

PLAN YEAR

2025

HEALTH BENEFITS ENROLLMENT GUIDE
RETIREE & DIRECT BILL



Laura Kelly, Governor

Message from Governor Laura Kelly

As former State of Kansas employees, I want to thank you for the service you provided for the people of Kansas. Please know that I value your contribution to the state and that, as governor, I will continue working to support you – including through the State Employee Health Benefits Plan (SEHBP). SEHBP is part of the Kansas Department of Administration, tasked with providing our employees and our retirees with benefit programs designed to fit each individual family's needs.

These benefits include a variety of valuable choices, including medical plans, prescription coverage, dental, voluntary prescription eyewear and Medicare Advantage and Supplemental Plans. Your health and wellbeing is important to us, which is why we offer so many choices to assist you when making these important selections. Please review them carefully, and take advantage of these benefits. They are your benefits and they are part of your compensation for all you have done for the State of Kansas.

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 the information is accurate. This booklet 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 access the vendor page on the [SEHP website](#). Benefit Descriptions are listed under each vendor.

**SPECIAL THANKS to Kansas Travel & Tourism for the photo usage.
Plan your next Kansas outing at [TravelKS.com](#).**



Monument Rock
Photo Credit: Kansas Tourism

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WELCOME TO THE 2025 ENROLLMENT

OPEN ENROLLMENT

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

Any changes made to your health plans during the Open Enrollment period will become effective January 1, 2025.

DIRECT BILL CALL CENTER

If you have questions, please contact the Direct Bill Call Center 866-541-7100 or email: SEHPDirectBill@ks.gov.

Representatives are available to assist you from October 7 through December 6, Monday through Friday 8:30 a.m. to 4:30 p.m. Central Time. The office will be closed for Veterans' Day (November 11) and Thanksgiving (November 28-29).

If you are enrolled in one of the medical plans listed below and want the medical coverage to continue, you **DO NOT** need to make an election.

Your current coverage will roll over for Plan Year 2025.

- Enrolled in PLAN A, C, J or N of the Non Medicare Plans
- Enrolled in one of the Kansas Senior Plan Medicare
- Supplement Options with or without Part D
- Enrolled in one of the Aetna Medicare Advantage Plans with Standard Part D

IMPORTANT NOTE

DUE TO A CHANGE IN THE VOLUNTARY PRESCRIPTION EYEWEAR COVERAGE VENDOR, YOU MUST RE-ENROLL TO CONTINUE YOUR VISION COVERAGE. VISION COVERAGE WILL NOT AUTOMATICALLY ROLL OVER NEXT YEAR.

JOIN US FOR A BENEFITS FAIR

- **October 3, 2024 and October 17, 2024**
- **9 a.m. - 3 p.m.**

The State Employee Health Plan staff and vendors will be available to answer your questions.

• **OCTOBER 3:**

Capitol Grounds, South Steps. (In the event of inclement weather, the fair will be in the Capitol 1st Floor Rotunda.)

• **OCTOBER 17**

Capitol 1st Floor, Rotunda.



Robert Dole Institute of Politics
Photo Credit: Kansas Tourism

UNDERSTANDING YOUR OPTIONS

Selecting your health insurance coverage is a personal decision that can be intimidating.

To assist in this process, there are many available resources:

- Visit the [SEHP website](#) at HealthBenefitsProgram.ks.gov to review Plan documents, watch vendor videos, access a copy of this book, check provider networks, and get contact information to reach out to Plan vendors directly.
- Read “Medicare and You,” the official U.S. government Medicare handbook published by the US Department of Health and Human Services, if you or a covered dependent is eligible for Medicare.
- Not sure where to go? Call the Direct Bill Call Center at 1-866-541-7100 for assistance. Call center staffers are not able to provide coverage recommendations, but are able to put you in contact with Plan vendors, help locate educational resources and complete enrollment forms over the phone.
- Contact Senior Health Insurance Counseling for Kansas (SHICK) at 1-800-860-5260. SHICK is a free program that offers Kansans an opportunity to talk with trained, community volunteers and get answers to questions about Medicare and other insurance issues.

Online Help

The [SEHP website](#) has additional information about your benefits package and links to forms you may need.

Need technical support?

Call the SEHP Member Portal Help Desk at 800-832-5337 from Oct. 1-31, 2024, Monday – Friday: 7 a.m. to 5 p.m. and Saturday: 9 a.m. to 2 p.m. (CT). After hours, email techsupport@hrissuite.com. Include your name and phone number with an explanation of your issue and they will contact you within 24 hours with a resolution.

Summary of Benefits and Coverage

The Summary of Benefits and Coverage (SBC) for each medical plan is available on the [SEHP website](#). The SBC shows how you and the Plan would share the cost for covered health care services. This is only a summary. Read the SEHP Benefit Description for the complete terms of coverage for each medical plan.



DROPPING COVERAGE

Direct Bill members may drop medical, dental, prescription and voluntary prescription eyewear coverage for themselves and/or any covered dependents at any time by submitting the request in writing via email: SEHPDirectBill@ks.gov or regular mail to:

State Employee Health Plan, Direct Bill Membership Services, 109 SW 9th Street, Suite 600, Topeka, KS 66612

Important

Once medical, dental and/or prescription drug has been terminated, the member cannot reenroll 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.

Medical Coverage: Members can opt out of medical coverage and keep dental and voluntary prescription eyewear coverage during Open Enrollment only. Once you have opted out of medical coverage, you will not be able to reenroll in medical coverage at a later date.

Dental Coverage: Members can opt out of dental 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.

Voluntary Prescription Eyewear Coverage: Members can opt out of voluntary prescription eyewear coverage during Open Enrollment or when they cancel their medical, dental and prescription drug coverage. Members can waive voluntary prescription eyewear coverage one year, then elect to pick it back up during the next Open Enrollment period, as long as they are enrolled in medical or dental coverage.

Termination of Benefits Due to a Change in Family Status

The primary member enrolled in the Direct Bill program, or a primary member's authorized representative is responsible for notifying the SEHP in writing within 31 days of a change in family status, including the death of a primary member, spouse or dependent.

Personal Representative

If you want your spouse, children or other person to contact SEHP on your behalf regarding your health benefits, you must have a POA or Personal Representative form on file with SEHP. The form is on page 47.



Kansas Wildflowers
Photo Credit: Kansas Tourism

HOW TO ENROLL

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

- Your Kansas Employee ID number
 - If you don't know the number, call the Direct Bill Call Center at 1-866-541-7100.
- The last 6 digits of your Social Security number (SSN)
- Your Date of Birth
- If you forgot your password, you will need to reregister.

How to Enroll

- **Log in to the Membership Administration Portal (MAP)** using any modern browser like Chrome, Firefox or Edge. The portal opens October 15.
 - Go to: <https://sehp.member.hrissuite.com>
- If this is the first time you are logging in or you have forgotten your password, please click the “**Register Now**” button. If you have previously registered and know your password, click the “Sign In” button.
- Click on the **Enrollments & Events** tab to start your Plan Year 2025 Enrollment.
- Once you have submitted your elections, a Pending Elections Statement will be emailed to your registered email address as confirmation that your election is complete.
- You may go into MAP as many times as needed during the Open Enrollment period to make changes. A Pending Election Statement will be emailed to your registered email address each time an election is saved in the portal. The selection submitted as of 11:59 pm on November 16, 2024, will become effective January 1, 2025. Your approved elections will be viewable in MAP by December 1, 2024.

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.

DO YOU HAVE QUESTIONS ABOUT YOUR CLAIMS?

THE STATE EMPLOYEE HEALTH PLAN CAN HELP.

- **Read the Benefit Description:** The Benefit Description provides a detailed summary of the benefits and limitations of the coverage. It outlines member rights and processes for benefit questions, appeals and grievances. Benefit Descriptions can be located on the SEHP website.
- **Review the Provider's Network:** Check the provider network of each plan to determine which provides the best access for you and your covered family members.
- **Call customer service:** Contact your insurance provider's customer service team at the phone number on the back of your card for assistance.
- **Gather paperwork:** Have all relevant documents like claim notices and the Explanation of Benefits handy for your call.
- **Document everything:** Keep detailed records of phone calls (dates, notes) and any written correspondence with your insurer.

While SEHP does not process or handle individual claims, if you have questions or concerns, contact the SEHP Health Plan Operations for assistance mediating between you and your health insurance provider.

