2018 Open Enrollment

• Total Rewards & Benefits Labs
• SEHP Plan Design Changes
• Optional Life Insurance Open Enrollment
• YMCA Partnership

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Total Rewards
(Benefits, Leave & Compensation)

Health Insurance Open Enrollment - Plan Year 2018

- Mandatory Open Enrollment
- Open Enrollment Informational Meetings
  - In-Person
  - Online
- How to Complete Open Enrollment
- Other Important Information
- Contact

Plan Year 2018 Mandatory Open Enrollment

Open Enrollment is the period of time when benefits-eligible employees MUST select their benefits at WSU. For Wichita State University, this time is October 1st - 31st. If you do not participate in Open Enrollment, your plan WILL change and automatically default to Plan N. Open enrollment elections are effective January 1, 2018. Please refer back to this website for future communications pertaining to Open Enrollment.

Enroll here: https://sshp.member.irisuite.com/

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Informational Meetings

Need information regarding the State Employee Health Plan and Open Enrollment? Attend one of the many informational meetings presented by the Kansas Department of Health and Environment - State Employee Health Plan or the WSU Human Resources - Total Rewards Team!

In-Person:
Total Rewards

- **TotalRewards@wichita.edu**
  - Group inbox for all benefits questions (insurance, retirement, leaves, tuition assistance, etc.)
  - Emails answered in the order they are received, typically within 2 business days (replies may be delayed during periods of high volume, i.e. open enrollment)
- Walk-In Benefits Labs
  - No appointment needed
  - Held in Jabara Hall 124 (computer lab)
  - Hands-on help with open enrollment, SEHP member portal, HealthQuest portal
  - Visit [www.wichita.edu/totalrewards](http://www.wichita.edu/totalrewards) » ‘Contact Total Rewards’ for lab schedule
- Schedule a private appointment with a benefits representative by calling 978-3065
SEHP Plan Design Changes

• NOT Changing for 2018:
  – Contracted Providers: Aetna/BCBS, CareMark, Delta Dental, Surency; Quest Diagnostics/Stormont Vail for preferred lab benefit; NueSynergy & Optum Bank for consumer-driven plans
  – No changes to dental or vision coverage
  – Plan A & C still offered
  – HealthQuest Discount

• NEW for 2018:
  – **Active enrollment requirement!**
  – Employee and Employer contributions both increasing 7.7%
  – EE+Sp and EE+Fam tiers include 7.7% increase and spousal adjustment
  – MetLife replaces Colonial Life for voluntary supplemental insurance
  – Increases to Out-of-Pocket maximums on Plan A & C
  – Option of HSA or HRA on plans C & N
  – CastLight no longer offered
  – New plans J, N, & Q
Plan Vendors: Aetna and BCBS

Each health plan vendor has a unique network of contracting providers. Since Network Providers agree to accept the plan allowance as payment in full, using Network Providers saves you money! Provider Directories are listed on each vendor page on our website: [www.kdheks.gov/hcf/sehp/default.htm](http://www.kdheks.gov/hcf/sehp/default.htm)

BOTH plan vendors offer:

- Prescription drug coverage through Caremark
- Broad network of providers nationwide
- 100% coverage for many preventive care services
- No lifetime maximums
- Preferred Lab benefit through Quest Diagnostics or Stormont-Vail HealthCare.
- Virtual office visits through Amwell (BCBS) or Teledoc (Aetna)
  - Licensed medical providers via internet or smartphone
  - 24/7 availability
  - Lower out-of-pocket than urgent care or ER
Choosing Your Plan

The State Employee Health Plan now offers five health plan options. Each option is designed differently (different premium rates, deductibles, coinsurance and out of pocket maximums).

- **Plan A**
  - Only plan with office visit copays
  - Lab services covered 100% when preferred vendor is used
  - Prescription drug coinsurance has no deductible requirement

- **Plans C and N**
  - High deductible plans with member’s choice of HSA or HRA (subject to IRS rules)
  - Most covered services (including Rx) subject to the deductible, then coinsurance
  - Discounted lab w/ preferred vendor until deductible is met, then covered 100%

