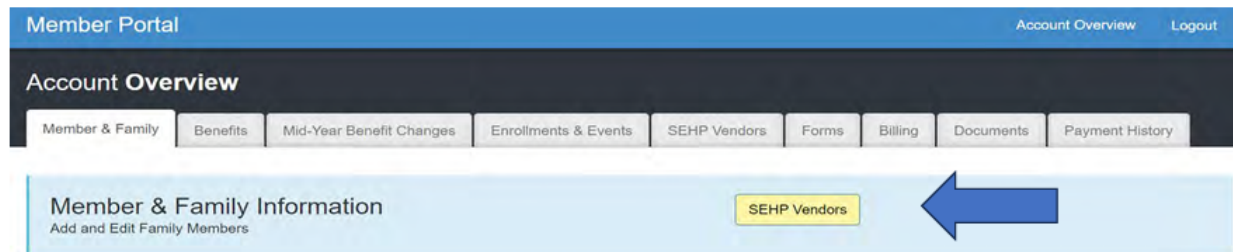


<https://www.myalex.com/kansassehp/home#choose-benefits>

How Do You Enroll?

Single Sign On

Access your SEHP benefits through the MAP member portal.



How to guide for Single Sign On (SSO):

1. Log into your MAP Member Portal at <https://sehp.member.hrissuite.com>
2. On the Member & Family tab, click on the yellow SEHP Vendors button.
3. You will be taken to the SEHP Vendors tab. Any vendor portals available for benefits you are CURRENTLY enrolled in through SEHP will have an icon listed.
4. Once you click on one of those vendor icons, you will be taken to that vendor's portal.
5. If this is your first time through the SSO process, follow the steps in the vendor's portal to authorize the SSO connection. After that first time process clicking on the vendor's icon will sign you into their portal automatically.

How Do You Enroll?

1

During October,
Log in to the
Membership
Administration Portal
(MAP)

2

Select your benefit
choices and
dependents for 2027.

3

Complete the election
process by clicking the
button that says:
"Click Here to Submit
your Elections"

4

Print
the Pending Elections
Statement

IMPORTANT:

If you access MAP and enroll in any new plans, you must complete the entire enrollment process.

For example, if you access MAP to enroll in Dental only, you must actively waive your medical coverage, or you will be "defaulted" into Plan N for medical coverage.

What If You Change Your Mind?



Employees can make changes for 2027 as often as they wish during open enrollment window – October 1-31

Elections as of midnight on 10/31/2026 will be **final**!

What Happens If You Don't Enroll?



Medical Coverage	All active State of Kansas (SOK) employees <u>MUST</u> make elections for Plan Year 2027. If you are currently enrolled and do not re-enroll: your medical coverage will be defaulted to Plan N with your current medical carrier and an HRA for the employer contributions.
Voluntary Prescription Eyewear Insurance	Members currently enrolled in the Voluntary Prescription Eyewear Insurance only, will remain enrolled for 2027.
Dental Coverage	Members currently enrolled in the Dental Coverage only, will remain enrolled for 2027.
Voluntary Benefits	Members enrolled in Voluntary Benefits Insurance only, will remain enrolled for 2027.
Waived Benefits	Members who have waived coverage will remain waived.
FSAs	Members currently enrolled in an FSA, <u>MUST enroll annually</u> to keep the accounts active.

ID Cards



Aetna (all enrollees)

BCBSKS (all enrollees)

CVS/Caremark (new enrollees or plan changes)

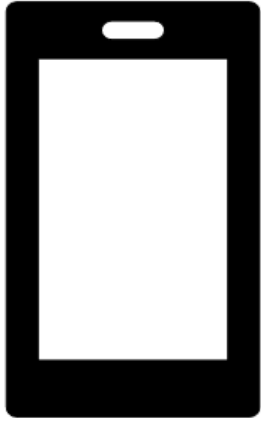
Delta Dental (new enrollees ONLY)

MetLife: FSA (all enrollees will receive a new debit card)

MetLife: HRA & HSA (all enrollees will receive a new debit card)

Surency (new enrollees or plan changes)

Vendor Mobile Apps



The SEHP vendors offer mobile apps to manage your benefits with ease.

You can access:

- Member Account
- View your coverage and plan details
- Print & request a copy of your Member ID Cards
- View your Explanation of Benefits (EOB)
- Access Provider Directories
- and much more!



General Reminders

General Reminders: Deadlines

Dependent Care FSA

75-day grace period (through 03/16/27) to incur eligible expenses
Deadline to submit claims against your 2026 balance will be 4/30/27.
Dependent Care Funds do not roll over to the following year

Healthcare FSA

75-day grace period (through 03/16/27) to incur eligible expenses
Deadline to submit claims against your 2026 balance will be 4/30/27.
Dependent Care Funds do not roll over to the following year

HRA

Funds do not roll over to the following year
Have 60 days from December 31 to file claims for 2026 expenses – Use it or lose it!

Enrollment – Enroll no later than October 31!

General Reminders: New Hires

New Hires and Newly Eligible Employees will have 31 days from their start date or becoming eligible, to enroll in benefits.

- For **Newly Hired** individuals, coverage will be effective on the 1st day they begin work.
- For **Newly Eligible** employees, coverage will continue to be effective the first day of the following month unless the change is made on the first day of the month, then it is effective that day.

Newly hired employees whose coverage starts in *October, November, or December 2026*, **must complete two separate enrollments** through MAP.

