



Kentucky Public
Pensions Authority



PLAN YEAR 2025 Open Enrollment

Retirees not eligible for Medicare



ENROLLMENT NOT REQUIRED

If you do not submit an enrollment form, you will continue with the same health insurance benefit for 2025 as you have for 2024.



HAZARDOUS NOTICE

Hazardous retirees must submit Form 6256 for an eligible spouse and dependents to receive health insurance contribution.



LIVINGWELL PROMISE REQUIRED

All planholders must take the online Health Assessment at mycastlight.com/mybenefits between January 1, 2025 - July 1, 2025.

This is summary information. Visit our website for details.



KYRET.KY.GOV



MYRETIREMENT.KY.GOV



502-696-8800
1-800-928-4646

What You Need to Know for 2025

ENROLLMENT FORM NOT REQUIRED

If you do not complete an enrollment form for 2025, you will be automatically enrolled in the same plan at the same level of coverage (e.g., single, parent plus, couple or family) you have in 2024.

OPEN ENROLLMENT IS OCTOBER 1-31, 2024

The same three health insurance plans are available again in 2025. Additionally, the LivingWell High Deductible Health Plan (HDHP) is offered next year.

WEBINARS

Check our website for the October webinar schedule.

YOUR COST FOR COVERAGE

Depending on your individual account, your cost may not increase (refer to pages 4-7). Visit our website for additional information and examples.

HAZARDOUS YEARLY REQUIREMENT

Hazardous members with insurance dependents have to complete a Form 6256 every year. Please refer to our website for details. Form 6256 can be submitted with your online enrollment, uploaded using the Documents feature in Self Service, or can be faxed or mailed to KPPA. The deadline is November 30, 2024.

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 KPPA, 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.
- Are currently enrolled in a health insurance plan in 2024 and would like to waive your coverage in 2025.

ENROLL ONLINE AT MYRETIREMENT.KY.GOV

An online enrollment form is only required to make a change to your coverage for 2025.



LIVINGWELL PROMISE REQUIRED

All plan holders who are 18 or older must fulfill the LivingWell Promise between January 1, 2025 - July 1, 2025 to earn premium discounts in 2026. Go to mycastlight.com/mybenefits to complete the online Health Assessment.

CROSS REFERENCE

The cross reference option is only available for 2025 if you select it during Open Enrollment or if you currently cross reference and continue with the same plan and coverage next year. If you choose to enroll in a cross reference plan for 2025, you may submit your enrollment form online.

PERSONAL IDENTIFICATION NUMBER (PIN)

You will need your PIN to submit your enrollment form. You can request a new PIN in Self Service. If you have an email on file with KPPA, your PIN may be emailed to you, otherwise it will be mailed to the address on file with KPPA.

ENROLL WITH ONE SYSTEM

Retirees may only enroll with one retirement system (Judicial, Legislators, Teachers or KPPA).

EMPLOYMENT AFTER RETIREMENT

Go to KYRET.KY.GOV and select Retirees, then Reemployment after Retirement.

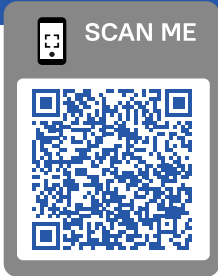
VENDORS

Visit our website for a complete list of vendors and their contact information.

CHANGING OR CANCELING YOUR BENEFITS

Read more about qualifying events on our website. Go to Retirees and select Insurance, then Qualifying Events.

What You Need to Know for 2025



PLAN HIGHLIGHTS

Pick from four health insurance plan options. Access the benefits grid and details for each plan on our website at KYRET.KY.GOV. To view these documents, use your phone camera to scan the QR code or from our homepage go to [Retirees](#) and select [Insurance](#), then [Non-Medicare Plan Year 2025](#).

The information below applies to In-Network Medical and Prescription benefits.

