Enrollment Information 2015

State Employee Health Plan

Non State Employer Groups

Open Enrollment Period is
October 1 - October 31, 2014
Elections are effective January 1, 2015

AD ASTRA PER ASPERA
Kansas
Department of Health and Environment
Division of Health Care Finance

Contact Information

State of Kansas Health Plan Vendors Web Site	***www.kdheks.gov/hcf/sehp/Vendors.htm***
Aetna	***www.aetnastateofkansas.com***
Customer Service Plan A and Plan C	All Areas (Toll Free): 866-851-0754
Behavioral Health (MHNet)	All Areas (Toll Free): 866-851-0754
Blue Cross and Blue Shield of Kansas	***www.bcbsks.com/CustomerService/Members/State/***
Customer Service Plan A and Plan C	All Areas (Toll Free) 800-332-0307 Topeka: 785-291-4185
New Directions - ***Behavioral Health***	All Areas (Toll Free) 800-952-5906 Topeka: 785-233-1165
New Directions - ***Autism***	All Areas (Toll Free) 877-563-9347 Option 3
Caremark	***www.caremark.com***
Customer Service	All Areas (Toll Free): 800-294-6324 TDD (Toll Free):800-863-5488
Caremark Connect Specialty Pharmacy	All Areas (Toll Free): 800-237-2767
COBRAGuard - COBRA Administrator	***www.cobraguard.net***
Customer Service	All Areas (Toll Free): 866-952-6272 Fax: 913-438-8385
Delta Dental of Kansas, Inc.	***www.deltadentalks.com/***
Customer Service	All Areas (Toll Free): 800-234-3375 Wichita: 316-264-4511
NueSynergy - Flexible Spending Accounts	***www.KansasFSA.com***
State Employees Only	
Customer Service	All Areas (Toll Free): 855-750-9440 Fax (Toll Free): 855-890-7238
Preferred Lab Benefit Program	
• ***Quest Diagnostics Lab Card Program***	***www.labcard.com***
Customer Service	All Areas (Toll Free): 800-646-7788
Collection Site Listings	***www.labcard.com/collection.html***
• ***Stormont-Vail Regional Lab Program***	***www.stormontvail.org/state-employees-lab***
Customer Service	All Areas (Toll Free): 800-637-4716
Benefit Information and Collection Site Listings	Topeka: 785-354-1150
Superior Vision Services	***www.superiorvision.com***
Customer Service	All Areas (Toll Free): 800-507-3800
US Bank - Health Savings Account or Health Reimbutsement Account with Plan C	***www.mycdh.usbank.com***
Customer Service	All Areas (Toll Free): 877-470-1771

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View all Open Enrollment information including the Provider Directories, benefit descriptions and detailed information on all State Employee Health Plan programs and options available at ***www.kdheks.gov/hcf/sehp/default.htm***

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

STATE EMPLOYEES ONLINE OPEN ENROLLMENT WEBINARS

Registration links for these and all other webinars will be posted online at www.kdheks.gov/hcf/sehp/default.htm

Wednesday	September 24, 2014	9:30 a.m. and 1:30 p.m.
Monday	September 29, 2014	9:30 a.m. and 1:30 p.m.
Friday	October 10, 2014	9:30 a.m. and 1:30 p.m.
Thursday	October 16, 2014	9:30 a.m. and 1:30 p.m.
Monday	October 20, 2014	9:30 a.m. and 1:30 p.m.
Wednesday	October 22, 2014	9:30 a.m. and 1:30 p.m.

NON STATE EMPLOYER GROUP EMPLOYEES ONLINE OPEN ENROLLMENT WEBINARS

Registration links for these and all other webinars will be posted online at www.kdheks.gov/hcf/sehp/default.htm

Monday	October 6, 2014	9:30 a.m.
Thursday	October 23, 2014	1:30 p.m.
Friday	October 24, 2014	9:30 a.m.

HIGHLIGHTS FOR PLAN YEAR 2015

WHAT'S CHANGING?

PLANS

Beginning in Plan Year 2015, there will be two (2) Plans to choose from - Plan A or Plan C. Plan B will not be offered. **If you are currently enrolled in Plan B, you will need to enroll online to select either Plan A or Plan C.**

MEDICAL VENDORS

There will be two (2) Medical Vendors to choose from - Aetna and Blue Cross and Blue Shield of Kansas. Coventry has been purchased by Aetna. UnitedHealthcare will no longer be offered. **If you are currently enrolled in UnitedHealthcare, you will need to enroll online to select a new medical vendor.**

PLEASE NOTE: If you are currently enrolled in a UnitedHealthcare Plan or enrolled in Plan B with any of the vendors, you need to actively enroll online during the Open Enrollment Period (October 1 - 31) and select either Plan A or Plan C with either Aetna or Blue Cross and Blue Shield of Kansas as your vendor.

