Health insurance the Kansas Way

2026 Enrollment Guide for the State of Kansas





2026 State of Kansas benefit summary

Cost to member when receiving services from Network providers	Plan A	Plan C ¹²	Plan N ¹²	Plan J¹
Annual plan deductible	\$1,000 employee \$2,000 family	\$2,750 employee \$3,400/\$5,500 employee/family	\$2,750 employee \$3,400/\$5,500 employee/family	\$500 employee \$1,000 family
Coinsurance for all eligible expenses (unless otherwise noted)	20%	10%	35%	25%
Annual out-of-pocket maximum (includes deductible, coinsurance and copayment) — Combined medical/drug	\$5,250 individual \$10,500 family	\$4,500 individual \$9,000 family	\$6,650 individual \$13,300 family	\$7,350 individual \$14,700 family
Lifetime benefit maximum	None	None	None	None

Cost to member when receiving services from Non Network providers	Plan A	Plan C ^{1,2}	Plan N ¹²	Plan J¹
Annual plan deductible	\$1,000 employee \$2,000 family	\$2,750 employee \$3,400/\$5,500 employee/family	\$2,750 employee \$3,400/\$5,500 employee/family	\$1,000 employee \$2,000 family
Coinsurance for all eligible expenses (unless otherwise noted)	20%	20%	20%	20%
Annual out-of-pocket maximum (includes deductible, coinsurance and copayment) — Combined medical/drug	\$5,250 individual \$10,500 family	\$4,500 individual \$9,000 family	\$6,650 individual \$13,300 family	\$10,000 individual \$20,000 family
Lifetime benefit maximum	None	None	None	None

Note: When receiving services from Non Network providers, you may be responsible for additional out-of-pocket expenses for balances over allowed charges.

Out-of-Pocket maximums which include deductibles, coinsurance and copays accumulate separately for Network and Non Network providers.



This information is a general overview of the Medical Benefit. For additional benefits and limitation regarding the Medical Benefit, please refer to the Plan Description.

HRA/HSA eligible

Plan C and N: The deductible for all "non-single" policies (employee/spouse, employee/children, employee/family) will be \$3,400 for an individual within the family. However, the overall family deductible for these policies will remain at \$5,500.

	Plan A	Plans C, N & J	Plan A	Plans C, N & J
Preventive Care	Cost to member when receiving a	receiving services from Network providers	Cost to member when receiving serv	Cost to member when receiving services from Non Network providers
Well woman exam	ON .	None	Deductible plu	Deductible plus coinsurance
Mammograms	N	None	Deductible plus coinsurance	is coinsurance
Well baby and child care	N .	None	Deductible plus coinsurance	ls coinsurance
Well man care	N .	None	Deductible plu	Deductible plus coinsurance
Vision visit, regardless of diagnosis (refraction for glasses; lenses and frames not covered)	N	None	Deductible plus coinsurance	is coinsurance
Routine hearing exam	N	None	Deductible plus coinsurance	ls coinsurance
Age appropriate bone density screening	N	None	Deductible plus coinsurance	is coinsurance
Colonoscopy screening	N	None	Deductible plus coinsurance	ls coinsurance
Preventive lab services	N	None	Deductible plus coinsurance	is coinsurance
Diagnostic breast cancer screening MRIs and ultrasounds	None	Covered in full after the deductible is satisfied	Deductible plus coinsurance	is coinsurance
Immunizations				
Pediatric	N .	None	Covered in full to age six, otherwise deductible plus coinsurance	vise deductible plus coinsurance
Adult	N	None	Deductible plus coinsurance	is coinsurance
Physician Care				
Primary care physician (PCP) office visit	\$20 copayment	Deductible plus coinsurance	Deductible plu	Deductible plus coinsurance
Specialist office visit	\$60 copayment	Deductible plus coinsurance	Deductible plus coinsurance	is coinsurance
Telehealth visit - AmWell	\$10 copayment	Deductible plus coinsurance	Deductible plus coinsurance	is coinsurance
Inpatient services				
Services must be pre-approved by health plan. Services include: semi-private hospital room and board, physician and surgeon services, lab, x-ray, anesthesiology, skilled nursing facility, residential treament facilities and other facility and ancillary charges	Deductible pl	Deductible plus coinsurance	Deductible plus coinsurance	is coinsurance
Outpatient surgery				
Surgery/anesthesia/assistant surgeon	Deductible plu	Deductible plus coinsurance	Deductible plus coinsurance	is coinsurance
Outpatient services				
Not listed elsewhere	Deductible plu	Deductible plus coinsurance	Deductible plus coinsurance	is coinsurance
Outpatient laboratory services				
Preferred lab benefit	No cost to member if using preferred labs (Quest, Stormont Vail Health and The University of Kansas Health System)	Discounts to member if using preferred lab vendor while satisfying deductible; no cost to member if using preferred lab vendor after deductible is satisfied	Not available	ailable
Other labs	Deductible plu	Deductible plus coinsurance	Deductible plus coinsurance	is coinsurance