SEHPBenefits@ks.gov | (785) 368-6361
SEHP.HealthBenefitsProgram.ks.gov



NON MEDICARE OPTIONS





What's New in 2025 Non Medicare Options

Action Required:

- **Annual Open Enrollment period is October 15 - November 16, 2024.**

New Voluntary Prescription Eyewear Insurance

- The new, voluntary prescription eyewear insurance provider is Surency Life and Health. For coverage, you **MUST REENROLL**.

Changes effective for Plan Year 2024

For care received after 1/1/2024:

- Added coverage for residential treatment centers as an eligible service provider.
- Enhanced coverage for ultrasound and MRIs for breast cancer screening.
 - **For members enrolled in Plan A**, the Plan will pay the allowed charge for ultrasounds and MRIs for breast cancer screenings in full when performed by a Network provider.
 - **For Plans C, J and N**, ultrasounds and MRI screenings will be subject to the plan annual Deductible. After the Deductible is satisfied, the allowed charge for ultrasound and MRI breast cancer screenings will be paid in full when performed by a Network provider.

Changes effective for Plan Year 2025

For care received after 1/1/2025:

- The new orthodontic lifetime maximum will increase from \$1,000 to \$1,500.
- The annual dental maximum benefit will increase to \$2,000 per year.
- The new member plus dependent Deductible on Plans C and N will be \$3,300 for the individual and the total family Deductible remains \$5,500. This change was necessary due to changes in the IRS minimum Deductible requirement.



Kansas Cosmosphere
Photo Credit: Kansas Tourism

NON MEDICARE MEDICAL PLANS

MEDICAL PLAN HIGHLIGHTS

The State Employee Health Plan (SEHP) offers four medical plans:

- Plan A - traditional Preferred Provider Organization (PPO Plan)
- Plans C and N - Qualifying High Deductible Health Plans
- Plan J - meets all requirements for J-1 Visa members

All medical plans include:

- Prescription drug coverage through CVS Caremark
- Telemedicine options
- Preferred lab benefits

Medical plan coverage is provided through both Aetna and Blue Cross and Blue Shield of Kansas. Please review both provider networks to determine which provides the best access for your needs.

- **Preventive services** are covered at 100% of allowable charges when using a Network provider, including services like annual preventive exams, age appropriate immunizations, health coaching, and age appropriate cancer screenings like mammograms, colonoscopies, etc.
- **Prescription Drug benefits** for all plans are provided through CVS Caremark.
- **Preferred Lab benefits** are provided through QuestSelect by Quest Diagnostics, Stormont Vail Health and The University of Kansas Health System.
- **Telehealth Services** are provided through both medical provider networks.
- **Access to the HealthQuest Health Center in Topeka.** Members, spouses and dependent children over age two covered by SEHP medical insurance Plans A, C, J and N can use the HealthQuest Health Center in Topeka. Both in person and telemedicine appointments are available. All preventive visits, including immunizations and health coaching, are free regardless of health plan enrollment. Medical care and lab services will be provided at no cost for members of Plan A. Medical care and lab services will require an all inclusive \$40 per visit fee for those members with Plans C, N and J until their Deductible is met. Once the Deductible has been met, medical care will be provided at no cost. Appointments can be made by calling (785) 783-4080.

MEDICAL PLAN VENDORS



PLAN A

TRADITIONAL PPO PLAN

Plan A is a traditional PPO Plan, also known as a Preferred Provider Organization (PPO). This type of health plan contracts with medical providers, such as hospitals and doctors, to create a Network of participating providers. You pay less if you use providers that belong to the Plan’s Network; however, you may still use Non Network doctors, hospitals, and providers for an additional cost.

HOW IT WORKS

Physician Care Visits when using a Network provider under Plan A are subject to the corresponding Copay. Eligible Preventive Care Services are covered at 100% when received by a Network Provider.

Non Network physician visits and services are first paid by the member until their Deductible is met. Once the Deductible is met, the Plan shares the cost of covered services with the member (Coinsurance). As Non Network Providers have not agreed to accept the Plan’s allowed charge, you may also be responsible for the difference between the Plan’s allowance and the provider’s actual charge for services. Once the member reaches their designated Out of Pocket Maximum (OOP), the Plan pays covered services at 100% of the Plan’s allowed charge.

Members on Plan A share the cost of Prescription Drugs with the Plan through Coinsurance. Pharmacy expenses are not applied to the Plan A medical Deductible. **The Coinsurance does apply to your OOP maximum.**

Your Copays, Deductible and Coinsurance apply until the OOP is met. The Network and Non Network Deductibles, Coinsurance and OOP accumulate separately.

Benefit Summary	Network	Non Network
Deductible		
Individual	\$800	\$800
Family	\$1,600	\$1,600
Coinsurance (paid by member)	20%	50%
Out of Pocket Maximum (OOP)		
Individual	\$5,250	\$5,250
Family	\$10,500	\$10,500
Preventive Care	\$0	\$0
Office Visits		
Primary Care	\$20	Deductible + Coinsurance
Specialist	\$40	
Urgent Care	\$50	
Telehealth	\$10	
HealthQuest Health Center	\$0	
Emergency Room Visits	\$100 Copay + Deductible + Coinsurance (Copay waived if admitted within 24 hours)	\$100 Copay + Network Deductible + 20% Coinsurance (Copay waived if admitted within 24 hours)
Diagnostic Lab Services when using Preferred Lab Providers	100%	Deductible + Coinsurance

PLAN A - PRESCRIPTION DRUG BENEFITS

Tier	Prescription Type	Paid by Member
1	Generic	20% Coinsurance
2	Preferred Brand Name	35% Coinsurance
3	Specialty Medications <i>*See PrudentRX Solutions Program</i>	30% Coinsurance
4	Non Preferred Brand Name	60% Coinsurance
5	Discount Tier	100% of discounted prescription cost
6	Anticancer Oral	20% Coinsurance - <i>Maximum of \$100 per standard unit of therapy or 30 day supply</i>
7	Special Case	40% Coinsurance to a maximum of \$100 per standard unit of therapy or 30 day supply
Value Based	Diabetes - Generic	10% Coinsurance - <i>Maximum of \$20 per 30 day supply</i>
	Diabetes - Preferred Brand	20% Coinsurance <i>Maximum of \$40 per 30 day supply</i>
Value Based	Asthma - Generic	10% Coinsurance <i>Maximum of \$20 per 30 day supply</i>
	Asthma - Preferred Brand	20% Coinsurance <i>Maximum of \$40 per 30 day supply</i>

Plan Year 2025 Medical Monthly Rates for State of Kansas Retirees/Direct Bill Members

Benefit Plan	Plan A
Member Only	\$690.74
Member + Spouse	\$1,443.18
Member + Child(ren)	\$1,243.34
Member + Family	\$1,799.44

PLANS C and N - (QHDHP)

QUALIFIED HIGH DEDUCTIBLE HEALTH PLANS

QHDHPs are plans with a higher Deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs yourself (your Deductible) before the Plan starts to pay its share.

HOW IT WORKS

Services received under Plans C and N are paid by the member until the Deductible is met. Once the Deductible is met, the Plan will share costs with the member (Coinsurance) until the Out of Pocket Maximum (OOP) is met. Once a member meets the OOP, the Plan pays for covered services at 100%. Eligible Preventive Care Services are covered at 100% when received by a Network Provider. The Network and Non Network Deductible, Coinsurance and OOP accumulate separately.

Benefit Summary	PLAN C		PLAN N	
	Network	Non Network	Network	Non Network
Deductible Individual Family	\$2,750* \$5,500	\$2,750* \$5,500	\$2,750* \$5,500	\$2,750* \$5,500
Coinsurance (paid by member)	10%	50%	35%	50%
Out of Pocket Maximum (OOP) Individual Family	\$4,500 \$9,000	\$4,500 \$9,000	\$6,650 \$13,300	\$6,650 \$13,300
Preventive Care	\$0	Deductible + Coinsurance	\$0	Deductible + Coinsurance
Office Visits Primary Care Specialist Urgent Care Telehealth HealthQuest Health Center**	Deductible + Coinsurance \$40**	Deductible + Coinsurance	Deductible + Coinsurance \$40**	Deductible + Coinsurance
Emergency Room Visits	Deductible + Coinsurance	Network Deductible + Coinsurance***	Deductible + Coinsurance	Network Deductible + Coinsurance***
Diagnostic Lab Services when using Preferred Lab Providers	Deductible then covered at 100%	Deductible + Coinsurance	Deductible then covered at 100%	Deductible + Coinsurance

*The Deductible for all “non-single” policies (member/spouse, member/children, member/family) will be \$3,300 for an individual within the family. However, the overall family Deductible for these policies will remain at \$5,500.

