

State Employee Health Plan Open Enrollment 2017



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Welcome to Open Enrollment for Plan Year 2017.

State of the Plan

- The A&M Efficiency Report recommends changes to the health plan
- Plan reserves are slightly below the target level
- Plan expenses must be covered by Plan revenues
- Additional funding is needed for 2017

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- We begin by reviewing the State of the Health Plan. This year the legislature authorized an efficiency study of State operations including the health plan. The Report by Alvarez & Marsal (A&M) compared the plan to other plans and made some recommendations. This report was reviewed by the Health Care Commission as part of the evaluation of the health plan for Plan Year 2017
- The health plan actuaries have set target reserve for the plan and currently reserves are slightly below that level. The goal is to bring the plan into alignment over the next few years.
- Health plan expenses will need to be covered by the health plan revenue.
- Based on the current fund balances, the Plan actuaries have stated additional funding is required for Plan Year 2017.

HCC Decisions

- Rate & plan design changes approved to address funding needs of the plan
- Employer & employee contributions will increase
- Premiums for covering spouses will increase
 - 2nd year of a multi year plan to adjust rates
- Dental rates will increase
 - Employee only will have an employee contribution

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- The Health Care Commission has addressed the financial need of the plan by both increases in the rates as well as by making plan design changes.
- Both the Employer (ER) and Employee (EE) contributions will increase in 2017.
- Employees covering spouses will see the cost of their coverage increase again this year. This is the second year of a multi year plan to adjust the rates for spouses to reflect the true cost of providing spousal coverage.
- Dental contributions were also increased. Employees will now pay a portion of the member only dental coverage cost.

HCC Plan Changes

- Plan A
 - Office visit Copays \$40/\$60
 - Three (3) tiered Deductible \$1,000/\$2,000/\$3,000
 - Out Of Pocket (OOP) Max \$5,750/\$11,500
 - Pharmacy Coinsurance:
 - Tiers are now 20%, 40% and 65%
 - Special Case Copay \$100 per 30 day supply

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- The HCC voted to increase the Copay for office visits under Plan A by \$10.
- The current two tiered Deductible has been changed to a three tiered Deductible of \$1,000/\$2,000 and \$3,000. More on how this works in a minute.
- The Out Of Pocket maximum (OOP) has increased by \$1,000 for one or by \$2,000 on a member plus dependents plan.
- The pharmacy Coinsurance tiers were adjusted for covered brands.
 - The preferred brand name drug tier will have a 40% Coinsurance and non preferred brand name drugs will have a 65% Coinsurance.
 - For high cost drugs on the Special case tier the Copay for a 30 day supply will be \$100.

HCC Plan Changes

- Plan C
 - 20% Coinsurance for medical services
 - Pharmacy Coinsurance added
 - Coinsurance tiers: 20%, 40% and 65%
 - OOP Max is \$5,000/\$10,000
 - HSA/HRA Employer Contribution
 - Reduced \$500 for employee & employee/child tier
 - Reduced \$1,000 for employee/spouse & family tiers

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- On Plan C, after the Deductible is met, Coinsurance will now apply to both medical and pharmacy claims.
- For medical claims a 20% Coinsurance will apply until the Out Of Pocket Maximum is met.
- On pharmacy claims after the Deductible the same basic Coinsurance levels as Plan A has will apply.
 - 20% Coinsurance for Generics
 - 40% Coinsurance for Preferred Brand Name Drugs
 - 65% Coinsurance for Non Preferred Brand Name Drugs
- The employer contribution to the HSA and HRA has been reduced.
 - For employees with member only or member and child(ren) coverage the reduction is \$500.
 - For employee plus spouse or family coverage the reduction is \$1,000.