1. Enrollment for remainder of 2026 (within 30 days of hire)
2. 2027 plan year enrollment (in October)

General Reminders: Day 1 Coverage

Health insurance benefits will begin on the day you begin work.

While your enrollment may not be complete (you have up to 31 days to review and select the benefits you wish to have), the coverage for all SEHP benefits will be retroactive to the date you begin work. As the various vendors will not have coverage identified (i.e., ID Cards, system confirmation, etc.) until your enrollment is complete, submitted to the vendor, and approximately 5 business days allowed for the vendor to process the enrollment. Here are some important tips or suggestions in the event you need to access coverage/benefits prior to receiving your ID cards:

Medical and Dental Coverage

Whether you enroll in medical or dental coverage, if you need to seek medical or dental services prior to completing your enrollment, or prior to the vendor processing your enrollment, you should inform the provider you are a new employee with the State of Kansas health plan, and your enrollment is effective the date you started work, but your membership has not been processed yet. In nearly all situations, the provider(s) will take your information and will delay filing the claim until you have your enrollment information and ID cards.

Rx Coverage

If you have a situation where you need to purchase a prescription drug prior to the completion of your enrollment or prior to the Rx vendor processing your enrollment information, you will need to pay the pharmacy directly for the prescription and then file a paper claim form with Caremark (the Rx vendor) AFTER you have received your enrollment information and ID cards.

General Reminders: Upcoming Retirees

Employees planning to retire in late 2026 or January 2027 should **still complete open enrollment** for 2027 – just in case!

If your retirement date is amended for any reason into 2027, you will not have the option to enroll in 2027 coverage at that time.

General Reminders: Mid-Year Terminations

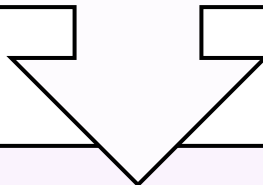
Employees who terminate employment the 2nd – 31st of a month will continue to have active coverage through the **end of the month** in which they terminate.

Employees who terminate employment on the 1st of the month, will have coverage end **on that same day!**

General Reminders: Life Events

Qualifying Events Include

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 group benefits for a spouse or dependent. A Qualifying Event enables you to make a change in who is covered by the Plan 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 and includes the required supporting documentation.***



Qualifying Events allow you to add or drop coverage for a dependent mid-year

Qualifying events do not allow you to change your health plan selections. Changes in your health plan selections are only allowed during Open Enrollment for the next plan year.

Need Help From the SEHP?



When contacting the State, include detailed information including your Employee ID and contact information.

- SEHP Webinar on Oct. 6th from 9:30am 1:00pm – 3:00pm
- SEHP Website: <https://healthbenefitsprogram.ks.gov>
- Membership & Eligibility: SEHPMembership@ks.gov
- HealthQuest: SEHPHealthQuest@ks.gov
- Benefit Plan: SEHPBenefits@ks.gov

KPERS Optional Group Life Insurance Open Enrollment

Coverage During Open Enrollment

During open enrollment, you can get guaranteed coverage, with no health questions. If you want more than the guaranteed amount, apply for coverage and answer a few health questions. **You don't need to do anything if you're happy with your current coverage.**

Who's Covered	Plan Coverage Options	Guaranteed Coverage <i>No Health Questions</i>
Member	In \$5,000 increments, up to plan max \$400,000	\$50,000 (to \$250,000 guaranteed max)
Spouse	In \$5,000 increments, up to plan max \$100,000	Up to \$25,000 (to \$25,000 guaranteed max)
Child*	\$10,000 or \$20,000	\$10,000 or \$20,000

**One premium covers all eligible children in your family up to age 26. No age limit with disabled dependents.*

Separate process from SEHP Enrollment – if you do not want to make changes, no action required.

For information on enrollment, email benefits@ksu.edu.

Paper Enrollment Forms are
REQUIRED!

HR Benefits is here to support you



Help sessions

HR will offer Open Enrollment assistance sessions that employees can stop by to get answers to insurance and benefit questions and receive technical assistance with the enrollment process. **Attending a help session is not required!**

Each session will be held in the **Conference Room in the Power Plant Building** on the following dates and times.

Tuesdays from 9:00am – 11:00am

- October 13, 20, and 27

Thursdays from 2:00pm -4:00pm

- October 15, 22, and 29
- Employees needing technical assistance **must know their HRIS login information before arriving**. HR will not be able to assist with HRIS login issues. If you are experiencing problems logging into HRIS, please [submit a ticket to KSU IT](#) for assistance.

We encourage you to reach out to your HR Liaison with your questions for a quicker response. If you still need assistance, email benefits@ksu.edu.

Vendor Contact Information



Aetna:	1.866.851.0754
BCBSKS:	1.800.332.0307
CVS Caremark:	1.800.294.6324
ComPsych (EAP):	1.888.270.8897
Delta Dental:	1.800.234.3375
HealthQuest Wellness Program:	1.785.783.4080
HealthQuest Health Center:	1.785.783.4080
MetLife (FSA):	1.866.346.5800
MetLife (HRA/HSA):	1.866.346.5800
MetLife (Voluntary Benefits):	1.800.438.6388
Quest Select:	1.800.646.7788
Rx Savings Solutions:	1.800.268.4476
Stormont Vail Health:	1.800.637.4716
Surency:	1.866.818.8805
The University of Kansas Health System (TUKHS):	1.866.358.5227

The Benefits Team is Here to Support You

KSU Benefits Open Enrollment Website
<https://www.k-state.edu/hr/benefits/open-enrollment/>

