

OPEN ENROLLMENT PLAN YEAR 2022

Health Insurance Open Enrollment Materials for Retirees



Enrollment is not required.

If you do not submit an enrollment form, you will continue with the same health insurance benefit for 2022 as you have for 2021.



YEARLY REQUIREMENT

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



Living Well Promise

All plans include the Promise for 2022

All planholders **MUST** take the Health Assessment or complete a biometric screening.



NOTICE

This is a summary of Open Enrollment information for Plan Year 2022. Detailed information can be found on our website at KYRET.KY.GOV

VIRTUAL AND PHONE COUNSELING AVAILABLE BY APPOINTMENT

Call KPPA at 1-800-928-4646 to schedule an appointment or speak to a counselor.



**Kentucky Public
Pensions Authority**



CERS
Commonwealth Employees Retirement System



KERS
Kentucky Employees Retirement System



SPRS
State Police Retirement System

As of April 1, 2021 the agency formerly known as Kentucky Retirement Systems is now the Kentucky Public Pensions Authority (KPPA), as legislated by House Bill 484 during the 2020 Regular Session of the General Assembly.

What You Need to Know for 2022

This is NOT a mandatory enrollment.

If you do not complete an enrollment form for 2022, you will be automatically enrolled in the same plan at the same coverage level (e.g., single, parent plus, couple or family) you have in 2021.

2022 OPEN ENROLLMENT HIGHLIGHTS

Open Enrollment is October 1 - 31, 2021

Health insurance plan options are the same as 2021. There is approximately a 3% premium increase for Plan Year 2022 for all plans offered. Depending on your individual account, your cost may not increase. Please refer to the worksheets on pages 4-7 to determine your cost for 2022.

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.
- If you are currently enrolled in a health insurance plan in 2021 and would like to waive your coverage in 2022.

ENROLL ONLINE AT KYRET.KY.GOV

If you need to make a change to your coverage for 2022, an online enrollment form is required. Enroll on your computer, phone, or tablet with Self Service. Go to [KYRET.KY.GOV](https://kyret.ky.gov) and click LOGIN.



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, 2021.

NOTICE

You are not eligible to enroll in the KEHP plans if you are Medicare eligible for any reason. Please call KPPA at 1-800-928-4646 for questions about the Medicare eligible health insurance benefit.

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.

CROSS REFERENCE

If you are cross-referencing, a paper enrollment form is no longer required. You may submit your enrollment form online.

LIVINGWELL PROMISE

All plan holders who are 18 or older are required to fulfill the LivingWell Promise.

YOUR COST FOR COVERAGE

In order to determine your cost for coverage in 2022, please refer to the guides on pages 4-7. Visit our website for additional information and examples.

ENROLL WITH ONE RETIREMENT SYSTEM

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

ONLINE RESOURCES AT KYRET.KY.GOV

2022 Plan Information: See page 3.

Self Service: Click LOGIN to access your account and submit your enrollment form.

Webinars: Please check our website for the October webinar schedule.

Videos: Go to Retirees > Retiree Outreach > Videos.

KEHP Tobacco User Fee, Disclosures & Legal

Declarations: To view these documents online, use your mobile phone camera to scan the QR code on page 3 or from our homepage go to Retirees and select Insurance, then Non-Medicare Plan Year 2022.

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

Changing or Canceling Your Benefits: Read more about qualifying events on our website. Go to Retirees and select Insurance, then Qualifying Events.

Employment after Retirement: Go to Retirees and select Reemployment after Retirement.

What You Need to Know for 2022

Plan Highlights

Pick from four health insurance plan options with minimal increases for 2022. You can access the benefits grid and details for each plan on our website at KYRET.KY.GOV. To view these documents online, use your mobile phone camera to scan the QR code or from our homepage go to Retirees and select Insurance, then Non-Medicare Plan Year 2022.



NEW FOR 2022

- Covered dependent spouses can participate in the wellness program and earn up to \$100 in engagement rewards. Members who waive health insurance are no longer eligible to participate in the wellness program.
- Be on the lookout for your new ID cards coming in the mail after open enrollment.

LIVINGWELL CDHP

- In-network member co-insurance increase from 15% to 20%.
- Out-of-network member co-insurance increase from 40% to 50%.

LIVINGWELL PPO

- In-network member co-insurance increase from 20% to 25%.
- Out-of-network member co-insurance increase from 40% to 50%.
- Generic pharmacy co-pay increase from \$15 to \$20 (30-day supply) and \$30 to \$40 (90-day supply).
- Zero cost share for members enrolled in the PrudentRx program for certain specialty drugs. Learn more about this program by visiting our website or call CVS Caremark at (866) 601-6934.