HCC Plan Changes

- HealthQuest (HQ) Rewards:
 - New wellness vendor: Cerner Corporation
 - New weight management program: Naturally Slim by ACAP Health
 - 40 Credits required to earn premium incentive
 - Employees & covered spouses now eligible to earn HQ Reward for 2018
 - Plan C: Covered employees & spouses can earn up to \$500 each toward employee's HSA/HRA in 2017

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- The HealthQuest plan year is moving to the calendar year plan. Starting January 1, 2017, the HealthQuest wellness vendor will be Cerner Corporation, so a new plan website and services will be offered.
- To earn the premium incentive discount for Plan Year 2018 you will need to earn 40 credits, including completing the health assessment questionnaire.
- Employees and their covered spouses will be eligible to earn the HealthQuest premium incentive discount of up to \$480 for Plan Year 2018.
- Employees on Plan C and their spouses can each earn up to \$500 in HSA or HRA contributions by participating in HealthQuest activities in 2017. Contributions earned by completion of activities will be paid during the plan year.
- A new healthy eating weight management program will be offered in 2017. Look for more information later in the year on the Naturally Slim program by ACAP Health.

Selecting Your Health Plan



- Pick a plan design (A or C)
 - Which plan design is right for you?
 - Premiums, Deductibles, Coinsurance
- Review the provider networks



- Review plan claim example online:
 - <http://www.kdheks.gov/hcf/sehp/default.htm>

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- Open Enrollment is your opportunity to decide how you want to finance your healthcare for the upcoming year. We encourage you to review the plan design options, look at the coverage and the out of pocket cost of each plan design and select an option, A or C.
- Each of our health plan vendors offers their own unique provider networks. Being a network provider means that the health care professional has agreed to accept the vendor's allowed charge as payment in full. The provider agrees to write off any difference between what they charge and what the health plan allows. This reduces your cost for care.
- You are free to use any provider that you wish; however, if you use a provider that is not part of your health plan's networks, it will cost you more out of your pocket. Non network providers do not have to accept the health plan's allowed charge and can bill you for the difference.
- Make sure you review the networks before deciding on a medical vendor.
- Review the claim example comparing Plans A and C on the same set of services. It is available on the SEHP website.

Plan A

Network		Non Network	
Medical*		Medical*	
Deductible	\$1,000/\$2,000/\$3,000	Deductible	\$1,200/\$3,600
Coinsurance	20%	Coinsurance	50%
PCP Office Visit	\$40 Copay	Out of Pocket (OOP) Max*	
Specialist Visit	\$60 Copay	Medical	\$5,750/\$11,500
Pharmacy*			
Coinsurance	20%/40%/65%		
Special Case	\$100 /30 day		
Combined Out of Pocket (OOP) Max*			
Medical & Pharmacy	\$5,750/\$11,500		

* Non covered services & discount tier drugs do not count toward Deductible, Coinsurance or OOP Max.

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- Medical services are subject to a \$1,000 Deductible for one person and a maximum of \$3,000 for a family.
- Your out of pocket cost for network Deductible, Coinsurance and Copays along with your prescription drug Coinsurance & Copays all are added together until you meet the plan Out Of Pocket (OOP) maximums. Once you meet the Out Of Pocket maximum, additional covered network services are paid at 100% for the remainder of the plan year.
- Services for network and non network care have different benefits and accumulate toward separate Out Of Pocket maximums. To maximize your benefits and limit your out of pocket costs, use only network providers when possible.
- For non network services, in addition to any amount above what the plan allows, you will be responsible for the Deductible and Coinsurance until you reach the Out Of Pocket Max for Non Network services.

Plan A - Three Tiered Deductible

- How it works:
 - 1st Person has a \$1,000 Deductible
 - 2nd Person has a \$1,000 Deductible
 - All remaining covered members combine together toward a 3rd \$1,000 Deductible
 - Maximum Deductible on a family with 4 or more members is \$3,000

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As a review, the Deductible is the amount of covered health expenses that you must pay out of pocket before the health plan will begin paying on your claims.

So how does a three (3) tier Deductible work?

