KENTUCKY RETIREMENT SYSTEMS

OPEN ENROLLMENT
Plan Year 2020

Health Insurance Open Enrollment Materials For Retirees

ENROLLMENT IS NOT MANDATORY unless you are changing your plan.
Enrollment forms accepted Sept 30 - Oct 31, 2019
Hazardous Duty must still submit Form 6256

Living Well Promise
All plans include the Promise for 2020
All planholders MUST take the Health Assessment or complete a biometric screening.

HAZ NOTICE
YEARLY REQUIREMENT!
Hazardous duty retirees MUST submit Form 6256 in order for eligible spouse and dependents to receive health insurance contribution.
DEADLINE 11/30/2019

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HAZ NOTICE
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DEADLINE 11/30/2019
Mail Your Health Insurance Form(s) To:
Kentucky Retirement Systems
1260 Louisville Road
Frankfort, KY 40601

Call Center
Monday - Friday
8:00am - 4:30pm (ET)
1-502-696-8800 or 1-800-928-4646
Fax (502) 696-8822

On-site Counselors
1260 Louisville Road
Frankfort, KY 40601

Email
krs.mail@kyret.ky.gov
General Questions only (unsecure)

Our Website
https://kyret.ky.gov
• Links to Education Videos
• Forms and Directions
• News & Updates
• Publications (Recent and Archive)
  • Contact Us

Self Service
MyRetirement.ky.gov
• Update your email address
• View your retirement information
• Submit your insurance forms online.
ATTENTION ALL HAZARDOUS DUTY RETIREEES

YEARLY REQUIREMENT!
Hazardous duty retirees MUST submit a Form 6256 in order for eligible spouse and dependents to receive health insurance contribution.

If you fail to submit the Form 6256 by November 30, 2019, YOU WILL NOT RECEIVE PREMIUM CONTRIBUTIONS for your spouse or dependents. If you submit the form after January 1, you will only receive reimbursement of premiums for the 90 days prior to the receipt of the Form 6256 in Plan Year 2020.

*Example: If you submit the form June 3, 2020, you will receive reimbursement for March - May 2020.*

**DEADLINE 11/30/2019**

See page 24 for more information.
Enroll Online

Enrolling online is easy and convenient. Self Service is now mobile friendly. Enroll on your computer, phone, or tablet.

BEFORE YOU BEGIN - You will need your Personal Identification Number (PIN). You can request a new PIN in the log in if you have an email on file with KRS. If you do not have an email on file, a new PIN will be mailed to your address on file with KRS.

Step A: - Go to www.kyret.ky.gov and click Login at the top of the screen.

Step B: Log in to Self Service
(After you log in to Self Service, you are required to have your 4 Digit PIN to complete your enrollment online) You can request a new PIN.

Step C: When you reach the Welcome page, click on the link Enrollment is NOW OPEN to begin the form process. Please keep in mind that this is a non-mandatory enrollment. You only complete an enrollment form if you are changing your plan from last year.
Hazardous members still have to complete a Form 6256.

Once you reach the CONFIRMATION PAGE, you will receive a CONFIRMATION EMAIL. Please retain for your records. This email will include a copy of your completed form(s). Hazardous members will also receive a copy of their completed Form 6256. If you do not receive an email, please contact our office.
What You Need to Know for 2020

2020 KEHP Open Enrollment Highlights
Open Enrollment for Plan year 2020 ends October 31, 2019.

HAZARDOUS DUTY RETIREES WITH HEALTH INSURANCE DEPENDENTS MUST FILE A FORM 6256 EVERY YEAR EVEN IF THE OPEN ENROLLMENT IS NOT MANDATORY. DEADLINE IS 11/30/2019

This is NOT a mandatory enrollment. If you do not complete a Health Insurance Form 6200 for 2020, you will be automatically enrolled in the same plan at the same coverage level (e.g., single, parent plus, couple or family) you have in 2019.

Changes were made to premiums, deductibles, and maximum out of pocket for all plans.

ALL 2020 health plans require the completion of the LivingWell Promise.

StayWell is the new well-being vendor for 2020.

Health Reimbursement Arrangements (HRA) have a maximum carryover of $7,500.

You DO NOT have to enroll if you:

• Want to keep your current health insurance plan option, level, and have no change in health insurance dependents.
• Currently waive health insurance coverage and want to continue to waive health insurance coverage.
• Are a KRS, TRS, or Legislative/Judicial return-to-work retiree under age 65 and want to keep your current health insurance plan with your employer.

You DO have to enroll if you want to:

• Change your health insurance plan option, level, or health insurance dependents.
• If you are currently enrolled in a health insurance plan in 2019 and would like to waive your coverage in 2020.

The Benefit Analyzer can help you choose your plan. Visit understandyourhealthoptions.com/Kentucky to see the recommended plan based on your previous healthcare claims.

If you currently waive coverage with KRS in 2019, you are not required to complete a form waiving coverage for 2020.

MEMBERS WITH PARTICIPATION DATE PRIOR TO JULY 1, 2003
In order to determine your cost for coverage in 2020, please refer to the guides on pages 13-15 enclosed in this notice.

Retirees with nonhazardous service credit only and beneficiaries of nonhazardous retirees should refer to page 13. Retirees with only hazardous duty service credit should refer to pages 14-15. Retirees with both nonhazardous and hazardous duty service should also refer to pages 14-15.

MEMBERS WITH PARTICIPATION DATE ON OR AFTER JULY 1, 2003
In order to determine your cost for coverage in 2020, please refer to the guides on pages 16-17 enclosed in this notice.

Retirees or beneficiaries of retirees with hazardous duty service credit may contact the retirement office for assistance.

Specific account information, including what contribution amount KRS may pay, can only be discussed by telephone if the caller can provide their KRS PIN to the representative.

Why Weight Kentucky
Why Weight Kentucky is a weight management program that pairs members with an Anthem clinician who will help you reach your weight-loss goals. If you participate in the program, you will receive access to the tools and one-on-one support needed to lose weight safely, and improve your health and quality of life. The program also provides coverage for several prescription weight-loss medicines. Call Anthem at 844-402-5347.
What You Need to Know for 2019

Think of your future — any day, month, or year — and imagine your ideal physical and emotional health

KEHP’s LivingWell program is here to help you meet your goals in 2020; and StayWell®, our new well-being partner, provides you with tools and resources to help you achieve your ideal vision.

It Pays to Get Healthy

We know that living a healthy lifestyle isn’t always easy. That’s why the LivingWell program offers incentives as a reward to encourage you along the way. Beginning in January 2020, you can earn incentives through StayWell® by completing your LivingWell Promise and engaging in activities.

• LivingWell Engagement incentives — earn up to $200 a year in additional incentives for engaging in a health and well-being activity through StayWell®. You can earn gift cards for activities like getting a preventive dental visit, completing education sessions, participating in health coaching, or completing step goals.

The LivingWell Promise - All planholders must complete for 2020.

KEHP is continuing the LivingWell Promise in 2020. All four plan options require completion of the LivingWell Promise.

2020 LivingWell Promise incentive - earn $480 a year ($40 per month) in premium discounts in 2021 when you complete your health assessment or biometric screening.

• You must take your health assessment through StayWell® or get a biometric screening.
• Your LivingWell Promise must be completed between January 1 and July 1, 2020.
• You will not receive the LivingWell Promise premium discount in 2021 if you do not complete a health assessment or biometric screening.

If you have the cross-reference payment option:

• You and your spouse must both fulfill the LivingWell Promise;
• You and your spouse will each receive the $40 monthly premium discount in 2021 based on your LivingWell Promise completion in 2020;
  - If only one person completes the LivingWell Promise, only that person will receive the premium discount in 2021; and
• You and your spouse can choose separately how you complete the Promise with either the health assessment or biometric screening.

2020 LivingWell Priorities - The KEHP and StayWell® are committed to helping members improve their health and well-being in four major areas: Physical, Emotional, Financial, and Social.

Copyright 2019. StayWell respects your privacy and only shares your personal information as described in the privacy statement, which is available on the portal.
What You Need to Know for 2020

THIS IS A NON-MANDATORY ENROLLMENT. ONLY SUBMIT AN ENROLLMENT FORM IF YOU ARE CHANGING YOUR PLAN. The Open Enrollment Period for Plan Year 2020 will begin September 30, 2019 and end October 31, 2019. If you are enrolled in the LivingWell plan and did not complete your LivingWell promise for 2019, you will pay an additional $40 per month fee in 2020. Please see page 6 for more information.

If submitting an enrollment form, do not send it anywhere except KRS for processing.

If you send your form somewhere other than to KRS, you may fail to receive the requested change to your coverage or you could lose eligibility by not meeting the required deadline.

A Healthful Promise worth Keeping

All Plan holders who are 18 or older are required to fulfill the LivingWell promise.

The plan holders must take the Health Assessment OR get a Bio-Metric Screening, administered by StayWell, where a health professional checks metrics such as height, weight, body mass index (BMI), blood pressure, and cholesterol.

Plan holder must fulfil promise between January 1 and July 1, 2020, to get a $40 monthly discount for 2021. You will receive the $40 monthly discount only if you complete a Health Assessment or the Bio-Metric Screening between the dates above. You cannot satisfy the promise during Open Enrollment.

2020 KEHP LivingWell Fee:

If you FAILED to complete the LivingWell Promise (complete the online health assessment or biometric screening,) you will be responsible for paying and additional $40 LivingWell fee every month in 2020. The retiree/planholder/beneficiary will be responsible for paying the fee even if they have 100% contribution (retiree with 240 months or greater.)

If you have the cross-reference option: You and your spouse must both fulfill the LivingWell Promise. If only one of you fulfills the promise, then the other person will be responsible for the $40.00 LivingWell fee in 2020. You and your spouse can each choose separately how you fulfill the LivingWell Promise, whether by taking the LivingWell Health Assessment or getting a Biometric Screening.

REQUIRED BY ALL PLANHOLDERS

The KEHP is continuing the LivingWell Promise in 2020. All four plan options require completion of the LivingWell Promise. Read the information below and on page 6 for more information.

2020 LivingWell Promise

• You must take the StayWell Health Assessment (HA) OR get a biometric screening;
• You must fulfill your Promise by July 1, 2020 or you will be responsible for paying an additional $40 LivingWell fee every month in 2021.

You do not have to complete both the HA and biometric screening. But, if you do, you will receive additional StayWell Points and you will be closer to reaching Silver Status with StayWell.

2020 KEHP Tobacco User Fee

The Commonwealth of Kentucky is committed to fostering and promoting well-being and health in the workforce. You are eligible for the non-tobacco user premium contribution rates provided that you certify that you and any other person to be covered under your plan has not regularly used tobacco within the past six months.

• “Regularly” means tobacco has been used four or more times per week on average excluding religious or ceremonial purposes.
• “Tobacco” means all tobacco products including, but not limited to, cigarettes, pipes, chewing tobacco, snuff, dip, and any other tobacco products regardless of the frequency or method of use.
• “Dependent” means, for the purpose of the Tobacco Use Declaration, only those dependents who are 18 years of age or older.

If you have regularly used tobacco within the past six
months, you are subject to the monthly fee as discussed below. For those with single coverage, the fee is $40.00 per month. For those with any dependent coverage (Parent Plus, Couple, Family), even if only one person uses tobacco, the fee is $80.00. You should add either $40.00 or $80.00 to the premium amounts for your level of coverage. The retiree/planholder/beneficiary will be responsible for paying the fee even if they have 100% contribution (retiree with 240 months or greater.)

**Tobacco Cessation**

Are you ready to quit? KEHP has many resources available, including nicotine replacement therapies for FREE. Go to livingwell.ky.gov, click on ‘programs’ then ‘quitting tobacco.’

**If you have the cross-reference payment option:**

- You and your spouse must both fulfill the LivingWell Promise;
- If you both fulfill the Promise, you and your spouse will not be responsible for paying an additional $40 LivingWell fee every month in 2021;
- If only one of you fulfills the Promise, then the other person will be responsible for paying an additional $40 LivingWell fee every month in 2021;
- You and your spouse can each choose separately how you fulfill the LivingWell Promise, with either the biometric screening or HA.

**Bank Draft Authorization**

If you are currently paying for KRS health insurance from a monthly invoice you receive in the mail, KRS now requires a bank draft authorization. If your portion of health insurance premiums is in excess of your net monthly retirement payment, that “direct payment” for health insurance must be paid by electronic transfer. Use Form 6131 on page 29 to set up your direct payment.
How do I enroll on the web?
During the Open Enrollment period, you may access our web enrollment at https://myretirement.ky.gov. Once you log in to our self-service site, look for the view health insurance enrollment history link on the left toolbar. This page displays your current health insurance coverage through KRS and gives you the option to submit your KEHP enrollment online. If you are cross-referencing with an active employee, you must complete a paper enrollment form. If you complete web enrollment, please DO NOT complete a paper enrollment form. See page 4.

NOTE: Hazardous Duty Retirees completing online enrollment can now submit Form 6256 with their online enrollment or mail/fax their form to KRS.

Are you or your dependents enrolled in Medicare?
If you or your dependents are enrolled in Medicare and not employed full-time, you or your eligible dependent may not be eligible for the KEHP plans and must enroll in a KRS Medicare eligible plan for 2020. The Open Enrollment Period for Medicare eligible recipients and their Medicare eligible dependents begins October 21, 2019 and ends November 29, 2019. If you or a dependent are Medicare eligible and have coverage in KEHP through KRS or have no coverage through KRS, notify the retirement office immediately and we will send you a Medicare Eligible Open Enrollment packet for Plan Year 2020. You may also access this information at kyret.ky.gov.

Employment after Retirement
Please be advised that under the Medicare Secondary Payer (MSP) Act, in certain circumstances, a Medicare eligible retiree’s reemployment with a KRS participating agency of will PROHIBIT KRS from offering or continuing to offer retiree coverage under the Humana Medicare Advantage plan. Please call KRS if you have questions. You should also contact Medicare if you have questions.

If your active employment makes you eligible for insurance coverage and you are not Medicare eligible, you must decide if you wish to carry your coverage through KRS or your employer. If you want to move your coverage from KRS and carry health insurance through your employer, you need to disenroll through KRS and submit an enrollment form to your employer by the KRS open enrollment due date or your employer’s open enrollment period.

Unless otherwise provided by law, if you are a retiree that has an initial participation date with KRS on or after September 1, 2008 and are reemployed after retirement in a regular full-time position, you will not be eligible for health insurance with KRS. You are required to take coverage through your employer.

