State Employee Health Plan

Plan Year 2017
Non State Employer Group Information

Visit us online at:

www.kdheks.gov/hcf/sehp/default.htm

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The State Employee Health Plan (SEHP) is a self-insured program governed by The State of Kansas Health Care Commission (HCC). The HCC was established in 1984 by the legislature for the purpose of developing and providing for implementation and administration of a comprehensive health benefit program through the SEHP. This health benefit program is for State of Kansas employees and retirees as well as employees and retirees of other eligible public entities who have elected to participate in the SEHP.

The SEHP has offered self-insured programs since the early 1990's, but went fully self-insured on all medical plans as of January 1, 2008. Being a self-insured program means rather than paying a premium and transferring the risk to an insurance company, the state and affiliated non state entities and their employees pay monthly contributions. Claims for all eligible members are paid out of these contributions. In the event that the SEHP should have insufficient funds to pay claims, the State and affiliated non state groups could be assessed an additional amount determined by the HCC. To date, the HCC has never made such an assessment. Interested parties can track the funding balances by reviewing the HCC minutes ***here***:

In 1999, the HCC established administrative procedures and eligibility requirements to allow for inclusion of Unified School Districts, community colleges, technical colleges and vocational technical schools into the SEHP. K.A.R. 108-1-3 outlines these requirements The HCC expanded the program to include of public employers (cities, counties, townships etc.) under K.A.R. 108-1-4. The HCC is responsible for determining eligibility of public employers to participate while maintaining the integrity of the state employee plan, and in compliance with the criteria outlined K.S.A. 75-6506. The participation criteria outlined in K.S.A. 75-6506 is included in this packet.

State Employees Health Plan – Non State Entities

Choice is important to employees. Therefore, SEHP provides different medical vendors from which participating employees may choose coverage. SEHP provides a complete package of benefits with medical, prescription drug, dental and vision coverage options available. The health care options are summarized in this packet.

- Participants enrolled in the medical coverage are automatically enrolled in the prescription drug benefit.
- Employees electing medical coverage will have the option to elect or waive dental coverage.
- An employee can choose dependent dental if the dependents are covered under the medical plan.
- The vision plan is an optional program. Participants may choose vision coverage regardless of what they select for their medical or dental plan.
- An open enrollment period is held each year so members can make changes in health plan selections to meet their needs.
- Non state entities are responsible for educating their employees about the SEHP options during open enrollment.

The employer contribution of premiums is a calculated composite rate determined by the Health Care Commission. The Non-State employer rate reflects the State of Kansas' contribution towards state employees. The employer premium contribution is subject to change annually on 1 July. The employer contribution amount is the same regardless of health plan chosen. If the Commission changes the employer contribution rates during the standard 3-year contract period all participating employers will be required to meet the changed contribution rates.

For new groups enrolling there are "ramp-up" options available if the public employer cannot otherwise meet the contribution requirements. The "ramp-up" option is a budgetary method of starting at a lower employer contribution amount and increasing the amount over two or three fiscal years (up to five years for dependents) to meet the state's required contribution. The employee rate will be increased by the difference between the state's required contribution amount and the "ramp-up" option used. If any "ramp-up" option is used, the contract period is five calendar years: otherwise the contract is for three calendar years.

Documentation Requirements for Enrollment

Employees must provide:

- A copy of their original state marriage certificate – if covering a spouse. A copy of first and last page of the most recent Federal Income Tax form may be used in place of a marriage certificate.
- Copy of birth certificates, if covering children. Birth certificate must list the names of the father, mother and child.
- Social Security Numbers for everyone covered under the policy.
- Medicare information, if Medicare eligible. Medicare eligible employees must complete TEFRA form at time of enrollment.