If you do not enroll online, you will be defaulted to Plan C with:

- Aetna if you are currently enrolled in Coventry or UnitedHealthcare **or**
- Blue Cross and Blue Shield of Kansas if that is your current vendor

SALARY TIERS

Beginning with Plan Year 2015, there will be one tier for employee premiums.

FLEXIBLE SPENDING ACCOUNTS (FSA) AMENDED to allow a rollover of up to $500 of unused amounts in a Health Care FSA remaining at the end of a plan year. See page 13 for more details.

PLAN A will have **combined** pharmacy and medical **network** out of pocket (OOP) maximums of:

- Single: $4,750
- Family: $9,500

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

- **I.R.S requirements for HDHP deductibles have increased.** Plan C's new deductibles are $2,600 for Single and $5,200 for Family.
- **New Maximum Contribution Levels (including employer contribution)** are $3,350 for Single coverage and $6,650 for Family coverage.

State Employees - the Employer HSA contribution amount will be made in two equal installments for Plan Year 2015 - the **2nd pay period in January** and the **1st pay period in July. For state employees with a balance in their Health Care FSA on December 31, 2014,** the 1st installment will be made **after** March 15th and the 2nd installment will be the **1st** pay period in July.

Non State Employer Group (NSE Group) - Employees will need to check with their employer to see when the Employer HSA contribution will be made.

HEALTH REIMBURSEMENT ACCOUNT FOR PLAN C MEMBERS - Beginning with Plan Year 2015, those enrolled in Plan C that are not eligible for a Health Savings Account (HSA) may now elect a Health Reimbursement Account (HRA). See page 8 for details.

BEGINNING WITH PLAN YEAR 2015, NEW PLAN C PARTICIPANTS WILL NEED TO:

- Go to ***www.mycdh.usbank.com*** to register their Health Savings Account and accept the Terms and Conditions so funds will be deposited.
- Go to ***www.mycdh.usbank.com*** to register their Health Reimbursement Account in order to view account details.

PLAN UPDATES FOR PLANS A AND C

- Coverage under the Durable Medical Equipment portion of the plan will be modified to allow for coverage of motorized wheelchairs when medically necessary.
- Prosthetics with assistive electronic components will be eligible for coverage if medically necessary.

ADDITIONAL UPDATES:

- The coverage provided for eyeglasses for children with certain eye disorders is modified.
- Health plan and Pharmacy administrators will coordinate the member maximum out of pocket costs.
- The autism coverage rider will be modified to comply with HB 2744. A treatment plan is still required prior to treatment. For more information, please call your vendor or consult the Autism Rider in your 2015 Benefit Description.
- **Preventive care benefit additions**:
  1. Lung cancer screening for adults age 55-80 who smoke or have quit in the last 15 years.
  2. Screening for gestational diabetes in pregnant women after 24 weeks.
  3. Breast cancer preventive medications for at risk women.
  4. Adult screenings of Hepatitis C virus for at risk persons and those born between 1945 and 1965.

ONLINE ENROLLMENT

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

CHOOSING YOUR HEALTH PLAN:
Plan A or Plan C High Deductible Health Plan

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

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

The State Employee Health Plan offers two health plan options:

- Plan A
- Plan C with Health Savings Account (HSA) **or** Health Reimbursement Account (HRA). HRA is a new option available for those employees not eligible to participate in an HSA - see page 8.

Please review the Health Plan Comparison Chart at the back this book to see the differences in the deductible, coinsurance and annual coinsurance maximums for Plans A and C.

Each option is designed differently (for example, deductibles, coinsurance and annual maximums) and each health plan vendor offers unique features. Be sure to consider these features before making your selection.

There are two health plan vendors:

- Aetna
- Blue Cross and Blue Shield of Kansas

Each health plan vendor has a unique network of contracting providers. Since network providers agree to accept the plan allowance as payment in full, using network providers saves you money! Non network providers have not agreed to accept the plan allowance, so in addition to your required Out of Pocket, any amount above the plan allowance will be your responsibility.

Provider directories are listed on each vendor page on our website - ***www.kdheks.gov/hcf/sehp/default.htm***

Both Vendors offer the following:

- Access to a broad network of providers nationwide which allows you flexibility in obtaining care with coverage for both network and non network providers.
- 100 percent coverage for certain preventive care services, such as an annual preventive exam, colonoscopy, mammograms and age-appropriate immunizations (including flu shots).
- Policies have no lifetime maximum.
- Prescription drug coverage through Caremark. See page 11 for details.
- A Preferred Lab Benefit program available through either Quest Diagnostics or Stormont-Vail Healthcare. There are differences in the programs offered with each plan.

Plan C with Health Savings Account (HSA) or Health Reimbursement Account (HRA)

Beginning in Plan Year 2015, new participants will need to:

- Register their Health Savings Account with US Bank at ***www.mycdh.usbank.com*** and accept the Terms and Conditions of their account before funds will be deposited.
- Register their Health Reimbursement Account with US Bank at ***www.mycdh.usbank.com*** in order to have the employer contributions deposited and view account details.