	Plan A	Plans C, N & J	Plan A	Plans C, N & J
Urgent care facility visits				
	\$50 copayment	Deductible plus coinsurance	Deductible pl	Deductible plus coinsurance
Ambulance/emergency transportation				
Domestic ground or air	Deductible plus coinsurance	s coinsurance	Network deductib	Network deductible plus coinsurance
Emergency room services				
Copayment waived if admitted to any hospital within 24 hours	\$100 copay, deductible plus coinsurance	Deductible plus coinsurance	\$100 copay, deductible plus coinsurance	Network deductible plus coinsurance
Home health care and hospice care				
Services must be pre-approved by health plan. Inpatient hospice care is limited to six months.	Deductible plu	uctible plus coinsurance	Deductible pl	Deductible plus coinsurance
Rehabilitation services (including physical medicine)				
Inpatient and outpatient facility	Deductible plus coinsurance	s coinsurance	Deductible pl	Deductible plus coinsurance
Office services – office visit copayment may apply if an office visit is billed. Spinal manipulations are limited to 30 visits per calendar year.	Deductible plus coinsurance	s coinsurance	Deductible pl	Deductible plus coinsurance
Durable medical equipment (DME)				
Durable Medical Equipment (DME) and Repairs	Deductible plus coinsurance	s coinsurance	Deductible pl	Deductible plus coinsurance
Prosthetic devices and orthopedic devices				
Prosthetics and prosthetic repairs greater than \$1,000 must be pre-approved by health plan	Deductible plus coinsurance	s coinsurance	Deductible pl	Deductible plus coinsurance
Mental illness, alcoholism, drug abuse and substance abuse	tance abuse			
Inpatient services	Same as medical	medical	Same a	Same as medical
Outpatient services	Same as medical	medical	Same a	Same as medical
Office visits	\$20 copayment	Deductible plus coinsurance	Deductible pl	Deductible plus coinsurance
Group therapy sessions	\$20 copayment	Deductible plus coinsurance	Deductible pl	Deductible plus coinsurance
Autism services				
Subject to limitations and pre-approval	Deductible plus coinsurance	s coinsurance	Deductible pl	Deductible plus coinsurance
Bariatric surgery				
Subject to limitations and pre-approval	Deductible plu	uctible plus coinsurance	Not c	Not covered
Hearing aids				
During a three (3) year period, one (1) hearing aid device per ear are eligible for coverage. All covered hearing aid services include hearing devices, and covered services from both Network and Non Network apply toward a maximum benefit for all services of \$5,000 per a three (3) year period.	Deductible plus coinsurance	s coinsurance	Deductible pl	Deductible plus coinsurance

Please note: Maximum benefit limits do not guarantee that all services will be approved to the maximum number allowed under this plan. Payments that are on a percentage basis will be applied to the contracted allowed amount reimbursed to the provider, if applicable.

Providing health and wellness for Members of the State Employee Health Plan

From day one, our company culture has been based on Kansans serving Kansans

We exist to provide peace of mind and access to a better quality of life for our members and all Kansans. Three words help sum up the values our leadership and employees hold close: commitment, compassion and community.

Access to the largest network in Kansas

The Blue Cross and Blue Shield of Kansas card is accepted by almost **18,000** providers statewide. That includes:

99% of all eligible medical doctors

100% of all eligible medical facilities

We negotiate special discounted fees with all participating doctors and hospitals — that means you save money by cutting healthcare spending.

- Discounted fees are automatically accepted by contracting providers as payment-in-full
- In 2023, exclusive provider discounts saved members more than \$2.5 billion

Even more access with BlueCard®

With BlueCard, you get access to more than **2 million** doctors and hospitals nationwide.



BlueAccess®

BlueAccess, our secure member portal, puts you in control. BlueAccess is a one-stop shop for understanding, managing and maximizing your health insurance benefits.



