KENTUCKY RETIREMENT SYSTEMS

QUALIFYING EVENTS
PLAN YEAR 2021

A Guide for Changing Your Health Insurance Coverage
Outside of the Open Enrollment Period

Living Well Promise

All plans include the Promise for 2021

All plan holders MUST take the Health Assessment or complete a biometric screening.

HAZ Notice

YEARLY REQUIREMENT
Hazardous duty retirees must submit Form 6256 in order for an eligible spouse and dependents to receive health insurance contribution.
The General Assembly passed House Bill 484 during the 2020 Regular Session. This law changes the administrative structure of Kentucky Retirement Systems, which means our agency's name will change to the Kentucky Public Pension Authority on April 1, 2021. Please check our website at KYRET.KY.GOV for future updates.
Health Insurance
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 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 the KRS office within 35 calendar days of the event date. The only exception is gaining Medicaid which has a signature date of 60 days. You must submit dependent eligibility documentation, such as a marriage certificate or birth certificate, together with your Retiree Health Insurance Enrollment/Change 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 Forms in a timely manner, you will not be permitted to revise your coverage election until the next Enrollment period.

For additional information and forms for Qualifying Events:
https://kyret.ky.gov/Members/Insurance/Pages/Qualifying-Events.aspx

WHAT IS A QUALIFYING EVENT?
• Marriage or Divorce
• Having or adopting a child
• Legal guardianship or court order
• Loss of other group health insurance
• Spouse has a different Open Enrollment period

QUALIFYING EVENTS
Changing or Canceling Your Benefits

Notice for Hazardous Duty Retirees:
When a child turns age 22 and is no longer eligible for the 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 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 Enrollment period.
Qualifying Events
KEHP is provided through a Section 125 plan per the Internal Revenue Code. This allows Employees to pay for their Health Insurance premiums with pre-tax dollars. Section 125 plans are federally regulated, and the guidelines state that if an Employees’ Health Insurance or Flexible Spending Account is offered through a Section 125 plan, they cannot make a change to their Health Insurance or Flexible Spending Account options outside of the annual Open Enrollment period, unless they experience a permitted election change (referred to as a “Qualifying Event”).

A. To Enroll in KEHP Outside of the Annual Open Enrollment Period, the Individual:

1. Must Lose Coverage From:
   • An employer-sponsored group health plan;
   • An individual Health Insurance plan (must lose eligibility – failure to pay premiums is not a loss of eligibility);
   • A short-term, limited-duration insurance policy also known as “gap” insurance;
   • A student Health Insurance policy; or
   • A government coverage (TRICARE, Medicare, Medicaid, KCHIP)

Losing coverage from one of the following does not allow the individual to enroll outside of the annual Open Enrollment period:
   • Coverage only for accident or disability income insurance;
   • Coverage issued as a supplement to liability insurance;
   • Liability insurance;
   • Workers’ compensation or similar insurance;
   • Automobile medical payment insurance;
   • Credit-only insurance;
   • VA Benefits;
   • Coverage for on-site medical clinics; or
   • Other similar insurance coverage under which benefits for medical care are secondary or incidental to other insurance benefits.

2. Must Lose Coverage Due To:
   • A maximum benefits level being reached;
   • An insurance agency canceling the policy (other than for non-payment);
   • Coverage being provided under COBRA and COBRA has expired;

Coverage was non-COBRA and the coverage terminated due to loss of eligibility for coverage including but not limited to:
   • Legal separation, divorce, end of Dependent status, death of an Employee, termination of employment, reduction in hours or employer contributions for coverage were terminated; or
   • The plan no longer offers benefits for a group of individuals.

Not Due To:
   • Non-payment of insurance premiums – choosing to stop payment of a plan for any reason;
   • Non-renewal – choosing to stop renewal of a plan for any reason;
   • Cancellation of coverage by policyholder for policyholder or for a Dependent;
   • Increase in cost of coverage; or
   • Reduction of contributions or level of benefits.

DISCLOSURES & LEGAL DECLARATIONS

All disclosures and legal declarations can be viewed online. From our homepage at kyret.ky.gov, go to the Publications & Forms tab. Under Books and Guides, documents are listed under Non-Medicare Insurance.
B. General Guidelines

1. Event Date
The event date is the date the event occurs. It is not the date the Employee or Dependent is notified of the event. The only exceptions to this are entitlement to:

- Medicare
- Medicaid

In the instances above, the Qualifying Event date can be the date the Employee or Dependent is notified.

2. Signature Date
The signature date is the date the Employee’s signature is on the applicable documentation. With the exception of gaining Medicaid, which has a signature date of 60 days, all Qualifying Events have a signature deadline of 35 calendar days from the event date.

It is important to know the deadlines for the signature date for all Qualifying Events.

To calculate the number of calendar days, begin counting on the day after the Qualifying Event. Example: If the Employee gets married on March 5, the Employee must sign the applicable forms within 35 calendar days from the event (marriage). Day one would be March 6, and day 35 would be April 9. The Employee’s signature must be on the applicable forms no later than April 9.

Pre-Signing
Applicable forms may not be signed prior to the event date, except for the following:

- Loss of other health coverage;
- Gaining other health coverage;
- Entitlement to Medicare; and
- Spouse’s different Open Enrollment period

The timing of the signature date is critical. Employees must complete the enrollment forms and sign the applicable forms before the signature date deadline. The Employee does not need to wait for any supporting documentation to arrive before the form is signed.

3. Effective Date
The effective date is the date the coverage takes effect. Most effective dates are the first day of the month following the signature date. Coverage can NEVER be effective prior to the event date.

Always consider the following:

- If the Qualifying Event date is the first of the month, the Employee may pre-sign during the previous month. Example: If “loss of coverage” occurs on April 1, the Employee may sign the applicable documentation during the month of March. The effective date of the change will be April 1.

