

# 2014 Open Enrollment

## Benefits Selection Guide

Your road map through merging health and wellness benefits

### *LivingWell* Success Stories

Free Flu Shots

New Plan Options

Enrollment Help

**Mandatory, Active  
Open Enrollment**

**Oct. 1 – 31**



**Kentucky Employees' Health Plan**

# Mapping out the Route

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# Preparing for 2014

Thank you for your service to the Commonwealth. At Kentucky Employees' Health Plan (KEHP), we care about your health and are dedicated to providing comprehensive, affordable and competitive health and wellness benefits to nearly 300,000 Kentucky teachers, retirees, state, quasi-government employees, and their families. We hope this Benefits Selection Guide (BSG) will help you:

- > Make the right decision for your health and wellness needs in 2014
- > Understand the new plan designs and how they work
- > Learn more about the importance of wellness
- > Know how to enroll in health coverage for 2014

## What's ahead in 2014

- > Open Enrollment is an active, mandatory enrollment. Everyone must elect a new health insurance plan option or waive coverage. If you do not actively make an election or waive coverage by Oct. 31, you will be automatically enrolled in the Standard CDHP, single coverage level plan option.
- > **To ensure a smooth online enrollment session, KEHP has designated enrollment dates for you. If the dates listed below are inconvenient for your schedule, please be sure to enroll any date from Oct. 1 — Oct. 31.**

First Letter of Last Name	Designated Enrollment Dates
A-F	October 1 - 10
G-N	October 11 - 20
O-Z	October 21 - 30

- > If you want a Flexible Spending Account for 2014, you must also make new elections by Oct. 31.
- > There are four new plan options — two of the plans connect wellness and health benefits by way of a LivingWell Promise.
- > There is no cost for in-network preventive care.
- > See application for new tobacco use declaration.
- > KTRS retirees can now enroll online.
- > FREE flu shots will continue to be offered Sept. 1 — Nov. 30.
- > KEHP has a new incentive program — Compass ChoiceRewards.
- > HumanaVitality® HealthyFood™ program now offers 10% savings for eligible members who activate their HealthyFood Shopping Card in HumanaVitality® and complete the Vitality Check®.

# 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 [keh.ky.gov](http://keh.ky.gov) and on pages 8 and 9 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.**



# LivingWell Programs Drive Success

The LivingWell programs offer support to get you started, help keep you going, and reward you for all your hard work. Learn about our LivingWell programs and how they are benefiting KEHP members.

## LivingWell Success

### Elwyn is seven years younger



Last year, Elwyn took his HumanaVitality® Health Assessment (HA) and the results got his attention. At age 30, his Vitality Age™ said he was 48 years old. As a father of two sets of twin girls, ages three and eight, Elwyn knew he wanted to make a change for himself and his family. He reviewed the recommendations made by HumanaVitality, and after speaking with his doctor and a Humana health coach, he set his goals and was off on his wellness path. Today, Elwyn has lowered his Vitality Age by seven years, lost 20 pounds, and has a goal to lose 40 more! He's earned nearly 10,000 Vitality Bucks® and is saving for a mountain bike or the newest electronic gadget. Through the Jackpot Drawing, he won a Pilates workout set. "Great stress relief!" he says.

#### Tips from Elwyn

- > Complete your HA and find your Vitality Age. Set your goals so you can start earning Vitality Bucks. Take advantage of the free Vitality Check® (biometric screening) and earn up to 4,000 Vitality Bucks.
- > Contact the health coaches to find answers to questions on prevention, family history factors, and diet.

### Michelle lost 130 pounds

## LivingWell Success

Three years ago, Michelle's pulmonary specialist recommended gastric bypass surgery as her only option. "That was my turning point," she said. Michelle instead opted for a healthier lifestyle, using HumanaVitality every day to help reach her wellness goals. A personal health coach, free to all KEHP members, has kept her encouraged throughout her journey. Her children participate in the Vitality Kids program. As if losing 130 pounds wasn't enough, Michelle has earned a Fitbit, magazine subscriptions, smoothie maker, and clothing from the Vitality Mall.



#### Tips from Michelle

- > Work with a health coach. "My coach helps me define and periodically assess my goals and keeps me on track."
- > Save your points for a Fitbit and use it to stay focused every day. Keep things interesting and have fun.
- > Join an athletic league that interests you or try a 5K. You'll earn extra Vitality Bucks.
- > Get your kids involved. They'll accomplish their own goals and keep you motivated.

Learn more about all of KEHP's LivingWell programs by visiting [LivingWell.ky.gov](http://LivingWell.ky.gov).

## Mary quit tobacco

## LivingWell Success



Thanks in part to the quit-smoking classes and benefits offered through LivingWell, Mary has been tobacco-free for five years! Not only has she added years to her life, but she's saving on her monthly health insurance premiums and out-of-pocket costs.

### Tips from Mary

- > Set a quit date and stay busy. Reach for water instead of a cigarette and walk on your breaks.
- > Sign up for the smoking cessation programs through LivingWell, like Cooper Clayton, and receive over-the-counter Nicotine Replacement Therapy (NRT) at no cost to you.

## Deanna is saving on healthy foods

## LivingWell Success

Deanna leveraged the LivingWell program, including the nurse support line and has lost 134 pounds! "I've now lost more than I weigh!" she laughs. With help from Humana nurses, her doctor and others, she's now off three previous medications and is only taking maintenance medication and vitamins. "I have so much more energy! I can move better, and do more with my grandbaby. Staying healthy means I'll be around to watch her grow up!"

### Deanna's Tips

- > Set goals through HumanaVitality, use the educational tools and the nurse support line for guidance.
- > Get your HealthyFood™ card and start saving 5% at Walmart®, or 10% when you also complete a Vitality Check! Log in to HumanaVitality, complete the Health Assessment and receive your card in the mail.



## LivingWell Success

## Sara and Matt are earning rewards



After multiple years of poor diet and little exercise, Matt and Sara made a change. "HumanaVitality was the perfect motivation tool," Matt said. "I was able to work with health professionals on specific areas - total cholesterol, weight, and triglycerides." Since his initial Vitality Check, Matt has lost 35 pounds, lowered his total cholesterol to a healthy range, and lowered his triglycerides 70 points. The Vitality Mall offers some pretty cool incentives. Sara earned a Dooney & Bourke handbag and Matt earned a Weber grill with the points they received from tracking their regular exercise and completing their first 5k.

### Tips from Matt and Sara

- > Make it a team effort. Have fun competing with friends, family, and co-workers. "Matt and I motivate each other, and it helps to have leadership at work supporting healthy efforts."
- > Check out the Vitality Mall to find an inspirational item that will help you stay motivated.

# 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](http://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](http://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 KHRIS ESS Contact Information

1

Open Internet Explorer then go to KHRIS.ky.gov and log in to KHRIS ESS.

2

### Current KHRIS ESS users

Enter your KHRIS User ID and password and click “Log on.” If this is the first time you have used KHRIS this year, read the user agreement, enter your full name and click “I agree.”

### New KHRIS ESS User

Click the “Forgot/Reset Password or New User” link. Enter your KHRIS User ID and click “Validate.” For security purposes, you must provide the following information: last name, zip code, date of birth, and Social Security number. Click “Authenticate.” If your information has been validated, a temporary password displays. Write this down or copy it. Click “Exit.” Back at the main page KHRIS.ky.gov, type your KHRIS User ID and temporary password. Click “Log On.” You will now be prompted to change the temporary password. Type your temporary password created above, create a new password, and confirm your new password by typing it again. Click “Change.”