Billing Administrator: SEHP Data and Finance Team

Non State Groups will see their monthly statements on or before the 25th of each month in the **MAP HR portal** ***https://sehp.hr.hrissuite.com/*** under the ***Billing tab*** on the left side of the screen. Premium payments are to be paid online on this same tab. Non State Groups can set up a recurring payment, which will be drafted on the 8th of the month, or enter a one-time payment, which will be drafted the day it is entered or the day after, depending on what time of day it is entered. **All payments are due on or before the 8th of the month.**

Please contact Laurie Knowlton if you have questions regarding billing.

Email: ***lknowlton@kdheks.gov***

Phone: 785-296-6280

Eligibility Rules

1. Eligible employees for coverage under the SEHP include:
    - Educational group employees working 630 hours or more per year.
    - Public employees working 1000 hours or more per year.

2. Eligible dependents include
    - The employee's lawful spouse.
    - Children or step children up to age 26.

3. Retirees of a participating group are eligible for coverage **if** they are covered by the non state entity's health plan on the day before the group joins the SEHP.

4. Employees hired after the effective date of the group with the SEHP will be subject to a 30 day waiting period before they are eligible to join the plan. New employees coverage is effective the first of the month following the completion of the 30 day waiting period.

5. Dependents may not be covered under more than one SEHP contract. This applies to all dependents covered under the SEHP regardless of whether they are covered under a state or non state entity plan.

6. For newly hired employees enrolling in the SEHP, there is a thirty (30) day waiting period. Health plan coverage begins the first day of the month following completion of the thirty (30) day waiting period. The waiting period may be reduced or waived in accordance with K.A.R. 108-1-3 for educational entities and 108-1-4 for all other public employers. The request for a waiver of the waiting period must be submitted and approved by SEHP before an offer of employment is given.

7. The SEHP does not apply a waiting period for pre-existing conditions. Therefore, certificates of creditable coverage are not required.

NOTE: This is a sample of the eligibility requirements for the SEHP.

Rates

- Employ**er** contribution rates are determined by the Commission. Currently, the employer contribution shall be a monthly composite rate: a weighted average of all plan premiums or costs.
- The employ**ee** contribution rate will be a monthly rate reflecting a percentage of the selected individual health plan costs.
- The employ**er** contribution rates are assessed and paid during the State's fiscal year: July 1 – June 30
- The employee contribution rates are assessed and paid during the State's plan year: January 1 – December 31.

Information Required by the State Employee Health Benefit Plan

The following information is to give the SEHP a benchmark. It will not be used to allow or disallow participation in the health plan:

- **FEIN Number** (Federal Employee Identification Number) For billing purposes only
- **List of all eligible employees and Current enrollment by membership type** (single, single + spouse, single + child(ren) and family)
- **List of active employees who are also eligible for Medicare as well as any COBRA participants.**

Waiting period for new groups

The standard timeframe SEHP prefers to be given is 90 days' notice from when a group would wish to be effective on benefits. Circumstances may prohibit that length of time from being possible and it may be possible to shorten the turnaround time between when a contract is executed between SEHP and a group and the group's effective date. We do require a letter of intent to be issued to SEHP reflecting the date of coverage agreed upon. Any exceptions to the 90 day waiting period would be done on a case by case basis.

Underwriting

The following requirements of the Plan are the rules of the program to insure the best possible "spread of risk" and avoid adverse selection in order to achieve a reasonable premium for the health benefits offered.

Requirements for Non State Groups to Participate in the SEHP

Active Employees

- Employee and Employer contribution rates must be at least equal to the State of Kansas contributions.
- Plan design and funding are not subject to negotiations.
- All employees are eligible who work a minimum of 1000 hours per year, 1,560 hours is considered full time. **For educational group employees those working a minimum of 630 hours are eligible, 1000 hours is considered full time**.
- The group must have and maintain enrollment of at least 70% eligible employee enrolled in the SEHP.
- Employers may not create, maintain or provide incentives for employees not to join the SEHP. Covered groups are prohibited from providing cash out options.
    - Employees must be offered the choice of all SEHPs plan design options as well as all network vendor options
- Must elect to participate for a minimum of three years/ five years if ramp up.
- Must provide the established contribution to HealthQuest (health promotion program), designate a contact person and participate in HealthQuest initiatives.
- Must provide staff for enrollment, answer general information and provide first level assistance to participants.
- Must adhere to established administrative processes and procedures. The Administrative Manual is available on request.