- If the Qualifying Event date is any other day of the month, the Employee may pre-sign during that month only. Example: If “loss of coverage” occurs on April 18, the Employee may sign the applicable documentation during the month of April. The effective date of the change will be May 1. The Employee is not permitted to sign in March since that would make the effective date April 1, which is effective prior to the event of April 18.

4. Supporting Documentation
Most all Qualifying Events must be validated with supporting documentation such as, but not limited to, marriage certificates, divorce agreements, or letters from employers. Before a Dependent can be added to a health insurance plan, verification documents must be provided. See Dependent Eligibility Chart on page 10.

5. Qualifying Event Charts
The Qualifying Event chart is your guide in knowing what mid-year election changes are permitted under a Section 125 plan, and the documentation that is required.
<table>
<thead>
<tr>
<th>QUALIFYING EVENTS</th>
<th>CHANGE</th>
<th>DOCUMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change In Employee’s Legal Marital Status</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Gain Spouse due to:               | **Marriage:**  
**ADD:** Employee may enroll or increase coverage level for newly eligible Spouse and Dependent children. Plan option change may be made.  
**DROP:** Employee may terminate or decrease Employee’s or Dependent’s coverage ONLY when such coverage becomes effective or is increased under the Spouse’s plan. (Gain of Other Coverage). Employee may not drop health insurance coverage and choose a waiver HRA mid-year.  
**Additional Documents:**  
- Health Insurance  
- Marriage Certificate  
- Notification from employer, on employer’s letterhead or electronically, identifying the coverage effective date and the person(s) covered by the policy; or a copy of the new health insurance ID card(s) for each covered person, with coverage effective date; or an email from the employer with HR signature block; or a self-service enrollment confirmation that states the employer name, effective date and person(s) covered. |                                                                                                                                                                                                        |
| Lose Spouse due to:               | **ADD:** May elect coverage for Employee, or Dependents who lose eligibility under Spouse’s plan if such individual loses eligibility as a result of the divorce, legal separation, annulment, or death. (Loss of Coverage including loss of TRICARE).  
**DROP:** Employee may terminate election ONLY for Spouse. Plan option change may be made.  
**Additional Documents:**  
- Health Insurance  
- Divorce Decree/Court Order/Death Certificate  
- Notification from employer on letterhead or electronically, that includes person(s) covered and coverage termination date; letter from insurance company with type of coverage, reason for termination, date of termination, and person(s) covered; or termination letter from governmental agency providing previous coverage. |                                                                                                                                                                                                        |
| Change In Number of Employee’s Dependents |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                        |
| Gain dependent due to:            | **ADD:** Employee may enroll or increase coverage level for self, Spouse and newly eligible Dependent children. Plan option change may be made.  
**DROP:** Employee may terminate or decrease Employee’s or Dependent’s coverage if Employee or Dependent becomes eligible under Spouse’s plan.  
**Additional Documents:**  
- Health Insurance  
- Birth Certificate/Court Order  
- Notification from employer, on employer’s letterhead or electronically, identifying the coverage Effective Date and the person(s) covered by the policy; or a copy of the new health insurance ID card(s) for each covered person, with coverage effective date. |                                                                                                                                                                                                        |
| Lose dependent due to:            | **DROP:** Employee may drop coverage only for the deceased Dependent. Plan option change may be made.  
**Additional Documents:**  
- Health Insurance  
- Death Certificate |                                                                                                                                                                                                        |
| Event causing employee’s dependent to cease to satisfy eligibility requirement | **DROP:** Employee may decrease or terminate election only for affected Dependent. Plan option change may be made.  
**Automatic**                                                                                                                                                                      |                                                                                                                                                                                                        |
| Dependent ceases to satisfy eligibility requirements – Aging out (over 26) | **DROP:** Employee may decrease or terminate election only for affected Dependent. Plan option change may be made.  
**Automatic**                                                                                                                                                                      |                                                                                                                                                                                                        |
| Starting Employment or other change of employment status by Employee, Spouse, or Dependent that triggers eligibility | **ADD:** Provided that eligibility was gained for KEHP coverage, Employee may add coverage for Employee, Spouse, or Dependents.  
**Additional Documents:**  
- Health Insurance  
- Employee self-service |                                                                                                                                                                                                        |
| **Starting employment by spouse or dependent** | **DROP:** Employee may terminate or decrease coverage level if Employee, Spouse, or Dependent is added to Spouse’s or Dependent’s plan. Plan option change may be made. | **Additional Documents:**  
- Health Insurance  
- Notification from employer, on employer’s letterhead or via electronically, identifying the hire date, the coverage effective date and the person(s) covered by the policy; or a self-serve enrollment confirmation that states the employer name, effective date, and person(s) covered and notification from employer, on employer’s letterhead, identifying the hire date. A copy of the new health insurance ID card(s) for each covered person, with coverage effective date is not sufficient unless accompanied by some form of written verification from the employer identifying the hire date, coverage effective date and the person(s) covered by the policy. |

| **Termination of Employment**  
**By Employee, Spouse, or Dependent that causes loss of eligibility (or other change in employment status)** | **TERMINATION OF EMPLOYEE'S EMPLOYMENT** | **DROP:** Employee, Spouse, and Dependent(s) coverage terminates. | **Additional Documents:**  
- Health Insurance |

| **Termination of spouse's or dependent's employment or other change in employment status resulting in a loss of eligibility** | **ADD:** Employee may enroll or increase coverage level for an Employee, Spouse, or Dependent who lost eligibility under Spouse or Dependent employer's plan. (Loss of Coverage). Plan option change may be made. | **Additional Documents:**  
- Health Insurance  
- Notification from employer, on employer’s letterhead or via electronically, identifying the coverage termination date, the reason for coverage termination, and the person(s) covered by the policy; or letter form the insurance company showing the termination date, reason for termination, type of coverage, date of termination and person(s) covered. All forms of documentation should indicate that the reason for loss of coverage is the termination of the spouse's or dependent's employment. |

