

Your 2019 Benefits Selection Guide

Your enrollment guide for benefits available through the Personnel Cabinet



Open Enrollment is Oct 8 – Oct 26

Health Insurance Enrollment is **MANDATORY** for all members.
Optional Dental and Vision Insurance is **VOLUNTARY**.

Living Well Promise for 2019:

All plans include the Promise for 2019.

All planholders **must** take the Go365 Health Assessment or complete a biometric screening.

Read inside for public employee and retiree benefit options.


NEW: Optional Dental and Vision Insurance plans.

NEW: Value Benefit for COPD/Asthma to lower prescription costs! See page 17.

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This Benefits Selection Guide was created in partnership with Anthem and the Department of Employee Insurance. Benefits are subject to the terms, conditions, limitations, and exclusions as set forth in the Summary Plan Descriptions and Medical Benefit Booklets.



e = engage
 Get engaged.
 Learn how to stay healthy and lower your costs.

Highlights of 2019 Open Enrollment

The 2019 Open Enrollment period is here! We are excited to share that this year active employees have the opportunity to enroll in optional dental and vision insurance coverage. Below are the highlights for 2019. Read the entire Benefits Selection Guide (BSG) for more detailed information.



Open Enrollment Period is October 8 – October 26, 2018

Kentucky Employees' Health Plan (KEHP)

Premiums

- No premium increases for most members!
- LivingWell CDHP couple and family coverage levels have \$8/\$10 per month increases to align the claims cost of these plans.

Benefits

- No changes in deductibles, co-insurance, or co-payments.
- All health plans require planholders to complete the LivingWell Promise in 2019 to receive a \$40 monthly premium discount in 2020.
 - LivingWell CDHP — no changes to benefits.
 - LivingWell PPO — no changes to benefits.
 - LivingWell Basic CDHP — the same premium and benefits as the Standard CDHP offered in 2018, except with a different preferred-drug list called a Value Formulary.
 - LivingWell Limited High Deductible Plan — new plan that provides catastrophic-type coverage.
- Healthcare Flexible Spending Account (FSA) maximum annual contribution increased to \$2,650.

Dental and Vision Optional Insurance through Anthem

- Dental and vision optional insurance coverage is available to you for the first time.
 - Payroll deducted.
 - See pages 24-29 for additional dental and vision information.

Enrollment Guidelines

Most members, including those with the cross-reference payment option, can enroll online in KHRIS Employee Self-Service (ESS) at khris.ky.gov or go to kehpc.ky.gov. Refer to your Open Enrollment informational packet mailed to your home.

MANDATORY ENROLLMENT

You must elect or waive your **health insurance** coverage by October 26.

- If you do not elect or waive your health insurance coverage:
 - You will default into the LivingWell Limited High Deductible Plan option with the same coverage level (e.g., single, parent-plus, couple, or family) as you have in 2018 (if applicable);
 - You will be responsible for paying the employee contributions for the LivingWell Limited High Deductible Plan option; and
 - You will lose your Waiver HRA funds if you waived coverage in 2018 and are defaulted in 2019.

VOLUNTARY ENROLLMENT

- You can choose to elect a Healthcare or Dependent Care **Flexible Spending Account (FSA)**.
- You can choose optional **dental and/or vision** insurance coverage.

LivingWell Promise — Required by All Planholders

The *LivingWell* Promise — All planholders must complete for 2019.

The KEHP is continuing the LivingWell Promise in 2019. All four plan options require completion of the LivingWell Promise. Read the information below and on page 14 for more information.

2019 *LivingWell* Promise

- You must take the Go365 Health Assessment (HA) **OR** get a biometric screening;
- You must fulfill your Promise by July 1, 2019 in order to receive a \$40 monthly premium discount in 2020; and
- You will not receive the premium discount for 2020 if you do **NOT** fulfill your Promise.

See page 14 for more information.

You do not have to complete both the HA and biometric screening. But, if you do, you will receive additional Go365 Points and you will be closer to reaching Silver Status with Go365.

What is Silver Status? Silver Status indicates that you are truly engaged in your wellness journey. Your status level increases when you increase your activities. You climb from blue, bronze, silver, gold, and platinum. Not only does it show you are engaged, you earn more rewards, which equals more Go365 Bucks to spend at the Go365 Mall.