Plan C has a few differences including:

- Premiums for coverage are lower than those for Plan A.
- The deductible under Plan C is higher, but your employer provides you with a contribution to your Health Savings Account (HSA) or Health Reimbursement Account (HRA) that can be used towards your deductible.
- The Plan C Caremark Preferred Drug List is the same as Plans A. With Plan C, prescription drug purchases are subject to the deductible. Network claims for prescription drugs purchased after the deductible has been satisfied will be covered at 100% if eligible under the pharmacy benefit.
- Most covered services are subject to the deductible. See the Health Plan Comparison Chart included with this booklet to see the deductibles and out-of-pocket costs.

Health Savings Account (HSA)

Please register your Health Savings Account with US Bank at ***www.mycdh.usbank.com*** and accept the Terms and Conditions so funds can be deposited.

Through the HSA, you can set aside pre-tax money to pay for eligible health care expenses. Examples of the types of medical expenses that you can spend your HSA funds for include:

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

Both you and your employer contribute money to the Health Savings Account (HSA). The maximum annual contribution to an HSA for 2015 is $3,350 for single coverage and $6,650 for dependent coverage. These maximums

apply to the sum of you and your employer's contributions, so the maximum annual contribution for full time employees in 2015 is $1,850 for single coverage and $4,400 for dependent coverage. Members ages 55 + can make additional "catch up" contributions to their HSA each year until they enroll in Medicare. The additional catch-up contribution for 2015 remains at $1,000.

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

HSA Worksheet			
	Employer Contribution	*Employee Contribution	Total Contribution Allowed
Full Time Employee			
Employee Only	$1,500	$25.00 - $77.08 ($1,850.00 total)	$3,350.00
Employee + Dependents	$2,250	$25.00 - $183.32 ($4,400.00 total)	$6,650.00
Part Time Employee			
Employee Only	$1,125.20	$25.00 - $92.69 ($2,224.80 total)	$3,350.00
Employee + Dependents	$1,687.60	$25.00 - $206.76 ($4,962.40 total)	$6,650.00
The HSA contribution maximums for Employee + Spouse, Employee + Child(ren) or Employee + Family are the same.* ***Note:* *The Employee Contribution column represents 24 semi-monthly payments. Employee contributions for 9 month Regents employees would be distributed evenly over 16 pay periods each year.*			

For anyone electing coverage after January 1st, the Employer HSA Contributions will be pro-rated accordingly.

State Employees - the Employer HSA contribution amount will be made in two equal installments for Plan Year 2015 as shown below:

- **For employees not enrolled in an FSA or with a zero balance in their Health Care FSA on December 31, 2014**, the 1st installlment will be made during the **2nd** pay period in January and the 2nd installment will be made during the **1st** pay period in July.
- **For employees with a balance in their Health Care FSA on December 31, 2014**, the 1st installment will be made after March 15th and the 2nd will be made during the **1st** pay period in July.

Non State Employer Group (NSE Group) - Employees will need to check with their employer to see when the Employer HSA contribution will be made.

New Enrollments

Both State and NSE Group Employer HSA contributions for new enrollments during the Plan Year will continue to be pro-rated.

US Bank will mail **new** enrollees an HSA debit card and account information that may be used to set up their online account access. This is where members can view their account activity and learn more about available account and investment options.

Visit ***www.kdheks.gov/hcf/sehp/HSA.htm*** for more information.

IMPORTANT - For IRS Guidelines regarding eligibility for Plan C with a Health Savings Account (HSA) go to ***www.kdheks.gov/hcf/sehp/HSA.htm***

Plan C with Health Reimbursement Account (HRA)

For Plan Year 2015 – Enrollment in an HRA will be available to Active and Non State employees as an alternative for those enrolling in Plan C, but who are not eligible to contribute to a Health Savings account (HSA) due to:

- Medicare enrollment
- Tri-Care enrollment
- Veteran's Administration enrollment and/or VA coverage use within past 3 months
- Concurrent enrollment in another health plan not considered a High Deductible Health Plan
- You are eligible to be claimed as a dependent under your parent's tax return
- You have dependent children between ages 23-26 (member may choose to enroll in either the HSA or an HRA in this situation)

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

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

Register your Health Reimbursement Account with US Bank at ***www.mycdh.usbank.com*** in order to view account details.

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

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

The HRA employer contribution frequency and amounts will be identical to that of the Health Savings Account. US Bank 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. Either account can be accessed via debit card. Reimbursements may be made online, by fax or by mail.