Track your claims



Access your digital ID card



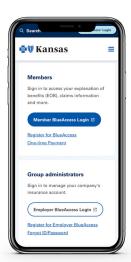
Explore wellness features

Strive, Blue365, mental health resources

Registration is quick and simple

If you already have a BlueAccess account, log in to view your health plan information. If you don't have an account, registration is easy.

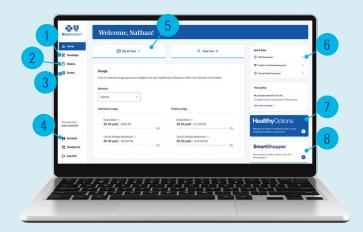
- 1 Go to bcbsks.com/BlueAccess
- 2 Click Register for BlueAccess
- 3 Have your ID card handy and follow the step-by-step instructions



Scan to download the BlueAccess app from your app store or visit our website to learn more:

bcbsks.com/app





- 1 Coverage View details about your Summary of Benefits and Coverage (SBC) and Contract/Certificate.
 - Find your copay, deductible and coinsurance amounts
 - Review common medical coverage information
 - See policy members
- 2 **Claims** View up to 18 months of claims history and search or filter for specific details.
- **Forms** Find authorization forms and other forms related to your health insurance coverage.
- 4 **Account** View and update your contact information and manage your preferences.
- 5 **My ID Card** View or print your ID card online or request a physical copy to be mailed to you.
- 6 **EOB Statements** Your explanation of benefits (EOB) statements. See how much we paid, what your responsibility is and the amount of the provider write-off.
- 7 **HealthyOptions** Support your well-being with wellness resources like Strive, Blue365 and other programs to help you live a healthier lifestyle.
- 8 **SmartShopper** Compare in-network prices for 200+ procedures at high quality locations.

Member tools and benefits

HealthyOptions_{SM}

bcbsks.com/healthyoptions

HealthyOptions is a powerful set of services, tools and support designed to help you live a healthy lifestyle.

Strive

bcbsks.com/strive

Strive, powered by WebMD ONE, provides you with personalized information, a recommended health action plan and other tools to help you achieve your unique well-being goals. Download the app and get started!

Blue365®

blue365deals.com

Blue365 gives you access to thousands of fitness locations nationwide for as little as \$19 a month. You also get access to the "Deal of the Week" or you can browse all ongoing deals by category. You simply sign up to receive health and wellness deals and they arrive straight to your inbox every week.

You can browse ongoing deals by these categories:

- Financial health
- Lifestyle

Fitness

- Personal care
- Healthy eating
- Wellness

Maternity Program

bcbsks.com/maternity-program-sehp

The Maternity Program provides personalized, one-on-one support from a dedicated nurse to help you have a healthy pregnancy, delivery and baby at no additional cost.

Doctor and Hospital Finder

bcbsks.com/find-a-doctor

Looking for a doctor, hospital or urgent care center when you're on the go? Let your mobile device be your guide. This easy-to-use directory allows you to search doctors by:

- Address
- Gender

County

Specialty

Name

SmartShopper®

bcbsks.com/mysmartshopper

SmartShopper makes it easy to save money and earn cash rewards when shopping for certain medical care. This program saves you money on your share of the cost when you need a medical procedure or screening, and helps you earn cash when you select to have that procedure or screening done at certain qualified locations.

Once your procedure or screening is complete and your claim is paid, SmartShopper verifies that you shopped for an incentive eligible service at a qualified location and mails you a reward check to your home. No forms or hassle! It's that easy.

Procedure	Your Reward
Mammogram	up to \$150
Carpal tunnel	up to \$250
Colonoscopy	up to \$250
Gall bladder removal	up to \$250
Hip or knee replacement	up to \$425



View and print your Summary of Benefit Changes and benefit descriptions from our website. bcbsks.com/members/state

Value you can trust

Customized website for State employees bcbsks.com/state

Your customized website provides videos that explain the benefits of choosing a Blue Cross and Blue Shield of Kansas health plan, as well as quick overviews about Plan A, Plan C & N and Plan J. You also have quick access to benefit information, SBCs, our provider finders, special Blue365 discounts and the *Healthy You* member newsletter.

Connect with a doctor anytime, anywhere bcbsks.com/state/telehealth

Telehealth is a fast, convenient way to see a doctor virtually.

For non-emergency conditions like the flu, fever, rash or pink eye, you have the option to interact with a board-certified doctor at your convenience on your phone, tablet or computer.

Available 24/7/365, this fast, convenient way to see a doctor virtually is easy-to-use and affordable.

Questions? Give us a call.

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Toll free: **800-332-0307** In Topeka: 291-4185

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