

State Employee Health Plan

Retiree and Direct Bill Members

Open Enrollment Period is
October 16 - November 15, 2015
Elections are effective January 1, 2016

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)

Aetna Part D Medicare Drug Plan

Specialty Mail Order

www.aetnastateofkansas.com

All Areas (Toll Free): 866-851-0754

All Areas (Toll Free): 866-851-0754

All Areas (Toll Free): 844-233-1939

All Areas (Toll Free): 866-308-7548

Blue Cross and Blue Shield of Kansas

Customer Service Plan A and Plan C

Kansas Senior 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): 800-332-0307

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

Coventry Advantra PPO

Coventry Advantra **Freedom** PPO

Coventry Advantra **Liberty** PPO

Behavioral Health (MHNet)

www.coventry-medicare.com

All Areas (Toll Free): 855-322-7558

All Areas (Toll Free): 866-607-5970

TTY: 866-200-3269

Delta Dental of Kansas, Inc.

Customer Service

www.deltadentalks.com/

All Areas (Toll Free): 800-234-3375

Wichita: 316-264-4511

Direct Bill Membership Call Center

State Employee Health Benefits Plan - For Enrollment,
Qualifying Event, Report a Death, Address Changes

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

All Areas (Toll Free): 866-541-7100

Topeka: 785-296-1715

Hewlett Packard Member Services - Billing

All Areas (Toll Free): 866-688-5009

KPERS

Kansas Public Employee Retirement Systems

All Areas (Toll Free): 888-275-5737

Topeka: 785-296-6166

Preferred Lab Benefit Program

- **Quest Diagnostics Lab Card Program**

Customer Service
Collection Site Listings

www.labcard.com

All Areas (Toll Free): 800-646-7788

www.labcard.com/collection.html

- **Stormont-Vail Regional Lab Program**

Customer Service
Benefit Information and Collection Site Listings

www.stormontvail.org/stateemployeeslab.html

All Areas (Toll Free): 800-637-4716

Topeka: 785-354-1150

Senior Health Insurance Counseling for Kansas (SHICK)

www.kdads.ks.gov/SHICK/shick_index.html

All Areas (Toll Free) 800-860-5260

Surency Vision

Customer Service - Billing

www.surency.com/stateofkansas

All Areas (Toll Free): 866-818-8805

Wichita: 316-462-3316

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Take advantage of the information available online 24/7 on our Open Enrollment Website. View all 2016 Open Enrollment plan options, 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/directbill.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 page for your vendor on our website - **www.kdheks.gov/hcf/sehp/default.htm***

2016 Retiree/Direct Bill Open Enrollment Meeting Schedule

EMPORIA

Tuesday, October 27

10:00 a.m.

Flint Hills Technical College

3301 W. 18th Avenue

HAYS

Wednesday, October 28

9:00 a.m. and 1:00 p.m.

Kansas Highway Patrol

Basement Conference Room

1812 Frontier Road

HUTCHINSON

Thursday, October 29

12:30 p.m.

ADDRESS HAS CHANGED TO

1220 W. 4th Street

LAWRENCE

Thursday, October 29

9:30 a.m. and 1:30 p.m.

4-H County Fairgrounds

Building 21

2101 Harper Building

MANHATTAN

Monday, October 26

9:30 a.m. and 1:30 p.m.

Fairgrounds - Cico Park

Konza Room - Pottorf Hall

1710 Avery Drive

OSAWATOMIE

Tuesday, October 20

9:30 a.m. and 12:30 p.m.

Osawatomie State Hospital

Sunflower Room

Highway 169-South

500 State Hospital Drive

OVERLAND PARK

Friday, October 23

9:30 a.m. and 1:30 p.m.

KU Edwards Campus

Regents Center

Rm110

126th & Quivera

PITTSBURG

Wednesday, October 21

9:00 a.m. and 1:00 p.m.

Homer Cole Community Center

Conference Room

3003 N. Joplin

SALINA

Tuesday, October 27

9:00 a.m. and 1:00 p.m.

KSU-Salina College Center

Conference Room

2310 Centennial Road

TOPEKA

Monday, October 19
9:30 a.m. and 1:30 p.m.

**Topeka and Shawnee
County Public Library**
Marvin Auditorium
Rooms A, B & C
1515 W 10th Street

Wednesday, October 21
9:30 a.m.

Wednesday, October 28
9:30 a.m. and 1:00 p.m.

WICHITA

Friday, October 30
9:00 a.m. and 1:00 p.m.

Holiday Inn Select
North Ballroom
549 S. Rock Road

RETIREE/DIRECT BILL ONLINE OPEN ENROLLMENT WEBINARS

Registration details will be posted online at www.kdheks.gov/hcf/sehp/default.htm

Wednesday	October 14, 2015	9:30 a.m. and 1:30 p.m.
Friday	October 16, 2015	1:30 p.m.
Monday	November 2, 2015	9:30 a.m. and 1:30 p.m.
Wednesday	November 4, 2015	1:30 p.m.
Friday	November 6, 2015	9:30 a.m. and 1:30 p.m.
Tuesday	November 10, 2015	9:30 a.m.
Thursday	November 12, 2015	1:30 p.m.

Highlights for Plan Year 2016

NEW

The Open Enrollment Period for Retiree and Direct Bill members is **October 16th through November 15th.**

First Health Part D has changed its name to Aetna Part D.

The vendor for our Vision plan is now Surency.

