

# *Open Enrollment*

Health Insurance Open Enrollment Materials  
for Retirees **not eligible** for Medicare

Plan Year 2014



**MANDATORY ENROLLMENT**

**Application due October 31, 2013**

You **MUST** complete the enclosed KEHP Enrollment Application.

## Coverage For Persons Eligible For Medicare

If you and/or your dependent are eligible for Medicare, **you and/or your dependent must change your medical insurance coverage through the Kentucky Retirement Systems (KRS) for the plan year 2014.** The Kentucky Employee Health Plan is not designed to pay medical claims as a secondary payer to Medicare. If you are reemployed or have End Stage Renal Disease, please contact our office for further instructions.

When completing your Form 6200, for persons eligible for Medicare, the requested Medicare information should be copied directly from your Medicare card. If you have not received your card, you may be able to obtain the information from your local Social Security Administration office. **KRS requires a copy of your Medicare card accompany your application.**

When applying for a KRS Health Plan, it is assumed that Medicare Part A and Part B coverage has been obtained through the Social Security Administration office. Please be aware that failure to obtain Part B coverage may result in higher out-of-pocket medical expenses.

KRS will pay the same percentage of the monthly contribution rate toward your Medicare eligible coverage that is paid toward your current coverage. If KRS contributes toward a dependent's coverage, the same percentage will be contributed toward the dependent's plan. Any portion of the premium that exceeds what KRS pays will be deducted from your monthly benefit payment. If your portion of the premium exceeds your monthly benefit, you will be responsible for paying the additional amount owed every month.

If you have questions, you may contact our office at (502) 696-8800 or 1-800-928-4646. However, all questions concerning Medicare should be directed to your local Social Security Administration office.



## 2014 RETIREE HEALTH INSURANCE ENROLLMENT/CHANGE APPLICATION

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

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| KHRIS Personnel Number                            |  | Hazardous Duty                                      |  | Coverage Effective Date                           |  |
| <input type="checkbox"/> KRS<br>80000<br>10006416 | <input type="checkbox"/> KTRS<br>85000<br>10006418 | <input type="checkbox"/> KCTCS<br>81000<br>10006417 | <input type="checkbox"/> JRP<br>86000<br>10006419    | <input type="checkbox"/> LRP<br>87000<br>10006420 |  |
| <b>Reason for Application</b>                     |  |   |  | <b>Qualifying Event Date</b>                      |  |
| New Retiree                                       |  | Open Enrollment                                     |  | Qualifying Event (QE)                             |  |
|   |  |   |  | Other   |  |
| <b>Deletion of Dependent</b>                      |  |   | <b>Addition of Dependent</b>                         |   |  |
| <input type="checkbox"/> Divorce                  | <input type="checkbox"/> Gaining other Coverage    | <input type="checkbox"/> Marriage                   | <input type="checkbox"/> Loss of Other Coverage      |   |  |
| <input type="checkbox"/> Death                    | <input type="checkbox"/> Gaining Medicare/Medicaid | <input type="checkbox"/> Birth/Adoption             | <input type="checkbox"/> Loss of KCHIP/Medicaid      |   |  |
| <input type="checkbox"/> Loss of Eligibility      | <input type="checkbox"/> Other _____               | <input type="checkbox"/> Guardianship/Court Order   | <input type="checkbox"/> Re-establishing Eligibility |   |  |
|   |  |   | <input type="checkbox"/> Special Enrollment          |   |  |

### Section 2: Demographic Information

|   |       |                                  |                              |                         |                                 |
|---|-------|----------------------------------|------------------------------|-------------------------|---------------------------------|
| Retiree's SSN   |       | Retiree Name (Last, First, MI)   |                              | Retiree Date of Birth   |                                 |
| Applicant's SSN   |       | Applicant Name (Last, First, MI) |                              | Applicant Date of Birth |                                 |
| Street Address  |       | Home County                      | Home Phone Number            |                         | Home Email Address              |
| City, State, ZIP  |       |                                  | Cell Phone Number            |                         | Gender                          |
| City  | State | Zip Code                         |                              |                         | <input type="checkbox"/> Male   |
|   |       |                                  |                              |                         | <input type="checkbox"/> Female |
| Are you Medicare eligible due to Social Security Disability?  |       |                                  | <input type="checkbox"/> Yes |                         | <input type="checkbox"/> No     |
| Within the past 6 months, have you, a spouse, or dependent(s) 18 or over, to be covered under your insurance plan, used tobacco regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No |       |                                  |                              |                         |                                 |

### Section 3: Spouse/Dependent Information - Skip to section 4 if electing single coverage

**Spouse's Information**

|                        |  |                        |  |               |  |                                 |
|------------------------|--|------------------------|--|---------------|--|---------------------------------|
| Social Security Number |  | Name (Last, First, MI) |  | Date of Birth |  | Gender                          |
|                        |  |                        |  |               |  | <input type="checkbox"/> Male   |
|                        |  |                        |  |               |  | <input type="checkbox"/> Female |

Is Spouse Medicare eligible due to Social Security Disability?  Yes  No

**Cross-Reference Payment Option ONLY (LRP, JRP not eligible)**

1. Do you and your spouse utilize the cross-reference option? (two employees, married with child(ren))?  Yes

2. Within the past 6 months, have you, the spouse, used tobacco regularly?  Yes  No

|                            |                          |                          |                            |
|----------------------------|--------------------------|--------------------------|----------------------------|
| 3. Date of Hire/Retirement | 4. Organizational Unit # | 5. Spouse's Company Name | 6. Spouse's Company Number |
|----------------------------|--------------------------|--------------------------|----------------------------|

**Dependent(s) Information - If you need additional room for dependents, add them to another page and include it as part of the application**

|                                |                        |  |                                   |               |                                 |
|--------------------------------|------------------------|--|-----------------------------------|---------------|---------------------------------|
| Child 1 Social Security Number | Name (Last, First, MI) | <input type="checkbox"/> Natural       | <input type="checkbox"/> Foster   | Date of Birth | Gender                          |
|                                |                        | <input type="checkbox"/> Adopted       | <input type="checkbox"/> Step     |               | <input type="checkbox"/> Male   |
|                                |                        | <input type="checkbox"/> Court Ordered | <input type="checkbox"/> Disabled |               | <input type="checkbox"/> Female |
| Child 2 Social Security Number | Name (Last, First, MI) | <input type="checkbox"/> Natural       | <input type="checkbox"/> Foster   | Date of Birth | Gender                          |
|                                |                        | <input type="checkbox"/> Adopted       | <input type="checkbox"/> Step     |               | <input type="checkbox"/> Male   |
|                                |                        | <input type="checkbox"/> Court Ordered | <input type="checkbox"/> Disabled |               | <input type="checkbox"/> Female |
| Child 3 Social Security Number | Name (Last, First, MI) | <input type="checkbox"/> Natural       | <input type="checkbox"/> Foster   | Date of Birth | Gender                          |
|                                |                        | <input type="checkbox"/> Adopted       | <input type="checkbox"/> Step     |               | <input type="checkbox"/> Male   |
|                                |                        | <input type="checkbox"/> Court Ordered | <input type="checkbox"/> Disabled |               | <input type="checkbox"/> Female |

Are any dependents Medicare eligible due to Social Security Disability?  Yes  No If yes, who?

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Retiree's SSN

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Applicant's SSN

**Section 4: Plan Options**

LivingWell CDHP ----->  I AGREE to the LivingWell Promise

LivingWell PPO ----->  I AGREE to the LivingWell Promise

If you do NOT AGREE to the LivingWell Promise you must select a Standard plan option below

Standard PPO

Standard CDHP

**Section 5: Coverage Levels**

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

**Section 6: Waiving Health Insurance (no health insurance)**

No HRA - waiving insurance/not eligible/no employer-funding.    Reason for waiving?

**TOBACCO USE DECLARATION**

The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. As a part of the KEHP wellness program, KEHP provides a monthly discount in premium contribution rates for non-tobacco users. You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

**TOBACCO USE INFORMATION**

*Check the applicable box below:*

Within the past six months, have you, or a spouse or dependent to be covered under your insurance plan, used tobacco regularly?

Yes                       No

**NOTE:** Regularly means tobacco has been used four or more times per week on average excluding religious or ceremonial uses.

**NOTE:** "Tobacco" means all tobacco products including, but not limited to, cigarettes, pipes, chewing tobacco, snuff, dip, and any other tobacco products regardless of the frequency or method of use.

**NOTE:** "Dependent" means, for the purpose of the Tobacco Use Declaration, only those dependents who are 18 years of age or older.

By submitting this form, I certify the following:

1. I have truthfully checked the Yes or No box above that accurately reflects the use of tobacco products in the past six months regarding myself and persons to be covered as a spouse or dependent under my insurance plan.
2. I understand that the tobacco-user premium contribution rates will apply beginning January 1, 2014 if I answered "Yes" to the question above.
3. I understand that it is my responsibility to notify KEHP of any changes in my tobacco-use or that of my spouse or a dependent covered under my insurance plan, including notification to KEHP if all tobacco users become ineligible for coverage or are otherwise terminated during the plan year. Notification shall be made by completing a Tobacco Use Change Form.
4. I understand that if I or a spouse or dependent to be covered under my insurance plan currently use tobacco products and stop using tobacco products during the plan year, I will be eligible for the discount non-tobacco premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form certifying that neither I nor my spouse/dependent(s) regularly used tobacco products during the six months prior to completion of the Tobacco Use Change Form.
5. I understand that if I answered "No" to the question above and either I or a spouse or dependent covered under my insurance plan become a regular tobacco user at any time, I must notify KEHP and my contribution rates will be adjusted to the tobacco-user premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form.
6. I understand that this Tobacco Use Declaration is a part of my KEHP application for health insurance coverage. Any person who knowingly, and with the intent to defraud files an application for insurance containing any materially false information, or who conceals, for the purposes of misleading, information concerning any fact material to the application, commits a fraudulent insurance act which is a crime.
7. I understand that if I fail to complete this Declaration truthfully, KEHP may adjust my contribution rates retroactively to apply the applicable higher tobacco-user premium contribution rates. Upon written notification, I will pay to KEHP the difference between the tobacco-user and the non-tobacco user premium contribution rates for the period for which I falsely certified eligibility for the non-tobacco user premium contribution rates.
8. The KEHP offers monthly discounted premium contribution rates to non-tobacco users as a part of its wellness program. Each KEHP member has at least one opportunity per plan year to qualify for the discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees/retirees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at (888) 581-8834 or (502) 564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

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Retiree's SSN

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Applicant's SSN

Authorization and Certification for elections made by the planholder for health insurance coverage through the Kentucky Employees' Health Plan (KEHP or Plan), administered by the Department of Employee Insurance (DEI). My signature on this application for health insurance creates a legal and binding contract. By affixing my signature, I understand that:

- If I am electing a KEHP plan option during open enrollment, the plan will be effective the first day of the following plan year. If I am a new retiree electing a KEHP plan option outside of open enrollment, my plan will be effective upon my retirement and in accordance with my Retirement System's new retiree health insurance coverage rules.
- I have read and understand the 2014 KEHP Benefits Selection Guide (BSG). Plan rules and limitations are contained in the KEHP Summary Plan Descriptions (SPD) and the Summary of Benefits and Coverage (SBC).
- All KEHP benefits for my eligible dependents and me will be provided in accordance with the limitations in the SPDs, BSG, and SBCs. I will abide by all terms and conditions governing membership and receipt of services from the Plan in which I have enrolled and as set forth in the SPD. In the event of a conflict between the terms of coverage stated in the SPDs, the BSG, and the SBCs, the terms of coverage stated in the SPDs will govern.
- KEHP uses third parties, including Humana and Express Scripts, to provide certain administrative functions. KEHP may communicate with me directly or through these third parties about my coverage, my benefits, or health-related products or services provided by, or included in KEHP's plan of benefits.
- If my spouse and I elect the cross-reference payment option, we are planholders with family coverage, and upon a loss of eligibility by either spouse, the remaining planholder will default to a parent plus coverage level. The cross-reference payment option ceases upon loss of eligibility or employment by either spouse/planholder. (This option is not available to LRP/JRP retirees).
- I certify that each enrolled dependent meets KEHP eligibility requirements of a dependent as set forth in the SPD and in the BSG. DEI may require supporting documentation to verify the eligibility of any dependent enrolled or requesting to be enrolled in the Plan.
- The elections indicated by this application may not be changed or cancelled during the plan year without a permitted Qualifying Event.
- I authorize my Retirement System to deduct from my earnings the amount required to cover my share of the premium contribution for the plan(s) I have selected, including any arrears I may owe.
- I authorize KEHP to release my medical claims data to my Retirement System for use in data analysis and referral to available health related services upon their review.
- Any premium payment submitted to KEHP that I intend to be used to pay for my health insurance premium contributions will first be used to pay other priority debts that may be due and owing such as taxes and child support.
- I authorize my Retirement System to release the information in this application to the Social Security Administration. The information in this application may be used by the Social Security Administration to determine Medicare eligibility. I further acknowledge that Medicare eligibility will affect my participation in KEHP. I acknowledge that I have an ongoing affirmative duty to inform my Retirement System of any change in Medicare eligibility status for myself, my spouse, or my dependent(s).
- Generally, the four KEHP plan options must pay primary to Medicare. If I am retired and have Medicare as well as a group health plan from a former employer, Medicare will pay primary to my group health plan coverage.
- If my KEHP plan option includes a Health Reimbursement Account (HRA), my HRA may only reimburse me for medical expenses, as authorized by 26 U.S.C. Sections 105(b) and 213(d), that are incurred during the applicable coverage period. Pursuant to federal law, the cost of over-the-counter medicines (other than insulin and those prescribed by a doctor) may not be reimbursed through my HRA. I have a 90-day run-out period (until March 31) for reimbursement of eligible HRA expenses incurred during my period of coverage.
- Any unused amount remaining in my HRA at the end of the plan year may be carried forward to the next plan year.
- My HumanaAccessSM Visa® Card will be suspended if the required HRA claim verification is not sent to Humana within sixty (60) days after the card swipe. I agree to follow all rules and guidelines established by the Plan concerning the HumanaAccessSM Visa® Card. The Plan reserves the right to deny access to the card, require repayment, deduct/withhold from my earnings, and offset my HRA if I fail to properly substantiate a claim.
- The KEHP offers discounted premium contribution rates to non-tobacco users as a part of its wellness program. If either I or a spouse or dependent to be covered under my insurance plan have used tobacco regularly within the past six months, I will not qualify for the discounted premium contribution rates. Each KEHP member has at least one opportunity per plan year to qualify for the discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees/retirees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at 888-581-8834 or 502-564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.
- If I have chosen one of the KEHP LivingWell plan options, I agree to complete the KEHP LivingWell Promise by (1) completing my online HumanaVitality Health Assessment; and (2) keeping my contact information (i.e. mailing address, phone number, and email) current in KHRIS or, if I am a retiree, keeping my contact information current with my retirement system. If I am choosing a LivingWell plan option during open enrollment, I will complete the Health Assessment between January 1, 2014 – May 1, 2014. If I am a new retiree and I choose a LivingWell plan option outside of open enrollment, I will complete the Health Assessment within 90 days of my coverage effective date.
- I have rights under HIPAA regarding the protection of my health information. KEHP will comply with the HIPAA privacy and security rules, and uses and disclosures of my protected health information will be in accordance with federal law. KEHP may use and disclose such information to business associates or other third parties only in accordance with KEHP's Notice of Privacy Practices available at [kehp.ky.gov](http://kehp.ky.gov).
- Any person who knowingly, and with the intent to defraud, files an application for insurance containing any materially false information (including a forged signature or incorrect signature date), or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime. I can be held responsible for any fraudulent act that I could have prevented while acting within my duties related to the KEHP, and it may be used to reduce or deny a claim or to terminate my coverage.
- I have fully read the materials provided to me. I further acknowledge that Medicare eligibility will affect my participation in KEHP. My signature on this application for health insurance certifies that all information provided during this enrollment opportunity is correct to the best of my knowledge.

Retiree's SSN

Retiree's SSN

Applicant's SSN

Applicant's SSN

Application MUST be signed by retirement Insurance Coordinator. Please mail application to:

**Kentucky Retirement Systems (KRS)**  
Perimeter Park West  
1260 Louisville Road  
Frankfort, KY 40601

**KY Teachers' Retirement(KTRS)**  
479 Versailles Road  
Frankfort, KY 40601

**KY Judicial Form Retirement System (JRP/LRP)**  
305 Ann Street, Room 302,  
Whitaker Bank Bldg.  
Frankfort, KY 40601

**KCTCS Retirees**  
300 North Main Str.  
Versailles, KY 40383

Retiree Signature

Date

Applicant Signature (if other than retiree)

Date

Spouse's Signature\*

Date

Retiree's Insurance Coordinator's Signature

Date

Spouse's Insurance Coordinator's Signature\*

Date

\*Required if electing the cross-payment reference option.

# Frequently Asked Questions

## Do I need to re-enroll?

Yes. Open Enrollment is available October 1–31, and is an active, mandatory enrollment. Everyone must elect a new health insurance plan option or waive coverage. Anyone who does not actively make an election or waive coverage by October 31, will be automatically enrolled in the Standard CDHP plan option at the level of coverage you were enrolled in Plan Year 2013.

## How do I enroll on the web?

Access our web enrollment at <https://myretirement.ky.gov>. Once you login to our self-service site, look for the view health insurance enrollment history link on the left toolbar. This page displays your current health insurance coverage through KRS and gives you the option to submit your KEHP enrollment online. If you are cross-referencing with an active employee, you must complete a paper application.

## How do I calculate my cost?

In order to determine your cost for coverage in 2014, please refer to this enrollment booklet. Retirees with non-hazardous service credit only and beneficiaries of non-hazardous retirees should refer to page 11. Retirees with hazardous duty service credit (including retirees receiving benefits from both hazardous and non-hazardous service credit) should refer to pages 14-15.

Beneficiaries of retirees with hazardous duty service credit should contact the retirement office for assistance.

Retirees and beneficiaries may also contact the retirement office for assistance in determining insurance costs. **Specific account information, including what contribution amount, if any, KRS may pay, can only be discussed by telephone if the caller has established a Personal Identification Number (PIN) with the retirement office.**

## Are you or your dependents enrolled in Medicare?

If you or your dependents are enrolled in Medicare and not employed full-time, you or your Medicare eligible dependent may not be eligible for the KEHP plans and must enroll in a KRS Medicare eligible health plan for 2014. Refer to pages 7-8 for details on Medicare and KEHP eligibility. Please contact our office for further information regarding enrollment in a Medicare eligible plan through KRS.

## What are Tobacco User Fees?

The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. As a part of the KEHP wellness program, KEHP provides a monthly discount in premium contribution rates for non-tobacco users. You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

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

If you have regularly used tobacco within the past six months, you are not eligible for the monthly premium discount. For those with single coverage, the discount is \$40.00 per month. For those with any dependent coverage (Parent Plus, Couple, Family), even if only one person uses tobacco, the discount is \$80.00. You should add either \$40.00 or \$80.00 to the premium amounts for your level of coverage.

# Frequently Asked Questions

## Open Enrollment Period

If your active employment makes you eligible for insurance coverage, you must decide if you wish to carry your coverage through KRS or your employer. If you want to continue your coverage through KRS you will need to complete the KRS Retiree Application.

If you want to change your coverage and carry insurance through your employer, you need to submit an application to KRS indicating you will waive coverage and submit an application to your employer by the active employee deadline.

If your active employment makes you eligible for insurance coverage, and you are Medicare eligible due to age, KRS cannot offer you insurance coverage. You must contact your employer regarding insurance coverage.

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

**Note: KRS retirees who return to work and become eligible for KEHP coverage may be ineligible for KRS coverage. Reemployed retirees with questions are urged to contact KRS.**

## Need Help? Call or Click.

### Humana

877-KYSPIRIT (877-597-7474)

[myhumana.com](http://myhumana.com)

### Express Scripts Inc

877-KYSPIRIT (877-597-7474)

[express-scripts.com](http://express-scripts.com)

### Kentucky Employees Health Plan

888-581-8834 or 502-564-6534

[kehpn.ky.gov](http://kehpn.ky.gov)

### Kentucky Retirement Systems

800-928-4646 or 502-696-8800

[kyret.ky.gov](http://kyret.ky.gov)

## Open Enrollment Period

**The Open Enrollment Period for Plan Year 2014 will begin October 1, 2013, and end October 31, 2013.** The Open Enrollment Period only applies to you if you retired on or before September 1, 2013.

If you currently have coverage in the Kentucky Employees Health Plan (KEHP) in Plan Year 2013 and experience a qualifying event that impacts your coverage in Plan Year 2013 and requires the submission of an Application, do not use the Plan Year 2014 Application to make this change. Contact the retirement office to discuss your situation and to request a Plan Year 2013 Application.

The Open Enrollment Period for Medicare Eligible recipients and their Medicare eligible dependents begins October 23, 2013, and ends November 29, 2013. If you or a dependent are Medicare Eligible and have coverage in the KEHP through KRS, or have no coverage through KRS, notify the retirement office immediately and we will send you a Medicare Eligible Open Enrollment packet for Plan Year 2014. You may also access this information online at [kyret.ky.gov](http://kyret.ky.gov).

## Enrollment Materials

KRS retirees and beneficiaries not eligible for Medicare have the option to select health insurance coverage through the KEHP. Information on KEHP benefits beginning January 1, 2014, is provided within.

Please read this notice carefully before making a decision about your health insurance coverage for Plan Year 2014.

## Coverage for Persons Eligible for Medicare

If you are eligible for Medicare coverage through the Social Security Administration, you may no longer remain covered under the Kentucky Employees Health Plan. The only exception is if you are a renal patient, kidney transplant patient, and/or on dialysis. If one of these exceptions should apply, please contact our office immediately for further explanation of your benefits.

Although you are not eligible for coverage through the Kentucky Employees Health Plan, you are still eligible to enroll in a health plan through Kentucky Retirement Systems (KRS Health Plan)

## Coverage for Persons Eligible for Medicare *continued*

The Open Enrollment Period for Medicare eligible individuals is October 23 through November 29, 2013. If you wish to enroll in a KRS Health Plan, your Form 6200, KRS Health Plans for Medicare Eligible Persons, must be received in our office no later than November 29, 2013. When applying for a KRS Health Plan, it is assumed that Medicare Part A and Part B coverage has been obtained through the Social Security Administration office.

### **Please be aware that failure to obtain Part B coverage may result in higher out-of-pocket medical expenses and monthly premiums.**

If you are not yet enrolled in Medicare Part B, please be advised that Medicare allows an Annual Enrollment Period (AEP) each year from January 1 through March 31. If you enroll during the AEP, your Medicare Part B will be effective on July 1, 2014.

If you enroll in a KRS Health Plan, KRS will continue to pay the same percentage of the monthly contribution rate toward your Medicare eligible coverage that is paid toward your current coverage. If KRS contributes toward a dependent's coverage, the same percentage will be contributed toward the dependent's single plan. Any portion of the premium that exceeds what KRS pays will be deducted from your monthly benefit payment. If your portion of the premium exceeds your monthly benefit, you will be responsible for paying the additional amount owed every month.