3

Once logged in, click “Personal Information” in the panel on the left of the screen or the “Addresses” link under Personal Information. In the Permanent Residence section, click “Edit.” Update your home address, phone number(s), and work/personal e-mail addresses. If these changes are immediate, click the “Valid as of Today” button, otherwise, click the “Valid as of a Future Date” button and enter the effective date of the change.

4

Once you have completed your entry, click “Review.” If correct, click “Save,” otherwise click “Previous Step” and revise your entries. Once complete, click “Log off.”

## 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 [keh.p.ky.gov](http://keh.p.ky.gov) for full plan details.

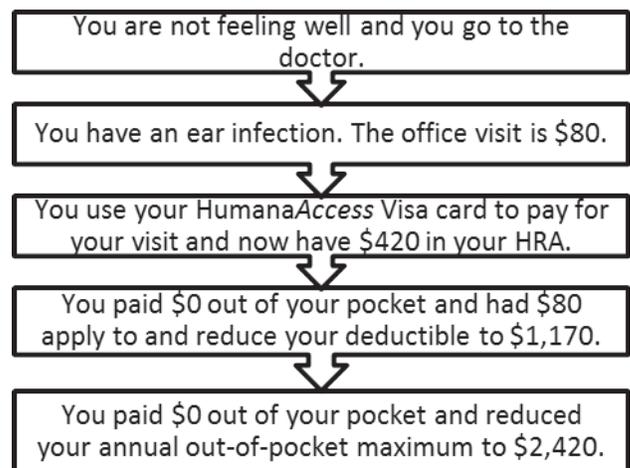


## Health Reimbursement Account

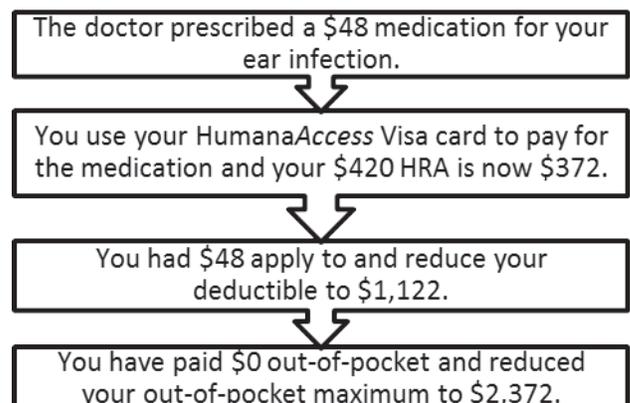
- > Single = \$500
- > Couple, parent-plus, family = \$1,000

## Single plan coverage example below.

### LivingWell CDHP medical benefits



### LivingWell CDHP pharmacy benefits



# LivingWell PPO Plan Option

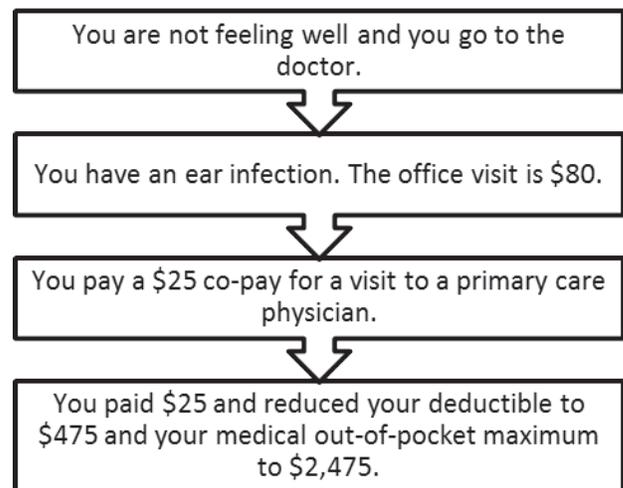
## Highlights

- > 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.

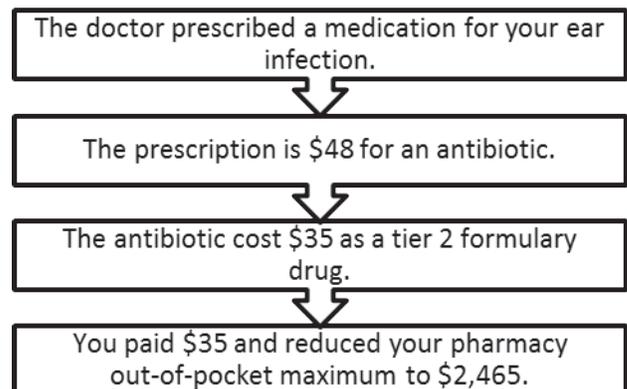
Please view the enclosed rates chart, pages 14 and 15, benefits grid, pages 16 and 17, and the Summary of Benefits and Coverage at [kehpcy.gov](http://kehpcy.gov) for full plan details.

## Single plan coverage example below.

### LivingWell PPO medical benefits



### LivingWell PPO pharmacy benefits



# Standard PPO Plan Option

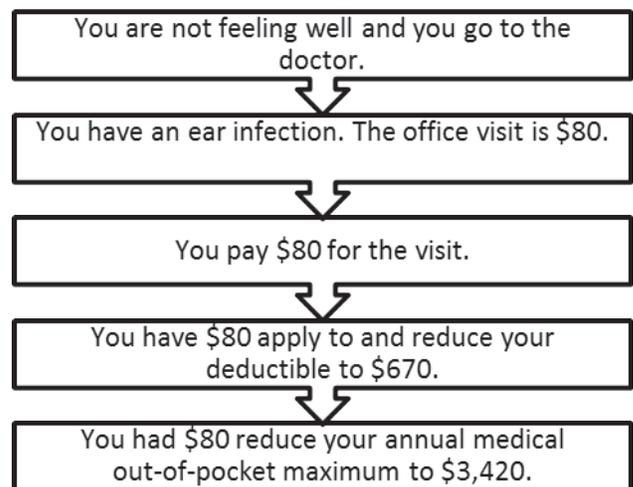
## Highlights

- > 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.)

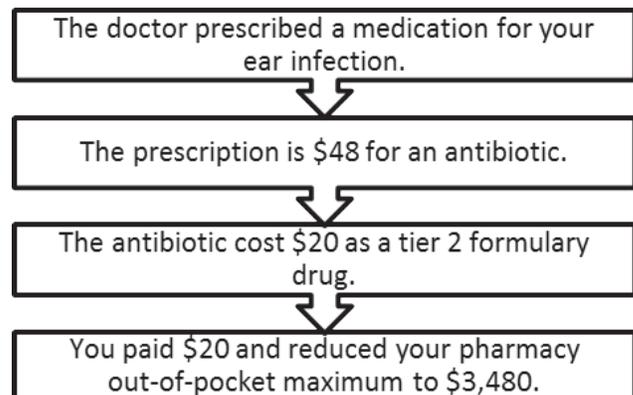
Please view the enclosed rates chart, pages 14 and 15, benefits grid, pages 16 and 17, and the Summary of Benefits and Coverage at [keh.p.ky.gov](http://keh.p.ky.gov) for full plan details.