Members that are Medicare eligible and enrolled in either Plan A or Plan C, will need to actively enroll in one of the Medicare options available beginning with Plan Year 2016. Plans A and C will no longer be offered to Medicare eligible members.

NOTE: If an active election to one of the Medicare options is not made by the member during the Open Enrollment period, the member will be defaulted to Kansas Senior Plan C with **no** Part D drug coverage.

Non-Medicare Options

PLANS

There are two (2) Plans to choose from - Plan A or Plan C, High Deductible Health Plan (HDHP).

MEDICAL VENDORS

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

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 of:

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

PLAN C HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

- Plan C deductibles are \$2,750 for Single and \$5,500 for Family.

REMINDERS FOR PLAN YEAR 2016 - Non Medicare Options

- **Enrollment will be completed online** - Instructions are on page 8.
- **Members can opt out of Delta Dental Coverage only during the Open Enrollment period.**
NOTE: Once a member opts out of dental coverage, they will not be able to re-enroll in dental coverage at a later date.
- **Members can opt out of Surency Vision coverage only during the Open Enrollment period.**

Medicare Options

- Coventry Advantra Freedom PPO with either Coventry Part D or Aetna Part D.
- Coventry Advantra Liberty PPO with either Coventry Part D or Aetna Part D.
- Kansas Senior Plan C through Blue Cross and Blue Shield with or without Aetna Part D.

Reminders for Plan Year 2016 - Medicare Options

- Please review the formularies for Coventry Part D and Aetna Part D every year to see if your prescriptions are covered or has had a tier change.
- **If you decide to opt out of the Part D prescription drug coverage** offered through the State Employee Health Plan, you must have “creditable drug coverage” from the “Private Market” to be eligible to return to the SEHP Part D coverage during Open Enrollment without having to pay a penalty. “Private Market” Open Enrollment for Part D prescription drug coverage is October 15th through December 7th.
- **If you will be receiving Medicare due to a disability, contact Membership Services** at 866-541-7100 (outside Topeka) or 785-296-1715 (in Topeka).
- **If you do not pay your premiums through KPERS deduction** - All SEHP premium payments (except Aetna Part D which will be billed by Aetna) should be sent to the 3rd Party Billing Administrator for Retiree/Direct Bill participants, Hewlett Packard (HP) at:

HP Kansas Premium
P.O. Box 842195
Dallas, Tx 75284

Also, if you need information for your federal income taxes, you can call HP at 866-688-5009.

Dropping Coverage

Direct Bill members may drop medical, dental, prescription and vision coverage for themselves and/or any covered dependents at any time in the Member Portal in MAP -

<https://sehp.member.hrissuite.com/>

Important: Once coverage (medical, dental and prescription drug) has been terminated, the member cannot re-enroll at a later date. The effective date of termination will be the last day of the month following notification. When a member terminates his or her coverage, all dependents' coverage will be terminated as well.

Dental Coverage: Members can opt out of coverage during Open Enrollment only. Once a member opts out of dental coverage, the member will not be able to re-enroll in dental coverage at a later date.

Vision Coverage: Members can opt out of vision coverage during Open Enrollment or when they cancel their medical, dental and prescription drug coverage. Changes to your coverage throughout the plan year can be made only when you or a dependent becomes ineligible.

Members can waive vision one year, then elect to pick it back up during the next Open Enrollment period, as long as they are enrolled in Medical coverage.

Before you Enroll

Review all of your enrollment materials including this Open Enrollment booklet or go to www.kdheks.gov/hcf/sehp/directbill.htm to become familiar with your options.

Read *Medicare and You*, a handbook from the Social Security Administration, if you or a covered dependent is eligible for Medicare.

Attend an Open Enrollment Meeting or Webinar. If you are enrolling or making changes during the annual open enrollment period, we encourage you to attend an Open Enrollment Meeting or Webinar to hear explanations of your benefit options and to ask questions. See pages 4-5 for dates and times of meetings near you and the webinars.

Learn about your health plan options. Make sure your health care providers, medical facilities and pharmacy are included in your health plan's network of preferred providers.

Open Enrollment

The Annual Open Enrollment period for State Employee Health Plan Retiree/Direct Bill members is October 16th through November 15th. **Enrollment must be completed NO LATER THAN NOVEMBER 15th.**

If you have questions, please contact the Direct Bill Call Center toll free at 1-866-541-7100 or 296-1715 (In Topeka). Representatives are available to assist you from October 12, 2015 through December 11, 2015 Monday through Friday 8:30 a.m. to 4:30 p.m. Central time. **The office will be closed** on Veterans Day (November 11) and the Thanksgiving Holiday (November 26-27).

Any changes made to your health plans during the Open Enrollment period will become effective January 1, 2016.

OPEN ENROLLMENT MEMBERSHIP ADMINISTRATION PORTAL (MAP) USERS INSTRUCTIONS

The Membership Administration Portal (MAP) is located here <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 16th through November 15th: 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 16th through November 15th Monday – Friday 7 AM to 5 PM and Saturday 9 AM to 2 PM Central Time. **The Technical Help Desk does not reply to questions about your benefits.**

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 16th, 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 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 (*Call the Direct Bill Call Center - 296-1715 (In Topeka) or 866-541-7100 (Toll Free) if you don't know this*)
- 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.

Enrollment Instructions

1. Go to MAP at: <https://sehp.member.hrissuite.com/>
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 and remember your pass word, click on the “**Sign In**” button. If you do not remember your password, you will need to register again.
3. Follow the instructions on the screen

You may go into MAP as many times as needed during Open Enrollment to make changes. Pending election 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 November 15, 2015 will be effective January 1, 2016. Members may log into the member portal after December 15, 2015 to see their final approved elections for Plan Year 2016.