If you have the cross-reference payment option:

- You and your spouse must both fulfill the LivingWell Promise;
- You and your spouse will each receive a \$40 monthly premium discount in 2020 if you both fulfill the Promise;
- If only one of you fulfills the Promise, then only that person will receive the \$40 monthly premium discount in 2020; and
- You and your spouse can each choose separately how you fulfill the LivingWell Promise, with either the biometric screening or HA.



Studies show that those engaged in their own wellness reduces healthcare costs for the plan and the member.



Your Choices for 2019

Mandatory Open Enrollment



1. Health Insurance

There are four health insurance plan options to choose from:

- LivingWell CDHP
- LivingWell PPO
- LivingWell Basic CDHP
- LivingWell Limited High Deductible Plan

See pages 6-9 in this guide for more details on the health plan options.



2. Waive Health Insurance — if you don't need health insurance, you may be able to elect one of two pre-funded Health Reimbursement Arrangement (HRA) options instead:

- Waiver General Purpose HRA — covers qualified medical, dental, vision, and prescription expenses; or
- Waiver Dental/Vision Only HRA — covers qualified dental and vision expenses.

See pages 18-19 in this guide for more details and eligibility requirements for the waiver HRAs.



3. Flexible Spending Accounts (FSAs):

- Healthcare FSA — for medical expenses not covered by your health insurance plan such as your deductible, co-pays, and co-insurance; and
- Dependent Care FSA — for dependent and adult daycare expenses while you are working.

See pages 20-21 in this guide for more details on FSAs.

Voluntary Open Enrollment



1. Optional Dental Insurance



2. Optional Vision Insurance

See pages 24-29 in this guide for more details on the plan options.





The LivingWell Consumer Driven Health Plan (CDHP) – allows you to be more in control of managing your health expenses.



You pay 15% and the health plan pays 85% once your deductible is met, which is the lowest member co-insurance percentage.



Your medical and pharmacy costs both apply toward the deductible and maximum out-of-pocket expenses.



You only pay the co-insurance amount on medications on the preventive therapy drug benefit list. No deductible! See page 16 for more information.



You must complete the LivingWell Promise.



Your pharmacy benefit preferred drug listing – sometimes called a formulary – is the Advanced Control Formulary administered by CVS Caremark.



You will receive a pre-funded Health Reimbursement Arrangement (HRA) to use to pay toward your deductible and maximum out-of-pocket costs.

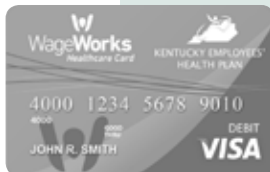


How the HRA works.

- You will receive a WageWorks® VISA Healthcare card that is pre-funded with \$500 if you have single coverage or \$1,000 if you have couple, parent-plus, or family coverage levels.
- Use the HRA to help pay for your co-insurance, which reduces your deductible.
- Use this card at your doctor's office, hospital, or pharmacy. Simply swipe the card to help pay for your eligible expenses, which will be deducted from your card balance.
- You can also use this card to pay for eligible vision and dental expenses; these expenses do not reduce your deductible.









Go shopping, earn money.
Use Vitals SmartShopper!



TIP: You can also enroll in a Healthcare FSA to increase your personal tax savings and help cover your deductible and out-of-pocket expenses. The amount you choose to contribute to your Healthcare FSA will be added to the HRA amount (\$500/\$1,000) and loaded on the same WageWorks VISA Healthcare card. FSA funds are used first when accessing your spending account to pay for eligible expenses.

LivingWell PPO

The LivingWell Preferred Provider Organization (PPO) is a traditional health plan.

-  You will have a higher premium with this plan option because there are co-payments for certain services, rather than co-insurance.
-  Your co-pays will not apply to your deductible, but will apply to your out-of-pocket maximum.
-  You will have a co-payment for all prescription tiers.
-  Your pharmacy benefit preferred drug listing – sometimes called a formulary – is the Advanced Control Formulary administered by CVS Caremark.
-  Your medical out-of-pocket maximum is separate from your pharmacy out-of-pocket maximum, and they accumulate separately.
-  You must complete the LivingWell Promise.



Free 24/7 NurseLine
@ 877-636-3720.



LivingWell Basic CDHP

The LivingWell Basic CDHP – puts you in more control of managing your health expenses, but with basic coverage.



You pay 30% and the health plan pays 70% once your deductible is met.



Your medical and pharmacy costs both apply toward the deductible and maximum out-of-pocket.



You only pay the co-insurance amount on medications on the preventive therapy drug benefit list. No deductible! See page 16 for more information.

