State Employee Health Plan

State Employees and Non State Employer Groups

2016 Enrollment Information

Open Enrollment Period is
October 1 - October 31, 2015

Elections are effective January 1, 2016

Kansas
Department of Health and Environment
Division of Health Care Finance

*** Cover photo is by James Watkins.***

Contact Information

State of Kansas Health Plan Vendors Web Site	***www.kdheks.gov/hcf/sehp/Vendors.htm***
Aetna Customer Service Plan A and Plan C Behavioral Health (MHNet)	***www.aetnastateofkansas.com*** All Areas (Toll Free): 866-851-0754 All Areas (Toll Free): 866-851-0754
Blue Cross and Blue Shield of Kansas Customer Service Plan A and Plan C New Directions - ***Behavioral Health*** New Directions - ***Autism***	***www.bcbsks.com/CustomerService/Members/State/*** All Areas (Toll Free) 800-332-0307 Topeka: 785-291-4185 All Areas (Toll Free) 800-952-5906 Topeka: 785-233-1165 All Areas (Toll Free) 877-563-9347 Option 3
Caremark Customer Service Caremark Connect Specialty Pharmacy	***www.caremark.com*** All Areas (Toll Free): 800-294-6324 TDD (Toll Free):800-863-5488 All Areas (Toll Free): 800-237-2767
COBRAGuard - COBRA Administrator Customer Service	***www.cobraguard.net*** All Areas (Toll Free): 866-952-6272 Fax: 913-438-8385
Delta Dental of Kansas, Inc. Customer Service	***www.deltadentalks.com/*** All Areas (Toll Free): 800-234-3375 Wichita: 316-264-4511
NueSynergy - Flexible Spending Accounts **State Employees Only** Customer Service	***www.KansasFSA.com*** All Areas (Toll Free): 855-750-9440 Fax (Toll Free): 855-890-7238
Preferred Lab Benefit Program • ***Quest Diagnostics Lab Card Program*** Customer Service Collection Site Listings • ***Stormont-Vail Regional Lab Program*** Customer Service Benefit Information and Collection Site Listings	 ***www.labcard.com*** All Areas (Toll Free): 800-646-7788 ***www.labcard.com/collection.html*** ***www.stormontvail.org/state-employees-lab*** All Areas (Toll Free): 800-637-4716 Topeka: 785-354-1150
Surency Vision Customer Service	***www.surency.com/stateofkansas*** All Areas (Toll Free): 866-818-8805 Wichita: 316-462-3316
US Bank - Health Savings Account or Health Reimbursement Account with Plan C Customer Service	***www.mycdh.usbank.com*** All Areas (Toll Free): 877-470-1771

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STATE EMPLOYEE HEALTH PLAN OPEN ENROLLMENT WEBINARS

ALL MEETINGS HELD AT 9:30 am and 1:30 pm unless otherwise noted

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

STATE EMPLOYEES

Tuesday	September 29, 2015
Thursday	October 1, 2015
Tuesday	October 13, 2015
Thursday	October 15, 2015
Monday	October 19, 2015
Wednesday	October 21, 2015 - 11:00 am and 2:00 pm

NON STATE EMPLOYER GROUPS

Monday	October 12, 2015
Friday	October 23, 2015

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.

HIGHLIGHTS FOR PLAN YEAR 2016

NEW VISION VENDOR

Surency Vision will be the new vision vendor beginning with Plan Year 2016. See page 13 for details.

PLANS

There are two (2) Plans to choose from - Plan A or Plan C.

MEDICAL VENDORS

There are two (2) Medical Vendors to choose from - Aetna and Blue Cross and Blue Shield of Kansas.

WHAT'S CHANGING?

PLAN A

Office visit copays are:

- Primary Care Provider - $30
- Specialist - $50

Network Deductibles are $400 single and $800 Family.

Non-Network Deductibles are $600 single and $1,800 Family.