## 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.

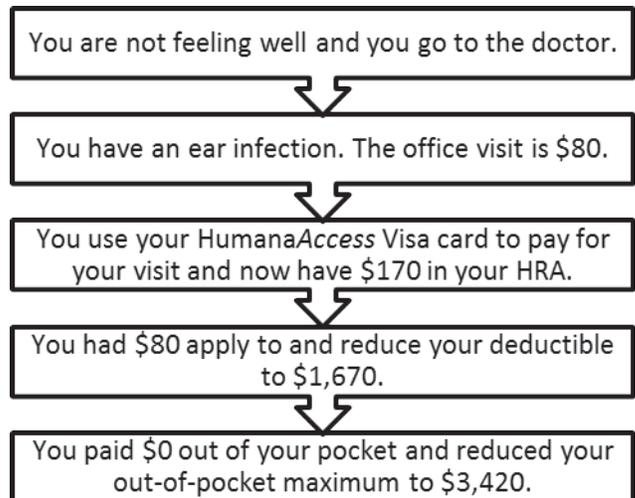


## Health Reimbursement Account

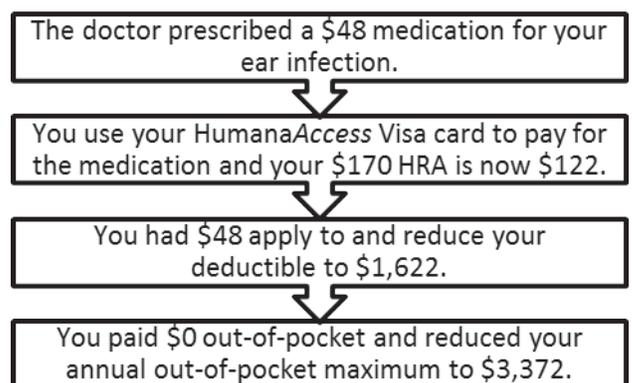
- > Single = \$250
- > Couple, parent-plus, family = \$500

## Single plan coverage example below.

### Standard CDHP medical benefits



### Standard CDHP pharmacy benefits



# Non-Tobacco User Rates

All employee contributions are per employee, per month.

## LivingWell CDHP

	Total Premium	Employer Contribution	Employee Contribution
<b>Single</b>	\$733.88	\$685.90	\$47.98
<b>Parent Plus</b>	\$1,045.20	\$922.22	\$122.98
<b>Couple</b>	\$1,603.94	\$1,315.96	\$287.98
<b>Family</b>	\$1,785.16	\$1,447.18	\$337.98
<b>Family Cross-Reference</b>	\$882.94	\$804.96	\$77.98

## LivingWell PPO

	Total Premium	Employer Contribution	Employee Contribution
<b>Single</b>	\$699.28	\$619.30	\$79.98
<b>Parent Plus</b>	\$995.94	\$767.96	\$227.98
<b>Couple</b>	\$1,528.34	\$1,015.36	\$512.98
<b>Family</b>	\$1,701.04	\$1,058.06	\$642.98
<b>Family Cross-Reference</b>	\$841.34	\$688.36	\$152.98

## Standard PPO

	Total Premium	Employer Contribution	Employee Contribution
<b>Single</b>	\$656.28	\$608.30	\$47.98
<b>Parent Plus</b>	\$934.70	\$811.72	\$122.98
<b>Couple</b>	\$1,434.36	\$1,146.38	\$287.98
<b>Family</b>	\$1,596.42	\$1,258.44	\$337.98
<b>Family Cross-Reference</b>	\$789.60	\$711.62	\$77.98

## Standard CDHP

	Total Premium	Employer Contribution	Employee Contribution
<b>Single</b>	\$641.50	\$628.52	\$12.98
<b>Parent Plus</b>	\$913.66	\$840.68	\$72.98
<b>Couple</b>	\$1,402.06	\$1,139.08	\$262.98
<b>Family</b>	\$1,560.48	\$1,247.50	\$312.98
<b>Family Cross-Reference</b>	\$771.82	\$738.84	\$32.98

# Tobacco User Rates

All employee contributions are per employee, per month.

## LivingWell CDHP

	Total Premium	Employer Contribution	Employee Contribution
<b>Single</b>	\$733.88	\$645.90	\$87.98
<b>Parent Plus</b>	\$1,045.20	\$842.22	\$202.98
<b>Couple</b>	\$1,603.94	\$1,235.96	\$367.98
<b>Family</b>	\$1,785.16	\$1,367.18	\$417.98
<b>Family Cross-Reference</b>	\$882.94	\$764.96	\$117.98

## LivingWell PPO

	Total Premium	Employer Contribution	Employee Contribution
<b>Single</b>	\$699.28	\$579.30	\$119.98
<b>Parent Plus</b>	\$995.94	\$687.96	\$307.98
<b>Couple</b>	\$1,528.34	\$935.36	\$592.98
<b>Family</b>	\$1,701.04	\$978.06	\$722.98
<b>Family Cross-Reference</b>	\$841.34	\$648.36	\$192.98

## Standard PPO

	Total Premium	Employer Contribution	Employee Contribution
<b>Single</b>	\$656.28	\$568.30	\$87.98
<b>Parent Plus</b>	\$934.70	\$731.72	\$202.98
<b>Couple</b>	\$1,434.36	\$1,066.38	\$367.98
<b>Family</b>	\$1,596.42	\$1,178.44	\$417.98
<b>Family Cross-Reference</b>	\$789.60	\$671.62	\$117.98

## Standard CDHP

	Total Premium	Employer Contribution	Employee Contribution
<b>Single</b>	\$641.50	\$588.52	\$52.98
<b>Parent Plus</b>	\$913.66	\$760.68	\$152.98
<b>Couple</b>	\$1,402.06	\$1,059.08	\$342.98
<b>Family</b>	\$1,560.48	\$1,167.50	\$392.98
<b>Family Cross-Reference</b>	\$771.82	\$698.84	\$72.98