Choosing Your Health Plan: Plan A, Plan C - High Deductible Health Plan, Kansas Senior Plan C or Coventry Advantra Freedom PPO

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

The State offers the following plans to Direct Bill members:

Non-Medicare Options

- Plan A — Aetna or Blue Cross and Blue Shield of Kansas
- Plan C High Deductible Health Plan (HDHP) — Aetna or Blue Cross and Blue Shield of Kansas

NOTE: Neither a Health Savings Account or Health Reimbursement accounts is available for retirees electing Plan C (HDHP) under Direct Bill.

Medicare Options

- Coventry Advantra Freedom PPO (with Coventry Part D)
- Coventry Advantra Freedom PPO (with Aetna Part D)
- Coventry Advantra Liberty PPO (with Coventry Part D)
- Coventry Advantra Liberty PPO (with Aetna Part D)
- Kansas Senior Plan C (with or without Aetna Part D)

REMINDER: Kansas Senior Plan C is the ONLY plan that Direct Bill members can enroll in without Prescription Drug coverage and select a Part D prescription drug plan from the Private Market.

If you elect to enroll in Kansas Senior Plan C without taking Prescription Drug coverage through the SEHP or Private Market Part D, you may re-enroll in the State's Part D Prescription Drug Coverage during the next open enrollment period or if you have a qualifying event, but you will pay a CMS penalty.

When making your health plan choices, Direct Bill members should always consider present health conditions and the financial status of all individuals to be covered under the chosen plan.

Non-Medicare Options

Plan A or Plan C (HDHP)

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

The State Employee Health Plan offers two medical plan options:

- Plan A
- Plan C - HDHP

Each option is designed differently (for example, deductibles, coinsurance and annual maximums). Differences between Plans A and C - HDHP are shown on page 16.

The Preferred Lab Benefit program is available with both Plan A and Plan C - HDHP. See page 12 for details.

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

REMEMBER:

- **Using Network Providers saves you money.** Network providers have agreed 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 any amount above the plan allowance may be your responsibility.

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 annual exams, colonoscopy screenings, mammograms and age-appropriate immunizations (including flu shots).
- No dollar limit on the care you may need during the lifetime of the policy.
- Prescription drug coverage through Caremark.



Prescription Drug Plan

Prescription drug coverage is provided through Caremark for Plans A and C - HDHP, 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 - HDHP.** 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.

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: 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.

Members can opt out of coverage during Open Enrollment only. Once a member opts out of dental coverage, the member will not be able to re-enroll at a later date. 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 Enhanced and Basic Coverage information. For more details on Delta Dental Benefits, go to www.kdheks.gov/hcf/sehp/Delta.htm



Vision Services Plan

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

Surency partners with **EyeMed VisionCare** 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 - HDHP

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 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 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) will be applied to your deductible first.

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 the 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 - HDHP
- 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 HealthCare 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

Available with Plans A and C - HDHP

Castlight Health is transparency tool that will help you make informed decisions about your medical treatment. Their recommendations can help to 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 on 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.

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



Rx Savings Solutions

Available with Plans A and C - HDHP

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.rxsavingsolutions.com***

Each eligible member will receive a unique account. Your dependents will appear as eligible under your name. We encourage all members 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.rxsavingsolutions.com*** or watch this short video to learn more ***<http://vimeo.com/user26380288/rxsavingsolutionsbenefits>***

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

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

Plan Year 2016 Retiree/ Direct Bill NON Medicare Options Comparison Chart

Monthly Premiums for Plan A, Surency Vision and Delta Dental

Coverage Choice	Medical		Surency Vision		Delta Dental
	Aetna	BCBS of Kansas	Basic	Enhanced	
1	\$708.88	\$638.08	\$3.96	\$7.79	\$29.84
2	\$1,475.38	\$1,329.74	\$7.75	\$15.37	\$67.14
3	\$1,266.54	\$1,141.32	\$7.00	\$13.86	\$74.60
4	\$2,101.86	\$1,895.02	\$10.81	\$21.49	\$119.36

Monthly Premiums for Plan C, High Deductible Health Plan ONLY, Surency Vision and Delta Dental

Coverage Choice	Medical		Surency Vision		Delta Dental
	Aetna	BCBS of Kansas	Basic	Enhanced	
1	\$522.80	\$471.02	\$3.96	\$7.79	\$29.84
2	\$1,126.20	\$1,015.32	\$7.75	\$15.37	\$67.14
3	\$952.58	\$858.80	\$7.00	\$13.86	\$74.60
4	\$1,646.14	\$1,484.80	\$10.81	\$21.49	\$119.36

Coverage Choice Codes Key

1-Member Only 2-Member and Spouse Only 3-Member and Child(ren)
4-Member, Spouse and Child(ren)

IMPORTANT REMINDERS: The premiums provided for vision and dental coverage above are separate from the premiums provided for the medical plans. Therefore, when calculating your total monthly premium, please be sure to add all three premium amounts, as applicable.

