

# State Employees and Non State Employer Groups

2018 Enrollment Information

Elections are effective January 1, 2018



## Contact Information - State of Kansas Health Plan Vendors

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### **Aetna**

Customer Service  
Behavioral Health (Aetna BH)

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

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

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### **Blue Cross and Blue Shield of Kansas**

Customer Service

New Directions - **Behavioral Health**

New Directions - **Autism**

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

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 Option 2

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### **Caremark**

Customer Service

Caremark Connect Specialty Pharmacy

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

All Areas (Toll Free): 800-294-6324

TDD (Toll Free): 800-863-5488

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

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### **COBRAGuard - COBRA Administrator**

Customer Service

[www.cobraguard.net](http://www.cobraguard.net)

All Areas (Toll Free): 866-952-6272

Fax: 913-438-8385

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

Customer Service

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

All Areas (Toll Free): 800-234-3375

Wichita: 316-264-4511

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### **NueSynergy - Flexible Spending Accounts**

State Employees Only

Customer Service

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

All Areas (Toll Free): 855-750-9440

Fax (Toll Free): 855-890-7238

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### **Preferred Lab Benefit Program**

- **Quest Diagnostics Lab Card Program**

Customer Service

Collection Site Listings

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

All Areas (Toll Free): 800-646-7788

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

- **Stormont-Vail Regional Lab Program**

Patient Financial Services

Benefit Information and Collection Site Listings

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

All Areas (Toll Free): 800-637-4716

Topeka: 785-354-1150

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### **Surency Vision**

Customer Service

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

All Areas (Toll Free): 866-818-8805

Wichita: 316-462-3316

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### **Optum - HSA and HRA**

Customer Service

[www.mycdh.optum.com](http://www.mycdh.optum.com)

All Areas (Toll Free): 877-470-1771

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### **MetLife**

Customer Service

[www.metlife.com/stateofks](http://www.metlife.com/stateofks)

All Areas (Toll Free): 800-438-6388

## Contents

Open Enrollment Webinars for Active State and NSE Group Employees .....	3
Highlights for Plan Year 2018 .....	4
Online Enrollment .....	5
Choosing Your Health Plan .....	5
Before You Enroll.....	8
Enrolling For Health Care Benefits .....	8
Online Enrollment Reminders and Instructions .....	9
NueSynergy Flexible Spending Account Program .....	11
HealthyKIDS Program (State Employees Only) .....	11
Caremark Prescription Drug Plan .....	12
Delta Dental Plan.....	12
Surency Vision Plan .....	13
Preferred Lab Benefit.....	13
Rx Savings Solutions - Transparency Tool .....	14
Employee Assistance Program (EAP) - ComPsych .....	14
HealthQuest (HQ) Rewards Program .....	14
MetLife.....	15
Health Plan Comparison Chart .....	16

### STATE EMPLOYEE HEALTH PLAN OPEN ENROLLMENT WEBINARS

Registration links are on the website at [www.kdheks.gov/hcf/sehp/default.htm](http://www.kdheks.gov/hcf/sehp/default.htm)

#### STATE EMPLOYEES

Thursday	September 28, 2017	11:00 am
Thursday	September 28, 2017	2:30 pm
Monday	October 9, 2017	9:30 am
Monday	October 9, 2017	1:30 pm
Tuesday	October 10, 2017	10:00 am
Tuesday	October 10, 2017	2:30 pm
Thursday	October 12, 2017	2:00 pm
Tuesday	October 17, 2017	2:30 pm

#### NON STATE EMPLOYER GROUPS

Monday	October 2, 2017	9:30 am
Monday	October 2, 2017	1:00 pm
Tuesday	October 3, 2017	4:00 pm
Wednesday	October 18, 2017	4:00 pm

**View all Open Enrollment information including the Provider Directories, Benefit Descriptions and detailed information on all State Employee Health Plan programs and options available at [www.kdheks.gov/hcf/sehp/default.htm](http://www.kdheks.gov/hcf/sehp/default.htm)**

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

## HIGHLIGHTS FOR PLAN YEAR 2018

### WHAT'S NEW

Enrollment for Plan Year 2018 is an ACTIVE enrollment. This means members must make elections for 2018 coverage - 2017 selections will not roll over to 2018. **Members that do not make an election for Plan Year 2018 will be defaulted to Plan N through their current carrier and at the same coverage level with an HRA.**

#### NOTES:

- Employees that have waived coverage for Plan Year 2017 and do not make elections during Open Enrollment for 2018 will continue in waived status for 2018.
- Employees enrolled only in the optional Surency Vision Program do not need to make elections during Open Enrollment for 2018 to continue on vision only insurance.

### MEDICAL VENDORS AND PLAN OPTIONS

There are still two (2) medical vendors for members to choose who administers their medical benefits. Members can choose from - Aetna and Blue Cross and Blue Shield of Kansas.

The State Employee Health Plan has five (5) Plans to choose from for plan year 2018: Plans A, C, J, N and Q.

Plans C and N are Qualified High Deductible Health Plans (HDHP). Employees electing either plan will be able to choose a Health Reimbursement Account (HRA) or Health Savings Account (HSA). HealthQuest dollars earned by participating in HealthQuest activities will be deposited within the account designated by the member.

Plans J and Q will have an HRA for the purpose of accumulating HealthQuest dollars earned by participating in HealthQuest activities.

#### PLAN A

**Combined pharmacy and medical Network Out Of Pocket (OOP) maximums have increased by \$500/\$1,000:**

- Single: \$6,250
- Family: \$12,500

#### PLAN C QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN (HDHP) WITH HEALTH SAVINGS ACCOUNT

**Combined pharmacy and medical Network Out Of Pocket (OOP) maximums have increased by \$500/\$1,000:**

- Single: \$5,500
- Family: \$11,000

### EXPLANATION OF NEW PLAN DESIGNS

New plans J, N and Q will cover the same services as Plan C. Members will decide how they want to pay for health care for next year. Factors to take into consideration would be higher premium rates with lower costs when services are utilized compared to lower premium rates out of their paycheck with higher costs when services are needed.

#### PLAN J

Plan J meets all Federal requirements for employees with J-1 Visas. However, Plan J is available to all members who wish to enroll. Plan J has a low deductible, then Network coinsurance of 25% for medical services, pharmacy coinsurance like Plan C and out of pocket maximum of \$7,350/\$14,700.

- Not a Qualified HDHP so no Employer contribution into an HSA or HRA.
- Member can set aside pre-tax contributions into a Flexible Savings Account (FSA).
- HealthQuest funds available for enrolled employee/spouse into an HRA.

#### PLAN N

Plan N is a qualified HDHP similar to Plan C. Plan N has the same deductible as Plan C with an increased medical coinsurance of 35%, pharmacy coinsurance matches Plan C and a higher out of pocket maximum of \$6,650 / \$13,300. The premium rates for Plan N are lower than Plan C, providing the members access to lower fixed contributions out of their paycheck but with the potential for higher out of pocket cost.

- Qualified HDHP but with lower Employer Contribution into the HRA or HSA than Plan C.
- Members would have the option of whether to contribute to an HSA.
- HealthQuest funds available for enrolled employee/spouse into designated HRA or HSA.

## PLAN Q

Plan Q has a low deductible before the Member and the Plan begin sharing in the cost of care. After the Network deductible is satisfied, there is a 50% coinsurance for Network medical services, pharmacy coinsurance applies the same as on Plan C and an out of pocket maximum of \$6,650 / \$13,300.

- Not a Qualified HDHP so no Employer contribution into an HSA / HRA.
- Members can set aside pretax contributions into a Flexible Spending Account (FSA).
- HealthQuest funds available for enrolled employee/spouse into an HRA.

