State Employee Health Plans (SEHP)

2023

Robust | Competitive | Total Rewards
KUMC Benefits Department:
benefits-university@kumc.edu

State of Kansas Benefits:
SEHPMembership@ks.gov
785-368-6361
https://healthbenefitsprogram.ks.gov
Let’s get to know more about your KUMC benefits

- Day 1 Benefit Coverage
- Medical Plans
- Prescription Card
- Quest Diagnostics Preferred Lab Coverage
- Dental / Vision Plans
- Semi-Monthly Premium Rates
- Flexible Spending Accounts (FSA)
- Health Savings Account (HSA) or Health Reimbursement Account (HRA)
- HealthQuest Wellness Program and Rewards
- Voluntary Benefits - The Hartford
- Employee Assistant Program (EAP)
- Ask ALEX – Online Resource
- Life Insurance (Group/Optional)
- Retirement (Mandatory/Voluntary)

We are excited you have joined our family!

We are committed to offering a robust package of benefits to motivate, engage and retain highly qualified faculty and staff - YOU!
Coverage Begins On Your Hire Date!

- You will receive an email from the State (SEHP) notifying you your enrollment portal has opened. If you do not receive that email within the first 3-4 days of employment notify the Benefits Department benefits-university@kumc.edu
- Access State through Workday
  ✓ Login to KUMC Workday;
  ✓ Click on Benefits Icon;
  ✓ Click on University Employee Portal
- You have 30 days to enroll/make your selections.
- We recommend to complete your enrollment within your first week of employment, to help you avoid high catch-up premiums.
- Dependent documentation upload (PDF Format)
- Your premiums are deducted semi-monthly (2 times per month).
Medical Plans – General Information

2023 Four Plans A, C, J and N

- Pages 11 through 18 of your State benefits booklet.
- 4 Plans (A, C, J, and N) / All four plans are Preferred Provider Organization (PPO) plans.
- Each vendor offers its own unique network of in-network providers.
- Plan A is the only traditional plan including an office co-pay ($20 / $40). Also, you don’t need to meet your annual deductible before the prescription medications are covered. All other plans require that you meet your annual deductible first.
- Plan C and Plan N are the high deductible health plans (HDHP) – Include higher annual deductibles, all services are subject to the annual deductible (except preventive care) and these two plans pay 100% after the deductible and coinsurance are met.
- Plan J is the only plan that meets the federal requirements for employees with J-1 Visa status.
# Medical Plans Overview

Deductibles, Co-insurance, Out-of-Pocket Maximum and HSA/HRA Dollars for Each Plan Option

<table>
<thead>
<tr>
<th></th>
<th>Plan A In-Network</th>
<th>Plan C In-Network</th>
<th>Plan J In-Network</th>
<th>Plan N In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single: $800 Family: $1,600</td>
<td>Single: $2,750 Family: $5,500</td>
<td>Single: $500 Family: $1,000</td>
<td>Single: $2,750 Family: $5,500</td>
<td></td>
</tr>
<tr>
<td><strong>Annual Coinsurance (% you pay)</strong></td>
<td>20%</td>
<td>10%</td>
<td>25%</td>
<td>35%</td>
</tr>
<tr>
<td><strong>HSA or HRA Dollars</strong></td>
<td>N/A</td>
<td>HSA or HRA</td>
<td>HRA</td>
<td>HSA or HRA</td>
</tr>
</tbody>
</table>
Info on Page 20 of your State Benefits Booklet

• Plan A:
  • Deductible does **NOT** apply
  • **Pay coinsurance** until combined medical and pharmacy Out-of-Pocket (OOP) annual max reached

• Plans C, J, and N:
  • Responsible for 100% of discounted cost until deductible satisfied
  • Once deductible satisfied, pay coinsurance until combined medical and pharmacy Out-of-Pocket (OOP) annual max reached
Diagnostic Lab Benefits

- **Preferred Lab Vendors**
  - QuestSelect
  - The University of Kansas Health System
  - Stormont Vail Health (Topeka)

- **Options**
  - Outpatient setting only would you have a choice of where labs are sent. Be sure to request a preferred vendor at the time of service.
  - Inpatient setting does not allow for a choice of where labs are sent.