Plan Year 2016 Retiree/ Direct Bill NON Medicare Options Comparison Chart

	Plan A		Plan C - HDHP	
	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	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	\$2,750 Single / \$5,500 Family	\$4,100 Single / \$8,200 Family
Lifetime Benefit Maximum	No limit	No limit	No limit	No limit
Amounts Above Plan Allowance	Provider to write off	Member responsibility	Provider to write off	Member responsibility
Preventive Care: <i>Limited to one visit or service per year unless otherwise noted. Review the benefit description for details on exact coverage.</i>				
Well Baby Exams <i>includes newborn screenings & age appropriate office visits</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Well Child Exam <i>includes office visit, age appropriate screenings and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Well Woman Exam <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Well Man Exam <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Prenatal Screenings and Counseling - <i>see benefit description for list of covered services</i>	Covered in Full	Not Covered	Covered in Full	Not Covered

Plan Year 2016 Retiree/ Direct Bill Health Plan Comparison Chart NON Medicare Options

	Plan A		Plan C - HDHP	
	Aetna Blue Cross and Blue Shield of Kansas		Aetna Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
Preventive Care Continued: <i>Limited to one visit or service per year unless otherwise noted. Review the benefit description for details on exact coverage.</i>				
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 <i>(not limited to one)</i>	Covered in Full	Deductible & 50% Coinsurance	Covered in Full	Deductible & 20% Coinsurance
Colonoscopy <i>-(not limited to one)</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Ultrasonography for Aortic Aneurysm <i>- limited to men ages 65 to 75 with history of tobacco use</i>	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
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

Plan Year 2016 Retiree/ Direct Bill NON Medicare Health Plan Comparison Chart Non Medicare Options

	Plan A		Plan C - HDHP	
	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

Covered Services

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
Rehabilitation Services: <i>(services limited to those medically necessary and appropriate medical records must show continued improvement)</i>				
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: <i>desensitization/ treatment; allergy shots</i>	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: <i>for medical management of documented disease</i>	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Hospice - <i>services must be pre-approved by health plan; limited to six months</i>	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance

Plan Year 2016 Retiree/ Direct Bill Health Plan Comparison Chart NON Medicare Options

Preferred Lab Benefit

The Preferred Lab Benefit program is included when you choose either Plan A or Plan C (HDHP) as a way to save you money on outpatient laboratory tests. When you use a collection site of either Quest Diagnostics (state and nationwide) or Stormont-Vail Healthcare (9 locations in NE Kansas) for outpatient lab work covered by Plan A, the cost will be covered at 100% of the negotiated amount with no deductible, copayment or coinsurance. For Plan C members, you and your covered dependents receive discounted pricing on covered outpatient laboratory testing, when the testing is performed by Quest Diagnostics or Stormont Vail/Cotton O'Neil Laboratories.

Mental Health

Mental Illness & Drug or Alcohol Treatment: Same Coverage as Medical

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

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 combined Medical and Pharmacy for family 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 combined Medical and Pharmacy for family 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 - HDHP

Tier	Type of Prescription Medication	
1	Generic Drugs	Tiers 1-4 are subject to the Deductible. You/Your Family will be responsible for 100% of the cost of prescription drugs until the deductible of \$2,750 Single / \$5,500 for combined Medical and Pharmacy for 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.

Delta Dental Benefits			
	PPO Network Provider	Premier Network Provider	Non Network* Provider
Annual Benefit Maximum	\$1,700 per member		
Lifetime Orthodontic Benefit	50% Coinsurance to a maximum of \$1,000 per member		
Implant Coverage <i>(Benefit subject to Annual Benefit Maximum above)</i>	50% Coinsurance		
DEDUCTIBLE			
Diagnostic and Preventive Services	No Deductible		
Basic Restorative Services	\$50 per person per Plan Year. Not to exceed an Annual Family Deductible of \$150		
Major Restorative Services			
COINSURANCE			
BASIC BENEFIT Applies when you have not had at least one routine prophylaxis (cleaning) and/or preventive oral exam in prior 12 months			
Diagnostic and Preventive Services	Allowed amount covered in full by the Plan *		
Basic Restorative Services	50%	50%	50%
Major Restorative Services	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%
<p><i>*Services by Non Network providers are subject to the Allowed Amount including the Maximum Plan Allowance for Non Network Providers. Any amounts in excess of the Allowed Amount will be the member's responsibility.</i></p> <p><i>Your Coinsurance will increase for Basic Restorative Services when you have not had a routine prophylaxis (cleaning) and/or preventive oral exam in the preceding twelve (12) month periods. Ninety (90) days following receipt of a qualifying prophylaxis (cleaning) or preventive oral exam, you will qualify for the Enhanced Benefit Level. The Plan reserves the right to determine what services will qualify as meeting the definition of a routine prophylaxis (cleaning) and preventive oral exam. Routine prophylaxis (cleanings) and preventive exams shall not include any services provided on an emergency basis or for treatment of an injury to the teeth.</i></p>			