**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 Health Reimbursement Account (HRA)</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Annual Deductible</b>	Single \$500; Family \$1,000	Single \$2,500; Family \$5,000	Not Applicable	Single \$1,000; Family \$2,000	Not Applicable	Single \$750; Family \$1,500	Single \$250; Family \$500	Single \$3,000; Family \$6,000
<b>Annual Out-of-Pocket Maximum</b>	Single \$2,500; Family \$5,000	Single \$5,000; Family \$10,000	Single \$500; Family \$1,000	Single \$5,000; Family \$10,000	Single \$3,500; Family \$7,000	Single \$1,750; Family \$3,500	Single \$7,000; Family \$10,000	Single \$3,000; Family \$6,000
<b>Co-Insurance</b>	Plan: 85% Member: 15%	Plan: 60% Member: 40%	Plan: 80% Member: 20%	Plan: 60% Member: 40%	Plan: 70% Member: 30%	Plan: 50% Member: 50%	Plan: 70% Member: 30%	Plan: 50% Member: 50%
<b>Doctor's Office Visits</b>	Deductible then 15%	Deductible then 40%	Co-Pay: \$25 PCP; \$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% Co-Pay waived if admitted.	\$150 Co-Pay then Deductible then 20% Co-Pay waived if admitted.	\$150 Co-Pay then Deductible then 30% Co-Pay waived if admitted.	\$150 Co-Pay then Deductible then 30% Co-Pay waived if admitted.	Deductible then 30%	Deductible then 30%
<b>ER Physician Care</b>	Deductible then 15%	Deductible then 15%	Deductible then 20%	Deductible then 20%	Deductible then 30%	Deductible then 30%	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 30%	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%	Deductible then 40%	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 50%	Covered at 100%
<b>Routine Well Adult</b>	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 50%	Covered at 100%	Deductible then 50%
<b>Mental Health</b>	Treated the same as any other health condition. See specifics related to physician specialists, inpatient and outpatient services.							
<b>Autism Services</b>	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%	Deductible then 40%	\$25 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
<b>Maternity Care</b> (See SPD for Specifics)	Deductible then 15%	Deductible then 40%	\$25 Co-Pay (office visit pregnancy diagnosed) Delivery Charge: Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
<b>Durable Medical Equipment</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>Therapy Services</b> (Per Visit; Physical, Occupational, Speech)	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>Chiropractic Care</b>	Deductible then 15%	Deductible then 40%	Maximum of 30 visits per calendar year, per therapy service type	Deductible then 40%	Maximum of 30 visits per calendar year, per therapy service type	Deductible then 50%	Maximum of 30 visits per calendar year, per therapy service type	Deductible then 50%
<b>Prescription Drugs</b>	Deductible then 15%	Deductible then 40%	\$25 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
<b>30-Day Supply</b>	Deductible then 15%	Deductible then 40%	Maximum of 26 visits per calendar year; no more than 1 visit per day	Deductible then 40%	Maximum of 26 visits per calendar year; no more than 1 visit per day	Deductible then 50%	Maximum of 26 visits per calendar year; no more than 1 visit per day	Deductible then 50%
Tier 1 - Generic								
Tier 2 - Formulary								
Tier 3 - Non-Formulary								
<b>90-Day Supply</b> (Retail or Mail Order)	Deductible then 15%	Deductible then 40%	\$10 \$35* \$55*	Not Applicable	Not Applicable	Not Applicable	Deductible then 30%	Deductible then 50%
Tier 1 - Generic								
Tier 2 - Formulary								
Tier 3 - Non Formulary								

**Administered by Express Scripts**

**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.

# Waiver HRA

If you are an eligible, active employee and choose to waive coverage and select the Waiver Health Reimbursement Account (HRA), your employer will contribute \$175 per month, up to \$2,100 per year, into your HRA account. You receive a HumanaAccess Visa® debit card pre-loaded to pay for qualified medical expenses. Any balance remaining in your HRA at the end of the calendar year will roll to the next calendar year, as long as you continue to waive your health insurance coverage and elect an HRA.

## Waiver HRA

Examples of covered services

- > Medical and prescription deductibles
- > Co-payments and co-insurance
- > Certain dental fees such as cleanings, fillings, and crowns
- > Orthodontic treatment
- > Vision fees including contacts, eyeglasses, and laser vision correction
- > Medical supplies such as wheelchairs, crutches, and walkers

## Who is Eligible to Waive Coverage and Receive an HRA

- > Any active employee of a state agency, school board, or certain quasi-agencies who is eligible for state-sponsored health insurance coverage
- > A retiree who has returned to work

**NOTE:** If you choose to waive health insurance through KEHP, your Waiver HRA will be your primary health insurance plan over Medicare.

## Who is Not Eligible

- > An employee of an agency that does not participate in KEHP's HRA/FSA program
- > A retiree under age 65 who has gone back to work and elected coverage under the retirement system

**NOTE:** If you or your spouse or dependent is contributing funds to a Health Savings Account (HSA), you should consult a tax advisor prior to establishing an HRA or FSA.

If you do not need health insurance, you must actively waive your coverage, or you will be automatically enrolled in the Standard CDHP, single coverage level plan option for 2014.

# Waiver Dental/Vision Only HRA

If you are an eligible, active employee and choose to waive coverage and select the Dental/Vision Only Health Reimbursement Account (HRA), your employer will contribute \$175 per month, up to \$2,100 per year, into your HRA account. You receive a HumanaAccess Visa® debit card pre-loaded to pay for qualified dental and vision expenses. Any balance remaining in your HRA at the end of the calendar year will roll to the next calendar year, as long as you continue to waive your health insurance coverage and elect an HRA.

## Waiver Dental/Vision Only HRA

Examples of covered services

- > Certain dental fees such as cleanings, fillings, and crowns
- > Orthodontic treatment
- > Vision fees including contacts, eyeglasses, and laser vision correction

## Who is Eligible for the Waiver Dental/ Vision Only HRA

- > Any active employee of a state agency, school board, or certain quasi-agencies who is eligible for state-sponsored health insurance coverage
- > A retiree who has returned to work

**NOTE:** If you choose the Waiver Dental/Vision Only HRA through KEHP, your Medicare coverage will be your primary health insurance plan.

## Who is Not Eligible

- > An employee of an agency that does not participate in KEHP's HRA/FSA program
- > A retiree, under age 65 who has gone back to work and elected coverage under the retirement system



## Substantiating Waiver HRA and Waiver Dental/Vision Only HRA Claims

Humana will not have access to your health insurance claims as a waiver of health insurance. Therefore, you must submit documentation to verify your HRA claim is an eligible expense. This documentation, such as an itemized statement from your provider or an explanation of benefits, is referred to as substantiation.

Submit the HRA/FSA Verification Form, which is found at [kehk.ky.gov](http://kehk.ky.gov) and [myhumana.com](http://myhumana.com). You may mail or fax this information to Humana. For questions, call Humana Spending Account Administration at 800-604-6228.

**You have until March 31, 2015, to submit reimbursement requests for HRA expenses incurred during your 2014 coverage period.**

# Flexible Spending Accounts

KEHP offers two Flexible Spending Accounts (FSAs) which can save you money. One is a Healthcare FSA, and the other is a Dependent Care FSA. Both FSAs allow you to contribute pre-tax monies through payroll deduction. With these accounts, you can pay for certain healthcare or dependent care expenses, saving you from paying more income and Social Security taxes. With an FSA, make sure to set aside only as much as you will use on eligible expenses during the current calendar year. If you do not use all the funds, you will lose them. **FSA funds do not roll to the next plan year.**

## Healthcare FSA

Per federal law, the maximum annual contribution amount is \$2,500. The amount you contribute will be payroll deducted. You can use your FSA for family members who are considered a tax dependent.

### Who is Eligible

- > Employees of state agencies or school boards
- > Employees of certain quasi-agencies (Contact your Insurance Coordinator for details.)

### Who is Not Eligible

- > Retirees
- > Employees of an agency that does not participate in KEHP's FSA/HRA program

### Covered Expenses

- > Medical and prescription co-payments
- > Certain dental fees
- > Orthodontic treatment
- > Vision fees, including eyeglasses
- > Co-insurance
- > Wheelchairs

**NOTE:** Above are a few examples of eligible covered expenses. See a comprehensive list of covered expenses at [kehp.ky.gov](http://kehp.ky.gov) or [myhumana.com](http://myhumana.com).

**NOTE:** If you or your spouse or dependent is contributing funds to a Health Savings Account (HSA), you should consult a tax advisor prior to establishing an HRA or FSA.

## Dependent Care FSA

Per federal law, the maximum that you can contribute per year is based on your tax filing status as listed below.

- > Married, filing a joint return \$5,000
- > Head-of-household \$5,000
- > Married, filing separate returns \$2,500

### Who is Eligible

- > Employees of state agencies or school boards
- > Employees of certain quasi-agencies (Contact your Insurance Coordinator for details.)