| **Clean transfer from one participating employer to another with no break in service** | **No election changes permitted** | **Update Forms on file** |

| **Small break transfer**  
1-10 working days | **No election changes permitted** | **Update Forms on file** |

| **Large break transfer**  
11 or more working days | **Treat as new Employee. The new hire waiting period applies and Employee may make new elections.** | **Additional Documents:**  
- Health Insurance |

| **Change in Coverage Under Other Employer Plan** | **ADD:** Employee may enroll or increase election for Employee, Spouse, or Dependents if Employee, Spouse or Dependents have elected or received corresponding decreased coverage under other employer plan. **DROP:** Employee may decrease or terminate Employee’s, Spouse or Dependent’s coverage. | **Additional Documents:**  
- Health Insurance  
- Proof of change in other employer coverage |
| **Open enrollment under other employer plan/different year** | Employee may enroll or increase election for Employee, Spouse and Dependent(s). Corresponding changes can be made under employer’s plan. | **Additional Documents:**  
- Health Insurance  
- Notification from employer on employer’s letterhead or electronically, identifying Open Enrollment period and deadline, Effective Date of plan, Persons being added or dropped from the policy. |
| **Open Or Special Enrollment At Marketplace** | **ADD:** Employee may elect coverage for Employee, Spouse, or Dependent(s) provided OE is after KEHP OE.  
**DROP:** Employee may revoke election for Self, Spouse, and Dependent(s) provided the revocation corresponds to intended enrollment of Employee/Spouse/Dependent in coverage through the Exchange that is effective no later than the day after the last day of Employer-provided coverage. | **Additional Documents:**  
- Health Insurance  
- Documentation from Exchange insurer or the Exchange showing the person(s) covered and the effective date of coverage and a confirmation printout or letter from the Exchange showing the coverage was purchased through the Exchange.  
Coverage through the Exchange must be effective no later than the day after the last day of Employer-provided coverage. |
| **Loss of Health Coverage** |  
**Loss of eligibility for health coverage sponsored by a governmental or educational institution (Medicaid, KCHIP, Medicare)**  
**ADD:** Employee may enroll or increase Coverage Level for Employee, Spouse, or Dependent if Employee, Spouse, or Dependent loses group health coverage sponsored by governmental or educational institution. Prospective change only.  
**Additional Documents (if applicable):**  
- Medicaid & KCHIP  
- MET form  
- Medicare  
- Notification from Medicare |  
**Loss of eligibility for individual health coverage (marketplace)**  
**ADD:** Employee may enroll or increase Coverage Level for Employee, Spouse, or Dependent if Employee, Spouse, or Dependent loses group health coverage sponsored by governmental or educational institution. Prospective change only.  
**Additional Documents:**  
- Proof of loss of eligibility from Marketplace  
- Health Insurance |  
**Loss of group health coverage**  
**ADD:** Employee may elect coverage for Employee, Spouse, or Dependent who has lost other coverage if: (a) The Employee or Dependent was covered under a group health plan or had Health Insurance coverage at the time coverage was previously offered to the Employee or Dependent.  
**Additional Documents:**  
- Health Insurance  
- Notification from employer, on employer’s letterhead or via electronically, identifying the coverage termination date, the reason for coverage termination, and the person(s) covered by the policy; or a letter from the insurance company showing the termination date, reason for termination, type of coverage, date of termination and person(s) covered. The reason provided must be one that permits a QE. For instance, loss of coverage for the failure to pay premium is not a valid QE; however, the loss of coverage because the employer ceased to offer coverage is a valid QE. |
| **Other** |  
**Special enrollment due to eligibility for state premium assistance subsidy from Medicaid or CHIP**  
**ADD:** Employee may elect coverage for Employee or Dependent who has become eligible for premium assistance subsidy from Medicaid or CHIP. Plan Option change may be made.  
**Additional Documents:**  
- Health Insurance |
<table>
<thead>
<tr>
<th>Event</th>
<th>Add/Drop</th>
<th>Additional Documents</th>
</tr>
</thead>
</table>
| Order requiring coverage for a child under employee’s plan – signed by a judge | **ADD:** Employee may change election to provide coverage for the child.                                             | • Health Insurance  
• Court Order  
See Dependent Eligibility Chart  |
| Order requiring coverage for a dependent child, due to a new order releasing the employee – signed by a judge | **DROP:** Employee may change election to terminate coverage for the child.                                        | • Health Insurance  
• Order signed by a judge                                                                 |
| Employee, spouse, or dependent becomes entitled to Medicare or Medicaid | **DROP:** Employee may elect to cancel or reduce coverage for Employee, Spouse, or Dependent as applicable.        | • Health Insurance  
• Copy of Medicare card (showing Part A and B Effective Dates) or Initial eligibility letter from Medicare Office  
• Medicaid Eligibility/Termination (MET) Form signed by the Division of Medicaid Services – Cabinet for Health and Family Services  |
| Employee Starts Military Leave (Unpaid)                               | **Leave:** Employee on military leave may either terminate coverage or continue coverage. To continue coverage, the employee must elect COBRA. If the employee does not continue health plan coverage by electing COBRA while performing military service, coverage will be suspended while the employee is on approved military service leave.  
**Return:** Employees returning from military service have the right to have their health benefits reinstated without any re-entry requirements (i.e. a waiting period).  
**ADD:** Employee may add Spouse or Dependent that returns from military duty leave upon their loss of TRICARE. | • Military Issued Orders or two forms of supporting documentation of military leave.  
• Enlistment papers/orders showing date Employee, Spouse or Dependent was called to duty and a letter from TRICARE showing when the member gained coverage through TRICARE.  |
| Employee Returns From Military Leave (Unpaid)                         |                                                                                                                  |                                                                                                       |
| Employee’s Spouse or Dependent begins Military Duty Leave             |                                                                                                                  |                                                                                                       |
| Employee’s Spouse or Dependent returns from Military Duty             |                                                                                                                  |                                                                                                       |
| Dependent ceases to satisfy eligibility requirements                  | **DROP:** A Spouse or Dependent who is incarcerated in prison, jail, or a custodial facility after having been convicted of a crime or offense is not eligible for coverage under KEHP. Employee may decrease or terminate election only for affected Dependent (or Spouse in the event of incarceration). Plan option change may be made.  
**ADD:** Dependents and Spouses who are released from prison, jail, or a custodial facility regain eligibility for coverage and may be added to the plan. |                                                                                                       |

