

2022  
OPEN  
ENROLLMENT  
PERSONNEL  
OFFICER  
TRAINING



# General Overview



## Agenda:

- What's New in 2022
- Benefit Reminders
- Review Updates in MAP
- Short break
- Visit the SEHP website
- Review the Enrollment Guide Booklet
- Questions

# What's New for 2022

- **New Vendors:** There are two new vendors to the SEHP:
  - **Avēsis** is the new vendor for the vision insurance.
  - **MetLife** will manage the Health Savings Accounts and Health Reimbursement Accounts (HSAs and HRAs).
  
- **Medical and Prescription**
  - **Plan A**
    - **Deductible** amounts are reducing to \$900/single and \$1,800/family.
    - **Out-of-Pocket (OOP) Maximum** is reducing to \$5,250/single and \$10,500/family.
    - **Primary Care Provider (PCP) Copay** is reducing from \$40 to \$30.
  
  - **Plan C OOP Maximum** is reducing to \$4,500/single and \$9,000/family.
  
  - **Plan Q** will no longer be offered as a medical plan option.
  
- **All Plans**
  - **Preferred Brand Name Drugs:** Coinsurance is reducing from 40% to 35%.
  - **Non-Preferred Brand Name Drugs:** Coinsurance is reducing from 65% to 60%.

# 2022 Semi Monthly Rates

Plan Year 2022 Semi-Monthly Rates for State of Kansas Active Employees							
Employee Category	Plan A	Plan C	Plan J	Plan N	Dental	Vision	
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Delta	2022 Basic	2022 Enhanced
<b>Full-Time</b>							
Employee Only	\$39.90	\$35.20	\$52.56	\$23.25	\$6.69	\$1.44	\$2.92
Employee + Spouse	\$237.27	\$123.69	\$153.38	\$84.30	\$16.34	\$2.92	\$5.40
Employee + Children	\$126.56	\$65.02	\$91.27	\$43.92	\$14.41	\$3.16	\$6.35
Employee + Family	\$415.40	\$208.33	\$262.79	150.17	\$24.09	\$4.34	\$8.18
<b>All Part-Time</b>							
Employee Only	\$115.68	\$52.62	\$65.60	\$34.76	\$12.07	\$1.44	\$2.92
Employee + Spouse	\$353.96	\$158.20	\$179.76	\$107.83	\$24.24	\$2.92	\$5.40
Employee + Children	\$200.22	\$88.32	\$108.80	\$59.65	\$21.79	\$3.16	\$6.35
Employee + Family	\$561.67	\$251.24	\$299.61	\$181.08	\$34.05	\$4.34	\$8.18
<b>HealthyKIDS</b>							
Employee + Children	\$82.82	\$49.37	\$79.52	\$33.36	\$8.40	\$3.16	\$6.35
Employee + Family	\$310.55	\$190.54	\$247.52	\$137.34	\$18.05	\$4.34	\$8.18

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

**Non State Group Employees should check with their HR office for premium rates.**

# Vision Insurance

## Welcome to Your Avēsis Vision Plan!



### VALUE ADD SERVICES

- Top Retail providers are in Network – Walmart, Costco, Sam's, Target etc.
- Hearing Aid Discounts through Amplifon\*
- Lasik discount of \$150 + 25% off\*
- Contact lens fitting does not come out of allowance
- Avēsis Vision Delivered – shop at home for glasses

\*see plan certificate for details

- Additional discounts available\*
- Members have full plan year to use contact lens allowance
- Benefits are based on plan year
- Up to 20% off remaining frame balance
- Savings on non-prescription sunglasses
- Up to 15% off remaining contact lens balance



**Don't Forget:** Your first eye exam each year is covered at 100% if you are enrolled in any of the SEHP medical plans and you use a Network provider.

