

SEHP - Plan Year 2025 Semi Monthly Rates for State of Kansas Active Employees

Employee Category	Plan A	Plan C	Plan J	Plan N	Dental	Prescription Eyewear Coverage	
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Delta	2025 Basic	2025 Enhanced
Full Time							
Employee Only	\$39.30	\$35.20	\$52.56	\$23.25	\$0.00	\$1.94	\$3.88
Employee + Spouse	\$237.27	\$123.69	\$153.38	\$84.30	\$9.97	\$3.99	\$7.89
Employee + Children	\$126.56	\$65.02	\$91.27	\$43.92	\$7.98	\$3.61	\$7.12
Employee + Family	\$415.40	\$208.33	\$262.79	\$150.17	\$17.98	\$5.57	\$11.04
All Part Time							
Employee Only	\$115.68	\$52.62	\$65.60	\$34.76	\$0.00	\$1.94	\$3.88
Employee + Spouse	\$353.96	\$158.20	\$179.76	\$107.83	\$12.58	\$3.99	\$7.89
Employee + Children	\$200.22	\$88.32	\$108.80	\$59.65	\$10.04	\$3.61	\$7.12
Employee + Family	\$561.67	\$251.24	\$299.61	\$181.08	\$22.71	\$5.57	\$11.04
HealthyKIDS							
Employee + Children	\$82.82	\$49.37	\$79.52	\$33.36	\$1.77	\$3.61	\$7.12
Employee + Family	\$310.55	\$190.54	\$247.52	\$137.34	\$11.74	\$5.57	\$11.04
**If you have qualified for the HealthQuest Rewards Program Premium Incentive Discount, subtract \$20 per pay period from the rates above to determine your discounted Semi Monthly premium. Non State Group Employees should check with their HR office for premium rates.							