Visit our website for more information on reemployment after retirement at https://kyret.ky.gov/Retirees/Pages/Reemployment-After-Retirement.aspx
Plan highlights at a glance

<table>
<thead>
<tr>
<th></th>
<th>LivingWell CDHP</th>
<th>LivingWell PPO</th>
<th>LivingWell Basic</th>
<th>LivingWell Limited High Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HRA</strong></td>
<td>Single $500</td>
<td>No HRA</td>
<td>Single $250</td>
<td>No HRA</td>
</tr>
<tr>
<td></td>
<td>Family $1,000</td>
<td></td>
<td>Family $500</td>
<td></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>Single $1,500</td>
<td>Single $1,000</td>
<td>Single $2,000</td>
<td>Single $4,250</td>
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<tr>
<td></td>
<td>Family $2,750</td>
<td>Family $1,750</td>
<td>Family $3,750</td>
<td>Family $8,250</td>
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<tr>
<td><strong>Out-of-pocket</strong></td>
<td>Single $3,000</td>
<td>Single $3,000</td>
<td>Single $4,000</td>
<td>Single $5,250</td>
</tr>
<tr>
<td><strong>Maximum</strong></td>
<td>Family $5,750</td>
<td>Family $5,750</td>
<td>Family $7,750</td>
<td>Family $10,250</td>
</tr>
<tr>
<td><strong>Doctor’s Visit</strong></td>
<td>Deductible then 15%</td>
<td>Co-pay $25; Specialist $45</td>
<td>Deductible then 30%</td>
<td>Deductible then 50%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Co-insurance</strong></td>
<td>15%</td>
<td>20%</td>
<td>30%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Prescriptions</strong></td>
<td>Deductible then 15%</td>
<td>$10; $35; $55</td>
<td>Deductible then 30%</td>
<td>Deductible then 50%</td>
</tr>
<tr>
<td></td>
<td>Advanced Control Formulary</td>
<td>Advanced Control Formulary</td>
<td>Value Formulary</td>
<td>Value Formulary</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

24/7 NurseLine

If you have an emergency or questions for a nurse, you can call around the clock 24/7. The NurseLine provides you with accurate health information any time of the day or night. You will receive one-on-one counseling with experienced nurses via a convenient toll-free number 877-636-3720. A staff of experienced nurses is trained to address common health care concerns such as medical triage, education, access to health care, diet, social/family dynamics and mental health issues. Specifically, the **24/7 NurseLine** features:

- A skilled clinical team — RN that helps assess your systems, understand medical conditions, ensures you receive the right care in the right setting, and refers you to programs and tools appropriate for your condition
- Bilingual RNs, language line and hearing impaired services
- Access to the AudioHealth Library, containing hundreds of audiotapes on a wide variety of health topics
- Proactive callbacks within 24 to 48 hours, referrals to 911 emergency services, poison control, and identification of emergent or urgent care for children
- Referrals to relevant community resources
LivingWell CDHP

The LivingWell Consumer Driven Health Plan (CDHP)
Pay less in premiums and receive money in an HRA.

- You pay 15% and the health plan pays 85% once your deductible is met.
- Your medical and pharmacy costs both apply toward the deductible and maximum out-of-pocket expenses.
- You only pay the co-insurance amount on medications on the preventive therapy drug benefit list. No deductible!
- Your prescription benefit is administered through CVS Caremark’s Advanced Control Formulary.
- You will receive a pre-funded Health Reimbursement Arrangement (HRA) to use to pay for part of your deductible and maximum out-of-pocket costs.

Use the HRA to help meet your deductible

- You will receive a WageWorks® VISA Healthcare Card that is pre-funded with $500 if you have single coverage or $1,000 if you have couple, parent-plus, or family coverage levels.
- Use the HRA to help pay for your co-insurance, which reduces your deductible.
- Use this card at your doctor’s office, hospital, or pharmacy. Simply swipe the card to help pay for your eligible expenses, which will be deducted from your card balance.
- You can also use this card to pay for eligible vision and dental expenses; these expenses do not reduce your deductible and/or max out of pocket.

LivingWell PPO

The LivingWell Preferred Provider Organization (PPO)
Pay more in premiums and have set co-pays for doctor’s office visits and prescriptions.

- Your co-pays will not apply to your deductible, but will apply to your out-of-pocket maximum.
- You will have a co-payment for all prescription tiers.
- Your prescription benefit is administered through CVS Caremark’s Advanced Control Formulary.
- Your medical out-of-pocket maximum is separate from your pharmacy out-of-pocket maximum, and they accumulate separately.
LivingWell Basic CDHP

The LivingWell Basic Consumer Driven Health Plan (CDHP)
Basic coverage for lower premiums and receive money in an HRA.

- You pay 30% and the health plan pays 70% once your deductible is met.
- Your medical and pharmacy costs both apply toward the deductible and maximum out-of-pocket.
- You only pay the co-insurance amount on medications on the preventive therapy drug benefit list. No deductible!
- Your prescription benefit is administered through CVS Caremark’s Value Formulary. This formulary includes mostly generics with few brand-named medications.
- You will receive a pre-funded HRA to use to pay for part of your deductible and maximum out-of-pocket costs.

Use the HRA to help meet your deductible
- You will receive a WageWorks® VISA Healthcare Card that is pre-funded with $250 if you have single coverage or $500 if you have couple, parent-plus, or family coverage levels.
- Use the HRA to help pay for covered expenses, which reduces your deductible.
- Use this card at your doctor’s office, hospital, or pharmacy. Simply swipe the card to help pay for your eligible expenses, which will be deducted from your card balance.
- You can also use this card to pay for eligible vision and dental expenses; these expenses do not reduce your deductible and/or max out of pocket.

LivingWell Limited High Deductible Plan

The LivingWell Limited High Deductible Plan.
Catastrophic-type coverage. This is NOT the best plan for most people. PLEASE READ CAREFULLY.

- You pay 50% and the health plan pays 50% once your deductible is met.
- You WILL NOT receive money in a pre-funded HRA.
- Your medical and pharmacy costs both apply toward the deductible and maximum out-of-pocket expenses.
- Your prescription benefit is administered through CVS Caremark’s Value Formulary. This formulary includes mostly generics with few brand-named medications.
- You pay 50% of the total in-network prescription costs.
1. Select Plan


<table>
<thead>
<tr>
<th>Plan Option</th>
<th>Single</th>
<th>Parent Plus</th>
<th>Couple</th>
<th>Family</th>
<th>Family X-Ref**</th>
</tr>
</thead>
<tbody>
<tr>
<td>LivingWell CDHP</td>
<td>$710.94</td>
<td>$982.30</td>
<td>$1,342.78</td>
<td>$1,500.50</td>
<td>$821.36</td>
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<tr>
<td>LivingWell PPO</td>
<td>$731.82</td>
<td>$1,044.12</td>
<td>$1,604.96</td>
<td>$1,787.46</td>
<td>$881.40</td>
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<tr>
<td>LivingWell Limited High Deductible Plan</td>
<td>$608.24</td>
<td>$866.76</td>
<td>$1,334.18</td>
<td>$1,485.46</td>
<td>$731.68</td>
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<tr>
<td>LivingWell Basic CDHP</td>
<td>$683.58</td>
<td>$942.52</td>
<td>$1,457.82</td>
<td>$1,624.66</td>
<td>$801.82</td>
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</table>

** Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KRS. You must contact your spouse's insurance coordinator for information for spouse's portion of the premium.

2. Service Credit

Subtract the following, based upon your months of service.

<table>
<thead>
<tr>
<th>Applicant's months of Service</th>
<th>LivingWell CDHP</th>
<th>LivingWell PPO</th>
<th>LivingWell Limited High Deductible Plan</th>
<th>LivingWell Basic CDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>240+ months or more</td>
<td>$710.94</td>
<td>$731.82</td>
<td>$608.24</td>
<td>$683.58</td>
</tr>
<tr>
<td>Contribution based on Plan selected</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>180 - 239 months</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>120 - 179 months</td>
<td></td>
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<tr>
<td>48 - 119 months</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>0 - 47 months</td>
<td>$548.87</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>$365.91</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>$182.96</td>
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</tr>
<tr>
<td></td>
<td>$0.00</td>
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</tbody>
</table>

3. Tobacco Status

Select one, based upon tobacco usage in the past six months. If you are a tobacco user, you will be required to pay the amount in box 3.

- Non-tobacco user +$0.00
- Retiree or beneficiary uses tobacco selecting Single coverage +$40.00
- Retiree or beneficiary uses tobacco selecting Family, Parent Plus, or Couple coverage +$80.00

4. LivingWell Promise

Select one. If you did not fulfill the LivingWell Promise for plan year 2019, you will be required to pay the amount in Box 4 in 2020.

- Promise Completed +$0.00
- Applicant failed to complete Promise +$40.00

* KRS does not pay a contribution for coverage on behalf of a beneficiary receiving a monthly retirement benefit. Beneficiaries obtaining coverage should enter “$0.00” in Box 2. Exception: If you are a spouse beneficiary or a dependent child receiving a monthly benefit under the Fred Capps Memorial Act, contact KRS.
HAZARDOUS DUTY RETIREES WITH HEALTH INSURANCE DEPENDENTS

You MUST SUBMIT a FORM 6256 EVERY YEAR.

You MUST provide eligibility documentation for your dependent(s) if it is not already on file with KRS.

CHILD: If your dependent child is between the ages of 18 and 22, you MUST complete Form 6256 (page 25). A Birth certificate or other supporting documentation will be required if not on file with KRS.

SPOUSE: You MUST complete Form 6256 (page 25). A marriage certificate or other supporting documentation will be required if not on file with KRS.

Note: If you fail to notify KRS of changes in your dependent’s eligibility (child AND spouse), you will BE REQUIRED TO REPAY any insurance benefits paid on behalf of the ineligible person. See page 24.

Note: You may continue to cover Dependents of Hazardous Duty between the ages of 22-26 as they are eligible for coverage but not eligible for the Premium Contribution. Retiree will be responsible for the additional cost for coverage.
3. Spouse & Dependent Coverage
Select one. If you retired **August 1, 1998** or after, your additional contribution toward Parent Plus, Couple or Family coverage is based upon hazardous duty service credit only. Apply your service credit to the table below to determine your additional contribution if selecting Parent Plus, Couple or Family coverage. Please enter this value in Box 3.

If you retired **prior to August 1, 1998**, your additional contribution toward Parent Plus, Couple or Family coverage is based upon total service credit. Apply your total service credit to the table below to determine your additional contribution if selecting Parent Plus, Couple or Family coverage. Please enter this value in Box 3.

<table>
<thead>
<tr>
<th>Hazardous Service Only¹</th>
<th>Parent Plus</th>
<th>Couple</th>
<th>Family</th>
<th>Family X-Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>240+ months</td>
<td>$312.30</td>
<td>$873.14</td>
<td>$1,055.64</td>
<td>$1,030.98</td>
</tr>
<tr>
<td>180 - 239 months</td>
<td>$234.23</td>
<td>$654.86</td>
<td>$791.73</td>
<td>$773.24</td>
</tr>
<tr>
<td>120 - 179 months</td>
<td>$156.15</td>
<td>$436.57</td>
<td>$527.82</td>
<td>$515.49</td>
</tr>
<tr>
<td>48 - 119 months</td>
<td>$78.08</td>
<td>$218.29</td>
<td>$263.91</td>
<td>$257.75</td>
</tr>
<tr>
<td>0 - 47 months</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

¹ If you retired prior to August 1, 1998, your additional contribution toward Parent Plus, Couple or Family coverage is based upon total service credit.

**Your Subtotal before fees**
Box 1 subtract Box 2 & 3

4. Tobacco Status
Select one, based upon tobacco usage in the past six months. If you are a tobacco user, you will be required to pay the amount in box 4.

- Non-tobacco user: +$0.00
- Retiree or beneficiary uses tobacco selecting Single coverage: +$40.00
- Retiree or beneficiary uses tobacco selecting Family, Parent Plus, or Couple coverage: +$80.00

5. LivingWell Promise
Select one. If you did not fulfill the LivingWell Promise for plan year 2019, you will be required to pay amount in Box 5 in 2020.

- Promise Completed: +$0.00
- Applicant failed to complete Promise: +$40.00

Total Monthly Premium
Subtotal (Box 1 - Box 2 - Box 3) + Box 4 + Box 5 = Total
Use this Health Insurance form if:

- You are either Hazardous or Nonhazardous
- You are a retiree or beneficiary* receiving benefits.
- You are Tier 1 with a participation date with KRS **BETWEEN** July 1, 2003 and August 31, 2008. In order to be eligible for health insurance benefits, you must have a minimum of 120 months of service.
- You are Tier 2 with a participation date with KRS **AFTER** September 1, 2008. In order to be eligible for health insurance benefits, you must have a minimum of 180 months of service.

1. Select Plan


<table>
<thead>
<tr>
<th>Plan Option</th>
<th>Single</th>
<th>Parent Plus</th>
<th>Couple</th>
<th>Family</th>
<th>Family X-Ref**</th>
</tr>
</thead>
<tbody>
<tr>
<td>LivingWell CDHP</td>
<td>$710.94</td>
<td>$982.30</td>
<td>$1,342.78</td>
<td>$1,500.50</td>
<td>$821.36</td>
</tr>
<tr>
<td>LivingWell PPO</td>
<td>$731.82</td>
<td>$1,044.12</td>
<td>$1,604.96</td>
<td>$1,787.46</td>
<td>$881.40</td>
</tr>
<tr>
<td>LivingWell Limited High Deductible Plan</td>
<td>$608.24</td>
<td>$866.76</td>
<td>$1,334.18</td>
<td>$1,485.46</td>
<td>$731.68</td>
</tr>
<tr>
<td>LivingWell Basic CDHP</td>
<td>$683.58</td>
<td>$942.52</td>
<td>$1,457.82</td>
<td>$1,624.66</td>
<td>$801.82</td>
</tr>
</tbody>
</table>

** Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KRS. You must contact your spouse’s insurance coordinator for information for spouse’s portion of the premium.

2. Nonhazardous Service Credit

Subtract the following, based on the calculation of Years of Nonhazardous Service multiplied by the Health Insurance Dollar Contribution Amount.