## HEALTH SAVINGS ACCOUNT

Maximum HSA Contribution Level (including employer contribution) for Plan C and N: Family coverage is \$6,900 (increased \$150 in 2018) and Single coverage is \$3,450 (increased \$50 in 2018)

## ONLINE ENROLLMENT

**Both State and NSE Group Employees** will enroll online through the Membership Administration Portal (MAP) at <https://sehp.member.hrissuite.com/> See pages 9-10 for details.

**State**- Annual enrollment is **required** for:

- **HealthyKIDS** - to see if you qualify, go to page 11 or check out our website at [www.kdheks.gov/hcf/sehp/HealthyKIDS.htm](http://www.kdheks.gov/hcf/sehp/HealthyKIDS.htm) The online application is located in MAP - <https://sehp.member.hrissuite.com>
- **Flexible Spending Accounts** - see page 11 or [www.kdheks.gov/hcf/sehp/FSA.htm](http://www.kdheks.gov/hcf/sehp/FSA.htm)

**State and Non State Employees**

- **Health Savings Accounts** - see page 6 or [www.kdheks.gov/hcf/sehp/HSA.htm](http://www.kdheks.gov/hcf/sehp/HSA.htm)

## CHOOSING YOUR HEALTH PLAN:

**The State Employee Health Plan offers five health plan options:**

You have choices when it comes to your health care coverage. Choosing the appropriate health plan for you and your family is easier than you think!

- Plan A is the only plan with office visit copays which follows the traditional PPO structure and has a different level of coverage for some services like Autism and Bariatric. Prescription drug coinsurance applies to the Out of Pocket (OOP) max, with no deductible requirement first.
- Plans C and N are High Deductible Health Plans with either an HRA or HSA that can be used towards your deductible and coinsurance. Most covered services are subject to the deductible then coinsurance. The Preferred Drug List (PDL) is the same as Plan A's PDL. Network claims for covered prescription drugs are subject to the deductible then the appropriate tier level and coinsurance applies until the OOP is met.
- Plans J and Q will have an HRA for HealthQuest dollars earned by completing HealthQuest activities. Most covered services are subject to the deductible then coinsurance. The PDL is the same as Plan A's PDL. Prescription drug purchases are subject to the deductible then coinsurance tier level until the Out of Pocket Maximum is met.

**You have access to all health plans regardless of where you live.**

**Please review the Health Plan Comparison Chart at the back of this book to see the differences in the Deductible, Coinsurance and Out Of Pocket maximums for all plans.**

Each option is designed differently (for example, different premium rates, deductibles, coinsurance and out of pocket maximums) and each health plan vendor offers unique networks. Be sure to consider these provider networks before making your selection.

**There are two health plan vendors:**

- Aetna
- Blue Cross and Blue Shield of Kansas

Each health plan vendor has a unique network of contracting providers. Since 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, any amount above the plan allowance will be your responsibility.

Provider Directories are listed on each vendor page on our website - [www.kdheks.gov/hcf/sehp/default.htm](http://www.kdheks.gov/hcf/sehp/default.htm)

## Both Vendors offer the following:

- Access to a broad network of providers nationwide which allows you flexibility in obtaining care with coverage for both Network and Non Network Providers.
- 100 percent coverage for certain preventive care services, such as an annual preventive exam, colonoscopy, mammograms and age-appropriate immunizations (including flu shots).
- Policies have no lifetime maximum.
- Prescription drug coverage through Caremark. See page 12 for details.
- Preferred Lab Benefit programs available through either Quest Diagnostics or Stormont-Vail HealthCare.
- TeleHealth benefits for virtual doctor's office visits through Amwell (Blue Cross and Blue Shield of Kansas) or Teladoc (Aetna).

## New HRA or HSA Participants

**When enrolling in Plan C or N**, members have the choice of an HRA or HSA. New participants will need to Accept the Terms and Conditions during the enrollment process in MAP to open the HSA or HRA, then register their account with Optum at [www.mycdh.optum.com](http://www.mycdh.optum.com)

**When enrolling in Plan J or Q** with an HRA, new participants will need to elect an HRA during the enrollment process in MAP. These new plans are not Qualified HDHPs and come with an HRA to hold any HealthQuest dollars earned throughout the plan year by participating in HealthQuest activities. Employees and their covered spouse can earn up to \$500 each. These dollars can be used towards your Deductible and/or Coinsurance.

Members can view account details at [www.mycdh.optum.com](http://www.mycdh.optum.com)

## Health Savings Account (HSA)

Through the HSA, members with a Qualified High Deductible Health Plan can set aside pre-tax money to pay for eligible health care expenses. Examples of the types of medical expenses that you can spend your HSA funds for include:

- Deductibles and Coinsurance
- Dental, Drug and Vision expenses
- Over-the-counter medications, such as aspirin, cold medicines, antacids and cough supplements if you have a prescription from your doctor

Plan C requires an Employee contribution, while Plan N does not. Your employer contributes money to the Health Savings Account (HSA). The IRS maximum annual contribution to an HSA for 2018 is \$3,450 for single coverage and \$6,900 for dependent coverage. These maximums apply to the sum of your own contributions and your employer's contributions. Members ages 55+ can make additional "catch up" contributions to their HSA each year until they enroll in Medicare. The additional catch-up contribution for 2018 remains at \$1,000. Employees may elect to make changes to their HSA contributions during the calendar year. Plan C requires a \$25 per pay period or \$50 per month employee contribution in order to receive the employer contribution. Plan N does not require an employee contribution to receive the employer contribution.

Your HSA belongs to you and is "portable" which means that even if you leave your employer, you take your account with you and can use it to pay for eligible medical expenses for you and your tax qualified dependents. Since the account belongs to you, you are responsible for the account investments and fees, so be sure to review the HSA investment options and account fees that apply. See the chart on page 28.

**State Employees** - the Employer HSA contribution amount will be made in quarterly installments for Plan Year 2018 during the **1st pay period in January, April, July and October**.

- The employer contribution amount will be based on your enrollment at the time the contribution is given.
- For new enrollees into Plan C or N that previously had an FSA balance of \$25 or greater in their Health Care FSA on December 31, 2017, NueSynergy will roll over up to \$500 of those funds into a Limited Purpose FSA in 2018.

**Non State Employer Group (NSE Group)** - HSA and HRA employer contributions will be made monthly.

## New Enrollments

**Terms and Conditions must be accepted during the enrollment process to open the Health Savings Account.**



For new enrollments during the Plan Year, both State and NSE Group Employer HSA contributions will be prorated.

Optum will mail new enrollees an HSA debit card and account information. Members will need to register their account online using the account information sent by Optum. This is where members can view their account activity and learn more about available account and investment options. Visit [www.kdheks.gov/hcf/sehp/HSA.htm](http://www.kdheks.gov/hcf/sehp/HSA.htm) for more information.

**IMPORTANT** - For IRS Guidelines regarding eligibility for Qualified HDHPs with a Health Savings Account (HSA) go to [www.kdheks.gov/hcf/sehp/HSA.htm](http://www.kdheks.gov/hcf/sehp/HSA.htm)

## Health Reimbursement Account (HRA)

Members that enroll in Plans C and N that are not eligible for an HSA or who prefer an HRA, may elect an HRA.

Members that enroll in Plans J and Q will have an HRA for dollars earned through HealthQuest activities during the plan year and need to elect the HRA during the enrollment process.

Enrollment in an HRA is available to Active and Non State employees as an alternative for those who are not eligible to contribute to a Health Savings Account (HSA) due to:

- Medicare enrollment
- TRICARE enrollment
- Concurrent enrollment in another health plan not considered a High Deductible Health Plan
- You are eligible to be claimed as a dependent under your parent's tax return
- Prefer to have an HRA

An HRA is an employer-sponsored account that has similarities to both a Health Care Flexible Spending Account and a Health Savings Account. Contributions are funded entirely by your employer - no employee contributions are permitted. The HRA is not portable and any remaining funds at the end of the year will not roll into the next plan year. Participants will have sixty (60) days from the end of a plan year (December 31st) to file any claims incurred during that plan year.