**\$40 fee until the Deductible has been met, then services are covered at 100%

***Must be a Medical Emergency

NON MEDICARE MEDICAL - PLANS C AND N

PLANS C and N - PRESCRIPTION DRUG BENEFITS

Tier	Prescription Type	Paid by Member
1	Generic	Deductible then 20% Coinsurance
2	Preferred Brand Name	Deductible then 35% Coinsurance
3	Specialty Medications <i>*See PrudentRX Solutions Program</i>	Deductible then 30% Coinsurance
4	Non Preferred Brand Name	Deductible then 60% Coinsurance
5	Discount Tier	100% of discounted prescription cost
6	Anticancer Oral	Deductible then 20% Coinsurance

Plan Year 2025 Medical Monthly Rates for State of Kansas Retirees/Direct Bill Members		
Benefit Plan	Plan C	Plan N
Member Only	\$446.72	\$645.10
Member + Spouse	\$1,070.19	\$1,043.49
Member + Child(ren)	\$835.38	\$962.73
Member + Family	\$1,239.47	\$1,175.23

NON MEDICARE MEDICAL - PLAN J

PLAN J

MEETS REQUIREMENTS FOR J1 VISA EMPLOYEES

Plan J meets all Federal Requirements for members with J-1 Visas but is available to all members.

HOW IT WORKS

Services received under Plan J are paid by the member until the Deductible is met. Once the Deductible is met, the Plan will share costs with the member with Coinsurance until the Out of Pocket Maximum (OOP) is met. Once a member meets the OOP, the Plan pays covered services at 100% of the allowed charge. Eligible Preventive Care Services are covered at 100% when received by a Network Provider. The Network and Non Network Deductible, Coinsurance and OOP accumulate separately.

Benefit Summary	Network	Non Network
Deductible		
Individual	\$500	\$1,000
Family	\$1,000	\$2,000
Coinsurance (paid by member)	25%	50%
Out of Pocket Maximum (OOP)		
Individual	\$7,350	\$10,000
Family	\$14,700	\$20,000
Preventive Care	\$0	Deductible + Coinsurance
Office Visits		
Primary Care	Deductible + Coinsurance	Deductible + Coinsurance
Specialist	Deductible + Coinsurance	
Urgent Care	Deductible + Coinsurance	
Telehealth	Deductible + Coinsurance	
HealthQuest Health Center	\$40*	
Emergency Room Visits	Deductible + Coinsurance	Network Deductible + Coinsurance**
Diagnostic Lab Services when using Preferred Lab Providers	Deductible then covered at 100%	Deductible + Coinsurance

*\$40 fee until the Deductible has been met, then services are covered at 100%

**Must be a Medical Emergency

NON MEDICARE MEDICAL - PLANS J

PLAN J - PRESCRIPTION DRUG BENEFITS

Tier	Prescription Type	Paid by Member
1	Generic	Deductible then 20% Coinsurance
2	Preferred Brand Name	Deductible then 35% Coinsurance
3	Specialty Medications <i>*See PrudentRX Solutions Program</i>	Deductible then 30% Coinsurance
4	Non Preferred Brand Name	Deductible then 60% Coinsurance
5	Discount Tier	100% of discounted prescription cost
6	Anticancer Oral	Deductible then 20% Coinsurance

Generic or Brand Name drugs?

Your Out of Pocket costs will be lower if you use Generic and/or Preferred Brand Name drugs. The PDL is located on the [SEHP website](#) or www.caremark.com.

Plan Year 2025 Medical Monthly Rates for State of Kansas Retirees/Direct Bill Members

Benefit Plan	Plan J
Member Only	\$745.38
Member + Spouse	\$1,233.74
Member + Child(ren)	\$1,130.34
Member + Family	\$1,452.55

NON MEDICARE MEDICAL - PLANS C AND N

Medical Benefits Summary (general comparison chart)

Medical Services	Plan A Network Provider	Plan A Non Network Provider	Plans C, J, N Network Provider	Plans C, J, N Non Network Provider
Autism Services (Subject to limitations and pre-approval)	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Bariatric Surgery (Subject to limitations and pre-approval)	Deductible plus Coinsurance	Not Covered	Deductible plus Coinsurance	Not Covered
Inpatient Services	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Emergency Room Visit	\$100 Copay, Deductible plus Coinsurance (Copay waived if admitted within 24 hours)	\$100 Copay, Network Deductible plus 20% Coinsurance (Copay waived if admitted within 24 hours)*	Network Deductible plus Coinsurance	Network Deductible plus Coinsurance*
Mental Health (Mental illness, alcoholism, drug abuse and substance abuse)	Same coverage as medical services	Same coverage as medical services	Same coverage as medical services	Same coverage as medical services
Physician Care Visits	Plan A Network Provider	Plan A Non Network Provider	Plans C, J, N Network Provider	Plans C, J, N Non Network Provider
PCP office visit	\$20 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Specialist	\$40 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Urgent Care	\$50 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Telehealth	\$10 Copayment	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Preventive Care	Plan A Network Provider	Plan A Non Network Provider	Plans C, J, N Network Provider	Plans C, J, N Non Network Provider
Well Woman Exam	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Well Man Exam	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Well Baby and Child	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Vision Exam	1st exam of year Covered in Full	Deductible plus Coinsurance	1st exam of year Covered in Full	Deductible plus Coinsurance
Routine Hearing Exam	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Colonoscopy	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Mammogram	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Preventive Lab	Covered in Full	Deductible plus Coinsurance	Covered in Full	Deductible plus Coinsurance
Immunizations	Covered in Full	Covered in Full to age six, otherwise Deductible plus Coinsurance	Covered in Full	Covered in Full to age six, otherwise Deductible plus Coinsurance

* Must be a medical emergency.



Fall Foliage
Photo Credit: Kansas Tourism

RATE SUMMARY

Non Medicare Medical Plan

Plan Year 2025 Monthly Rates for Direct Bill/Retirees							
Member Category	Plan A	Plan C	Plan J	Plan N	Dental	Prescription Eyewear Coverage	
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Delta	2025 Basic	2025 Enhanced
Member Only	\$690.74	\$446.72	\$745.38	\$645.10	\$41.31	\$3.87	\$7.76
Member + Spouse	\$1,443.18	\$1,070.19	\$1,233.74	\$1,043.49	\$94.04	\$7.98	\$15.78
Member + Children	\$1,243.34	\$835.38	\$1,130.34	\$962.73	\$104.56	\$7.21	\$14.23
Member + Family	\$1,799.44	\$1,239.47	\$1,452.55	\$1,175.23	\$167.84	\$11.13	\$22.07



PRESCRIPTION DRUG BENEFITS

PRESCRIPTION DRUG VENDOR



When you elect medical coverage, you automatically receive prescription drug coverage through CVS Caremark. The cost is included in the health plan rates. While the Preferred Drug List (PDL) is the same for all plans, the amount you pay varies depending on your selected plan.

Once you set up an account at www.caremark.com, you can find the PDL from your personal portal under the “Plan and Benefits” tab. From there, you can also access the “Check Drug Cost” tool to determine if your prescription drug is covered and what it will cost under your plan.

If you’re not currently enrolled in the State Employee Health Plan, you can access the “Check Drug Cost” tool for the plans on the [SEHP website](#).

If you need additional assistance regarding your prescription drugs, contact CVS Caremark by calling 800-294-6324.

SPECIALTY MEDICINE

Specialty and biotech drugs are available exclusively through the CVS Caremark Specialty Pharmacy. A complete list of Specialty Drugs is available at <https://sehp.healthbenefitsprogram.ks.gov/benefits/medical/cvs-caremark>. Contact CVS Caremark Specialty Pharmacy at 800-237-2767. A CVS Caremark representative will coordinate patient care with the provider and medication delivery.

Caremark Specialty Pharmacy partners with PrudentRx to enroll members in available manufacturer copay assistance programs.

- **Members on Plan A** will benefit by receiving their specialty medications at no cost, with the copay assistance applied to their cost.
- **Members on Plans C, J and N** will benefit once their Deductible has been met.

Members who use specialty medications will receive communications from Caremark and PrudentRx to begin the enrollment process. Members with questions about the new program should contact PrudentRx at 800-578-4403.