Combined pharmacy and medical network out-of-pocket (OOP) maximums are:

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

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

- Plan C deductibles are $2,750 for Single and $5,500 for Family.
- Maximum HSA Contribution Levels (including employer contribution) for Family coverage of $6,750. Single coverage remains at $3,350.
- **State Employees** - the Employer HSA contribution amount will be made in two equal installments for Plan Year 2016 - the **1st 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, 2015,** up to $500 of the balance will roll over to a limited purpose FSA.
- **Non State Employer Group (NSE Group)** - Employees will need to check with their employer to see when the Employer HSA contribution will be made.

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.

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

- ***HealthyKIDS*** - to see if you qualify, go to page 8 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 8 or ***www.kdheks.gov/hcf/sehp/FSA.htm***
- **Health Savings Account** - see page 6 or ***www.kdheks.gov/hcf/sehp/HSA.htm***

REMEMBER: For all members who had health plan coverage during the last plan year, your health plan elections 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 mid-year changes to your coverage without a qualifying event.

HEALTH REIMBURSEMENT ACCOUNT FOR PLAN C MEMBERS - Those enrolled in Plan C that are not eligible for a Health Savings Account (HSA) may elect a Health Reimbursement Account (HRA). See page 7 for details.

NEW PLAN C PARTICIPANTS WILL NEED TO:

- Terms and Conditions must be accepted during the enrollment process to open the Health Savings Account.
- Go to ***www.mycdh.usbank.com*** to register their Health Reimbursement Account in order to view account details.

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

You have access to both 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).

Please review the Health Plan Comparison Chart at the back of this book to see the differences in the deductible, coinsurance and out-of-pocket maximums for 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 12 for details.
- A Preferred Lab Benefit program available through either Quest Diagnostics or Stormont-Vail HealthCare.

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

When enrolling in Plan C, new participants will need to:

- Terms and Conditions must be accepted during the enrollment process to open the Health Savings Account.
- 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.
- 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.
- 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.
- The Plan C Caremark Preferred Drug List is the same as Plan A's Preferred Drug List. 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.

Health Savings Account (HSA)

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

Both you and your employer contribute money to the Health Savings Account (HSA). The maximum annual contribution to an HSA for 2016 is $3,350 for single coverage and $6,750 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 2016 is $1,850 for single coverage and $4,500 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 2016 remains at $1,000. Employees may elect to make changes to their HSA contributions during the calendar year.

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

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 - $187.50 ($4,500.00 total)	$6,750.00
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 - $210.93 ($5,062.40 total)	$6,750.00
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 2016 as shown below:

- The 1st installment will be made during the **1st** pay period in January and the 2nd installment will be made during the **1st** pay period in July. The employer contribution amount will be based on your enrollment at the time the contribution is given. If a mid-year change is made to your benefits prior to July 1, the change will affect the amount of your second employer contribution.
- **Employees with a balance of $25 or greater in their Health Care FSA on December 31, 2015**, will have up to $500 of those funds rolled over to a Limited Purpose FSA in 2016.

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

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

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

Health Reimbursement Account (HRA)

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

- Medicare enrollment
- TRICARE enrollment
- Concurrent enrollment in another health plan not considered a High Deductible Health Plan
- You are eligible to be claimed as a dependent under your parent's tax return
- You have dependent children between ages 23-26 (member may choose to enroll in either the HSA or an HRA in this situation)

IMPORTANT - Appropriate documentation must be provided showing you are eligible for the HRA. For further details, go to our website at: ***www.kdheks.gov/hcf/sehp/HRA.htm***

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

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

Register your HRA with 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. Each account comes with a debit card to access funds. Reimbursements may be made online, by fax or by mail.

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

Flexible Spending Account Program (FSA)
www.KansasFSA.com

Remember, annual FSA enrollment is an IRS requirement.

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

The deadline to submit Dependent Care claims against your 2016 Plan Year balance is April 30, 2017.

Carryover up to $500 in unused Healthcare or Limited Purpose FSA Funds

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

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

If you are enrolling into an HSA for the first time in plan year 2016 and previously had a Healthcare FSA, your funds will automatically carryover into a Limited Scope FSA.

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, 2017, to submit documentation for reimbursement of Plan Year 2016 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, 2016; 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.