For further details go to our website at: ***www.kdheks.gov/hcf/sehp/HRA.htm***

BEFORE YOU ENROLL

- **Become familiar with your options.** For information on the health plans, vendors and more, review this booklet which includes the ***Health Plan Comparison Chart*** in the back of this book, or go to our website - ***www.kdheks.gov/hcf/sehp/default.htm***
- **Attend an open enrollment meeting or online webinar** to hear detailed explanations of your benefit options and get answers to any questions you may have.
  - **State Employees** - Check the schedule of meetings posted on our website at ***www.kdheks.gov/hcf/sehp/Active/Meetings.htm***
  - **NSE Group Members** - Contact your HR department benefit person for the dates and times of meetings near you.
- **If you are thinking about changing your medical vendor** be sure your doctors and hospital participate with the new vendor you select for Plan Year 2015. Both medical vendors, Aetna and BCBS of Kansas, have unique provider networks. Provider directories are listed on each vendor page.
- **If you are adding dependents to your plan** and have **not** previously submitted the required documentation (such as a birth certificate or marriage license) to Membership Services, you will need to upload the documentation (an electronic version like a pdf) when you enroll online. Other pieces of information needed for each new dependent are the dependent's full name, Social Security number, gender and birth date.

QUESTIONS?

- **Contact the vendor.** Toll free customer service numbers are listed on the inside cover of this booklet.
- **Visit our website** - ***www.kdheks.gov/hcf/sehp/default.htm***
- **Send an e-mail** to ***benefits@kdheks.gov***
- **State Employees** can contact your agency human resource office.
- **Non State Employer Group Members** can speak with your benefit contact person.

Confirmation statements will be sent to the e-mail address you register with online.

Remember to:

- Select and enroll in your health plan options for PY 2015.
- Upload documentation for any new dependents through the Membership Administration Portal (MAP) by Friday, October 31, 2014.

ENROLLING FOR HEALTH CARE BENEFITS

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

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

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

List of Qualified Dependents and Qualifying Events

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

- **State Employees** - ***www.kdheks.gov/hcf/sehp/download/Active-EEGuide.pdf***
- **NSE Group Members** - ***www.kdheks.gov/hcf/sehp/download/NSEGroup-EEGuide.pdf***

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

Newly Hired or Newly Eligible Employees

You have 31 days after the date you are hired or become eligible to enroll in your choice of coverage. Your coverage will become effective on the first day of the month after the completion of a 30-day waiting period. If you do not enroll by the deadline, you will not be eligible to enroll until the next open enrollment period (unless you experience a "qualifying event" that allows you to make a change).

Who Can Be Covered

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

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

If you are adding dependents to your plan and have not previously submitted the required documentation (such as a birth certificate or marriage license) to Membership Services, you will need to upload the documentation (an electronic version like a pdf) when you enroll online. Other pieces of information needed for each new dependent are the dependent's full name, Social Security number, gender and birth date.

During the open enrollment period, the required documentation must be submitted online in the Membership Administration Portal (MAP) no later than 5:00 p.m., Friday, October 31, 2014. If dependent documentation is not received, the dependent(s) will not be enrolled in the health plan effective January 1, 2015.

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

State Employees - Employee contributions for all health plans, the Health Savings Account (HSA) with Plan C, and the Flexible Spending Accounts (FSAs) are deducted from your paychecks.

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

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

ONLINE ENROLLMENT

State Employees - Annual Enrollment is **required** for:

- ***HealthyKIDS*** - to see if you qualify go to page 14 or check out our website at ***www.kdheks.gov/hcf/sehp/HealthyKIDS.htm*** the online application is located in the Membership Administration Portal (MAP) - ***https://sehp.member.hrissuite.com***
- **Flexible Spending Accounts** - see page 13 or ***www.kdheks.gov/hcf/sehp/FSA.htm***

IMPORTANT for Plan Year 2015: If you are currently enrolled in a UnitedHealthcare Plan **or** enrolled in Plan B with any of the vendors, you need to actively enroll online during the Open Enrollment period (October 1 - 31) and select either Plan A or Plan C with either Aetna or Blue Cross and Blue Shield of Kansas as your vendor.

If you do not enroll online, you will be defaulted to Plan C with:

- Aetna if you are currently enrolled in Coventry or UnitedHealthcare **or**
- Blue Cross and Blue Shield of Kansas if that is your current vendor.

REMEMBER: For all members who had Plan A or Plan C coverage (except for UnitedHealthcare) during the last plan year, your coverage, as it existed, will automatically continue into the new plan year if you do not actively enroll during the open enrollment period. You will not be able to make any changes to your coverage without a qualifying event.

OPEN ENROLLMENT MEMBERSHIP ADMINISTRATION PORTAL (MAP) USERS INSTRUCTIONS

New Online Portal!

The SEHP has a new Membership Administration Portal (MAP) ***https://sehp.member.hrissuite.com/*** that replaces the Employee Self Service Center for State Employees used for prior open enrollments. NSE members will also go to this new portal to complete their enrollment.