- **Plans J and Q**
  - Low deductible plans with an HRA for HealthQuest dollars only
  - Most covered services (including Rx) subject to the deductible, then coinsurance
  - Discounted lab w/ preferred vendor until deductible is met, then covered 100%
<table>
<thead>
<tr>
<th>NETWORK</th>
<th>A</th>
<th>J</th>
<th>C</th>
<th>Q</th>
<th>N</th>
</tr>
</thead>
</table>
| Medical Deductible | $1,000 - 1 person  
$2,000 - 2 people  
$3,000 - 3+ people | $500 - Individual  
$1,000 - Family | $2,750 - Individual  
$5,500 - Family | $500 - Individual  
$1,000 - Family | $2,750 - Individual  
$5,500 - Family |
| Coinsurance | 20% | 25% | 20% | 50% | 35% |
| PCP Office Visit | $40 Copay | Deductible & Coinsurance | Deductible & Coinsurance | Deductible & Coinsurance | Deductible & Coinsurance |
| Specialist Visit | $60 Copay | Deductible & Coinsurance | Deductible & Coinsurance | Deductible & Coinsurance | Deductible & Coinsurance |
| Rx Coinsurance | 20/40/65% | 20/40/65%1 | 20/40/65%1 | 20/40/65%1 | 20/40/65%1 |
| Rx Special Case | $100 / 30 day | N/A | N/A | N/A | N/A |
| Out-of-Pocket Max | $6,250/$12,500 | $7,350/$14,700 | $5,500/$11,000 | $6,650/$13,300 | $6,650/$13,300 |

<table>
<thead>
<tr>
<th>NON-NETWORK</th>
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</tr>
</thead>
</table>
| Medical Deductible | $1,200 - 1 person  
$2,400 - 2 people  
$3,600 - 3+ people | $1,000 - Individual  
$2,000 - Family | $2,750 - Individual  
$5,500 - Family | $700 - Individual  
$1,400 - Family | $2,750 - Individual  
$5,500 - Family |
| Coinsurance | 50% | 50% | 50% | 60% | 50% |
| Out-of-Pocket Max | $6,250/$12,500 | $10,000/$20,000 | $5,500 / $11,000 | $6,650/$13,300 | $6,650 / $13,300 |

| HSA/HRA EMPLOYER CONTRIBUTION (FULL-TIME EMPLOYEES) | | | | | |
|---------------------------------------------------|---|---|---|---|
| Employee | N/A | $0 | $1,0002 | $0 | $500 |
| Employee + Spouse/Family | N/A | $0 | $1,2502 | $0 | $625 |
| Employee + Children | N/A | $0 | $1,7502 | $0 | $875 |
| HealthQuest Dollars | No | $500/$1,000 (HRA) | $500/$1,000 | $500/$1,000 (HRA) | $500/$1,000 |

1 After deductible has been satisfied  
2 Minimum employee contribution of $25/paycheck required to receive employer contributions into HSA
### 2018 SEMI-MONTHLY RATES for STATE of KANSAS ACTIVE EMPLOYEES

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>J</th>
<th>C</th>
<th>Q</th>
<th>N</th>
<th>Dental</th>
<th>Basic Vision (Monthly)</th>
<th>Enhanced Vision (Monthly)</th>
</tr>
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<tbody>
<tr>
<td><strong>FULL-TIME</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Employee Only</td>
<td>$38.61</td>
<td>$50.86</td>
<td>$34.06</td>
<td>$25.50</td>
<td>$22.50</td>
<td>$6.30</td>
<td>$3.96</td>
<td>$7.79</td>
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<td>Employee + Spouse</td>
<td>$225.15</td>
<td>$145.54</td>
<td>$117.37</td>
<td>$89.74</td>
<td>$80.00</td>
<td>$14.87</td>
<td>$7.75</td>
<td>$15.37</td>
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<tr>
<td>Employee + Children</td>
<td>$122.48</td>
<td>$88.33</td>
<td>$62.92</td>
<td>$47.33</td>
<td>$42.50</td>
<td>$13.15</td>
<td>$7.00</td>
<td>$13.86</td>
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<tr>
<td>Employee + Family</td>
<td>$394.19</td>
<td>$249.37</td>
<td>$197.70</td>
<td>$169.72</td>
<td>$142.50</td>
<td>$21.74</td>
<td>$10.81</td>
<td>$21.49</td>
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<tr>
<td><strong>PART-TIME</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Employee Only</td>
<td>$111.95</td>
<td>$63.48</td>
<td>$50.92</td>
<td>$38.12</td>
<td>$33.64</td>
<td>$11.07</td>
<td>$3.96</td>
<td>$7.79</td>
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<tr>
<td>Employee + Spouse</td>
<td>$335.88</td>
<td>$170.58</td>
<td>$150.12</td>
<td>$114.79</td>
<td>$102.33</td>
<td>$21.87</td>
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<tr>
<td>Employee + Children</td>
<td>$193.76</td>
<td>$105.29</td>
<td>$85.47</td>
<td>$64.29</td>
<td>$57.73</td>
<td>$19.71</td>
<td>$7.00</td>
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<tr>
<td>Employee + Family</td>
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<td>$284.31</td>
<td>$238.41</td>
<td>$204.66</td>
<td>$171.84</td>
<td>$30.58</td>
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<tr>
<td><strong>HealthyKIDS</strong></td>
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<tr>
<td>Employee + Children</td>
<td>$80.15</td>
<td>$76.95</td>
<td>$47.78</td>
<td>$35.94</td>
<td>$32.28</td>
<td>$7.83</td>
<td>$7.00</td>
<td>$13.86</td>
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<tr>
<td>Employee + Family</td>
<td>$294.70</td>
<td>$234.88</td>
<td>$180.82</td>
<td>$155.22</td>
<td>$130.33</td>
<td>$16.39</td>
<td>$10.81</td>
<td>$21.49</td>
</tr>
</tbody>
</table>