NEW!



Your pharmacy benefit preferred drug listing – sometimes called a formulary – is the Value Formulary administered by CVS Caremark. The Value Formulary is new to this plan and provides more generic drug options and less brand-name options.



You must complete the LivingWell Promise.

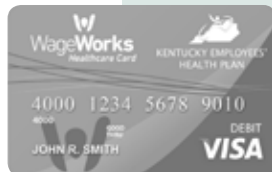


You will receive a pre-funded Health Reimbursement Arrangement (HRA) to use to pay for your deductible and maximum out-of-pocket costs.

Note: this plan was referred to as the Standard CDHP in 2018.

How the HRA works.

- You will receive a WageWorks® VISA Healthcare card that is pre-funded with \$250 if you have single coverage or \$500 if you have couple, parent-plus, or family coverage levels.
- Use the HRA to help pay for covered expenses, which reduces your deductible.
- Use this card at your doctor's office, hospital, or pharmacy. Simply swipe the card to help pay for your eligible expenses, which will be deducted from your card balance.
- You can also use this card to pay for eligible vision and dental expenses; these expenses do not reduce your deductible.



TIP: You can also enroll in a Healthcare FSA to increase your personal tax savings and help cover your deductible and out-of-pocket expenses. The amount you choose to contribute to your Healthcare FSA will be added to the HRA amount (\$250/\$500) and loaded on the same WageWorks VISA Healthcare card. FSA funds are used first when accessing your spending account to pay for eligible expenses.

NEW! LivingWell Limited High Deductible Plan

The LivingWell Limited High Deductible Plan – a catastrophic-type coverage with a new formulary covering more generic drug options and less brand-name options. This is NOT the best plan for most people. Please read carefully.



You pay 50% and the health plan pays 50% once your deductible is met.



This plan does not include a pre-funded Health Reimbursement Arrangement (HRA).



Your medical and pharmacy costs both apply toward the deductible and maximum out-of-pocket expenses.



Your pharmacy benefit preferred drug listing — sometimes called a formulary — is the Value Formulary administered by CVS Caremark, which includes generics and a very few brand-named medications.



You must complete the LivingWell Promise.



You pay 50% of the total in-network prescription costs.



Default Plan

If you do not elect a health plan option for 2019, you will be defaulted or automatically put in this plan option and will be responsible for any premiums due.



KEHP 2019 Benefits Grid

Plan Options	LivingWell CDHP		LivingWell PPO		LivingWell Basic CDHP <small>(formerly the Standard CDHP; new Value Formulary – only two tiers with more generics and less brands)</small>		LivingWell Limited High Deductible Plan <small>(New; catastrophic-type coverage; new Value Formulary – only two tiers with more generics and less brands)</small>	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Health Reimbursement Arrangement (HRA)	Single \$500; Family \$1,000		Not Applicable		Single \$250; Family \$500		Not Applicable	
Annual Deductible*	Single \$1,250 Family \$2,500	Single \$2,500 Family \$5,000	Single \$750 Family \$1,500	Single \$1,500 Family \$3,000	Single \$1,750 Family \$3,500	Single \$3,000 Family \$6,000	Single \$4,000 Family \$8,000	Single \$8,000 Family \$16,000
	Applies to Medical and Pharmacy		Applies to Medical		Applies to Medical and Pharmacy		Applies to Medical and Pharmacy	
Annual Medical Out-of-Pocket Maximum**	Single \$2,750 Family \$5,500	Single \$5,500 Family \$11,000	Single \$2,750 Family \$5,500	Single \$5,500 Family \$11,000	Single \$3,750 Family \$7,500	Single \$7,500 Family \$11,000	Single \$5,000 Family \$10,000	Single \$10,000 Family \$20,000
Deductibles & Out-of-Pocket Maximums for In-Network and Out-of-Network providers accumulate separately and do not cross apply.								
Co-Insurance	Plan: 85% Member: 15%	Plan: 60% Member: 40%	Plan: 80% Member: 20%	Plan: 60% Member: 40%	Plan: 70% Member: 30%	Plan: 50% Member: 50%	Plan: 50% Member: 50%	Plan: 40% Member: 60%
Doctor's Office Visits	Deductible then 15%	Deductible then 40%	Co-Pay: \$25 PCP; \$45 Specialist	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
	Advanced Control Formulary				Value Formulary			
Annual Prescription Drug Out-of-Pocket Maximum**	Combined with Medical	Combined with Medical	Single \$2,500 Family \$5,000	Not Applicable	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
30-Day Supply*** Tier 1 - Generic Tier 2 - Formulary Tier 3 - Non-Formulary	Deductible then 15%	Deductible then 40%	\$10 \$35 \$55	Not Covered	Deductible then 30% No Tier 3	Deductible then 50% No Tier 3	Deductible then 50% No Tier 3	Deductible then 60% No Tier 3
90-Day Supply (Retail or Mail Order)*** Tier 1 - Generic Tier 2 - Formulary Tier 3 - Non-Formulary	Deductible then 15%	Not Covered	\$20 \$70 \$110	Not Covered	Deductible then 30% No Tier 3	Not Covered	Deductible then 50% No Tier 3	Not Covered
Physician Care (Inpatient/Outpatient/Other)	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
Diagnostic Tests**** In Doctor's Office	Deductible then 15%	Deductible then 40%	Office Visit Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
Other Laboratory	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
Inpatient Hospital (Semi-Private Room)	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
Outpatient Hospital/Surgery	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%