- **Plan A:** 100% coverage; eligible outpatient tests

- **Plans C, J, and N:** 100% covered AFTER deductible satisfied

Info on Page 21 of your State Benefits Booklet
Flexible Spending Account (FSA)

Info on Page 37 of your State Benefits Booklet

• Set aside pre-tax dollars from your pay for qualifying medical, childcare or commuter/parking expenses.

<table>
<thead>
<tr>
<th></th>
<th>Healthcare FSA*</th>
<th>Limited Purpose FSA*</th>
<th>Dependent Care FSA</th>
<th>Commuter/ Parking FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRS Max</td>
<td>$3,050</td>
<td>$3,050</td>
<td>$5,000 Family Max**</td>
<td>$280/month</td>
</tr>
<tr>
<td>Payroll Deductions</td>
<td>$8.00 Minimum</td>
<td>$8.00 Minimum</td>
<td>$8.00 Minimum</td>
<td>$8.00 Minimum</td>
</tr>
<tr>
<td></td>
<td>$118.75 Maximum</td>
<td>$118.75 Maximum</td>
<td>$208.33 Maximum**</td>
<td>$140.00 Maximum</td>
</tr>
</tbody>
</table>

*Up to $570 of Healthcare, Limited Purpose of Commuter/Parking FSA dollars may be carried over to the following calendar year.

**Subject to filing status
Health Savings & Health Reimbursement Accounts

HSA | HRA

Info on Pages 24-27 of your State Benefits Booklet

Health Savings Account (HSA)

- A tax saving account available for the high deductible plans C & N
- Portable - Account and the money belong to you, including employer contributions (made quarterly)
- Unspent HSA funds roll over and accumulate year to year and can be invested
- Plan C requires minimum employee contribution of $25 to receive employer contributions; Plan N does not have a minimum.
- Employer contributions made quarterly.
- IRS sets max limits each year for total contributions. Your contribution plus any KUMC contributions all go towards the IRS max
- Employees aged 55 and over allowed additional $1,000 of the IRS max
- Requirements - You cannot be enrolled in Medicare A or B, you cannot be claimed as a dependent on another person’s tax return, you cannot be enrolled in other non-qualifying coverage – See HRA

Health Reimbursement Account (HRA)

- A tax saving account available for plans C, J, & N
- Funds may be used for unreimbursed medical, dental and vision expenses
- Employer contributions made quarterly
- This is a “Use it or Lose it” account, funds do not rollover to the next year
- If you are not eligible to contribute to an HSA account based on the enrollment requirements, you will need to elect an HRA

MetLife

Employee Benefits 2023
HSA / HRA Employer Contribution & Annual Limits

The IRS limits include both Employee and Employer contributions.

## Health Savings Account (HSA)

<table>
<thead>
<tr>
<th></th>
<th>Employee Only Coverage</th>
<th>Employee + Spouse or Family Coverage</th>
<th>Employee + Child(ren) Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRS Max</td>
<td>$3,850*</td>
<td>$7,750*</td>
<td>$7,750*</td>
</tr>
<tr>
<td>Plan C</td>
<td>$250/Quarter</td>
<td>$500/Quarter</td>
<td>$500/Quarter</td>
</tr>
<tr>
<td></td>
<td>$1,000/Year</td>
<td>$2,000/Year</td>
<td>$2,000/Year</td>
</tr>
<tr>
<td>Plan N</td>
<td>$125/Quarter</td>
<td>$281.25/Quarter</td>
<td>$250/Quarter</td>
</tr>
<tr>
<td></td>
<td>$500/Year</td>
<td>$1,125/Year</td>
<td>$1,000/Year</td>
</tr>
</tbody>
</table>

* Employees aged 55+ are allowed to make an additional “catch-up” contribution to their HSA of $1,000/year.