**Note:** The IRS requires that all transactions be validated, including any debit card transactions. Throughout the year, you should keep your original receipts and documentation for prescriptions and health-related expenses for all transactions (including debit card transactions), in order to verify a claim.

Should you terminate coverage with the SEHP prior to the end of the plan year, you will have sixty (60) days from your last date on SEHP coverage to file any claims incurred while you were covered that plan year.

Register your HRA with Optum at [www.mycdh.optum.com](http://www.mycdh.optum.com) in order to view account details.

Examples of medical expenses that you can spend your HRA funds for include:

- Deductibles and Coinsurance
- Dental, Drug and Vision expenses
- Over the Counter medications, such as aspirin, cold medicines, antacids and cough supplements if you have a prescription from your doctor

The HRA employer contribution frequency and amounts will be identical to that of the Health Savings Account. Optum will be the HRA administrator.

State of Kansas employees will be eligible to enroll in a Health Care FSA through NueSynergy in order to make pre-tax contributions to pay for eligible health expenses. Each account comes with a debit card to access funds. Reimbursements may be made online, by fax or by mail.

For further details go to our website at: [www.kdheks.gov/hcf/sehp/HRA.htm](http://www.kdheks.gov/hcf/sehp/HRA.htm)

## BEFORE YOU ENROLL -

**This is an ACTIVE enrollment - you must make elections for Plan Year 2018 or will be defaulted to Plan N with an 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 back, or go to our website -

[www.kdheks.gov/hcf/sehp/default.htm](http://www.kdheks.gov/hcf/sehp/default.htm)

- **Attend an open enrollment meeting or online webinar** to hear detailed explanations of your benefit options and get answers to any questions you may have.
  - **State Employees** - Check the schedule of meetings posted on our website at <http://www.kdheks.gov/hcf/sehp/PY2018-OEWebinars.htm>
  - **NSE Group Members** - Contact your HR department benefit person for the dates and times of meetings near you or register for one of the webinars for NSE Group members listed here - [http://www.kdheks.gov/hcf/sehp/download/PY2018\\_Open\\_Enrollment\\_Webinars\\_Open\\_to\\_all\\_Non\\_State\\_Employees.xlsx](http://www.kdheks.gov/hcf/sehp/download/PY2018_Open_Enrollment_Webinars_Open_to_all_Non_State_Employees.xlsx).
- **If you are thinking about changing your medical vendor** be sure your doctors and hospital participate with the new vendor you select for Plan Year 2018. Both medical vendors, Aetna and BCBS of Kansas, have unique provider networks. Provider Directories are listed on each vendor's page.
- **If you are adding dependents to your plan** and have **not** previously submitted the required documentation (such as a birth certificate or marriage license) to Membership Services, you will need to upload the documentation (an electronic version like a pdf) when you enroll online. Other pieces of information needed for each new dependent are the dependent's full name, Social Security number, gender and date of birth.

### QUESTIONS?

- **Contact the vendor.** Toll free customer service numbers are listed on the inside cover of this booklet.
- **Visit our website** - [www.kdheks.gov/hcf/sehp/default.htm](http://www.kdheks.gov/hcf/sehp/default.htm)
- **Send an e-mail** to [kdhe.Benefits@ks.gov](mailto:kdhe.Benefits@ks.gov) or [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.

**Pending Elections Statements** will be automatically sent to the e-mail address you register with online when you make your election choices and can be viewed in MAP. This statement is not a final notification of your elections. Once your elections have been reviewed and approved by the SEHP after open enrollment has ended, you may view your final elections in MAP.

## ENROLLING FOR HEALTH CARE BENEFITS

**The Annual Open Enrollment Period is October 1 through October 31.** Your benefit elections become effective January 1 of the following year. Unless you experience a "qualifying event" during the plan year, your decisions are binding until the next annual open enrollment period.

Qualifying events include life-altering events such as the birth or adoption of a child, marriage, divorce, death of a spouse or a dependent, or gain or loss of employment and benefits for a spouse or a dependent.

**Changing Your Coverage** - Health plan changes due to a qualifying event during the plan year must be consistent with the event. The change must be made in the Membership Administration Portal (MAP) within 31 days of the event in order for the change to be effective the first day of the month following the event. If the event takes place on the first day of the month, the effective date will be that day. **Note:** If the change is not completed within this 31-day period, it will need to be requested during the next open enrollment period.

### List of Qualified Dependents and Qualifying Events

For a complete list, consult the Employee Guidebook for your group:

- **State Employees** - [www.kdheks.gov/hcf/sehp/download/Active-EEGuide.pdf](http://www.kdheks.gov/hcf/sehp/download/Active-EEGuide.pdf)
- **NSE Group Members** - [www.kdheks.gov/hcf/sehp/download/NSEGroup-EEGuide.pdf](http://www.kdheks.gov/hcf/sehp/download/NSEGroup-EEGuide.pdf)

**Note:** In the event of a divorce, coverage for your former spouse and stepchild(ren) ends on the day the divorce is finalized.

### Newly Hired or Newly Eligible Employees

You have 31 days after the date you are hired or become eligible to enroll in your choice of coverage. Your coverage will



become effective on the first day of the month after the completion of a 30-day waiting period. If you do not enroll by the deadline, you will not be eligible to enroll until the next open enrollment period (unless you experience a “qualifying event” that allows you to make a change).

### Who Can Be Covered

In addition to covering yourself, you also can elect coverage for your eligible dependents. Your eligible dependents include:

- Your lawful spouse.
- Your child(ren) or stepchild(ren). To be covered under your health plan, your child(ren) or stepchild(ren) must be under the age of 26.

During the open enrollment period, the required documentation must be submitted online in the Membership Administration Portal (MAP). If dependent documentation is not received, the dependent(s) will not be enrolled in the health plan effective January 1, 2018.

**Paying for Your Coverage** - Both you and your employer share in the cost of your health care benefits. Employee contributions may be paid on a pre-tax or after-tax basis. **The pre-tax option reduces your taxable income and therefore your taxes.**

**State Employees** - Employee premiums for all health plans, and contributions to both the Health Savings Accounts (HSAs) for High Deductible Health Plans, and the Flexible Spending Accounts (FSAs) are deducted from your paychecks.

- The premium rate for each plan is shown in the comparison chart in the back of this booklet. Your rate will depend on if you are full time or part time, the plan you choose and whether you are paid 24 (semi-monthly) or 16 times per year.

**NSE Group Members** - Check with your benefit contact person for employee rates, etc.

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

**This is an Active Enrollment Year. All covered members will need to enroll for Plan Year 2018**

To enroll for Plan Year 2018, 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 2018 **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 1st through October 31st:** 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 1st through October 31st Monday – Friday 7 AM to 5 PM and Saturday 9 AM to 2 PM 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 1st, you can visit MAP to register your online account (if you are a new member), review your contact information, Member & Family Information, and your current SEHP elections. You can make any changes you want for Plan Year 2018. The following information will provide you with step-by-step instructions on how to register your account and complete your open enrollment. Note: You only need to register your account and create a unique login the first time you access MAP. Once you have registered, you will be able to sign in to MAP with your username and password.

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

- Your Kansas Employee ID number (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.