KEHP 2019 Benefits Grid

Plan Options	LivingWell CDHP		LivingWell PPO		LivingWell Basic CDHP		LivingWell Limited High Deductible Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient/Ambulatory Surgery Center	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
Emergency Room (Benefit for emergency medical treatment only)	Deductible then 15%		\$150 Co-Pay then Deductible then 20% Co-Pay waived if admitted		Deductible then 30%		Deductible then 50%	
ER Physician Care	Deductible then 15%		Deductible then 20%		Deductible then 30%		Deductible then 50%	
Ambulance	Deductible then 15%		Deductible then 20%		Deductible then 30%		Deductible then 50%	
Urgent Care Center	Deductible then 15%		\$50 Co-Pay		Deductible then 30%		Deductible then 50%	
Routine Well Child	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 50%	Covered at 100%	Deductible then 60%
Routine Well Adult	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 50%	Covered at 100%	Deductible then 60%
Mental Health	Treated the same as any other health condition. See specifics related to PCP office visit, inpatient, and outpatient services.							
Autism Services	Treated the same as any other health condition. See specifics related to PCP office visit, inpatient, and outpatient services.							
Allergy Injections	Deductible then 15%	Deductible then 40%	\$15 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
Allergy Serum	Deductible then 15%	Deductible then 40%	\$15 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
Maternity Care (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 50%	Deductible then 60%
Durable Medical Equipment	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
Therapy Services (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 50%	Deductible then 60%
	Maximum of 30 visits per calendar year, per therapy service type		Maximum of 30 visits per calendar year, per therapy service type		Maximum of 30 visits per calendar year, per therapy service type		Maximum of 30 visits per calendar year, per therapy service type	
Chiropractic Care (Manipulation Therapy)	Deductible then 15%	Deductible then 40%	\$25 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
	Maximum of 26 visits per calendar year; no more than 1 visit per day		Maximum of 26 visits per calendar year; no more than 1 visit per day		Maximum of 26 visits per calendar year; no more than 1 visit per day		Maximum of 26 visits per calendar year; no more than 1 visit per day	

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. **You can refer to the Summary of Benefits and Coverage (SBC) for more information.** KEHP has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. If an error has occurred, the benefits outlined in the 2019 Summary Plan Descriptions (SPDs) and Medical Benefit Booklets will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations, and exclusions set forth in the SPDs.

*Co-pays do **not** accumulate toward the deductible, but they do accumulate toward the applicable out-of-pocket maximum.

****LivingWell CDHP, LivingWell Basic CDHP, and LivingWell Limited High Deductible Plan:** all covered expenses apply to the out-of-pocket maximum, except routine well child and routine well adult.

LivingWell PPO: the out-of-pocket maximum accumulates separately and independently for medical and prescription drug benefits.

*** Certain drugs to treat diabetes, COPD, and asthma are subject to reduced co-pays and co-insurance with no deductibles. A 90-day supply of maintenance drugs is subject to lower co-pays and co-insurance. Select preventive/maintenance drugs bypass the deductible on the CDHPs and the Limited High Deductible Plan.

**** Claims are processed based on provider billing type, which may include separate charges from a lab performing services outside of the doctor's office visit.