The Active State of Kansas (SOK) employees and Non State Employer Group (NSE) members wanting to make changes to their State Employee Health Plan (SEHP) benefits for Plan Year 2015 must complete their open enrollment elections online. Members can enroll online using any computer with Internet access – at work, home, or at most public libraries. All modern Internet browsers will work; Internet Explorer 9 and above, Chrome, Firefox, Safari, and Opera.

Technical Support During the Open Enrollment Period, October 1 through October 31, 2014: if you experience any technical issues with this portal, call the MAP Help Desk at 1-800-832-5337 (Toll free). The MAP Help Desk will be open from October 1 through October 31, 2014 Monday – Friday 7 AM to 5 PM and Saturday 9 AM to 2 PM Central Time.

Technical Support After Hours during Open Enrollment: Please e-mail: ***techsupport@hrissuite.com*** Include your name, phone number, and an explanation of your issue and we will trouble shoot your issue and contact you within 24 hours with a resolution.

Starting October 1, 2014, you can visit MAP to register your online account, review your contact information and family roster, review your current SEHP elections and then make any changes you want for plan year 2015. The following information will provide you with step-by-step instructions on how to register your account and complete your open enrollment. Note: You only need to register your account and create a unique login the first time you access MAP. Once you have registered, you will be able to sign in to MAP with your username and password.

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

- Your Kansas Employee ID number (available from your Human Resource Office)
- The last 6 digits of your Social Security number (SSN)
- Your Date of Birth

Adding a new dependent? Dependent documentation in pdf format will need to be scanned and uploaded into MAP at the time the member is requesting to add a new dependent.

Members electing Plan C that are not eligible for an Health Savings Account (HSA) and would like to enroll in a Health Reimbursement Account (HRA), will be required to submit documentation, in pdf format, that makes them eligible to participate in an HRA. Examples are:

- Medicare Card - for those enrolled in any part of Medicare
- TriCare Card - for those enrolled in TriCare
- VA Card - for those receiving Veterans Administration (VA) Services
- Members that have dependent children between the ages of 23-26 will need to provide a legible copy of the child's birth certificate or hospital birth announcement

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

Enrollment Instructions

1. Go to MAP at: ***https://sehp.member.hrissuite.com/***

   If you are employed at ESU, KSU, KU, KUMC or PSU:
   Use this link to access MAP - ***https://sso.cobraguard.net/seer_login.php***

2. The Welcome screen will appear. If this is the first time you are logging into the portal, please click on the "**Register Now**" button to get started. If you have previously registered, click on the "**Sign In**" button.
3. Follow the instructions on the screen

You may go into MAP as many times as needed during Open Enrollment to make changes. Benefit confirmation statements will be emailed directly to your registered email address each time you save an election in the portal. The benefits that you have selected as of midnight on October 31, 2014 will be effective January 1, 2015 and a final confirmation statement will be emailed to you.

Caremark Prescription Drug Plan

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

- **Plan A**. Under this plan, generally you pay a coinsurance for your prescription drug costs throughout the year, up to a combined medical and pharmacy coinsurance maximum of $4,750 for single and $9,500 for member with dependent coverage per year.
- **Plan C.** Until you reach the deductible, you will pay 100% of the discounted cost for your prescriptions when you present your Caremark ID card. Once you have reached your annual health plan deductible, covered prescriptions are paid in full by the plan when a network pharmacy is used. Remember, you can use the funds in your HSA or HRA to help pay for prescription costs applied to the deductible.

Regardless of which plan you elect, your out-of-pocket costs will be lower if you use generic and/or preferred brand name drugs. The PDL is available at either: ***www.kdheks.gov/hcf/sehp/Caremark.htm*** or ***www.caremark.com***

You can also call Caremark at 800-294-6324 for help finding a preferred drug. A number of popular name brand drugs are projected to be available in generic versions during 2015. This list is also on the website.

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

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

For more information, go to ***www.kdheks.gov/hcf/sehp/Caremark.htm***

Delta Dental Plan

Member only dental coverage is provided for all members enrolled in medical coverage. Any dependents enrolled in dental coverage must be enrolled in medical coverage. Dependent dental coverage may not be dropped during the plan year unless dependent medical coverage is also dropped.

You have access to two Delta Dental provider networks.

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

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

See page 20 for Basic and Enhanced Coverage information.

For more details on Delta Dental Benefits, go to ***www.kdheks.gov/hcf/sehp/Delta.htm***

Superior Vision Services Plan

You are offered two vision plans through Superior Vision Services* - the **Basic Plan** and the **Enhanced Plan**. See page 21 for details on these plans.

You may choose to enroll yourself and any eligible dependents in one of the vision plans, whether or not you or your dependents are enrolled in the medical coverage. If you choose dependent vision coverage, and have dependents enrolled in medical coverage, the dependent children enrolled in the vision plan must match those enrolled in medical coverage. Please note that you can enroll or change your coverage only when you or a dependent first becomes eligible, during the annual open enrollment period, or if a dependent becomes ineligible. Mid-year changes to your vision coverage elections are not allowed, even if you pay your premiums on an after-tax basis.