- On employee only coverage, the member Deductible would be \$1,000.
- If it is employee plus one other person, then each has a \$1,000 Deductible.
- On memberships with three (3) or more covered members, two (2) members would each need to meet their individual \$1,000 Deductibles. The remaining covered family members could combine their expenses to reach the final \$1,000 of Deductible for a total family Deductible of \$3,000.
- On family memberships covering four (4) or more family members, if no one individual meets the individual Deductibles but the family members have had \$3,000 of covered expenses applied to their individual Deductible, then the family will have met the Deductible.
- Once the Deductible is met, Coinsurance applies to services until the member(s) reach the plan Out Of Pocket maximum

Pharmacy Changes

- Plans A & C will offer 90 day supplies on most medications
- Compound drugs will only be covered if purchased from a Network Pharmacy
- Plan A Only: Asthma and Diabetes drugs:
 - Generics 10% to max of \$20 per 30 day supply
 - Preferred brands 20% to a max of \$40 per 30 day supply
 - Non Preferred brands – 65% Coinsurance



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- The day supply maximums have changed. Both Plans A and C will now allow members to purchase up to a ninety (90) day supply of most drugs. To obtain a ninety (90) day supply, your physician will need to write the prescription to allow this amount.
- Compound medications will only be covered when purchased from a Network pharmacy. Caremark's mail service offers compounding services, as do many other network providers, and will submit claims directly for reimbursement.
- The Chronic Care benefit for diabetes and asthma has been adjusted.
- Generics will have 10 percent Coinsurance with a maximum of \$20 per 30 day supply.
- Preferred brand name drugs will have a 20 percent Coinsurance with a 30 day maximum of \$40.

Anticipated Generic Releases

- 4th Quarter 2016
 - Seroquel
 - Zetia
- 1st Quarter 2017
 - Minastrin 24 FE
 - Vytorin
- 2rd Quarter 2017
 - Strattera
 - Relpax
- 4th Quarter 2017
 - Viagra
 - Viread

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- The number of medications with generic launches has dropped over the last few years. These are just a few of the drugs scheduled to go generic next year.
- We encourage members to switch to generic as soon as they are released. Generic drugs save you and the plan money.
- FYI – Viagra is a discount tier drug so the member pays the full cost of the brand and will pay the full cost of the generic.

Plan C

Network

Medical & Pharmacy*	
Deductible	\$2,750/\$5,500
Medical Coinsurance	20%
Pharmacy Coinsurance	20%/40%/65%
Out of Pocket Max	
Medical & Pharmacy	\$5,000/\$10,000

Non Network

Medical*	
Deductible	\$2,750/\$5,500
Coinsurance	50%
Out Of Pocket Max	
Medical	\$5,000/\$10,000

***Note:**

Discount tier and non covered items or services do not count toward Deductible or OOP Max.

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- On Plan C, all of your covered medical and pharmacy claims are subject to the Deductible.
- After you meet your Deductible, you will pay 20 percent Coinsurance on your medical services.
- On Prescriptions, after you meet your Deductible, the Coinsurance tiers will apply.
- If you use network providers, once your Deductible is met, you will pay Coinsurance on additional covered services with network providers until your medical and pharmacy out of pocket costs reach \$5,000 on an individual and \$10,000 on a family. Once you reach the Out of Pocket Maximum, any additional covered services are paid in full for the remainder of the calendar year. Remember, you can use your health savings account (HSA) or your Health Reimbursement Account to help pay these out of pocket costs.
- For services you receive from Non Network Providers there is a separate benefit level. For Non Network providers you will be responsible for a separate Deductible and Coinsurance until you reach the Out of Pocket Maximum for Non Network services. Remember, Non Network providers do not have to accept the health plan's allowed amount and you will be responsible for any amount above what the plan allows.

Plan C - Health Savings Account

- Its your bank account for health care!
- Use your HSA to pay health care expenses of you & your tax qualified dependents
- You can change your HSA contribution during the year



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- Plan C includes a Health Savings Account (HSA). This a way for you and your employer to set aside funds to pay for current or future health care expenses.
- The money in the HSA is yours and you can use the money to pay for current health care expenses or invest it for your future health care expenses.
- As long as the money is spent on healthcare for you or your tax qualified dependents, the money is not taxable income to you.
- You can set aside funds using pre-tax payroll deduction for additional tax savings. HSA contributions can be changed during the plan year.

Eligibility for HSA

- To qualify for an HSA:
 - You must enroll in Plan C
 - Your medical coverage must be limited to only High Deductible Health Plan(s) like Plan C.
 - You cannot be enrolled in Medicare or TRICARE
 - You cannot be claimed as a dependent on someone else's tax return



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The IRS has set the guidelines for when an employee can enroll and contribute to an HSA. These rules apply only to the employee and not any covered family members.