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**DEPENDENT ELIGIBILITY AUDIT**

Alight is the Dependent/Spouse verification vendor for the Kentucky Employee Health Plans (KEHP). New dependents/spouses who are added during 2021 for New Retirees or Qualifying Events, will be required to submit verification documentation to Alight, a KEHP vendor. This documentation includes marriage certificates, birth certificates, court orders, tax forms, etc. Retirees will be working directly with Alight and KRS cannot submit the documents to Alight on your behalf. If verification is not provided the dependent/spouse will be removed from the plan. If the dependent/spouse was previously verified by the Alight audit in 2020 they will not receive a request from Alight.
<table>
<thead>
<tr>
<th>Definition of Eligible Dependent(s)</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spouse:</strong> A person who is legally married to an Employee or Retiree.</td>
<td>A legible photocopy of the marriage certificate or a legible photocopy of the top half of the front page of the Employee/Retiree’s most recent federal tax return (Form 1040).</td>
</tr>
<tr>
<td><strong>Common Law Spouse:</strong> A person with whom you have established a common law union in a state which recognizes common law marriage (Kentucky does not recognize common law marriage).</td>
<td>A legible photocopy of the certificate or affidavit of common law marriage from a state that does recognize common law marriage.</td>
</tr>
</tbody>
</table>
| **Child Age 0 to 25:** In the case of a child who has not yet attained his or her 26th birthday, “child” means an individual who is –  
  • A son, daughter, stepson, or stepdaughter of the Employee/Retiree, or  
  • An eligible foster child of the Employee/Retiree (eligible foster child means an individual who is placed with the Employee/Retiree by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction and includes court awards of guardianship or custody), or  
  • An adopted child of the Employee/Retiree (a legally adopted individual of the Employee/Retiree, or an individual who is lawfully placed with the Employee/Retiree for legal adoption by the Employee/Retiree). | **Natural Child:** A legible photocopy of the child’s birth certificate showing the name of the Employee/Retiree as a parent, or a copy of the footprint certificate from the hospital indicating baby and parent’s name, or verification of the birth document from the hospital indicating the names of the baby and parent.  
**Step Child:** A legible photocopy of the child’s birth certificate showing the name of the Employee/Retiree’s Spouse as a parent; a legible copy of the marriage certificate showing the names of the Employee/Retiree and the Spouse; and a photocopy of the top half of the front page of the Employee/Retiree’s most recent federal tax return (Form 1040).  
**Legal Guardian, Adoption, or Foster Child(ren):** Legible photocopies of court orders, guardianship documents, or affidavits of dependency, with the presiding judge’s signature and filed status; or legible adoption or legal placement decrees with the presiding judge’s signature; or a petition for adoption; or notarized or official placement papers from an adoption/placement agency (no judge’s signature required). |
| **Disabled Dependent:** A Dependent child who is totally and permanently disabled may be covered by KEHP beyond the end of the month in which he/she turns 26, provided the disability (a) started before his/her 26th birthday and (b) is medically-certified in writing by a physician. A Dependent child will be considered totally and permanently disabled if, in the judgment of KEHP’s medical Third Party Administrator (Anthem), the written certification adequately demonstrates that the Dependent child is unable to engage in any substantial gainful activity by reason of medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months. A Dependent child who is not already covered by KEHP at the time of his/her 26th birthday may not later be enrolled in KEHP on grounds of total and permanent disability unless and until he/she sustains a loss of other insurance coverage. In such a case, a request to enroll a Dependent child in KEHP on grounds of total and permanent disability must be made no later than 35 calendar days following the loss of other insurance coverage. | **Anthem certifies all disabled Dependents based on medical necessity and Member’s financial responsibility for the Dependent. Contact the Enrollment Information Branch at 502-564-1205 for more information. Dependents under age 26 will be enrolled by EIB as a disabled Dependent and Anthem will initiate disabled Dependent certification process. Dependent over age 26, EIB receives request from Member based on loss of other insurance coverage and requests Anthem to initiate disabled Dependent certification process.** |

**Note:** The information contained in this book is for reference only. Final determination of a Qualifying Event will be made at the discretion of the most recent Department of Employee Insurance Administration Manual and takes precedence over information listed in this guide. If you have further questions about whether a life event is or is not a Qualifying Event, please contact KRS at 1-800-928-4646.
### Plan Year 2021 RETIREE HEALTH INSURANCE ENROLLMENT/CHANGE FORM

#### Section 1: To Be Completed by Insurance Coordinator

**KRS Personnel Number** | **Hazardous Duty** | **Date of Retirement** | **Qualifying Event Date** | **Coverage Effective Date**
---|---|---|---|---
KRS | 80000 | 10006416 | 85000 | 10006418 |
KCTCRS | | | 81000 | 10006417 |
JRP | | | 86000 | 10006419 |
LRP | | | 87000 | 10006420 |