Note: Enhanced benefits are not available from non network providers.

Special Features From Superior Vision Services

Discounts are available for lens add-ons or upgrades not otherwise covered by the plan. The discount is 20 percent and is available from providers identified in the Superior Vision provider directory with a "DP."

Discounts on additional eyewear. Discounts are available for additional eyewear purchases. The discounts range from 10 percent to 30 percent and are available at providers identified in the provider directory with a "DP."

Discounts on refractive surgeries such as LASIK, RK and PR K. Providers listed in the provider directory with the "RF" designation will provide Superior Vision members with a discount of 20 percent on refractive surgeries.

For more details on vision benefits go to ***www.kdheks.gov/hcf/sehp/Superior.htm***

**The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, aka The Guardian or Guardian Life.*

Preferred Lab Benefit
Available with Plans A and C

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

For Plan C: Plan C members are eligible to participate in a new Preferred Lab Program which offers you and your covered dependents discounted pricing on covered **outpatient** laboratory testing, when the testing is performed by Quest Diagnostics or Stormont -Vail/Cotton-O'Neil laboratories. All of your services (except preventive care) are subject to your deductible first. **Note:** You may pay these claims with your Health Savings Account dollars.

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

Quest Diagnostics offers collection sites at various locations throughout the State of Kansas and nationwide. Also, you can arrange to have specimens picked up from your doctor's office. All it takes is a telephone call to the number on the back of your Quest ID card.

Stormont-Vail/Cotton-O'Neil offers 9 locations in northeast Kansas, for all State Employee Health Plan members. You do not have to be a Cotton O'Neil patient to access this benefit. Lab orders from your physician are required.

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

The Preferred Lab Benefit Program does NOT cover:

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

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

For details, go to ***www.kdheks.gov/hcf/sehp/PreferredLab.htm***

Flexible Spending Account Program (FSA) Vendor - NueSynergy - *www.KansasFSA.com* *For State Employees Only*

New! Now Carryover up to $500 in unused Healthcare or Limited Purpose FSA Funds
No more worrying about losing unused funds. FSA participants can now carryover up to $500 of remaining funds in a health FSA into the next plan year. These funds can be reimbursed to plan participants for qualified medical expenses incurred during the following plan year. The State Employee Health Plan has adopted a provision that will replace the Grace Period and allow you to carry over up to $500 of unused Healthcare or Limited Purpose FSA funds into a new FSA plan year. This valuable feature gives you the flexibility to spend your FSA funds at a future date and reduces the likelihood that your unused funds are forfeited. The carryover will not count against your annual election and your cumulative carryover balance from year to year cannot exceed $500.

Remember, annual FSA enrollment is an IRS requirement.
You must enroll each October during the open enrollment period. The new enrollment will become effective January 1. The deadline to submit claims against your 2015 Plan Year balance is April 30, 2016.

Save on eligible medical and daycare expenses.
To receive reimbursement for Dependent Care, you must submit your provider's Social Security Number or Employer Identification Number (EIN). There is no grace period for the Dependent Care FSA. You have until April 30, 2016, to submit documentation for reimbursement of Plan Year 2015 dependent care expenses. Plan the amount you put into your FSA carefully so that it does not exceed the amount you are likely to pay for eligible expenses.

Easily access your FSA funds with direct deposit and free debit card
During enrollment, you'll complete a mandatory direct-deposit form, and you can also elect to receive your free Kansas FSA debit card. By using your debit card, you'll rarely have out-of-pocket expenses; you'll have access to the full plan-year amount on January 1, 2015; and you'll eliminate paper claim submissions. Remember, the debit card is not a paperless form of reimbursement. You may still have to submit supporting documentation for your expenses if requested by NueSynergy.

Note: Reimbursements are provided via direct deposit.

For more information, including tools and calculators, FAQs, eligible expenses, Direct Deposit setup forms and more, visit ***www.KansasFSA.com***

HealthyKIDS Program - *For State Employees Only*

The HealthyKIDS program helps eligible State employees cover the cost of the premiums for their children enrolled in the State Employee Health Plan. The State will pay 90 percent of the cost of dependent children's health premiums for qualified families. Employees are responsible for the remaining 10 percent.

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.

Check out the income guideline chart link at ***www.kdheks.gov/hcf/sehp/HealthyKIDS.htm*** to see if you may qualify. There is additional information on this site which may help to determine your eligibility. If you believe you are eligible for HealthyKIDS, go to the Membership Administration Portal (MAP) - ***https://sehp.member.hrissuite.com*** to apply.

Annual enrollment is required. If you are applying mid-year due to a qualifying event, your application must be received no later than 31 days from the date of the qualifying event.

Once your application has been processed, you will be notified whether or not you qualify. A letter will be sent to your home address currently on file. If approved, your premiums for coverage of your dependent children will be adjusted based upon the current HealthyKIDS contributions.