For You to qualify for a Health Savings Account, You must:

- Be enrolled in a Qualified High Deductible Health Plan (QHDHP). Plan C qualifies as a QHDHP.
- You may not have other major medical type of health coverage. You may be covered under another QHDHP. Cancer and other limited coverage plans are fine.
- You may not be enrolled in Medicare or TRICARE.
- You may not be claimed as a dependent on someone else's tax return.

Employer HSA & HRA Funding

Full Time* Employee HSA/HRA Funding	Employee Only	Employee plus Spouse	Employee plus Children	Family
Employer (ER) Contribution	\$250 per quarter	\$312.50 per quarter	\$437.50 per quarter	\$312.50 per quarter
Annual amount	\$1,000	\$1,250	\$1,750	\$1,250

- State's HSA & HRA contributions will be made in four payments:
 - First pay period in January
 - First pay period in April
 - First pay period in July
 - First pay period in October

* See Open Enrollment book for part time information



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- The State will make its contribution into your Health Savings Account or, for those that qualify, Health Reimbursement Account, in four (4) equal contributions throughout the year.
- The amount of the contribution depends upon your coverage tier.
- Payments are made the first pay period of each quarter.
- We will talk about how you and your covered spouse can earn up to \$500 toward your HSA or HRA in a few minutes when we get to the 2017 HealthQuest program.

Employee HSA Funding

	Member Only	Member + Child(ren)	Member + Spouse or Family plan
Annual Maximum Allowed HSA Contribution	\$3,400	\$6,750	\$6,750
Employer HSA Contribution	\$1,000	\$1,750	\$1,250
Minimum Employee \$25 Contribution Annually	\$600	\$600	\$600
Member over age 55 additional "Catch up" amount	\$1,000	\$1,000	\$1,000

- HSA Contributions are based on full time employees with 24 pay period deductions. See Open Enrollment book for part time information.

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- The IRS sets the annual maximum allowed HSA contribution for individuals and family plans.
- In addition to the amount your employer is putting into your HSA, you will put a minimum of \$25 dollars into your HSA each pay period.
- The employer contribution is part of the maximum allowed contribution.
- During open enrollment as part of your election process, you will be allowed to elect the amount you wish to contribute to your HSA. If you fail to make an election you will be defaulted to the minimum \$25 amount.
- If you are 55 or over, you can set aside an additional \$1,000 on top of the IRS maximum as a catch up amount. You can elect this in the open enrollment portal as well.

Health Reimbursement Account (HRA)

- For employees not eligible for an HSA
- The HRA is an employer funded account
 - Same employer contribution as HSA
 - Employee submits claims for reimbursement
 - HRA funds are use it or lose it
- Employees may use a Health Care FSA to set aside additional funds pre-tax to fund their health care



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For employees who do not meet the eligibility for an HSA that we discussed earlier, we are offering a Health Reimbursement Account.

- HRAs are 100% employer-funded - No employee contributions are allowed.
- Employees with an HRA may have a Health Care Flexible Spending Account (FSA). An FSA allows you to set aside money pre-tax to pay your known health care expenses.
- HRAs are different from a Health Savings Account in a number of ways. HRA funds are:
 - Not portable.
 - Are use it or lose it. They do not roll from year to year.
 - Cannot be converted to cash
 - Unused funds belong to the SEHP

Preferred Lab: Stormont Vail

- Plan A - 100% coverage for eligible outpatient lab services
- Plan C - Discounts on eligible outpatient lab services until Deductible met, then paid at 100%
- Labs drawn at other Cotton-O'Neil locations may be included if by network providers
- Show your medical ID Card to access benefit

BCBS Members: The local BCBS plan of the physician that ordered the lab test will process the lab claim. If your provider is outside of BCBS of Kansas area, Stormont-Vail may not be a network provider and the claim may be subject to non network benefits.