## Health Reimbursement Account (HRA)

<table>
<thead>
<tr>
<th></th>
<th>Employee Only Coverage</th>
<th>Employee + Spouse or Family Coverage</th>
<th>Employee + Child(ren) Coverage</th>
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</thead>
<tbody>
<tr>
<td>IRS Max</td>
<td>$3,850</td>
<td>$7,750</td>
<td>$7,750</td>
</tr>
<tr>
<td>Plan C</td>
<td>$250/Quarter</td>
<td>$500/Quarter</td>
<td>$500/Quarter</td>
</tr>
<tr>
<td></td>
<td>$1,000/Year</td>
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<td>$2,000/Year</td>
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<td>$250/Quarter</td>
</tr>
<tr>
<td></td>
<td>$500/Year</td>
<td>$1,125/Year</td>
<td>$1,000/Year</td>
</tr>
<tr>
<td>Plan J</td>
<td>HealthQuest Rewards</td>
<td>HealthQuest Rewards</td>
<td>HealthQuest Rewards</td>
</tr>
</tbody>
</table>

- Information on Pages 24-27 of your State Benefits Booklet
Information on Pages 34-35 of your State Benefits Booklet

- **Promotes health and wellness** through incentives and information
- **May earn credits** towards premium discounts and/or HSA/HRA reward dollars
- Participation is voluntary, strictly confidential and highly encouraged
- Separate enrollment required
Medical Plan A

**All Coverage Levels:**

- Employees who earn **40 credits** will receive an **annual premium discount of up to $480** for the next Plan Year ($20 per pay period that have deductions).

Medical Plans C, J, and N

**All Coverage Levels:**

- Employees who earn **40 credits** will receive an **annual premium discount of $480** for the next Plan Year. ($20 per pay period that have deductions)
- Employees can also earn **$10** in their HSA/HRA for each credit earned, up to **50 credits**, or **$500**.

**Additional Information:**

- **PREMIUM DISCOUNT:** You should see the premium discount on your paystub (reduction in medical payroll deduction) within 2-3 pay cycles after you earn the full 40 points.
- Watch during 2023 for additional information as the credits required for the 2024 discount has not yet been determined.
- HSA/HRA dollars are awarded throughout the year as credits are earned. Once credits are posted to your HealthQuest Portal, dollars will be deposited into your MetLife HSA/HRA account within 1-2 pay periods.
**Dental**

Information on Pages 28-29 of your State Benefits Booklet

- Annual Benefit Max Per Member = $1,700
- Deductible per Plan Year = $50 per person (not to exceed a family max of $150)
- Orthodontia Lifetime Benefit Maximum: 50% Co-Insurance up to $1,000 per member
- Enhanced coverage requires at least one routine cleaning and/or preventative oral exam in the last 12 months.

### Your Dentist Network Options:

<table>
<thead>
<tr>
<th>Your Dentist Network Options:</th>
<th>Delta Dental PPO™</th>
<th>Delta Dental Premier®</th>
<th>Non Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENEFIT PAID (% PLAN PAYS)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### ENHANCED BENEFIT

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Delta Dental PPO™</th>
<th>Delta Dental Premier®</th>
<th>Non Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive Services</td>
<td>100%</td>
<td>100%</td>
<td>100%*</td>
</tr>
<tr>
<td>Basic Restorative Services</td>
<td>80%</td>
<td>60%</td>
<td>60%*</td>
</tr>
<tr>
<td>Major Restorative Services</td>
<td>50%</td>
<td>50%</td>
<td>50%*</td>
</tr>
<tr>
<td>Implant Coverage</td>
<td>50%</td>
<td>50%</td>
<td>50%*</td>
</tr>
</tbody>
</table>

#### BASIC BENEFIT

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Delta Dental PPO™</th>
<th>Delta Dental Premier®</th>
<th>Non Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive Services</td>
<td>100%</td>
<td>100%</td>
<td>100%*</td>
</tr>
<tr>
<td>Basic Restorative Services</td>
<td>50%</td>
<td>50%</td>
<td>50%*</td>
</tr>
<tr>
<td>Major Restorative Services</td>
<td>40%</td>
<td>30%</td>
<td>30%*</td>
</tr>
<tr>
<td>Implant Coverage</td>
<td>40%</td>
<td>30%</td>
<td>30%*</td>
</tr>
</tbody>
</table>
**Vision**

Information on Pages 30-31 of your State Benefits Booklet

Participating Retailers: Wal-Mart, Sam’s Club, Costco and Target

![Avesis Logo](https://www.avesis.com/kansas)