Direct Bill Participants

Direct Bill Participants refers to retirees, COBRA participants and those on leave without pay.

- These participants may continue in the plan once active employment has ceased as long as the employer remains enrolled in the SEHP.
- For new non state entities joining the SEHP, retirees must be covered under your current health plan to be eligible to be covered under the SEHP.
- All Direct Bill Participants must pay their premiums by bank draft.

Program Benefits For Plan Year 2017

Health Plan Comparison Chart

	Plan A		Plan C 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
	Employee Only - $1,000 Employee & 1 - $2,000 Employee & 2+ - $3,000	Employee Only - $1,200 Employee & 1 - $2,400 Employee & 2+ - $3,600		
Annual Coinsurance *(for all eligible expenses, unless otherwise noted)*	20% Coinsurance	50% Coinsurance	20% Coinsurance	50% Coinsurance
Out Of Pocket-Max - (OOP) TOTAL	$5,750 Single / $11,500 Family	$5,750 Single / $11,500 Family	$5,000 Single / $10,000 Family	$5,000 Single / $10,000 Family
Covered Services				
Inpatient Services	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
Physician Hospital Visits	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
Physician Office Visits				
Primary Care Provider	$40 Copayment	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
Specialist	$60 Copayment	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
Urgent Care Center	$50 Copayment	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
Outpatient Surgery	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
Emergency Room Visits	$100 Copayment (waived if admitted) then Deductible & 20% Coinsurance	$100 Copayment (waived if admitted) then Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance
Other Outpatient Services	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
Ambulance Services	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance
Major Diagnostic Tests	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance

Health Plan Comparison Chart

	Plan A		Plan C 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
X-Ray and Laboratory	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
Rehabilitation Services: *Services are limited to those medically necessary, and appropriate medical records must show continued improvement.*				
Inpatient Facility	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
Outpatient Facility	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
Office-Based	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
Durable Medical Equipment	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
Allergy Testing	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
Antigen Administration: *desensitization/ treatment; allergy shots*	Covered in Full	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
Autism Services	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
Manipulation Therapies - *Limited to 30 visits per year*	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
Licensed Dietitian Consultation: *for medical management of documented disease*	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% 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
Well Child Exam *includes office visit, age appropriate screenings and counseling*	Covered in Full	Not Covered	Covered in Full	Not Covered

Health Plan Comparison Chart

	Plan A		Plan C 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
Well Woman Exam *includes office visit, age appropriate screenings, contraception and counseling*	Covered in Full	Not Covered	Covered in Full	Not Covered
Well Man Exam *includes office visit, age appropriate screenings, contraception and counseling*	Covered in Full	Not Covered	Covered in Full	Not Covered
Prenatal Screenings and Counseling - see Benefit Description for list of covered services	Covered in Full	Not Covered	Covered in Full	Not Covered
Age Appropriate Bone Density Screening	Covered in Full	Not Covered	Covered in Full	Not Covered
Immunizations	Covered in Full	Covered in full to age 6, otherwise Deductible & 50% Coinsurance	Covered in Full	Covered in full to age 6, otherwise Deductible & 50% Coinsurance
Mammography (not limited to one)	Covered in Full	Deductible & 50% Coinsurance	Covered in Full	Deductible & 50% Coinsurance
Colonoscopy (not limited to one)	Covered in Full	Not Covered	Covered in Full	Not Covered
Ultrasonography for Aortic Aneurysm - limited to men ages 65 to 75 with history of tobacco use	Covered in Full	Not Covered	Covered in Full	Not Covered
Routine Hearing Exam	Covered in Full	Not Covered	Covered in Full	Not Covered
Vision Exam	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 - ***www.kdheks.gov/hcf/sehp/default.htm*** or contact the vendor directly if there are coverage questions. Contact information for all SEHP vendors is on the 1st page of this booklet.