**Reason(s) for Application:**
- Open Enrollment
- New Retiree
- Returning Retiree
- Returning 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
- Other

**Termination:**
- Coverage End Date

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

<table>
<thead>
<tr>
<th>Retiree's SSN</th>
<th>Retiree's Name (Last, First, MI)</th>
<th>Retiree's Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant's SSN</td>
<td>Applicant's Name (Last, First, MI)</td>
<td>Applicant's Date of Birth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Primary Phone #</th>
<th>Secondary Phone #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, ZIP</th>
<th>Home County</th>
<th>Home Email Address</th>
</tr>
</thead>
</table>

**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)

<table>
<thead>
<tr>
<th>Spouse's SSN</th>
<th>Spouse's Name (Last, First, MI)</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Sex</th>
</tr>
</thead>
</table>

**Married:** Yes | No

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

<table>
<thead>
<tr>
<th>Spouse's Date of Hire/Retirement</th>
<th>Spouse's Organizational Unit #</th>
<th>Spouse's Company #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Spouse's Home Email Address</th>
<th>Spouse Work Email Address</th>
</tr>
</thead>
</table>

#### Section 4: Dependent Information

**Changes or Current (Circle one)**

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

<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>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>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>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>Add</td>
<td>Drop</td>
<td>Remain</td>
</tr>
</tbody>
</table>

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2021 Retirement Health Insurance Enrollment/Change Form/ Page 1 of 2 - 08/26/2020
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 - Verification documents may be required; check with your Insurance Coordinator or HR office.  
Note: If adding newly covered dependents you may be required to provide verification documents to Alight, the dependent audit vendor. Alight will contact you if verification documents are required.

☐ 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  

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
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.

The Form 6256 DOES NOT enroll you or your dependents in a health insurance plan. The Form 6256 DOES NOT remove you or your dependents from a health insurance plan. This form ONLY 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>
</tbody>
</table>

Is this a new address?  ○ Yes  ○ No

<table>
<thead>
<tr>
<th>Phone (select type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Mobile</td>
</tr>
<tr>
<td>○ Home</td>
</tr>
<tr>
<td>○ Work</td>
</tr>
</tbody>
</table>

Email:

**Spouse Information**

<table>
<thead>
<tr>
<th>Spouse Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number:</td>
</tr>
</tbody>
</table>

| Spouse Date of Birth: |

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>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number:</td>
</tr>
</tbody>
</table>

| Dependent Child Date of Birth: |

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip Code:</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
### 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*
- ○ 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: ________________________________

---

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

## Kentucky Retirement Systems

<table>
<thead>
<tr>
<th>Days</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday - Friday</td>
<td>1260 Louisville Road, Frankfort, KY 40601</td>
<td>1-800-928-4646</td>
</tr>
</tbody>
</table>


## KEHP Enrollment Hotline

<table>
<thead>
<tr>
<th>Hotline Number</th>
<th>Contact Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>888-581-8834 or 502-564-6534</td>
<td>kehp.ky.gov</td>
</tr>
</tbody>
</table>

## Personnel Cabinet

<table>
<thead>
<tr>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>personnel.ky.gov</td>
<td>502-564-6534</td>
</tr>
</tbody>
</table>

## KEHP

<table>
<thead>
<tr>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>kehp.ky.gov</td>
<td>502-564-6534</td>
</tr>
</tbody>
</table>

## Well-being Website

<table>
<thead>
<tr>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEHPLivingWell.com</td>
<td>502-564-6534</td>
</tr>
</tbody>
</table>

## KEHP Vendors

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Vendor</th>
<th>Phone</th>
<th>Website/Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance Benefits</td>
<td>Anthem</td>
<td>844-402-5347</td>
<td>Anthem.com/kehp</td>
</tr>
<tr>
<td>Prescription Benefits</td>
<td>CVS/Caremark</td>
<td>866-601-6934</td>
<td>Caremark.com</td>
</tr>
<tr>
<td>Well-being Information</td>
<td>StayWell/WebMD Well-being</td>
<td>866-746-1316</td>
<td>KEHPLivingWell.com</td>
</tr>
<tr>
<td>Shopper Discounts</td>
<td>Vitals SmartShopper</td>
<td>855-869-2133</td>
<td>SmartShopper.com</td>
</tr>
<tr>
<td>HRA Benefits</td>
<td>HealthEquity/WageWorks</td>
<td>877-430-5519</td>
<td>Wageworks.com/kehp</td>
</tr>
</tbody>
</table>

## Other Important Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Contact Information</th>
<th>Website/Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>LiveHealth Online</td>
<td>Online Medical Psychology and Psychiatry</td>
<td>888-548-3432 Anthem.com/kehp</td>
</tr>
<tr>
<td>24/7 Nurseline</td>
<td>24/7 Nurseline</td>
<td>877-636-3720</td>
</tr>
<tr>
<td>24/7 Substance Use</td>
<td>Substance Use Disorder telephone resource line</td>
<td>855-873-4931</td>
</tr>
<tr>
<td>Personal Health</td>
<td>Personal Health Consultants</td>
<td>844-402-5347</td>
</tr>
<tr>
<td>Rethink</td>
<td>Behavioral</td>
<td>800-714-9285 Rethinkbenefits.com</td>
</tr>
<tr>
<td>Solera</td>
<td>Diabetes Prevention Program</td>
<td>844-206-3728 solera4me.com/kehp</td>
</tr>
<tr>
<td>KY Deferred Comp</td>
<td>Deferred Comp</td>
<td>800-542-2667 kentuckyplans.com</td>
</tr>
</tbody>
</table>