<table>
<thead>
<tr>
<th>Dollar Contribution Amount</th>
<th>(\times)</th>
<th>FULL Years of Nonhazardous Service</th>
<th>=</th>
<th>BOX 2 TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>$13.58</td>
<td>(\times)</td>
<td></td>
<td>=</td>
<td></td>
</tr>
</tbody>
</table>

Calculate the KRS Service Credit Dollar Amount by multiplying the Years of Nonhazardous Service by the Health Insurance Dollar Contribution Amount.

* KRS does not pay a contribution for coverage on behalf of a beneficiary receiving a monthly retirement benefit. Beneficiaries obtaining coverage should enter “$0.00” in Box 2. Exception: If you are a spouse beneficiary or a dependent child receiving a monthly benefit under the Fred Capps Memorial Act, contact KRS.

3. Hazardous Service Credit

Subtract the following, based on the calculation of Years of Hazardous Service multiplied by the Health Insurance Dollar Contribution Amount.

<table>
<thead>
<tr>
<th>Dollar Contribution Amount</th>
<th>(\times)</th>
<th>FULL Years of Hazardous Service</th>
<th>=</th>
<th>BOX 3 TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20.37</td>
<td>(\times)</td>
<td></td>
<td>=</td>
<td></td>
</tr>
</tbody>
</table>

Calculate the KRS Service Credit Dollar Amount by multiplying the Years of Service by the Health Insurance Dollar Contribution Amount, using the appropriate Hazardous and Nonhazardous service credit.

Box 1 subtract Box 2 and/or subtract Box 3
For service in a Nonhazardous position, you will receive a monthly dollar contribution of $13.58 for each year of service per month. The Dollar Contribution Amount will increase by 1.5% on July 1st.

EXAMPLE: If you began participating September 1, 2003 in a Nonhazardous position, and retired effective October 1, 2013, you would receive $135.80 per month towards health insurance premiums.

For service in a Hazardous position, you will receive a monthly contribution of $20.37 for each year of service per month. The Dollar Contribution Amount will increase by 1.5% on July 1st.

EXAMPLE: If you began participating September 1, 2003 in a hazardous position, and retired effective October 1, 2013 you would receive $203.70 per month towards health insurance premiums.

If you have Hazardous and Nonhazardous service, you will receive contribution based on the amount of full years of service for each.

EXAMPLE: If you began participating September 1, 2003 in a Nonhazardous position until September 30, 2008 (5 years x $13.58 = $67.90), and then began participating October 1, 2008 in a hazardous position, and retired effective November 1, 2013 (5 years x $20.37= $101.85), you will receive $169.75 per month towards health insurance premiums ($67.90+$101.85 = $169.75).

If you have a partial year of Hazardous service and a partial year of Nonhazardous service, they can be combined to equal a full year, you will receive 1 year of Nonhazardous service.

EXAMPLE: If you have 9 years and 6 months of Nonhazardous service and 6 months of Hazardous service, your insurance contribution will be based on 10 years of Nonhazardous service. You will receive $135.80 per month towards health insurance premiums.

If you are receiving a monthly retirement benefit, that qualifies you to receive a Health Insurance Percentage contribution and are also receiving a monthly retirement benefit that qualifies you to receive a Health Insurance Dollar Contribution Amount, please contact the retirement office for help calculating your cost.
OPEN ENROLLMENT Checklist

THIS IS A NON-MANDATORY ENROLLMENT. ONLY SUBMIT AN ENROLLMENT FORM 6200 IF YOU ARE CHANGING YOUR PLAN.

BEFORE YOU SEND IN YOUR FORM(S):

1. Make sure all questions are answered.
2. The front and back of the insurance Form 6200 must be returned if you are changing your plan.
3. A SIGNATURE IS REQUIRED ON the back of the Form 6200. If the retiree is not the planholder then both the retiree and the planholder must sign.
4. If you are changing your plan, failure to submit a completed Form 6200 could result in a delay of benefits and receipt of insurance cards.
5. Mail your completed enrollment forms to: Kentucky Retirement Systems 1260 Louisville Road Frankfort, KY 40601
6. Submit Form 6256 if you are Hazardous duty. See page 24 for details.

Time to Enroll

This is NOT a mandatory enrollment this year. Only submit enrollment forms if you are changing your plan -

Now that you’ve read through the guide, you should have a better understanding of the benefits you need for you and your family. Once you have made your decision to change your plan or if you are enrolling for the first time, you are ready to enroll. KRS members will receive an open enrollment packet.

If you are changing your plan, you are strongly encouraged to complete your enrollment online at https://myretirement.ky.gov

If you include a valid email address during the enrollment process, you will receive an immediate confirmation of your enrollment and a copy of your completed forms. Please make sure to review the confirmation to ensure you have elected the plan you desire, because KEHP will not be able to address enrollment errors after the start of the 2020 plan year. If you are unable to enroll online, you may complete the form(s) in this guide; however, you will not receive a confirmation that your enrollment was received and processed.

Not everyone can enroll online. Refer to the information below to see which enrollment method is right for you.

KRS Retirees
Enroll online using Self Service. If you are unable to enroll online, use the paper enrollment form on page 19. Please call 1-800-928-4646 with any questions.

TRS Retirees
If you are under 65, you may enroll online at khris.ky.gov. If you are unable to complete your enrollment online and would like a paper form, call TRS at 800-618-1687. If you are 65 and older, or will be Medicare eligible between October and January, you are not eligible for coverage provided through KEHP.

JRP/LRP Retirees
If you are under 65, you may enroll online at khris.ky.gov or you may call JRP/LRP at 502-564-5310 for a paper form. If you are 65 and older, or will be 65 in January 2019, you are not eligible for coverage provided through KEHP.
### Section 1: To Be Completed by Insurance Coordinator

<table>
<thead>
<tr>
<th>KHRIS Personnel Number</th>
<th>Hazardous Duty</th>
<th>Date of Retirement</th>
<th>Qualifying Event Date</th>
<th>Coverage Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>KRS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80000</td>
<td></td>
<td>10006416</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRS</td>
<td></td>
<td>85000</td>
<td>10006418</td>
<td></td>
</tr>
<tr>
<td>KCTCRS</td>
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<td>81000</td>
<td>10006417</td>
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</tr>
<tr>
<td>JRP</td>
<td></td>
<td>86000</td>
<td>10006419</td>
<td></td>
</tr>
<tr>
<td>LRP</td>
<td></td>
<td>87000</td>
<td>10006420</td>
<td></td>
</tr>
<tr>
<td>KRS Only:</td>
<td>KRS-KERS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CERS - Oth.Ag</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>KRS-SPRS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Reason(s) for Application:
- Open Enrollment
- New Retiree
- Returning Retiree
- Return to Work Retiree
- Qualifying Event
- Exception
- Demographic Change

#### Qualifying Event:
- Marriage
- Birth/Adoption/Placement
- Court Order for Child
- Divorce
- Death - Date: __________
- Loss of Individual Health
- Loss of Group Health

#### Termination:
- Coverage End Date

### Section 2: Demographic Information - Changes or Current (Circle one)

#### Retiree’s SSN
- [ ] Male
- [ ] Female

#### Retiree’s Name (Last, First, MI)

#### Retiree’s Date of Birth

#### Applicant’s SSN
- [ ] Male
- [ ] Female

#### Applicant’s Name (Last, First, MI)
If plan holder is not the Retiree

#### Applicant’s Date of Birth

#### Mailing Address

#### Home County

#### Home Email Address

#### Sex:
- [ ] Male
- [ ] Female

#### Married:
- [ ] Yes
- [ ] No

***Required information for processing. Are you Medicare eligible due to Social Security disability?***
- [ ] Yes
- [ ] No

### Section 3: Spouse Information - Skip to Section 5 if electing single coverage - Changes or Current (Circle one)

#### Spouse’s SSN
- [ ] Male
- [ ] Female

#### Spouse’s Name (Last, First, MI)

#### Date of Birth (mm/dd/yyyy)

#### Sex:
- [ ] Male
- [ ] Female

***Required information for processing. Is Spouse Medicare eligible due to Social Security disability?***
- [ ] Yes
- [ ] No

I wish to utilize the Cross-reference payment option (two KEHP members, married with children - no LRP or JRP).

KRS Only: [ ] KRS-KERS [ ] CERS - Oth.Ag [ ] KRS-SPRS

#### Spouse’s Date of Hire/Retirement

#### Spouse’s Organizational Unit #

#### Spouse’s Company #

#### Spouse’s Home Email Address

#### Spouse Work Email Address

### Section 4: Dependent Information

#### Changes or Current (Circle one)

<table>
<thead>
<tr>
<th>Child #1 SSN</th>
<th>Name (Last, First, MI)</th>
<th>Natural</th>
<th>Adopted</th>
<th>Court Ordered</th>
<th>Foster</th>
<th>Step</th>
<th>Disabled</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
<th>Add</th>
<th>Drop</th>
<th>Remain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child #2 SSN</td>
<td>Name (Last, First, MI)</td>
<td>Natural</td>
<td>Adopted</td>
<td>Court Ordered</td>
<td>Foster</td>
<td>Step</td>
<td>Disabled</td>
<td>Date of Birth</td>
<td>Sex</td>
<td>Male</td>
<td>Female</td>
<td>Add</td>
<td>Drop</td>
<td>Remain</td>
</tr>
<tr>
<td>Child #3 SSN</td>
<td>Name (Last, First, MI)</td>
<td>Natural</td>
<td>Adopted</td>
<td>Court Ordered</td>
<td>Foster</td>
<td>Step</td>
<td>Disabled</td>
<td>Date of Birth</td>
<td>Sex</td>
<td>Male</td>
<td>Female</td>
<td>Add</td>
<td>Drop</td>
<td>Remain</td>
</tr>
<tr>
<td>Child #4 SSN</td>
<td>Name (Last, First, MI)</td>
<td>Natural</td>
<td>Adopted</td>
<td>Court Ordered</td>
<td>Foster</td>
<td>Step</td>
<td>Disabled</td>
<td>Date of Birth</td>
<td>Sex</td>
<td>Male</td>
<td>Female</td>
<td>Add</td>
<td>Drop</td>
<td>Remain</td>
</tr>
</tbody>
</table>

***Required information for processing: Are any dependents Medicare eligible due to Social Security disability?***
- [ ] Yes
- [ ] No

If yes, who?

---

KY Retirement Health Insurance Enrollment/Change Form / Page 1 of 2 Rev. 08/27/2019
**Section 5: Tobacco Use Declaration**

Rules governing the Tobacco Use Declaration can be found in your Benefits Selection Guide or at kehp.ky.gov. You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

Planholder: Within the past 6 months, have you used tobacco regularly?
- [ ] Yes
- [ ] No

Has your spouse, if covered under this plan, used tobacco regularly within the past 6 months?
- [ ] Yes
- [ ] No

Have any children covered under this plan age 18 or older used tobacco regularly within the past 6 months?
- [ ] Yes
- [ ] No

**Section 6: Coverage Level - Note:** Verification documents may be required; check with your Insurance Coordinator or HR office.

- [ ] Single (self only)
- [ ] Parent Plus (self and child(ren))
- [ ] Couple (self and spouse)
- [ ] Family (self, spouse and child(ren))

**Section 7: Plan Options**

- [ ] LivingWell CDHP
- [ ] LivingWell PPO
- [ ] LivingWell Basic CDHP
- [ ] LivingWell Limited High Deductible
- [ ] Default LivingWell Limited High Deductible - INSURANCE COORDINATOR USE ONLY
- [ ] Waive Coverage, No HRA - without $ Reason for Waiving: ____________________________

**Section 8: Signatures**

By signing this application, I certify that the information provided in this application is true and correct to the best of my knowledge. I also certify that I have read, understand and agree to the Terms and Conditions of participation in the KEHP, the KEHP Legal Notices, and the Tobacco Use Declaration. These documents can be found in your benefits Selection Guide or online at kehp.ky.gov.

By typing my name in the space provided below, I am signing this application electronically and am agreeing to conduct this transaction by electronic means.

Employee/Retiree Signature

Applicant Signature - if plan holder is not the retiree

Spouse Signature - REQUIRED if electing the cross-reference payment option

IC/HRG Signature

IC/HRG Printed Name

Spouse's IC/HRG Signature - REQUIRED if electing the cross-reference payment option

Spouse's IC/HRG Printed Name

---

**Kentucky Retirement Systems**
1260 Louisville Road
Frankfort, KY 40601

**Teachers' Retirement Systems**
479 Versailles Road
Frankfort, KY 40601

**LRP/JRP**
305 Ann Street
Frankfort, KY 40601

---

2020 Retirement Health Insurance Enrollment/Change Form / Page 2 of 2 Rev. 08/27/2019
Plan Year 2020 RETIREE HEALTH INSURANCE ENROLLMENT/CHANGE FORM

Section 1: To Be Completed by Insurance Coordinator

<table>
<thead>
<tr>
<th>KHRIS Personnel Number</th>
<th>Hazardous Duty</th>
<th>Date of Retirement</th>
<th>Qualifying Event Date</th>
<th>Coverage Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>KRS 80000 10006416</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRS 85000 10006418</td>
<td></td>
<td></td>
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<tr>
<td>KCTCRS 81000 10006417</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JRP 86000 10006419</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LRP 87000 10006420</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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KRS Only:  KRS-KERS  CERS - Oth.Ag  KRS-SPRS

Reason(s) for Application:
- Open Enrollment
- New Retiree
- Returning Retiree
- Return to Work Retiree
- Qualifying Event
- Exception
- Demographic Change

Qualifying Event:
- Marriage
- Birth/Adoption/Placement
- Court Order for Child
- Divorce
- Death - Date: __________
- Loss of Individual Health
- Loss of Group Health

Begin Medicare/Medicaid
End Medicare/Medicaid
Loss of KCHIP
Spouse/Dependent Starting Employment
Spouse/Dependent Terminating Employment
Special Enrollment
Other

Section 2: Demographic Information - Changes or Current (Circle one)

Retiree’s SSN
Retiree’s Name (Last, First, MI)
Retiree’s Date of Birth

Applicant’s SSN
Applicant’s Name (Last, First, MI) If plan holder is not the Retiree
Applicant’s Date of Birth

Mailing Address
Primary Phone #
Secondary Phone #

City, State, ZIP
Home County
Home Email Address

Sex: Male  Female  Married: Yes  No

***Required information for processing. Are you Medicare eligible due to Social Security disability? Yes  No

Section 3: Spouse Information - Skip to Section 5 if electing single coverage - Changes or Current (Circle one)

Spouse’s SSN
Spouse’s Name (Last, First, MI)
Date of Birth (mm/dd/yyyy)
Sex
Male  Female

***Required information for processing. Is Spouse Medicare eligible due to Social Security disability? Yes  No

I wish to utilize the Cross-reference payment option (two KEHP members, married with children - no LRP or JRP).