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%

**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 prophylaxes (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
Eye Exams: Subject to $50 Copayment			
Eye Exam, M.D. **or** O.D	Covered in Full after Copayment	Covered in Full after Copayment	Up to $38
Eyeglasses: Subject to $25 Materials Copayment			
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
Contact Lenses: Not subject to Materials Copayment **NOTE:** 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
Contact Lens Exam (fitting fee) ($35 Copayment)			
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

** You are responsible for any charges above the allowance.*

*** Standard contact lens fit and up to two follow-up visits covered once a comprehensive eye exam has been completed. Typical standard lenses include disposable, daily wear or extended wear lenses.*

**** Specialty contact lens fit and up to two follow-up visits covered once a comprehensive eye exam has been completed. Typical specialty lenses include toric, gas permeable and multi-focal lenses.*

NOTE: 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.

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***

Tier	Type of Prescription Medication	You Pay	Your Out Of Pocket Maximum
1	**Generic Drugs**	20% Coinsurance	There is an Out Of Pocket maximum of $5,750 for single and $11,500 for family combined Medical and Pharmacy per year.
2	**Preferred Brand Name Drugs**	40% Coinsurance	
3	**Special Case Medications**	40% Coinsurance to a maximum of $100 per standard unit of therapy / 30-day supply	
4	**Non Preferred Brand Name Drugs**	65% Coinsurance	
5	**Discount Tier Medications**	100% Coinsurance	N/A
6	**Anticancer Oral Medications**	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	**Diabetes**	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	**Asthma**		

Compound Medications now must be filled at Network Pharmacy only.

Caremark Prescription Drug Benefits for Plan C While Satisfying the Deductible

Tier	Type of Prescription Medication	
1	**Generic Drugs**	Tiers 1-4 are subject to the Deductible. You/Your Family will be responsible for 100% of the cost of prescription drugs until the Deductible of $2,750 Single / $5,500 Family is satisfied. Once the Deductible is met, there is Coinsurance similar to Plan A until the Out Of Pocket maximum is satisfied.
2	**Preferred Brand Name Drugs**	
3	**Non Preferred Brand Name Drugs**	
4	**Anticancer Oral Medications**	

Discount Tier Drugs are not covered and do not count toward the Health Plan Deductible.

Compound Medications now must be filled at Network Pharmacy only.

Caremark Prescription Drug Benefits for Plan C After Deductible is Satisified			
Tier	**Type of Prescription Medication**	**You Pay**	**Your Out Of Pocket Maximum**
1	**Generic Drugs**	20% Coinsurance	There is an Out Of Pocket maximum of $5,000 for single and $10,000 for family combined Medical and Pharmacy per year.
2	**Preferred Brand Name Drugs**	40% Coinsurance	
3	**Special Case Medications**	40% Coinsurance	
4	**Non Preferred Brand Name Drugs**	65% Coinsurance	
5	**Discount Tier Medications**	100% Coinsurance	N/A
6	**Anticancer Oral Medications**	20% Coinsurance	There is an Out Of Pocket maximum of $5,000 for single and $10,000 for family combined Medical and Pharmacy per year.
Compound Medications now must be filled at Network Pharmacy only.			

NueSynergy Flexible Spending Account						
	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**
24 semi-monthly	$8.00	$106.25	$8.00	$106.25	$16.00	$208.33*
Total Deductions Per Year	**$192.00**	**$2,550.00**	**$192.00**	**$2,550.00**	**$384.00**	**$5,000.00***

Employee Contribution represents 24 semi-monthly payments. For nine-month Regents employees, contributions are distributed evenly over 16 pay periods each year.

Subject to tax filing status

The payroll deduction amounts listed above are current for 2016. If there is a change when the new guidelines come out in October, we will update them in the online version of this booklet.