Hillsdale State Park
Photo Credit: Kansas Tourism

MANAGING YOUR PRESCRIPTION COSTS



Save Money on Your Prescriptions! Rx Savings Solutions is a free service to SEHP members providing an easy way for you to save money on your prescription costs.

Rx Savings Solutions works with the SEHP to help you easily find the lowest-price options for your prescription drugs. This service is linked to your health plan, so everything is personalized for your medications and plan selection.

NEXT STEP: Your account is ready to be activated at www.myrxss.com or by calling 1-800-268-4476, or TTY 1-800-877-8973. You can download the RxSS mobile app from the Google Play or iOS app stores.

Get started today to see how you can save. Here's how it works:

- Your account shows which lower-cost prescriptions may be available under your insurance plan and lets you compare prices.
- Switch to a lower-cost option with ease. Rx Savings Solutions will handle everything with your doctor and pharmacy.
- Rx Savings Solutions will contact you anytime you can be spending less.



PREFERRED LAB BENEFITS

The Preferred Lab Benefit, included with all SEHP medical plans, is offered through QuestSelect, Stormont Vail Health and the University of Kansas Health System.

The Preferred Lab Benefit is completely voluntary. If you and your healthcare provider choose to use a lab other than one of the Preferred Lab Vendors, you still have lab coverage through your medical plan; however, your normal benefits will apply.

Benefits when using a Preferred Lab Vendor:

Members receive significant discounts on the costs by using these preferred lab vendors for covered diagnostic services. When using one of the preferred lab vendors for outpatient, non emergency testing that is *covered and approved* by your health plan the following benefits apply:

- **Plan A:** Covered lab outpatient services are paid at 100% of the allowable charge.
- **Plans C, J and N:** After your Deductible is satisfied, covered lab outpatient services are paid at 100% of the allowable charge.



Kansas Flowers
Photo Credit: Kansas Tourism

PREFERRED LAB VENDORS



- Offers collection sites throughout Kansas and nationwide.
- Present your Quest card or your SEHP medical plan ID card and request to use your Preferred Lab Benefits.
- Obtain the required lab orders from your physician to provide at time of lab service.
- Your doctor’s office also can arrange to have specimens picked up by calling the number on the back of your Quest ID card.
- Create a My Quest account to receive lab results directly on your phone or desktop.



- You do not have to be a Cotton O’Neil patient to have lab services done at one of the specified locations.
- Obtain the required lab orders from your physician to provide at time of lab service. You need the lab orders before you go to the lab.
- Present your SEHP medical plan ID card.
- All Cotton O’Neil patients can have blood drawn at their own physician’s office.
- Create a MyChart account to receive lab results directly on your phone or desktop.
- Several locations are available in northeast Kansas.



- You do not have to be a patient to have lab services done at one of the specified locations.
- Same day collection and testing as well as walk in services are available. No appointment is necessary.
- Obtain the required lab orders from your physician to provide at time of lab service. You need the lab orders before you go to the lab.
- Present your SEHP medical plan ID card.
- Create a MyChart account to review your lab results directly on your mobile or desktop.
- Several locations are available in northeast Kansas.

Visit the SEHP website for a list of collection sites and additional information.



Native Stone Byway
Photo Credit: Kansas Tourism

DENTAL

YOUR DENTAL PLAN: DELTA PLAN PPO™



The SEHP offers dental benefits through Delta Dental Plan of Kansas. This is a single plan with multiple levels of coverage. The Enhanced level of coverage applies when you have received at least one dental exam or cleaning in the prior 12 months. The Basic level of coverage applies when you have not received at least one dental exam or cleaning in the prior 12 months. New enrollees in the dental plan automatically receive the Enhanced level for their first 12 months of coverage.

Both of Delta Dental's nationwide Networks, Delta Dental PPO and Delta Dental Premier, are included in your plan; you will receive higher benefit levels when using the Delta Dental PPO Network. You may also go to a Non Network provider and receive coverage similar to the Delta Dental Premier Network; however, any amounts in excess of Delta Dental's Allowed Charge for service are the member's responsibility.

The following chart provides the percentage of costs paid by the Plan with Network as well as Non Network providers.

Dental Benefits Summary

Plan Year 2025

Your Dentist Network Options:	Delta Dental PPO™	Delta Dental Premier®	Non Network
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BENEFIT PAID (% PLAN PAYS)

ENHANCED BENEFIT

Applies when you have had at least one routine cleaning and/or preventive oral exam in the past 12 months.

Diagnostic & Preventive Services	100%	100%	100%*
Basic Restorative Services	80%	60%	60%*
Major Restorative Services	50%	50%	50%*
Implant Coverage	50%	50%	50%*

BASIC BENEFIT

Applies when you have not had at least one routine cleaning and/or preventive oral exam in the past 12 months.

Diagnostic & Preventive Services	100%	100%	100%*
Basic Restorative Services	50%	50%	50%*
Major Restorative Services	40%	30%	30%*
Implant Coverage	40%	30%	30%*

YOUR ANNUAL BENEFIT MAXIMUM

\$2,000 per member

YOUR Deductible

\$50 per person, per Plan Year
 (Not to exceed a yearly family maximum of \$150)
 Deductible does not apply to Diagnostic & Preventive Services

YOUR ORTHODONTIA LIFETIME BENEFIT MAXIMUM

50% Coinsurance up to \$1,500 per Member

* When dentists agree to become part of Delta Dental's PPO or Premier Network, they agree to accept established fees for services, and cannot charge you the difference between the agreed upon fee and their usual fee. Non Network dentists have not agreed to an established fee for service, therefore, any amounts in excess of Delta Dental's established fee for service is the member's responsibility when seeing a Non Network dentist.

This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Please refer to your Benefit Booklet for complete coverage information, including exclusions and limitations. Coverage as described in the benefit description for dental benefits (contract) is binding on all parties and supersedes all other written or oral communications.

Plan Year 2025 Dental Monthly Rates for Direct Bill/Retirees

Member Only	Member + Spouse	Member + Child(ren)	Member + Family
\$41.31	\$94.04	\$104.56	\$167.84

VOLUNTARY PRESCRIPTION EYEWEAR INSURANCE VENDOR



New for 2025, the SEHP vision carrier is Surency Life and Health, a Kansas based company owned by Delta Dental of Kansas.

Surency offers State of Kansas members discounts when you shop online at www.Glasses.com or www.ContactsDirect.com for frames and lenses, or when they use a participating EyeMed provider.

There are two different voluntary prescription eyewear plans from which to choose, Basic and Enhanced. Premiums differ based on level of coverage. To search for a provider near you, or to find additional information on these plans, including other value added benefits can be found at www.surency.com/stateofkansas.

READY TO ORDER GLASSES OR CONTACTS?

Use Glasses.com or ContactsDirect.com/Surency to take advantage of your benefits at checkout! Simply input your insurance information and see what your out-of-pocket cost will be before buying. Plus, no need to file claims!

ACCESS YOUR SURENCY VISION ACCOUNT FROM YOUR PHONE WITH OUR MOBILE APP!

- 866-818-8805 • SURENCY.COM/STATEOFKANSAS

Plan Year 2025 Voluntary Prescription Eyewear Insurance Monthly Rates for Direct Bill/Retirees			
Member Only	Member + Spouse	Member + Child(ren)	Member + Family
Basic: \$3.87 Enhanced: \$7.76	Basic: \$7.98 Enhanced: \$15.78	Basic: \$7.21 Enhanced: \$14.23	Basic: \$11.13 Enhanced: \$22.07

SURENCY BENEFITS FOR ENHANCED PLAN PROGRESSIVE LENSES	
Progressive Price List *	Member Cost In Network (includes Lens Copay)
Standard Progressive	\$25 Copay
Premium Progressive as follows:	
Tier 1	\$25 Copay
Tier 2	\$25 Copay
Tier 3	\$25 Copay
Tier 4	\$25 Copay, \$165 Allowance

The Enhanced Plan has coverage for progressive lenses. The standard or tier 1-3 progressive lens will have a \$25 copay. The Tier 4 progressive lens will have a \$25 copay with a \$165 allowance towards the purchase of the lenses, and any cost above the Tier 4 allowance will be the member's responsibility.