Stormont-Vail
HealthCare

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Kansas
Department of Health
and Environment

- Stormont-Vail HealthCare is a regional preferred lab vendor for Plans A and C.
- On Plan A, when you have covered outpatient lab work performed and billed by Stormont-Vail, the plan pays 100 percent of the cost of the services.
- Plan C members receive significant discounts on covered outpatient Lab services by using Stormont-Vail HealthCare until the Plan C Deductible is satisfied and then covered services are paid at 100 percent.
- Labs drawn a Cotton-O'Neill Clinic locations may be included if performed by network providers.
- You can access the program by showing the Stormont Vail or Cotton-O'Neill Lab your medical ID card.

Preferred Lab: Quest Diagnostics

- Plan A - 100% coverage of outpatient lab tests
- Plan C - Discounts on eligible outpatient lab services until Deductible met, then paid at 100%
- List of collection sites: www.labcard.com
- Your doctor can draw the sample and send to Quest

BCBS Members: The local BCBS plan of the physician that ordered the lab test will process your lab claim. If your provider is outside of BCBS of Kansas area, Quest may not be a network provider for that BCBS plan and the claim may be subject to non network benefits.



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- Quest Diagnostics is the statewide preferred lab vendor for Plans A and C.
- For Plan A, when you have covered outpatient lab work performed and billed by Quest, the plan pays 100 percent of the cost of the services. The plan can pay the additional amounts due to the negotiated discounts with Quest.
- Plan C members receive significant discounts on covered outpatient lab services by using Quest until the Plan C Deductible is satisfied and then covered lab services are paid at 100 percent.
- Any provider may use the Quest lab service by calling Quest to pick up the sample. You and your provider will decide whether or not to do so.
- Visit Quest's website for a complete list of Quest collection sites.

Dental Changes

- Employee only dental will now have a contribution
- You and your dependents must have medical coverage to buy dental
- Changes to dental eligibility:
 - You may opt out of purchasing dental
 - You may elect a different coverage tier for dental than medical

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- Beginning this year, employees will see a charge for member only dental coverage. Because of this change, you will now have the option to waive dental coverage.
- You still have to have medical coverage in order to select the dental plan.
- If you cover family members under your medical plan, you will have the option as to whether or not you want to purchase dental for those family members.
- You may waive out of the dental program altogether.

Dental



• Plan pays for 2 exams & cleanings per year

Basic

Benefit	PPO	Premier	Non Network
Preventive Services	Covered in full	Covered in full	Allowed amount covered in full
Basic Restorative	50%	50%	50%
Major Restorative	60%	70%	70%

Enhanced

Benefit	PPO	Premier	Non Network
Preventive Services	Covered in full	Covered in full	Allowed amount covered in full
Basic Restorative	20%	40%	40%
Major Restorative	50%	50%	50%



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- The dental plan still covers two (2) exams and cleanings per member per year.
- To receive the enhanced benefit level, you must have had a dental exam or cleaning in the prior 12 months to qualify. On the enhanced benefit, the plan pays a higher percentage of your restorative care.
- Members of the health plan who have not had a covered exam or cleaning in the prior 12 months will be at the basic level of benefits and you will pay more of the cost of your restorative services. There is a change in the basic dental plan coverage. If they need major restorative work, they will be responsible for paying a higher Coinsurance for these services.
- Over 70 percent of covered dental members are currently on the enhanced benefits and will see no change in their coverage.

Vision Benefits



Basic Plan		Enhanced Plan - Covers everything in the Basic Plan PLUS...	
Office Visit Copay	\$50	Frame Allowance	\$150
Materials Copay	\$25	High Index Allowance	Up to \$116
Frame Allowance	\$100	Polycarbonate lenses	Covered in Full
Lenses: single vision, standard bifocal, trifocal or lenticular	100%	Progressive lenses Allowance	Up to \$165
Contact lenses Allowance	\$150	Scratch & UV coating	Covered in full
Contact Fitting Fee Copay	\$35		



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- The vision programs will again be offered through Surency Life and Health Insurance Company, a wholly owned subsidiary of Delta Dental of Kansas.
- You may choose between the Basic and Enhanced plans.
- Basic covers a pair of standard eyeglasses or contact lenses.
- The Enhanced Plan includes everything Basic offers plus offers a higher frame allowance and provides coverage toward lens enhancements like progressive lenses (no line bifocals).