Surency Vision Benefits			
Service or Item	Basic Plan: Network	Enhanced Plan: Network	Both Plans: Non Network
Eye Exams: Subject to \$50 Copayment			
Eye Exam, M.D. or O.D	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$38
Eyeglasses: Subject to \$25 Materials Copayment			
Frame	Up to \$100 retail*	Up to \$150 retail*	Basic: Up to \$45 Enhanced: Up to \$78
Single Vision Lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$31
Bifocal Lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$51
Trifocal lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$64
Lenticular lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$80
Progressive lenses, pair	Not Covered	Covered up to \$165*	Not Covered
High Index lenses, pair	Not Covered	Up to \$116 retail	Not Covered
Polycarbonate lenses, pair	Up to \$40	Covered in Full	Not Covered
Scratch Coat	Up to \$15	Covered in Full	Not Covered
UV Coat	Up to \$15	Covered in Full	Not Covered
Contact Lenses: Not subject to Materials Copayment			
When Medically Necessary	Covered in Full	Covered in Full	Up to \$105
Elective/Cosmetic Retail	Up to \$150 retail*	Up to \$150 retail*	Up to \$105
Contact Lens Exam (fitting fee) (\$35 Copayment)			
Standard Contacts**	Covered in Full	Covered in Full	Not Covered
Specialty Contacts***	90% of charge, less \$55 allowance	90% of charge, less \$55 allowance	Not Covered
<p>* You are responsible for any charges above the allowance.</p> <p>** Standard contact lens fit and up to two follow up visits covered once a comprehensive eye exam has been completed. Typical standard lens wearers include disposable, daily wear or extended wear lenses.</p> <p>*** Specialty contact lens fit and up to two follow up visits covered once a comprehensive eye exam has been completed. Typical specialty lens wearers include toric, gas permeable and multi-focal lenses.</p> <p>NOTE: Members may use their benefit for contact lenses OR spectacle lenses once per year, however the members frame allowance can still be used if contact lenses are elected.</p>			

Medicare Options

Medicare is a federal health plan designed for the elderly and disabled. It assists enrollees in the payment of health costs subject to certain copays and/or coinsurances. A person may be eligible for Medicare by virtue of reaching age 65 or by being approved for total disability by the Social Security Administration.

The State Employee Health Plan Medicare Options are:

- Coventry Advantra Freedom with either Coventry Part D or Aetna Part D
- Coventry Advantra Liberty with either Coventry Part D or Aetna Part D
- Kansas Senior Plan C with or without Aetna Part D



Coventry Advantra Freedom and Coventry Advantra Liberty PPO Plans

NEW! Two Plan offerings from Coventry Health Care of Kansas, Inc.

Coventry Advantra Freedom PPO and Coventry Advantra Liberty PPO are now available for Direct Bill members enrolled in Medicare Part A and Part B. The Medicare Advantage Plans fall under the Part C of Medicare. You have peace of mind knowing that Coventry Advantra meets all of Medicare's stringent regulations and offers you more benefits with no upfront deductibles.

Coventry Advantra Freedom and Coventry Advantra Liberty PPO offerings have a choice of Coventry Part D or Aetna Part D prescription drug coverage. Enrollment in "Private Market" Part D coverage is not allowed with either of the Coventry Advantra PPO options.

Coventry receives Medicare reimbursements that allow them to offer these PPO options with enhanced benefits that are significantly lower monthly premiums than other policies. Direct Bill members enrolled in Advantra PPO Plans continue to pay the Part B premium and a monthly premium for either of the Advantra Plans. **You do not need to buy additional supplemental Medicare insurance.**

The Advantra plans are filed and approved for the entire states of:

- Kansas
- Missouri
- Oklahoma
- Arkansas

If you consider either of the Advantra PPO Plans, you need to make sure you have access to a preferred provider to receive in network services. To view either the Advantra Freedom or Advantra Liberty PPO provider directories, go to www.kdheks.gov/hcf/sehp/default.htm and click on Coventry Advantra or contact Coventry customer service at 1-855-322-7558.

This year you have the options of reviewing and choosing which Advantra PPO offering that will work for you. Compare the differences listed on page 27. You can review the monthly premiums, out of pocket maximums and differences in covered services (ie. Hospital Stays, Office Visit Copays and the different drug plans available) that will be best for you.

These plans provide members the ability to seek care without referral from any physician enrolled as a Medicare provider however you will receive the highest level of benefit if you seek care from doctors who are part of the Coventry PPO Network Providers.

Additional Coventry Advantra Freedom and Coventry Advantra Liberty PPO Services

- Both Coventry Advantra offerings will allow members the SilverSneaker Program. This benefit provides unlimited access to participating fitness centers anywhere in the country at no extra charge.
- Member Communication reminders for preventive services that are important for your overall health.



Kansas Senior Plan C

Kansas Senior Plan C is a State of Kansas Medigap policy administered by Blue Cross and Blue Shield designed to lower costs for Medicare eligible Direct Bill members, spouses and/or dependents.

With Kansas Senior Plan C, members can choose the plan that includes Aetna Part D prescription drug coverage or they can choose Kansas Senior Plan C without drug coverage and purchase prescription drug coverage under Medicare Part D on the Private Market.

- Kansas Senior Plan C is one of the 10 standardized Medicare supplement insurance plans. It has the same medical benefits as any other Medicare Supplement Plan C. Medicare Supplement Insurance exists to help fill the gaps that Medicare approves but does not pay. Unlike individual medigap policies such as Plan 65, Kansas Senior Plan C is group rated rather than individually age rated. Kansas Senior Plan C offers optional prescription drug, dental and vision benefits while most individual policies offer only medical benefits. The retiree and any Medicare Eligible Dependents must be enrolled in Medicare Part A and Medicare Part B. There is no network for physicians or hospitals.
- Kansas Senior Plan C is the only plan offered to Direct Bill members that allows the member to elect Part D coverage from the Private Market.
- The medical portion of the plan pays what Medicare approves but does not pay. This includes both the Part A and Part B deductibles each year, as well as any coinsurance required by Medicare coverage rules.
Important Note: If Medicare does not cover a service, there is no benefit under the medical portion of Kansas Senior Plan C.
- Simply utilize providers who accept Medicare assignment. These providers agree to accept the Medicare allowance as payment in full. This means that between the Medicare payment and the Kansas Senior Plan C payment, the member has no out-of-pocket costs.
- Travel with confidence because Kansas Senior Plan C coverage is accepted by doctors and hospitals everywhere in the United States so you'll have access to care if you need it. Foreign travel emergencies are also covered with some limitations.
- Members may elect Kansas Senior Plan C coverage with or without Delta Dental coverage. **However** - once a member opts out of dental coverage, the member will not be able to re-enroll in dental coverage at a later date.