KRS Only:  KRS-KERS  CERS - Oth.Ag  KRS-SPRS

Spouse’s Date of Hire/Retirement
Spouse’s Organizational Unit #
Spouse’s Company #

Spouse’s Home Email Address
Spouse Work Email Address

Section 4: Dependent Information
Changes or Current (Circle one)

<table>
<thead>
<tr>
<th>Child #1 SSN</th>
<th>Name (Last, First, MI)</th>
<th>Natural  Adopted  Court Ordered  Foster  Step  Disabled  Date of Birth</th>
<th>Male  Female  Add  Drop  Remain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child #2 SSN</td>
<td>Name (Last, First, MI)</td>
<td>Natural  Adopted  Court Ordered  Foster  Step  Disabled  Date of Birth</td>
<td>Male  Female  Add  Drop  Remain</td>
</tr>
<tr>
<td>Child #3 SSN</td>
<td>Name (Last, First, MI)</td>
<td>Natural  Adopted  Court Ordered  Foster  Step  Disabled  Date of Birth</td>
<td>Male  Female  Add  Drop  Remain</td>
</tr>
<tr>
<td>Child #4 SSN</td>
<td>Name (Last, First, MI)</td>
<td>Natural  Adopted  Court Ordered  Foster  Step  Disabled  Date of Birth</td>
<td>Male  Female  Add  Drop  Remain</td>
</tr>
</tbody>
</table>

**Required information for processing:** Are any dependents Medicare eligible due to Social Security disability? Yes  No

If yes, who?
Section 5: Tobacco Use Declaration
Rules governing the Tobacco Use Declaration can be found in your Benefits Selection Guide or at kehp.ky.gov. You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

Planholder: Within the past 6 months, have you used tobacco regularly?
☐ Yes ☐ No

Has your spouse, if covered under this plan, used tobacco regularly within the past 6 months?
☐ Yes ☐ No

Have any children covered under this plan age 18 or older used tobacco regularly within the past 6 months?
☐ Yes ☐ No

Section 6: Coverage Level - Note: Verification documents may be required; check with your Insurance Coordinator or HR office.
☐ Single (self only) ☐ Parent Plus (self and child(ren)) ☐ Couple (self and spouse) ☐ Family (self, spouse and child(ren))

Section 7: Plan Options - All plans require the LivingWell Promise to receive the monthly premium discount for the next plan year. Instructions on fulfilling your Promise can be found at LivingWell.ky.gov
☐ LivingWell CDHP
☐ LivingWell PPO
☐ LivingWell Basic CDHP
☐ LivingWell Limited High Deductible
☐ Default LivingWell Limited High Deductible - INSURANCE COORDINATOR USE ONLY
☐ Waive Coverage, No HRA - without $ Reason for Waiving: ____________________________

Section 8: Signatures - Please submit this application to your Company Insurance Coordinator - ADDRESS BELOW
By signing this application, I certify that the information provided in this application is true and correct to the best of my knowledge. I also certify that I have read, understand and agree to the Terms and Conditions of participation in the KEHP, the KEHP Legal Notices, and the Tobacco Use Declaration. These documents can be found in your benefits Selection Guide or online at kehp.ky.gov.

By typing my name in the space provided below, I am signing this application electronically and am agreeing to conduct this transaction by electronic means.

Employee/Retiree Signature ____________________________ Date

Applicant Signature - if plan holder is not the retiree ____________________________ Date

Spouse Signature - REQUIRED if electing the cross-reference payment option ____________________________ Date

IC/HRG Signature ____________________________ Date

IC/HRG Printed Name ____________________________ IC/HRG Phone Number

Spouse's IC/HRG Signature - REQUIRED if electing the cross-reference payment option ____________________________ Date

Spouse's IC/HRG Printed Name ____________________________ Spouse's IC/HRG Phone Number
Need more forms?
Don’t worry - you can download as many as you need from our website at www.kyret.ky.gov

*Please remember to shred any papers with personal information.*
Children Eligible for Coverage and Premium Contributions: Each plan year, the **spouse** and each **dependent child** of retired hazardous members of KERS, CERS, and SPRS, as well as some disabled members, may be eligible to receive an insurance contribution based upon the retired member’s service. Pursuant to KRS 16.505(17), “Dependent child” means a child in the womb and a natural or legally adopted child of the member who has neither attained age eighteen (18) nor married or who is an unmarried full-time student who has not attained age twenty-two (22). Solely in the case of a member **who dies** as a direct result of an act in line of duty or **who dies** as a result of a duty-related injury, “dependent child” also means a naturally or legally adopted disabled child regardless of age, of the member if the child has been determined to be eligible for federal Social Security disability benefits or is being claimed as a qualifying child for tax purposes due to the child’s total and permanent disability. Retired members with children who do not meet this definition may be able to cover their children under the KEHP plan, but will not receive a contribution amount toward the coverage of those children.

Establishing Eligibility: To establish your child’s eligibility for the hazardous contribution toward health insurance for the next plan year, you must certify the child’s eligibility on a completed Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance. This certification form must be completed annually to receive the contribution. If you submit the required certification and your child is an eligible “dependent child” pursuant to KRS 16.505(17), the contribution will be made for the applicable plan year. Additionally, you must certify that you will immediately provide KRS written notification when your child no longer qualifies. You will be required to reimburse KRS for premiums paid if you make a false or incorrect certification that a child meets the eligibility requirements or if you fail to immediately notify KRS when a child no longer meets the eligibility requirements.

Spousal Coverage: If your **spouse** has health insurance under your account, a Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance must be completed and submitted to KRS before the beginning of each plan year, or immediately following a qualifying event, for your **spouse** to receive the hazardous contribution toward health insurance for that plan year. If you divorce a spouse who is covered by health insurance under your KRS account, you must notify our office promptly. An ex-spouse is not eligible to remain on your plan. You must submit a new health insurance enrollment form with your ex-spouse removed (or a signed written statement to completely cancel a plan) to this office as soon as the divorce is final. A copy of the Dissolution of Marriage must be provided to KRS as soon as that is available. Without proper notification and documentation, you will be required to reimburse KRS for premiums paid on behalf of an ex-spouse who is no longer eligible for health insurance under your account.

Children Eligible for Coverage: Pursuant to the Affordable Care Act, children are eligible to remain covered by the parent or guardian’s health insurance until the first day of the month following their 26th birthday regardless of marital status. Step-children, foster children, and children for whom you have been named guardian may also remain on the plan until the first day of the month following their 26th birthday. (In some cases, disabled dependents can be carried past their 26th birthday.)
Designation of Spouse and/or Dependent Child for Health Insurance Contributions

Only dependents who meet the definition of a Dependent Child as defined by KRS 16.505(17) are eligible to receive health insurance contributions.

Form 6256 DOES NOT enroll you or your dependents in a health insurance plan. This form establishes health insurance contribution for Spouse and Dependent Children.

Complete this form if you are a General Assembly Retiree, Hazardous Duty Retiree, Surviving Spouse Beneficiary receiving General Assembly, Hazardous Duty, or duty related benefits under the Fred Capps Memorial Act and electing to cover a spouse and/or dependent child on health insurance.

If you are a recipient as outlined above, you must complete and submit Form 6256 Designation of Spouse and/or Dependent Child for Health Insurance Contributions to the Kentucky Retirement Systems (KRS):

- During the annual open enrollment period prior to January 1 each year.
- Upon your health insurance dependent child obtaining 18 years of age.
- Upon initial enrollment of your health insurance dependent(s).

You are required to notify KRS when your health insurance dependent has a change in marital or full-time student status.

### Member Information
Please provide your Member ID or Social Security Number in the Member ID box below

<table>
<thead>
<tr>
<th>Member Name:</th>
<th>Member ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
</tr>
<tr>
<td></td>
<td>State:</td>
</tr>
<tr>
<td></td>
<td>Zip Code:</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Is this a new address? □ Yes □ No</td>
</tr>
</tbody>
</table>

### Spouse Information If different than member.

<table>
<thead>
<tr>
<th>Spouse Name:</th>
<th>Social Security Number:</th>
<th>Spouse Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>State:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Zip Code:</td>
<td></td>
</tr>
</tbody>
</table>

Only dependents who meet the definition of a Dependent Child as defined by KRS 16.505(17) are eligible to receive health insurance contributions. KRS 16.505(17) states “Dependent Child” means a child in the womb and a natural or legally adopted child of the member who has neither attained age eighteen (18) nor married or who is an unmarried full-time student who has not attained age twenty-two (22). Solely in the case of a member who dies as a direct result of an act in line of duty or who dies as a result of a duty-related injury, “Dependent Child” also means a naturally or legally adopted disabled child regardless of age, to the member if the child has been determined to be eligible for federal Social Security disability benefits or is being claimed as a qualifying child for tax purposes due to the child's total and permanent disability. **Note: Stepchildren and Grandchildren must be legally adopted in order to qualify as Dependent Child per this statute.**

### Dependent Child Information (Age 18-22 Dependent Information Only)

<table>
<thead>
<tr>
<th>Dependent Child Name:</th>
<th>Social Security Number:</th>
<th>Dependent Child Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>State:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Zip Code:</td>
<td></td>
</tr>
</tbody>
</table>

Relationship to Member: [ ] Natural Child [ ] Adopted Child

Is this dependent child married or has this dependent child been married previously? [ ] Yes [ ] No

Is this dependent child age 18 or older? [ ] Yes [ ] No

Is this dependent child a full-time student? [ ] Yes [ ] No
## Dependent Child Information (Age 18-22 Dependent Information Only)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Social Security Number:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

Relationship to Member:  
☐ Natural Child  
☐ Adopted Child

Is this dependent child married or has this dependent child been married previously?  
☐ Yes  ☐ No

Is this dependent child age 18 or older?  
☐ Yes  ☐ No

Is this dependent child a full-time student?  
☐ Yes  ☐ No

---

## Certification

I, ____________________________, do hereby certify that the person(s) designated above is the retiree's  
spouse* and/or dependent child** as defined by law as, "a child in the womb and a natural or legally adopted child of the member who has neither attained age eighteen(18) nor married or who is an unmarried full-time student who has not attained age twenty-two (22). Solely in the case of a member who dies as a direct result of an act in line of duty or who dies as a result of a duty-related injury, "dependent child" also means a naturally or legally adopted disabled child regardless of age, of the member if the child has been determined to be eligible for federal Social Security disability benefits or is being claimed as a qualifying child for tax purposes due to the child's total and permanent disability. I agree that I will immediately provide written notification to Kentucky Retirement Systems as soon as the person(s) designated above no longer qualifies as a spouse* or dependent child** as defined by KRS 16.505(17).  
I understand that Kentucky Retirement Systems shall immediately cease to pay the portion of the health insurance premium made on behalf of the person designated above when that person no longer qualifies as a spouse* or dependent child** as defined by KRS 16.505(17). I understand and agree that I will be responsible for and shall be required to repay any insurance benefits paid on behalf of the person(s) designated above if the said person is not a spouse* or dependent child** as defined by KRS 16.505(17) or if I fail to notify Kentucky Retirement Systems when dependent child marries, ceases to be a full-time student, or otherwise ceases to qualify as a dependent child as defined by KRS 16.505(17).

*105 KAR 1:410  
**KRS 16.505(17)

I hereby certify that the information provided on this Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance, is true and correct. I further acknowledge that I have full understanding that any person who provides a false statement, report, or representation is subject to penalty or perjury under KRS 523.010 to KRS 523.110.

Member Signature: ____________________________  Date: ____________________________
Designation of Spouse and/or Dependent Child for Health Insurance Contributions

Only dependents who meet the definition of a Dependent Child as defined by KRS 16.505(17) are eligible to receive health insurance contributions.

Form 6256 DOES NOT enroll you or your dependents in a health insurance plan. This form establishes health insurance contribution for Spouse and Dependent Children.

Complete this form if you are a General Assembly Retiree, Hazardous Duty Retiree, Surviving Spouse Beneficiary receiving General Assembly, Hazardous Duty, or duty related benefits under the Fred Capps Memorial Act and electing to cover a spouse and/or dependent child on health insurance.

If you are a recipient as outlined above, you must complete and submit Form 6256 Designation of Spouse and/or Dependent Child for Health Insurance Contributions to the Kentucky Retirement Systems (KRS):

- During the annual open enrollment period prior to January 1 each year.
- Upon your health insurance dependent child obtaining 18 years of age.
- Upon initial enrollment of your health insurance dependent(s).

You are required to notify KRS when your health insurance dependent has a change in marital or full-time student status.

<table>
<thead>
<tr>
<th>Member Information</th>
<th>Please provide your Member ID or Social Security Number in the Member ID box below</th>
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<tr>
<td>Member Name:</td>
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</tr>
<tr>
<td>Address:</td>
<td>City:</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Is this a new address?</td>
</tr>
<tr>
<td></td>
<td>☐ Yes</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
</tr>
<tr>
<td>State:</td>
<td>Zip Code:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spouse Information</th>
<th>If different than member.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse Name:</td>
<td>Social Security Number:</td>
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<tr>
<td>Address:</td>
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<td></td>
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<td></td>
<td>Zip Code:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Dependent Child Information (Age 18-22 Dependent Information Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent Child Name:</td>
</tr>
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<td>Social Security Number:</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Address:</td>
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<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip Code:</td>
</tr>
<tr>
<td>Relationship to Member:</td>
</tr>
<tr>
<td>☐ Natural Child</td>
</tr>
<tr>
<td>☐ Adopted Child</td>
</tr>
<tr>
<td>Is this dependent child married or has this dependent child been married previously?</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>Is this dependent child age 18 or older?</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>Is this dependent child a full-time student?</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>
Relationship to Member: ☐ Natural Child ☐ Adopted Child

Is this dependent child married or has this dependent child been married previously? ☐ Yes ☐ No

Is this dependent child age 18 or older? ☐ Yes ☐ No

Is this dependent child a full-time student? ☐ Yes ☐ No

Certification

I, _____________________________ , do hereby certify that the person(s) designated above is the retiree's spouse* and/or dependent child** as defined by law as, "a child in the womb and a natural or legally adopted child of the member who has not attained age eighteen (18) nor married or who is an unmarried full-time student who has not attained age twenty-two (22). Solely in the case of a member who dies as a direct result of an act in line of duty or who dies as a result of a duty-related injury, "dependent child" also means a naturally or legally adopted disabled child regardless of age, of the member if the child has been determined to be eligible for federal Social Security disability benefits or is being claimed as a qualifying child for tax purposes due to the child's total and permanent disability. I agree that I will immediately provide written notification to Kentucky Retirement Systems as soon as the person(s) designated above no longer qualifies as a spouse* or dependent child** as defined by KRS 16.505(17). I understand that Kentucky Retirement Systems shall immediately cease to pay the portion of the health insurance premium made on behalf of the person designated above when that person no longer qualifies as a spouse* or dependent child** as defined by KRS 16.505(17). I understand and agree that I will be responsible for and shall be required to repay any insurance benefits paid on behalf of the person(s) designated above if the said person is not a spouse* or dependent child** as defined by KRS 16.505(17) or if I fail to notify Kentucky Retirement Systems when dependent child marries, ceases to be a full-time student, or otherwise ceases to qualify as a dependent child as defined by KRS 16.505(17).

