

## SEHP - Plan Year 2026 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	2026 Basic	2026 Enhanced
Full Time							
Employee Only	\$40.70	\$35.90	\$53.61	\$23.72	\$0.00	\$1.94	\$3.88
Employee + Spouse	\$242.02	\$126.16	\$156.45	\$85.99	\$10.30	\$3.99	\$7.89
Employee + Children	\$129.09	\$66.32	\$93.10	\$44.80	\$8.24	\$3.61	\$7.12
Employee + Family	\$423.71	\$212.50	\$268.05	\$153.17	\$18.57	\$5.57	\$11.04
All Part Time							
Employee Only	\$117.99	\$53.67	\$66.91	\$35.46	\$0.00	\$1.94	\$3.88
Employee + Spouse	\$361.04	\$161.36	\$183.36	\$109.99	\$13.00	\$3.99	\$7.89
Employee + Children	\$204.22	\$90.09	\$110.98	\$60.84	\$10.37	\$3.61	\$7.12
Employee + Family	\$572.90	\$256.26	\$305.60	\$184.70	\$23.46	\$5.57	\$11.04
HealthyKIDS							
Employee + Children	\$84.48	\$50.36	\$81.11	\$34.03	\$1.83	\$3.61	\$7.12
Employee + Family	\$316.76	\$194.35	\$252.47	\$140.09	\$12.13	\$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.							