Voluntary Plans

- New plans available from Colonial Life:
 - Accidental Insurance
 - Hospital Indemnity Insurance
 - Cancer Insurance
 - Critical Illness Insurance

Colonial Life

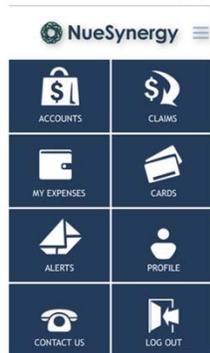
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- Colonial Life is offering employees the opportunity to purchase four (4) new optional insurance plans:
 - Accident insurance helps offset unexpected medical expenses due to an accidental injury.
 - Hospital indemnity insurance provides a lump sum benefit to help cover inpatient hospital stays.
 - Cancer insurance provides a benefit to help offset out of pocket expenses related to cancer.
 - Critical illness insurance that provides a lump-sum benefit that can be used to help pay costs related to a covered illness.

Flexible Spending Accounts

- Healthcare FSA - Limited to \$2,550
- Plan C Limited FSA - \$2,550 limit
- Dependent Care FSA - \$5,000 limit
- Mobile App



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- The maximums you can set aside this year into a Flexible Spending Account are:
 - HealthCare and Limited FSA \$2,550
 - Dependent Care is limited to \$5,000
- NueSynergy, the flexible spending account administrator, will offer a debit card to all members enrolled in health care, limited or dependent care FSAs with no monthly fees.
- NueSynergy has a free mobile app available to make using your account easier.
- FSAs allow you to set aside money from your paycheck to pay for your known expenses next year.
- You can roll up to \$500 on unspent funds into the next plan year with the rollover feature.
- Their user friendly website includes a benefit calculator to help you determine the proper amount to set aside in your account as well as tools to manage your FSA account.

HealthQuest (HQ)

- New Naturally Slim program by ACAP Health
 - Interactive web based program that promotes healthy eating & weight management
- New wellness vendor Cerner
 - New HQ website and programs
- Aligning HQ year to calendar year
 - New programs start in January 2017

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- A new program is coming to HealthQuest in 2017. The Naturally Slim program from ACAP Health is a simple online program that consists of informative videos and information to teach you new skills around food, plus tools to track your weight and help you stay motivated.
- New programs will also be coming from our new wellness vendor, Cerner Corporation of Kansas City. A new website and programs will be rolled out with our new plan year.
- We are changing our HealthQuest plan to a calendar year plan to sync it up with our other benefit offerings. The new HealthQuest programs will start on January 1, 2017.

PY 2018 HealthQuest (HQ) Rewards

- HQ Rewards Premium Incentive Discount for PY 2018 is available to employees & covered spouses that earn 40 credits.
- Discount earned by coverage tier:
 - EE & EE/Children Tiers:
 - EE can earn the full \$480 of the premium incentive
 - EE/Spouse & EE/Family Tiers:
 - EE & spouse can each earn \$240 of premium incentive discount
- The Premium Incentive Discount is earned in PY 2017 and received in PY 2018

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- For Plan Year 2018, the premium incentive discount will be available to employees and covered spouses. Forty (40) credits will be needed including the health assessment to earn the premium incentive discount for Plan Year 2018.
- How you earn the premium incentive discount depends on the coverage tier you are enrolled in.
- For employees with employee only or employee and children coverage, the employee must earn 40 credits by completing HealthQuest activities, including the required Health Assessment Questionnaire (HAQ), to earn the premium incentive discount of \$480 for Plan Year 2018.
- For employees with covered spouses, both can earn \$240 of the premium incentive discount by earning 40 credits and completing the Health Assessment Questionnaire (HAQ). If only one completes the required 40 credits, the discount earned is \$240. If both do, the discount earned is \$480.
- The Premium Incentive discount must be earned during Plan Year 2017 and is received in Plan Year 2018.