## Retirement Systems

<table>
<thead>
<tr>
<th>Questions</th>
<th>Contact Information</th>
<th>Website/Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>LRP and JRP Retiree Questions</td>
<td>Judicial Retirement Plan and Legislators’ Retirement Plan</td>
<td>502-564-5310</td>
</tr>
<tr>
<td>KCTCS Retiree Questions</td>
<td>Kentucky Community and Technical College System Retirement</td>
<td>859-256-3100</td>
</tr>
<tr>
<td>KRS Retiree Questions</td>
<td>Kentucky Retirement Systems</td>
<td>800-928-4646 502-696-8800 kyret.ky.gov</td>
</tr>
<tr>
<td>TRS Retiree Questions</td>
<td>Teachers’ Retirement System</td>
<td>800-618-1687 502-848-8500 trs.ky.gov</td>
</tr>
<tr>
<td>Plan Options</td>
<td>LivingWell CDHP</td>
<td>LivingWell PPO</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------</td>
<td>---------------</td>
</tr>
<tr>
<td>In-Network</td>
<td>Out of Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>Lifetime Maximum</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>
</tr>
<tr>
<td>Annual Deductible</td>
<td>Single $1,500</td>
<td>Single $2,750</td>
</tr>
<tr>
<td></td>
<td>Family $2,750</td>
<td>Family $5,250</td>
</tr>
<tr>
<td></td>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
</tr>
<tr>
<td></td>
<td>Health Reimbursement Arrangement (HRA)</td>
<td>Single $500; Family $1,000</td>
</tr>
<tr>
<td></td>
<td>Annual Deductible</td>
<td>Single $1,500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family $2,750</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lifetime Maximum</td>
</tr>
<tr>
<td></td>
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<td></td>
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<td>Single $1,500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family $2,750</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lifetime Maximum</td>
</tr>
<tr>
<td></td>
<td>Health Reimbursement Arrangement (HRA)</td>
<td>Single $500; Family $1,000</td>
</tr>
<tr>
<td></td>
<td>Annual Deductible</td>
<td>Single $1,500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family $2,750</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lifetime Maximum</td>
</tr>
<tr>
<td></td>
<td>Health Reimbursement Arrangement (HRA)</td>
<td>Single $500; Family $1,000</td>
</tr>
<tr>
<td></td>
<td>Annual Deductible</td>
<td>Single $1,500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family $2,750</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lifetime Maximum</td>
</tr>
<tr>
<td></td>
<td>Health Reimbursement Arrangement (HRA)</td>
<td>Single $500; Family $1,000</td>
</tr>
<tr>
<td></td>
<td>Annual Deductible</td>
<td>Single $1,500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family $2,750</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lifetime Maximum</td>
</tr>
<tr>
<td></td>
<td>Health Reimbursement Arrangement (HRA)</td>
<td>Single $500; Family $1,000</td>
</tr>
<tr>
<td></td>
<td>Annual Deductible</td>
<td>Single $1,500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family $2,750</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lifetime Maximum</td>
</tr>
</tbody>
</table>

Deductibles & Out-of-Pocket Maximums for In-Network and Out-of-Network providers accumulate separately and do not cross apply.

**Co-Insurance**
- Plan: 85% Member: 15%
- Plan: 60% Member: 40%
- Plan: 80% Member: 20%
- Plan: 70% Member: 30%
- Plan: 50% Member: 50%
- Plan: 40% Member: 60%

**Annual Prescription Drug Out-of-Pocket Maximum***
- Combined with Medical
- Combined with Medical
- Single $2,500 Family $5,000
- Single $5,000 Family $10,000
- Single $2,500 Family $5,000
- Single $5,000 Family $10,000

**30-Day Supply of Prescriptions***
- Tier 1 - Generic
- Tier 2 - Formulary
- Deductible then 15%
- Deductible then 40%
- $15
- $40
- $30
- $80
- Deductible then 30%
- Deductible then 50%
- Deductible then 50%
- Deductible then 60%
- Deductible then 50%
- Deductible then 60%

**90-Day Supply (Retail or Mail Order)***
- Tier 1 - Generic
- Tier 2 - Formulary
- Deductible then 15%
- Not Covered
- $30
- $80
- Not Covered
- Deductible then 30%
- Deductible then 50%
- Deductible then 50%
- Not Covered
- Deductible then 50%
- Deductible then 60%
- Deductible then 50%
- Deductible then 60%

**Physician Care (Inpatient/Outpatient/Other)**
- Deductible then 15%
- Deductible then 40%
- Deductible then 20%
- Deductible then 40%
- Deductible then 30%
- Deductible then 50%
- Deductible then 60%
- Deductible then 50%
- Deductible then 60%

**Diagnostic Tests*** In Doctor’s Office
- Deductible then 15%
- Deductible then 40%
- Deductible then 20%
- Deductible then 40%
- Deductible then 30%
- Deductible then 50%
- Deductible then 60%
- Deductible then 50%
- Deductible then 60%

**Other Laboratory**
- Deductible then 15%
- Deductible then 40%
- Deductible then 20%
- Deductible then 40%
- Deductible then 30%
- Deductible then 50%
- Deductible then 60%
- Deductible then 50%
- Deductible then 60%

**In-Patient Hospital (Semi-Private Room)**
- Deductible then 15%
- Deductible then 40%
- Deductible then 20%
- Deductible then 40%
- Deductible then 30%
- Deductible then 50%
- Deductible then 60%
- Deductible then 50%
- Deductible then 60%

**Outpatient Hospital/Surgery**
- Deductible then 15%
- Deductible then 40%
- Deductible then 20%
- Deductible then 40%
- Deductible then 30%
- Deductible then 50%
- Deductible then 60%
- Deductible then 50%
- Deductible then 60%

