

**Non State Public Entity Employers
State Employee Health Plan Information**

Plan Year 2018

**To learn more, visit our website at:
www.kdheks.gov/hcf/sehp/default.htm**

Non State Public Entity Employer Group Contacts:

**Vacant, Coordinator
Non State Employer Group**

Anthony Rodriguez
Benefits Consultant NSE Group Specialist
Membership Services 785-291-3264
Anthony.Rodriguez@ks.gov

Kelly Vanhollebeke
Benefits Consultant NSE Group Specialist
Membership Services 785-296-5443
Kelly.Vanhollebeke@ks.gov

The State Employee Health Plan (SEHP) is a self-insured program governed by the Kansas State Employees 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 authorized public employer entities as outlined in K.S.A. 75-6506 and which have been recognized by the HCC as eligible for coverage. New groups will be asked to provide documentation to establish their eligibility to join.

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 public entities (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 SEHP, and in compliance with the criteria outlined K.S.A. 75-6506. The group eligibility criteria outlined in K.S.A. 75-6506 is included in this packet.

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

The employer contribution for coverage is a composite rate determined by the Health Care Commission. The employer contribution amount is the same regardless of the health plan chosen by the employee, but is adjusted if dependent coverage is provided. The Non State employer composite rate reflects the minimum contribution required from employers. Employers may elect to pay more of the cost of coverage, but by statute they may not pay less than this amount, as it equates to the contribution required of the State for its own employees. The employer premium contribution is subject to change annually with adjustments taking effect on July 1st. All participating employers in the SEHP will be required to meet the revised employer 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.

The SEHP offers employees an array of health plan options when it comes to their premiums and out of pocket costs for deductibles and coinsurance. There are currently five (5) plan designs available with either the Aetna or BCBS of Kansas provider networks. The SEHP program provides a complete package of benefits with medical, prescription drug, dental and vision coverage options. The health care options are summarized at the back of 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.
- Coverage under the SEHP includes our award-winning wellness program, HealthQuest, and employee access to the ComPsych Employee Assistance Program (EAP).
- An open enrollment period is held each year in October so members can make health plan selections to meet their needs.
- Non State entities are responsible for educating their employees about the SEHP options during open enrollment.

Requirements for Non State Public Entities to Participate in the SEHP

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

Active Employees

- Plan design and funding are determined by the HCC and are not subject to negotiations.
- The group must have and maintain SEHP enrollment of at least 70% of eligible employees.
- The group must sign a contract agreeing to participate in the SEHP for a minimum of three years or for five years if “ramp up” is elected. Penalties for early cancellation will apply.
- Employee and Employer contribution rates must be at least equal to the contribution of the State of Kansas for its own employees.
- All employees are eligible who work a minimum of 1,000 hours per year, and 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.**
- 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 SEHP plans benefits, and vendor options.
- Employers must provide the established contribution to HealthQuest (SEHP’s health promotion program), designate a contact person, and participate in HealthQuest initiatives.
- Employers must provide staff for enrollment, answer general information and provide first level assistance to participants.
- Employers 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 ended for as long as the employer remains enrolled in the SEHP. If a Non State public employer elects to end coverage in the SEHP, their Direct Bill members’ coverage in the SEHP also will end.
- For new Non State public entities joining the SEHP, retirees must be covered under the employer’s current health plan to be eligible to be covered under the SEHP.

- All Direct Bill Participants must pay their premiums by bank draft.

New Group Enrollment Timeline

The standard enrollment period for new groups is sixty (60) days. This standard timeline provides adequate time to upload the necessary enrollment files, complete membership setup, and provide the group and its employees information about the health plan choices, and adequate time for employees to make their elections online in the Membership Administration Portal (MAP).

We require a letter of intent to be issued to SEHP by an employee of the public entity with authority to bind the organization. The letter of intent should include the date of coverage being requested so that the contract can be prepared. The enrollment period starts when the letter of intent is received by the SEHP and a contract is mailed to the public entity for signature.

Information Required by the State Employee Health 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.**

Member Eligibility

The HCC has established administrative procedures and eligibility requirements for employees and covered dependents in the SEHP. K.A.R. 108-1-3 outlines the requirements for Unified School Districts, community colleges, technical colleges and vocational technical schools. K.A.R. 108-1-4 outlines the requirements for public entities (cities, counties, townships, etc.).

1. Eligible employees for coverage under the SEHP include:
 - Educational group employees working 630 hours or more per year.
 - Public employees working 1,000 hours or more per year.
2. Eligible dependents include:
 - The employee's lawful spouse.
 - Children or stepchildren 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 thirty (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 thirty (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 and is not intended to be all inclusive.

Documentation Requirements for Enrollment

Employees are required to provide:

- Social Security Numbers for everyone covered under the plan.
- If covering a spouse, a copy of their original state marriage certificate or a copy of first and last page of the most recent Federal Income Tax form may be used in place of a marriage certificate.
- For dependent children: A copy of the child's birth certificate. Birth certificates must list the names of the father, mother and child.
- For Medicare-eligible members: Active employees who are Medicare-eligible must complete a TEFRA form at time of enrollment.