PLAN OPTION	LivingWell CDHP ¹	LivingWell PPO ²	LivingWell Basic CDHP ¹	LivingWell HDHP ³
HRA	Single \$500 Family \$1,000	No HRA	Single \$250 Family \$500	No HRA
Annual Deductible	Single \$1,500 Family \$2,750	Single \$1,000 Family \$1,750	Single \$2,000 Family \$3,750	Single \$2,000 Family \$4,000
Annual Maximum Out-of-Pocket	Single \$3,000 Family \$5,750	Single \$3,000 Family \$5,750	Single \$4,000 Family \$7,750	Single \$8,050 Family \$16,100
Doctor's Office Visit	Deductible then 20%	Co-pay \$25; Specialist \$50	Deductible then 30%	Deductible then 30%
Co-insurance	20%	25%	30%	30%
Annual Prescription Drug Maximum Out-of-Pocket	Combined with Medical	Single \$2,500 Family \$5,000	Combined with Medical	Combined with Medical
30-Day Supply	Tier 1: Deductible then 20%	Tier 1: \$20	Tier 1: Deductible then 30%	Tier 1: Deductible then 30%
Tier 1 - Generic	Tier 2: Deductible then 20%	Tier 2: \$40	Tier 2: Deductible then 30%	Tier 2: Deductible then 30%
Tier 2 - Formulary				

The above grid includes in-network components of each plan most often used by members when choosing a plan option, but are not all inclusive. Refer to the Summary of Benefits and Coverage (SBC) on our website for more information. ¹Consumer-driven health plan ²Preferred provider organization ³High deductible health plan

*The HDHP has a non-embedded deductible which means all family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members in a plan. The entire deductible must be met before any one family member receives benefits. The entire OOP must be met before the family has satisfied the OOP maximum.

KEHP Tobacco User Fee, Disclosures & Legal Declarations: To view these documents, use your phone camera to scan the QR code above or from our homepage go to Retirees > Insurance > Non-Medicare Plan Year 2025.

MEDICARE ELIGIBLE NOTICE

Under the Medicare Secondary Payer Act (MSPA), in certain circumstances, a Medicare eligible retiree's reemployment with an employer that participates in the systems operated by KPPA will prevent KPPA from offering enrollment in the KPPA Medicare Advantage Plan. However, Medicare-eligible retirees who are not able to enroll in the KPPA Medicare Advantage Plan may be eligible for enrollment in a plan for retirees affected by the MSPA. If you have any questions about the health insurance options offered for retired members who are reemployed full-time with a participating employer, you may submit your questions in writing via email at kppa.mail@kyret.ky.gov For all other questions about health insurance coverage offered through KPPA, you may contact our office at 1-800-928-4646.



Hazardous Percentage Contribution Premium Calculation Worksheet

Use this worksheet if you meet all of the following:

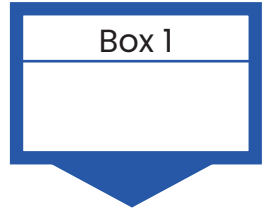
- You have hazardous service, or combined hazardous and nonhazardous service.
- You are a retiree or a beneficiary receiving benefits.
- Your participation date with KPPA was PRIOR to July 1, 2003.

1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2025.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref*
LivingWell CDHP	\$930.76	\$1,269.28	\$1,866.24	\$2,078.08	\$1,068.66
LivingWell PPO	\$949.04	\$1,320.40	\$1,981.62	\$2,185.78	\$1,126.28
LivingWell Basic CDHP	\$901.04	\$1,234.80	\$1,863.04	\$2,069.88	\$1,057.40
LivingWell HDHP	\$835.42	\$1,144.86	\$1,727.36	\$1,919.14	\$980.38

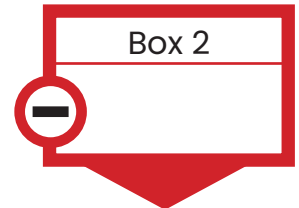
*Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KPPA. If Cross-Reference option is selected and the retiree has a surplus of contribution to cover the retiree's portion of the premium, it will be applied to the spouse's portion of the premium.



2. Service Credit

Subtract the following, based upon your months of service.