** NOTE: Regardless of reason or diagnosis, your first eye visit each year is covered at 100% if you are enrolled in any of the SEHP medical plans and you use a Network provider. You will need to present your medical ID card to your provider at the time of the service to receive your full benefit. If not enrolled in one of the SEHP medical plans, then your voluntary prescription eyewear plan covers an eye exam. *This does NOT apply to any Retirees enrolled in the SEHP Supplemental or Medicare Advantage Plans. The Surency benefits for eye exams would apply to Retirees enrolled in any of the Medicare Plans.*

Prescription Eyewear Benefits Summary

Plan Year 2025

SURENCY BENEFITS

Service or Item	Basic Plan: Network	Enhanced Plan: Network	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 Lens, 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	See tier chart on page 26	Not Covered
High Index Lenses, pair	Not Covered	Covered up to \$116 retail*	Not Covered
Polycarbonate Lenses, pair	Member pays up to \$40	Covered in Full	Not Covered
Scratch Coat	Members pays up to \$15	Covered in Full	Not Covered
UV Coat	Member pays up to \$15	Covered in Full	Not Covered
Contact Lenses: Not Subject to Materials Copayment			
Elective/Cosmetic Retail	Covered up to \$150 retail*	Covered up to \$150 retail*	Covered up to \$105*
When Medically Necessary	Covered in Full	Covered in Full	Covered up to \$105*
Contact Lens Exam Fitting Fee: \$35 Copayment			
Standard Contacts **	Covered in Full After Copayment	Covered in Full After Copayment	Not Covered
Specialty Contacts ***	10% off Retail Price, minus \$55 allowance	10% off Retail Price, minus \$55 allowance	Not Covered
Frequencies			
Eye Exam	Covered once every calendar year		
Frames	Covered once every calendar year		
Frame Lenses	Covered once every calendar year unless contact lenses has been elected.		
Contact Lenses	Covered once every calendar year unless frame lenses has been elected.		

* You are responsible for any charges above the allowance.

** Standard contacts 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 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 tonic, gas permeable and multi-focal lenses.



Kansas Wildflowers
Photo Credit: Kansas Tourism

TELEMEDICINE

TELEMEDICINE OPTIONS

All SEHP Members Through HealthQuest *(HealthQuest is only available to retirees who are not enrolled in Medicare.)*

Available: Mon, Wed, Fri: 7 a.m. - 4 p.m.
Tu, Th: 9 a.m. - 6 p.m.

Plan A: \$0
Plans C, J, N: \$40 fee until Deductible is met,
then covered at 100%

Phone: (785) 783-4080
Online: HealthQuest.ks.gov



Aetna Members Through Teladoc

Available: 24/7/365
Plan A: \$10
Plans C, J, N: Starts at \$56 per visit subject
to Deductible and Coinsurance

Phone: 1-855-835-2362
Online: <https://member.teladoc.com/aetna>



Blue Cross Blue Shield of Kansas Members Through Amwell

Available: 24/7/365
Plan A: \$10 Copay
Plans C, J, N: Starts at \$67 per visit subject
to Deductible and Coinsurance

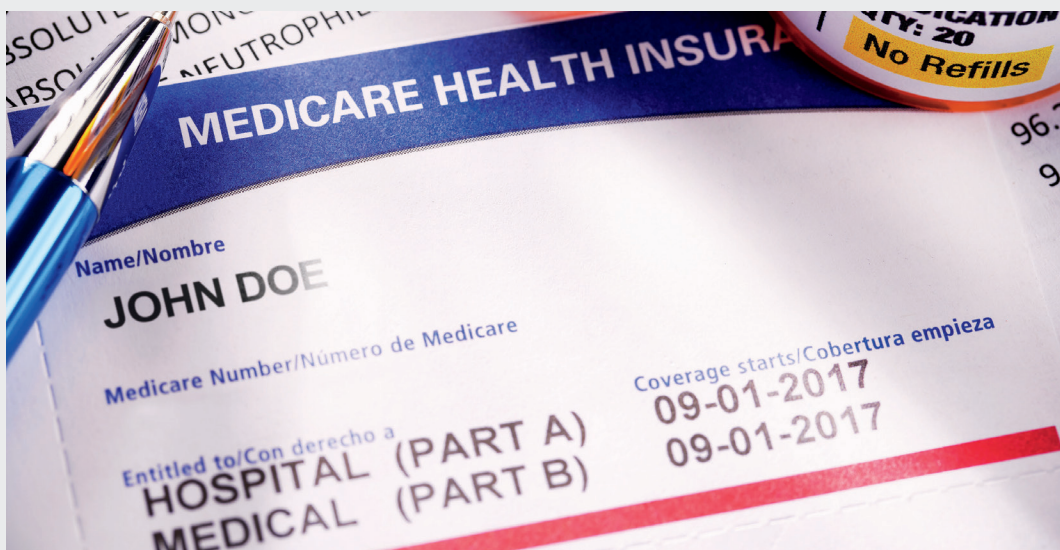
Phone: 1-800-317-5656
Online: <https://www.bcbsks.com/members/state/telemedicine>



Telemedicine is a fast, easy way to see a doctor. You can visit with a live doctor anytime, anywhere using your computer, tablet or phone. All SEHP medical plans cover telemedicine appointments. Telemedicine doctors can treat a variety of conditions, including cold, flu, fever, rash, sinus infection, pink eye, ear infection, behavioral health and more.

TELEMEDICINE BENEFITS

- Available nationwide, 24/7/365
- Prescribed short term medications
- Treat common conditions



WILL YOU OR SOMEONE IN YOUR FAMILY BE ELIGIBLE FOR MEDICARE DUE TO REACHING AGE 65 OR DISABILITY IN 2025?

If you or a covered family member will become eligible for Medicare this year or during 2025, you need to watch “Medicare is Just Around the Corner” before you complete your 2025 Open Enrollment elections. This is particularly important for Members enrolled in Plan C or N and contributing to an HSA. **If you elect to waive Medicare and continue under Plan C or N with a HSA, you must stop contributing to your HSA six (6) months before you elect to apply for Medicare, or you may be responsible for paying taxes on your HSA contributions.**

Learn more about becoming Medicare eligible and your State of Kansas benefits, scan the QR Code with your Smart Device to watch the video “Medicare is Just Around the Corner.”



https://sehp.healthbenefitsprogram.ks.gov/media/cms/Draft_2_Medicare_is_just_around_the_corner_7c192dfcbd2e2.mp4

For helpful information and videos, visit SEHP.HealthBenefitsProgram.ks.gov.

MEDICARE OPTIONS





Gage Park Flower Garden
Photo Credit: Kansas Travel Tourism

What's New in 2025 Medicare Options

Action Required:

- **Annual Open Enrollment period is October 15 - November 16, 2024.**

Aetna Medicare Advantage Plans

- Elimination of the Coverage Gap Phase for the prescription drug coverage included in Aetna Medicare Advantage Freedom and Elite Plans.

Delta Dental Changes for 2025

- The annual dental maximum benefit will increase to \$2,000 per year.
- The new orthodontic lifetime maximum will increase from \$1,000 to \$1,500.

New Senior Plan Option

- Plan G High Deductible

New Voluntary Prescription Eyewear Insurance

- The new, voluntary prescription eyewear insurance provider is Surency Life and Health. For coverage, you **MUST REENROLL**.

SilverScript Changes for 2025

- Reduction to three phases - Deductible (if applicable), Initial Coverage and Catastrophic
- Elimination of the Coverage Gap Phase
- Introduction of a \$2,000 annual out of pocket threshold



2025 MEDICARE OPTIONS

Medicare is the federal health insurance program for: People who are 65 or older; Certain younger people with disabilities; and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

Medicare 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.

NOTE: If you became Medicare eligible after January 2020, Senior Plans C and C Select are not an option for you.

The State Employee Health Plan Medicare Options are:

- **Aetna Medicare Advantage Freedom PPO ESA** with Aetna Standard Rx Part D
- **Aetna Medicare Advantage Elite PPO ESA** with Aetna Standard Rx Part D
- **Kansas Senior Plan C** with or without SilverScript Part D - Premier or Economy
- **Kansas Senior Plan C Select** with or without SilverScript Part D - Premier or Economy
- **Kansas Senior Plan G** with or without SilverScript Part D - Premier or Economy
- **Kansas Senior Plan G Select** with or without SilverScript Part D - Premier or Economy
- **Kansas Senior Plan G High Deductible** with or without SilverScript Part D - Premier or Economy
- **Kansas Senior Plan N** with or without SilverScript Part D - Premier or Economy

Dental Coverage

Members may elect any of the Kansas Senior Plans or Medicare Advantage Plans with or without Delta Dental coverage; however, once a member opts out of Dental coverage, the member will not be able to reenroll in Dental coverage at a later date. See page 26 for more information.