- Rates shown do not include HealthQuest discounts earned in 2017 for plan year 2018
- Annual enrollment in HealthyKIDS is required, view income guidelines online at [www.kdheks.gov/hcf/sehp/HealthyKIDS.htm](http://www.kdheks.gov/hcf/sehp/HealthyKIDS.htm)
FSA vs HSA vs HRA

• **Flexible Spending Account (All Plans)**
  - Fixed, pre-tax contribution account for planned medical expenses
  - Limited to dental & vision expenses for Plan C/N members
  - $2,600 limit ($5K for dependent care); $500 annual rollover maximum

• **Health Savings Account (Plan C/N)**
  - Portable account that is yours to keep; entire balance rolls over year-to-year
  - Plan C: minimum employee contribution of $25/paycheck required to receive employer contributions into an HSA (can be changed mid-year)
  - **Plan N: no employee contribution required to receive employer funds**
  - $3,450 limit ($6,900 family); $1,000 catch up allowance for member age 55+

• **Health Reimbursement Account (Plan C/J/N/Q)**
  - Use-it or lose-it account that only holds employer funds
  - Same employer contribution as HSA
  - Remaining funds are forfeited at the end of the plan year
  - **Plan J/Q: members will have an HRA for any HealthQuest dollars earned**
  - **Plan C/N: members can now chose to elect the HRA in lieu of the HSA**

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* Cannot be enrolled in Medicare/TRICARE; cannot be claimed as a tax dependent; medical coverage must be limited to HDHP’s like Plan C/N
MetLife Supplemental Insurance

SEHP members may select from the following voluntary plans when completing their open enrollment through the Membership Administration Portal (MAP) for portable, guaranteed issue coverage:

• Accident Insurance
  – 150+ covered events
• Hospital Indemnity (Low & High Plans)
• Critical Illness
  – Lump sum payment upon diagnosis of covered condition
  – 50% recurrence benefit for some conditions
  – $10k or $20k coverage options

Rates are posted online at http://www.kdheks.gov/hcf/sehp/met_life.htm

Questions? Call 1-800-GET-MET8 or visit www.metlife.com/stateofks
Optional Life Insurance Open Enrollment

October 1st-31st is the open enrollment period for optional life insurance provided to KPERS/KBOR employees and underwritten by Standard Insurance. Apply by 10/31/17 to enroll in or add guaranteed issue coverage with no health questions:

- **Member**
  - $5,000 increments up to plan max of $400,000
  - Up to $50,000 in guaranteed coverage (to $250,000 guaranteed max)

- **Spouse**
  - $5,000 increments up to plan max of $100,000
  - Up to $25,000 in guaranteed coverage (to $25,000 guaranteed max)

- **Children**
  - $10,000 or $20,000 options (guaranteed during open enrollment)
  - One premium covers all eligible children up to age 26

Learn more and view rates at [https://www.kpers.org/optionallife/](https://www.kpers.org/optionallife/)
Dental

- No changes for 2018
- 2 covered exams/cleanings per member, per year
- SEHP members receive the enhanced benefit at basic rates, unless 12 months elapse without at least 1 exam

<table>
<thead>
<tr>
<th>Delta Dental Benefits</th>
<th>PPO Network Provider</th>
<th>Premier Network Provider</th>
<th>Non Network* Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Benefit Maximum</strong></td>
<td></td>
<td>$1,700 per member</td>
<td></td>
</tr>
<tr>
<td><strong>Lifetime Orthodontic Benefit</strong></td>
<td></td>
<td>50% Coinsurance to a maximum of $1,000 per member</td>
<td></td>
</tr>
<tr>
<td><strong>Implant Coverage (Benefit subject to Annual Benefit Maximum above)</strong></td>
<td></td>
<td>50% Coinsurance</td>
<td></td>
</tr>
</tbody>
</table>

**DEDUCTIBLE**

- **Diagnostic and Preventive Services**: No Deductible
- **Basic Restorative Services**: $50 per person per Plan Year. Not to exceed an Annual Family Deductible of $150
- **Major Restorative Services**