Aetna Part D Medicare Drug Plan

Aetna Part D is an optional Medicare Part D prescription drug component. This plan provides a level of benefits not available on standard Part D plans found on the private market.

For questions concerning Aetna Part D coverage, members should contact Aetna Part D Customer Care representatives at 1-844-233-1939. The benefit specialists are available from 8:00 a.m. to 8:00 p.m. Monday - Friday. They can assist with questions regarding the transition to your new plan, drug cost estimations and answer any questions you may have.

Aetna Part D Overview

Aetna Part D will generally cover the drugs listed in their formulary as long as:

- The drug is medically necessary
- The prescription is filled at a Network pharmacy, and other coverage rules are followed.

Aetna Part D does not pay for drugs that are covered by Medicare Part B, such as:

- Drugs usually supplied by and administered in your doctor's office (such as chemotherapy drugs)
- Drugs used with durable medical equipment (DME) that you obtained through DME services, such as respiratory drugs given through a nebulizer
- Some immunosuppressive drugs (if you had a Medicare covered transplant) and some oral anti-cancer drugs
- Drugs provided in Hospital Outpatient Departments and drugs such as erythropoietin (EPO) if you are undergoing dialysis

In order to participate in Medicare Part D, you must enroll in only one of the Part D plans. Once you are enrolled in a plan (either through the State Employee Health Plan or the private market), if you enroll in another Medicare Part D plan at a later date, you will be automatically dis-enrolled in the previous plan enrollment. If you are enrolled in a Medicare Part D plan that is coupled with other health insurance, enrollment in a subsequent Part D plan may result in loss of your health insurance benefits.

For more details on Aetna Part D Medicare Drug Plan, go to:

www.kdheks.gov/hcf/sehp/Vendors/AetnaPartD.htm

Plan Year 2016 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options

Monthly Premiums for Medicare Plans with or without Part D, Surency Vision Services and Delta Dental Member Only

Medical Plan (with or without Part D)	Monthly Premium	Surency Vision Services: Basic Plan	Surency Vision Services: Enhanced Plan	Delta Dental
Coventry Advantra Freedom PPO with Coventry Part D	\$156.00	\$3.96	\$7.79	\$29.84
Coventry Advantra Freedom PPO with Aetna Part D	\$264.00	\$3.96	\$7.79	\$29.84
Coventry Advantra Liberty PPO with Coventry Part D	\$140.00	\$3.96	\$7.79	\$29.84
Coventry Advantra Liberty PPO with Aetna Part D	\$260.00	\$3.96	\$7.79	\$29.84
Kansas Senior Plan C with Aetna Part D	\$379.00	\$3.96	\$7.79	\$29.84
Kansas Senior Plan C without Aetna Part D	\$203.00	\$3.96	\$7.79	\$29.84

IMPORTANT REMINDERS:

The premiums provided for vision and dental coverage above are separate from the premiums provided for the medical plans. Therefore, when calculating your total monthly premium, please be sure to add all three premium amounts, as applicable.

Kansas Senior Plan C - Medicare Payment Information

Medicare A – Hospitalization	Medicare B – Medical	Kansas Senior Plan C Supplement
<p>Inpatient hospital</p> <ul style="list-style-type: none"> • First 60 Days: \$1,260.00 deductible* • Days 61 through 90: \$315 per day Coinsurance* • Lifetime reserve: \$630 per day Coinsurance* <p>Skilled Nursing Facility</p> <ul style="list-style-type: none"> • First 20 days: 100% payment—no co-pay • Days 21-100: \$157.50 per day Coinsurance* <p>Services Paid at 100%</p> <ul style="list-style-type: none"> • Home health • Hospice • Benefit period ends when the patient is out of the hospital or skilled nursing facility for 60 consecutive days <p>There is usually no premium associated with Medicare Part A</p> <p>Coverage shown is per benefit period. A benefit period ends when the patient is out of the hospital or skilled nursing facility for 60 consecutive days</p>	<p>Annual Deductible \$147 deductible per calendar year* (January 1 through December 31)</p> <p>Medicare Coverage for Physician's Charges Medicare pays 80% of allowed charge; Beneficiary pays 20% Coinsurance* (in- or out-of-hospital)</p> <p>Durable Medical Expenses and Supplies</p> <ul style="list-style-type: none"> • Ambulance • Outpatient hospital charges • Blood (first 3 pints) • Lab services <p>Preventive Services</p> <ul style="list-style-type: none"> • Bone mass measurement • Cardiovascular screenings • Colorectal screenings • Diabetes screenings • Flu shots • Glaucoma tests • Hepatitis B shots • Pap tests • Pneumococcal shot 	<p>Kansas Senior Plan C pays for all costs shown in green to the left under Medicare Part A and Part B. In addition, Kansas Senior Plan C pays the following:</p> <ul style="list-style-type: none"> • An additional 365 hospital days per lifetime • Foreign emergency travel medical services: \$250 deductible, then the plan pays 80% to a maximum of \$50,000 lifetime • If Medicare A and B do not cover the service, there is no benefit under the medical portion of Kansas Senior Plan C
	<ul style="list-style-type: none"> • Prostate cancer screening • Screening mammograms • Well Woman Exam • Well Man Exam <p>Beneficiary must pay a monthly Medicare Part B Premium</p>	

* The deductible and coinsurance amounts listed for Kansas Senior Plan C reflect **2015** rates. Be sure to review your **Medicare and You** handbook for the new 2016 amounts.