## Enrollment Instructions

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

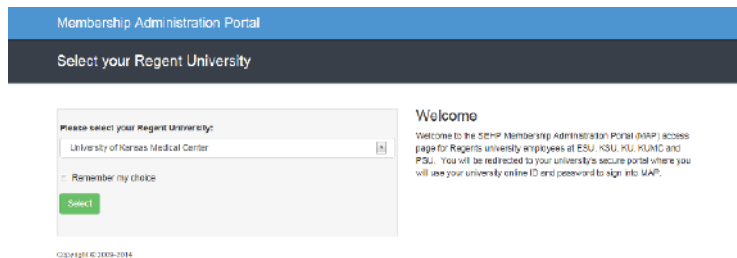
If you are a **State or Non State Employer Group employee**, go to MAP at: <https://sehp.member.hrissuite.com/>



- The Welcome screen will appear. If this is the first time you are logging into 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

**If you are employed at ESU, KSU, KU, KUMC or PSU:**

Use this link to access MAP - [https://sso.cobraguard.net/seer\\_login.php](https://sso.cobraguard.net/seer_login.php) - Select your Regent University and you will be taken to your login 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, 2017, will become effective January 1, 2018. Your approved elections will be viewable in MAP by December 1, 2017.



## **Flexible Spending Account Program (FSA)** **[www.KansasFSA.com](http://www.KansasFSA.com)** ***For State of Kansas Employees***

### **Remember, annual FSA enrollment is an IRS requirement.**

You must enroll each October during the open enrollment period. The new enrollment will become effective January 1.

### **The deadline to submit Dependent Care claims against your 2018 Plan Year balance is April 30, 2019.**

### **Carry over up to \$500 in unused Healthcare or Limited Purpose FSA Funds**

FSA participants can carry over up to \$500 of remaining FSA funds into the next plan year and those funds may be used for qualified medical expenses incurred during that year. This valuable feature gives you the flexibility to spend your FSA funds at a future date and reduces the likelihood that your unused funds will be forfeited. The carryover will not count against your annual election and your cumulative carryover balance from year to year cannot exceed \$500.

Remaining Health/Limited FSA funds will automatically be carried over to the type of FSA in which you are currently enrolled, as long as the balance is \$25 or greater. If the balance is below \$25, funds will not automatically carry over and will only be accessible during the run out period. After the run out period, any remaining balance will be forfeited.

If you are enrolled in Plan C and enrolling into an HSA for the first time in plan year 2018 and previously had a Healthcare FSA, your funds will automatically carry over into a Limited Scope FSA up to \$500 maximum.

### **Save on eligible medical and daycare expenses.**

To receive reimbursement for Dependent Care, you must submit your provider's Social Security Number or Employer Identification Number (EIN). There is no grace period for the Dependent Care FSA. You have until April 30, 2019, to submit documentation for reimbursement of Plan Year 2018 dependent care expenses. Plan the amount you put into your FSA carefully so that it does not exceed the amount you are likely to pay for eligible expenses.

### **Easily access your FSA funds with direct deposit and free debit card**

During enrollment, you'll complete a mandatory direct-deposit form, and you will receive your free Kansas FSA debit card. By using your debit card, you'll rarely have Out Of Pocket expenses; you'll have access to the full plan year amount on January 1, 2018; and you'll eliminate paper claim submissions. Remember, the debit card is not a paperless form of reimbursement. You may still have to submit supporting documentation for your expenses if requested by NueSynergy.

**Note:** Reimbursements are provided via direct deposit.

FSA balances will return back to the State of Kansas 90 days after a member terminates employment.

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

## **HealthyKIDS Program - For State Employees Only**

The HealthyKIDS program helps eligible State employees cover the cost of the premiums for their children enrolled in the State Employee Health Plan.

Eligibility for the HealthyKIDS program is based in part on family income. Children in households with incomes up to 250 percent of the Federal Poverty Levels, who would otherwise qualify for the Federal/State Medicaid program, may be eligible.

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 this 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.

**Annual enrollment 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.

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.



## Prescription Drug Plan

Prescription drug coverage is provided through Caremark for all plans, and its cost is included in the health plan rates. While the Preferred Drug List (PDL) is the same for all plans, the amount you pay will vary depending on the plan you select as explained below.

- **Plan A.** 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 maximum of \$6,250 for single and \$12,500 for member with dependent coverage per year.
- **Plans C, J, N and Q.** Until you reach your deductible, you will pay 100% of the discounted cost for your prescription drugs when you present your Caremark ID card. Once you have reached your annual health plan Deductible, you pay a Coinsurance for your prescription drug costs throughout the year, up to a combined pharmacy and medical Out Of Pocket maximum. See page 26 for pharmacy tiers and Coinsurance.

Regardless of which plan you elect, your Out Of Pocket costs will be lower if you use generic and/or preferred brand name drugs. The PDL is available at either: [www.kdheks.gov/hcf/sehp/Caremark.htm](http://www.kdheks.gov/hcf/sehp/Caremark.htm) or [www.caremark.com](http://www.caremark.com)

You can also call Caremark at 800-294-6324 for help finding a preferred drug. A number of popular name brand drugs are projected to be available in generic versions during the plan year. This list is also on the website.

Before talking to your physician about prescriptions, it is suggested that you print out the Preferred Drug List (PDL) from the website and take it to any appointments so you can discuss your options. The Caremark plan is designed to encourage you and your health care provider to choose the most cost-effective and clinically-effective medications available. Home delivery is available through Caremark and reorders are processed in as little as five to seven days. To place an initial order or reorder by phone, call 1-800-294-6324 or e-mail [online@caremark.com](mailto:online@caremark.com)

Specialty and biotech drugs are designed for difficult conditions that don't respond to traditional therapy. A complete list of Specialty Drugs is available at [www.kdheks.gov/hcf/sehp/Caremark.htm](http://www.kdheks.gov/hcf/sehp/Caremark.htm). These drugs are available only through the Caremark Connect Specialty Pharmacy. Contact Caremark Connect at 1-800-237-2767. A Caremark representative will coordinate patient care with the provider and arrange for medication delivery.

For more information, go to [www.kdheks.gov/hcf/sehp/Caremark.htm](http://www.kdheks.gov/hcf/sehp/Caremark.htm)



## Dental Plan

Any Dependents enrolled in dental coverage must be enrolled in medical coverage. Dependent dental coverage may not be dropped during the plan year unless dependent medical coverage is also dropped due to a qualifying event.

You have access to two Delta Dental provider networks.

**Delta Dental PPO Network** - The PPO Network Providers have agreed to a reduced fee for providing dental services. As a result, you generally pay a lower percentage of the total bill than you would when using a Premier (or Non Network) Provider. The PPO network for our group includes all PPO providers in the national DeltaUSA PPO network. Participants have the option to use the PPO providers whenever desired.

**Delta Dental Premier Network** - Delta Premier Dentists agree to accept the plan allowance as payment in full. You will be responsible for paying only the specific Coinsurance and Deductibles for covered services in addition to any services not covered.

See page 24 for Basic and Enhanced Coverage information as well as rates.

For more details on Delta Dental Benefits, go to [www.kdheks.gov/hcf/sehp/Delta.htm](http://www.kdheks.gov/hcf/sehp/Delta.htm)



## Vision Plan

You are offered two vision plans through *Surency Life and Health*, a Kansas-based company wholly owned by our dental carrier, Delta Dental of Kansas. See page 25 for details on the plans.

Surency partners with *EyeMed Vision Care* for your vision care provider network. Surency's *Insight* network of providers offers you the choice of independent providers or retail providers, such as *LensCrafters*, *Target*, *Sears and Walmart* to name a few. There are more than 1,124 providers at more than 321 locations for you to utilize. You may search for a provider near you at: [www.surency.com/stateofkansas](http://www.surency.com/stateofkansas).

Through Surency, you have access to their many value-added benefits which help you save money all year long. These include Glasses.com and ContactsDirect.com where you may access and use your benefits in their online superstores that offer a wide variety of the world's leading brands of frames and lenses.