Castlight Health Transparency Tool

Castlight Health is a transparency tool that can help you make informed decisions about your medical treatment will be available for Plan Year 2015. Watch for additional details on the official launch date. Their recommendations can help save you money and avoid any negative experiences when it comes to your healthcare. With this guidance from Castlight, you will be empowered to make informed healthcare choices for you and your family.

With Castlight Health's user-friendly website and applications that are easy to navigate, users can shop for, learn about and manage their healthcare, all in one convenient site. Castlight will help you find the best care, for the best price and make your healthcare selections easy to understand.

Information is personalized to your benefits, your location and your healthcare needs. Also, you will be able to find all of your healthcare claims and up to date spending trackers in one convenient place. This tool is HIPAA compliant and is a secure site.

To see your personalized medical savings opportunities visit ***www.mycastlight.com/sehp*** after December 1, 2014 or call customer service for any assistance at 800-681-6790.

Rx Savings Solutions

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

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

Please take the time to review these important alerts:

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

You can register your email address and/or phone number on their website, ***www.rxsavingssolutions.com***

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

For more information log onto their website www.rxsavingssolutions.com or watch this short video to learn more ***http://vimeo.com/user26380288/rxsavingssolutionsbenefits***

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

Email address: ***info@rxsavingsllc.com***

Employee Assistance Program (EAP)
Vendor - ComPsych - *www.GuidanceResources.com*

Eligibility

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

With a single call to 1-888-275-1205 (option 7), you and your family members can receive confidential assistance 24 hours a day, seven days a week at no cost to you.

Services include:

- Confidential Personal Counseling
- Work-Life Solutions
- Legal Advice and Discounts
- Personal Money Management Advice

EAP Online

Expert information on the issues that matter most to you... relationships, work, school, children, legal, financial, free time and more all in one place. Access articles, watch videos, conduct searches and get personal responses to your questions in one location.

HealthQuest (HQ) Rewards Program

HealthQuest Rewards Program Premium Incentive Discount
www.kansashealthquest.com

NEW Please note the earning period has changed to November 14, 2014 through November 15, 2015 to earn credits towards your Plan Year 2016 discount.

State and Non State employees who are enrolled in the State Employee Health Plan are eligible to participate in these programs and to receive the premium incentive discount. From August 1, 2013 through November 14, 2014, employees have an opportunity to earn credits by participating in wellness activities offered through HealthQuest for Plan Year 2015. For Plan Year 2016, employees who complete a health assessment questionnaire (worth 10 credits) and earn an additional 20 credits for a total of 30 credits by November 15, 2015, are eligible for a $480 premium incentive discount on their 2016 Health Plan premiums.

Members may select from a wide variety of online, telephonic and in-person programs to earn credits. **Please note that completion of the Health Assessment Questionnaire is required to earn the HealthQuest premium incentive discount.**

Benefits eligible employees who have waived coverage, as well as spouses and dependents (age 18 and older) who are enrolled in the State Employee Health Plan can participate in these programs but are not eligible for the premium discount.

PROGRAMS

For a list of the programs available to earn credits toward the premium incentive discount go to the HealthQuest website - ***www.kdheks.gov/hcf/healthquest/rewards.html***

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	$300 Single / $600 Family	$500 Single / $1,500 Family	$2,600 Single / $5,200 Family	$2,600 Single / $5,200 Family
Annual Coinsurance *(for all eligible expenses, unless otherwise noted)*	20% Coinsurance	50% Coinsurance	No Member Coinsurance	20% Coinsurance
Out of Pocket Max - TOTAL	$4,750 Single / $9,500 Family	$4,750 Single / $9,500 Family	$2,600 Single / $5,200 Family	$4,100 Single / $8,200 Family
Covered Services				
Inpatient Services	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Physician Hospital Visits	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Physician Office Visits				
Primary Care Provider	$25 Copayment	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Specialist	$45 Copayment	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Urgent Care Center	$50 Copayment	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Outpatient Surgery	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Emergency Room Visits	$100 Copayment (waived if admitted) than Deductible & 20% Coinsurance	$100 Copayment (waived if admitted) then Deductible & 20% Coinsurance	Deductible & 0% Coinsurance	Deductible & 0% Coinsurance
Other Outpatient Services	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Ambulance Services	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 0% Coinsurance	Deductible & 0% Coinsurance
Major Diagnostic Tests	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
X-Ray and Laboratory	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% 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
Rehabilitation Services: *Services are limited to those medically necessary and appropriate medical records must show continuted improvement.*				
Inpatient Facility	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Outpatient Facility	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Office Based	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Durable Medical Equipment	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Allergy Testing	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Antigen Administration: *desensitization/ treatment; allergy shots*	Covered in full	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Autism Services	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Manipulation Therapies	Deductible & 20% Coinsurance - Limited to 30 visits per year	Deductible & 50% Coinsurance - Limited to 30 visits per year	Deductible & 0% Coinsurance - Limited to 30 visits per year	Deductible & 20% Coinsurance - Limited to 30 visits per year
Licensed Dietitian Consultation: *for medical management of documented disease*	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% 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 & 20% Coinsurance
Mammography (not limited to one)	Covered in Full	Deductible & 50% Coinsurance	Covered in Full	Deductible & 20% 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
Routine Vision Exam	Covered in Full	Not Covered	Covered in Full	Not Covered