If you have questions, you may contact our office at (502) 696-8800 or 1-800-928-4646. However, all questions concerning Medicare should be directed to your local Social Security Administration office.

## Applying/Changing Coverage after Open Enrollment

If you will be applying for or changing coverage after Open Enrollment due to retirement or a qualifying event, the following information applies.

- » If you need your insurance to be effective the first day of the month in which you will receive your first monthly retirement allowance: Your completed Application must be on file at the retirement office by the last day of the month prior to the month in which your first retirement allowance is issued.
- » If your completed Application is not on file at the retirement office by the end of the month in which your first retirement allowance is issued: You will be defaulted to the KEHP Standard CDHP, single coverage level plan.
- » If your completed Application is not on file at the retirement office prior to the month in which your first retirement allowance is issued: Your completed Application will be accepted through the end of the month in which your first retirement allowance is issued. However, your insurance coverage will not be effective until the following month.

» If you are applying for coverage or making a change in your coverage due to a qualifying event: Your completed Application and any supporting documentation must be on file at the retirement office within 35 days following the qualifying event in most situations. See page 24 of this publication for specific information relating to qualifying events.

### **Medical Insurance Reimbursement Plan**

Recipients living outside of Kentucky are not eligible for the Medical Insurance Reimbursement Plan (MIRP) if they are eligible for the same level of hospital and medical benefits as recipients living in Kentucky. The MIRP is available to the few recipients living outside of Kentucky who may not have equivalent in-network benefits as the recipients living in Kentucky. Through the MIRP, the recipient who is eligible for a contribution from KRS toward medical insurance coverage may obtain other health insurance coverage and then apply for reimbursement of the eligible out-of-pocket premiums paid. The maximum amount KRS will reimburse cannot exceed the contribution that would otherwise be paid on behalf of the recipient if they participated in the KEHP. The reimbursement rate will be reduced by the amount an employer or agency contributes, if any, toward the recipient's medical insurance premium. If you have questions concerning the MIRP, please contact the retirement office for additional information.

### **Cost of Insurance**

In order to determine your cost for coverage in 2014, please refer to the guides on pages 11-13 enclosed in this notice. Retirees with non-hazardous service credit only and beneficiaries of non-hazardous retirees should refer to page 11. Retirees with only hazardous duty service credit should refer to pages 12-13. Retirees with both non-hazardous and hazardous duty service should also refer to pages 12-13.

Beneficiaries of retirees with hazardous duty service credit should contact the retirement office for assistance. Retirees and beneficiaries may also contact KRS for assistance in determining insurance costs. **Specific account information, including what contribution amount KRS may pay, can only be discussed by telephone if the caller has a Personal Identification Number (PIN) with KRS and can provide it to the representative.**

## Instructions & Reminders

**Web Enrollment:** You can access our web enrollment at <https://myretirement.ky.gov>. Once you login to our self service site, look for the view health insurance enrollment history link on the left toolbar. This page displays your current health insurance coverage through KRS and gives you the option to submit your KEHP or KRS health insurance enrollment online.

**Don't Wait:** Once you have completed an application, return it to the retirement office as soon as possible. This will allow staff time to return the Application for correction if the Application is incomplete. Please keep a copy of any application you submit to KRS for your records.

**Medicare Eligibility Information on Application:** The required Medicare eligible information for the applicant and each dependent must be provided in sections two and three of the application. If left blank, the application will be returned to you for completion.

**Do not send your completed Application anywhere except to KRS for processing:** If you send your Application somewhere other than to KRS, you may fail to receive the requested change to your coverage or you could lose eligibility by not meeting the required deadline.

**Medicare Eligible Spouse or Dependent:** **If you, your spouse, or your dependents are enrolled in Medicare and not employed full-time, you or your Medicare eligible dependent may not be eligible for the KEHP plans. If you want insurance coverage through KRS, you must enroll in a KRS Medicare eligible health plan for 2014.** Refer to pages 7-8 for details

on Medicare and KEHP eligibility. Please contact our office for further information regarding Medicare enrollment.

**Notice to members whose participation date is on or after July 1, 2003:** If you are a member or the spouse or dependent child of a member whose participation in KRS began on or after July 1, 2003, please contact the retirement office for information on the medical benefits available to you.

**Tobacco Status:** Each applicant must complete the "Tobacco Status" field(s) on the Application. If the "Tobacco Status" field(s) are left blank, the Application will be returned for completion.



## 1. Select Plan Select one. Determine your monthly premium (will begin January 1, 2014).

| Plan Option     | Single   | Parent Plus | Couple     | Family     | Family X-Ref* |
|-----------------|----------|-------------|------------|------------|---------------|
| LivingWell CDHP | \$670.62 | \$926.50    | \$1,253.88 | \$1,400.20 | \$774.74      |
| LivingWell PPO  | \$699.28 | \$995.94    | \$1,528.34 | \$1,701.04 | \$841.34      |
| Standard PPO    | \$656.28 | \$934.70    | \$1,434.36 | \$1,596.42 | \$789.60      |
| Standard CDHP   | \$641.50 | \$913.66    | \$1,402.06 | \$1,560.48 | \$771.82      |

Box 1

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



## 2. Tobacco Status Select one, based upon the past six months.

| Applicant's Tobacco Status  | Value   |
|---|---------|
| Non-tobacco user  | \$0.00  |
| Retiree or Beneficiary who uses tobacco and selects Single coverage                     | \$40.00 |
| Retiree or Beneficiary who uses tobacco, selects Parent Plus, Couple or Family coverage | \$80.00 |

Box 2



## 3. Service Credit Subtract the following, based upon your months of service.

| Applicant's Service Credit | Contribution <sup>1</sup> |
|----------------------------|---------------------------|
| 240 months or more         | -\$699.28                 |
| 180 - 239 months           | -\$524.46                 |
| 120 - 179 months           | -\$349.64                 |
| 48 - 119 months            | -\$174.82                 |
| 0 - 47 months              | \$0.00                    |

Box 3



## 4. Monthly Premium

Your Total

Combine the values from Box 1, Box 2 and Box 3. Need help? Call 1-800-928-4646.

<sup>1</sup> 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 3. Exception: If you are a spouse beneficiary or a dependent child receiving a monthly benefit under the Fred Capps Memorial Act, contact KRS.

Premium calculation for **Hazardous Duty** retiree or beneficiary. Use this guide if you are receiving benefits from both hazardous and non-hazardous service credit or only hazardous service credit.



## 1. Select Plan

Determine your monthly premium (beginning January 1, 2014) and enter the value in Box 1.

| Plan Option     | Single   | Parent Plus | Couple     | Family     | Family X-Ref* |
|-----------------|----------|-------------|------------|------------|---------------|
| LivingWell CDHP | \$670.62 | \$926.50    | \$1,253.88 | \$1,400.20 | \$774.74      |
| LivingWell PPO  | \$699.28 | \$995.94    | \$1,528.34 | \$1,701.04 | \$841.34      |
| Standard PPO    | \$656.28 | \$934.70    | \$1,434.36 | \$1,596.42 | \$789.60      |
| Standard CDHP   | \$641.50 | \$913.66    | \$1,402.06 | \$1,560.48 | \$771.82      |

Box 1

\* 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

Based upon the applicant's months of service credit at retirement, enter a value in Box 2 below.

| Applicant's Service Credit | Contribution <sup>1</sup> |
|----------------------------|---------------------------|
| 240 months or more         | -\$699.28                 |
| 180 - 239 months           | -\$524.46                 |
| 120 - 179 months           | -\$349.64                 |
| 48 - 119 months            | -\$174.82                 |
| 0 - 47 months              | \$0.00                    |

Box 2



## 3. Spouse & Dependent Coverage

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 first table on the next page to determine your additional contribution if selecting Parent Plus, Couple or Family coverage. Please enter this value in Box 3 on the next page.

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 first table on the next page to determine your additional contribution if selecting Parent Plus, Couple or Family coverage. Please enter this value in Box 3 on the next page.

<sup>1</sup> Beneficiaries of retirees with hazardous duty service credit should contact KRS.

Premium calculation for **Hazardous Duty** retiree or beneficiary. Use this guide if you are receiving benefits from both hazardous and non-hazardous service credit or only hazardous service credit.



### 3. Spouse & Dependent Coverage (continued)

| Hazardous Service Only <sup>2</sup> | Parent Plus | Couple    | Family      | Family X-Ref |
|-------------------------------------|-------------|-----------|-------------|--------------|
| 240 months or more                  | -\$296.66   | -\$829.06 | -\$1,001.76 | -\$983.40    |
| 180 - 239 months                    | -\$222.50   | -\$621.80 | -\$751.32   | -\$737.55    |
| 120 - 179 months                    | -\$148.33   | -\$414.53 | -\$500.88   | -\$491.70    |
| 48 - 119 months                     | -\$74.17    | -\$207.27 | -\$250.44   | -\$245.85    |
| 0 - 47 months                       | \$0.00      | \$0.00    | \$0.00      | \$0.00       |

Box 3



<sup>2</sup> If you retired prior to August 1, 1998, your additional contribution toward Parent Plus, Couple or Family coverage is based upon total service credit.



### 4. Tobacco Status Select one, based upon the past six months.

| Applicant's Tobacco Status  | Value   |
|---|---------|
| Non-tobacco user  | \$0.00  |
| Retiree or Beneficiary who uses tobacco and selects Single coverage                     | \$40.00 |
| Retiree or Beneficiary who uses tobacco, selects Parent Plus, Couple or Family coverage | \$80.00 |

Box 4



### 5. Monthly Premium

To receive an estimated monthly premium total, combine the values from Box 1, Box 2, Box 3 and Box 4. If you have any questions, please contact KRS at 1-800-928-4646.