Surency members may also receive a 40% discount for additional purchases of complete pairs of eyeglasses when using a participating EyeMed provider. Check with the Surency State of Kansas Insight Network to make sure that your provider is participating in the additional discounts provided. More information on these plans and other value added benefits can be found at: [www.surency.com/stateofkansas](http://www.surency.com/stateofkansas)

## Preferred Lab Benefit - Available for All Plan Designs

**For Plan A:** Present your State Employee Health Plan ID card identifying your membership. When you use a participating laboratory, either Quest Diagnostics or Stormont-Vail/Cotton-O'Neil, for outpatient non emergency testing that is covered and approved by your health benefit plan, you pay **no** Deductibles, Copays or Coinsurance.

**For Plans C, J, N and Q:** Present your State Employee Health Plan ID card identifying your membership. When you use a participating laboratory, either Quest Diagnostics or Stormont-Vail/Cotton-O'Neil, for outpatient non emergency testing that is covered and approved by your health benefit plan. after you meet the Deductible, covered outpatient lab tests performed by the Preferred Lab providers are paid at 100% by the Plan. **Note:** You may pay these claims with your Health Savings Account or Health Reimbursement Account dollars.

If your doctor doesn't use Quest Diagnostics or you are not a Cotton-O'Neil patient, bring the lab orders from your doctor to one of the locations provided by Quest Diagnostics or Stormont-Vail/Cotton-O'Neil to have the lab work done and receive either benefit.



LabCard

**Quest Diagnostics** offers collection sites at various locations throughout the State of Kansas and nationwide. Also, you can arrange to have specimens picked up from your doctor's office. All it takes is a telephone call to the number on the back of your Quest ID card. For more information go to <http://www.labcard.com/> for Plan A members and <http://www.labcardselect.com/> for Plans C, J, N and Q members.



Stormont Vail  
Health

**Stormont-Vail/Cotton-O'Neil** offers 11 locations in northeast Kansas for all State Employee Health Plan members. You do not have to be a Cotton-O'Neil patient to access this benefit. Lab orders from your physician are required. For more information go to <https://www.stormontvail.org/state-employees-lab>

**PLEASE REMEMBER:** You must verbally request to use your Preferred Lab Benefit.

### The Preferred Lab Benefit Program does NOT cover:

- Testing ordered during hospitalization
- Lab work needed on an emergency or STAT basis
- Testing done at any other laboratory
- Non-Laboratory work such as mammography, x-rays, imaging and dental work
- Time-sensitive, esoteric testing such as fertility testing, bone marrow studies and spinal fluid tests
- Testing not approved and/or covered by the State of Kansas
- Lab work billed to your health plan by your doctor or another laboratory

**The Preferred Lab Benefit is completely voluntary.** If you and your health care provider choose to use a lab other than those provided by either Quest Diagnostics or Stormont-Vail HealthCare you still have laboratory coverage. However, you will be responsible for any Deductible, Copayments or Coinsurance applied by the health plan.

For details, go to [www.kdheks.gov/hcf/sehp/PreferredLab.htm](http://www.kdheks.gov/hcf/sehp/PreferredLab.htm)



## Transparency Tool [www.rxsavingsolutions.com](http://www.rxsavingsolutions.com)

As the cost of healthcare continues to rise, we are implementing new and creative ways to reduce your share of the expense. We have partnered with Rx Savings Solutions to help you save money on your prescription drugs. Most importantly your current benefits and benefit structure will not change.

You will begin to receive emails from Rx Savings Solutions. These emails will notify you of easy ways you can save money every month without sacrificing the quality of your care.

Please take the time to review these important alerts:

- Rx Savings Solutions will provide guidance on how the system works and walk you through the steps to save you and your family money.
- Review each money saving opportunity suggested in order to get the maximum savings benefit.
- Tools like this will allow us to continue to provide you the best benefits possible.

You can register your email address and/or phone number on their website, [www.rxsavingsolutions.com](http://www.rxsavingsolutions.com)

Each eligible employee will receive a unique account. Your dependents will appear as eligible under your name. We encourage all employees to register, regardless of whether you, or a family member, currently take any prescription medications or not.

**Phone:** 1-800-268-4476 (toll free)

**Email address:** [info@rxsavingsllc.com](mailto:info@rxsavingsllc.com)



## Employee Assistance Program (EAP) [www.GuidanceResources.com](http://www.GuidanceResources.com) (Company ID: SOKEAP)

### Eligibility

All active, benefits-eligible employees of the State of Kansas and our Non State Employer Groups, their dependents and other family members living in the same household are eligible to use the EAP.

With a single call to 1-888-275-1205 (option 1), you and your family members can receive confidential assistance 24 hours a day, seven days a week at no cost to you.

Services include:

- Confidential Emotional Support and Counseling
- Work-Life Solutions
- Legal Guidance and Discounts
- Financial Resources

### EAP Online

GuidanceResources Online is your 24/7 link to vital information, tools and support. Log on for articles, podcasts, videos, slide shows, on-demand trainings and "Ask The Expert" professional responses to your questions.

### The 24/7 Nurse Line

The 24/7 Nurse Line is available 24 hours a day, 7 days a week for any health related question. Call toll-free and speak confidentially with a specially trained nurse any time, day or night. From general health and medical information to urgent issues, the 24/7 Nurse Line can help you make the most informed decisions about what to do. 1.888.275.1205 Option 2.



## HealthQuest (HQ) Rewards Program

### HealthQuest Rewards Program Premium Incentive Discount [www.kansashealthquest.cernerwellness.com](http://www.kansashealthquest.cernerwellness.com)

State and Non State benefits eligible employees and their covered spouses who are enrolled in the medical portion of the State Employee Health Plan are eligible to participate in the HealthQuest health and wellness program. Enrolled employees and spouses can earn a premium incentive discount. For Plan Year 2018 employees and spouses enrolled in any plan who complete the required health assessment questionnaire (HA) and earn a total of 40 credits by December 31, 2018, will receive a premium incentive discount. For member only or member and child(ren) coverage tiers, when



the employee earns 40 credits including completing the HA, they will earn a \$480 premium incentive discount on Plan Year 2019 premiums. For Employee/Spouse and Family tiers, the employee and their covered spouse will each need to earn 40 HQ credits and complete the HA during PY 2018 to get the full \$480 during PY 2019. If only one individual completes the requirements, the premium incentive discount will be \$240. Please note that completion of the Health Assessment (HA) is required as part of the 40 credits needed to earn the HealthQuest premium incentive discount.

In addition to HQ credits, employees and their covered spouses who are enrolled in Plans C, N, J or Q are also eligible to each earn up to \$500 in contributions into the employee's HSA/HRA. Members are able to select from a wide variety of programs to earn credits and/or dollars as well as Naturally Slim, a specialized weight management program. Webinars will be hosted in late October to review the HealthQuest Rewards Program.

For a list of the programs available to earn credits toward the premium incentive discount, go to the HealthQuest website - <http://www.kdheks.gov/hcf/healthquest/default.htm>



## **Voluntary Benefits - [www.metlife.com/stateofks](http://www.metlife.com/stateofks)**

Accident, Critical Illness and Hospital Indemnity Insurance are voluntary benefits being offered through MetLife for State of Kansas employees for 2018. All three benefits are easy and cost effective ways to protect your income and savings while complementing your existing benefits.

To learn more please visit [www.metlife.com/stateofks](http://www.metlife.com/stateofks)

### **Critical Illness**

Critical illness insurance can help with unexpected expenses that may not be covered by your medical insurance.

Your medical insurance helps cover your medical bills if you get sick. But a serious illness, such as cancer, heart attack or stroke may bring unexpected expenses that might not be covered by your medical insurance.

- Critical Illness insurance covers specific conditions such as cancer, heart attack or stroke. Plus, it will provide a lump-sum payment if you are diagnosed with a covered condition, which helps you focus on your recovery instead of your finances.
- Can supplement your savings to help pay for unexpected expenses related to a critical illness.