### Who is Not Eligible

- > Retirees
- > Employees of an agency that does not participate in KEHP's FSA/HRA program

### Covered Expenses

- > Day care expenses, up to age 13
- > Adult day care expenses
- > Certain after-school programs

# FSA Claims

## Receiving Reimbursement

### Healthcare FSA

If you prefer, you may pay for your Healthcare FSA claims up front instead of using the HumanaAccess Visa® debit card. In order to receive reimbursement for the money you pay out-of-pocket, you must complete an HRA/FSA Reimbursement Claim Form and submit to Humana with an explanation of benefits (EOB) or itemized statement. HRA/FSA Reimbursement Claim Forms are available at [kehk.ky.gov](http://kehk.ky.gov) and [myhumana.com](http://myhumana.com). For questions, call Humana Spending Account Administration at 800-604-6228.

### Dependent Care FSA

Your Dependent Care FSA claims require a statement from your day care to Humana which reflects the amount charged for services. Humana will issue you a check or directly deposit your reimbursement into your checking account. You must complete an HRA/FSA Reimbursement Claim Form, which is found at [kehk.ky.gov](http://kehk.ky.gov) and [myhumana.com](http://myhumana.com), and submit to Humana. You may mail or fax this information to Humana. For questions, call Humana Spending Account Administration at 800-604-6228.

**You have until March 31, 2015, to submit reimbursement requests for FSA expenses incurred during your 2014 coverage period.**

### Substantiation

If you have a health insurance plan with KEHP, as well as a Healthcare FSA, then most of your FSA expenses paid with your HumanaAccess Visa® debit card will be verified through Humana's medical claims system. However, if your expenses cannot be verified, Humana will contact you to provide documentation. Documentation examples include an itemized statement from your provider or an explanation of benefits. This documentation is referred to as substantiation.

## Living Well Success

Tim has met his goal – a minimum of 10,000 steps – nearly every day for the past year. “HumanaVitality has been a huge motivating factor in keeping me active!” He’s lost over 10 pounds, lowered his blood pressure, has less stress and more energy, and is more productive. Plus, he’s receiving rewards for his participation. “The program is a win-win,” he said. As Superintendent of Henry County Public Schools, he hopes his motivation will inspire others. Tim walks over three miles every morning at the high school track and often goes back in the evenings to get in a few more miles. He participated in the Derby Festival Mini-Marathon for the first time last spring, and plans to improve his time next year.



### Tips from Superintendent Tim

- > Use your pedometer to track your progress.
- > If you work at a school, see if you can utilize the school track and invite others to join you.

“I hope all of our schools will begin their journey to a more active, healthy, and happy life.” — Tim

# 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 [kehp.ky.gov](http://kehp.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 [kehp.ky.gov](http://kehp.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.

# Pre-Enrollment Planner

Before enrolling online through KHRIS ESS, take a moment to answer the following questions, and then keep this completed planner with you as you enroll. This is **not** an enrollment application but a planning tool for completing your enrollment through KHRIS ESS.

## Tobacco Use Information

Within the past six months, have you, a spouse, or dependent to be covered under your insurance plan, used tobacco regularly?  Yes  No

This question is part of the Tobacco Use Declaration that must be completed when you enroll for benefits. Additional information about tobacco use is found on the Tobacco Use Declaration page in KHRIS ESS.

## Dependents

If you would like to add a new dependent to your plan, you need to have the date of birth and Social Security number for each dependent.

Dependent #1	DOB:
	SSN:
Dependent #2	DOB:
	SSN:
Dependent #3	DOB:
	SSN:

## LivingWell Promise

If you elect a LivingWell Plan, you will need to select "AGREE" and fulfill the requirements of the 2014 LivingWell Promise. If you select, "DO NOT AGREE," you will only be able to select a Standard plan option for 2014.

## Medical Plan Options

LivingWell CDHP	Waiver Dental/Vision Only HRA
LivingWell PPO	Waive Coverage without HRA
Standard PPO	Waive Coverage with HRA
Standard CDHP	

## Flexible Spending Accounts (Optional)

Determine how much you need for the year or the amount you want to come out of your pay check each pay period.

Medical FSA:

\$\_\_\_\_\_ per pay period

\_\_\_\_\_ multiplied by the number of pay periods (12 or 24)

= \$\_\_\_\_\_ total calendar year contribution (01/01/2014 – 12/31/2014)

Per federal law, the maximum contribution is \$2,500 per eligible planholder and the minimum is \$120. Amounts must be evenly divisible by 12 or 24.

Dependent Care FSA:

\$\_\_\_\_\_ per pay period

\_\_\_\_\_ multiplied by the number of pay periods (12 or 24)

= \$\_\_\_\_\_ total calendar year contribution (01/01/2014 – 12/31/2014)

Per federal law, the maximum contribution per tax filing status is \$2,500 married filing separately, \$5,000 married filing jointly, \$5,000 single head of household, and the minimum is \$120. Amounts must be evenly divisible by 12 or 24.

# Benefit Fair Schedule

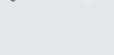
Representatives from KEHP, KRS, KTRS, Humana, HumanaVitality, and Express Scripts will be at all benefit fairs.

- 


**Oct. 1, Franklin, 8 a.m. — 6 p.m.**  
 State Office Building, 501 High Street,  
 Main Auditorium, Frankfort, KY 40601
- 


**Oct. 2, Rowan, 2 p.m. — 6 p.m.**  
 Maysville Community & Technical College,  
 609 Viking Drive, Morehead, KY 40351
- 


**Oct. 3, Boyd, 2 p.m. — 6 p.m.**  
 Ashland Community & Technical College,  
 1400 College Drive, Room 133 & 164 Rocky  
 Adkins Pavilion, Ashland, KY 41101
- 


**Oct. 4, Boyle, 2 p.m. — 6 p.m.**  
 Bluegrass Community & Technical College,  
 59 Corporate Drive, Danville, KY 40422
- 


**Oct. 7, Jefferson, 8 a.m. — 6 p.m.**  
 KY Fair and Expo Center, West Hall  
 Meeting Rooms 1 & 2, Louisville, KY 40233
- 


**Oct. 8, McCracken, 2 p.m. — 6 p.m.**  
 Western KY Community & Technical  
 College, Emerging Technology Center,  
 4810 Alben Barkley Drive  
 Paducah, KY 42001
- 


**Oct. 9, Christian, 2 p.m. — 6 p.m.**  
 Hopkinsville Community College, 720  
 North Drive, Hopkinsville, KY 42241
- 


**Oct. 10, Kenton, 2 p.m. — 6 p.m.**  
 Gateway Community & Technical College,  
 Edgewood Campus, Health and Science  
 Building, Room 144, Edgewood, KY 41017
- 


**Oct. 10, Madison, 2 p.m. — 6 p.m.**  
 Madison Central High School, 705 North  
 Second Street, Richmond, KY 40475

- 


**Oct. 11, Floyd, 2 p.m. — 6 p.m.**  
 Big Sandy Community & Technical College,  
 Magoffin Building, Room 120, 112, & 118,  
 1 Bert Combs Drive,  
 Prestonsburg, KY 41653
- 


**Oct. 14, Warren, 2 p.m. — 6 p.m.**  
 Greenwood High School Library,  
 5065 Scottsville Road,  
 Bowling Green, KY 42104
- 