*105 KAR 1:410
**KRS 16.505(17)

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Member Signature: _____________________________ Date: _____________________________
Bank Draft Authorization for Direct Pay Accounts

Recipient Information
The recipient is the person who is receiving the monthly benefit from the retirement system. Please provide your Member ID or Social Security Number in the Recipient ID box below.

<table>
<thead>
<tr>
<th>Recipient Name:</th>
<th>Recipient ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

Financial Institution Information

<table>
<thead>
<tr>
<th>Financial Institution Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depositor Account Number:</td>
</tr>
<tr>
<td>Depositor Routing Number:</td>
</tr>
</tbody>
</table>

Account Type:  
- Checking
- Savings

Required Documents: Please Indicate the documentation you are submitting with this form.

For debits from a Checking Account:
- I have attached to this form a VOIDED personalized check
- verification from my financial institution

For debits from a Savings Account:
- I have attached to this form verification from my financial institution

A new Form 6131 must be completed to change your account number or financial institution.

I authorize and request the Kentucky Retirement Systems to withdraw the balance due of my monthly health insurance premiums from my account at the financial institution designated above. I have attached with this form a VOINED personalized check for deduction from my checking account or a deposit slip for deduction from my savings account. I understand that failure to sign this authorization and provide a voided check or deposit slip will cause a delay in setting up or changing account information.

Signature: ____________________________ Date: ____________________

For your convenience:
The sample check below shows where to locate the required bank information to complete your bank draft authorization.
Instructions for Completing Form 6131
Bank Draft Authorization for Direct Pay Accounts

You must complete this Form 6131, Bank Draft Authorization for Direct Pay Accounts, to authorize the withdrawal of the balance of your monthly health insurance premium directly from your account at a financial institution. A new Form 6131 must be completed to change your account number or financial institution. The financial institution may be a bank, savings bank, savings and loan association, credit union, or similar institution that is a member of the Automated Clearing House (ACH).

This form is to be used ONLY to authorize debits from your account by Kentucky Retirement Systems for the balance of your health insurance premiums. This form does not authorize deposits to your account at a financial institution.

The payment will be deducted from your account at your financial institution on the 14th calendar day of the month, unless the day is a weekend or holiday, then the payment will be deducted from your account on the last business day prior to the 14th.

Please provide the necessary information about the financial institution. You must sign and date the authorization form. You must attach a VOIDED personalized check or deposit slip from the account you are authorizing withdrawal. Your failure to sign and date the bank draft authorization form and provide a VOIDED personalized check or deposit slip will cause a delay in setting up or changing account information. If you are changing financial institutions or your account number, then the completed form and VOIDED personalized check or deposit slip must be received at Kentucky Retirement Systems before the 20th of the month prior to the month you want the change to become effective. Once the automatic bank draft has been processed by the Kentucky Retirement Systems, the bank draft may be cancelled for any of the following reasons:

1. A new bank draft authorization form is submitted and processed at KRS. This new Form 6131 will supersede your previous bank draft authorization.
2. A written notice of cancellation by you is received and processed at KRS. You should notify your financial institution if you decide to cancel this agreement.
3. The financial institution no longer accepts automatic bank draft withdrawals. If your financial institution no longer accepts automatic bank draft withdrawals, you must notify KRS in writing.
4. KRS discontinues the bank draft program with your financial institution. In this case, KRS will notify you of the cancellation in advance.
5. Your monthly benefit covers the cost of your health insurance premium and you no longer remain in direct pay status for health insurance premiums.
6. Notice of your death is received at KRS.

You may reach the Kentucky Retirement Systems at (800) 928-4646 or (502) 696-8800 if you have any questions. Written inquiries can be addressed to Kentucky Retirement Systems, 1260 Louisville Road, Frankfort, Kentucky 40601. For general information or to obtain additional forms, visit the retirement system website: www.kyret.ky.gov
Bank Draft Authorization for Direct Pay Accounts

Recipient Information

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</tr>
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</tr>
<tr>
<td>○ Savings</td>
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</table>

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For debits from a Checking Account:
- I have attached to this form ○ a VOIDED personalized check ○ verification from my financial institution

For debits from a Savings Account:
- I have attached to this form ○ verification from my financial institution

A new Form 6131 must be completed to change your account number or financial institution.

I authorize and request the Kentucky Retirement Systems to withdraw the balance due of my monthly health insurance premiums from my account at the financial institution designated above. I have attached this form a VOIDED personalized check for deduction from my checking account or a deposit slip for deduction from my savings account. I understand that failure to sign this authorization and provide a voided check or deposit slip will cause a delay in setting up or changing account information.

Signature: ___________________________ Date: ________________

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THIS IS A NON-MANDATORY ENROLLMENT. ONLY SUBMIT A FORM IF YOU ARE CHANGING YOUR PLAN.

YOU’RE FINISHED!

Please review the checklist on page 18 to make sure you have all of your documents for this enrollment.

THANK YOU!

Call Center
Monday - Friday
8:00am - 4:30pm ET
1-502-696-8800 or 1-800-928-4646
Fax (502) 696-8822
1260 Louisville Road
Frankfort, KY 40601

ACCESS OUR VIDEO ONLINE
1. Go to our website at https://kyret.ky.gov
2. Click on Retirees
3. Click on Insurance
4. Click on Qualifying Events

Turning 65?
Transitioning to Medicare

If you are turning 65 in the next 12 months, you may be wondering what happens when I transition to Medicare?

The KRS Retiree Health Care Division has prepared a video for prospective Medicare eligible members on the topic of transitioning to Medicare eligible health insurance coverage. The video explains:

- What to expect when transitioning to Medicare.
- How to enroll to ensure a smooth transition.
- The current Humana Medicare Advantage options available through KRS.

https://kyret.ky.gov/Members/Insurance/Pages/Qualifying-Events.aspx
## KEHP 2020 Benefits Grid

<table>
<thead>
<tr>
<th>Plan Options</th>
<th>LivingWell CDHP</th>
<th>LivingWell PPO</th>
<th>LivingWell Basic CDHP</th>
<th>LivingWell Limited High Deductible Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out of Network</td>
<td>In-Network</td>
<td>Out of Network</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Health Reimbursement Arrangement (HRA)</td>
<td>Single $500; Family $1,000</td>
<td>Not Applicable</td>
<td>Single $1,750</td>
<td>Family $3,250</td>
</tr>
<tr>
<td>Annual Deductible*</td>
<td>Single $1,500</td>
<td>Family $2,750</td>
<td>Single $1,000</td>
<td>Family $3,750</td>
</tr>
<tr>
<td></td>
<td>Applies to Medical and Pharmacy</td>
<td>Applies to Medical and Pharmacy</td>
<td>Applies to Medical and Pharmacy</td>
<td>Applies to Medical and Pharmacy</td>
</tr>
<tr>
<td>Annual Medical Out-of-pocket Maximum**</td>
<td>Single $3,000</td>
<td>Family $5,750</td>
<td>Single $3,000</td>
<td>Family $7,750</td>
</tr>
<tr>
<td>Deductibles &amp; Out-of-Pocket Maximums for In-Network and Out-of-Network providers accumulate separately and do not cross apply.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-Insurance</td>
<td>Plan: 85% Member: 15%</td>
<td>Plan: 60% Member: 40%</td>
<td>Plan: 80% Member: 20%</td>
<td>Plan: 60% Member: 40%</td>
</tr>
<tr>
<td>Doctor's Office Visits</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>Co-Pay: $25 PCP; $45 Specialist</td>
<td>Deductible then 40%</td>
</tr>
<tr>
<td>Annual Prescription Drug Out-of-Pocket Maximum**</td>
<td>Combined with Medical</td>
<td>Combined with Medical</td>
<td>Single $2,500 Family $5,000</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>30-Day Supply***</td>
<td>Tier 1 - Generic</td>
<td>Tier 1 - Formulary</td>
<td>Tier 3 - Non-Formulary</td>
<td>$10</td>
</tr>
<tr>
<td>90-Day Supply(Retail or Mail Order)***</td>
<td>Tier 1 - Generic</td>
<td>Tier 1 - Formulary</td>
<td>Tier 3 - Non Formulary</td>
<td>Deductible then 15%</td>
</tr>
<tr>
<td>Physician Care (Inpatient/ Outpatient/Other)</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>Deductible then 20%</td>
<td>Deductible then 15%</td>
</tr>
<tr>
<td>Diagnostic Tests*** In Doctor's Office</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>Office Visit Co-Pay</td>
<td>Deductible then 40%</td>
</tr>
<tr>
<td>Other Laboratory</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>Deductible then 20%</td>
<td>Deductible then 15%</td>
</tr>
<tr>
<td>In-Patient Hospital (Semi-Private Room)</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>Deductible then 20%</td>
<td>Deductible then 15%</td>
</tr>
<tr>
<td>Outpatient Hospital/Surgery</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>Deductible then 20%</td>
<td>Deductible then 15%</td>
</tr>
<tr>
<td>Plan Options</td>
<td>LivingWell CDHP</td>
<td>LivingWell PPO</td>
<td>LivingWell Basic CDHP</td>
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<tr>
<td>--------------</td>
<td>----------------</td>
<td>----------------</td>
<td>----------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td></td>
<td>In-Network</td>
<td>Out of Network</td>
<td>In-Network</td>
<td>Out of Network</td>
</tr>
<tr>
<td>Outpatient/ Ambulatory Surgery Center</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>Deductible then 20%</td>
<td>Deductible then 40%</td>
</tr>
<tr>
<td>Emergency Room (Benefit for emergency medical treatment only)</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>$150 Co-Pay then Deductible then 20% Co-Pay waived if admitted.</td>
<td>Deductible then 30%</td>
</tr>
<tr>
<td>ER Physician Care</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
<td>Deductible then 20%</td>
<td>Deductible then 30%</td>
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<tr>
<td>Ambulance</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
<td>Deductible then 20%</td>
<td>Deductible then 30%</td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>Deductible then 15%</td>
<td>$50 Co-Pay</td>
<td>Deductible then 30%</td>
<td>Deductible then 50%</td>
</tr>
<tr>
<td>Routine Well Child</td>
<td>Covered at 100%</td>
<td>Deductible then 40%</td>
<td>Covered at 100%</td>
<td>Deductible then 40%</td>
</tr>
<tr>
<td>Routine Well Adult</td>
<td>Covered at 100%</td>
<td>Deductible then 40%</td>
<td>Covered at 100%</td>
<td>Deductible then 40%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Treated the same as any other health condition. See specifics related to PCP office visit, inpatient and outpatient services.</td>
<td>Treated the same as any other health condition. See specifics related to PCP office visit, inpatient and outpatient services.</td>
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</tr>
<tr>
<td>Mental Health</td>
<td>Treated the same as any other health condition. See specifics related to PCP office visit, inpatient and outpatient services.</td>
<td>Treated the same as any other health condition. See specifics related to PCP office visit, inpatient and outpatient services.</td>
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</tr>
<tr>
<td>Allergy Injections</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>$15 Co-Pay</td>
<td>Deductible then 40%</td>
</tr>
<tr>
<td>Allergy Serum</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>$15 Co-Pay</td>
<td>Deductible then 40%</td>
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<tr>
<td>Maternity Care (See SPD for Specifics)</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>$25 Co-Pay (office visit pregnancy diagnosed) Delivery Charge: Deductible then 20%</td>
<td>Deductible then 30%</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>Deductible then 20%</td>
<td>Deductible then 40%</td>
</tr>
<tr>
<td>Therapy Services (Per Visit; Physical, Occupational, Speech)</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>Deductible then 20%</td>
<td>Deductible then 40%</td>
</tr>
<tr>
<td>Maximum of 30 visits per calendar year, per therapy service type</td>
<td>Maximum of 30 visits per calendar year, per therapy service type</td>
<td>Maximum of 30 visits per calendar year, per therapy service type</td>
<td>Maximum of 30 visits per calendar year, per therapy service type</td>
<td>Maximum of 30 visits per calendar year, per therapy service type</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>$25 Co-Pay</td>
<td>Deductible then 40%</td>
</tr>
<tr>
<td>Maximum of 26 visits per calendar year; no more than 1 visit per day</td>
<td>Maximum of 26 visits per calendar year; no more than 1 visit per day</td>
<td>Maximum of 26 visits per calendar year; no more than 1 visit per day</td>
<td>Maximum of 26 visits per calendar year; no more than 1 visit per day</td>
<td>Maximum of 26 visits per calendar year; no more than 1 visit per day</td>
</tr>
</tbody>
</table>

Notes: The boxed areas of the grid are components of each plan most often used by members when choosing a plan option, but are not all inclusive. You can refer to the Summary of Benefits and Coverage (SBC) for more information. KEHP has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. If an error has occurred, the benefits outlined in the 2020 Summary Plan Descriptions (SPDs) and Medical Benefit Booklets will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations, and exclusions set forth in the SPDs.

* Co-pays do not accumulate toward the deductible, but they do accumulate toward the applicable out-of-pocket maximum.

** LivingWell CDHP, LivingWell Basic CDHP, and LivingWell Limited High Deductible Plan: all covered expenses apply to the out-of-pocket maximum, except routine well child and routine well adult. LivingWell PPO: the out-of-pocket maximum accumulates separately and independently for medical and prescription drug benefits.