2022 AVĒSIS VISION BENEFITS			
Service or Item	Basic Plan: Network	Enhanced Plan: Network	Non Network
<b>Vision Exam</b>			
Vision Exam includes Refraction	Covered in full after \$50 copayment	Covered in full after \$50 copayment	Up to \$38*
<b>Contact Lens Fit and Follow-up (CLEFFU)*</b>			
Standard CLEFFU	\$35 copay	\$35 copay	Not Covered
Custom CLEFFU	10% off retail price minus \$55 allowance	10% off retail price minus \$55 allowance	Up to \$39
<b>Frame</b>			
Frame Allowance	\$100 allowance	\$150 allowance	Basic: Up to \$45 Enhanced: Up to \$78
<b>Standard Spectacle Lenses</b> Materials: \$25 Copay (Applies to frame or spectacle lenses, if applicable)			
Single Vision	Covered in full after \$25 copay	covered in full after \$25 copay	Up to \$31
Bifocal	Covered in full after \$25 copay	Covered in full after \$25 copay	Up to \$51
Trifocal	Covered in full after \$25 copay	Covered in full after \$25 copay	Up to \$64
Lenticular	Covered in full after \$25 copay	Covered in full after \$25 copay	Up to \$80
<b>Lens Options</b>			
Polycarbonate (Single Vision/Multi-Focal)	Member pays up to \$40	Covered in full	Basic: Not Covered Enhanced: Up to \$14
Standard Scratch-Resistant Coating	Member pays up to \$15	Covered in full	Basic: Not Covered Enhanced: Up to \$7
Ultraviolet Screening	Member Pays up to \$15	Covered in full	Basic: Not Covered Enhanced: Up to \$7
Solid or Gradient Tint	Member pays up to \$17	Member pays up to \$17	Not covered
Standard Anti-Reflective Coating	Member pays up to \$45	Member pays up to \$45	Not covered
Progressives	Not Covered	Covered up to \$165	Basic: Not covered Enhanced: Up to \$84
High-Index Lenses	Not covered	Covered up to \$116	Basic: Not covered Enhanced: Up to \$39
Transitions (Single Vision / Multi-Focal)	Member pays up to \$70/\$80	Member pays up to \$70/\$80	Not covered
Polarized	Member pays up to \$75	Member pays up to \$75	Not covered
PGX/PBX	Member pays up to \$40	Member pays up to \$40	Not covered
Other Lens Options+	Provider discount up to 20%	provider discount up to 20%	Not covered
<b>Contact Lenses</b>			
Elective	\$150 allowance	\$150 allowance	Up to \$105
Medically Necessary	Covered in full	Covered in full	Up to \$105
<b>Refractive Laser Surgery</b>			
Up to 25% provider discount*	\$150 onetime/lifetime allowance	\$150 onetime/lifetime allowance	\$150 onetime/lifetime allowance
<b>Frequency</b>			
Vision Exam	Covered once every calendar year		
Frame	Covered once every calendar year		
Spectacle Lenses	Covered once every calendar year, unless contact lenses are selected		
Contact Lenses	Covered once every calendar year, unless spectacle lenses are selected		

# HRA and HSA Information



**MetLife** will manage the Health Savings Accounts and Health Reimbursement Accounts (HSAs and HRAs) for 2022.

- All contributions (Employer and Employee) in 2022 will be made to the MetLife accounts.
- Information about the existing NueSynergy accounts and transfer of funds process will be provided prior to January of 2022.



**Even if an employee chooses to keep the NueSynergy HSA intact, all new deposits in 2022 will be made into the MetLife HSA.**



## IRS 2022 HSA Maximums

- Single \$3,650
- Family \$7,300

In addition, if you are age 55 or older, you may make an additional “catch-up” contribution of \$1,000 each year.

These maximums apply to the total of Employee AND Employer contributions to an HSA during the calendar year.

**NOTE:** The State Employee Health Plan (SEHP) contributions to a new employee’s HRA or HSA will begin at the start of the next calendar quarter after their coverage becomes effective.