Voluntary Prescription Eyewear Coverage

Members with any of the Kansas Senior Plans or Medicare Advantage Plans may elect to participate in voluntary prescription eyewear coverage with Surency. See page 28 for more information.



Chase County Waterfall
Photo Credit: Kansas Travel Tourism

MEDICARE ADVANTAGE PLANS

aetna[®] MEDICARE FREEDOM AND ELITE PPO ESA PLANS

Direct Bill members enrolled in Medicare Part A and Part B have two Medicare Advantage PPO Plans to choose from for 2025: **Freedom PPO ESA** or **Elite PPO ESA**. These Medicare Advantage Plans offer different levels of coverage and monthly premium will vary based on the Plan selected. You must be enrolled in Medicare Part A and Part B and continue to pay your Part B premium. You do not need to buy additional supplemental Medicare coverage.

These Medicare Advantage Plans are offered by Aetna Medicare and come with Aetna Standard Part D prescription drug coverage as well as additional health and wellness benefits. You do not need to enroll in a separate Part D insurance.

To process member benefits, SEHP needs your Medicare card and banking information.

No referral is required and the Aetna PPO Plans include an extended service area (ESA) giving you the flexibility to see any medical provider, in or out of network, at the same cost, according to the costs listed on your Plan benefits summary. They just have to be licensed, eligible to receive Medicare payments and willing to accept your Plan. You do not need to buy additional supplemental Medicare coverage. For more Plan details, visit <http://stateofkansas.aetnamedicare.com> or contact Aetna Customer Service at 844-233-1939.

Beginning on the next page, you can review the monthly premiums, out of pocket maximums and covered services (e.g. Hospital Stays, Office Visit Copays and the drug plan).

Extra Benefits for Aetna Medicare Advantage Members include:

- Hearing Aid Reimbursement
- Meal Home Delivery
- Teladoc
- Aetna Discount Program
- Routine Eye Exam
- Transportation
- Telehealth
- Silver Sneakers Fitness Program
- Healthy Home Visits
- Resources for Living

All Aetna Medicare Advantage Plans include the SilverSneakers Program. This benefit provides unlimited access to participating fitness centers anywhere in the country at no extra charge. For more information about SilverSneakers, visit www.silversneakers.com.

NOTE: Enrollment in another Medicare Part D through the private market is not allowed with any of the Aetna Medicare PPO ESA options and will cause Medicare to cancel your Medicare Advantage Plan and drug coverage through the SEHP.

MEDICARE ADVANTAGE PLANS

Plan Year 2025 Monthly Premiums for Medicare Advantage Plans

	Aetna Medicare Freedom PPO ESA	Aetna Medicare Elite PPO ESA
Member Only	\$154.41	\$240.59

Aetna Medicare Advantage Plans Preferred Provider Organization (PPO ESA) Options

The benefits below are applicable for both Network and Non-Network Providers.

	Freedom	Elite
Basic		
Provider Choice	No referral is required. The Aetna PPO Plans include an extended service area (ESA) and give you the flexibility to see any medical provider, in or out of network, at the same cost, according to the costs listed on your plan benefits summary. Provider must be licensed, eligible to receive Medicare payments and willing to accept your plan.	
Annual Deductible	\$0	\$150
<i>(Annual Deductible is waived for emergency room, ambulance in the US, and preventive care)</i>		
Annual Out-of-Pocket Maximum	\$1,000	\$150
Lifetime Benefit Maximum	No Limit	No Limit
Network Providers Only Amounts Above Plan Allowance	Provider to Write Off	Provider to Write Off
Covered Services		
Inpatient Hospital Services	\$150 per day, days 1-5; \$0 Unlimited Additional Days	\$0
Outpatient Surgery	\$150	\$0
Skilled Nursing Facility	Day 1-20 - \$0 per day Days 21-100 - \$167.50 per day	\$0
Office Visits		
Primary Care Provider	\$10	\$0
Specialist	\$25	\$0

MEDICARE ADVANTAGE PLANS

Aetna Medicare Advantage Plans Preferred Provider Organization (PPO ESA)		
	Freedom	Elite
Covered Services Continued		
Physician Hospital Visits	Included in the inpatient services Copay	Included in the inpatient services Copay
Diagnostic Radiology (MRI and CT scans)	\$150	\$0
Durable Medical Equipment	20% Coinsurance	\$0
Home Health Care	\$0	\$0
Hospice	Covered by Original Medicare at a Medicare certified hospice.	Covered by Original Medicare at a Medicare certified hospice.
X-Ray and Laboratory Services	\$0	\$0
Outpatient Rehabilitation Services: <i>(Speech, physical, and occupational therapy)</i>	\$0	\$0
Inpatient Mental Health Care and Substance Abuse	\$150 per day, days 1-5; \$0 Unlimited Additional Days	\$0
Outpatient Mental Health Care and Substance Abuse <i>(Individual Visit)</i>	\$25	\$0
Chiropractic	\$20	\$0
Urgently Needed Care; Worldwide	\$30	\$0
Emergency Care; Worldwide <i>(waived if admitted)</i>	\$80	\$0
Ambulance Services	\$100	\$0
Allergy Testing	\$10 Copay for PCP; \$25 Copay for specialist	\$0
Antigen Administration: <i>desensitization/treatment; allergy shots</i>	\$10 Copay for PCP; \$25 Copay for specialist	\$0

MEDICARE ADVANTAGE PLANS

Aetna Medicare Advantage Plans Preferred Provider Organization (PPO ESA)

	Freedom	Elite
Preventive Care **		
Routine Physical Exam <i>(One exam per calendar year)</i>	\$0	\$0
Immunizations <i>(Flu, Hep B, & Pneumococcal)</i>	\$0	\$0
Well-Woman Care: <i>(One pap and pelvic exam every two years)</i>	\$0	\$0
Well-Man Care:	\$0	\$0
Routine Hearing Screening - <i>(One exam every 12 months)</i>	\$0	\$0
Hearing Aid Reimbursement <i>Limit allowance every 12 months</i>	\$500 allowance	\$500 allowance
Routine Eye Exam - <i>(One exam every 12 months)</i>	\$0	\$0
Non-Medicare Covered Services		
Fitness Benefit	Silver Sneakers	Silver Sneakers
Resources for Living <i>For help locating resources for every day needs.</i>	Covered	Covered
Telehealth	Covered <i>Copay may vary</i>	Covered \$0
Transportation <i>(Non-emergency)</i>	24 one-way trips with 60 miles allowed per trip Covered \$0 Copay	
Teladoc™	\$10	\$0
Podiatry	\$25 Medicare covered \$15 Routine Services	\$0 Medicare covered podiatry
Meal Delivery	Covered \$0	Covered \$0
Diabetic Care		
Medicare Diabetes Prevention Program	\$0	\$0
Diabetic Eye Exams	\$0	\$0
Diabetic Supplies	\$0	\$0

***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 <https://healthbenefitsprogram.ks.gov>. For more details about these programs or additional assistance regarding your medical or prescription drug benefits, visit <http://stateofkansas.aetnamedicare.com> or contact Aetna toll-free at 1-844-233-1939 (TTY: 711), Monday to Friday, 8 a.m. to 9 p.m. ET.

MEDICARE ADVANTAGE PLANS

Aetna Medicare Advantage Plans Standard Rx Plan included with Freedom and Elite Plans

Members enrolled in Aetna Medicare are not eligible for enrollment in the Private Market Part D Plans.

Drug Plan Name	Aetna Standard Rx
Rx Deductible	\$0
Pharmacy Network	S2
Formulary	GRP B2
Tiers	5 Tier
30 day supply vs. 90 day supply cost sharing	1. Retail - 30 day supply 2. Retail or preferred mail order - 90 day supply
Standard Coverage Phase	\$2,000
Tier 1 - Preferred generic	\$2 / \$0
Tier 2 - Generic	\$6 / \$18
Tier 3 - Preferred brand (& high cost generic)	\$47 / \$141
Tier 4 - Non preferred brand (& high cost generic)	\$100 / \$300
Tier 5 - Specialty	33% <i>(limited to one month supply)</i>
Catastrophic Coverage	After \$2,000
All tiers	\$0
Precertification for Rx	Applies
Step therapy	Applies
Mail Order	Provided by CVS Caremark Mail Service Pharmacy.