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.

At the time of your application, you will be notified online if you qualify and are approved for the HealthyKIDS program. If approved, your premiums for coverage of your dependent children will be adjusted based upon the current HealthyKIDS contributions.

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, 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 or view one of the webinars for NSE Group members.
- **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 2016. Both medical vendors, Aetna and BCBS of Kansas, have unique provider networks. Provider directories are listed on each vendor's page.
- **If you are adding dependents to your plan** and have **not** previously submitted the required documentation (such as a birth certificate or marriage license) to Membership Services, you will need to upload the documentation (an electronic version like a pdf) when you enroll online. Other pieces of information needed for each new dependent are the dependent's full name, Social Security number, gender and date of birth.

QUESTIONS?

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

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

ENROLLING FOR HEALTH CARE BENEFITS

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

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

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

List of Qualified Dependents and Qualifying Events

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

- **State Employees** - ***www.kdheks.gov/hcf/sehp/download/Active-EEGuide.pdf***
- **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 day the divorce is finalized.

Newly Hired or Newly Eligible Employees

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

Who Can Be Covered

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

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

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

During the open enrollment period, the required documentation must be submitted online in the Membership Administration Portal (MAP). If dependent documentation is not received, the dependent(s) will not be enrolled in the health plan effective January 1, 2016.

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

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

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

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

OPEN ENROLLMENT MEMBERSHIP ADMINISTRATION PORTAL (MAP) USERS INSTRUCTIONS

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 2016 must complete their open enrollment elections online in the SEHP Membership Administration Portal (MAP) ***https://sehp.member.hrissuite.com/***. Members can enroll online using any computer with Internet access – at work, home, or at most public libraries. All modern Internet browsers will work; Internet Explorer 9 and above, Chrome, Firefox, Safari, and Opera.

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

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

Starting October 1st, you can visit MAP to register your online account (if you are a new member), review your contact information, Member & Family Information, and your current SEHP elections. You can make any changes you want for plan year 2016. 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.

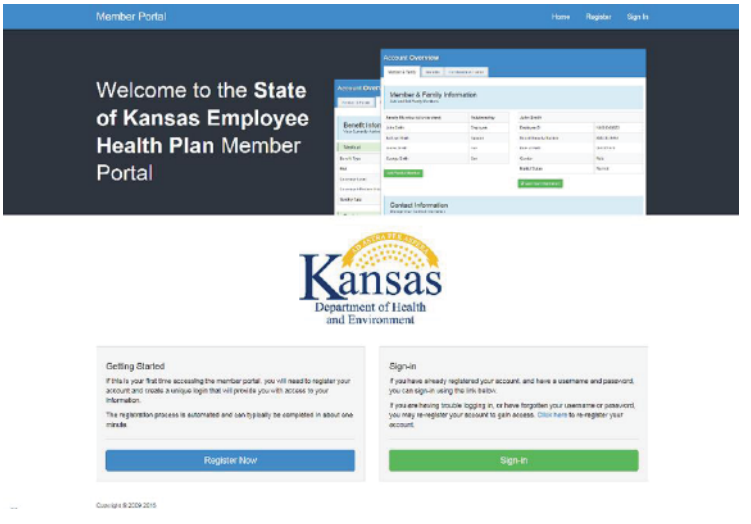
Members electing Plan C, that are not eligible for a Health Savings Account (HSA) and would like to enroll in a Health Reimbursement Account (HRA). If these documents have not been previously submitted, members will be required to upload documentation in pdf format to show eligibility to participate in an HRA. Examples are:

- Medicare Card - for those enrolled in any part of Medicare
- TRICARE Card - for those enrolled in TRICARE
- 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.