Plan Year 2016 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options

<i>The benefits below are applicable for Network Providers. See the Summary of Benefits for Non-Network Provider benefits.</i>	Coventry Advantra Plans Preferred Provider Organization (PPO) with Coventry Part D or Aetna Part D prescription drug	
	Freedom	Liberty
Premiums Per Month	With Coventry Part D - \$156.00 With Aetna Part D - \$264.00	With Coventry Part D - \$140.00 With Aetna Part D - \$260.00

Basic

Provider Choice	Freedom to use provider of choice, benefits based on plan description: coverage level based on provider network status	
Coinsurance (for all eligible expenses, unless otherwise noted)	\$0	\$0
Deductible	\$0	\$0
Network Annual Out-of-Pocket Maximum	\$1,000	\$3,500
Non-Network Annual Out-of-pocket Maximum	20% Coinsurance to \$4,100	35% Coinsurance to a \$7,500
Lifetime Benefit Maximum	No limit	No limit
Network Providers Only Amounts Above Plan Allowance	Provider to write off	Provider to write off

Members must enroll in a Part D program offered by the SEHP with Coventry Advantra products

Aetna Part D (previously First Health)	Aetna Part D See page 23	Aetna Part D See page 23
Coventry Part D Offerings	Coventry Advantra Freedom Part D See page 29	Coventry Advantra Liberty Part D See page 29

Covered Services

Inpatient Hospital Services	Network or Non Network Providers \$150 Copay per day up to 5 days	Network Providers Only \$250 Copay per day up to 5 days
Outpatient Surgery	Network or Non Network Providers \$150 Copay	Network Providers Only \$200 Copay
Skilled Nursing Facility	Day 1 - 20 - \$0 per day Days 21-100 - \$160 per day	Day 1 - 20 - \$0 per day Days 21-100 - \$160 per day
Physician Hospital Visits	Included in the inpatient services Copay	Included in the inpatient services Copay
Office Visits		
Primary Care Provider	\$10	\$5
Specialist	\$25	\$30
Major Diagnostic Tests*	\$0 Copay	20% Coinsurance

Plan Year 2016 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options

<i>The benefits below are applicable for Network Providers. See the Summary of Benefits for Non-Network Provider benefits.</i>	Coventry Advantra Plans Preferred Provider Organization (PPO) with Coventry Part D or Aetna Part D prescription drug	
	Freedom	Liberty
Premiums	With Coventry Part D - \$156.00 With Aetna Part D - \$264.00	With Coventry Part D - \$140.00 With Aetna Part D - \$260.00
Covered Services Continued		
Durable Medical Equipment	20% Coinsurance	20% Coinsurance
Home Health Care	Services must be pre-approved	Services must be pre-approved
Hospice <i>limited to six months</i>	Services covered under Regular Medicare	Services covered under Regular Medicare
X-Ray and Laboratory Services	\$0 Copay for clinical/diagnostic lab service	\$0 Copay for clinical/diagnostic lab service
Outpatient Physical Rehabilitation Services: <i>(services limited to those medically necessary and appropriate; medical records must show continued improvement)</i>	\$0 Copay	\$30 Copay
Mental Illness and Drug or Alcohol Treatment	Same coverage as medical	Same coverage as medical
Chiropractic	\$20 Copay	\$20 Copay
Urgent care center	\$30 Copay, worldwide coverage	\$30 Copay, worldwide coverage
Emergency Room Visits	\$50 Copay (waived if admitted)	\$75 Copay (waived if admitted)
Ambulance Services	\$100 per one-way trip	\$300 per one-way trip
Allergy Testing	\$10 Copay for PCP; \$25 Copay for specialist	20%
Antigen Administration: <i>desensitization/treatment; allergy shots</i>	\$10 Copay for PCP; \$25 Copay for specialist	20%

Plan Year 2016 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options

<i>The benefits below are applicable for Network Providers. See the Summary of Benefits for Non-Network Provider benefits.</i>	Coventry Advantra Plans Preferred Provider Organization (PPO) - with Coventry Part D or Aetna Part D prescription drug	
	Freedom	Liberty
Premiums	With Coventry Part D - \$156.00 With Aetna Part D - \$264.00	With Coventry Part D - \$140.00 With Aetna Part D - \$260.00

Preventive Care**

Age Appropriate Routine Physical Exam	\$0	\$0
Covered Immunizations	Covered in Full	20% Coinsurance
Well-Woman Care: office visit, PAP smear test & STD testing	\$0 Limitation: one pap and pelvic exam every two years	\$0 Limitation: one pap and pelvic exam every two years
Well-Man Care: office visit & PSA blood test	\$0	\$0
Routine Hearing Exam - Limit one per year	\$0 Copay	\$30 Copay
Hearing Aids - Limit allowance once every 3 years	\$500 allowance	\$500 allowance
Routine Vision Exam - Limit one per year	\$0 Copay	\$0 Copay
Eye Glasses or Contact s	Not covered	Not covered
Dental Preventive Exam - Excludes Restorative	Not covered	\$200 allowance

***Major Diagnostic Tests** include, but are not limited to: PET scans, CT scans, nuclear cardiology studies, magnetic resonance angiography and computerized topography angiography. Most major diagnostic tests require pre-approval by the Health Plan.