The Comparison Chart is NOT the governing document. Members need to refer to the Benefit Descriptions posted at: ***www.kdheks.gov/hcf/sehp/BenefitDescriptions.htm***

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	50%	50%	50%
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 prophylaxis (cleanings) and preventive exams shall not include any services provided on an emergency basis or for treatment of an injury to the teeth.

Superior 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.	Covered in Full after Copayment	Covered in Full after Copayment	Up to $38
Eye Exam, 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 $64
Trifocal lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to $64
Lenticular lenses, pair	Cover 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	Covered up to $116*	Not Covered
Polycarbonate lenses, pair**	Not Covered	Covered up to $116*	Not Covered
Scratch Coat	Not Covered	Covered in Full	Not Covered
UV Coat	Not Covered	Covered in Full	Not Covered
Contact Lenses: Not subject to Materials Copayment			
When Medically Necessary	Covered in Full	Covered in Full	Up to $210 retail*
Elective/Cosmetic Retail	Up to $150 retail*	Up to $150 retail*	Not Covered
Contact Lens Exam (fitting fee) ($35 Copayment)			
Specialty Contacts***	Up to $50*	Up to $50*	Not Covered
Standard Contacts****	Covered in Full	Covered in Full	Not Covered

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

***You may only be covered for one pair of high index lenses or polycarbonate lenses under the Enhanced Plan (up to the allowance proved above).*

****Specialty contacts are for new contact lens wearers or patients who wear toric, gas permeable or multi-focal lenses; includes two follow-up visits within three months of initial fitting.*

*****Standard contacts are for existing contact lens wearers of disposable, daily wear or extended lenses; includes two follow-up visits within three months of initial fitting.*

Notes:

- Members can use either the contact lens benefit or the eyeglass benefit, but not both in the same plan year.
- For non network claims, Copayment amounts are deducted from the benefit allowance at the time of reimbursement.
- Covered lenses are standard glass or plastic (CR-39), clear.

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 $4,750 for single and $9,500 for family combined Medical and Pharmacy per year.
2	**Preferred Brand Name Drugs**	35% Coinsurance	
3	**Special Case Medications**	Maximum of $75 per standard unit of therapy	
4	**Non Preferred Brand Name Drugs**	60% Coinsurance	
5	**Discount Tier Medications**	100% Coinsurance	N/A
6	**Anticancer Oral Medications**	25% Coinsurance to a maximum of $75 per standard unit of therapy	Separate Coinsurance maximum of $750 per member per year
Value Based	**Diabetes**	Generic - 10% to a max of $10/30-days Preferred brand - 20% to a max of $10/30 days	Applies to the Out of Pocket maximum (See above)
Value Based	**Asthma**		

Caremark Prescription Drug Benefits for Plan C With Health Savings Account

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 $2,600 Single / $5,200 Family, is satisfied. There is NO Coinsurance for eligible or covered prescription drugs.
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.

NueSynergy Flexible Spending Account

	Health Care FSA for Plan A		Limited Health Care FSA for Plan C - 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	$104.16	$8.00	$104.16	$16.00	$208.33*
16 semi-monthly	$12.00	$156.25	$12.00	$156.25	$24.00	$312.50*
Total Deductions Per year	**$192.00**	**$2,500.00**	**$192.00**	**$2,500.00**	**$384.00**	**$5,000.00***

Subject to tax filing status

Health Savings Account - Available Only with Plan C

Plan C - With Health Savings Account				
	Full-Time Employee		Part-Time Employee	
	Employee Only	Employee + Dependents*	Employee Only	Employee + Dependents*
Employer Contribution	$1,500.00 per year	$2,250.00 per year	$1,125.20 per year	$1,687.60 per year
Employee Contributions**	$25.00 to $77.08	$25.00 to $183.32	$25.00 to $92.69	$25.00 to $206.76

Employer contributions will be made in two installments - the 2nd pay period in January and the 1st pay period in July.

**The HSA Employee contribution maximums for Employee + Spouse, Employee + Children or Employee + Family are the same.*

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

Health Savings Account (HSA) Banking Information for Aetna and Blue Cross Blue Shield of Kansas

Banking Institution	**US Bank**
Web Site	***www.mycdh.usbank.com***
Monthly Administrative Fee (waived with an average daily balance of $2,000)	$2.00
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 US Bank 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. US Bank 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.