Your Total\*



# Merging Health and Wellness

## We care about your health

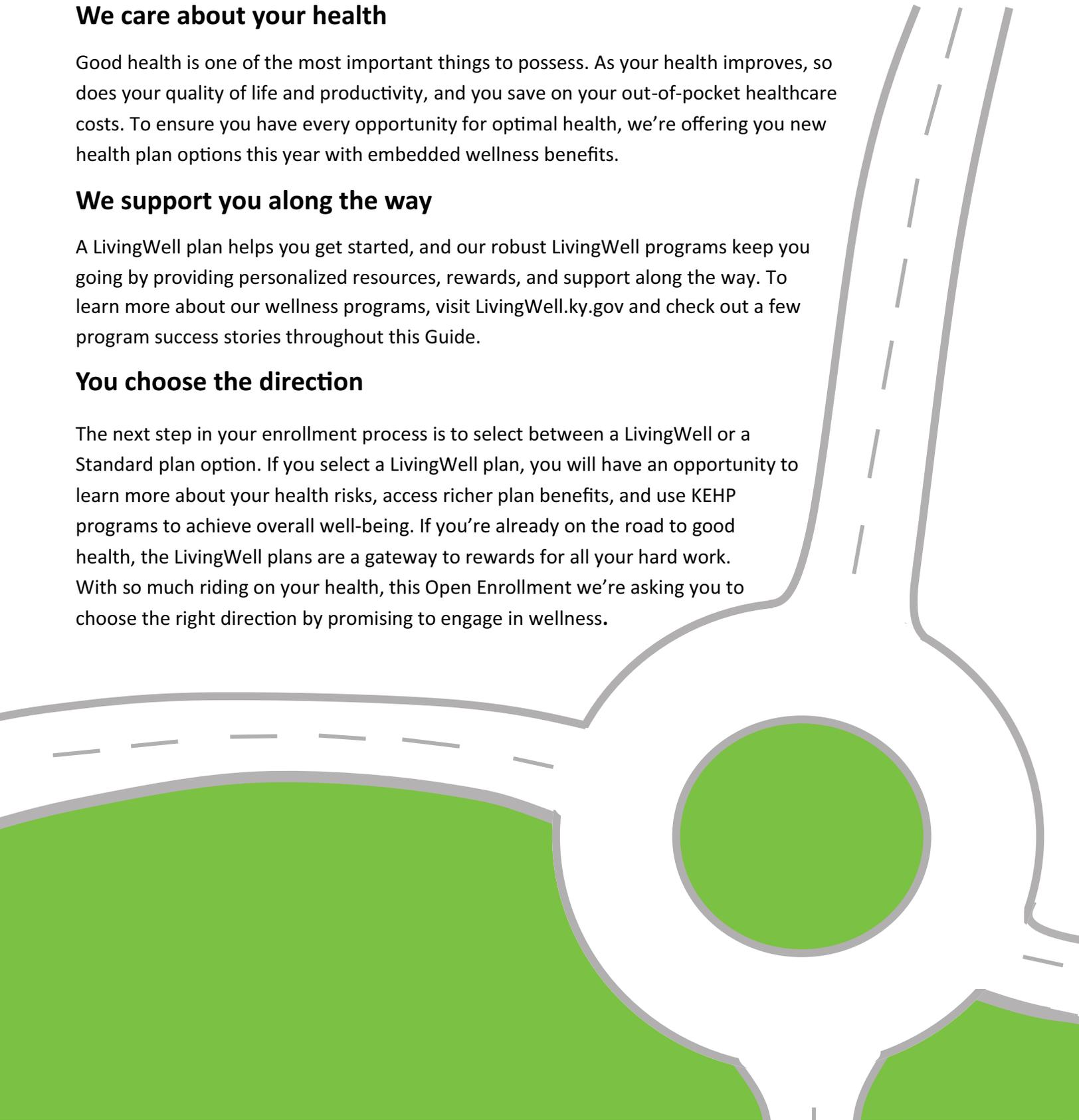
Good health is one of the most important things to possess. As your health improves, so does your quality of life and productivity, and you save on your out-of-pocket healthcare costs. To ensure you have every opportunity for optimal health, we're offering you new health plan options this year with embedded wellness benefits.

## We support you along the way

A LivingWell plan helps you get started, and our robust LivingWell programs keep you going by providing personalized resources, rewards, and support along the way. To learn more about our wellness programs, visit [LivingWell.ky.gov](http://LivingWell.ky.gov) and check out a few program success stories throughout this Guide.

## You choose the direction

The next step in your enrollment process is to select between a LivingWell or a Standard plan option. If you select a LivingWell plan, you will have an opportunity to learn more about your health risks, access richer plan benefits, and use KEHP programs to achieve overall well-being. If you're already on the road to good health, the LivingWell plans are a gateway to rewards for all your hard work. With so much riding on your health, this Open Enrollment we're asking you to choose the right direction by promising to engage in wellness.



# Navigating the LivingWell Promise



If you say **YES** to the LivingWell Promise, you the planholder, **AGREE** to:

- > Take the HumanaVitality® Health Assessment (HA) between Jan. 1 — May 1, 2014.  
**NOTE:** Special rules apply to new hires.
- > Keep your contact information (e-mail, phone number, and mailing address) current in KHRIS ESS. Or, if you are a retiree, you agree to keep your information updated with your retirement system.

By saying **YES**, you are eligible to select one of two LivingWell plan options for the 2014 plan year:

## LivingWell CDHP

## LivingWell PPO

Step-by-step instructions to complete the Promise are available at [kehp.ky.gov](http://kehp.ky.gov) and on pages 16 and 17 in this Guide.

**If you elect a LivingWell plan option and do not complete the LivingWell Promise, you will only be eligible for the Standard plan options in 2015.** Only the planholder must complete the LivingWell Promise. If you have a cross-reference payment option, you and your spouse must complete the HA.

If you are unable to fulfill the LivingWell Promise because of a physical or mental health condition, KEHP will work with you to develop an alternative way to qualify for either LivingWell plan option.

Your privacy is of the utmost importance to KEHP. Your HA answers are confidential and protected under the law. KEHP will not collect, access, or share your HA answers.



If you say **NO** to the LivingWell Promise, you the planholder, are not required to comply with the terms of the LivingWell Promise. By saying **NO** you are only eligible for the Standard plan options for the 2014 plan year:

## Standard CDHP

## Standard PPO

If you elect a Standard plan option in 2014, you are eligible to change your election during the next open enrollment period or if you have a qualifying event.



LivingWell Promise

**Still not sure which route to choose? See how other KEHP members are benefiting from saying “Yes” to LivingWell.** 

# Completing the LivingWell Promise: Step 1

The Health Assessment (HA) includes a series of questions about your current mental and physical well-being, your day-to-day lifestyle, and how you feel about your current health levels. It takes about 10-15 minutes and will tell you your Vitality Age. Follow the instructions below to complete the HA between Jan. 1, 2014 and May 1, 2014.

KEHP takes your personal health information seriously and has measures in place to protect this information. All responses to your HA are **strictly confidential** and protected under HIPAA. KEHP will not collect or access your personal health information, nor will KEHP share your personal health information with your employer. Only Humana and HumanaVitality will have access to and be able to view your HA responses. The responses have no impact on rates or benefits under your health insurance plan.

## Step 1: Directions for Completing the HumanaVitality Health Assessment

**1** Visit LivingWell.ky.gov and click on the HumanaVitality login.

**2 First time users**

Click on “Register Now” and complete the required fields. You will need your Social Security number or 9-digit member ID found on your Humana ID Card (For example - H12345678). Enter your name exactly as it appears on your Humana ID Card. Check the box agreeing to the terms, and click “Continue.” Verify the member found is you. Create a username and password. After completing the registration process, return to HumanaVitality to sign in using the username and password you just created.

**Returning users**

Sign in using your username and password.

**3** Once you’re signed in, click on the alert to “Take the Health Assessment” or look for the “Health Assessment” link under the “Get Healthy” tab. If you know your medical history and key measurements, have them ready to help you complete your HA. If you don’t have your key measurements, don’t worry, you’ll still be able to complete the HA. If you had a Vitality Check (biometric screening) within the last 18 months, you will see those results have pre-populated into your HA. These cannot be updated until a new Vitality Check is submitted. To find a Vitality Check location near you, visit LivingWell.ky.gov.

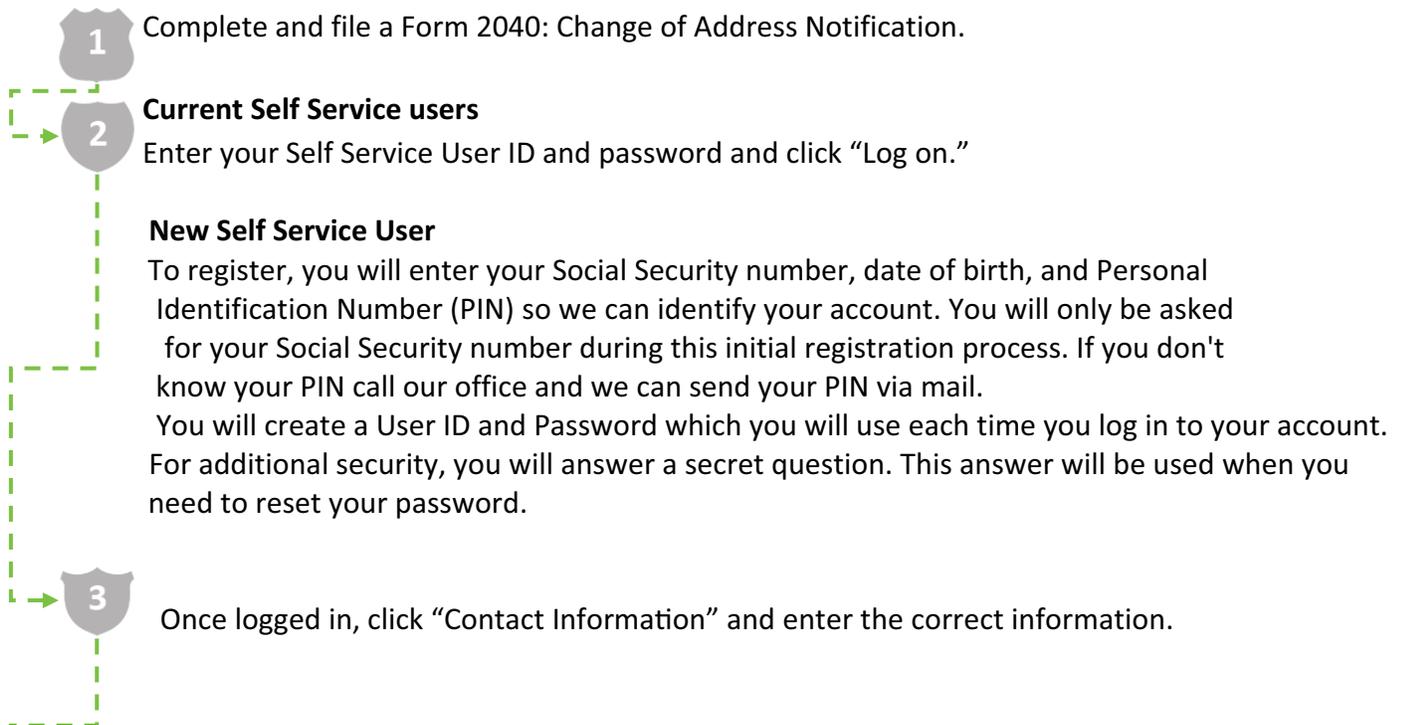
**4** Receive your Vitality Age based on your HA responses. HumanaVitality will then recommend goals. Select the goals you want to work on and discover activities that will allow you to commit to a healthier lifestyle, improve your Vitality Age, and earn Vitality Points™ and rewards along the way.



LivingWell Promise

# Completing the LivingWell Promise: Step 2

## Step 2: Directions for Updating KRS Contact Information



## LivingWell Success

“Start where you are and make a lifestyle change.  
Be persistent. Work at it, and you’ll see the gains.” — Rob

As middle age set in, Rob’s active lifestyle became more lethargic, and he found himself 35 pounds overweight. He realized he had to do something. He took small steps, literally, walking just a ½ mile each day. He watched his diet and portion sizes. “I realized my body is like a car. I have to maintain it if I want to keep it running!” HumanaVitality gave Rob the tools he needed to keep going. “The reading material and healthy tips are great and easy to incorporate into my lifestyle.” Now, he’s running and earning points for exercise and participation in races. He runs an average of 20 races per year – 5Ks, 10Ks, marathons, even the Boston Marathon!



# LivingWell CDHP Plan Option

## Highlights

- > The LivingWell Consumer Driven Health Plan (CDHP) puts you, the consumer, in more control of managing your health expenses.
- > If you choose this plan, you must complete the LivingWell Promise. (See page 5.)
- > You receive an employer-funded Health Reimbursement Account (HRA) to use toward your deductible and maximum out-of-pocket.
- > If you currently have the Maximum Choice plan, and choose this plan, any remaining HRA balance will roll to this plan.
- > This plan has the lowest annual out-of-pocket maximum and co-insurance percentage.

## HRA helps reduce your costs

The HRA can be used to **reduce your deductible by 40%**. Your HumanaAccess<sup>SM</sup> Visa<sup>®</sup> debit card comes pre-loaded. Just swipe the debit card at any in-network provider's office or pharmacy and the eligible expense amount will be reduced from your card balance. Nearly 80% of all debit card swipes are automatically processed; however, you may have to submit expense documentation or substantiation.