For questions, visit <http://stateofkansas.aetnamedicare.com> or contact Aetna Medicare toll-free at 1-844-233-1939 (TTY: 711), Monday to Friday, 8 a.m. to 9 p.m. ET.



MEDICARE SUPPLEMENT PLANS

BLUE CROSS & BLUE SHIELD OF KANSAS KANSAS SENIOR PLANS



The Kansas Senior Plans are the same as Medicare Supplement Insurance. They have the same medical benefits as any other Medicare Supplement Insurance. Medicare Supplement Insurance exists to help fill the gaps that Medicare approves but does not pay. Unlike individual medigap policies such as Plan 65, the Kansas Senior Plans are group rated rather than individually age rated. The Kansas Senior Plans offer 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.

Available Kansas Senior Plans include: **Plans C, C Select, G, G Select, G High Deductible and N**. These plans are administered by Blue Cross Blue Shield of Kansas and are designed to lower costs for Medicare eligible Direct Bill members, spouses and/or dependents. Senior Plans C and C Select are only available to members that became Medicare eligible before 2020.

To be eligible to enroll in one of the Select Plans, you must live in one of these counties: Atchison, Brown, Butler, Chase, Chautauqua, Clay, Cowley, Doniphan, Douglas, Elk, Greenwood, Harper, Harvey, Jackson, Jefferson, Kingman, Leavenworth, Marion, Marshall, Osage, Pottawatomie, Pratt, Reno, Riley, Sedgwick, Shawnee, Sumner, Wabaunsee or Washington.

To process a members' Direct Bill benefits, SEHP needs your Medicare card and banking information on file.

Maximize your Coverage

To maximize your coverage, utilize providers who accept Medicare assignment. These providers agree to accept the Medicare allowance as payment in full.

To obtain full benefits with the Kansas Senior Select Plans, you must use network hospitals for your planned hospitalization services.

Important Note: If Medicare does not cover a service, there is no benefit under the medical portion of the Kansas Senior Plans.

MEDICARE SUPPLEMENT PLANS

PART D COVERAGE

Members that enroll in one of the Kansas Senior Plans can choose to enroll in one of the SilverScript Part D prescription drug plans, or they can purchase Part D prescription drug coverage on the Private Market. The Kansas Senior Plans are the only plans offered that allow the member to elect Part D coverage from the Private Market.

TRAVEL WITH CONFIDENCE

Travel with confidence because Kansas Senior Plans C, G, G High Deductible and N coverages are 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.

DENTAL COVERAGE

Members may elect any of the Kansas Senior Plans with or without Delta Dental coverage; however, once a member opts out of Dental coverage, the member will not be able to reenroll in Dental coverage at a later date. See page 26 for more information.

VOLUNTARY PRESCRIPTION EYEWEAR COVERAGE

Members with any of the Kansas Senior Plans may elect to participate in voluntary prescription eyewear coverage with Surency. See page 28 for more information.

Plan Year 2025 Monthly Premiums for Medicare Supplement Plans	
Medicare Plan	Without Part D
Senior Plan C **	\$291.06
Senior Plan C Select **	\$206.95
Senior Plan G	\$267.78
Senior Plan G Select	\$195.00
Senior Plan G High Deductible	\$109.79
Senior Plan N	\$206.37

NOTE: When making your Medicare elections in the Member Portal, if you wish to enroll in one of the SilverScript Part D Plans, you will select your Medicare Supplement Plan on one screen, then you will hit the continue button and select your SilverScript Part D coverage on the next screen.

** BCBSKS Kansas Senior Plan C and C Select are available only to members that were Medicare eligible by January 1, 2020.

MEDICARE SUPPLEMENT PLANS

Kansas Senior Plan - Medicare Supplement Plans				
Plan Name	Medicare A – Hospitalization		Medicare B – Medical	
	You Pay	The Plan Pays	You Pay	The Plan Pays
Sr. Plan C <i>Available if you were Medicare eligible before January 1, 2020</i>	\$0	Deductible and Coinsurance for Medicare covered services	\$0	Deductible and Coinsurance for Medicare covered services
Sr. Plan C Select <i>Available if you were Medicare eligible before January 1, 2020</i>	\$0	To received full Select benefits, you must obtain your planned hospitalization services from one of the network hospitals.	\$0	Deductible and Coinsurance for Medicare covered services
Sr. Plan G	\$0	Deductible and Coinsurance for Medicare covered services	\$240*	After Deductible has been paid, Plan pays Coinsurance for Medicare covered services
Sr. Plan G Select	\$0	To received full Select benefits, you must obtain your planned hospitalization services from one of the network hospitals.	\$240*	After Deductible has been paid, Plan pays Coinsurance for Medicare covered services
Sr. Plan G High Deductible		-- See pages 41 and 42 for plan details --		
Sr. Plan N	\$0	Deductible and Coinsurance for Medicare covered services	\$240* \$20 Office Visit up to \$50 for ER Visit	Balance after Deductible and Copays are paid

*** The Deductible and Coinsurance amounts listed for Kansas Senior Plans reflect 2024 rates as Medicare has not yet published rates for 2025.**

****The new Senior Plan G High Deductible Plan being offered to SEHP members for 2025 is outlined in this guide using the 2024 Deductible amounts. Medicare has not yet published the 2025 Deductible amount as of the printing of this Enrollment Guide. Once the 2025 amounts have been published, they will be available on the [SEHP website](#).**

The comparison chart is NOT the governing document. For complete information, including **Non Network Provider coverage**, members need to refer to each Provider's Benefits Description location on the [SEHP website](#).

New for 2025; Plan G High Deductible Benefit Summary

With High Deductible Plan G coverage, you must pay for Medicare-covered costs (Coinsurance, Copayments and Deductibles) up to the Deductible amount of \$2,800 in 2024 before your plan pays anything. You must also pay a separate Deductible (\$250 per year) for foreign travel emergency services.

Medicare Part A (hospital services) - per benefit period

Services	Medicare Pays	After you pay the \$2,800 Deductible Plan G Pays	In addition to the \$2,800 Deductible You Pay
Hospitalization Semi-private room and board, general nursing, miscellaneous services and supplies ¹			
First 60 days	All but \$1,632	\$1,632 (Part A Deductible)	\$0
61st through 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
» while using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
» once lifetime reserve days are used:			
- additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
- beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital. ¹			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All costs
Blood			
First 3 pints (per calendar year)	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.			
	All but limited Coinsurance for outpatient drugs and inpatient respite care	Medicare Copayment/Coinsurance	\$0

¹ A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

² Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid, up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

New for 2025; Plan G High Deductible Benefit Summary

Continued

With High Deductible Plan G coverage, you must pay for Medicare covered costs (Coinsurance, Copayments and Deductibles) up to the Deductible amount of \$2,800 in 2024 before your plan pays anything. You must also pay a separate Deductible (\$250 per year) for foreign travel emergency services.

Medicare Part B (medical services) - per calendar period

Services	Medicare Pays	After you pay the \$2,800 Deductible Plan G Pays	In addition to the \$2,800 Deductible You Pay
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First \$240 of Medicare-approved amounts ³	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
Part B excess charges	\$0	100%	\$0
Blood			
First 3 pints (per calendar year)	\$0	All costs	\$0
Next \$240 of Medicare approved amounts ³	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare approved amounts	Generally 80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0

Medicare Parts A & B (home health care) - Medicare approved services

Services	Medicare Pays	Plan G Pays	You Pay
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment			
First \$240 of Medicare approved amounts ³	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare approved amounts ³	80%	20%	\$0
Foreign Travel Medically necessary emergency care services during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to lifetime max. benefit of \$50,000	20% and amounts over \$50,000 lifetime max.

³ Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the year.



Kansas Landscape
Photo Credit: Kansas Tourism

MEDICARE PART D PRESCRIPTION DRUG PLAN

SILVERSCRIPT MEDICARE PART D PRESCRIPTION DRUG PLAN

SilverScript is the Medicare Part D Plan for members of the State Employee Health Plan enrolled in one of the Kansas Senior Plans (C, C Select, G, G Select, G High Deductible or N). SilverScript offers two plans, **Premier** and **Economy**.

The **Premier Plan** has a \$0 Deductible. It has five tiers. For 90 day prescription fills, you only pay 1.5 months' copay, which can save you money on your medications. See the benefit summary for full copay details.