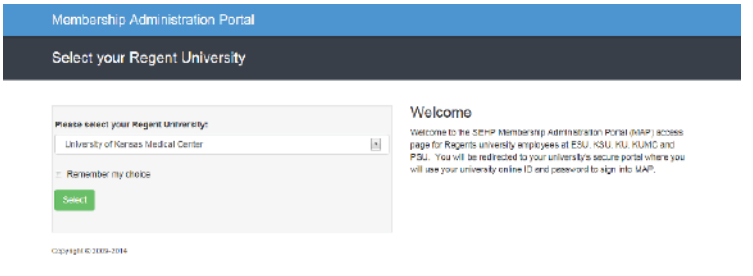
Enrollment Instructions

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



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

If you are employed at ESU, KSU, KU, KUMC or PSU:
Use this link to access MAP - ***https://sso.cobraguard.net/seer_login.php*** - Select your Regent University and you will be taken to your login screen.



You may go into MAP as many times as needed during the Open Enrollment period to make changes. Pending elections statements will be emailed to your registered email address each time an election is saved in the portal. The selection saved as of midnight on October 31, 2015 will become effective January 1, 2016. Your approved elections will be viewable in MAP by December 1, 2015.

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 2016. 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***

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 for 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***

Vision Plan

New for 2016, you will be offered two vision plans through *Surency Life and Health,* a Kansas-based company wholly owned by our dental carrier, Delta Dental of Kansas. See page 21 for details on the plans.

Surency partners with *EyeMed Vision Care* for your vision care provider network. Surency's *Insight* network of providers offers you the choice of independent providers or retail providers, such as *LensCrafters, Target, Sears and Walmart* to name a few. There are more than 700 providers at more than 200 locations for you to utilize. You may search for a provider near you at: ***www.surency.com/stateofkansas***.

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

Surency members may also receive a 40% discount for additional purchases of complete pairs of eyeglasses when using a participating EyeMed provider. Check with the Surency State of Kansas Insight Network to make sure that your provider is participating in the additional discounts provided. With the Sunperks discount plan, you'll receive a $50 discount at any Sunglass Hut (no minimum purchase necessary). More information on these plans and other value added benefits can be found at: ***www.surency.com/stateofkansas***

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 the 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***

Transparency Tool

Castlight Health can help you make informed decisions about your medical treatment. 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*** or call customer service for any assistance at 800-681-6790.

Transparency Tool

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***

Nurse24

Nurse24 is available 24 hours a day, 7 days a week for any health related question. Call toll-free and speak confidentially with a specially trained nurse any time, day or night. From general health and medical information to urgent issues, Nurse24 can help you make the most informed decisions about what to do. 1.888.275.1205 Option 2.

Employee Assistance Program (EAP)
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

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. For Plan Year 2017, employees who complete the health assessment questionnaire (worth 5 credits) and earn an additional 25 credits for a total of 30 credits by November 15, 2016, are eligible for a $240 premium incentive discount on their 2017 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	$400 Single / $800 Family	$600 Single / $1,800 Family	$2,750 Single / $5,500 Family	$2,750 Single / $5,500 Family
Annual Coinsurance *(for all eligible expenses, unless otherwise noted)*	20% Coinsurance	50% Coinsurance	No Member Coinsurance	20% Coinsurance
Out-of-Pocket-Max - (OOP) TOTAL	$4,750 Single / $9,500 Family	$4,750 Single / $9,500 Family	$2,750 Single / $5,500 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	$30 Copayment	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Specialist	$50 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) then 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 continued 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 - *Limited to 30 visits per year*	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
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 on each vendor page on the SEHP website - ***www.kdheks.gov/hcf/sehp/default.htm*** or contact the vendor directly if there are coverage questions. Contact information for all SEHP vendors is on the 1st page of this booklet.