## HRA funds

If your annual expenses are below \$500 for single coverage or below \$1,000 for all other coverage levels, you won't have to spend any money out of your own pocket. Also, any funds in your HRA remaining at the end of 2014 will roll into your new HRA for 2015, if you select a CDHP.

Once you use all your HRA funds, you will pay for any additional expenses up to your deductible. After the deductible is met, co-insurance begins. This plan has the best co-insurance — you pay only 15%, and the health plan pays 85% of all eligible expenses.

Please view the enclosed rates chart, pages 14 and 15, benefits grid, pages 16 and 17, and the Summary of Benefits and Coverage at [kehpc.ky.gov](http://kehpc.ky.gov) for full plan details.

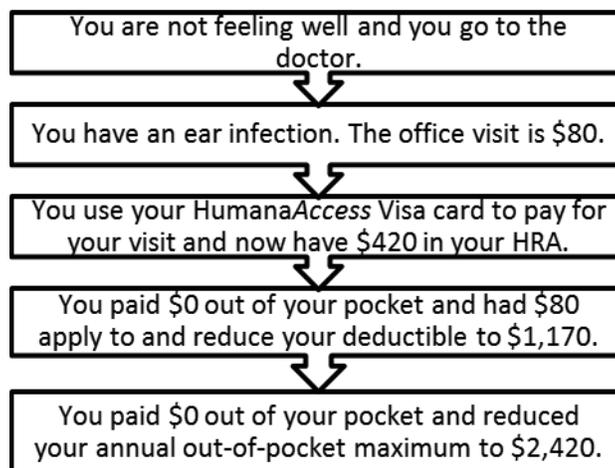


## Health Reimbursement Account

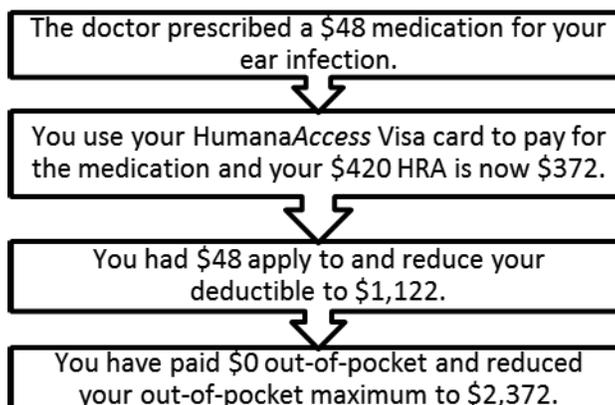
- > Single = \$500
- > Couple, parent-plus, family = \$1,000

## Single plan coverage example below.

### LivingWell CDHP medical benefits



### LivingWell CDHP pharmacy benefits



# LivingWell PPO Plan Option

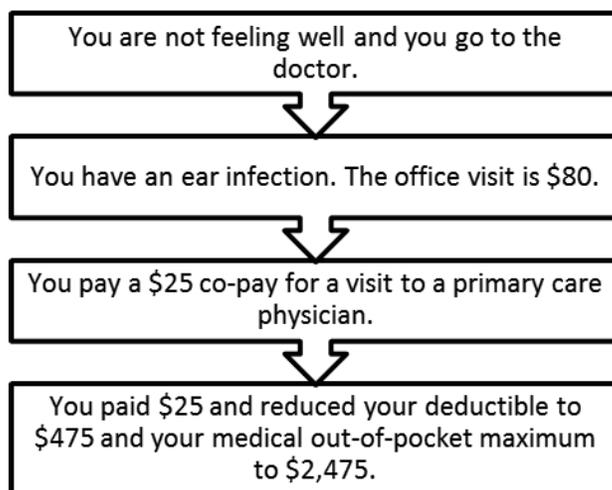
## Highlights

- > The LivingWell Preferred Provider Organization (PPO) is a traditional health plan.
- > If you choose this plan, you must complete the LivingWell Promise. (See page 5.)
- > This plan is a good choice if you prefer having a larger premium in exchange for a fixed co-pay for certain services.
- > This plan includes a flat co-pay amount for prescription coverage.
- > The out-of-pocket amount for the LivingWell PPO is the same as with the LivingWell CDHP. However, with the PPO plan there is no HRA provided to help you reduce your costs.

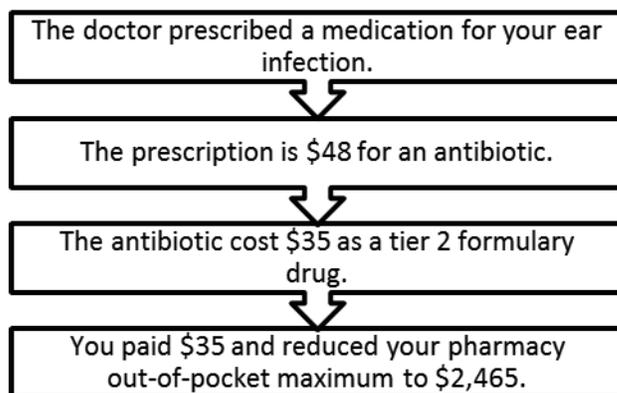
Please view the enclosed rates chart, pages 14 and 15, benefits grid, pages 16 and 17, and the Summary of Benefits and Coverage at [kehp.ky.gov](http://kehp.ky.gov) for full plan details.

## Single plan coverage example below.

### LivingWell PPO medical benefits



### LivingWell PPO pharmacy benefits



# Standard PPO Plan Option

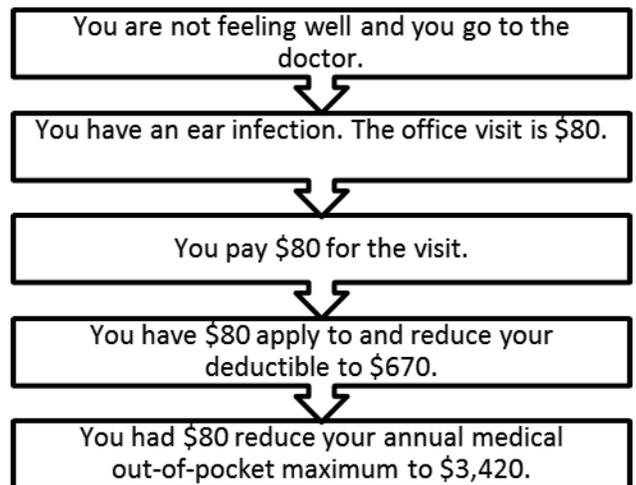
## Highlights

- > The Standard Preferred Provider Organization (PPO) is a traditional health plan offering lower premiums and higher out-of-pocket costs.
- > This plan does not require the LivingWell Promise.
- > This plan reimburses most covered expenses at 70%.
- > Under this plan, you pay 30% of the total in-network prescription cost within a minimum and maximum range. (See page 17.)

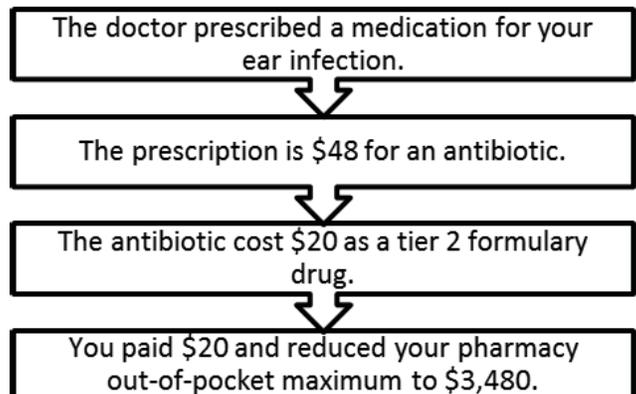
Please view the enclosed rates chart, pages 14 and 15, benefits grid, pages 16 and 17, and the Summary of Benefits and Coverage at [kehpn.ky.gov](http://kehpn.ky.gov) for full plan details.

**Single plan coverage example below.**

### Standard PPO medical benefits



### Standard PPO pharmacy benefits



# Standard CDHP Plan Option

## Highlights

- > The Standard Consumer Driven Health Plan (CDHP) puts you, the consumer, in more control of managing your health expenses.
- > You receive an employer-funded Health Reimbursement Account (HRA) to use toward your deductible and maximum out-of-pocket.
- > This plan does not require the LivingWell Promise.
- > If you currently have the Maximum Choice plan and choose this plan, any remaining HRA balance will roll to this plan.
- > This plan offers the lowest premiums in exchange for higher deductibles.
- > **Any member who fails to elect or waive coverage by Oct. 31, 2013, is automatically enrolled in this plan with single coverage.**

## HRA helps reduce your costs

The HRA can be used to reduce your deductible. Your HumanaAccess Visa® debit card comes pre-loaded. Just swipe the debit card at any in-network provider's office or pharmacy and the eligible expense amount will be reduced from your card balance. Nearly 80% of all debit card swipes are automatically processed; however, you may have to submit expense documentation or substantiation.

## HRA funds

If your annual expenses are below \$250 for single coverage or below \$500 for all other coverage levels, you won't have to spend any money out of your own pocket. Once you use all your HRA funds, you will pay for any additional expenses up to your deductible. After the deductible is met, co-insurance begins.

Please view the enclosed rates chart, pages 14 and 15, benefits grid, pages 16 and 17, and the Summary of Benefits and Coverage at [kehpcy.gov](http://kehpcy.gov) for full plan details.

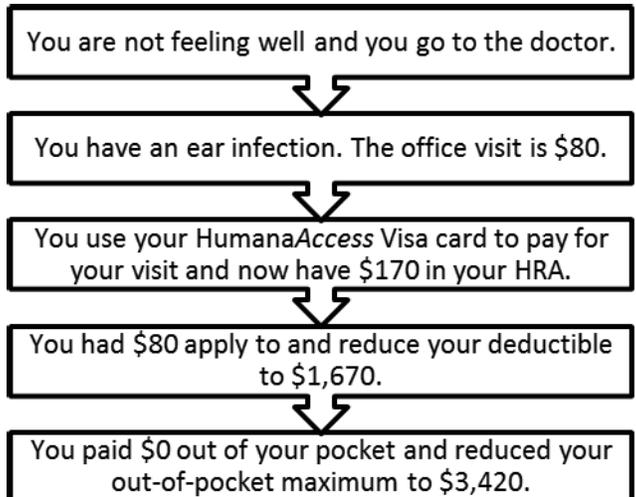


## Health Reimbursement Account

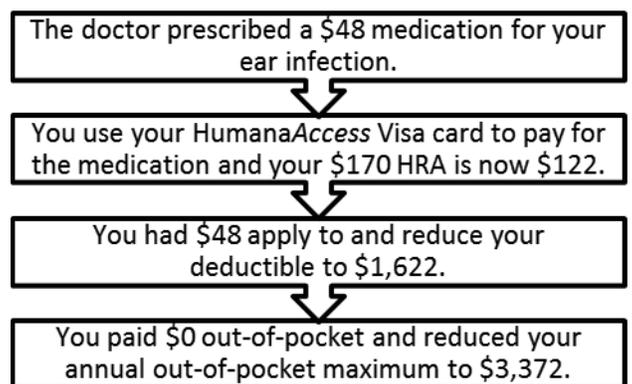
- > Single = \$250
- > Couple, parent-plus, family = \$500