	LivingWell CDHP ¹	LivingWell PPO ²	LivingWell Basic CDHP ¹	LivingWell Limited High Deductible
The information below applies to In-Network Medical and Prescription benefits.				
HRA	Single \$500 Family \$1,000	No HRA	Single \$250 Family \$500	No HRA
Deductible	Single \$1,500 Family \$2,750	Single \$1,000 Family \$1,750	Single \$2,000 Family \$3,750	Single \$4,250 Family \$8,250
Out-of-pocket Maximum	Single \$3,000 Family \$5,750	Single \$3,000 Family \$5,750	Single \$4,000 Family \$7,750	Single \$5,250 Family \$10,250
Doctor's Visit	Deductible then 20%	Co-pay \$25; Specialist \$50	Deductible then 30%	Deductible then 50%
Co-insurance	20%	25%	30%	50%
Prescriptions 30-Day supply Value Formulary	Tier 1: Deductible then 20% Tier 2: Deductible then 20%	Tier 1: \$20 Tier 2: \$40*	Tier 1: Deductible then 30% Tier 2: Deductible then 30%	Tier 1: Deductible then 50% Tier 2: Deductible then 50%
Prescription Out of pocket maximum	Combined with Medical	Single \$2,500 Family \$5,000	Combined with Medical	Combined with Medical

* The co-insurance amount for specialty drugs is 30%. For members who participate in the PrudentRx program, the cost for specialty drugs is \$0. ¹Consumer-driven health plan ²Preferred provider organization

HAZARDOUS Percentage Contribution Premium Calculation Worksheet

Use this Health Insurance form if:

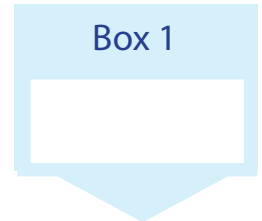
- You are Hazardous.
- Combined service of Hazardous and Nonhazardous.
- You are a retiree or a beneficiary receiving benefits.
- Your participation date with KPPA was **PRIOR** to July 1, 2003.

1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2022.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref*
LivingWell CDHP	\$750.30	\$1,036.40	\$1,453.30	\$1,623.94	\$866.72
LivingWell PPO	\$772.16	\$1,101.08	\$1,691.64	\$1,883.60	\$929.70
LivingWell Limited High Deductible Plan	\$642.02	\$914.78	\$1,407.32	\$1,566.78	\$772.32
LivingWell Basic CDHP	\$721.54	\$994.72	\$1,537.72	\$1,713.58	\$846.38

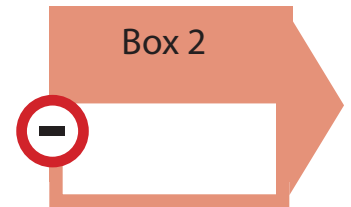
* Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KPPA. If Cross-Reference option is selected and the retiree has a surplus of contribution to cover the retiree's portion of the premium, it will be applied to the spouses portion of the premium.



2. Service Credit

Subtract the following, based upon your months of service.

Applicant's months of Service	Contribution
240+ months	\$772.16
180 - 239 months	\$579.12
120 - 179 months	\$386.08
48 - 119 months	\$193.04
0 - 47 months	\$0.00



**PLEASE READ THE
HAZ NOTICE
BEFORE CONTINUING
TO BOX 3**



HAZARDOUS DUTY RETIREES WITH HEALTH INSURANCE DEPENDENTS

Please visit our website at KYRET.KY.GOV for more information.

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 KPPA.

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

SPOUSE: You MUST complete Form 6256. A marriage certificate or other supporting documentation will be required if not on file with KPPA.

Note: 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.

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.

Hazardous Service Only ¹	Parent Plus	Couple	Family	Family X-Ref
240+ months	\$328.92	\$919.48	\$1,111.44	\$1,087.24
180 - 239 months	\$246.69	\$689.61	\$833.58	\$815.43
120 - 179 months	\$164.46	\$459.74	\$555.72	\$543.62
48 - 119 months	\$82.23	\$229.87	\$277.86	\$271.81
0 - 47 months	\$0.00	\$0.00	\$0.00	\$0.00

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

Box 3

-

Your Subtotal
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

Box 4

+

5. LivingWell Promise

Select one. If you did not fulfill the LivingWell Promise for Plan Year 2021, you will be required to pay amount in Box 5 in 2022.