**Oct. 15, Hopkins, 3 p.m. — 7 p.m.**  
 Madisonville Community College, John H.  
 Gray Building, Room 225 & 219,  
 2000 College Drive, Madisonville, KY 42431
- 


**Oct. 16, Daviess, 2 p.m. — 6 p.m.**  
 Owensboro Board of Education, 450 Griffith  
 Avenue, Owensboro, KY 42301
- 


**Oct. 17, Laurel, 2 p.m. — 6 p.m.**  
 Somerset Community College, Laurel  
 Campus, 100 University Drive,  
 London, KY 40741
- 


**Oct. 17, Nelson, 2 p.m. — 6 p.m.**  
 Nelson County High School,  
 1070 Bloomfield Road,  
 Bardstown, KY 40004
- 


**Oct. 18, Pulaski, 2 p.m. — 6 p.m.**  
 Somerset Community & Technical College,  
 808 Monticello Street, Somerset, KY 42501
- 


**Oct. 18, Fayette, 2 p.m. — 6 p.m.**  
 Bluegrass Community & Technical College,  
 470 Cooper Drive, Lexington, KY 40506



Indicates free flu shots are provided on a first-come, first-served basis.



Indicates Vitality Checks® (biometric screenings) are provided on a first-come, first-served basis. For best results, please fast nine hours prior to your appointment. Earn up to 4,000 Vitality Points.



Indicates enrollment kiosk is provided.

# How to Enroll

Find the group below that best describes you and follow the enrollment instructions.

## Active Employee Currently Enrolled

You must elect a new health insurance plan option or elect to waive coverage via KHRIS Employee Self Service (ESS). Please refer to the step-by-step KHRIS ESS instructions in this Guide. (See page 28.) Instructions were also sent to members' homes and can be accessed online at [kehpcy.gov](http://kehpcy.gov).

## Active Employee Currently NOT Enrolled

If you are an active employee, but not currently enrolled in KEHP, you must complete a paper application. (See page 29.)

## Newly Hired Employee

If you were hired on or after Sept. 1 — Nov. 1, 2013, you are considered a newly-hired employee, and you must enroll using the paper application in this Guide. (See page 29.) Once completed, provide the signed application to your Insurance Coordinator or Human Resource Generalist. If you are newly hired after the above dates, you should enroll using KHRIS ESS. (See page 28.)

## Enrolling a Disabled Dependent

If you are an active employee currently enrolled in KEHP and are enrolling a disabled dependent, you must enroll using the paper application in this Guide. (See page 29.)

## Electing the Cross-Reference Payment Option

When cross-referencing, both employees are required to elect the same plan option, and both must enroll using the paper application in this Guide. (See page 29.)

## KTRS and KCTCS

If you are a retiree from the Kentucky Teachers' Retirement System (KTRS) or Kentucky Community and Technical College System (KCTCS), you should enroll online via KHRIS Employee Self Service (ESS). (See page 28.) Step-by-step KHRIS ESS instructions were sent to members' homes and can be accessed online at [kehpcy.gov](http://kehpcy.gov). If you choose to complete a paper application, use the application mailed to your home, do not use the paper application in this Guide. **NOTE:** KTRS retirees who return to work and become eligible for KEHP insurance coverage are ineligible for KTRS and must waive coverage with KTRS and elect coverage with their active employer. If you have questions, please contact your retirement system.

## KRS

If you are a retiree from the Kentucky Retirement System (KRS), you may enroll online via the KRS START portal. If you choose to complete a paper application, do not use the paper application in this Guide. You must contact your retirement system for the paper retiree application, rates, contribution amounts, and enrollment information. **NOTE:** KRS retirees who return to work and become eligible for KEHP coverage may be ineligible for KRS coverage. If you have questions, please contact KRS.

## LRP and JRP

If you are a retiree from the Legislators' Retirement Plan (LRP) or the Judicial Retirement Plan (JRP), you must enroll using the retiree paper application which was mailed to your home. Do not use the application in this Guide. You must contact your retirement system for questions, rates, and contribution amounts.

# Call for Help

<b>Employee ID and Password Assistance</b>	Commonwealth Office of Technology	877-741-7017** 502-564-3116**														
<b>Computer and Technical Assistance</b>	Commonwealth Office of Technology	866-746-1613** 502-564-4597**														
<b>Benefits Information</b>	Humana Customer Service	877-597-7474 myhumana.com														
<b>Customer Service</b>	<p>Department of Employee Insurance (DEI) Member Services Branch</p> <p>The DEI phone message will prompt you to choose from one of the following four options:</p> <table border="0"> <tr> <td>Oct. 1 — 4</td> <td>8 am — 8 pm</td> </tr> <tr> <td>Oct. 7 — 11</td> <td>8 am — 8 pm</td> </tr> <tr> <td>Oct. 14 — 18</td> <td>8 am — 6 pm</td> </tr> <tr> <td>Oct. 19 — 20</td> <td>8 am — 1 pm</td> </tr> <tr> <td>Oct. 21 — 25</td> <td>8 am — 9 pm</td> </tr> <tr> <td>Oct. 26 — 27</td> <td>8 am — 1 pm</td> </tr> <tr> <td>Oct. 28 — 31</td> <td>8 am — 9 pm</td> </tr> </table> <p>Check KHRIS.ky.gov for a list of scheduled outages for KHRIS.</p>	Oct. 1 — 4	8 am — 8 pm	Oct. 7 — 11	8 am — 8 pm	Oct. 14 — 18	8 am — 6 pm	Oct. 19 — 20	8 am — 1 pm	Oct. 21 — 25	8 am — 9 pm	Oct. 26 — 27	8 am — 1 pm	Oct. 28 — 31	8 am — 9 pm	<p>888-581-8834 502-564-6534 kehpcy.gov</p> <p>Option 1— KHRIS User ID, password, computer &amp; technical assistance</p> <p>Option 2 — Benefit questions</p> <p>Option 3 — Enrollment &amp; eligibility</p> <p>Option 4 — Member services</p>
Oct. 1 — 4	8 am — 8 pm															
Oct. 7 — 11	8 am — 8 pm															
Oct. 14 — 18	8 am — 6 pm															
Oct. 19 — 20	8 am — 1 pm															
Oct. 21 — 25	8 am — 9 pm															
Oct. 26 — 27	8 am — 1 pm															
Oct. 28 — 31	8 am — 9 pm															
<b>Pharmacy Information</b>	Express Scripts Inc.	877-597-7474 Express-scripts.com														
<b>LRP and JRP Retiree Questions</b>	Judicial Retirement Plan or Legislators' Retirement Plan	502-564-5310														
<b>KCTCS Retiree Questions</b>	Kentucky Community and Technical College System Retirement	859-256-3100														
<b>KRS Retiree Questions</b>	Kentucky Retirement Systems	800-928-4646 502-696-8800 kyret.ky.gov														
<b>KTRS Retiree Questions</b>	Kentucky Teachers' Retirement System	800-618-1687 502-848-8500 ktrs.ky.gov														

**\*\* Numbers will be available from Oct. 1 — 31.**

# KHRIS ESS: Online Enrollment Guide

## Log in to KHRIS ESS

1. Open Internet Explorer and access: **KHRIS.ky.gov**
- Current KHRIS ESS User:**
2. Type your **KHRIS User ID** and **Password**.
3. Click “Log on.”
4. If this is the first time you have used KHRIS this year, read the User Agreement, enter your full name and click “I Agree.”
5. Click “Enroll Now” to elect coverage for 2014.