*** Certain drugs to treat diabetes, COPD, and asthma are subject to reduced co-pays and co-insurance with no deductibles. A 90-day supply of maintenance drugs is subject to lower co-pays and co-insurance. Select preventive/maintenance drugs bypass the deductible on the CDHPs and the Limited High Deductible Plan.

**** Claims are processed based on provider billing type, which may include separate charges from a lab performing services outside of the doctor's office visit.
Diabetes, COPD, and asthma are serious conditions that may have serious complications. The KEHP continuously monitors the costs of these and other chronic conditions. Helping members control these diseases by reducing their costs has proven to be effective in improving health and reducing plan costs.

If you receive maintenance prescriptions or supplies for treatment of these conditions, your pharmacy costs are being reduced! This includes:
- Pressure machines;
- Infusion pumps;
- Blood pressure monitoring devices;
- Cardiac monitors;
- Supplies and durable medical equipment.

You will pay a reduced co-pay and/or co-insurance, with NO DEDUCTIBLE, for most maintenance prescriptions or supplies. See the chart below for the cost that you will pay for prescriptions.

Most supplies and durable medical equipment related to diabetes, COPD, and asthma are covered in full with NO DEDUCTIBLE.

### Value Benefits for Diabetes & COPD/Asthma

#### Diabetes Prevention Program (DPP)

Diabetes is one of the highest costs for the KEHP. This FREE prevention program is available for members who have pre-diabetes. If you meet the criteria of pre-diabetes, you may attend DPP for FREE! This program may help lower your risk of developing Type 2 diabetes.

You will learn how to improve your health through stress reduction, weight loss, and increased physical activity with the support of a certified lifestyle instructor. This proven and successful 16-week course meets once per week for one hour. After 16 sessions, you will receive at least six monthly follow-up sessions to help you stay motivated and maintain a healthy lifestyle.

Contact Solera at 844-206-3728 to learn more about DPP and find a location.

#### SmartShopper

Shopping for healthcare is as easy as 1-2-3! Earn cash and incentives, save money, and get healthy. And it’s FREE!

That’s right, EARN CASH for shopping for your healthcare! Prices are not the same for medical tests, and procedures can vary from hundreds of thousands of dollars — all based on where you go for the service!
WHAT IS A QUALIFYING EVENT?
- Marriage
- Having or adopting a child
- Divorce
- Loss of other group health insurance
- Legal guardianship or court order
- Spouse has a different Open Enrollment period

Changing your Benefit Election
KEHP is operated as a federally regulated, Section 125 Cafeteria Plan. In exchange for this benefit, there are only three times you can change your benefit elections during the plan year:
- During the enrollment period when you first become eligible for benefits;
- During the annual Open Enrollment period; OR
- If you experience a life event, referred to as a Qualifying Event.

When you have a Qualifying Event
In all cases, any change in your plan option or coverage level must be consistent with the qualifying event. For most events, you must complete a Retiree Health Insurance Enrollment/Change Form and submit it to your Insurance Coordinator or Human Resource Generalist within 35 calendar days of the event date.

If you do not sign and date the required form in a timely manner, you will not be permitted to revise your coverage election until the next Open Enrollment period.

Dependent Children turning 22 - At age 22, dependent children are no longer eligible for health insurance contribution. This is not a qualifying event to drop the dependent from health insurance coverage. Please contact KRS if you have questions.

If you have a baby or adopt a child, you have 35 calendar days to add the child to your plan. If you are adding additional dependents along with the baby or adopted child, then you have 35 calendar days. You must submit dependent eligibility documentation, such as a marriage license or birth certificate, together with your Qualifying Event Form.

Qualifying events are complicated and, at times, difficult to understand. There are restrictions on the types of changes you may make due to federal qualifying event rules. If you do not sign and date the required form in a timely manner, you will not be permitted to revise your coverage election until the next Open Enrollment period.

For additional information about qualifying events, go to our website to download our Qualifying Events booklet or call our office to request a copy at (502) 696-8800 or toll free (800) 928-4646.

Check out SmartShopper’s Medical Expertise Guide (MEG), which provides support if you need surgery on your knees or hips. Call SmartShopper to discuss:
- treatment options;
- cost of quality education;
- better outcomes;
- lower total costs; and
- cash incentive information.

When your doctor recommends a medical service, such as a colonoscopy, MRI or mammogram, call SmartShopper at 855-869-2133 to speak to the Personal Assistant Team to discuss your options. Or you can visit SmartShopper.com and locate your recommended procedure, then choose from several facilities to see which is the most cost-effective. You could earn $25 - $500 just for choosing a lower-cost facility — which saves the health plan money — so you receive some of the savings!
PRESCRIPTION COVERAGE
All four health insurance plan options include coverage for prescription drugs. Prescriptions can be filled at any CVS Caremark in-network pharmacy, and do not have to be filled at a retail CVS pharmacy store. Look online at caremark.com.

LivingWell CDHP and the LivingWell PPO
Advanced Control Formulary
- Generic and brand-named drugs
- 30-day supply or a 90-day supply at a participating retail pharmacy or through CVS/Caremark mail order
- 3-tiered coverage - generic, formulary (brand), and non-formulary (brand)
- View the Advanced Control Formulary at kehp.ky.gov or at CVS/Caremark.com

LivingWell Basic CDHP and the LivingWell Limited High Deductible Plan Value Formulary
- More generics, less brand-named drugs
- 30-day supply or a 90-day supply at a participating retail pharmacy or through CVS/Caremark mail order
- 2-tiered coverage - generic and formulary (brand)
- View the Value Formulary at kehp.ky.gov or at CVS/Caremark.com

Preventive Therapy Drug Benefit - Bypass Your Deductible
If you have a CDHP or the Limited High Deductible Plan, you only pay the co-insurance amount for medications on the Preventive Therapy Drug Benefit list. This is a list of medications you need on a regular basis to prevent conditions such as high blood pressure or high cholesterol. Refer to the Preventive Therapy Drug Benefit list at kehp.ky.gov. The co-insurance amounts are listed on the Benefits Grid on pages 34-35.

Compare Your Drug Costs
Don’t pay more for your prescriptions than you have to! CVS Caremark has a tool that allows you to check the cost of prescriptions at pharmacies close to you. Just go to caremark.com, then “My Plan & Benefits,” click on “Check Drug Cost & Coverage.” Here you enter the name of your prescription, and the tool will show you the cost of the prescription at various local pharmacies. You then can choose where to buy your prescriptions. This tool is very helpful if you have a CDHP.

Additional information about your prescription drug coverage is available at kehp.ky.gov or you may contact CVS/Caremark at 866-601-6934.

Future Moms
The Future Moms program is FREE and offers a guided course of care and treatment, leading to overall healthier outcomes for mothers and their newborns. Future Moms helps routine to high-risk expectant mothers focus on early prenatal interventions, risk assessments, and education. The program includes special management emphasis for expectant mothers at highest risk for premature birth or other serious maternal issues.

The program consists of nurse coaches, supported by pharmacists, registered dietitians, social workers, and medical directors. You’ll get:
- 24/7 phone access to a nurse coach who can talk with you about your pregnancy and answer your questions;
- Your Pregnancy Week by Week, a book to show you what changes you can expect for you and your baby over the next nine months; and
- Useful tools to help you, your doctor and your Future Moms nurse coach track your pregnancy and spot possible risks.

Call 844-402-5347 to learn more.
Telehealth Support
for Medical and Behavioral Health Needs

LiveHealth Online Medical
Psychology, and Psychiatry
Healthcare at home or on the go! Get fast, easy doctor and therapist visits whenever you need them. All for FREE! With LiveHealth Online, the doctor comes to you. There’s no traveling to the doctor’s office and no sitting in the waiting room. LiveHealth Online lets you have a video visit with a board-certified medical doctor, psychiatrist or therapist from your computer (with a web camera), tablet or smartphone.

“I was able to use LiveHealth Online over the weekend when my daughter had a fever. It was much easier and faster than taking her out when she felt so bad.”

LiveHealth Online Medical
• Cold and flu symptoms
• Allergies
• Sinus infections
• Migraines
• Upper respiratory infections
• Bronchitis

LiveHealth Online Psychology:
• Anxiety
• Depression
• Grief
• Panic attacks
• If you’re 18 years old or older, you can get medicine to help you manage a mental health condition

“My son was struggling with stress from school and other activities. Getting him an appointment with LiveHealth Online was fast. He is able to talk with a counselor in the privacy of his room. It’s been so helpful for him.”

Rethink
A FREE benefit to support those caring for children and teenagers with learning or behavioral challenges, including autism.

• Provides support by offering 24/7 phone or video chat with a behavior expert
• Provides the largest library of how-to videos to show parents the best proactive approach to teaching their child
• Helps parents collaborate with school and other caregivers
• Helps reduce tantrums, facilitate language, and improve the home environment
• Requires no diagnosis and has no age restrictions

CONTACT US!
• Call 800-714-9285 for assistance in signing up, or if you have questions.
• Log in to KEHP.rethinkbenefits.com use code: KEHP.
• Or use the mobile app
• Schedule a virtual consult
• Message a learning and behavior expert
• View your lesson library videos
• Receive in-app reminders for consults and webinars
• Text EZCONSULT to 797979 to schedule your FREE consult with an expert.

GET STARTED TODAY!
• Go to livehealthonline.com and log in or download the free app to register. Select LiveHealth Online Medical and choose the doctor you’d like to see
• For LiveHealth Online Psychiatry, you can schedule an appointment online 7 a.m. to 11 p.m.
• Call 888-548-3432

“I was struggling to help my son adjust to a new school environment. I felt like I was failing him as a parent. Rethink empowered me with a new approach to my son’s issue.”
<table>
<thead>
<tr>
<th>Date</th>
<th>County</th>
<th>Local Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 30 MONDAY</td>
<td>Franklin</td>
<td>8:00am-6:00pm</td>
<td>KY STATE OFFICE BUILDING AUDITORIUM 501 High Street, Frankfort, KY 40601</td>
</tr>
<tr>
<td>Oct. 1 TUESDAY</td>
<td>McCracken</td>
<td>2:00pm-6:00pm</td>
<td>WESTERN KY COMM &amp; TECH COLLEGE Room 109 5100 Alben Barkley Drive, Paducah, KY 42002</td>
</tr>
<tr>
<td>Oct. 2 WEDNESDAY</td>
<td>Christian</td>
<td>3:30pm-6:30pm</td>
<td>CHRISTIAN CO MIDDLE SCHOOL LIBRARY 215 Glass Avenue, Hopkinsville, KY 42240</td>
</tr>
<tr>
<td>Oct. 3 THURSDAY</td>
<td>Hopkins</td>
<td>3:00-6:00pm</td>
<td>HOPKINS CO CAREER &amp; TECH CTR 1775 Patriot Drive, Madisonville, KY 42431</td>
</tr>
<tr>
<td>Oct. 4 FRIDAY</td>
<td>Laurel</td>
<td>2:00pm-6:00pm</td>
<td>GC GARLAND ADMINISTRATION BUILDING Conference Room 710 N Main Street, London, KY 40741</td>
</tr>
<tr>
<td>Oct. 4 FRIDAY</td>
<td>Russell</td>
<td>3:30pm-6:30pm</td>
<td>RUSSELL CO SCHOOLS AUDITORIUM/NATATORIUM COMPLEX 2167 S. Hwy 127, Russell Springs, KY 42642</td>
</tr>
<tr>
<td>Oct. 7 MONDAY</td>
<td>Jefferson</td>
<td>8:00am-6:00pm</td>
<td>KY EXPOSITION CENTER North Wing 937 Phillips Lane, Louisville, KY 40209</td>
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<tr>
<td>Oct. 8 TUESDAY</td>
<td>Madison</td>
<td>3:30pm-6:00pm</td>
<td>B. MICHAEL CAUDILL MIDDLE SCHOOL CAFETERIA 1428 Dr. Robert Martin Bypass, Richmond, KY 40475</td>
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<tr>
<td>Oct. 9 WEDNESDAY</td>
<td>Harlan</td>
<td>2:00pm-6:00pm</td>
<td>SOUTHEAST COMMUNITY &amp; TECH COLLEGE HARLAN Conference Room 129 164 Ballpark Road, Harlan, KY 40831</td>
</tr>
<tr>
<td>Oct. 10 THURSDAY</td>
<td>Pike</td>
<td>3:30pm-6:30pm</td>
<td>PIKE CO CENTRAL HIGH SCHOOL CAFETERIA 100 Winner’s Circle Drive, Pikeville, KY 41501 GPS: 1901 US HWY 119N, Pikeville, KY</td>
</tr>
<tr>
<td>Oct. 11 FRIDAY</td>
<td>Boyd</td>
<td>4:00pm-6:30pm</td>
<td>BOYD CO HIGH SCHOOL Commons Area 14375 Lions Lane, Ashland, KY 41102</td>
</tr>
<tr>
<td>Oct. 14 MONDAY</td>
<td>Warren</td>
<td>3:30pm-6:30pm</td>
<td>DRAKES MIDDLE SCHOOL CAFETERIA 704 Cypresswood Way, Bowling Green, KY 42104</td>
</tr>
<tr>
<td>Oct. 15 TUESDAY</td>
<td>Daviess</td>
<td>2:00pm-6:00pm</td>
<td>OWENSBORO BOARD OF EDUCATION 450 Griffith Avenue, Owensboro, KY 42301</td>
</tr>
<tr>
<td>Oct. 16 WEDNESDAY</td>
<td>Boone</td>
<td>3:30pm-6:30pm</td>
<td>BOONE COUNTY HIGH SCHOOL GYM 7056 Burlington Pike, Florence, KY 41042</td>
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<tr>
<td>Oct. 16 WEDNESDAY</td>
<td>Fayette</td>
<td>4:00pm-8:00pm</td>
<td>BRYAN STATION HIGH SCHOOL 201 Eastin Road, Lexington, KY 40505</td>
</tr>
<tr>
<td>Oct. 17 THURSDAY</td>
<td>Fayette</td>
<td>4:00pm-8:00pm</td>
<td>BRYAN STATION HIGH SCHOOL 201 Eastin Road, Lexington, KY 40505</td>
</tr>
<tr>
<td>Oct. 18 FRIDAY</td>
<td>Boyle</td>
<td>2:00pm-6:00pm</td>
<td>DANVILLE INDEPENDENT BOARD OF EDUCATION 115 E. Lexington Avenue, Danville, KY 40422</td>
</tr>
</tbody>
</table>
Contact Information