<table>
<thead>
<tr>
<th>Vision Care Services</th>
<th>Basic Plan Network</th>
<th>Enhanced Plan Network</th>
<th>Non Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Exam</td>
<td>Covered in full after $50 copay</td>
<td>Covered in full after $50 copay</td>
<td>Up to $38</td>
</tr>
<tr>
<td>Frame</td>
<td>$100 allowance</td>
<td>$150 allowance</td>
<td>Basic: Up to $45; Enhanced: Up to $78</td>
</tr>
<tr>
<td>Standard Spectacle Lenses</td>
<td>Materials: $25 copay (Applies to frame or spectacle lenses, if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>Covered in full after $25 copay</td>
<td>Covered in full after $25 copay</td>
<td>Up to $31</td>
</tr>
<tr>
<td>Bifocal</td>
<td>Covered in full after $25 copay</td>
<td>Covered in full after $25 copay</td>
<td>Up to $51</td>
</tr>
<tr>
<td>Trifocal</td>
<td>Covered in full after $25 copay</td>
<td>Covered in full after $25 copay</td>
<td>Up to $64</td>
</tr>
<tr>
<td>Lenticular</td>
<td>Covered in full after $25 copay</td>
<td>Covered in full after $25 copay</td>
<td>Up to $80</td>
</tr>
<tr>
<td>Lens Options</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polycarbonate (Single Vision/Multi-Focal)</td>
<td>Member pays up to $40</td>
<td>Covered in full</td>
<td>Basic: Not covered; Enhanced: Up to $14</td>
</tr>
<tr>
<td>Standard Scratch-Resistant Coating</td>
<td>Member pays up to $15</td>
<td>Covered in full</td>
<td>Basic: Not covered; Enhanced: Up to $7</td>
</tr>
<tr>
<td>Ultraviolet Screening</td>
<td>Member pays up to $15</td>
<td>Covered in full</td>
<td>Basic: Not covered; Enhanced: Up to $7</td>
</tr>
<tr>
<td>Solid or Gradient Tint</td>
<td>Member pays up to $17</td>
<td>Member pays up to $17</td>
<td>Not covered</td>
</tr>
<tr>
<td>Standard Anti-Reflective Coating</td>
<td>Member pays up to $45</td>
<td>Member pays up to $45</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

**Frequency**

- 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

www.avesis.com/kansas
<table>
<thead>
<tr>
<th>Employee Category</th>
<th>Medical Plan A</th>
<th>Medical Plan C</th>
<th>Medical Plan J</th>
<th>Medical Plan N</th>
<th>Delta Dental</th>
<th>Vision (Basic)</th>
<th>Vision (Enhanced)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Time Employee Only</td>
<td>$39.90</td>
<td>$35.20</td>
<td>$52.56</td>
<td>$23.25</td>
<td>$0.00</td>
<td>$1.44</td>
<td>$2.92</td>
</tr>
<tr>
<td>Full Time Employee + Spouse</td>
<td>$237.27</td>
<td>$123.69</td>
<td>$153.58</td>
<td>$84.30</td>
<td>$9.97</td>
<td>$2.92</td>
<td>$5.40</td>
</tr>
<tr>
<td>Full Time Employee + Child(ren)</td>
<td>$126.56</td>
<td>$65.02</td>
<td>$91.27</td>
<td>$43.92</td>
<td>$7.98</td>
<td>$3.16</td>
<td>$6.35</td>
</tr>
<tr>
<td>Full Time Employee + Family</td>
<td>$415.40</td>
<td>$208.33</td>
<td>$262.79</td>
<td>$150.17</td>
<td>$17.98</td>
<td>$4.34</td>
<td>$8.18</td>
</tr>
</tbody>
</table>

Rates above are for full-time employees; are deducted semi-monthly (2x per month); and do not include the HealthQuest premium incentive.
Voluntary Benefits

ACCIDENT INSURANCE

WHAT IS IT?
Cash benefit(s) for a covered injury, related services and treatments including:
- Diagnostic exams, x-rays and other emergency services
- Initial and follow-up physician visits
- Ambulance transportation
- Bone fractures and dislocation incidents
- Follow-up/recovery services
  - Physical therapy and chiropractic care

CRITICAL ILLNESS INSURANCE

WHAT IS IT?
A lump sum benefit paid directly to you when you or a dependent is diagnosed with a covered illness while insured under the policy.

Information on Page 36 of the State Benefits Booklet
Employee Assistance Program (EAP)

Confidential Emotional Support
- Highly trained clinicians
- Available 24/7

Work-Life Solutions
- Find child and elder care
- Hire movers or home repair contractor

Legal Guidance
- Talk to Attorneys for assistance
- Discuss Divorce, family law, wills, etc.