# Flexible Spending Accounts



**NueSynergy**<sup>®</sup>

CUSTOMER FOCUSED • TECHNOLOGY DRIVEN

**NueSynergy** will continue to manage the Flexible Spending Accounts (FSA).

## **FSA Maximums**

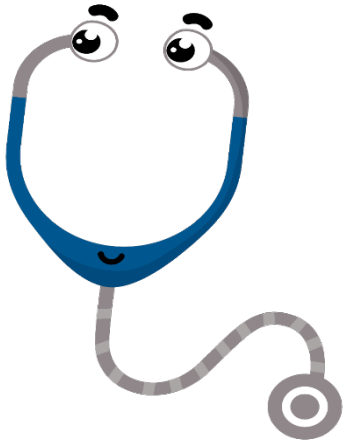
Medical, Dental and Vision FSA	<b>\$2,750</b> (Rollover Amount \$550)
Limited Purpose FSA	<b>\$2,750</b> (Rollover Amount \$550)
Dependent Care	<b>\$5,000</b> (per family)

**Dependent Care:** There is a 75-day grace period, where you can continue to incur expenses up until March 16, 2022. The deadline to submit Dependent Care claims against your 2021 Plan Year balance is April 30, 2022. **Funds in a Dependent Care FSA do not roll over to the following year.**

***Non State Employer Groups:*** check with your Employer for availability.



# Preferred Lab Benefit



Included  
with all  
medical  
plans



## Network Providers

- Provider Directories are available on the SEHP website.
- **Network** Providers save you money!
- Eligible preventive services are covered 100% (no deductible or coinsurance) when received by **Network** providers.
- **Network** Providers accept the plan allowance as payment-in-full and save you money. **Non Network** Providers have **not agreed** to accept the plan allowance. This means in addition to your required Out-of-Pocket cost, any amount above the plan allowance will be your responsibility.
- **Out-of-Pocket** maximums, which include deductible, coinsurance and copays, accumulate separately for Network and Non Network providers.



**BlueCross  
BlueShield  
of Kansas**

# Benefit Reminders



- **Both Plan C and Plan N:** the first deductible for employees with any of the 3 dependent tiers of coverage (emp/spouse; emp/children; family) must be \$2,800, to meet IRS Regulations. The balance of the family deductible (\$2,700) would be met by all the other covered members of the family unit, so the overall family deductible remains at \$5,500.
- **Dental and Vision:** are available as stand-alone benefits. An employee does not have to enroll in medical to select dental or vision coverage. In addition, an employee's enrollment status in dental or vision may be different than their medical (e.g., single medical, family dental, family vision).

# HealthQuest Reminders

## HealthQuest Premium Incentive Discount:

- The requirement to earn the Premium Incentive Discount is 40 credits.
- The HRA/HSA Dollars awarded for each HealthQuest credit completed is \$10, up to the maximum of \$500 per employee and \$500 per covered spouse.
- Personnel Officers/HR staff will receive a report with a list of people in their department/organization who have not yet achieved the 40 credits necessary to earn the premium incentive discount for 2022.
- Members will be able to see if they have earned the 2022 premium incentive discount when they visit the Membership Administration Portal (MAP) and complete their enrollment. Their “**Pending Elections Statement**” will indicate if they have “Qualified” for the discount. If they have not yet earned the 2021 premium incentive discount, they will show as “Not Qualified.”