**Outpatient/ Ambulatory Surgery Center**
- Deductible then 15%
- Deductible then 40%
- Deductible then 20%
- Deductible then 40%
- Deductible then 30%
- Deductible then 50%
- Deductible then 60%
- Deductible then 50%
- Deductible then 60%
<table>
<thead>
<tr>
<th>Plan Options</th>
<th>LivingWell CDHP</th>
<th>LivingWell PPO</th>
<th>LivingWell Basic CDHP</th>
<th>LivingWell Limited</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>Emergency Room (Benefit for emergency medical treatment only)</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>Covered at 100%</td>
<td>Covered at 100%</td>
<td>Covered at 100%</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td>Routine Well Child</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
</tr>
<tr>
<td>Routine Well Adult</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
</tr>
<tr>
<td>Autism Services</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
</tr>
<tr>
<td>Allergy Injections</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
</tr>
<tr>
<td>Allergy Serum</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
</tr>
<tr>
<td>Maturity Care (See Medical Benefit Booklet for Specifics)</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
</tr>
<tr>
<td>Allergy Services</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
</tr>
<tr>
<td>Therapy Services (Physical, Occupational, Speech)</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
</tr>
<tr>
<td>Chiropractic Care (Manipulation Therapy)</td>
<td>$25 Co-Pay*</td>
<td>Deductible then 40%</td>
<td>Deductible then 40%</td>
<td>Deductible then 40%</td>
</tr>
<tr>
<td>Vision Care (Excluding Contacts)</td>
<td>Deductible then 40%</td>
<td>Deductible then 40%</td>
<td>Deductible then 40%</td>
<td>Deductible then 40%</td>
</tr>
<tr>
<td>Hearing Aid (If Insured)</td>
<td>Deductible then 40%</td>
<td>Deductible then 40%</td>
<td>Deductible then 40%</td>
<td>Deductible then 40%</td>
</tr>
<tr>
<td>Deductible then 40%</td>
<td>Deductible then 40%</td>
<td>Deductible then 40%</td>
<td>Deductible then 40%</td>
<td>Deductible then 40%</td>
</tr>
</tbody>
</table>

Notes:
- You can refer to the Summary of Benefits and Coverage (SBC) for more information. The SBC has made every effort to ensure the accuracy of the information outlined in this Benefits Grid. If an error has occurred, the benefits outlined may not be accurate.
- 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.
- Out-of-pocket maximums for in-network and out-of-network providers accumulate separately and do not cross-apply.
- For the LivingWell CDHP, LivingWell Basic and LivingWell Limited High-Deductible plans, certain drugs to treat diabetes, COPD, and asthma are subject to reduced co-pays with no deductibles. Select preventive/ maintenance drugs bypass the deductible. For the LivingWell PPO only, certain drugs to treat diabetes, COPD, and asthma are subject to reduced copays with no deductibles.
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 Contributions. 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 Contributions 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.)
1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2021.

<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>$732.26</td>
<td>$1,011.78</td>
<td>$1,383.08</td>
<td>$1,545.50</td>
<td>$846.00</td>
</tr>
<tr>
<td>LivingWell PPO</td>
<td>$753.76</td>
<td>$1,075.44</td>
<td>$1,653.10</td>
<td>$1,841.08</td>
<td>$907.84</td>
</tr>
<tr>
<td>LivingWell Limited High Deductible Plan</td>
<td>$626.48</td>
<td>$892.76</td>
<td>$1,374.22</td>
<td>$1,530.02</td>
<td>$753.62</td>
</tr>
<tr>
<td>LivingWell Basic CDHP</td>
<td>$704.08</td>
<td>$970.78</td>
<td>$1,501.56</td>
<td>$1,673.40</td>
<td>$825.88</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 on 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>$732.26</td>
<td>$753.76</td>
<td>$626.48</td>
<td>$704.08</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>$565.32</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>120 - 179 months</td>
<td>$376.88</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48 - 119 months</td>
<td>$188.44</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 - 47 months</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTICE: Nonhazardous Retirees who elect the LivingWell CDHP, LivingWell PPO or LivingWell Basic CDHP with a coverage level of Parent Plus, Couple, Family or Family Cross Reference: The Maximum Contribution allowed for the LivingWell CDHP is $732.26, the Maximum Contribution allowed for the LivingWell PPO is $753.76 and the Maximum Contribution allowed for the LivingWell Basic CDHP is $704.08. Retirees and beneficiaries may also contact the retirement office for assistance in determining insurance costs.

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.

<table>
<thead>
<tr>
<th>Tobacco Status</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-tobacco user</td>
<td>$0.00</td>
</tr>
<tr>
<td>Retiree or beneficiary uses tobacco selecting Single coverage</td>
<td>$40.00</td>
</tr>
<tr>
<td>Retiree or beneficiary uses tobacco selecting Family, Parent Plus, or Couple coverage</td>
<td>$80.00</td>
</tr>
</tbody>
</table>

4. LivingWell Promise

Select one. If you did not fulfill the LivingWell Promise for plan year 2020, you will be required to pay the amount in Box 4 in 2021.

<table>
<thead>
<tr>
<th>Promise Status</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promise Completed</td>
<td>$0.00</td>
</tr>
<tr>
<td>Applicant failed to complete Promise</td>
<td>$40.00</td>
</tr>
</tbody>
</table>

* 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

Please see page 17 for more Information Changes and contribution information.

