



KPPA

Kentucky Public Pensions Authority



GO PAPERLESS

COMING IN 2024

- ✓ Log in at MyRetirement.ky.gov
- ✓ Verify your contact information

We'll tell you more about this new service when it's available and explain how it works.

OPEN ENROLLMENT

Health Insurance Materials for Retirees not eligible for Medicare



Enrollment NOT Required

If you do not submit an enrollment form, you will continue with the same health insurance benefit for 2024 as you have for 2023.



Hazardous Notice

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



LivingWell Promise Required

All planholders must take the [online Health Assessment](https://mycastlight.com/mybenefits) at mycastlight.com/mybenefits between January 1, 2024 - July 1, 2024.



KYRET.KY.GOV

This is a summary of Open Enrollment information for Plan Year 2024. Visit our website at KYRET.KY.GOV for details.



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



KYRET.KY.GOV
MYRETIREMENT.KY.GOV

What You Need to Know for 2024

ENROLLMENT FORM NOT REQUIRED

If you do not complete an enrollment form for 2024, you will be automatically enrolled in the same plan at the same level of coverage (e.g., single, parent plus, couple or family) you have in 2023.

OPEN ENROLLMENT IS OCTOBER 1-31, 2023

Health insurance plan options are the same this year. There is approximately a 16% premium increase for all 2024 plans. Depending on your individual account, your cost may not increase. Please refer to the worksheets on pages 4-7.

YOUR COST FOR COVERAGE

In order to determine your cost for coverage in 2024, please refer to the guides on pages 4-7. Visit our website for additional information and examples.

HAZARDOUS YEARLY REQUIREMENT

Hazardous members with insurance dependents have to complete a Form 6256 every year. Please refer to our website for details. Form 6256 can be submitted with your online enrollment, uploaded using the Documents feature in Self Service, or can be faxed or mailed to KPPA. The deadline is November 30, 2023.

CROSS REFERENCE

A paper enrollment form is no longer required. You may submit your enrollment form online.

PERSONAL IDENTIFICATION NUMBER (PIN)

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

You DO NOT have to enroll if you:

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

You DO have to enroll if you:

- Want to change your health insurance plan option, level, or health insurance dependents.
- Are currently enrolled in a health insurance plan in 2023 and would like to waive your coverage in 2024.

ENROLL ONLINE AT MYRETIREMENT.KY.GOV

An online enrollment form is only required to make a change to your coverage for 2024.



All plan holders who are 18 or older are required to fulfill the LivingWell Promise between January 1, 2024 - July 1, 2024 to earn premium discounts in 2025. Castlight is the new vendor for 2024, replacing WebMD. Go to mycastlight.com/mybenefits to create an account.

ADDITIONAL INFORMATION

To fulfill the LivingWell Promise, all planholders must take the online Health Assessment at mycastlight.com/mybenefits by July 1, 2024.

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

Please check our website for the October webinar schedule. Go to Retirees > Retiree Outreach > Videos to watch recorded webinars and videos.

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

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

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

KEHP Tobacco User Fee, Disclosures & Legal Declarations: To view these documents, use your phone camera to scan the QR code on page 3 or from our homepage go to Retirees > Insurance > Non-Medicare Plan Year 2024.

What You Need to Know for 2024



PLAN HIGHLIGHTS

Pick from three health insurance plan options with minimal increases for 2024. Access the benefits grid and details for each plan on our website at [KYRET.KY.GOV](https://www.kyret.ky.gov). To view these documents, use your phone camera to scan the QR code or from our homepage go to [Retirees](#) and select [Insurance](#), then [Non-Medicare Plan Year 2024](#).

All plans have zero cost share for members enrolled in the PrudentRx program for certain specialty drugs. Learn more about this program by visiting our website or call CVS Caremark at (866) 601-6934.

The information below applies to In-Network Medical and Prescription benefits.			
	LivingWell CDHP ¹	LivingWell PPO ²	LivingWell Basic CDHP ¹
HRA	Single \$500 Family \$1,000	No HRA	Single \$250 Family \$500
Annual Deductible	Single \$1,500 Family \$2,750	Single \$1,000 Family \$1,750	Single \$2,000 Family \$3,750
Annual Maximum Out-of-Pocket	Single \$3,000 Family \$5,750	Single \$3,000 Family \$5,750	Single \$4,000 Family \$7,750
Doctor's Office Visit	Deductible then 20%	Co-pay \$25; Specialist \$50	Deductible then 30%
Co-insurance	20%	25%	30%
Annual Prescription Drug Maximum Out-of-Pocket	Combined with Medical	Single \$2,500 Family \$5,000	Combined with Medical
30-Day Supply	Tier 1: Deductible then 20% Tier 2: Deductible then 20%	Tier 1: \$20 Tier 2: \$40	Tier 1: Deductible then 30% Tier 2: Deductible then 30%
Tier 1 - Generic Tier 2 - Formulary	Zero cost-share for specialty drugs for those enrolled in the PrudentRx specialty program. A 30% co-insurance for specialty drugs applies for those not enrolled.		
<small>The above grid includes in-network components of each plan most often used by members when choosing a plan option, but are not all inclusive. Refer to the Summary of Benefits and Coverage (SBC) on our website for more information. ¹Consumer-driven health plan ²Preferred provider organization</small>			

ALIGHT DEPENDENT ELIGIBILITY VERIFICATION AUDIT

The Kentucky Employees' Health Plan (KEHP) conducts routine dependent eligibility verification. Alight, the company completing the audit, may send you a letter requesting documentation such as a marriage certificate, federal tax form, or birth certificates. This verification is not required by KPPA. You will need to communicate directly with Alight in order to comply with this audit. If you have questions, please call Alight at 1-800-725-5810.