## IMPORTANT Program Deadlines

- HRA/HSA Contribution Earning Period Ends: **November 19<sup>th</sup>**
- Premium Incentive Discount Earning Period Ends: **December 31<sup>st</sup>**





## Vendors sending new ID Cards:

- ☐ Aetna
- ☐ Avēsis
- ☐ BCBSKS
- ☐ CVS Caremark
- ☐ Delta Dental
- ☐ MetLife (if enrolled in an HSA or HRA)



# Medical ID Cards



BlueCross BlueShield  
**Kansas**

**JOHN D SMITH**

Member Identification Number

**KSE123456789**

Group No. **15030**

Plan Code **650/150**

**Deductible/Coinsurance Applies**

Benefit Plan

**Comp Major Medical Plan A**

**BlueChoice®**  
*Preferred-Care Blue®*  
Networks

STATE OF KANSAS

Health Individual/Spouse

In Network Ded **\$900/\$1800**

Out Network Ded **\$900/\$1800**

In Network Max **\$5250/\$10500**

Out Network Max **\$5250/\$10500**

Office Visit Copay **\$30**

Specialist Copay **\$60**

Emergency Copay **\$100**



BlueCross BlueShield  
**Kansas**

Members: See your contract or BlueAccess for coverage and other details. Possession of this card does not guarantee eligibility for benefits.

Hospitals or physicians: File claims with your local Blue Cross and/or Blue Shield Plan.

Inpatient care and nervous and mental health services may require prior authorization.

BCBSKS provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims, except to the extent benefits are paid under the stop loss provision (if applicable) of this coverage.

The University of Kansas Health System, Stormont-Vail Health and Quest Lab Card are providing State of Kansas preferred laboratory services and are not affiliated with Blue Cross and Blue Shield of Kansas.

**bcbsks.com/sok**

Customer Service: **800-332-0307**

In Topeka: **785-291-4185**

Outside Area: **800-810-BLUE (2583)**

Nervous/Mental Health: **800-952-5906**

In Topeka: **785-233-1165**

Blue Cross and Blue Shield of Kansas


1133 SW Topeka Blvd.



Topeka, KS 66629-0001

An independent licensee of the  
Blue Cross Blue Shield Association.



# Medical ID Cards

 **LOCAL**  
NAP

  
 **Quest**  
Stormont Vall Health

STATE OF KANSAS  
PLAN C  
GRP: 737493-020-00001  
Issuer (80840) 9140860054  
**ID W2675 78738**  
NAME  
01 SOK TEST

Choice POS II

Deductible/Coinsurance Applies

X792462300201

WWW.AETNASTATEOFKANSAS.COM

PAYER NUMBER 60054 0754

You do not have to choose a primary care doctor. Referrals are not required. However, some services may also require precertification. Without pre-approval, you may pay more or even full price. For mental health or substance abuse pre-approval or coverage questions, call 1-800-424-4047. See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.

Aetna Life Insurance Company  
P.O. BOX 981106  
EL PASO TX 79998-1106

MEMBER SERVICES

PROVIDERS CALL

1-866-851-0754

1-888-632-3862



# Coverage Comparison Tool

## Ask ALEX

[www.myalex.com/kansassehp/2022](http://www.myalex.com/kansassehp/2022)



- Employees will be able to use Ask ALEX again this year.
- ALEX is an educational and guidance resource and assists in the explanation of available benefits, how benefits work and the selection and comparison of coverage.
- It is NOT an Enrollment Tool.
- All benefit enrollment **MUST** be completed through the Membership Administration Portal (MAP).
- Sneak Peek video from Ask ALEX.

# Employment Coverage Reminders



**New Hires and Newly Eligible Employees** will have 31 days from their date of hire, or becoming eligible, to enroll in benefits.

- For **Newly Hired** individuals, coverage will be effective on the 31st day of employment.
- For **Newly Eligible** employees, coverage will continue to be effective the first day of the following month unless the change is made on the first day of the month, then it is effective that day.
- **Employees who terminate employment:** will continue to have their coverage in force through the end of the month, rather than ceasing on the last day worked.

**Note:** If an employee terms on the 1<sup>st</sup> of the month, then all coverage will end that day.

## Open Enrollment October 1-31, 2022

**All Employees** covered under the medical insurance will need to re-enroll for 2022.

**New employees** whose coverage is effective October, November or December 2021, will need to complete two separate enrollments through MAP.