Applicant's Months of Service	Contribution
240+ months	\$949.04
180 - 239 months	\$711.78
120 - 179 months	\$474.52
48 - 119 months	\$237.26
0 - 47 months	\$0.00



PLEASE READ THE
HAZ NOTICE BELOW
BEFORE CONTINUING
TO BOX 3



HAZARDOUS RETIREES WITH HEALTH INSURANCE DEPENDENTS FORM 6256 YEARLY REQUIREMENT

You must submit a Form 6256 every year. You must provide eligibility documentation for your spouse and dependent(s) if not already on file with KPPA:

- If your dependent child is between the ages of 18 and 22, you must complete Form 6256. If you cover your spouse, you must complete Form 6256.
- A birth certificate, marriage certificate, or other supporting documentation for your spouse and/or dependent(s) must be filed with KPPA.

If you fail to notify KPPA 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.

You may continue to cover dependents between the ages of 22 and 26, however, they are not eligible for premium contribution. You will be responsible for paying the additional cost for coverage.



MYRETIREMENT.KY.GOV

Members have three options for submitting documents to our office:

1. Use the upload feature in Self Service
2. Mail to 1260 Louisville Road, Frankfort, KY 40601
3. Fax to 502-696-8822

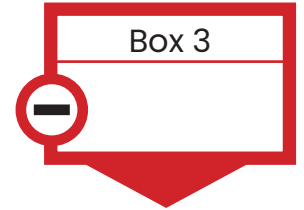
3. Spouse & Dependent Coverage

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.

Hazardous Service Only ¹	Parent Plus	Couple	Family	Family X-Ref
240+ months	\$371.36	\$1,032.58	\$1,236.74	\$1,303.52
180 - 239 months	\$278.52	\$774.44	\$927.56	\$977.64
120 - 179 months	\$185.68	\$516.29	\$618.37	\$651.76
48 - 119 months	\$92.84	\$258.15	\$309.19	\$325.88
0 - 47 months	\$0.00	\$0.00	\$0.00	\$0.00

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

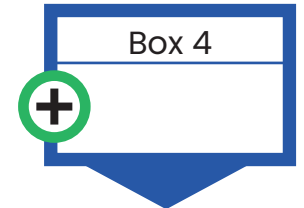


Your Subtotal
Box 1 subtract Box 2 and Box 3

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.

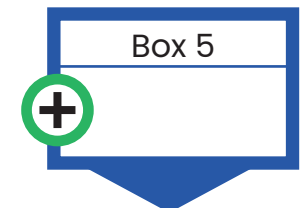
Non-tobacco user	+\$0.00
Retiree or beneficiary uses tobacco selecting Single coverage	+\$40.00
Retiree or beneficiary uses tobacco selecting Family, Parent Plus, or Couple coverage	+\$80.00



5. LivingWell Promise

Select one. If you did not fulfill the LivingWell Promise for Plan Year 2024, you will be required to pay amount in Box 5 in 2025.

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

Nonhazardous Percentage Contribution Premium Calculation Worksheet

Use this worksheet if you meet all of the following:

- You have nonhazardous service.
- You are a retiree or a beneficiary* receiving benefits.
- Your participation date with KPPA was PRIOR to July 1, 2003.

1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2025.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref**
LivingWell CDHP	\$930.76	\$1,269.28	\$1,866.24	\$2,078.08	\$1,068.66
LivingWell PPO	\$949.04	\$1,320.40	\$1,981.62	\$2,185.78	\$1,126.28
LivingWell Basic CDHP	\$901.04	\$1,234.80	\$1,863.04	\$2,069.88	\$1,057.40
LivingWell HDHP	\$835.42	\$1,144.86	\$1,727.36	\$1,919.14	\$980.38

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

Box 1

2. Service Credit

Subtract the following based upon your months of service.

Applicant's Months of Service		
240+ months <i>Contribution amount is based on the plan selected.</i> If you elect Parent Plus, Couple, Family or Family Cross Reference coverage, this amount is the maximum contribution for each plan (single premium for that plan).	LivingWell CDHP	\$930.76
	LivingWell PPO	\$949.04
	LivingWell Basic CDHP	\$901.04
	LivingWell HDHP	\$835.42
180 - 239 months		\$711.78
120 - 179 months		\$474.52
48 - 119 months		\$237.26
0 - 47 months		\$0.00

Box 2

Your Subtotal
Box 1 subtract
Box 2

*KPPA does not pay a contribution for coverage on behalf of a beneficiary. Beneficiaries 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 KPPA.