Financial Resources
- Get assistance from financial experts
- Discuss debt, mortgages, retirement planning, etc.

24/7 Support, Resources & Information at no additional cost

Call 888.275.1205, Option 1
TTY: 800.697.0353
Online: guidanceresources.com
App: GuidanceNow®
Web ID: SOKEAP
Get help choosing your benefits!

https://www.myalex.com/kansassehp/2023#intro

ALEX is an online resource the State Employee Health Plan (SEHP) uses to walk you through your available benefits and explain how they work. ALEX can also help you compare the various health plan options based on your individual circumstances. Let ALEX help you today!

- Information @ page 10 of the State’s benefits booklet
Enrollment Readiness Checklist

Do you have what you need?
To enroll, you’ll need...

<table>
<thead>
<tr>
<th>Item</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email from State Employee Health Plan (SEHP) or Login through KUMC Workday</td>
<td>Reach out to us if you do not receive an email from SEHP within 3-4 days of your hire date! <a href="mailto:Benefits-university@kumc.edu">Benefits-university@kumc.edu</a></td>
</tr>
</tbody>
</table>
| State Employee ID Number (11-DIGITS)  
Example: M0000012345 | 1. Locate State ID in Workday. Go to Profile (cloud icon) > Personal > ID tab (at the top of the page).  
2. Scroll down to the bottom of page under other IDs, will list your STATE ID. |
| Dependent Documentation (PDF Format) | Spouse:  
• Marriage certificate  
• Federal tax return (pp 1-2)  
Children (0-26 yrs.):  
• Copy of birth certificate / tax returns  
Must upload in portal before making selections. |
| HealthQuest Rewards Program | State Employee ID Number  
Letter “M” + 11-digits  
Example: M0000012345 |
Group / Optional Life Insurance
(Administered through KPERS/The Standard Insurance)

Basic Group Life Insurance
• 150% your KUMC Salary
• Paid for by KUMC
• Automatically enrolled
• Complete Beneficiary Form and return to the Benefits Department
• Minimum data on beneficiaries
  • Name
  • DOB
  • Relationship

Optional Life Insurance
• Up to $250,000 guaranteed issue for new hires (no health questionnaire)
• $400,000 available WITH health questionnaire
• Separate enrollment required / Enrollment must enroll within first 30 days of employment
• Paid for by Employee
• Spouse/Children coverage available
• Contact benefits-university@kumc.edu for Optional Life enrollment form
Retirement (Mandatory)

Kansas Board of Regents (KBOR)

- 403b Plan (tax-sheltered annuity plan)
- 1-Year Service Prior to Participation
  - Waiting period can be waived in certain circumstances
  - Complete Retirement Questionnaire in Workday
- 5.5% Employee Contribution
- 8.5% Employer Contribution
- Two companies to choose from (TIAA or Voya)
- You own this account / Immediate vesting

Kansas Public Employees Retirement System (KPERS)

- Defined benefit plan
- Monthly benefit at retirement (qualifications apply)
- 6% Employee Contribution / Immediate participation
- Public Safety / Lab Animal / Maintenance
  - Certain positions within these departments are considered KBOR positions
- Direct transfer from another State of Kansas agency with no break in service
Retirement (Voluntary)

403b (Tax Sheltered Annuity Plan)

- 403b Plan (tax-sheltered annuity plan)
- Two companies to choose from (TIAA or Voya)
- Contribution rate can be changed at any time
- Pre-Tax or Roth Plans Available
- Enrollment with company (TIAA or Voya) and Workday required
- Deduction changed at anytime in Workday

457 (Deferred Compensation Plan)

- Savings tool that allows employees to defer receiving some of their salary until later
- Similar to 401K or 403b but offered by State and local governments
- Make withdrawals without penalty
- Enrollment with Great West/KPERS and Workday required
- Deduction changed at anytime in Workday
Contacts:

KUMC Benefits Department:
benefits-university@kumc.edu
Location: 1044 Delp

State of Kansas Benefits:
SEHPMembership@ks.gov
785-368-6361

State’s Benefits Website:
https://sehp.healthbenefitsprogram.ks.gov

Benefits Vendors: Page 39 of Benefits Booklet