Open Enrollment Hotline 888-581-8834 or 502-564-6534

Service is only available Oct 14-30, 2019

You can choose from one of these five options:

**Option 1:** Kentucky Retirement System (KRS)
**Option 2:** KHRIS User ID and password reset
**Option 3:** Benefit questions for Anthem (medical, dental & vision), WageWorks or CVS Caremark
**Option 4:** Technical assistance such as browser or compatibility errors
**Option 5:** Department of Employee Insurance (DEI) for all other inquiries

Open Enrollment Hours for Assistance

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Hours</th>
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</thead>
<tbody>
<tr>
<td>Monday, Oct. 14 – Friday, Oct. 18</td>
<td>7:30 am to 4:30 pm ET</td>
</tr>
<tr>
<td>Monday, Oct. 21 - Friday, Oct. 25</td>
<td>8:00 am to 6:30 pm ET</td>
</tr>
<tr>
<td>Saturday, Oct. 26</td>
<td>8:00 am to 1:00 pm ET</td>
</tr>
<tr>
<td>Monday, Oct. 28 - Friday, Oct. 30</td>
<td>8:00 am to 8:00 pm ET</td>
</tr>
</tbody>
</table>

**WEBSITES**
- Personnel Cabinet [personnel.ky.gov](http://personnel.ky.gov)
- KEHP [kehp.ky.gov](http://kehp.ky.gov)
- Well-being Website [KEHPLivingwell.ky.gov](http://KEHPLivingwell.ky.gov)

**KEHP Vendors’ Phone Numbers**

<table>
<thead>
<tr>
<th>Health Insurance Benefits</th>
<th>Dental &amp; Vision</th>
<th>Prescription Benefits</th>
<th>Well-being Information</th>
<th>Shopper Discounts</th>
<th>HRA Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem</td>
<td>Anthem</td>
<td>CVS/Caremark</td>
<td>StayWell Well-being</td>
<td>Vitals SmartShopper</td>
<td>WageWorks</td>
</tr>
<tr>
<td>Anthem.com/kehp</td>
<td>Anthem.com</td>
<td>Caremark.com</td>
<td>KEHPLivingWell.com</td>
<td>SmartShopper.com</td>
<td>Wageworks.com/kehp</td>
</tr>
</tbody>
</table>

**Other Important Numbers and Websites**

<table>
<thead>
<tr>
<th>LiveHealth Online</th>
<th>24/7 Nurseline</th>
<th>24/7 Substance Use</th>
<th>Personal Health</th>
<th>Rethink</th>
<th>Solera</th>
<th>Retirement Systems’ Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online Medical Psychology and Psychiatry</td>
<td>24/7 Nurseline</td>
<td>Substance Use Disorder telephone resource line</td>
<td>Personal Health Consultants</td>
<td>Behavioral</td>
<td>Diabetes Prevention Program</td>
<td>Judicial Retirement Plan and Legislators’ Retirement Plan</td>
</tr>
<tr>
<td>Anthem.com/kehp</td>
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<td>Kentucky Community and Technical College System Retirement</td>
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<td></td>
<td>859-256-3100</td>
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<td></td>
<td>Kentucky Retirement Systems</td>
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<tr>
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<td></td>
<td>800-928-4646, 502-696-8800</td>
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<td></td>
<td>Teachers’ Retirement System</td>
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<td></td>
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<td></td>
<td>800-618-1687, 502-848-8500</td>
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<td></td>
<td></td>
<td>kyret.ky.gov</td>
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<td>trs.ky.gov</td>
</tr>
</tbody>
</table>

**Retirement Systems’ Phone Numbers**

<table>
<thead>
<tr>
<th>LRP and JRP Retiree Questions</th>
<th>KCTCS Retiree Questions</th>
<th>KRS Retiree Questions</th>
<th>TRS Retiree Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judicial Retirement Plan and Legislators’ Retirement Plan</td>
<td>Kentucky Community and Technical College System Retirement</td>
<td>Kentucky Retirement Systems</td>
<td>Teachers’ Retirement System</td>
</tr>
<tr>
<td>502-564-5310</td>
<td>859-256-3100</td>
<td>800-928-4646, 502-696-8800</td>
<td>800-618-1687, 502-848-8500</td>
</tr>
</tbody>
</table>
The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. As part of KEHP’s LivingWell wellness program, KEHP offers a monthly discount in premium contribution rates for non-tobacco users. You are eligible for the non-tobacco-user premium contribution rates provided you certify, during the health insurance enrollment process, that you or any other person over the age of 18 to be covered under your plan has not regularly used tobacco within the past six months. “Regularly” means tobacco has been used four or more times per week on average, excluding religious or ceremonial uses. “Tobacco” means all tobacco products including, but not limited to, cigarettes, pipes, chewing tobacco, snuff, dip, and any other tobacco products, regardless of the method of use. “KEHP Health Insurance Enrollment Form” refers to any method of enrolling in KEHP health insurance coverage, including submitting a paper form, completing and submitting an electronic form, or enrolling in KEHP health insurance coverage through an online enrollment system.

Whether you complete your KEHP health insurance enrollment online or submit a paper form, you are required to certify that all attestations regarding tobacco use are accurate. By completing the enrollment process, you certify the following:

1. I have truthfully answered all questions in my KEHP Health Insurance Enrollment Form regarding tobacco use by me, my spouse, and my dependents 18 years of age and over. My KEHP Health Insurance Enrollment Form accurately reflects the use of tobacco products in the past six months regarding myself and persons to be covered as a spouse or dependent under my insurance plan.

2. If I am completing my KEHP Health Insurance Enrollment Form during open enrollment, I understand that the tobacco-user premium contribution rates will apply beginning January 1, 2020, if I answered “Yes” to the tobacco use question.

3. If I am completing my KEHP Health Insurance Enrollment Form as a newly hired employee, I understand that the tobacco-user premium contribution rates will apply beginning on the first day of the second month after my hire date, if I answered “Yes” to the tobacco use question.

4. I understand that it is my responsibility to notify KEHP of any changes in my tobacco use or that of my spouse or a dependent covered under my insurance plan, including notification to KEHP if all tobacco users become ineligible for coverage or are otherwise terminated during the Plan Year. Notification shall be made by completing a Tobacco Use Change Form.

5. I understand that if I or a spouse or dependent to be covered under my insurance plan currently use tobacco products and stop using tobacco products during the Plan Year, I will be eligible for the discount non-tobacco premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form certifying that neither I nor my spouse/dependent(s) regularly used tobacco products during the six months prior to completion of the Tobacco Use Change Form. Both cross-reference planholders must sign the Tobacco Use Change Form.

6. I understand that if I answered “No” to the tobacco use question and either I or a spouse or dependent covered under my insurance plan becomes a regular tobacco user at any time, I must notify KEHP and my contribution rates will be adjusted to the tobacco-user premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form.

7. I understand that the tobacco use question is a part of my KEHP enrollment form for health insurance coverage. Any person who knowingly, and with the intent to defraud, files a form for insurance containing any materially false information, or who conceals, for the purpose of misleading, information concerning any fact material to the form, commits a fraudulent insurance act, which is a crime.

8. I understand that if I fail answer the tobacco use questions truthfully, KEHP may adjust my contribution rates retroactively to apply the applicable higher tobacco-user premium contribution rates. Upon written notification, I will pay to KEHP the difference between the tobacco-user and the non-tobacco user premium contribution rates for the period for which I falsely certified eligibility for the non-tobacco user premium contribution rates.

9. The KEHP offers monthly discounted premium contribution rates to non-tobacco users as a part of its LivingWell wellness program. Each KEHP member has at least one opportunity per Plan Year to qualify for the discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at 888-581-8834 or 502-564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.
Insurance Terms and Conditions

Below are the Terms and Conditions for participation in group life, dental, vision, and health insurance coverage administered by the Department of Employee Insurance (DEI).

An Employee and Retiree (where applicable) may affix a signature to a paper copy of the KEHP Health Insurance Enrollment Form, the Group Life Insurance Application, the Group Dental or Vision Application, or an electronic version of the forms. By typing your name on an electronic form or by logging in and using your unique KHRIS User ID and enrolling through the Employee Self-Service portal, you are agreeing to conduct enrollment in life, health, dental, and vision insurance coverage by electronic means, thereby creating a legal and binding contract. By affixing your signature in either manner, you understand and agree that:

A. Plan Year. The 2020 Plan Year begins January 1, 2020, and ends at midnight on December 31, 2020.

B. Effective Date of Elections. If you are electing a health plan, dental plan, vision plan, or a Flexible Spending Account (FSA) during open enrollment, the coverage will be effective January 1 of the following Plan Year. If you are a new employee or a newly eligible employee electing insurance coverage or an FSA outside of open enrollment, the FSA and your insurance coverage will be effective the first day of the second month after a new employee or newly eligible employee is eligible to enroll. Employees enrolling in life insurance must be actively at work, full time, on the day the employee's insurance is scheduled to begin.

C. Plan Information. You have read and understood the 2020 Benefits Selection Guide (BSG). Plan rules and limitations are contained in the KEHP Summary Plan Descriptions (SPD) or Medical Benefit Booklets (MBB) and the Summary of Benefits and Coverage (SBC). Life insurance rules and limitations are outlined in the Certificate of Coverage (CoC). All benefits for your eligible dependents and you will be provided in accordance with the rules and limitations in the SPDs, MBBs, BSG, SBCs, and CoC. You will abide by all terms and conditions governing participation, membership, and receipt of services from the plan(s) in which you have enrolled and as set forth in the SPD, MBB, and CoC. In the event of a conflict between the terms of coverage stated in the SPDs, the MBBs, the BSG, the SBCs, and the CoC, the terms of coverage stated in the SPDs or MBBs and CoC will govern.

D. Third Party Administrators. DEI uses third parties, including Anthem, CVS Caremark, WageWorks, StayWell, Vitals, and Nationwide Life Insurance Company to provide certain administrative functions. DEI may communicate with you directly or through these third parties about your insurance coverage, your benefits, or health-related products or services provided by or included in the Commonwealth’s group health, dental/vision, or life insurance plans.

E. Cross-Reference. If your spouse and you elect the cross-reference payment option for health insurance, you are planholders with family coverage, and upon a loss of eligibility by either spouse, the remaining planholder will default to a parent-plus coverage level. The cross-reference payment option ceases upon loss of eligibility or employment by either spouse/planholder.

F. Dependent Eligibility. You certify that each enrolled dependent meets the dependent eligibility requirements as set forth in the SPD and MBB (health) and the CoC (life). DEI may require supporting documentation to verify the eligibility of any dependent enrolled or requesting to be enrolled in benefits. Your failure to properly document dependent eligibility will result in the termination of the unverified dependent from your insurance plan(s).

G. Changing Elections. The elections indicated by your KEHP Health Insurance Enrollment Form, Group Dental or Vision Application, Group Life Insurance Application, or online enrollment may not be changed or cancelled during the Plan Year without a permitted Qualifying Event.

H. Deduction from Earnings. When you enroll in insurance coverage (health, dental, vision, or life) or an FSA, you authorize your employer to deduct from your earnings the amount required to cover your employee contribution to the FSA and insurance coverage you elected, including any arrears you may owe. Deductions for FSA and the employee contributions to health, dental, and vision insurance are made on a pre-tax basis unless you sign a Post-Tax Request Form. Deductions for life insurance premiums are made on a post-tax basis.

I. Priority of Payments. Any moneys submitted to DEI that you intend to be used to fund your FSA or pay for insurance premium contributions may first be used to pay other priority debts that may be due and owing, such as taxes and child support.

J. Child and Adult Daycare FSA. If you choose a Child and Adult Daycare FSA, you are eligible to seek reimbursement, as authorized by 26 U.S.C. Sections 21 and 129, for dependent care expenses. The Child and Adult Daycare FSA may only reimburse eligible dependent care expenses that are incurred during the applicable coverage period.

K. FSA Election and Carryover. You may elect to contribute up to $2,700 into a Healthcare FSA for Plan Year 2020 to pay for eligible health care expenses not paid for by your health insurance plan. Unused amounts of $50 and up to a maximum of $500.00 remaining in your Healthcare FSA at the end of the Plan Year will carry over to the next Plan Year and may be used to reimburse you for eligible expenses that are incurred during the subsequent Plan Year. You may use the Healthcare FSA carryover amounts whether or not you elect a Healthcare FSA for the subsequent Plan Year. Amounts over $500.00 remaining in your Healthcare FSA at the end of the Plan Year are forfeited.

L. WageWorks Healthcare Card. WageWorks will administer FSAs and HRAs for the 2020 Plan Year and will issue a WageWorks Healthcare Card to you for the payment of Healthcare FSA and HRA expenses. Your WageWorks Healthcare Card will be suspended if requested claim verification is not sent to WageWorks within ninety (90) days after the card swipe. You agree to follow all rules and guidelines established by the Plan concerning the WageWorks Healthcare Card. The Plan reserves the right to deny access to the card, require repayment, deduct/withhold from your paycheck, and offset your Healthcare FSA or HRA if you fail to verify a claim.

M. Waiving Health Insurance Coverage. If you elect to waive KEHP health insurance coverage, with or without a Waiver Health Reimbursement Arrangement (HRA), you are doing so voluntarily. If your employer participates in the Waiver HRA program, there are two options available: the Waiver General Purpose HRA and the Waiver Dental/Vision ONLY HRA. You understand that you will be eligible for the Waiver General Purpose HRA only if you have other group health plan coverage. You further understand that your spouse and eligible dependents, if applicable, cannot be covered under the Waiver General Purpose HRA unless your spouse...
Insurance Terms and Conditions (continued)

and dependents also have other group health plan coverage.

N. Waiver General Purpose HRA Rules. If you elect a Waiver General Purpose HRA, you declare that you and your spouse and dependents, if applicable, are enrolled in another group health plan that provides minimum value. A “group health plan” refers to coverage provided by an employer, an employer organization, or a union. A “group health plan” does not include individual policies purchased through the Marketplace or governmental plans such as TRICARE, Veteran's Benefits, Medicare, or Medicaid. A group health plan that provides “minimum value” means the plan pays at least 60% of the total allowed cost of covered benefits/services and participants or members in the plan are required to pay no more than 40% of the total allowed cost of covered benefits/services. If you elect a Waiver General Purpose HRA and cease to be covered under another group health plan that provides minimum value, you agree to notify KEHP within 35 days of the date that the other group health plan coverage ceased. In this event, coverage under the Waiver General Purpose HRA will be terminated and you may elect a KEHP health insurance plan option or the Waiver Dental/Vision ONLY HRA. Unused funds remaining in the Waiver General Purpose HRA upon termination are forfeited. You are permitted to permanently opt out of and waive future reimbursements from the Waiver General Purpose HRA at least annually at open enrollment.