MEDICARE ELIGIBLE NOTICE

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

Hazardous Percentage Contribution Premium Calculation Worksheet

Use this worksheet if you meet all of the following:

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

1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2024.

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

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

Box 1

2. Service Credit

Subtract the following, based upon your months of service.

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

Box 2



PLEASE READ THE
HAZ NOTICE BELOW
BEFORE CONTINUING
TO BOX 3



HAZARDOUS RETIREES WITH HEALTH INSURANCE DEPENDENTS FORM 6256 YEARLY REQUIREMENT

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

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

If you fail to notify KPPA of changes in your dependent's eligibility (child and spouse), you will **BE REQUIRED TO REPAY** any insurance benefits paid on behalf of the ineligible person.

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



[MYRETIREMENT.KY.GOV](https://myretirement.ky.gov)

Members have three options for submitting documents to our office:

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

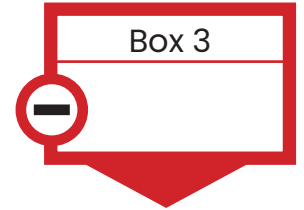
3. Spouse & Dependent Coverage

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

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

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

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

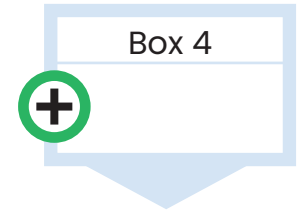


Your Subtotal
Box 1 subtract Box 2 and Box 3

4. Tobacco Status

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

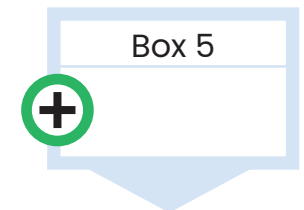
Non-tobacco user	+\$0.00
Retiree or beneficiary uses tobacco selecting Single coverage	+\$40.00
Retiree or beneficiary uses tobacco selecting Family, Parent Plus, or Couple coverage	+\$80.00



5. LivingWell Promise

Select one. If you did not fulfill the LivingWell Promise for Plan Year 2023, you will be required to pay amount in Box 5 in 2024.

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



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

Nonhazardous Percentage Contribution Premium Calculation Worksheet

Use this worksheet if you meet all of the following:

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

1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2024.

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

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

Box 1

2. Service Credit

Subtract the following based upon your months of service.

Applicant's Months of Service			
Contribution based on plan selected	240+ months	LivingWell CDHP	\$930.76
		LivingWell PPO	\$949.04
		LivingWell Basic CDHP	\$901.04
180 - 239 months		\$711.78	
120 - 179 months		\$474.52	
48 - 119 months		\$237.26	
0 - 47 months		\$0.00	

NOTICE: For nonhazardous retirees who elect Parent Plus, Couple, Family or Family Cross Reference coverage, there is a maximum contribution for each plan:

LivingWell CDHP is \$930.76
LivingWell PPO is \$949.04
LivingWell Basic CDHP is \$901.04

Please contact KPPA for assistance in determining insurance costs.

Box 2

Your Subtotal
Box 1 subtract
Box 2

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

3. Tobacco Status

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

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

Box 3

4. LivingWell Promise

Select one. If you did not fulfill the LivingWell Promise for Plan Year 2023, you will be required to pay the amount in Box 4 in 2024.

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

Box 4

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

Dollar Contribution Premium Calculation Worksheet

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

Use this worksheet if you meet all of the following:

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

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

1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2024.

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

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

Box 1

2. Nonhazardous Service Credit

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

Dollar Contribution Amount	X	FULL Years of Nonhazardous Service	=	BOX 2 TOTAL
\$14.41	X		=	

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

Box 2

3. Hazardous Service Credit

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

Dollar Contribution Amount	X	FULL Years of Hazardous Service	=	BOX 3 TOTAL
\$21.62	X		=	

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

Box 3

Your Subtotal**

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

**ADDITIONAL AMOUNTS

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



KPPA

Kentucky Public Pensions Authority
1260 Louisville Road
Frankfort, KY 40601

PRESORTED
FIRST CLASS
U.S. POSTAGE PAID
LEXINGTON, KY
PERMIT #000

Name
Address Line 1
Address Line 2
City, State Zipcode

**KENTUCKY EMPLOYEES' HEALTH PLAN
OPEN ENROLLMENT HOTLINE
1-888-581-8834 or 502-564-6534
Service is only available October 9-27, 2023**

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

Option 1: Kentucky Public Pensions Authority (KPPA)

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

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

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

 KYRET.KY.GOV
 [@KYretirement](https://www.facebook.com/KYretirement)
 [@KYretire](https://twitter.com/KYretire)

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

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

Legal Notice: If you have any questions about the material printed in this publication please contact Kentucky Public Pensions Authority (KPPA) at 1-800-928-4646. This publication is intended merely as a general information reference for members of KERS, CERS and SPRS. If you have any specific questions about the subjects covered by this publication, you should contact the retirement office. This publication is not intended as a substitute for applicable Federal or state law, nor will its interpretation prevail should a conflict arise between its contents and applicable Federal or state law. Before making decisions about your retirement, you should contact KPPA. Any person who knowingly makes a false record or statement to KPPA may be required to pay civil penalties, and legal costs and fees, in addition to repaying all benefits received. REV 09/2023