1. Select Plan
Select one. Determine your monthly premium beginning January 1, 2021.

<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>$732.26</td>
<td>$1,011.78</td>
<td>$1,383.08</td>
<td>$1,545.50</td>
<td>$846.00</td>
</tr>
<tr>
<td>LivingWell PPO</td>
<td>$753.76</td>
<td>$1,075.44</td>
<td>$1,653.10</td>
<td>$1,841.08</td>
<td>$907.84</td>
</tr>
<tr>
<td>LivingWell Limited High Deductible Plan</td>
<td>$626.48</td>
<td>$892.76</td>
<td>$1,374.22</td>
<td>$1,530.02</td>
<td>$753.62</td>
</tr>
<tr>
<td>LivingWell Basic CDHP</td>
<td>$704.08</td>
<td>$970.78</td>
<td>$1,501.56</td>
<td>$1,673.40</td>
<td>$825.88</td>
</tr>
</tbody>
</table>

* Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KRS. 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 spouses 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>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>240+ months</td>
<td>$753.76</td>
</tr>
<tr>
<td>180 - 239 months</td>
<td>$565.32</td>
</tr>
<tr>
<td>120 - 179 months</td>
<td>$376.88</td>
</tr>
<tr>
<td>48 - 119 months</td>
<td>$188.44</td>
</tr>
<tr>
<td>0 - 47 months</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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 17). A Birth certificate or other supporting documentation will be required if not on file with KRS.

SPOUSE: You MUST complete Form 6256 (page 15). 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 17.

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 Only†</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>$321.68</td>
<td>$899.34</td>
<td>$1,087.32</td>
<td>$1,061.92</td>
</tr>
<tr>
<td>180 - 239 months</td>
<td>$241.26</td>
<td>$674.51</td>
<td>$815.49</td>
<td>$796.44</td>
</tr>
<tr>
<td>120 - 179 months</td>
<td>$160.84</td>
<td>$449.67</td>
<td>$543.66</td>
<td>$530.96</td>
</tr>
<tr>
<td>48 - 119 months</td>
<td>$80.42</td>
<td>$224.84</td>
<td>$271.83</td>
<td>$265.48</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>

† 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 2020, you will be required to pay amount in Box 5 in 2021.

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
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.

<table>
<thead>
<tr>
<th>Non-tobacco user</th>
<th>+$0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree or beneficiary uses tobacco selecting Single coverage</td>
<td>+$40.00</td>
</tr>
<tr>
<td>Retiree or beneficiary uses tobacco selecting Family, Parent Plus, or Couple coverage</td>
<td>+$80.00</td>
</tr>
</tbody>
</table>

5. LivingWell Promise
Select one, based upon enrollment in LivingWell Plan. If you did not fulfill the LivingWell Promise for plan year 2020, you will be required to pay amount in 2021.

<table>
<thead>
<tr>
<th>Promise Completed</th>
<th>+$0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant failed to complete Promise</td>
<td>+$40.00</td>
</tr>
</tbody>
</table>

Total Monthly Premium
Subtotal (Box 1 - Box 2 - Box 3) + Box 4 +Box 5 = Total

For service in a nonhazardous position, you will receive a monthly dollar contribution of $13.78 for each year of service per month. The dollar contribution will increase by 1.5% on July 1st.

i.e. if you began participating September 1, 2003 in a nonhazardous position, and retired effective October 1, 2013, you would receive $137.80 per month towards health insurance premiums.

For service in a hazardous position, you will receive a monthly contribution of $20.68 for each year of service per month. The dollar contribution will increase by 1.5% on July 1st.

i.e. if you began participating September 1, 2003 in a hazardous position, and retired effective October 1, 2013 you would receive $206.80 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.

i.e. if you began participating September 1, 2003 in a nonhazardous position until September 30, 2008 (5 years x $13.78 = $68.90), and then began participating October 1, 2008 in a hazardous position, and retired effective November 1, 2013 (5 years x $20.68 = $103.40), you will receive $172.30 per month towards health insurance premiums ($68.90 + $103.40 = $172.30).

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.

i.e. 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 $137.80 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 also receiving a monthly retirement benefit that qualifies you to receive a Health Insurance Dollar contribution, please contact the Retirement office for help calculating your cost.
DOLLAR CONTRIBUTION
Premium Calculation Worksheet

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 on or 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
Select one. Determine your monthly premium beginning January 1, 2021.

<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>$732.26</td>
<td>$1,011.78</td>
<td>$1,383.08</td>
<td>$1,545.50</td>
<td>$846.00</td>
</tr>
<tr>
<td>LivingWell PPO</td>
<td>$753.76</td>
<td>$1,075.44</td>
<td>$1,653.10</td>
<td>$1,841.08</td>
<td>$907.84</td>
</tr>
<tr>
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<td>$892.76</td>
<td>$1,374.22</td>
<td>$1,530.02</td>
<td>$753.62</td>
</tr>
<tr>
<td>LivingWell Basic CDHP</td>
<td>$704.08</td>
<td>$970.78</td>
<td>$1,501.56</td>
<td>$1,673.40</td>
<td>$825.88</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>X</th>
<th>FULL Years of Nonhazardous Service</th>
<th>=</th>
<th>BOX 2 TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>$13.78</td>
<td></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>X</th>
<th>FULL Years of Hazardous Service =</th>
<th>BOX 3 TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20.68</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

Your Subtotal before fees
This publication is written in plain language for use by public employers and employees who are subject to coverage under the Kentucky Retirement Systems. It is not intended as a substitute for federal or state law, namely the Kentucky Revised Statutes, the Kentucky Administrative Regulations, or the Internal Revenue Code, nor will its interpretation prevail should a conflict arise between it and the Kentucky Revised Statutes, Kentucky Administrative Regulations, or Internal Revenue Code. Rules governing the retirement system are subject to change periodically either by statute of the Kentucky General Assembly, regulation of the Kentucky Retirement Systems, or regulation of the Internal Revenue Code. If you have questions about this material, please contact our office or seek legal advice from your attorney. Notwithstanding the foregoing, upon the discovery of any error or omission in system records, the system shall correct all records including but not limited to, membership in the system, service credit, member and employer contributions, and benefits paid and payable. See KRS 61.685.