Member Administration Portal (MAP)

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

Employees with ESU, KSU, KU, KUMC and PSU

[https://sso.cobraguard.net/seer\\_login.php](https://sso.cobraguard.net/seer_login.php)



## What Happens If I Don't Enroll?

<b>MEDICAL COVERAGE:</b>	All active State of Kansas (SOK) employees and Non State Group (NSE) employees who are currently enrolled, <b>MUST</b> make selections for Plan Year 2022. If you are currently enrolled and do not re-enroll, then your medical coverage will be defaulted to Plan N with your current medical carrier and an HRA for the employer contributions.
<b>VISION INSURANCE:</b>	Members currently enrolled in a Vision plan <b>MUST</b> enroll for 2022 benefits since there is a new vendor. If you do not re-enroll, you will not have vision insurance for Plan Year 2022.
<b>DENTAL ONLY:</b>	Members currently enrolled in the <b>Dental plan only</b> , will remain enrolled for 2022.
<b>VOLUNTARY BENEFITS:</b>	Members currently enrolled in <b>Voluntary Benefits insurance only</b> , will remain enrolled in those plans for 2022.
<b>WAIVED BENEFITS:</b>	Members who have waived coverage will remain waived.

## What Do I Need to Do?

During October, log in to the Membership Administration Portal (MAP) and complete the election process for 2022.

- Make sure to click “**Save and Submit**”
- Print the Pending Elections Statement

### Review and Submit

Please review the elections you made shown below. If you are satisfied with these elections, please click the “**Save and Submit**” button to con



Save and Submit

***IMPORTANT: If an employee accesses MAP and enrolls in any new plans, they must complete the entire enrollment process. For example, if an employee accesses MAP to enroll in dental only, they must actively waive their medical coverage, or they will be “defaulted” into Plan N for medical coverage.***

# Enrollment Portal Updates

1. **Revised title page** with updated disclosures & instructions
2. **New enrollment flow.** Members that elect Plan C or Plan N will be presented with HSA/HRA options immediately after instead of at the end of the enrollment flow.
3. Added a page to **confirm Dependent Care FSA eligibility** if a member elects one but has no children on their medical coverage.
4. **Scopes has been added** to pages where user's might need more information to make their election decision.

## 2022 State of Kansas Active Open Enrollment - 24 Deduction Cycles



### Welcome to the 2022 State of Kansas Active Open Enrollment - 24 Deduction Cycles Enrollment Portal.

MAP Technical Support 1-800-832-5337 (Toll Free) Monday - Friday 7 AM to 5 PM Saturday 9 AM to 2 PM

Please begin making your elections by clicking the "Begin Making Your Elections" button below. You may change your elections as often as needed until the enrollment portal closes on 09/30/2021.

**The premium incentive discount status shown in this portal is effective as of 09/01/2021.**

To view a summary of each health plan's benefits and coverage, review the Summary of Benefits and Coverage available on the SEHP's website at:

<https://healthbenefitsprogram.ks.gov/sehp/summary-of-benefits-and-coverage>

To learn more about all programs of the State Employee Health Plan, visit our webpage at: <https://healthbenefitsprogram.ks.gov/sehp/state-employee-health-plan>

*Uses and Disclosures of Protected Health Information by the Health Plan Administrators (SEHP Vendor Partners) is necessary for the operation of the SEHP:*

- They can use your health information and share it with professionals who are treating you.
- They can use and disclose your information for the operation of the health plan or their organization and contact you when necessary.
- They can use and disclose your health information as they process and pay for your health services.
- They may disclose de-identified aggregated health information to the health plan sponsor.
- They may use or share your information to contribute to the public good or for public health, safety, and research.
- The State Employee Health Plan, and our Vendor Partners, will also share information about you if required by State or Federal laws or regulations, including sharing with applicable State or Federal regulatory agencies.