### **Accident Insurance**

An accident can happen to anyone in the family — and with it can come unexpected expenses not 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.
- Provides a lump-sum payment when a covered person has medical services and treatments related to accidental injuries, such as certain doctor visits, ambulance transportation, medical testing and physical therapy.
- Is a valuable complement to your medical insurance.
- Can help protect your savings from unexpected expenses, which could be substantial.
- Provides payment directly to you, which you can use any way you see fit.

### **Hospital Indemnity Insurance**

Protect yourself against extra out of pocket costs. No one ever expects to be in the hospital, and your stay can require a variety of treatments, testing, therapies and other services — each of which can mean extra out-of-pocket costs.

Some of the expenses you may not expect include:

- Medical plan deductibles and copays
- Extra expenses associated with out-of-network care and treatment.

Hospital Indemnity insurance can help you be better prepared by providing you with a payment to use as you see fit if you experience a covered event and meet the policy and certificate requirements. Typically a flat amount is paid for the day that you are admitted to a hospital and a per-day amount is paid for each day of a covered hospital stay, from the very first day of your stay. This payment can help you focus more on your recovery and less on the extra expenses an accident or illness may bring.

## Health Plan Comparison Chart

	Plan A		Plan C or N with HSA or HRA	
	Aetna / Blue Cross and Blue Shield of Kansas		Aetna / Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
Basic Provisions				
Provider Choice	Freedom to use provider of choice, benefits based on plan description, coverage level based on provider network status			
Annual Deductible	\$1,000 / \$2,000 / \$3,000	\$1,200 / \$2,400 / \$3,600	\$2,750 Single / \$5,500 Family	\$2,750 Single / \$5,500 Family
Annual Coinsurance <i>(for all eligible expenses, unless otherwise noted)</i>	20% Coinsurance	50% Coinsurance	Coinsurance <b>Plan C</b> - 20% <b>Plan N</b> - 35%	Coinsurance <b>Plan C</b> - 50% <b>Plan N</b> - 50%
Out Of Pocket-Max - (OOP) TOTAL	\$6,250 Single / \$12,500 Family	\$6,250 Single / \$12,500 Family	<b>Plan C</b> - \$5,500 Single \$11,000 Family <b>Plan N</b> - \$6,650 Single \$13,300 Family	<b>Plan C</b> - \$5,500 Single \$11,000 Family <b>Plan N</b> - \$6,650 Single \$13,300 Family
HealthQuest Dollars Available	Not Applicable	Not Applicable	Employee and Employee/Children \$500 Employee/Spouse and Employee Family \$1,000	
Covered Services				
Inpatient Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Physician Hospital Visits	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Physician Office Visits				
Primary Care Provider	\$40 Copayment	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Specialist	\$60 Copayment	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Center	\$50 Copayment	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
TeleHealth <i>Available with Contracting Vendor Only</i>	\$10 Copayment	Not Available	Deductible & Coinsurance	Not Available
Outpatient Surgery	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room Visits	\$100 Copayment (waived if admitted) then Deductible & Coinsurance	\$100 Copayment (waived if admitted) then Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance

Health Plan Comparison Chart				
	Plan J with HRA		Plan Q with HRA	
	Aetna / Blue Cross and Blue Shield of Kansas		Aetna / Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
Basic Provisions				
Provider Choice	Freedom to use provider of choice, benefits based on plan description, coverage level based on provider network status			
Annual Deductible	\$500 Single / \$1,000 Family	\$1,000 Single / \$2,000 Family	\$500 Single / \$1,000 Family	\$700 Single / \$1,400 Family
Annual Coinsurance <i>(for all eligible expenses, unless otherwise noted)</i>	25% Coinsurance	50% Coinsurance	50% Coinsurance	60% Coinsurance
Out Of Pocket-Max - (OOP) TOTAL	\$7,350 Single / \$14,700 Family	\$10,000 Single / \$20,000 Family	\$6,650 Single / \$13,300 Family	\$6,650 Single / \$13,300 Family
HealthQuest Dollars Available	Employee and Employee/Children \$500 Employee/Spouse and Employee/Family \$1,000		Employee and Employee/Children \$500 Employee/Spouse and Employee/Family \$1,000	
Covered Services				
Inpatient Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Physician Hospital Visits	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Physician Office Visits				
Primary Care Provider	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Specialist	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Center	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
TeleHealth Available with Contracting Vendor Only	Deductible & Coinsurance	Not Available	Deductible & Coinsurance	Not Available
Outpatient Surgery	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room Visits	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance

Health Plan Comparison Chart				
	Plan A		Plan C or N with HSA or HRA	
	Aetna / Blue Cross and Blue Shield of Kansas		Aetna / Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
Other Outpatient Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Ambulance Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Major Diagnostic Tests	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
X-Ray and Laboratory	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Rehabilitation Services: Services are limited to those medically necessary, and appropriate medical records must show continued improvement.				
Inpatient Facility	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Facility	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Office-Based	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Durable Medical Equipment	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Allergy Testing	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Antigen Administration: desensitization/ treatment; allergy shots	Covered in Full	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Autism Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Manipulation Therapies - Limited to 30 visits per year	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Licensed Dietitian Consultation: for medical management of documented disease	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health				
Mental Illness & Drug or Alcohol Treatment:			Same Coverage as Medical	
Preventive Care: Limited to one visit or service per year unless otherwise noted. Review the Benefit Description for details on exact coverage.				
Well Baby Exams includes newborn screenings & age appropriate office visits	Covered in Full	Not Covered	Covered in Full	Not Covered

Health Plan Comparison Chart				
	Plan J with HRA		Plan Q with HRA	
	Aetna / Blue Cross and Blue Shield of Kansas		Aetna / Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
Other Outpatient Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Ambulance Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Major Diagnostic Tests	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
X-Ray and Laboratory	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Rehabilitation Services: Services are limited to those medically necessary, and appropriate medical records must show continued improvement.				
Inpatient Facility	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Facility	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Office-Based	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Durable Medical Equipment	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Allergy Testing	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Antigen Administration: desensitization/ treatment; allergy shots	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Autism Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Manipulation Therapies - Limited to 30 visits per year	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Licensed Dietitian Consultation: for medical management of documented disease	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health				
Mental Illness & Drug or Alcohol Treatment:			Same Coverage as Medical	
Preventive Care: Limited to one visit or service per year unless otherwise noted. Review the Benefit Description for details on exact coverage.				
Well Baby Exams includes newborn screenings & age appropriate office visits	Covered in Full	Not Covered	Covered in Full	Not Covered

## Health Plan Comparison Chart

	Plan A		Plan C or N with HSA or HRA	
	Aetna / Blue Cross and Blue Shield of Kansas		Aetna / Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
<b>Preventive Care:</b> <i>Limited to one visit or service per year unless otherwise noted. Review the Benefit Description for details on exact coverage.</i>				
<b>Well Child Exam</b> <i>includes office visit, age appropriate screenings and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Well Woman Exam</b> <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Well Man Exam</b> <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Prenatal Screenings and Counseling</b> - see Benefit Description for list of covered services	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Age Appropriate Bone Density Screening</b>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Immunizations</b>	Covered in Full	Covered in full to age 6, otherwise Deductible & Coinsurance	Covered in Full	Covered in full to age 6, otherwise Deductible & Coinsurance
<b>Mammography</b> (not limited to one)	Covered in Full	Deductible & Coinsurance	Covered in Full	Deductible & Coinsurance
<b>Colonoscopy</b> (not limited to one)	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Ultrasonography for Aortic Aneurysm</b> - limited to men ages 65 to 75 with history of tobacco use	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Routine Hearing Exam</b>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Vision Exam</b>	1st Exam of year Covered in Full	Not Covered	1st Exam of year Covered in Full	Not Covered