## OR New KHRIS ESS User:

2. Click the **New User/Reset Password** link.
3. **KHRIS User ID** – Type your current KHRIS User ID number.
4. Click “Validate.”
5. For security purposes, you must provide the following information: last name, zip code, date of birth, and Social Security number.
6. Click “Authenticate.”
7. If your information has been validated, a temporary password displays.
8. Click “Exit.”
9. Type your **User ID** and **Temporary Password**.
10. Click “Log on.”
11. You will now be prompted to change the temporary password.
  - a. *Old Password* – Type your temporary password created in step seven.
  - b. *New Password* – Create a new password.
  - c. *Confirm Password* – Type the new password again.
12. Click “Change.”
13. If this is the first time you have used KHRIS this year, read the User Agreement, enter your full name and click “I Agree.”
14. “Click Enroll Now” to elect coverage for 2014.

## Election of Coverage

### Step 1: Welcome

1. Read the information on the page and click “Next Step.”

### Step 2: Personal Data/Address

1. To update your address data, select “Edit” and enter/update your address, phone, and/or e-mail.
2. Once you have completed your entry, click “Review.” If correct, press “Save.”
3. Click “Next Step” to continue.

### Step 3: Tobacco Use Declaration

1. Read the information on the page and select the appropriate tobacco use status for the plan by the appropriate “Yes” or “No” button.
2. Click “Next Step” to continue.

### Step 4: Enroll

#### Edit Dependent Information

1. Add and/or edit information on your dependents by clicking “Edit” for the dependent to be updated.
2. Once you have completed your entry, click “Review.” If correct, press “Save.”

## Add New Dependent

1. To add a new child, click “New Child.” If you currently do not have a spouse and need to add one, click “New Spouse.”
2. Add dependent’s name, date of birth, gender, and Social Security number.
3. Once you have completed your entry, click “Review.” If correct, click “Save,” otherwise click “Previous Step” and revise.
4. To add more dependents, click the Go to Family Member/Dependents Overview link.
5. When finished adding dependents, click “Next Step” to continue.

**Roadmap to LivingWell** — Read the information about the LivingWell programs and click “Continue” at the top of the page.

**The KEHP LivingWell Promise** — Accepting the LivingWell Promise will be required to qualify for LivingWell plans. Read the information about the LivingWell Promise and click “Continue” at the top of the page.

## Selection for Open Enrollment – Health Insurance

1. Select “Enroll or Waive Coverage” button.
2. Click “Add Plan.” **NOTE:** Do NOT click “Continue.” Only click “Continue” when all selections are complete.
3. Select the button for the plan you wish to select.
4. Dependent coverage options for which you are eligible will appear at the bottom of the screen. Select the appropriate coverage by clicking the correct box to the right of the desired coverage.
5. Once you have selected your plan and coverage level option, click “Next Step.”
6. If you selected a single plan, read the information on the page and click “Add Plan to Selection.”
6. **OR** If you selected a plan that covers dependents, you will be able to select which dependents you wish to cover by selecting the check box next to each dependent to be covered.
6. **OR** If you elected to Waive Coverage, click “Add Plan to Selection.”

## Medical and/or Dependent FSA

*(If you do not want an FSA, go to next section.)*

1. Select the button for the type of FSA in which you wish to enroll.
2. Click “Add Plan.” **NOTE:** Do NOT click “Continue.” Only click “Continue” when all selections are complete.
3. Enter the amount that you wish to contribute in the next year.
4. Click “Add Plan to Selection.”
5. Repeat steps 1-4 if you wish to enroll in both a medical and dependent FSA.
6. Click “Add Plan to Selection.”

## Enroll in Plan Options

1. If you want to change your plan options, click the button for the plan you want to edit and click “View Plan Options.” To remove one of your plans, click the button for the plan you wish to remove and click “Remove Plan.”
2. When all changes are made, and you are ready to enroll, click “Continue.”
3. Read the Authorization and Certification page and click “Accept Terms.” To complete your enrollment, click “Save and Accept.”
4. Congratulations! You are enrolled. Now you can either “Print New Plan Selection” or “Log Off.”

Do Not Staple

Kentucky Employees' Health Plan  
Department of Employee Insurance  
keh.ky.gov • 1.888.581.8834



2014 ACTIVE EMPLOYEE HEALTH INSURANCE ENROLLMENT APPLICATION

Section 1: To Be Completed by IC/HRG

KHRIS Personnel Number	Organizational Unit #	Company Name	Company Number	Home County Code
Reason for Application <input type="checkbox"/> New Hire <input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Group		Coverage Effective Date	Date of Hire	Cost Center #

Section 2: Demographic Information

Employee's SSN	Name (Last, First, MI)		Date of Birth
Street Address		Home Phone Number	Work Email Address
City, State, ZIP	Home County	Cell Phone Number	Home Email Address
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Married Yes <input type="checkbox"/> No <input type="checkbox"/>	Within the past 6 months, have you, or a spouse or dependent(s) age 18 and over, to be covered under your insurance plan, used tobacco regularly? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section 3: Spouse/Dependent Information

**Spouse's Information**

Social Security Number	Name (Last, First, MI)	Date of Birth	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
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**Cross-Reference Payment Option ONLY (LRP, JRP not eligible)**

1. Do you and your spouse utilize the cross-reference payment 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 #

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

Child 1 Social Security Number	Name (Last, First, MI)	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child 2 Social Security Number	Name (Last, First, MI)	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child 3 Social Security Number	Name (Last, First, MI)	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female

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)

**If you waive your health insurance AND you are eligible, you will receive \$175 per month up to \$2100 annually into a Health Reimbursement Account (HRA). This is employer-funded, you do not contribute any money.**

Waiver HRA (employer – funded)

Waiver Dental/Vision ONLY HRA (employer – funded)

No HRA (not eligible/no employer funding)

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Employee's SSN

Employee's Name

**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
<b>Check the applicable box below:</b>
Within the past six months, have you, or a spouse or dependent to be covered under your insurance plan, used tobacco regularly? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>NOTE:</b> Regularly means tobacco has been used four or more times per week on average excluding religious or ceremonial uses.
<b>NOTE:</b> "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.
<b>NOTE:</b> "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 purpose 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. 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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Employee's SSN

Employee's Name

Review the Authorization and Certification information below.

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 employee electing a KEHP plan option outside of open enrollment, the plan will be effective in accordance with my employer's new hire waiting period rules (generally the first day of the second month after a new employee is eligible to enroll in the health plan).
- 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).
- 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.
- 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.
- 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.
- The elections indicated by this application may not be changed or cancelled during the plan year without a permitted Qualifying Event.
- I authorize my employer to deduct from my earnings the amount required to cover my employee share of the premium contribution for the plan(s) I have selected, including any arrears I may owe. I authorize payment of my employee premium contributions to be made on a pre-tax basis unless I sign a Post-Tax Request Form.
- 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.
- If I elect to waive KEHP health insurance coverage, with or without a stand-alone Waiver Health Reimbursement Account (HRA), I am doing so voluntarily. There are two options under the HRA: Waiver HRA and the Waiver Dental/Vision ONLY HRA.
- KEHP provides plan options that, under the Affordable Care Act, constitute minimum essential coverage that is affordable and provides a minimum value. As such, by receiving an offer of coverage through my employer, I am not eligible for a health insurance premium tax credit if purchasing insurance through the health insurance exchange.
- The four KEHP plan options and the Waiver HRA must pay primary to Medicare, and the Waiver Dental/Vision ONLY HRA will be secondary to Medicare.
- A KEHP 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 HumanaAccess<sup>SM</sup> Visa<sup>®</sup> 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 HumanaAccess<sup>SM</sup> Visa<sup>®</sup> Card. The Plan reserves the right to deny access to the card, require repayment, deduct/withhold from my paycheck, and offset my HRA if I fail to properly substantiate a claim.