O. HRA Carryover. Waiver HRAs: Unused amounts up to and including $5,000 remaining in your Waiver HRA at the end of the Plan Year may be carried over to the next Plan Year provided you are eligible to elect an HRA. CDHP Integrated HRAs: Unused amounts up to and including $7,500 remaining in your CDHP Integrated HRA at the end of the Plan Year may be carried over to the next Plan Year. You must elect the same type of HRA in a subsequent Plan Year for the funds to carry over.

P. HRA/FSA Funds After Termination. You may use funds remaining in an HRA or FSA after termination to reimburse you for eligible expenses incurred during the coverage period and prior to termination of the HRA or FSA. Upon termination of employment, including retirement, the remaining amounts in an HRA and FSA are forfeited, except that you may be reimbursed for any eligible expenses incurred prior to the last day of the last pay period worked, provided that you file a claim by March 31 following the close of the Plan Year in which the expense was incurred.

Q. HRA and FSA Expense Reimbursement. An HRA and/or Healthcare FSA may only reimburse you for medical expenses, as authorized by 26 U.S.C. Sections 105(b) and 213(d), that are incurred during the applicable coverage period. The Waiver Dental/Vision Only HRA may only reimburse you for eligible dental and vision expenses. Pursuant to federal law, the cost of over-the-counter medicines (other than insulin and those prescribed by a doctor) may not be reimbursed through your HRA or Healthcare FSA.

R. HRA and FSA Run-Out Period. You have a 90-day run-out period (until March 31) for reimbursement of eligible FSA and HRA expenses incurred during the period of coverage.

S. Minimum Essential Coverage. KEHP provides plan options that, under the Affordable Care Act, constitute minimum essential coverage that is affordable and provides a minimum value. As such, by receiving an offer of coverage through your employer, neither you, your spouse, nor your dependent(s) are eligible for a health insurance premium tax credit if purchasing insurance through the Marketplace.

T. Coordination of KEHP Health Plans and Medicare Coverage. In general, the four KEHP plan options and the Waiver General Purpose HRA must pay primary to Medicare. The Waiver Dental/Vision ONLY HRA pays secondary to Medicare.

U. LivingWell Promise. Federal law allows KEHP to reward members who participate in the KEHP’s LivingWell wellness program. In 2020, all four KEHP health plans are a part of the KEHP’s LivingWell wellness program and require completion of the LivingWell Promise in order to receive premium discounts in Plan Year 2021.

- If you fulfilled your LivingWell Promise in 2019, you will receive a monthly premium discount of $40.00 in 2020. If you did not fulfill your LivingWell Promise, you will not receive a monthly premium discount of $40.00 in 2020.
- If you elect a KEHP health plan in 2020, you must complete (1) an online StayWell Health Assessment; OR (2) a biometric screening January 1, 2020, through July 1, 2020.
- If you are a new employee and you choose a LivingWell plan option outside of open enrollment, you must complete the Health Assessment OR biometric screening within 90 days of your coverage effective date.

V. Insurance Dependent Elections and Premium Refund. It is your responsibility to timely notify DEI that either your dependent or your spouse is no longer eligible for health, dental, vision, or life insurance coverage. (See the eligibility provisions in your SPD, MBB, or CoC for more information on eligibility.) “Timely” notice means that you advised DEI that a dependent or spouse is no longer eligible for insurance coverage within 90 days of the loss of eligibility. Upon notice that a dependent or spouse is no longer eligible for insurance coverage, DEI will refund your premium back to the date that eligibility ceased, up to a maximum of 90 days.

W. HIPAA. You have rights under HIPAA regarding the protection of your health information. KEHP will comply with the HIPAA Privacy and Security rules, and uses and disclosures of your protected health information will be in accordance with federal law. KEHP may use and disclose such information to business associates or other third parties only in accordance with KEHP’s Notice of Privacy Practices available at kehp.ky.gov (Health Insurance/Docs, Forms, and Legal Notices).

X. Fraud Warning. Any person who knowingly, and with the intent to defraud, files a form for insurance containing any materially false information (including a forged signature or incorrect signature date), or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. You can be held responsible for any fraudulent act that you could have prevented while acting within your duties related to obtaining employer-sponsored health, dental, vision, and life insurance, and it may be used to reduce or deny a claim or to terminate your coverage. Information contained in your life insurance benefit elections, if incorrect or misleading, may void the policy effective as of the date of issuance.

Y. Acknowledgement. You have fully read these Terms and Conditions, the KEHP Legal Notices, and the KEHP Tobacco Use Declaration. Your signature on the KEHP Health Insurance Enrollment Form, the Group Dental or Vision Applications, the Group Life Insurance Application, or your electronic signature used for online enrollment certifies that all information provided during this enrollment opportunity is correct to the best of your knowledge.

Z. Exceptions May Apply. Exceptions may apply to employees of certain employers participating in KEHP’s health plan and the Commonwealth’s group dental, vision, and life insurance benefits. Exceptions may also apply to KTRS, KRS, LRP, and JRP retirees. Please refer to the participation rules of your employer or retirement system for further information.
As a member of the Kentucky Employees’ Health Plan (KEHP), you have certain legal rights. Several of those rights are summarized below. Please read these provisions carefully. To find out more information, you may contact the Department of Employee Insurance, Member Services Branch at 888-581-8834 or 502-564-6534 or visit kehp.ky.gov.

A. NOTICE ABOUT SPECIAL ENROLLMENT RIGHTS

Under the Health Insurance Portability and Accountability Act (HIPAA), you have “special enrollment” rights if you have a loss of other coverage or you gain a new dependent. In addition, you may qualify for a special enrollment in KEHP under the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA).

1. HIPAA Special Enrollment Provision - Loss of Other Coverage. If you decline enrollment for yourself or your eligible dependent(s) (including your spouse) because of other health insurance or group health plan coverage (regardless of whether the coverage was obtained inside or outside of a Marketplace), you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 35 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

2. HIPAA Special Enrollment Provision - New Dependent as a Result of Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependent(s). However, you must request enrollment within 35 days after the marriage, birth, adoption, or placement for adoption.

3. CHIPRA Special Enrollment Provision – Premium Assistance Eligibility. If you or your children are eligible for Medicaid or the Children’s Health Insurance Program (CHIP) and you’re eligible for health coverage from your employer, Kentucky may have a premium assistance program that can help pay for coverage using funds from the state’s Medicaid or CHIP programs. If you or your dependent(s) are eligible for premium assistance under Medicaid or CHIP, as well as eligible for health insurance coverage through KEHP, your employer must allow you to enroll in KEHP if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. In addition, you may enroll in KEHP if you or your dependent’s Medicaid or CHIP coverage is terminated because of loss of eligibility. An employee must request this special enrollment within 60 days of the loss of coverage. You can find more information and the required CHIP notice at kehp.ky.gov (Health Insurance/Docs, Forms, and Legal Notices).

B. WELLNESS PROGRAM DISCLOSURE AND NOTICE

LivingWell is KEHP’s voluntary wellness program available to all persons who enroll in a KEHP health insurance plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease. Those federal rules include the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary health assessment or “HA” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). In lieu of completing an HA, you may complete a biometric screening, which will include a blood test to check your cholesterol and blood glucose levels. You are not required to complete the HA or to participate in the biometric screening or any other medical examination. However, employees who choose to participate in the LivingWell wellness program will receive an incentive in the form of discounted employee premium contributions for your health insurance coverage. Although you are not required to complete the HA or participate in the biometric screening, only employees who do so will receive the discounted health insurance premiums. Additional incentives in the form of gift cards, consumer goods, and other prizes may be available for employees who participate in certain health-related activities such as walking challenges or quitting smoking. In addition, KEHP offers discounted, monthly employee premium contribution rates to non-tobacco users. Each KEHP member has at least one opportunity per Plan Year to qualify for the monthly premium contribution discount.

KEHP is committed to helping you achieve your best health. Incentives for participating in KEHP’s LivingWell wellness program are available to all persons who enroll in a KEHP health insurance plan. If you are unable to participate in any of the health-related activities, or you think you might be unable to meet a standard to earn an incentive under the LivingWell wellness program, you may request a reasonable accommodation or an alternative standard. Contact the Department of Employee Insurance, Member Services Branch at 888-581-8834 or 502-564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same incentive that is right for you in light of your health status.

Protections from Disclosure of Medical Information: KEHP is required by law to maintain the privacy and security of your personally identifiable health information. KEHP does not collect or retain personal health or medical information through its LivingWell wellness program; however, KEHP may receive and use aggregate information that does not identify any individual in order to design programs based on health risks identified in the workplace and that are aimed at improving the health of KEHP members. KEHP will never disclose any of your personal information either publicly or to your employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted
KEHP Legal Notices (continued)

by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program. You will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who may receive your personally identifiable health information are persons employed by Go365 (KEHP’s wellness administrator) and Anthem (KEHP’s third-party medical administrator). This may include nurses in Anthem’s disease management program and health coaches in Go365’s health coaching program. Disclosure of your personally identifiable health information to these persons is necessary in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records; information stored electronically will be encrypted; and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach. In the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you as soon as it is feasible after discovery of the breach.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the LivingWell wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Department of Employee Insurance, Member Services Branch at 888-581-8834 or 502-564-6534.

C. THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1986 (COBRA)

COBRA continuation coverage is a continuation of KEHP coverage when it would otherwise end because of a life event, also called a “qualifying event.” After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” Qualified beneficiaries may elect to continue their coverage under the plan for a prescribed period of time on a self-pay basis. Each qualified beneficiary has 60 days to choose whether or not to elect COBRA coverage, beginning from the later of the date the election notice is provided, or the date on which the qualified beneficiary would otherwise lose coverage under KEHP due to a qualifying event. The KEHP’s third-party COBRA administrator is WageWorks. To learn more about COBRA and your rights under COBRA, please refer to the Medical Benefit Booklet or go to kehp.ky.gov (Health Insurance/Docs, Forms, and Legal Notices).

D. THE WOMEN’S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

Your plan, as required by WHCRA, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. For more information regarding this coverage, please refer to your Medical Benefit Booklet or go to kehp.ky.gov (Health Insurance/Docs, Forms, and Legal Notices).

E. NEWBORNS’ AND MOTHERS’ HEALTH PROTECTION ACT OF 1996 (NEWBORNS’ ACT)

Group health plans generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 (or 96, as applicable) hours. In any case, plans may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 (or 96) hours.

F. HIPAA PRIVACY NOTICE

KEHP gathers and collects demographic information about its members such as name, address, and Social Security numbers. This information is referred to as individually identifiable health information and is protected by HIPAA and related privacy and security regulations. HIPAA requires KEHP to maintain the privacy of your protected health information (PHI) and notify you following a breach of unsecured PHI. In addition, KEHP is required to provide to its members a copy of its Notice of Privacy Practices (NPP) outlining how KEHP may use and disclose your PHI to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. The NPP also informs members about their rights regarding their PHI and how to file a complaint if a member believes their rights have been violated. KEHP’s Notice of Privacy Practices and associated forms may be obtained by visiting kehp.ky.gov (Health Insurance/Docs, Forms, and Legal Notices).

G. KEHP PRESCRIPTION DRUG COVERAGE AND MEDICARE-NOTICE OF CREDITABLE COVERAGE

KEHP has determined that KEHP’s prescription drug coverage is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
H. NOTICE OF AVAILABILITY OF SUMMARY OF BENEFITS AND COVERAGE (SBC)

As an employee or retiree, the health benefits available to you represent a significant component of your compensation/retirement package. Those benefits also provide important protection for you and your family in the case of illness or injury. KEHP offers a variety of health coverage options, and choosing the option that is right for you and your family is an important decision. To help you make an informed health coverage choice, KEHP publishes a Summary of Benefits and Coverage (SBC). For easier comparison, the SBC summarizes important information about your health coverage options in a standard format. The SBCs are only a summary. You should consult KEHP’s Summary Plan Descriptions and/or Medical Benefit Booklets to determine the governing contractual provisions of the coverage. KEHP’s SBCs are available on KEHP’s website at kehp.ky.gov (Health Insurance/Docs, Forms, and Legal Notices). A paper copy is also available, free of charge, by contacting the Department of Employee Insurance, Member Services Branch at 888-581-8834 or 502-564-6534.

I. WAIVER HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

If an employer participates in the Waiver HRA program through KEHP, an employee may elect to waive KEHP health insurance coverage and choose a Waiver HRA that is funded by the employer, up to $2,100 a year. There are two Waiver HRA options: the Waiver General Purpose HRA and the Waiver Dental/Vision ONLY HRA. An employee is eligible for the Waiver General Purpose HRA only if the employee, and the employee’s spouse and dependents, if applicable, have other group health plan coverage. An employee that elects a Waiver General Purpose HRA must attest that the employee and, if applicable, the employee’s spouse and dependents are enrolled in another group health plan that provides minimum value. A “group health plan” refers to coverage provided by an employer, an employer organization, or a union. A “group health plan” does not include individual policies purchased through the Marketplace or governmental plans such as TRICARE, Medicare, or Medicaid. A group health plan that provides “minimum value” means the plan pays at least 60% of the total allowed cost of covered benefits/services and participants or members in the plan are required to pay no more than 40% of the total allowed cost of covered benefits/services. An employee that elects a Waiver General Purpose HRA and that ceases to be covered under another group health plan that provides minimum value is required to notify KEHP within 35 days of the date that the other group health plan coverage ceased. In this event, coverage under the Waiver General Purpose HRA will be terminated, and the employee may elect a KEHP health insurance plan option or the Waiver Dental/Vision ONLY HRA. Each employee is permitted to permanently opt out of and waive future reimbursements from the Waiver General Purpose HRA at least annually during open enrollment.
Hazardous duty retirees MUST submit Form 6256 in order for eligible spouse and dependents to receive health insurance contribution. DEADLINE 11/30/2019.

Notice

Enrollment is not mandatory unless you are changing your plan. Enrollment forms accepted Sept 30 - Oct 31, 2019. Hazardous Duty must still submit Form 6256. All plans include the Promise for 2020. All planholders MUST take the Health Assessment or complete a biometric screening.