Health Plan Comparison Chart				
	Plan J with HRA		Plan Q with HRA	
	Aetna / Blue Cross and Blue Shield of Kansas		Aetna / Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
<b>Preventive Care:</b> <i>Limited to one visit or service per year unless otherwise noted. Review the Benefit Description for details on exact coverage.</i>				
<b>Well Child Exam</b> <i>includes office visit, age appropriate screenings and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Well Woman Exam</b> <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Well Man Exam</b> <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Prenatal Screenings and Counseling</b> - see Benefit Description for list of covered services	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Age Appropriate Bone Density Screening</b>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Immunizations</b>	Covered in Full	Covered in full to age 6, otherwise Deductible & Coinsurance	Covered in Full	Covered in full to age 6, otherwise Deductible & Coinsurance
<b>Mammography</b> (not limited to one)	Covered in Full	Deductible & Coinsurance	Covered in Full	Deductible & Coinsurance
<b>Colonoscopy</b> (not limited to one)	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Ultrasonography for Aortic Aneurysm</b> - limited to men ages 65 to 75 with history of tobacco use	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Routine Hearing Exam</b>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Vision Exam</b>	1st Exam of year Covered in Full	Not Covered	1st Exam of year Covered in Full	Not Covered
The Comparison Chart is NOT the governing document. Members need to refer to the Benefit Descriptions posted on each vendor page on the SEHP website - <a href="http://www.kdheks.gov/hcf/sehp/default.htm">www.kdheks.gov/hcf/sehp/default.htm</a> or contact the vendor directly if there are coverage questions. Contact information for all SEHP vendors is on the 1st page of this booklet.				

## 2018 Semi-Monthly Rates for State of Kansas Active Employees \*\*

Employee Category	PLAN A	PLAN C	PLAN J	PLAN N	PLAN Q
	Aetna / BCBS	Aetna / BCBS	Aetna / BCBS	Aetna / BCBS	Aetna / BCBS
Full Time					
Employee Only	\$38.61	\$34.06	\$50.86	\$22.50	\$25.50
Employee + Spouse	\$225.15	\$117.37	\$145.54	\$80.00	\$89.74
Employee + Children	\$122.48	\$62.92	\$88.33	\$42.50	\$47.33
Employee + Family	\$394.19	\$197.70	\$249.37	\$142.50	\$169.72
All Part Time					
Employee Only	\$111.95	\$50.92	\$63.48	\$33.64	\$38.12
Employee + Spouse	\$335.88	\$150.12	\$170.58	\$102.33	\$114.79
Employee + Children	\$193.76	\$85.47	\$105.29	\$57.73	\$64.29
Employee + Family	\$532.99	\$238.41	\$284.31	\$171.84	\$204.66
HealthyKIDS					
Employee + Children	\$80.15	\$47.78	\$76.95	\$32.28	\$35.94
Employee + Family	\$294.70	\$180.82	\$234.88	\$130.33	\$155.22

\*\*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.

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

## 2018 Semi-Monthly Rates for State of Kansas Active Employees \*\*

Employee Category	Delta Dental	Surency Vision Basic Monthly	Surency Vision Enhanced Monthly
Full Time			
Employee Only	\$6.30	\$3.96	\$7.79
Employee + Spouse	\$14.87	\$7.75	\$15.37
Employee + Children	\$13.15	\$7.00	\$13.86
Employee + Family	\$21.74	\$10.81	\$21.49
All Part Time			
Employee Only	\$11.07	\$3.96	\$7.79
Employee + Spouse	\$21.87	\$7.75	\$15.37
Employee + Children	\$19.71	\$7.00	\$13.86
Employee + Family	\$30.58	\$10.81	\$21.49
HealthyKIDS			
Employee + Children	\$7.83	\$7.00	\$13.86
Employee + Family	\$16.39	\$10.81	\$21.49
Please note that the Vision rates are monthly.			

Delta Dental Benefits			
	PPO Network Provider	Premier Network Provider	Non Network* Provider
Annual Benefit Maximum	\$1,700 per member		
Lifetime Orthodontic Benefit	50% Coinsurance to a maximum of \$1,000 per member		
Implant Coverage (Benefit subject to Annual Benefit Maximum above)	50% Coinsurance		
DEDUCTIBLE			
Diagnostic and Preventive Services	No Deductible		
Basic Restorative Services	\$50 per person per Plan Year. Not to exceed an Annual Family Deductible of \$150		
Major Restorative Services			
COINSURANCE			
BASIC BENEFIT Applies when you have not had at least one routine prophylaxis (cleaning) and/or preventive oral exam in prior 12 months			
Diagnostic and Preventive Services	Allowed amount covered in full by the Plan *		
Basic Restorative Services	50%	50%	50%
Major Restorative Services	60%	70%	70%
ENHANCED BENEFIT Applies when you have had at least one routine prophylaxis (cleaning) and/or preventive oral exam in prior 12 months			
Diagnostic and Preventive Services	Allowed amount covered in full by the Plan*		
Basic Restorative Services	20%	40%	40%
Major Restorative Services	50%	50%	50%
*Dental Services by Non Network providers are subject to the Allowed Amount including the Maximum Plan Allowance for Non Network Providers. Any amounts in excess of the Allowed Amount will be the member's responsibility.  Your Coinsurance will increase for Basic Restorative Services when you have not had a routine prophylaxis (cleaning) and/or preventive oral exam in the preceding twelve (12) month period. Ninety (90) days following receipt of a qualifying prophylaxis (cleaning) or preventive oral exam, you will qualify for the Enhanced Benefit Level. The Plan reserves the right to determine what services will qualify as meeting the definition of a routine prophylaxis (cleaning) and preventive oral exam. Routine prophylaxis (cleanings) and preventive exams shall not include any services provided on an emergency basis or for treatment of an injury to the teeth.			

Surency Vision Benefits			
Service or Item	Basic Plan: Network	Enhanced Plan: Network	Both Plans: Non Network
<b>Eye Exams: Subject to \$50 Copayment</b>			
Eye Exam, M.D. <b>or</b> 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>			
<b>NOTE:</b> Contact Lens allowance must be used in one (1) purchase each year.			
When Medically Necessary	Covered in Full	Covered in Full	Up to \$105
Elective/Cosmetic Retail	Up to \$150 retail*	Up to \$150 retail*	Up to \$105
<b>Contact Lens Exam (fitting fee) (\$35 Copayment)</b>			
Standard Contacts**	Covered in Full	Covered in Full	Not Covered
Specialty Contacts***	90% of charge, less \$55 allowance	90% of charge, less \$55 allowance	Not Covered
<p>* You are responsible for any charges above the allowance.</p> <p>** Standard contact lens fit and up to two follow-up visits covered once a comprehensive eye exam has been completed. Typical standard lenses include disposable, daily wear or extended wear lenses.</p> <p>*** Specialty contact lens fit and up to two follow-up visits covered once a comprehensive eye exam has been completed. Typical specialty lenses include toric, gas permeable and multi-focal lenses.</p> <p><b>NOTE:</b> Members may use their benefit for contact lenses OR spectacle lenses once per year; however ,the member's frame allowance can still be used if contact lenses are elected.</p>			