Plan Year 2014

SSN input boxes: [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ][ ]

Employee's SSN

Employee's Name

- 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 employee 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. 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 employee 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.
- 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. 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.

**PLEASE SUBMIT THIS APPLICATION TO YOUR COMPANY IC/HRG**

Employee Signature

Date

Spouse Signature – *REQUIRED* if electing the cross-reference payment option

Date

IC/HRG Signature

Date

Spouse's IC/HRG Signature – *REQUIRED* if electing the cross-reference payment option

Date



**2014 Active Employee Flexible Spending Account (FSA) Enrollment/Change Application**

**To Be Completed by IC/HRG**

KHRIS Per Number	Date of Hire	Effective Date	Organizational Unit#	Cost Center#	Company #
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Employee's SSN	Name (Last, First, MI)		Date of Birth
Street Address		Home Phone Number	Work Email Address
City, State, ZIP	Home County	Cell Phone Number	Home Email Address

**Reason**

Rehire

New Hire

Open Enrollment

New Group

Qualifying Event (QE)  
Date: \_\_\_\_\_

Other Reason:

**If Qualifying Event, check item below:**

<input type="checkbox"/> Divorce/Legal Separation/Annulment*	<input type="checkbox"/> Marriage*
<input type="checkbox"/> Death of a Child or Spouse*	<input type="checkbox"/> Birth/Adoption of Child/Placement for Adoption*
<input type="checkbox"/> Loss of Eligibility	<input type="checkbox"/> Guardianship/Court Order*
<input type="checkbox"/> Gaining/Losing other Coverage, Medicare/Medicaid or any Government Group Health Insurance Coverage	<input type="checkbox"/> Military Leave/Leave without Pay Date: _____
<input type="checkbox"/> Gaining/Losing other Coverage	<input type="checkbox"/> Other Reason*
<input type="checkbox"/> Significant Cost Increase or Decrease for Dependent Care FSA*	<b>*Requires Supporting Documentation</b>

**Make Your Elections**

**Healthcare Flexible Spending Account**  
(Employee Funded)

I request to **enroll** in a Healthcare FSA and elect \$\_\_\_\_\_ per pay period.

I request to **change** my Healthcare FSA election from \$\_\_\_\_\_ per pay period to \$\_\_\_\_\_ per pay period.

For a total Calendar Year contribution of \$\_\_\_\_\_.  
(Calculate full calendar year amount (1/1-12/31). If during mid-year, calculate by the remaining number of paychecks.)

- Maximum Calendar Year contribution is \$2,500 per eligible Planholder
- Minimum Calendar Year contribution is \$120
- Enter an amount evenly divisible by 24

**Dependent Care Flexible Spending Account**  
(Employee Funded)

I request to **enroll** in a Dependent Care FSA and elect \$\_\_\_\_\_ per pay period.

I request to **change** my Dependent Care FSA election from \$\_\_\_\_\_ per pay period to \$\_\_\_\_\_ per pay period.

For a total Calendar Year contribution of \$\_\_\_\_\_.  
(Calculate full calendar year amount (1/1-12/31). If during mid-year, calculate by the remaining number of paychecks.)

- Maximum Contribution per tax filing status:  \$2,500 married filing separately  \$5,000 married filing jointly  \$5,000 single head of household
- Minimum Calendar Year contribution is \$120
- Enter an amount evenly divisible by 24



**Authorization and Certification** I understand and agree that:

Authorization and Certification for flexible spending account (FSA) elections made by the planholder through the Kentucky Employees' Health Plan (KEHP or Plan), administered by the Department of Employee Insurance (DEI). For the purposes of this Authorization and Certification, FSA refers to a Healthcare Flexible Spending Account and a Dependent Care Flexible Spending Account, collectively. A Healthcare Flexible Spending Account will be referred to as a Healthcare FSA. A Dependent Care Flexible Spending Account will be referred to as a Dependent Care FSA.

***My signature on this application for enrollment in an FSA creates a legal and binding contract. By affixing my signature, I understand that:***

- If I am enrolling in an FSA during open enrollment, the FSA will be effective the first day of the following plan year. If I am a new employee enrolling in an FSA outside of open enrollment, the FSA will be effective in accordance with my employer's new hire waiting period rules (generally the first day of the second month after a new employee is eligible to enroll in an FSA).
- I have read and understand the 2014 KEHP Benefits Selection Guide (BSG). Plan rules and limitations are contained in the KEHP Summary Plan Descriptions (SPDs) 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 participation in an FSA 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.
- The elections indicated by this application may not be changed or cancelled during the plan year without a permitted Qualifying Event.
- Enrollment in an FSA is voluntary. I authorize my employer to deduct from my earnings the amount required to cover my employee contribution to the FSA I have selected, including any arrears I may owe. I authorize payment of my employee contributions to be made on a pre-tax basis.
- Any payment submitted to KEHP that I intend to be used to fund my FSA will first be used to pay other priority debts that may be due and owing such as taxes and child support.
- KEHP provides plan options that, under the Affordable Care Act, constitute minimum essential coverage that is affordable and provides a minimum value. As such, by receiving an offer of coverage through my employer, I am not eligible for a health insurance premium tax credit if purchasing insurance through the health insurance exchange.
- A KEHP Healthcare FSA 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 Healthcare FSA.
- If I choose a Dependent Care FSA, I am eligible to seek reimbursement, as authorized by 26 U.S.C. Sections 21 and 129, for dependent care expenses. The Dependent Care FSA may only reimburse dependent care expenses that are incurred during this applicable coverage period.
- Any unused amount remaining in my FSA at the end of the plan year cannot be carried forward to the next plan year.
- My HumanaAccess<sup>SM</sup> Visa<sup>®</sup> Card will be suspended if the required Healthcare FSA 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 HumanaAccess<sup>SM</sup> Visa<sup>®</sup> Card. The Plan reserves the right to deny access to the card, require repayment, deduct/withhold from my paycheck, and offset my Healthcare FSA if I fail to properly substantiate a claim.
- 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.
- 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. My signature on this application certifies that all information provided during this enrollment opportunity is correct to the best of my knowledge.

**Please submit this application to your IC/HRG**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
IC/HRG Signature

\_\_\_\_\_  
Date

# 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 [kehp.ky.gov](http://kehp.ky.gov)

## 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 [kehp.ky.gov](http://kehp.ky.gov).

## 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.

## 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.

## 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.

## 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.

## 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:

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.

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.

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.

The NPP advises that persons receiving fundraising communications from KEHP, if any, have the right to opt out of receiving such communications. 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 [kehp.ky.gov](http://kehp.ky.gov).

# Earn cash rewards and discounts

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



## Introducing Compass Choice Rewards

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.