2016 Semi-Monthly Rates for State of Kansas Active Employees **							
Employee Category	PLAN A		PLAN C		Delta Dental	Surency Vision	
	Aetna	BCBS	Aetna	BCBS		Basic	Enhanced
Full Time							
Employee Only	$36.15	$32.68	$34.72	$28.79	$0.00	$1.98	$3.90
Employee + Spouse	$150.91	$131.09	$80.04	$68.37	$7.92	$3.88	$7.69
Employee + Children	$118.51	$103.70	$63.68	$53.35	$6.33	$3.50	$6.93
Employee + Family	$261.56	$229.50	$132.25	$115.25	$14.27	$5.41	$10.75
All Part Time							
Employee Only	$103.19	$94.74	$49.52	$43.02	$4.41	$1.98	$3.90
Employee + Spouse	$222.74	$196.59	$100.01	$87.61	$14.40	$3.88	$7.69
Employee + Children	$185.94	$163.35	$82.84	$72.04	$12.40	$3.50	$6.93
Employee + Family	$349.06	$310.58	$155.37	$137.80	$22.44	$5.41	$10.75
HealthyKIDS							
Employee + Children	$73.41	$68.10	$46.54	$40.59	$1.41	$3.50	$6.93
Employee + Family	$190.97	$172.13	$114.25	$105.66	$9.33	$5.41	$10.75

***If you have qualified for the HealthQuest Rewards Program Premium Incentive Discount, subtract $20 per pay period from the rates above to determine the amount of your discounted semi-monthly premium.*

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

Surency Vision Benefits

Service or Item	Basic Plan: Network	Enhanced Plan: Network	Both Plans: Non Network
Eye Exams: Subject to $50 Copayment			
Eye Exam, M.D. **or** O.D	Covered in Full after Copayment	Covered in Full after Copayment	Up to $38
Eyeglasses: Subject to $25 Materials Copayment			
Frame	Up to $100 retail*	Up to $150 retail*	Basic: Up to $45 Enhanced: Up to $78
Single Vision Lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to $31
Bifocal Lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to $51
Trifocal Lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to $64
Lenticular Lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to $80
Progressive Lenses, pair	Not Covered	Covered up to $165*	Not Covered
High Index Lenses, pair	Not Covered	Up to $116 retail *	Not Covered
Polycarbonate Lenses, pair	Up to $40	Covered in Full	Not Covered
Scratch Coat	Up to $15	Covered in Full	Not Covered
UV Coat	Up to $15	Covered in Full	Not Covered
Contact Lenses: Not subject to Materials Copayment			
When Medically Necessary	Covered in Full	Covered in Full	Up to $105
Elective/Cosmetic Retail	Up to $150 retail*	Up to $150 retail*	Up to $105
Contact Lens Exam (fitting fee) ($35 Copayment)			
Standard Contacts**	Covered in Full	Covered in Full	Not Covered
Specialty Contacts***	90% of charge, less $55 allowance	90% of charge, less $55 allowance	Not Covered

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

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

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

NOTE: Members may use their benefit for contact lenses OR spectacle lenses once per year, however the members frame allowance can still be used if contact lenses are elected.

Caremark Prescription Drug Benefits for Plan A

Preferred Drug List, Specialty Drug List and Discount Tier List available on the web at ***www.caremark.com***

Tier	Type of Prescription Medication	You Pay	Your Out-of-Pocket Maximum
1	**Generic Drugs**	20% Coinsurance	There is an Out-of-Pocket maximum of $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 / 30-day supply	
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 / 30-day supply	There is an Out-of-Pocket maximum of $4,750 for single and $9,500 for family combined Medical and Pharmacy per year.
Value Based	**Diabetes**	Generic - 10% to a max of $10/30 days Preferred brand - 20% to a max of $20/30-day supply	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 / Out-of-Pocket (OOP) max of $2,750 Single / $5,500 Family is satisfied. Once the OOP is met, there is NO Coinsurance for eligible covered prescription drugs for the remainder of the plan year.
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 & C w/HRA		Limited Purpose FSA for Plan C w/HSA- Dental and Vision Services Only		Dependent Care FSA for Plans A and C	
Payroll Deductions	**Minimum**	**Maximum**	**Minimum**	**Maximum**	**Minimum**	**Maximum**
24 semi-monthly	$8.00	$106.25	$8.00	$106.25	$16.00	$208.33*
Total Deductions Per Year	**$192.00**	**$2,550.00**	**$192.00**	**$2,550.00**	**$384.00**	**$5,000.00***

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

Subject to tax filing status

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 $187.50	$25.00 to $92.69	$25.00 to $210.93

Employer contributions will be made in two installments - the 1st 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)	$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 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.

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

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