The **Economy Plan** has a \$350 Deductible. The Deductible does not apply to Tier 1 and 2 drugs. For 90 day prescription fills, you may pay a reduced copay based on the tier level. See the benefit summary for full copay details.

Premiums are paid directly to SilverScript. You will receive a bill from SilverScript and you need to pay SilverScript directly.

For more information, go to www.caremark.com or contact SilverScript at 800-411-3986.

Plan Year 2025 Retirees/Direct Bill Members Monthly Premiums for SilverScript Part D

	Silverscript Premier Part D	SilverScript Economy Part D
Member Only	\$150.40	\$23.86

MEDICARE PART D - PRESCRIPTION DRUG COVERAGE

2025 SilverScript Standalone Part D Drug Coverage PREMIER Rx Plan

For Retirees enrolled in BCBS Medicare Supplement Plans

Deductible	\$0		
Pharmacy Network	P1		
Formulary	Group B2		
Tiers	5 Tier		
Initial Coverage Limit	\$2,000		
Prescription	Network Retail 30 Day Supply	Network Retail 60 Day Supply	Network Retail and Mail Order 90 Day Supply
Tier 1 - Preferred Generic	Preferred: 20% Max \$30 Standard: 25% Max \$30	Preferred: 20% Max \$45 Standard: 25% Max \$45	Preferred: 20% Max \$45 Standard: 25% Max \$45
Tier 2 - Generic	Preferred: 20% Max \$30 Standard: 25% Max \$30	Preferred: 20% Max \$45 Standard: 25% Max \$45	Preferred: 20% Max \$45 Standard: 25% Max \$45
Tier 3 - Preferred Brand	25% Max \$100	25% Max \$150	25% Max \$150
Tier 4 - Non Preferred	50% Max \$150	50% Max \$225	50% Max \$225
Tier 5 - Specialty	25% No Max	Limited to 30 Day Supply	Limited to 30 Day Supply
Catastrophic Coverage	Benefits start once \$2,000 in true out-of-pocket costs is incurred. You pay \$0 once \$2,000 limit is reached.		
Mail Order	90 Day Supply Mail Order provided by CVS Caremark Mail Pharmacy		

For questions, contact SilverScript at 1-800-411-3986.

MEDICARE PART D - PRESCRIPTION DRUG COVERAGE

2025 SilverScript Standalone Part D Drug Coverage ECONOMY Rx Plan

For Retirees enrolled in BCBS Medicare Supplement Plans

Deductible	\$350 <i>(The Deductible does not apply to drugs on Tier 1 or 2)</i>
Pharmacy Network	P1
Formulary	Group B2
Tiers	5 Tier

Initial Coverage Limit: \$2,000

Initial Coverage begins after plan Deductible, if applicable.

Prescription	Network Retail 30 Day Supply	Network Retail 60 Day Supply	Network Retail and Mail Order 90 Day Supply
Tier 1 - Preferred Generic	Preferred: \$0 Standard: \$15	Preferred: \$0 Standard: \$30	Preferred: \$0 Standard: \$30
Tier 2 - Generic	Preferred: \$10 Standard: \$20	Preferred: \$20 Standard: \$40	Preferred: \$20 Standard: \$40
Tier 3 - Preferred Brand	\$47	\$94	\$94
Tier 4 - Non Preferred	50%	50%	50%
Tier 5 - Specialty	25%	Limited to 30 Day Supply	Limited to 30 Day Supply
Catastrophic Coverage	Benefits start once \$2,000 in true out of pocket costs is incurred. You pay \$0 once the \$2,000 limit is reached.		
Mail Order	90 Day Supply Mail Order provided by CVS Caremark Mail Pharmacy		

For questions, contact SilverScript at 1-800-411-3986.



Kansas Sunflowers
Photo Credit: Kansas Tourism

STATE EMPLOYEE HEALTH PLAN VENDORS

Dental Coverage

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 Plan
Enrollment, Qualifying Event, Report a Death, Address Changes
HealthBenefitsProgram.ks.gov
(Toll Free) 866-541-7100

Medical Coverage

Aetna - Non Medicare Plans
Customer Service
Behavioral Health
www.aetnastateofkansas.com
All Areas (Toll Free): 866-851-0754

Aetna - Medicare Plans
Aetna Medicare **Freedom** PPO ESA
Aetna Medicare **Elite** PPO ESA
Behavioral Health (MHNNet)
<http://stateofkansas.aetnamedicare.com>
All Areas (Toll Free): 866-233-1939
TTY: 866-200-3269

Blue Cross Blue Shield of Kansas
Non Medicare Plans
Customer Service
www.bcbsks.com/CustomerService/Members/State/
All Areas (Toll Free): 800-332-0307
Topeka: (785) 291-4185

Blue Cross Blue Shield of Kansas
Medicare Plans
Kansas Senior Plans C, C Select, G, G Select, G High Deductible & N
OTC Card Questions
All Areas (Toll Free): 800-332-0307
Topeka: (785) 291-4185
All Areas (Toll Free): 800-432-3990

Lucet Behavioral Health
All Areas (Toll Free): 800-952-5906
Topeka: (785) 233-1165

Prescription Coverage

CVS Caremark
Non Medicare Prescription Coverage
www.caremark.com
All Areas (Toll Free): 800-294-6324
TDD (Toll Free): 800-863-5488
Specialty Pharmacy: 800-237-2767

Prescription Savings

Rx Savings Solutions
www.rxsavingsolutions.com
All Areas: (Toll Free) 800-268-4476
TTY: 800-877-8973
support@rxsavingsolutions.com

Preferred Lab Benefit Program Non Medicare Plans

QuestSelect
www.questselect.com
All Areas (Toll Free): 800-646-7788

Stormont Vail Health
<https://www.stormontvail.org>
All Areas (Toll Free): 800-637-4716
Topeka: (785) 354-1150

The University of Kansas Health System
www.kansashealthsystem.com/lab
All Areas (Toll Free): 866-358-5227

Voluntary Prescription Eyewear Insurance

Surency Vision
www.surency.com/stateofkansas
All Areas (Toll Free): 866-818-8805

SilverScript

Medicare Part D Plans
Premiere and Economy
www.caremark.com
All Areas (Toll Free): 800-411-3986
TTY: 711

KPERS

Kansas Public Employers Retirement Systems
www.KPERS.org
All Areas (Toll Free): 888-275-5737
Topeka: (785) 296-6166

SHICK

Senior Health Insurance Counseling for Kansas
www.kdads.ks.gov/SHICK/shick_index.html
All Areas (Toll Free): 800-860-5260



**STATE EMPLOYEE HEALTH PLAN (SEHP)
Appointment of Personal Representative**

Member ID Number or Social Security Number _____

Member Information		
Member, Spouse or Dependent Names (Last, First, MI)	Mailing Address Street Address, City, State, Zip	Phone Number Include Area Code

Personal Representative Information			
Member, Spouse or Dependent Names (Last, First, MI)	Mailing Address Street Address, City, State, Zip	Phone Number Include Area Code	Relationship to Member

I, the above named member, hereby designate the above named person(s), to act on my behalf or on behalf of my covered spouse and dependent(s).

I authorize my Personal Representative to act for me (and for my covered spouse and dependents, if named above,) in receiving any information that is (or would be) provided to me as a member of the SEHP, including but not limited to, any information that relates to my claim for coverage or benefits under the SEHP and any individual rights that I have regarding my protected health information under the Health Insurance Portability and Accountability Act (HIPAA).

Or alternatively,

¹ I authorize my Personal Representative to act for me, my covered spouse and dependents (if named above) in receiving protected health information to conduct the following functions on my behalf:

I understand that this designation is subject to approval by the SEHP. I also understand that once approved, this designation will remain in effect indefinitely or until I revoke it. I understand that I have the right to revoke this designation at any time by submitting a signed statement to that effect to the SEHP.

I certify that I have reviewed the SEHP's Policy for designation of Personal Representative.

Member's Signature: _____

Date: _____

**Submit to: SEHP Direct Bill Membership Services
109 SW 9th Street - Suite 600
Topeka, KS 66612**

Toll Free: 866-541-7100

¹ The SEHP may wish to use this paragraph to allow members and dependents to designate individuals to be a personal representative only for specific activities. The preamble to the privacy rules states that a personal representative must be treated as the individual only to the extent that PHI is relevant to the matters on which the personal representative is authorized to represent the individual. 65 Fed. Reg. 82500.