Rates

- Employer **(ER)** contribution rates are a monthly composite rate and are based on the coverage level but not the plan the member selects.
- The Employer **(ER)** contribution rates are based on the State's fiscal year and run from July 1 – June 30 each year.
- The Employee **(EE)** contribution rate will be based on the health plan and coverage level selected. Employees contributions are billed on a monthly basis.
- The Employee **(EE)** contribution rates are based on the SEHP's plan year, which runs January 1 – December 31.

Billing

Non State Public Entities will receive monthly statements on or before the 25th of the prior month for the next month's coverage. Group bills will be posted in the **MAP HR portal** under the **Billing tab** on the left side of the screen. The public entity will need to download the bills from the MAP portal. Groups are responsible for paying the full amount billed each month. Groups will make their payments online on this same tab. Non State Public entities 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 Jen Derfler if you have questions regarding billing.

Email: Jen.Derfler@ks.gov

Phone: 785-368-6338

Program Benefits For Plan Year 2018

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 Plan C - 20% Plan N - 35%	Coinsurance Plan C - 50% Plan N - 50%
Out Of Pocket-Max - (OOP) TOTAL	\$6,250 Single / \$12,500 Family	\$6,250 Single / \$12,500 Family	Plan C - \$5,500 Single \$11,000 Family Plan N - \$6,650 Single \$13,300 Family	Plan C - \$5,500 Single \$11,000 Family Plan N - \$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 <i>Available with Contracting Vendor Only</i>	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: <i>Services are limited to those medically necessary, and appropriate medical records must show continued improvement.</i>				
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: <i>desensitization/ treatment; allergy shots</i>	Covered in Full	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Autism Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Manipulation Therapies - <i>Limited to 30 visits per year</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Licensed Dietitian Consultation: <i>for medical management of documented disease</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health				
Mental Illness & Drug or Alcohol Treatment:			Same Coverage as Medical	
Preventive Care: <i>Limited to one visit or service per year unless otherwise noted. Review the Benefit Description for details on exact coverage.</i>				
Well Baby Exams <i>includes newborn screenings & age appropriate office visits</i>	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: <i>Services are limited to those medically necessary, and appropriate medical records must show continued improvement.</i>				
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: <i>desensitization/ treatment; allergy shots</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Autism Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Manipulation Therapies - <i>Limited to 30 visits per year</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Licensed Dietitian Consultation: <i>for medical management of documented disease</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health				
Mental Illness & Drug or Alcohol Treatment:			Same Coverage as Medical	
Preventive Care: <i>Limited to one visit or service per year unless otherwise noted. Review the Benefit Description for details on exact coverage.</i>				
Well Baby Exams <i>includes newborn screenings & age appropriate office visits</i>	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
Preventive Care: <i>Limited to one visit or service per year unless otherwise noted. Review the Benefit Description for details on exact coverage.</i>				
Well Child Exam <i>includes office visit, age appropriate screenings and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Well Woman Exam <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Well Man Exam <i>includes office visit, age appropriate screenings, contraception and counseling</i>	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 & Coinsurance	Covered in Full	Covered in full to age 6, otherwise Deductible & Coinsurance
Mammography (not limited to one)	Covered in Full	Deductible & Coinsurance	Covered in Full	Deductible & 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

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
Preventive Care: <i>Limited to one visit or service per year unless otherwise noted. Review the Benefit Description for details on exact coverage.</i>				
Well Child Exam <i>includes office visit, age appropriate screenings and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Well Woman Exam <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Well Man Exam <i>includes office visit, age appropriate screenings, contraception and counseling</i>	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 & Coinsurance	Covered in Full	Covered in full to age 6, otherwise Deductible & Coinsurance
Mammography (not limited to one)	Covered in Full	Deductible & Coinsurance	Covered in Full	Deductible & 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 SEHP website.

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 <i>(Benefit subject to Annual Benefit Maximum above)</i>	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%
<p><i>*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.</i></p> <p><i>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.</i></p>			

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
<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>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.</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

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 \$6,250 for single and \$12,500 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	Applies to the Out Of Pocket maximum (see above)
Value Based	Asthma	Preferred brand - 20% to a max of \$40/30-day supply	

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	After Deductible is Satisfied, You pay
1	Generic Drugs	20% Coinsurance
2	Preferred Brand Name Drugs	40% Coinsurance
3	Non Preferred Brand Name Drugs	65% Coinsurance
4	Discounted Tier Medications	100% Coinsurance
5	Anticancer Oral Medications	Coinsurance

Compound Medications now must be filled at Network Pharmacy only.