**** Other Preventive Care** - please refer to the Benefit Summary located on our website at www.kdheks.gov/hcf/sehp/Vendors/CoventryMedicare.htm

The comparison chart is NOT the governing document. For complete information including **Non-Network Provider coverage**, members need to refer to each Provider's Benefit Description located on our website at www.kdheks.gov/hcf/sehp/Vendors/CoventryMedicare.htm

Coventry Advantra Part D Plan Benefits

Coventry Advantra PPO members must enroll in one of the Part D programs offered by the State Employee Health Plan, Coventry Part D or Aetna Part D. Members enrolled in Coventry Advantra are not eligible for enrollment in the Private Market Part D plans.

Tier	Advantra Freedom	Advantra Liberty
	Tier 1 (Preferred Generic) Tier 2 (Non-Preferred Generic) Tier 3 (Preferred Brand) Tier 4 (Non-Preferred Brand) Tier 5 (Specialty Tier)	Tier 1 (Generic) Tier 2 (Preferred Brand) Tier 3 (Non-Preferred Brand) Tier 4 (Specialty)
Pharmacy Network	www.kdheks.gov/hcf/sehp/Vendors/CoventryMedicare.htm	
Network Preferred Retail Pharmacy Specialty Tier only available at 30 day supply (d/s)		
30 day supply cost share	Tier 1 \$0 Tier 2 \$5 copay Tier 3 \$45 copay Tier 4 50% of the total cost Tier 5 33% of the total cost	Tier 1 \$5 Tier 2 \$45 Tier 3 50% of the total cost Tier 4 33% of the total cost
60-90 day supply cost share	2 times tier amount listed above	2 times tier amount listed above
Non Network Standard Retail Pharmacy Specialty Tier only available at 30 day supply (d/s)		
30 day supply cost share	Tier 1 \$5 copay Tier 2 \$10 copay Tier 3 \$45 copay Tier 4 50% of the total cost Tier 5 33% of the total cost	Tier 1 \$10 copay Tier 2 \$45 copay Tier 3 50% of the total cost Tier 4 33% of the total cost
60-90 day supply cost share	2 times tier amount listed above	2 times tier amount listed above
Network Preferred and Non Network Standard Coverage Gap Coverage		
After you have a total drug spend over \$3,310 coverage in the Coverage Gap	Network Preferred Tier 1 \$0 Non Network Standard Tier 1 \$5	Network Preferred Tier 1 \$10 Non Network Standard Tier 1 \$20
Network Preferred and Non Network Standard Catastrophic Coverage		
If out-of-pocket expenses exceed \$4,850 coverage for Catastrophic Coverage	Generics: the greater of 5% Coinsurance or \$2.95 Brands: the greater of 5% Coinsurance or \$7.40	Generics: the greater of 5% Coinsurance or \$2.95 Brands: the greater of 5% Coinsurance or \$7.40
Mail Order has moved from ESI to CVS/Caremark Pharmacy.		

Aetna Part D Plan Benefits

Prescription	Network Retail 30-Day Supply	Network Retail 60-Day Supply	Network Retail / Mail Order 90-Day Supply
Tier 1 - Generic drugs	25% Coinsurance up to a \$30 maximum	25% Coinsurance up to a \$30 maximum	25% Coinsurance up to a \$45 maximum
Tier 2 - Preferred Generic drugs	25% Coinsurance up to a \$30 maximum	25% Coinsurance up to a \$30 maximum	25% Coinsurance up to a \$45 maximum
Tier 3 - Preferred Brand Name drugs	25% Coinsurance up to a \$100 maximum	25% Coinsurance up to a \$100 maximum	25% Coinsurance up to a \$150 maximum
Tier 4 - Non-Preferred Generic and Brand Name drugs	50% Coinsurance up to a \$150 maximum	50% Coinsurance up to a \$150 maximum	50% Coinsurance up to a \$225 maximum
Tier 5 - Specialty Only available in 30 day supply	33% Coinsurance up to a \$100 maximum	N/A	N/A
If out-of-pocket expenses exceed \$4,850	Generics: the greater of 5% Coinsurance or \$2.95 Brands: the greater of 5% Coinsurance or \$7.40	Generics: the greater of 5% Coinsurance or \$2.95 Brands: the greater of 5% Coinsurance or \$7.40	Generics: the greater of 5% Coinsurance or \$2.95 Brands: the greater of 5% Coinsurance or \$7.40

- Premiums are billed by Aetna Part D directly to the member. These premiums are not included in the premium drafted by Hewlett Packard (HP).
- Members with recurring premium payments via Electronic Fund Transfer will be transferred from First Health to Aetna Part D without interruption.
- New Aetna-branded ID cards will be sent to members. Members will need to provide the new ID Card to the pharmacy on first fill in plan year 2016.
- Aetna Part D toll-free Member Services: 1-844-233-1939.
- Prior Authorizations will be transferred if still applicable.
- Mail order prescriptions that have not expired (with remaining refills) will automatically transfer to Aetna's mail order pharmacy - Aetna Rx Home Delivery®.
- Specialty Drugs will require a new prescription.

Kansas Department of Health and Environment
STATE EMPLOYEE HEALTH PLAN
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900 SW Jackson Street
Topeka, KS 66612

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