State Employee Health Plan

2027 Enrollment Guide for the State of Kansas

Health insurance the Kansas Way

Blue Cross and Blue Shield of Kansas

bcbsks.com/state

Built for Kansas. Built for you.

Choosing a health plan isn't just comparing coverage — it's knowing who's with you when it matters most.

Access across Kansas — and beyond

We have one of the state's most extensive provider networks — Garden City to Wichita, Topeka to Lawrence and all communities in between — plus seamless provider access in nearly every U.S. ZIP code thanks to BlueCard®. Our local provider partnerships create better coordination, access and outcomes than any national plan could offer.

Service you can count on

State of Kansas Employee Health Plan members have access to their own dedicated customer service representatives who know the Kansas health care landscape. We proudly claim a locally based customer service team — one whose care and responsiveness has earned them a 97% satisfaction rate and five Call Center of the Year awards.

Stability and community

There's a reason our members choose us twice as much as our nearest competitor. We're not a national company making decisions from a distance. As a not-for-profit plan, we invest in the health and well-being of the Kansas communities we've served for more than 80 years.

View and manage your benefits with 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

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

bcbsks.com/app

Everything you need, all in one place.

Visit your State of Kansas member page to explore your plan options, compare benefits and discover the programs and resources available to you through Blue Cross and Blue Shield of Kansas.

Scan to learn more
bcbsks.com/state

Benefit Summary

Out-of-Pocket Cost-Sharing – Network Providers

Out-of-Pocket maximums which include deductibles, coinsurance and copays accumulate separately for Network and Non Network providers. When receiving services from Non Network providers, you may be responsible for additional out-of-pocket expenses for balances over allowed charges.

Services/Visits	Plan A	Plan C[1,2]	Plan N[1,2]	Plan J[1]
Annual plan deductible	$1,250 employees $2,500 family	$2,900 employee $3,500/$5,700 employee/family	$2,900 employee $3,500/$5,700 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	$5,500 individual $11,000 family	$4,750 individual $9,500 family	$6,900 individual $13,800 family	$7,600 individual $15,200 family

Office and Hospital Visits – Network Providers

In-patient 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.

Services/Visits	Plan A	Plans C, N & J
Primary care physician (PCP) office visit	$20 copayment	Deductible plus coinsurance
Specialist office visit	$60 copayment	Deductible plus coinsurance
Teleheath visit - Amwell	$10 copayment	Deductible plus coinsurance
Urgent care facility visit	$50 copayment	Deductible plus coinsurance
Emergency room visit[3]	$100 copay, then deductible plus coinsurance	Deductible plus coinsurance
Inpatient services	Deductible plus coinsurance	Deductible plus coinsurance
Outpatient surgery — surgery/anesthesia/assistant surgeon	Deductible plus coinsurance	Deductible plus coinsurance
Outpatient services — services not included elsewhere	Deductible plus coinsurance	Deductible plus coinsurance
Autism services[4]	Deductible plus coinsurance	Deductible plus coinsurance
Bariatric surgery[4]	Deductible plus coinsurance	Deductible plus coinsurance
Hearing aids[5]	Deductible plus coinsurance	Deductible plus coinsurance

[1] HRA/HSA eligible

[2] Plan C and N: The deductible for all "non-single" policies (employee/spouse, employee/children, employee/family) will be $3,500 for an individual within the family. However, the overall family deductible for these policies will remain at $5,700.

[3] Copayment waived if admitted to any hospital within 24 hours

[4] Subject to limitations and pre-approval

[5] 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.

Preventive Care – Network Providers

Services/Visits	Plan A	Plans C, N & J
Well woman exam	No cost	No cost
Mammograms	No cost	No cost
Well baby and child care	No cost	No cost
Well man care	No cost	No cost
Vision visit[1]	No cost	No cost
Routine hearing exam	No cost	No cost
Age appropriate bone density screening	No cost	No cost
Colonoscopy screening	No cost	No cost
Preventive lab services	No cost	No cost
Diagnostic breast cancer screening MRIs and ultrasounds	No cost	Covered in full after the deductible is satisfied

Mental Illness, Alcoholism, Drug Abuse and Substance Abuse Treatment – Network Providers

Services/Visits	Plan A	Plans C, N & J
Inpatient services	Same as medical	Same as medical
Outpatient services	Same as medical	Same as medical
Office visits	$20 copayment	Deductible plus coinsurance
Group therapy sessions	$20 copayment	Deductible plus coinsurance

[1] Regardless of diagnosis (refraction for glasses; lenses and frames not covered)

Questions? Give us a call.

Toll free: **800-332-0307** In Topeka: **785-291-4185**

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.

Kansas Department of Administration
State Employee Health Plan

Visit us at bcbsks.com/state

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