

Plan Year 2020 Semi-monthly rates

For complete information, please visit the 2020 Open Enrollment booklet.

**A. Non-discounted**

Plan Year 2020 Semi-Monthly Rates for State of Kansas Active Employees

Employee Category	Plan A	Plan C	Plan J	Plan N	Plan Q	2020 Delta Dental	2020 Basic Bi Weekly
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS		
<b>Non-Discounted</b>							
Employee Only	\$39.90	\$35.20	\$52.56	\$23.25	\$26.35	\$6.26	\$1.84
Employee + Spouse	\$247.05	\$128.79	\$159.70	\$87.78	\$98.47	\$15.30	\$3.61
Employee + Children	\$126.56	\$65.02	\$91.27	\$43.92	\$48.91	\$13.49	\$3.26
Employee + Family	\$432.53	\$216.92	\$273.62	\$156.36	\$186.22	\$22.56	\$5.03
<b>All Part-Time</b>							
Employee Only	\$115.68	\$52.62	\$65.60	\$34.76	\$39.39	\$11.30	\$1.84
Employee + Spouse	\$368.55	\$164.72	\$187.17	\$112.28	\$125.95	\$22.70	\$3.61
Employee + Children	\$200.22	\$88.32	\$108.80	\$59.65	\$66.43	\$20.41	\$3.26
Employee + Family	\$584.83	\$261.60	\$311.96	\$188.55	\$224.27	\$31.89	\$5.03
<b>HealthyKIDS</b>							
Employee + Children	\$82.82	\$49.37	\$79.52	\$33.36	\$37.14	\$7.63	\$6.51
Employee + Family	\$323.36	\$198.40	\$257.72	\$143.00	\$170.32	\$16.39	\$5.03

**B. Discounted \$20 semi-monthly (\$480/year) for those who qualified for the HealthQuest Rewards Program Premium Incentive Discount**

Plan Year 2020 Semi-Monthly Rates for State of Kansas Active Employees

Employee Category	Plan A	Plan C	Plan J	Plan N	Plan Q	2020 Delta Dental	2020 Basic Bi Weekly
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS		
<b>Discounted \$20 semi-monthly (HealthQuest Premium Discount)</b>							
<b>Full-Time</b>							
Employee Only	\$19.90	\$15.20	\$32.56	\$3.25	\$6.35	\$6.26	\$1.84
Employee + Spouse	\$227.05	\$108.79	\$139.70	\$67.78	\$78.47	\$15.30	\$3.61
Employee + Children	\$106.56	\$45.02	\$71.27	\$23.92	\$28.91	\$13.49	\$3.26
Employee + Family	\$412.53	\$196.92	\$253.62	\$136.36	\$166.22	\$22.56	\$5.03
<b>All Part-Time</b>							
Employee Only	\$95.68	\$32.62	\$45.60	\$14.76	\$19.39	\$11.30	\$1.84
Employee + Spouse	\$348.55	\$144.72	\$167.17	\$92.28	\$105.95	\$22.70	\$3.61
Employee + Children	\$180.22	\$68.32	\$88.80	\$39.65	\$46.43	\$20.41	\$3.26
Employee + Family	\$564.83	\$241.60	\$291.96	\$168.55	\$204.27	\$31.89	\$5.03
<b>HealthyKIDS</b>							
Employee + Children	\$62.82	\$29.37	\$59.52	\$13.36	\$17.14	\$7.87	\$3.26
Employee + Family	\$303.36	\$178.40	\$237.72	\$123.00	\$150.32	\$16.39	\$5.03

Health Plan Comparison Highlights	Plan A	Plan C	Plan J	Plan N	Plan Q
	<b>Network Info</b>				
Medical & Pharmacy *					
Medical Deductible	\$1,000/\$2,000/ \$3000	\$2,750**/\$5,500	\$500/\$1,000	\$2,750**/\$5,500	\$500/\$1,000
Coinsurance	20%	10%	25%	35%	50%
PCP Office Visit	\$40 copay				
Specialist Visit	\$60 copay				
Pharmacy Coinsurance	20%/40%/65%	20%/40%/65%	20%/40%/65%	20%/40%/65%	20%/40%/65%
Special Case	\$100/30 day				
Out of Pocket Max					
Medical & Pharmacy	\$6,250/\$12,500	\$5,500/\$11,000	\$7,350/\$14,700	\$6,650/\$13,300	\$6,650/\$13,300
<b>Non-Network</b>					
Medical *					
Deductible	\$1,200/\$2,400/\$3,600	\$2,750/\$5,500	\$1,000/\$2,000	\$2,750/\$5,500	\$700/\$1,400
Coinsurance	50%	50%	50%	50%	60%
Out of Pocket Max Medical & Pharmacy	\$6,250/\$12,500	\$5,500/\$11,000	\$10,000/\$20,000	\$6,650/\$13,300	\$6,650/\$13,300
<b>Health Savings Account (HSA) or Health Reimbursement Account (HRA)?</b>	None	EE can choose either HSA or HRA. If HSA elected, EE required to contribute minimum \$25 semi monthly.	HRA only for HQ credits	EE can choose either HSA or HRA. If HSA elected, EE does not have to contribute to get the ER contribution.	HRA only for HQ credits
<b>Employer Contribution (EE only/EE &amp; spouse &amp; EE &amp; full family/Employee &amp; Children)</b>	None	\$1,000/\$1,250/ \$1,750	None	\$500/\$625/\$875	None

Can EE/SP earn HQ HSA/HRA dollars?	No	Yes, EE/SP: \$500/\$1,000	HRA only, EE/SP: \$500/\$1,000	Yes, EE/SP: \$500/\$1,000	HRA only, EE/SP: \$500/\$1,000
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(EE - Employee SP - Spouse HSA - Health Savings Account HRA - Health Reimbursement Account HQ - HealthQuest Rewards Program.)

\*Discount tier & non-covered items or services do not count toward Deductible or Out of Pocket Maximum.

For employees with 2018 medical plan coverage who do not make an election during Open Enrollment for PY 2019, default is Plan N with an HRA.

\*\*Plan C and N: The deductible for all "non-single policies"(employee/spouse; employee/children; employee/family) will be \$2800 for an individual within the family. However, the overall family deductible for these policies will remain at \$5,500.

Agency
2020 Enhanced Bi Weekly
\$3.62
\$7.15
\$6.45
\$10.00
\$3.62
\$7.15
\$6.45
\$10.00
\$12.89
\$10.00

Agency
2020 Enhanced Bi Weekly
\$3.62
\$7.15
\$6.45
\$10.00
\$3.62
\$7.15
\$6.45
\$10.00
\$6.45
\$10.00