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)
Employer Contribution Annual Amount	\$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
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 \$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
Regent Academic Year Employee Contributions	\$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
IRS Maximum Total Employee and Employer Amounts	\$3,450.00	\$6,900.00	\$6,900.00	\$3,450.00	\$6,900.00	\$6,900.00

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)
Employer Contribution Annual Amount	\$500.00 per year	\$625.00 per year	\$875.00 per year	\$312.75 per year	\$343.80 per year	\$593.80 per year
Employer Contribution Quarterly Amount	\$125.00 per quarter	\$156.25 per quarter	\$218.75 per quarter	\$78.15 per quarter	\$85.95 per quarter	\$148.45 per quarter
Employee Bi-Weekly Contributions	\$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
Regent Academic Year Employee Contributions	\$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
IRS Maximum Total Employee and Employer Amounts	\$3,450.00	\$6,900.00	\$6,900.00	\$3,450.00	\$6,900.00	\$6,900.00

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

Banking Institution	Optum
Web Site	<i>www.mycdh.optum.com</i>
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
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. Reimbursements can be made via debit card, online, fax or mail.

Employer Rates

Non State Public Entity Employer Rates for Plan Year 2018 - Effective 7/1/2018

Monthly Rates for State of Kansas Non State Employers - Effective 7/1/2018										
Employee Category	Plan A	Plan C	Plan J	Plan N	Plan Q	Plan C- HSA*	Plan N- HSA*	2018 Delta Dental Employer	Surency	
	Employer	Employer	Employer	Employer	Employer	Employer Monthly HSA Contribution <small>[send funds to SEHP]</small>	Employer Monthly HSA Contribution <small>[send funds to SEHP]</small>		2018 Basic Monthly	2018 Enhanced Monthly
Full-Time										
Employee Only	\$675.10	\$591.77	\$675.10	\$633.44	\$675.10	\$83.33	\$41.66	\$46.40	\$0.00	\$0.00
Employee + Spouse	\$1,185.00	\$1,080.84	\$1,185.00	\$1,132.92	\$1,185.00	\$104.16	\$52.08	\$79.03	\$0.00	\$0.00
Employee + Children	\$1,185.00	\$1,039.17	\$1,185.00	\$1,112.09	\$1,185.00	\$145.83	\$72.91	\$79.03	\$0.00	\$0.00
Employee + Family	\$1,185.00	\$1,080.84	\$1,185.00	\$1,132.92	\$1,185.00	\$104.16	\$52.08	\$79.03	\$0.00	\$0.00
Part-Time										
Employee Only	\$527.71	\$475.61	\$527.71	\$501.66	\$527.71	\$52.10	\$26.05	\$35.09	\$0.00	\$0.00
Employee + Spouse	\$928.49	\$871.19	\$928.49	\$899.84	\$928.49	\$57.30	\$28.65	\$59.70	\$0.00	\$0.00
Employee + Children	\$928.49	\$829.53	\$928.49	\$879.01	\$928.49	\$98.96	\$49.48	\$59.70	\$0.00	\$0.00
Employee + Family	\$928.49	\$871.19	\$928.49	\$899.84	\$928.49	\$57.30	\$28.65	\$59.70	\$0.00	\$0.00
<p>*Plans C and N are High Deductible Health Plans (HDHP) with a Health Savings Account (HSA) or Health Reimbursement Account (HRA). Part of the composite rate is split out into separate columns for Plan C and Plan N to cover the cost of the employer contribution into the HSA or HRA. For example, Employee Only Plan C is \$591.77 for the insurance and \$83.33 for the HSA. Together, these amounts [\$591.77 + \$83.33] equal \$675.10, the same composite rate as charged for Plan A. The entire composite rate is sent to the SEHP, and the SEHP is responsible for sending the contributions to the HSA or HRA.</p>										

Employee Rates

Non State Public Entity **Employee** Rates for Plan Year 2018 - Effective 1/1/2018

2018 Monthly Rates for State of Kansas Non State Employees **								
Employee Category	Plan A	Plan C	Plan Q	Plan N	Plan J	Delta	Surency Vision	
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Dental	Basic	Enhanced
Full-Time								
Employee Only	\$79.56	\$68.44	\$54.17	\$48.12	\$108.31	\$12.60	\$3.96	\$7.79
Employee + Spouse	\$454.08	\$248.80	\$191.15	\$171.71	\$310.28	\$29.82	\$7.75	\$15.37
Employee + Children	\$248.27	\$132.27	\$100.72	\$91.12	\$188.28	\$26.40	\$7.00	\$13.86
Employee + Family	\$810.63	\$428.46	\$361.76	\$306.14	\$531.83	\$43.55	\$10.81	\$21.49
Part-Time								
Employee Only	\$239.71	\$106.47	\$80.97	\$71.93	\$135.11	\$22.23	\$3.96	\$7.79
Employee + Spouse	\$707.02	\$323.22	\$244.49	\$219.63	\$363.62	\$43.84	\$7.75	\$15.37
Employee + Children	\$405.33	\$181.66	\$136.81	\$123.78	\$224.37	\$39.51	\$7.00	\$13.86
Employee + Family	\$1,129.07	\$515.30	\$436.24	\$369.18	\$606.32	\$61.23	\$10.81	\$21.49
** Base rate								