## Single plan coverage example below.

### Standard CDHP medical benefits



### Standard CDHP pharmacy benefits



**KEHP 2014 BENEFITS GRID**

| Plan Options   | LivingWell CDHP                  |                                   | LivingWell PPO  |   | Standard PPO  |                                       | Standard CDHP                    |                                   |
|--|----------------------------------|-----------------------------------|---|---|---|---------------------------------------|----------------------------------|-----------------------------------|
|  | In-Network                       | Out-of-Network                    | In-Network  | Out-of-Network  | In-Network  | Out-of-Network                        | In-Network                       | Out-of-Network                    |
| <b>Lifetime Maximum</b>  | Unlimited                        | Unlimited                         | Unlimited   | Unlimited   | Unlimited   | Unlimited                             | Unlimited                        | Unlimited                         |
| <b>Health Reimbursement Account (HRA)</b>  | Single \$500; Family \$1,000     | Not Applicable                    | Not Applicable  | Not Applicable  | Not Applicable  | Not Applicable                        | Single \$250; Family \$500       |                                   |
| <b>Annual Deductible</b>   | Single \$1,250<br>Family \$2,500 | Single \$2,500<br>Family \$5,000  | Single \$500<br>Family \$1,000                                      | Single \$1,000<br>Family \$2,000                                    | Single \$750<br>Family \$1,500                                      | Single \$1,500<br>Family \$3,000      | Single \$1,750<br>Family \$3,500 | Single \$3,000<br>Family \$6,000  |
| <b>Annual Out-of-Pocket Maximum</b>  | Single \$2,500<br>Family \$5,000 | Single \$5,000<br>Family \$10,000 | Single \$2,500<br>Family \$5,000                                    | Single \$5,000<br>Family \$10,000                                   | Single \$3,500<br>Family \$7,000                                    | Single \$7,000<br>Family \$10,000     | Single \$3,500<br>Family \$7,000 | Single \$7,000<br>Family \$10,000 |
| <b>Co-Insurance</b>  | Plan: 85%<br>Member: 15%         | Plan: 60%<br>Member: 40%          | Plan: 80%<br>Member: 20%  | Plan: 60%<br>Member: 40%  | Plan: 70%<br>Member: 30%  | Plan: 50%<br>Member: 50%              | Plan: 70%<br>Member: 30%         | Plan: 50%<br>Member: 50%          |
| <b>Doctor's Office Visits</b>  | Deductible then 15%              | Deductible then 40%               | Co-Pay:<br>\$25 PCP;<br>\$45 Specialist                             | Deductible then 40%   | Deductible then 30%   | Deductible then 50%                   | Deductible then 30%              | Deductible then 50%               |
| <b>Physician Care (Inpatient/Outpatient/Other)</b>                               | Deductible then 15%              | Deductible then 40%               | Deductible then 20%   | Deductible then 40%   | Deductible then 30%   | Deductible then 50%                   | Deductible then 30%              | Deductible then 50%               |
| <b>Diagnostic Tests In Doctor's Office (Same Site/ Same Day as Office Visit)</b> | Deductible then 15%              | Deductible then 40%               | Office Visit Co-Pay   | Deductible then 40%   | Deductible then 30%   | Deductible then 50%                   | Deductible then 30%              | Deductible then 50%               |
| <b>Other Laboratory</b>  | Deductible then 15%              | Deductible then 40%               | Deductible then 20%   | Deductible then 40%   | Deductible then 30%   | Deductible then 50%                   | Deductible then 30%              | Deductible then 50%               |
| <b>Inpatient Hospital (Semi-Private Room)</b>                                    | Deductible then 15%              | Deductible then 40%               | Deductible then 20%   | Deductible then 40%   | Deductible then 30%   | Deductible then 50%                   | Deductible then 30%              | Deductible then 50%               |
| <b>Outpatient Hospital/Surgery</b>   | Deductible then 15%              | Deductible then 40%               | Deductible then 20%   | Deductible then 40%   | Deductible then 30%   | Deductible then 50%                   | Deductible then 30%              | Deductible then 50%               |
| <b>Outpatient Ambulatory Surgery Center</b>                                      | Deductible then 15%              | Deductible then 40%               | Deductible then 20%   | Deductible then 40%   | Deductible then 30%   | Deductible then 50%                   | Deductible then 30%              | Deductible then 50%               |
| <b>Emergency Room (Benefit for emergency medical treatment only)</b>             | Deductible then 15%              | Deductible then 15%               | \$150 Co-Pay then Deductible then 20%<br>Co-Pay waived if admitted. | \$150 Co-Pay then Deductible then 20%<br>Co-Pay waived if admitted. | \$150 Co-Pay then Deductible then 30%<br>Co-Pay waived if admitted. | \$150 Co-Pay then Deductible then 30% | Deductible then 30%              | Deductible then 30%               |
| <b>ER Physician Care</b>   | Deductible then 15%              | Deductible then 15%               | Deductible then 20%<br>Co-Pay waived if admitted.                   | Deductible then 20%   | Deductible then 30%   | Deductible then 50%                   | Deductible then 30%              | Deductible then 30%               |
| <b>Ambulance</b>   | Deductible then 15%              | Deductible then 15%               | Deductible then 20%   | Deductible then 20%   | Deductible then 30%   | Deductible then 50%                   | Deductible then 30%              | Deductible then 30%               |

| Urgent Care Center (Facility)                                       | Deductible then 15%  | \$50 Co-Pay  | Deductible then 30% | Deductible then 30% |
|---|--|--|---------------------|---------------------|
| <b>Routine Well Child</b>   | Covered at 100%  | Covered at 100%  | Deductible then 40% | Deductible then 50% |
| <b>Routine Well Adult</b>   | Covered at 100%  | Covered at 100%  | Deductible then 40% | Deductible then 50% |
| <b>Mental Health<br/>Autism Services</b>                            | Treated the same as any other health condition. See specifics related to physician specialists, inpatient and outpatient services.<br>Treated the same as any other health condition. See specifics related to physician specialists, inpatient and outpatient services. |  |                     |                     |
| <b>Allergy Injections</b>   | Deductible then 15%  | \$25 Co-Pay  | Deductible then 40% | Deductible then 50% |
| <b>Maternity Care (See SPD for Specifics)</b>                       | Deductible then 15%  | \$25 Co-Pay (office visit pregnancy diagnosed)<br>Delivery Charge: Deductible then 20% | Deductible then 40% | Deductible then 50% |
| <b>Durable Medical Equipment</b>                                    | Deductible then 15%  | Deductible then 20%  | Deductible then 40% | Deductible then 50% |
| <b>Therapy Services (Per Visit: Physical, Occupational, Speech)</b> | Deductible then 15%  | Deductible then 20%  | Deductible then 40% | Deductible then 50% |
| <b>Chiropractic Care</b>  | Deductible then 15%  | \$25 Co-Pay  | Deductible then 40% | Deductible then 50% |
| <b>Prescription Drugs</b>   | <b>Administered by Express Scripts</b>   |  |                     |                     |
| <b>30-Day Supply</b>  |  |  |                     |                     |
| Tier 1 - Generic  | Deductible then 15%  | \$10   | Not Applicable      | Deductible then 30% |
| Tier 2 - Formulary  | Deductible then 15%  | \$35*  | Not Applicable      | Deductible then 30% |
| Tier 3 - Non-Formulary  | Deductible then 15%  | \$55*  | Not Applicable      | Deductible then 30% |
| <b>90-Day Supply (Retail or Mail Order)</b>                         |  |  |                     |                     |
| Tier 1 - Generic  | Deductible then 15%  | \$20   | Not Applicable      | Deductible then 30% |
| Tier 2 - Formulary  | Deductible then 15%  | \$70   | Not Applicable      | Deductible then 30% |
| Tier 3 - Non Formulary  | Deductible then 15%  | \$110  | Not Applicable      | Deductible then 30% |

**Notes:** The boxed areas of the grid are components of each plan most often used by members when choosing a plan option, but are not all inclusive. Please refer to the Summary Plan Descriptions (SPDs), available January 30, 2014, for a complete list of benefits. KEHP has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. However, if an error has occurred, the benefits outlined in the 2014 SPDs will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations and exclusions set forth in the SPDs. For the LivingWell CDHP and the Standard CDHP plans, all covered expenses apply to the out-of-pocket maximum. For the LivingWell PPO and the Standard PPO plans, the out-of-pocket maximum accumulates separately and independently for medical and prescription drug benefits.

\*After the 75<sup>th</sup> prescription has been filled, excluding maintenance mail order/retail, the prescription drug Co-Pays will reduce to \$30 (2<sup>nd</sup> Tier) and \$44 (3<sup>rd</sup> Tier). Benefits are not provided for the use of an emergency room except for treatment of emergency medical conditions, emergency screening and stabilization.

# Changing or Canceling Benefits

## When You Need to Change or Cancel Benefits

KEHP is operated as a federally regulated, Section 125 Cafeteria Plan which enables you to pay your health insurance premiums and your Flexible Spending Account contributions with pre-tax dollars. In exchange for this benefit, there are only three times you can change or cancel your benefit elections during the plan year.

- > During the enrollment period when you first become eligible for benefits
- > During the annual Open Enrollment period
- > If you experience a life event, referred to as a Qualifying Event

### What is a Qualifying Event?

- > Marriage
- > Having or adopting a child
- > Divorce
- > Loss of other health insurance
- > Legal guardianship or court order



## 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 an Enrollment/Change Application and submit it to your Insurance Coordinator or Human Resource Generalist within 35 calendar days. If you have a baby or adopt a child, you have 60 calendar days unless adding additional dependents and then you have 35 days.

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. A change in a life event or status may not entitle you to change the amount you contribute to a Flexible Spending Account. If you do not sign and date the required form in a timely manner, you will not be permitted to revise your coverage election until the next Open Enrollment period. For additional information about qualifying events, contact your Insurance Coordinator or Human Resource Generalist.

# Flu Shots

Again this year, KEHP is helping members live well through flu season by offering free flu shots from Sept. 1 through Nov. 30, 2013.

Free flu shots are available at all benefit fair locations on a first-come, first-served basis and at participating provider locations including some doctors' offices, health clinics, retail pharmacies, local health departments, and other participating providers.

## Earn Vitality Points

Earn 200 Vitality Points™ for every KEHP member, 18 years of age and older, who gets a flu shot! Members 0-17 years old who receive a flu shot will earn 100 Vitality Points.

## Questions

Check out the free flu shot FAQs and how to receive Vitality Points at [LivingWell.ky.gov](http://LivingWell.ky.gov). If you have questions about HumanaVitality® or Vitality Points, call 877-597-7474.



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# Prescriptions

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Your prescription coverage is administered by Express Scripts Inc. and is included with all KEHP plan options. The amount you pay will depend on the plan option you select, and whether the prescribed drug is a tier 1 generic, tier 2 formulary brand, or tier 3 non-formulary brand.

## Maintenance Drug Benefit

Purchasing a 90-day supply of maintenance drugs allows you to pay at a reduced cost. You may receive a 90-day supply through Express Scripts mail order or through participating local retail pharmacies. A list of local participating pharmacies can be found at [kehpn.ky.gov](http://kehpn.ky.gov). To qualify for this benefit, the drug must be listed on Express Scripts' maintenance drug list. For more information, call Express Scripts at 877-597-7474.

## Formulary and Additional Pharmacy Coverage Information

You may view the Express Scripts National Preferred Formulary for KEHP at [kehpn.ky.gov](http://kehpn.ky.gov). The website also includes the Pharmacy Summary Plan Descriptions, which provides additional information about prior authorization, step therapy, quantity level limit programs, inherited metabolic diseases, CuraScript specialty pharmacy, and other pharmacy issues.

# Earn cash rewards and discounts

Two KEHP programs offer great incentives to help you engage in wellness



## Introducing Compass ChoiceRewards

A free service that rewards you with a cash incentive and helps lower your out-of-pocket costs when you use more cost-effective options for certain medical procedures.



### How It Works

1. As soon as your doctor recommends a medical procedure or test, contact Compass to find cost-effective, in-network facilities in your area. Be sure to call Compass at **855.869.2133** or access the website at **compasschoicerewards.com**. Have your insurance card available for verification or to log in.
2. Once you have a cost-effective location identified by Compass, call and schedule your procedure. An incentive check will be mailed to your home in 45-60 days after your procedure is complete and your claim has been received by Humana.