HQ Rewards: Plan C only

- Employees & covered spouse can each earn up to \$500 HSA/HRA dollars by completing HQ activities
 - HSA/HRA funds earned will be paid during 2017
- More information coming soon!
 - The new HQ programs start January 1, 2017

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- Employees and their covered spouses on Plan C can earn up to \$500 each toward the employee's HSA/HRA by completing HealthQuest activities.
 - Employees will earn HQ credits and HSA/HRA dollar values by completing HealthQuest activities during 2017.
 - HSA/HRA dollars earned will be paid to the employee during Plan Year 2017.
- The new HealthQuest program year will not begin until January 1, 2017. More information will be coming on the new plan year. Webinars are planned for November and December to explain all of the new options. Look for information in the HealthQuest newsletter and information will be mailed to employees' homes later this year.

Castlight Health

Dental services information coming to Castlight in 2017!

What is Castlight?

With Castlight, users can shop for, learn about, and manage their healthcare, all on one convenient site. Castlight will help you find the best care, for the best price. Our information is personalized to your benefits, your location, and your healthcare needs.



Cholesterol Test

COST	PROVIDER
\$12	MedLabs Inc

Common care >

Doctors and specialists >

Tests and imaging >

Procedures >

Conditions >

Vaccines >

Medicines >

Common types

General and primary care
 Primary care for adults
 Primary care for children

Abdomen and bowel care
 Colonoscopy
 Gastroenterologist visit
 General surgeon visit
 Pediatric gastroenterologist visit
 Pediatric surgeon visit
 Stomach flu

Take Castlight on the go!

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www.mycastlight.com/sehp

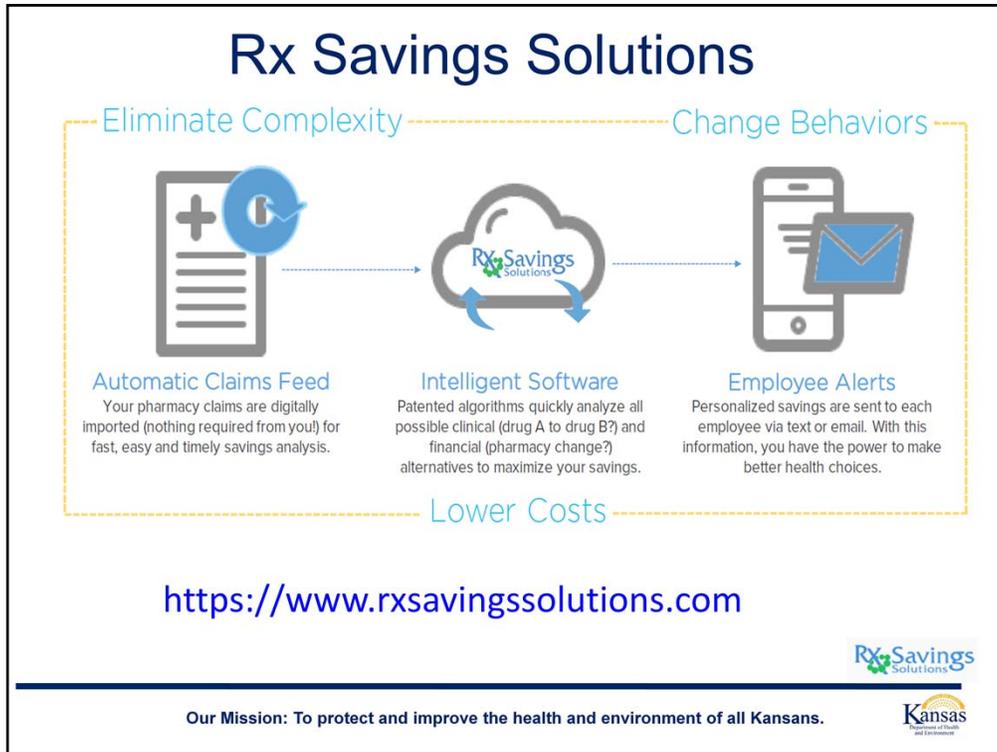
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Castlight Health is a web tool that you can access on your computer, tablet or phone that provides you with cost and quality information for network health care providers for your plan. You will be able to review your current Deductible and Out of Pocket (OOP) for the year and review your past health care claims with the SEHP. In February of 2017, dental information will be added to the Castlight portal.

Shopping for services or providers is easy. Search by condition, location, quality or cost and the website will provide you information to assist you in finding high quality services at the lowest cost. The same service may have different costs so you can shop for services like MRIs and other scans.

