



*This guide applies only to State of Kansas Employees hired by Wichita State University in a benefits-eligible position.*

**Revised**







# STATE EMPLOYEE HEALTH PLAN

<p> <input type="checkbox"/> In-Network  <input type="checkbox"/> Out-of-Network  <input type="checkbox"/> Self-Insured Retiree  <input type="checkbox"/> Self-Insured Non-Retiree  <input type="checkbox"/> Self-Insured Spouse  <input type="checkbox"/> Self-Insured Child  <input type="checkbox"/> Self-Insured Grandchild  <input type="checkbox"/> Self-Insured Grandparent  <input type="checkbox"/> Self-Insured Grandchild  <input type="checkbox"/> Self-Insured Grandparent  <input type="checkbox"/> Self-Insured Grandchild  <input type="checkbox"/> Self-Insured Grandparent </p>	<p> <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D  <input type="checkbox"/> E  <input type="checkbox"/> F  <input type="checkbox"/> G  <input type="checkbox"/> H  <input type="checkbox"/> I  <input type="checkbox"/> J  <input type="checkbox"/> K  <input type="checkbox"/> L  <input type="checkbox"/> M  <input type="checkbox"/> N  <input type="checkbox"/> O  <input type="checkbox"/> P  <input type="checkbox"/> Q  <input type="checkbox"/> R  <input type="checkbox"/> S  <input type="checkbox"/> T  <input type="checkbox"/> U  <input type="checkbox"/> V  <input type="checkbox"/> W  <input type="checkbox"/> X  <input type="checkbox"/> Y  <input type="checkbox"/> Z </p>
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In-Network	A	J	C	N
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	Basic	Enhanced
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# HEALTHQUEST