No hassles. No forms. No restrictions on which in-network doctors to see and completely CONFIDENTIAL. For a full list of Compass services and incentives, visit [compasschoicerewards.com](http://compasschoicerewards.com).

## Vitality HealthyFood Program Saves You 10%

As a HumanaVitality member, you are eligible for the free Vitality HealthyFood™ program. All items you purchase at Walmart® labeled Great For You™ will earn you 5% savings on your Vitality HealthyFood Shopping Card! Savings will be applied to your Vitality HealthyFood Shopping Card within 5-7 business days to be used on future Walmart purchases. **Increase your 5% savings to 10%** when you or any HumanaVitality family members, at least 18 years of age and at Bronze Status, complete a Vitality Check® in the current program year.



**Activate your Shopping Card before Dec. 31, 2013, and get \$5 pre-loaded!** Sign in to HumanaVitality at [LivingWell.ky.gov](http://LivingWell.ky.gov) and complete your Health Assessment to get to Bronze Vitality Status™. Accept the “Vitality HealthyFood Terms and Conditions” to activate your Shopping Card. You should receive your card in 7-10 business days. Any member who has an activated Shopping Card before Dec. 31, 2013, will automatically receive an **extra \$5 credit** to use toward future purchases at Walmart.

**How do I find Great For You items?** For a listing of all qualifying Great For You items, visit [LivingWell.ky.gov](http://LivingWell.ky.gov) and select “On Healthy Foods” in the Get Discounts box or call the number on the back of your member ID card. NOTE: Sam’s Club stores and Walmart.com are excluded.

## KENTUCKY EMPLOYEES' HEALTH PLAN LEGAL NOTICES

As a member of the Kentucky Employees' Health Plan (KEHP), you have certain legal rights. Several of those rights are summarized below. Please read these provisions carefully. To find out more information, you may contact the Department of Employee Insurance, Member Services Branch at (888) 581-8834 or (502) 564-6534 or visit [www.kehp.ky.gov](http://www.kehp.ky.gov).

### A. NOTICE ABOUT SPECIAL ENROLLMENT RIGHTS

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

#### 1. HIPAA Special Enrollment Provision - Loss of Other Coverage.

If you decline enrollment for yourself or your eligible dependent(s) (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 35 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

#### 2. HIPAA Special Enrollment Provision - New Dependent as a Result of Marriage, Birth, Adoption, or Placement for Adoption.

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependent(s). However, you must request enrollment within 35 days after the marriage and within 60 days after birth, adoption, or placement for adoption.

#### 3. CHIPRA Special Enrollment Provision – Premium Assistance Eligibility.

If you or your children are eligible for Medicaid or the Children's Health Insurance Program (CHIP) and you are eligible for health coverage from your employer, the State may have a premium assistance program that can help pay for coverage. Once it is determined that you or your dependent(s) are eligible for premium assistance under Medicaid or CHIP, as well as eligible for health insurance coverage through KEHP, your employer must permit you to enroll in KEHP if you are not already enrolled. This is called a "special enrollment" opportunity, and you **must request coverage within 60 days of being determined eligible for premium assistance**. In addition, you may enroll in KEHP if you or your dependent's Medicaid or CHIP coverage is terminated as a result of loss of eligibility. An employee must request this special enrollment within 60 days of the loss of coverage. More information and the required CHIP Notice may be found at [www.kehp.ky.gov](http://www.kehp.ky.gov).

### B. WELLNESS PROGRAM DISCLOSURE

KEHP offers a variety of wellness opportunities and rewards through its LivingWell wellness program. In particular, KEHP offers discounted monthly employee premium contribution rates to non-tobacco users. Each KEHP member has at least one opportunity per plan year to qualify for the monthly premium contribution discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at (888) 581-8834 or (502) 564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status. Please refer to KEHP's wellness policies for more information about the discounted monthly employee premium contribution rate for non-tobacco users, as well as other LivingWell initiatives.

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

COBRA provides for the continuation of health insurance coverage when such coverage for an employee or the employee's spouse or dependent (s) would otherwise end because of a life occurrence known as a "qualifying event." Individuals who are entitled to COBRA continuation coverage are known as Qualified Beneficiaries. If a qualifying event occurs, Qualified Beneficiaries may elect to continue their coverage under the plan for a prescribed period of time on a self-pay basis. **Each Qualified Beneficiary must be given at least 60 days to choose whether or not to elect COBRA coverage, beginning from the later of the date the election notice is provided, or the date on which the Qualified Beneficiary would otherwise lose coverage under KEHP due to a qualifying event.** The KEHP's third-party COBRA administrator is Ceridian COBRA Continuation Services. To learn more about COBRA and your rights under COBRA, please refer to your Summary Plan Description.

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

Your plan, as required by WHCRA, provides benefits for mastectomy-related services including all states of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. For more information regarding this coverage, please refer to your Summary Plan Description.

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

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

### F. HIPAA PRIVACY NOTICE

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

KEHP is required to notify you about material changes to the NPP and explain how to obtain the revised NPP. In accordance with recent HIPAA regulation changes, KEHP updated its NPP effective August 1, 2013. Material changes made to the NPP include the following:

1. Except as otherwise described in the NPP, KEHP may not use or disclosure your PHI without a valid authorization. The revised NPP provides that certain uses and disclosures (for marketing purposes, for the sale of PHI, and regarding psychotherapy notes) require a valid authorization.
2. The NPP clarifies that KEHP is not permitted to use and disclosure PHI without a valid authorization if the use and disclosure is for a purpose not explicitly stated in the NPP.
3. The NPP advises that, following the discovery of a breach of unsecured PHI, KEHP will notify you if your information has been or KEHP reasonably believes your information has been accessed, acquired, used, or disclosed as a result of such breach.
4. The NPP advises that persons receiving fundraising communications from KEHP, if any, have the right to opt out of receiving such communications.

5. The NPP provides that no use or disclosure of genetic information may be made for insurance underwriting purposes. KEHP's revised Notice of Privacy Practices and associated forms may be obtained by visiting [www.kehp.ky.gov](http://www.kehp.ky.gov).

**G. PLAN YEAR 2014 KEHP PRESCRIPTION DRUG COVERAGE AND MEDICARE-NOTICE OF CREDITABLE COVERAGE**

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

**H. NOTICE OF AVAILABILITY OF SUMMARY OF BENEFITS AND COVERAGE (SBC)**

As an employee or retiree, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. KEHP offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, KEHP makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about your health coverage options in a standard format, to help you compare across options. KEHP's SBCs are available on KEHP's website at [www.kehp.ky.gov](http://www.kehp.ky.gov). A paper copy is also available, free of charge, by contacting the Department of Employee Insurance, Member Services Branch at (888) 581-8834 or (502) 564-6534.

## **NOTICE ABOUT THE EARLY RETIREE REINSURANCE PROGRAM**

You are a plan participant, or are being offered the opportunity to enroll as a plan participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a Federal program that was established under the Affordable Care Act. Under the Early Retiree Reinsurance Program, the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on January 1, 2015.

Under the Early Retiree Reinsurance Program, your plan sponsor may choose to use any reimbursements it receives from this program to reduce or offset increases in plan participants' premium contributions, co-payments, deductibles, co-insurance, or other out-of-pocket costs. If the plan sponsor chooses to use the Early Retiree Reinsurance Program reimbursements in this way, you, as a plan participant, may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and this plan sponsor chooses to use the reimbursements for this purpose. A plan sponsor may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families.

If you have received this notice by e-mail, you are responsible for providing a copy of this notice to your family members who are participants in this plan.



## 2014 RETIREE HEALTH INSURANCE ENROLLMENT/CHANGE APPLICATION

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

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| KHRIS Personnel Number                            |  | Hazardous Duty                                      |  | Coverage Effective Date                           |  |
| <input type="checkbox"/> KRS<br>80000<br>10006416 | <input type="checkbox"/> KTRS<br>85000<br>10006418 | <input type="checkbox"/> KCTCS<br>81000<br>10006417 | <input type="checkbox"/> JRP<br>86000<br>10006419    | <input type="checkbox"/> LRP<br>87000<br>10006420 |  |
| <b>Reason for Application</b>                     |  |   |  | <b>Qualifying Event Date</b>                      |  |
| New Retiree                                       |  | Open Enrollment                                     |  | Qualifying Event (QE)                             |  |
|   |  |   |  | Other   |  |
| <b>Deletion of Dependent</b>                      |  |   | <b>Addition of Dependent</b>                         |   |  |
| <input type="checkbox"/> Divorce                  | <input type="checkbox"/> Gaining other Coverage    | <input type="checkbox"/> Marriage                   | <input type="checkbox"/> Loss of Other Coverage      |   |  |
| <input type="checkbox"/> Death                    | <input type="checkbox"/> Gaining Medicare/Medicaid | <input type="checkbox"/> Birth/Adoption             | <input type="checkbox"/> Loss of KCHIP/Medicaid      |   |  |
| <input type="checkbox"/> Loss of Eligibility      | <input type="checkbox"/> Other _____               | <input type="checkbox"/> Guardianship/Court Order   | <input type="checkbox"/> Re-establishing Eligibility |   |  |
|   |  |   | <input type="checkbox"/> Special Enrollment          |   |  |

**Section 2: Demographic Information**

|   |       |                                  |                   |                         |  |
|---|-------|----------------------------------|-------------------|-------------------------|--|
| Retiree's SSN   |       | Retiree Name (Last, First, MI)   |                   | Retiree Date of Birth   |  |
| Applicant's SSN   |       | Applicant Name (Last, First, MI) |                   | Applicant Date of Birth |  |
| Street Address  |       | Home County                      | Home Phone Number |                         | Home Email Address   |
| City, State, ZIP  |       |                                  | Cell Phone Number |                         | Gender   |
| City  | State | Zip Code                         |                   |                         | <input type="checkbox"/> Male<br><input type="checkbox"/> Female       |
|   |       |                                  |                   |                         | Married<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Are you Medicare eligible due to Social Security Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No   |       |                                  |                   |                         |  |
| Within the past 6 months, have you, a spouse, or dependent(s) 18 or over, to be covered under your insurance plan, used tobacco regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No |       |                                  |                   |                         |  |

**Section 3: Spouse/Dependent Information - Skip to section 4 if electing single coverage**

**Spouse's Information**

|   |  |                        |  |               |  |  |
|---|--|------------------------|--|---------------|--|--|
| Social Security Number  |  | Name (Last, First, MI) |  | Date of Birth |  | Gender<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| Is Spouse Medicare eligible due to Social Security Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                        |  |               |  |  |

**Cross-Reference Payment Option ONLY (LRP, JRP not eligible)**

1. Do you and your spouse utilize the cross-reference option? (two employees, married with child(ren))?  Yes

2. Within the past 6 months, have you, the spouse, used tobacco regularly?  Yes  No

|                            |                          |                          |                            |
|----------------------------|--------------------------|--------------------------|----------------------------|
| 3. Date of Hire/Retirement | 4. Organizational Unit # | 5. Spouse's Company Name | 6. Spouse's Company Number |
|----------------------------|--------------------------|--------------------------|----------------------------|