## Caremark Prescription Drug Benefits for 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	You Pay	Your Out Of Pocket Maximum
1	<b>Generic Drugs</b>	20% Coinsurance	There is an Out Of Pocket maximum of \$6,250 for single and \$12,500 for family combined Medical and Pharmacy per year.
2	<b>Preferred Brand Name Drugs</b>	40% Coinsurance	
3	<b>Special Case Medications</b>	40% Coinsurance to a maximum of \$100 per standard unit of therapy / 30-day supply	
4	<b>Non Preferred Brand Name Drugs</b>	65% Coinsurance	
5	<b>Discount Tier Medications</b>	100% Coinsurance	N/A
6	<b>Anticancer Oral Medications</b>	20% Coinsurance to a maximum of \$100 per standard unit of therapy / 30-day supply	Applies to the Out Of Pocket maximum (See above)
Value Based	<b>Diabetes</b>	Generic - 10% to a max of \$20/30 day supply Preferred brand - 20% to a max of \$40/30-day supply	Applies to the Out Of Pocket maximum (See above)
Value Based	<b>Asthma</b>		

**Compound Medications now must be filled at Network Pharmacy only.**

## Caremark Prescription Drug Benefits for Plans C , J, N and Q

Tier	Type of Prescription Medication	Before the Deductible is Satisfied, You Pay	After Deductible is Satisfied, You pay
1	<b>Generic Drugs</b>	Deductible and 20% Coinsurance	20% Coinsurance
2	<b>Preferred Brand Name Drugs</b>	Deductible and 40% Coinsurance	40% Coinsurance
3	<b>Non Preferred Brand Name Drugs</b>	Deductible and 65% Coinsurance	65% Coinsurance
4	<b>Discounted Tier Medications</b>	100% Coinsurance	100% Coinsurance
5	<b>Anticancer Oral Medications</b>	Deductible and Coinsurance	Coinsurance

**Compound Medications now must be filled at Network Pharmacy only.**



## NueSynergy Flexible Spending Account - FOR STATE EMPLOYEES ONLY

	Health Care FSA for Plans A & C w/HRA		Limited Purpose FSA for Plan C w/HSA- Dental and Vision Services Only		Dependent Care FSA for Plans A and C	
Payroll Deductions	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum
<b>24 semi-monthly</b>	\$8.00	\$108.33	\$8.00	\$108.33	\$16.00	\$208.33*
<b>Regent Academic Year Employee</b>	\$8.00	\$162.50	\$8.00	\$162.50	\$16.00	\$312.50*
<b>Total Deductions Per Year</b>	<b>\$192.00</b>	<b>\$2,600.00</b>	<b>\$192.00</b>	<b>\$2,600.00</b>	<b>\$384.00</b>	<b>\$5,000.00*</b>

*\*Subject to tax filing status*

*The payroll deduction amounts listed above are current for 2017. If there is a change when the new guidelines come out in October, we will update them in the online version of this booklet.*

*Employees that terminate coverage in 2018 will have 90 days after their termination date to pay out claims. After 90 days the account will be closed.*

## Health Savings Account - Available with Plan C

	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>Employer Contribution Annual Amount</b>	\$1,000.00 per year	\$1,250.00 per year	\$1,750.00 per year	\$625.20 per year	\$687.60 per year	\$1,187.60 per year
<b>Employer Contribution Quarterly Amount</b>	\$250.00 per quarter	\$312.50 per quarter	\$437.50 per quarter	\$156.30 per quarter	\$171.90 per quarter	\$296.90 per quarter
<b>Employee Bi-Weekly Contributions</b>	\$25.00 to \$81.25	\$25.00 to \$193.75	\$25.00 to \$193.75	\$25.00 to \$96.86	\$25.00 to \$217.18	\$25.00 to \$217.18
<b>Regent Academic Year Employee Contributions</b>	\$25.00 to \$121.87	\$25.00 to \$290.62	\$25.00 to \$290.62	\$25.00 to \$145.30	\$25.00 to \$325.77	\$25.00 to \$325.77
<b>IRS Maximum Total Employee and Employer Amounts</b>	\$3,450.00	\$6,900.00	\$6,900.00	\$3,450.00	\$6,900.00	\$6,900.00

*State Employer contributions will be made quarterly - the 1st pay period in January, April, July and October.*

*Non State Employees should check with their Human Resource Office for Employer contribution frequency.*

As you select your HSA contribution for 2018, remember that you and your covered spouse will also be eligible to earn up to \$500 each for your account through HealthQuest activities.

You will be responsible for ensuring that the contributions to your HSA account by you and your employer do not exceed the IRS maximums. Amounts in excess of the IRS limit will be subject to taxes. You may adjust (increase or reduce) your contribution during the year by logging into your account on the Membership Administration Portal (MAP) and submitting a request.

## Health Savings Account - Available with Plan N

	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>Employer Contribution Annual Amount</b>	\$500.00 per year	\$625.00 per year	\$875.00 per year	\$312.75 per year	\$343.80 per year	\$593.80 per year
<b>Employer Contribution Quarterly Amount</b>	\$125.00 per quarter	\$156.25 per quarter	\$218.75 per quarter	\$78.15 per quarter	\$85.95 per quarter	\$148.45 per quarter
<b>Employee Bi-Weekly Contributions</b>	\$0.00 to \$102.08	\$0.00 to \$219.79	\$0.00 to \$230.20	\$0.00 to \$109.88	\$0.00 to \$231.50	\$0.00 to \$241.92
<b>Regent Academic Year Employee Contributions</b>	\$0.00 to \$153.12	\$0.00 to \$329.68	\$0.00 to \$345.31	\$0.00 to \$164.82	\$0.00 to \$347.26	\$0.00 to \$362.88
<b>IRS Maximum Total Employee and Employer Amounts</b>	\$3,450.00	\$6,900.00	\$6,900.00	\$3,450.00	\$6,900.00	\$6,900.00

*State Employer contributions will be made quarterly - the 1st pay period in January, April, July and October.*

*Non State Employees should check with their Human Resource Office for Employer contribution frequency.*

As you select your HSA contribution for 2018, remember that you and your covered spouse will also be eligible to earn up to \$500 each for your account through HealthQuest activities.

You will be responsible for ensuring that the contributions to your HSA account by you and your employer do not exceed the IRS maximums. Amounts in excess of the IRS limit will be subject to taxes. You may adjust (increase or reduce) your contribution during the year by logging into your account on the Membership Administration Portal (MAP) and submitting a request.

## Health Savings Account (HSA) Banking Information for Plan C or N

<b>Banking Institution</b>	<b>Optum</b>
<b>Web Site</b>	<b><i>www.mycdh.optum.com</i></b>
<b>Monthly Administrative Fee (waived with an average daily balance of \$2,000)</b>	\$1.00
<b>Brokerage Account Fees</b>	\$0
<b>ATM Transaction Fee</b>	\$0
<b>Setup Fees</b>	\$0
<b>Overdraft Fees</b>	\$0
<b>Stop Payment</b>	\$0
<b>Returned Items</b>	\$0
<b>Copies of Checks</b>	\$0
<b>Paper Statement</b>	\$1.50
<b>Replacement of Debit Cards</b>	\$0
<b>Wire (Incoming Transfers)</b>	\$0
<b>Wire (Outgoing Transfers)</b>	\$0
<b>Account Closing Fee</b>	\$0
<b>Inactive Account Fee</b>	\$0
<b>Check Reimbursement Fee</b>	\$0
<b>Interest Rate</b>	Please contact Optum at 877-470-1771 for the most accurate rates available.
<b>Excess Contribution Refund Fee</b>	\$0
<b>Minimum Balance Requirement</b>	No Minimum
<b>Investment Threshold</b>	\$1,000

### Health Reimbursement Account (HRA)

The HRA employer contribution frequency and amounts will be identical to that of the Health Savings Account. Optum will be the HRA administrator. Members will also be eligible to enroll in a Health Care FSA through NueSynergy in order to make pre-tax contributions to pay for eligible health expenses. Reimbursements for either account can be made via debit card, online, fax or mail.

# NOTES

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## NOTES

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Kansas Department of Health and Environment  
STATE EMPLOYEE HEALTH PLAN  
Rm. 900-North, Landon State Office Building  
900 SW Jackson Street  
Topeka, KS 66612

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