Health Savings Account - Available Only with Plan C

Plan C - With Health Savings Account

	Full-Time Employee			Part-Time Employee		
	Employee Only	Employee / Spouse and Family	Employee / Child(ren)	Employee Only	Employee / Spouse and Family	Employee / Child(ren)
Employer Contribution Annual Amount	$1,000.00 per year	$1,250.00 per year	$1,750 per year	$625.20 per year	$687.60 per year	$1,187.60 per year
Employer Contribution Quarterly Amount	$250.00 per quarter	$312.50 per quarter	$437.50 per quarter	$156.30 per quarter	$171.90 per quarter	$296.90 per quarter
Employee Bi-Weekly Contributions**	$25.00 to $79.16	$25.00 to $187.50	$25.00 to $187.50	$25.00 to $94.78	$25.00 to $210.93	$25.00 to $210.93
IRS Maximum Total Employee and Employer Amounts	$3,400.00	$6,750.00	$6,750.00	$3,400.00	$6,750.00	$6,750.00

The chart above represents the State Employer contributions which will be made quarterly - the 1st pay period in January, April, July and October. Non State Employer Groups will make HSA contributions monthly.

***Employee Contribution represents 24 semi-monthly payments. For nine-month Regents employees, contributions are distributed evenly over 16 pay periods each year.*

As you select your HSA contribution for 2017, 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

Banking Institution	**Optum**
Web Site	***www.mycdh.optum.com***
Monthly Administrative Fee (waived with an average daily balance of $2,000)	$1.00
Brokerage Account Fees	$0
ATM Transaction Fee	$0
Setup Fees	$0
Overdraft Fees	$0
Stop Payment	$0
Returned Items	$0
Copies of Checks	$0

Health Savings Account (HSA) Banking Information for Plan C Continued	
Paper Statement	$1.50
Replacement of Debit Cards	$0
Wire (Incoming Transfers)	$0
Wire (Outgoing Transfers)	$0
Account Closing Fee	$0
Inactive Account Fee	$0
Check Reimbursement Fee	$0
Interest Rate	Please contact Optum at 877-470-1771 for the most accurate rates available.
Excess Contribution Refund Fee	$0
Minimum Balance Requirement	No Minimum
Investment Threshold	$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.

State Employee Health Plan Non State Employer Group Rates for Plan Year 2017

2017 Monthly Rates for State of Kansas Non State Employees **

Employee Category	Plan A		Plan C		Delta	Surency Vision		Monthly Jan 1 2017	Monthly July 1 2017
	Aetna	BCBS	Aetna	BCBS	Dental	Basic	Enhanced	Employer	Employer
Full Time									
Employee Only	$81.82	$73.80	$76.32	$63.26	$12.00	$3.96	$7.79	$628.86	$671.16
Employee + Spouse	$398.87	$346.38	$222.50	$189.43	$28.40	$7.75	$15.37	$1,101.62	$1,175.81
Employee + Children	$263.34	$230.34	$147.02	$122.73	$25.14	$7.00	$13.86	$1,101.62	$1,175.81
Employee + Family	$704.59	$618.10	$375.56	$326.27	$41.48	$10.81	$21.49	$1,101.62	$1,175.81
Part Time									
Employee Only	$242.83	$222.62	$114.23	$98.88	$21.17	$3.96	$7.79	$490.48	$523.52
Employee + Spouse	$611.66	$539.51	$282.52	$246.64	$41.75	$7.75	$15.37	$861.10	$919.17
Employee + Children	$428.81	$376.44	$194.72	$168.71	$37.63	$7.00	$13.86	$861.10	$919.17
Employee + Family	$968.81	$861.56	$444.68	$393.21	$58.31	$10.81	$21.49	$861.10	$919.17

** Base rate

Note: Employer rate includes both the medical and dental contributions. The HSA contribution is included in the Employer rate.