**COINSURANCE**

**BASIC BENEFIT**
Applies when you have not had at least one routine prophylaxis (cleaning) and/or preventive oral exam in prior 12 months

- **Diagnostic and Preventive Services**: Allowed amount covered in full by the Plan*
- **Basic Restorative Services**: 50% 50% 50%
- **Major Restorative Services**: 60% 70% 70%

**ENHANCED BENEFIT**
Applies when you have had at least one routine prophylaxis (cleaning) and/or preventive oral exam in prior 12 months

- **Diagnostic and Preventive Services**: Allowed amount covered in full by the Plan*
- **Basic Restorative Services**: 20% 40% 40%
- **Major Restorative Services**: 50% 50% 50%
Vision

- No changes for 2018
- Contact lens allowance must be used in (1) purchase
- SEHP members can elect contact lenses OR eyeglass lenses once per year, but the frame allowance can still be used if contact lenses are elected

### Surency Vision Benefits

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

- Employees and covered spouses can earn the HQ Rewards discount for 2019 by earning 40 credits, including required Health Assessment Questionnaire
  - EE Only or EE+Children: $480 ($20 per month)
  - EE+Spouse/Family: $240 each spouse
- Employees and covered spouses can each earn up to $500 in HRA/HSA dollars (all plans except Plan A)

Identification Cards

- Caremark is sending new cards to all members
- Aetna, BCBS, Delta, Surency and Quest are only sending cards to new members or members who make changes in coverage
- NueSynergy is sending new FSA accounts a debit card
- Optum is only sending new debit cards to new members enrolling in an HSA
Active Enrollment Requirement

- Employees are **required** to log into the Membership Administration Portal (MAP) during the month of October to make their plan elections for 2018
  - Members who have waived coverage will remain waived (unless they enroll)
  - Members enrolled in vision only will remain in vision only (unless they enroll)
- **Employees who are currently covered and do not enroll prior to the deadline will be defaulted to Plan N with their current carrier and an HRA, including all covered dependents**
  - **Defaulted employees will not be allowed to change plan election until the next open enrollment in October 2018**
- **Remember:**
  - Enroll in health coverage for 2018
  - Apply for HealthyKIDS
  - Elect an FSA/HSA/HRA
  - Enroll in supplemental/life insurance
  - Click ‘Save & Submit’
  - Print Pending Elections Statement for your records
Open Enrollment Resources

- SEHP Website: [http://www.kdheks.gov/hcf/sehp/default.htm](http://www.kdheks.gov/hcf/sehp/default.htm)
- Membership Administration Portal (MAP): [https://sehp.member.hrissuite.com](https://sehp.member.hrissuite.com)
- Eligibility & Enrollment Portal: KDHE.SEHPMembership@ks.gov
- Health Plan Operations: KDHE.Benefits@ks.gov

<table>
<thead>
<tr>
<th>Provider</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>866.851.0754</td>
</tr>
<tr>
<td>Delta Dental</td>
<td>800.234.3375</td>
</tr>
<tr>
<td>Optum (HRA/HSA)</td>
<td>800.859.2144</td>
</tr>
<tr>
<td>BCBS</td>
<td>800.332.0307</td>
</tr>
<tr>
<td>Metropolitan Life</td>
<td>800.438.6388</td>
</tr>
<tr>
<td>Quest Diagnostics</td>
<td>800.646.7788</td>
</tr>
<tr>
<td>Caremark</td>
<td>800.237.2767</td>
</tr>
<tr>
<td>NueSynergy (FSA)</td>
<td>855.750.9440</td>
</tr>
<tr>
<td>Surencency</td>
<td>866.818.8805</td>
</tr>
</tbody>
</table>
WSU & YMCA
Partnership to Invest in You

Contributing to your membership:
WSU  $150/year
YMCA  $100/year + $50 joiner fee

Your Membership Rate:
$16.87/month for single adult  (vs $37.70)
$29.07/month for family  (vs $49.90)
• All benefit-eligible employees qualify
• Need my WSU ID and bank account information to start  (account and routing #)
• First draft will be November 15th
WSU & YMCA
Partnering to Invest in You

Benefits:
• Access to 9 full-service locations
• 4 outdoor water parks
• 800+ group exercise classes each week (including bootcamp, yoga, cycle, etc.)
• Member rate on programs, including summer day camp (a $20 savings on most programs)
• Family programming
WSU & YMCA
Partnering to Invest in You

• YMCA will be onsite at all open enrollment sessions
• SAVE when you join today during your open enrollment session
• Or visit any Greater Wichita YMCA location to join or update your membership (9 locations - Wichita, Andover, El Dorado & Newton)