**Dependent(s) Information - If you need additional room for dependents, add them to another page and include it as part of the application**

|                                |                        |  |                                   |               |                                 |
|--------------------------------|------------------------|--|-----------------------------------|---------------|---------------------------------|
| Child 1 Social Security Number | Name (Last, First, MI) | <input type="checkbox"/> Natural       | <input type="checkbox"/> Foster   | Date of Birth | Gender                          |
|                                |                        | <input type="checkbox"/> Adopted       | <input type="checkbox"/> Step     |               | <input type="checkbox"/> Male   |
|                                |                        | <input type="checkbox"/> Court Ordered | <input type="checkbox"/> Disabled |               | <input type="checkbox"/> Female |
| Child 2 Social Security Number | Name (Last, First, MI) | <input type="checkbox"/> Natural       | <input type="checkbox"/> Foster   | Date of Birth | Gender                          |
|                                |                        | <input type="checkbox"/> Adopted       | <input type="checkbox"/> Step     |               | <input type="checkbox"/> Male   |
|                                |                        | <input type="checkbox"/> Court Ordered | <input type="checkbox"/> Disabled |               | <input type="checkbox"/> Female |
| Child 3 Social Security Number | Name (Last, First, MI) | <input type="checkbox"/> Natural       | <input type="checkbox"/> Foster   | Date of Birth | Gender                          |
|                                |                        | <input type="checkbox"/> Adopted       | <input type="checkbox"/> Step     |               | <input type="checkbox"/> Male   |
|                                |                        | <input type="checkbox"/> Court Ordered | <input type="checkbox"/> Disabled |               | <input type="checkbox"/> Female |

Are any dependents Medicare eligible due to Social Security Disability?  Yes  No If yes, who?

|  |  |  |  |  |  |  |  |  |  |
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Retiree's SSN

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Applicant's SSN

**Section 4: Plan Options**

LivingWell CDHP ----->  I AGREE to the LivingWell Promise

LivingWell PPO ----->  I AGREE to the LivingWell Promise

If you do NOT AGREE to the LivingWell Promise you must select a Standard plan option below

Standard PPO

Standard CDHP

**Section 5: Coverage Levels**

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

**Section 6: Waiving Health Insurance (no health insurance)**

No HRA - waiving insurance/not eligible/no employer-funding.    Reason for waiving?

**TOBACCO USE DECLARATION**

The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. As a part of the KEHP wellness program, KEHP provides a monthly discount in premium contribution rates for non-tobacco users. You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

**TOBACCO USE INFORMATION**

*Check the applicable box below:*

Within the past six months, have you, or a spouse or dependent to be covered under your insurance plan, used tobacco regularly?

Yes                       No

**NOTE:** Regularly means tobacco has been used four or more times per week on average excluding religious or ceremonial uses.

**NOTE:** "Tobacco" means all tobacco products including, but not limited to, cigarettes, pipes, chewing tobacco, snuff, dip, and any other tobacco products regardless of the frequency or method of use.

**NOTE:** "Dependent" means, for the purpose of the Tobacco Use Declaration, only those dependents who are 18 years of age or older.

By submitting this form, I certify the following:

1. I have truthfully checked the Yes or No box above that accurately reflects the use of tobacco products in the past six months regarding myself and persons to be covered as a spouse or dependent under my insurance plan.
2. I understand that the tobacco-user premium contribution rates will apply beginning January 1, 2014 if I answered "Yes" to the question above.
3. I understand that it is my responsibility to notify KEHP of any changes in my tobacco-use or that of my spouse or a dependent covered under my insurance plan, including notification to KEHP if all tobacco users become ineligible for coverage or are otherwise terminated during the plan year. Notification shall be made by completing a Tobacco Use Change Form.
4. I understand that if I or a spouse or dependent to be covered under my insurance plan currently use tobacco products and stop using tobacco products during the plan year, I will be eligible for the discount non-tobacco premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form certifying that neither I nor my spouse/dependent(s) regularly used tobacco products during the six months prior to completion of the Tobacco Use Change Form.
5. I understand that if I answered "No" to the question above and either I or a spouse or dependent covered under my insurance plan become a regular tobacco user at any time, I must notify KEHP and my contribution rates will be adjusted to the tobacco-user premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form.
6. I understand that this Tobacco Use Declaration is a part of my KEHP application for health insurance coverage. Any person who knowingly, and with the intent to defraud files an application for insurance containing any materially false information, or who conceals, for the purposes of misleading, information concerning any fact material to the application, commits a fraudulent insurance act which is a crime.
7. I understand that if I fail to complete this Declaration truthfully, KEHP may adjust my contribution rates retroactively to apply the applicable higher tobacco-user premium contribution rates. Upon written notification, I will pay to KEHP the difference between the tobacco-user and the non-tobacco user premium contribution rates for the period for which I falsely certified eligibility for the non-tobacco user premium contribution rates.
8. The KEHP offers monthly discounted premium contribution rates to non-tobacco users as a part of its wellness program. Each KEHP member has at least one opportunity per plan year to qualify for the discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees/retirees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at (888) 581-8834 or (502) 564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

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Retiree's SSN

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|--|--|--|--|--|--|--|--|--|--|

Applicant's SSN

Authorization and Certification for elections made by the planholder for health insurance coverage through the Kentucky Employees' Health Plan (KEHP or Plan), administered by the Department of Employee Insurance (DEI). My signature on this application for health insurance creates a legal and binding contract. By affixing my signature, I understand that:

- If I am electing a KEHP plan option during open enrollment, the plan will be effective the first day of the following plan year. If I am a new retiree electing a KEHP plan option outside of open enrollment, my plan will be effective upon my retirement and in accordance with my Retirement System's new retiree health insurance coverage rules.
- I have read and understand the 2014 KEHP Benefits Selection Guide (BSG). Plan rules and limitations are contained in the KEHP Summary Plan Descriptions (SPD) and the Summary of Benefits and Coverage (SBC).
- All KEHP benefits for my eligible dependents and me will be provided in accordance with the limitations in the SPDs, BSG, and SBCs. I will abide by all terms and conditions governing membership and receipt of services from the Plan in which I have enrolled and as set forth in the SPD. In the event of a conflict between the terms of coverage stated in the SPDs, the BSG, and the SBCs, the terms of coverage stated in the SPDs will govern.
- KEHP uses third parties, including Humana and Express Scripts, to provide certain administrative functions. KEHP may communicate with me directly or through these third parties about my coverage, my benefits, or health-related products or services provided by, or included in KEHP's plan of benefits.
- If my spouse and I elect the cross-reference payment option, we are planholders with family coverage, and upon a loss of eligibility by either spouse, the remaining planholder will default to a parent plus coverage level. The cross-reference payment option ceases upon loss of eligibility or employment by either spouse/planholder. (This option is not available to LRP/JRP retirees).
- I certify that each enrolled dependent meets KEHP eligibility requirements of a dependent as set forth in the SPD and in the BSG. DEI may require supporting documentation to verify the eligibility of any dependent enrolled or requesting to be enrolled in the Plan.
- The elections indicated by this application may not be changed or cancelled during the plan year without a permitted Qualifying Event.
- I authorize my Retirement System to deduct from my earnings the amount required to cover my share of the premium contribution for the plan(s) I have selected, including any arrears I may owe.
- I authorize KEHP to release my medical claims data to my Retirement System for use in data analysis and referral to available health related services upon their review.
- Any premium payment submitted to KEHP that I intend to be used to pay for my health insurance premium contributions will first be used to pay other priority debts that may be due and owing such as taxes and child support.
- I authorize my Retirement System to release the information in this application to the Social Security Administration. The information in this application may be used by the Social Security Administration to determine Medicare eligibility. I further acknowledge that Medicare eligibility will affect my participation in KEHP. I acknowledge that I have an ongoing affirmative duty to inform my Retirement System of any change in Medicare eligibility status for myself, my spouse, or my dependent(s).
- Generally, the four KEHP plan options must pay primary to Medicare. If I am retired and have Medicare as well as a group health plan from a former employer, Medicare will pay primary to my group health plan coverage.
- If my KEHP plan option includes a Health Reimbursement Account (HRA), my HRA may only reimburse me for medical expenses, as authorized by 26 U.S.C. Sections 105(b) and 213(d), that are incurred during the applicable coverage period. Pursuant to federal law, the cost of over-the-counter medicines (other than insulin and those prescribed by a doctor) may not be reimbursed through my HRA. I have a 90-day run-out period (until March 31) for reimbursement of eligible HRA expenses incurred during my period of coverage.
- Any unused amount remaining in my HRA at the end of the plan year may be carried forward to the next plan year.
- My HumanaAccessSM Visa® Card will be suspended if the required HRA claim verification is not sent to Humana within sixty (60) days after the card swipe. I agree to follow all rules and guidelines established by the Plan concerning the HumanaAccessSM Visa® Card. The Plan reserves the right to deny access to the card, require repayment, deduct/withhold from my earnings, and offset my HRA if I fail to properly substantiate a claim.
- The KEHP offers discounted premium contribution rates to non-tobacco users as a part of its wellness program. If either I or a spouse or dependent to be covered under my insurance plan have used tobacco regularly within the past six months, I will not qualify for the discounted premium contribution rates. Each KEHP member has at least one opportunity per plan year to qualify for the discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees/retirees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at 888-581-8834 or 502-564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.
- If I have chosen one of the KEHP LivingWell plan options, I agree to complete the KEHP LivingWell Promise by (1) completing my online HumanaVitality Health Assessment; and (2) keeping my contact information (i.e. mailing address, phone number, and email) current in KHRIS or, if I am a retiree, keeping my contact information current with my retirement system. If I am choosing a LivingWell plan option during open enrollment, I will complete the Health Assessment between January 1, 2014 – May 1, 2014. If I am a new retiree and I choose a LivingWell plan option outside of open enrollment, I will complete the Health Assessment within 90 days of my coverage effective date.
- I have rights under HIPAA regarding the protection of my health information. KEHP will comply with the HIPAA privacy and security rules, and uses and disclosures of my protected health information will be in accordance with federal law. KEHP may use and disclose such information to business associates or other third parties only in accordance with KEHP's Notice of Privacy Practices available at [kehp.ky.gov](http://kehp.ky.gov).
- Any person who knowingly, and with the intent to defraud, files an application for insurance containing any materially false information (including a forged signature or incorrect signature date), or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime. I can be held responsible for any fraudulent act that I could have prevented while acting within my duties related to the KEHP, and it may be used to reduce or deny a claim or to terminate my coverage.
- I have fully read the materials provided to me. I further acknowledge that Medicare eligibility will affect my participation in KEHP. My signature on this application for health insurance certifies that all information provided during this enrollment opportunity is correct to the best of my knowledge.

Retiree's SSN

Retiree's SSN

Applicant's SSN

Applicant's SSN

Application MUST be signed by retirement Insurance Coordinator. Please mail application to:

|  |  |  |  |
|--|--|--|--|
| <b>Kentucky Retirement Systems (KRS)</b><br>Perimeter Park West<br>1260 Louisville Road<br>Frankfort, KY 40601 | <b>KY Teachers' Retirement(KTRS)</b><br>479 Versailles Road<br>Frankfort, KY 40601 | <b>KY Judicial Form Retirement System (JRP/LRP)</b><br>305 Ann Street, Room 302,<br>Whitaker Bank Bldg.<br>Frankfort, KY 40601 | <b>KCTCS Retirees</b><br>300 North Main Str.<br>Versailles, KY 40383 |
|--|--|--|--|

Retiree Signature

Date

Applicant Signature (if other than retiree)

Date

Spouse's Signature\*

Date

Retiree's Insurance Coordinator's Signature

Date

Spouse's Insurance Coordinator's Signature\*

Date

\*Required if electing the cross-payment reference option.







## **Kentucky Retirement Systems**

Perimeter Park West, 1260 Louisville Road

Frankfort, Kentucky 40601

1-800-928-4646 • <http://kyret.ky.gov>



### Legal Notice

If you have any questions about the material printed in this publication please contact Kentucky Retirement Systems at 1-800-928-4646. This publication is intended merely as a general information reference for members of KRS. 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 Kentucky Retirement Systems.