Quality information is also presented from nationally recognized sources such as CMS, Leapfrog and more. By clicking on a provider's name, you can learn more about them, such as how long they have practiced, where they went to school and other information about their practice. You can also rate your providers and see provider ratings from your fellow employees shown in the comments area.



Ever heard anyone say, I can't believe what my prescription drugs cost me each month? Well, if you think your cost is high, remember the State pays the larger share of the cost of your preferred prescriptions and a significant amount on many non preferred prescription drugs.

How can you find out if there are other options that will maintain your health but cost less. That is where Rx Savings Solutions comes into play. Rx Savings reviews your drug spend and looks for ways to reduce your cost. If they find an opportunity for you to save money, they will reach out to you by email, text or phone and alert you to a savings opportunity. You can then log in to their site to learn more or call their customer service center and speak to a pharmacist or pharm tech about your options. Rx Savings can't change your prescription, only your physician can do that, but they can arm you with the information to have a conversation with your doctor about your options.

Recently, an employee notified the health plan that Rx Savings had helped them save \$800 a month on their prescription costs. That is money that stays in your pocket each and every month.

Identification Cards

- BCBS, Caremark, Delta and Surency are sending new cards to all members
- Aetna is sending all Plan A members new cards and members who make changes.
- Quest is only sending cards to new members or members who make changes in coverage
- NueSynergy is sending all FSA accounts a debit card
- Optum is only sending new debit card to new members enrolling in the HSA

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- BCBS, Caremark, Delta and Surency are sending new id cards to all members.
- Aetna is sending all Plan A members new cards. Plan C members will only get new cards if they make change.
- Quest is only sending new preferred lab cards to members that make changes.
- NueSynergy debit cards will be auto-issued to those who enroll in 2017 who currently do not have a card and/or are brand new to the FSA program. If a member already has a valid card, they will continue using that card. A new one will not be issued. If a card is about to expire, then a new one will automatically be issued approximately one month before the old card expires.
- Optum is only sending new debit cards to new members enrolling in the HSA.

Open Enrollment Oct. 1 – 31, 2016

- Enroll online: <https://sehp.member.hrissuite.com>
- HealthyKIDS available
 - enroll online at:
<https://sehp.member.hrissuite.com>

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- Open Enrollment is your opportunity to decide which health plan you want for next year. Open Enrollment is the month of October and enrollment will again be done online in the Membership Administration Portal (MAP).
- 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 HealthWave program, may be eligible. Employees wanting to enroll in the HealthyKIDS program will need to complete a new application during this open enrollment. It is again available online.

Questions

Link to Open Enrollment book:
www.kdheks.gov/hcf/sehp/default.htm

HRA, HSA, Eligibility, & Enrollment Portal
Questions:
SEHPMembership@kdheks.gov

Benefit & Plan Questions:
Benefits@kdheks.gov

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The Open Enrollment book is posted on the State Employee Health Plan website. If you have questions you may email us at the addresses shown above.

Thank you for viewing this presentation.

Rates Based on 24 Payroll Deductions

Employee Category	PLAN A		PLAN C		Delta Dental	Surency Vision	
	Aetna	BCBS	Aetna	BCBS		Basic Monthly	Enhanced Monthly
Full Time							
Employee Only	\$39.41	\$35.62	\$37.85	\$31.38	\$6.00	\$3.96	\$7.79
Employee + Spouse	\$196.75	\$170.91	\$104.35	\$89.14	\$14.16	\$7.75	\$15.37
Employee + Children	\$129.18	\$113.04	\$69.41	\$58.15	\$12.52	\$7.00	\$13.86
Employee + Family	\$341.01	\$299.21	\$172.42	\$150.26	\$20.70	\$10.81	\$21.49
http://www.kdheks.gov/hcf/sehp/download/SEHP2017ActiveStateEE-Rates.pdf							
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Plan rates for full time employees are shown on this slide. For part-time and HealthyKids rates, please see the State Employee Health Plan website.

Note: The rates do not include the HealthQuest discount of \$10 per pay period.



www.kdheks.gov

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End the PowerPoint with KDHE logo and website