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

Box 5

+

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

NONHAZARDOUS Percentage Contribution Premium Calculation Worksheet

Use this Health Insurance form if:

- You are Nonhazardous.
- 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, 2022.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref**
LivingWell CDHP	\$750.30	\$1,036.40	\$1,453.30	\$1,623.94	\$866.72
LivingWell PPO	\$772.16	\$1,101.08	\$1,691.64	\$1,883.60	\$929.70
LivingWell Limited High Deductible Plan	\$642.02	\$914.78	\$1,407.32	\$1,566.78	\$772.32
LivingWell Basic CDHP	\$721.54	\$994.72	\$1,537.72	\$1,713.58	\$846.38

** 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.

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 \$750.30, the Maximum Contribution allowed for the LivingWell PPO is \$772.16 and the Maximum Contribution allowed for the LivingWell Basic CDHP is \$721.54. Retirees and beneficiaries may also contact the retirement office for assistance in determining insurance costs.

2. Service Credit

Subtract the following, based upon your months of service.

Applicant's months of Service			
240+ months or more	Contribution based on Plan selected	LivingWell CDHP	\$750.30
		LivingWell PPO	\$772.16
		LivingWell Limited High Deductible Plan	\$642.02
		LivingWell Basic CDHP	\$721.54
180 - 239 months			\$579.12
120 - 179 months			\$386.08
48 - 119 months			\$193.04
0 - 47 months			\$0.00

Box 1

Box 2

Your Subtotal
Box 1 subtract
Box 2

3. Tobacco Status

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

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

4. LivingWell Promise

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

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

* KPPA 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 KPPA.

Box 3

Box 4

TOTAL
Monthly Premium
Box 1 subtract Box 2
+ Box 3 + Box 4

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 Health Insurance form if:

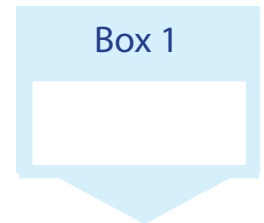
- You are either Hazardous or Nonhazardous
- You are a retiree or beneficiary* receiving benefits.
- You are Tier 1 with a participation date with KPPA **BETWEEN** July 1, 2003 and August 31, 2008. You must have a minimum of 120 months of service to be eligible for insurance benefits.
- You are Tier 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 for assistance.

1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2022.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref**
LivingWell CDHP	\$750.30	\$1,036.40	\$1,453.30	\$1,623.94	\$866.72
LivingWell PPO	\$772.16	\$1,101.08	\$1,691.64	\$1,883.60	\$929.70
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LivingWell Basic CDHP	\$721.54	\$994.72	\$1,537.72	\$1,713.58	\$846.38

** 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.



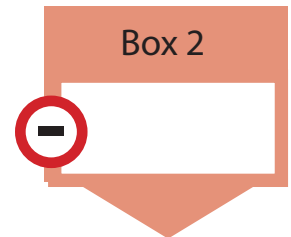
2. Nonhazardous Service Credit

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

Dollar Contribution Amount	X	FULL Years of Nonhazardous Service	=	BOX 2 TOTAL
\$13.99	X		=	

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

* KPPA 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 KPPA.

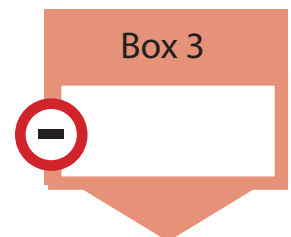


3. Hazardous Service Credit

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

Dollar Contribution Amount	X	FULL Years of Hazardous Service	=	BOX 3 TOTAL
\$20.99	X		=	

Calculate the KPPA 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.



Your Subtotal**

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



NOTICE **Please 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 your subtotal to determine your total monthly premium.

OPEN ENROLLMENT HOTLINE
1-888-581-8834 or 502-564-6534
Service is only available October 11-29, 2021

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

Open Enrollment Hours for Assistance

Monday, Oct. 11 – Friday, Oct. 15	7:30 am to 4:30 pm ET
Monday, Oct. 18 - Friday, Oct. 22	8:00 am to 6:30 pm ET
Monday, Oct. 25 - Friday, Oct. 29	8:00 am to 8:00 pm ET

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

KEHP keh.ky.gov Open Enrollment Hotline (888) 581-8834	WebMD Well-being KEHPLivingwell.ky.gov 866-746-1316
Anthem Health insurance anthem.com/keh (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



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

Website
KYRET.KY.GOV
 **@KYretirement**
 **@KYretire**

Legal Notice

If you have any questions about the material printed in this publication please contact Kentucky Public Pensions Authority (KPPA) at 1-800-928-4646. This publication is intended merely as a general information reference for members of KERS, CERS and SPRS. If you have any specific questions about the subjects covered by this publication, you should contact the retirement office. This publication is not intended as a substitute for applicable Federal or state law, nor will its interpretation prevail should a conflict arise between its contents and applicable Federal or state law. Before making decisions about your retirement, you should contact KPPA. Any person who knowingly makes a false record or statement to KPPA may be required to pay civil penalties, and legal costs and fees, in addition to repaying all benefits received.

09/2021