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

Box 3

4. LivingWell Promise

Select one. If you did not fulfill the LivingWell Promise for Plan Year 2024, you will be required to pay the amount in Box 4 in 2025.

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

Box 4

**Total Monthly Premium
Subtotal (Box 1 - Box 2) + Box 3 + Box 4 = Total**

Dollar Contribution Premium Calculation Worksheet

The dollar contribution amounts below will increase by 1.5% on July 1st. Visit our website for contribution examples.

Use this worksheet if you meet all of the following:

- You have hazardous or nonhazardous service.
- You are a retiree or beneficiary* receiving benefits.
- You are Tier 1 with a participation date with KPPA between July 1, 2003 and August 31, 2008. You must have a minimum of 120 months of service to be eligible for insurance benefits, OR
- You are Tier 2 with a participation date with KPPA on or AFTER September 1, 2008. You must have a minimum of 180 months of service to be eligible for insurance benefits.

If you have hazardous and nonhazardous service, you will receive contribution based on full years of service for each. If you have partial years of service, please contact KPPA.

1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2025.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref**
LivingWell CDHP	\$930.76	\$1,269.28	\$1,866.24	\$2,078.08	\$1,068.66
LivingWell PPO	\$949.04	\$1,320.40	\$1,981.62	\$2,185.78	\$1,126.28
LivingWell Basic CDHP	\$901.04	\$1,234.80	\$1,863.04	\$2,069.88	\$1,057.40
LivingWell HDHP	\$835.42	\$1,144.86	\$1,727.36	\$1,919.14	\$980.38

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

Box 1

2. Nonhazardous Service Credit

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

Dollar Contribution Amount	X	FULL Years of Nonhazardous Service	=	BOX 2 TOTAL
\$14.63	X		=	

*KPPA does not pay a contribution for coverage on behalf of a beneficiary. Beneficiaries 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 KPPA.

Box 2

3. Hazardous Service Credit

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

Dollar Contribution Amount	X	FULL Years of Hazardous Service	=	BOX 3 TOTAL
\$21.94	X		=	

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

Box 3

Your Subtotal**

Box 1 subtract Box 2 and/or subtract Box 3**

**ADDITIONAL AMOUNTS

Refer to items 3 and 4 on page 6 for details about Tobacco Status and LivingWell Promise costs. If these apply, you must add the additional amounts to the subtotal to determine your total monthly premium.



KPPA

Kentucky Public Pensions Authority
1260 Louisville Road
Frankfort, KY 40601

**KENTUCKY EMPLOYEES' HEALTH PLAN (KEHP)
OPEN ENROLLMENT HOTLINE
1-888-581-8834 or 502-564-6534
Service is only available October 7-25, 2024**

There are five options when you call. The options listed below apply to retirees:

Option 1: Kentucky Public Pensions Authority (KPPA)

Option 3: Benefit questions for Anthem (medical), HealthEquity or CVS Caremark

Option 5: Department of Employee Insurance (DEI) for all other inquiries

OFFICE HOURS

Monday - Friday 8:00am - 4:30pm ET

502-696-8800 or 1-800-928-4646

Fax 502-696-8822



KYRET.KY.GOV



@KYretirement



@KYretire

For a complete list of vendors and contact information, visit our website at KYRET.KY.GOV

KEHP kehpa.ky.gov Open Enrollment Hotline 888-581-8834	Castlight mycastlight.com/mybenefits 800-681-6758
Anthem Health insurance anthem.com/kehpa 844-402-5347	SmartShopper - Shop for better pricing SmartShopper.com 855-869-2133
CVS Caremark - Prescriptions caremark.com 866-601-6934	HealthEquity - HRA and COBRA healthequity.com HRA 877-430-5519 COBRA 888-678-4881