**Please Note: If you log out or click the "Leave Without Saving" button before completing this enrollment and submitting your elections, all your elections/changes will be lost.**

Continue

Leave Without Saving



Open Enrollment and New Employee Presentation will be provided through the SEHP website as an “On-Demand Webinar” this year.





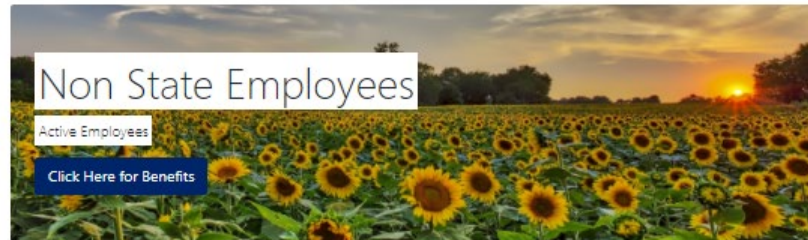
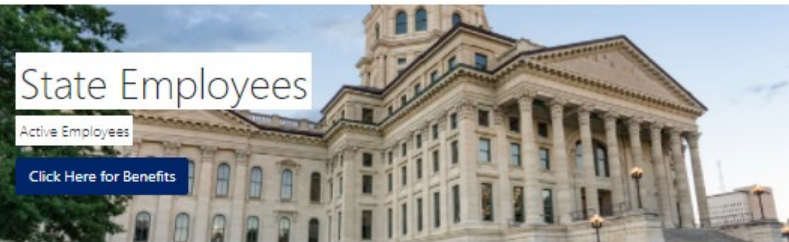
## Welcome to the State Employee Health Plan

The State Employee Health Plan is a division of the Kansas Department of Administration, and one of its duties is to provide current employees and retirees with benefit programs designed to fit each individual family's needs. These valuable benefits include a variety of choices for you, including Medical plans, Prescription coverage, Dental, Vision, along with a variety of other options.

Our mission is to provide you with the opportunity to select and best utilize the coverage best suited to your needs.

Whether you're an active employee already, or you're interested in what Kansas has to offer, we are here for you.

Let's get started—tell us a little more about yourself so we can point you in the right direction:



# Health Benefits Enrollment Guide

## Plan Year 2022



State of Kansas Employee &  
Non State Employer Group



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# SEHP Contact Information



## SEHBP Website

<https://healthbenefitsprogram.ks.gov/>

## Membership & Eligibility Questions

[SEHPMembership@ks.gov](mailto:SEHPMembership@ks.gov)

## Benefit Questions

[SEHPBenefits@ks.gov](mailto:SEHPBenefits@ks.gov)

## HealthQuest/SEHP:

[SEHPHealthQuest@ks.gov](mailto:SEHPHealthQuest@ks.gov)

***When using email addresses above, please remember to provide detailed information, including employee # and current contact information.***

# Vendor Contact Information

## Benefit & Coverage Questions:



<b>Aetna:</b>	1.866.851.0754
<b>Avēsis:</b>	1.855.249.6317
<b>BCBSKS:</b>	1.800.332.0307
<b>CVS/Caremark:</b>	1.800.294.6324
<b>ComPsych (EAP):</b>	1.888.275.1205 (option 1)
<b>Delta Dental:</b>	1.800.234.3375
<b>HealthQuest:</b>	1.888.275.1205 (option 3)
<b>Marathon Health – HealthQuest Health Center</b>	1.785.783.4080
<b>MetLife:</b>	1.877.759.3399
<b>NueSynergy:</b>	1.855.750.9440
<b>Quest Diagnostics:</b>	1.800.646.7788
<b>Rx Savings Solutions:</b>	1.800.268.4476
<b>Stormont Vail Health:</b>	1.800.637.4716
<b>The Hartford:</b>	1.866.547.4205
<b>The University of Kansas Health System (TUKHS):</b>	1.866.358.5227