2019 Monthly Premiums and Contributions

Non-Tobacco User Rates

All employee contributions are per employee, per month

LivingWell CDHP	Total Premium	Completing LivingWell Promise Rates		Without Completing LivingWell Promise Rates	
		Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
<i>Single</i>	\$709.46	\$660.04	\$49.42	\$620.04	\$89.42
<i>Parent-Plus</i>	\$978.50	\$851.84	\$126.66	\$811.84	\$166.66
<i>Couple</i>	\$1,333.64	\$1,029.02	\$304.62	\$989.02	\$344.62
<i>Family</i>	\$1,489.76	\$1,131.64	\$358.12	\$1,091.64	\$398.12
<i>Family Cross-Reference</i>	\$818.96	\$738.64	\$80.32	\$698.64	\$120.32

LivingWell PPO	Total Premium	Employer Contribution	Employee Contribution	Without Completing LivingWell Promise Rates	
				Employer Contribution	Employee Contribution
<i>Single</i>	\$729.34	\$646.96	\$82.38	\$606.96	\$122.38
<i>Parent-Plus</i>	\$1,037.08	\$802.26	\$234.82	\$762.26	\$274.82
<i>Couple</i>	\$1,589.10	\$1,060.74	\$528.36	\$1,020.74	\$568.36
<i>Family</i>	\$1,767.60	\$1,105.34	\$662.26	\$1,065.34	\$702.26
<i>Family Cross-Reference</i>	\$876.68	\$719.12	\$157.56	\$679.12	\$197.56

LivingWell Basic CDHP	Total Premium	Employer Contribution	Employee Contribution	Without Completing LivingWell Promise Rates	
				Employer Contribution	Employee Contribution
<i>Single</i>	\$682.80	\$656.60	\$26.20	\$616.60	\$66.20
<i>Parent-Plus</i>	\$940.64	\$878.24	\$62.40	\$838.24	\$102.40
<i>Couple</i>	\$1,450.02	\$1,189.96	\$260.06	\$1,149.96	\$300.06
<i>Family</i>	\$1,615.30	\$1,303.24	\$312.06	\$1,263.24	\$352.06
<i>Family Cross-Reference</i>	\$800.94	\$771.84	\$29.10	\$731.84	\$69.10

LivingWell Limited High Deductible Plan	Total Premium	Employer Contribution	Employee Contribution	Without Completing LivingWell Promise Rates	
				Employer Contribution	Employee Contribution
<i>Single</i>	\$607.54	\$583.96	\$23.58	\$543.96	\$63.58
<i>Parent-Plus</i>	\$865.08	\$808.92	\$56.16	\$768.92	\$96.16
<i>Couple</i>	\$1,327.16	\$1,093.10	\$234.06	\$1,053.10	\$274.06
<i>Family</i>	\$1,477.04	\$1,196.18	\$280.86	\$1,156.18	\$320.86
<i>Family Cross-Reference</i>	\$730.90	\$704.70	\$26.20	\$664.70	\$66.20

2019 Monthly Premiums and Contributions

Tobacco User Rates

All employee contributions are per employee, per month

LivingWell CDHP	Total Premium	Completing LivingWell Promise Rates		Without Completing LivingWell Promise Rates	
		Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
<i>Single</i>	\$709.46	\$620.04	\$89.42	\$580.04	\$129.42
<i>Parent Plus</i>	\$978.50	\$771.84	\$206.66	\$731.84	\$246.66
<i>Couple</i>	\$1,333.64	\$949.02	\$384.62	\$909.02	\$424.62
<i>Family</i>	\$1,489.76	\$1,051.64	\$438.12	\$1,011.64	\$478.12
<i>Family Cross-Reference</i>	\$818.96	\$698.64	\$120.32	\$658.64	\$160.32

LivingWell PPO	Total Premium	Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
<i>Single</i>	\$729.34	\$606.96	\$122.38	\$566.96	\$162.38
<i>Parent Plus</i>	\$1,037.08	\$722.26	\$314.82	\$682.26	\$354.82
<i>Couple</i>	\$1,589.10	\$980.74	\$608.36	\$940.74	\$648.36
<i>Family</i>	\$1,767.60	\$1,025.34	\$742.26	\$985.34	\$782.26
<i>Family Cross-Reference</i>	\$876.68	\$679.12	\$197.56	\$639.12	\$237.56

LivingWell Basic CDHP	Total Premium	Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
<i>Single</i>	\$682.80	\$616.60	\$66.20	\$576.60	\$106.20
<i>Parent Plus</i>	\$940.64	\$798.24	\$142.40	\$758.24	\$182.40
<i>Couple</i>	\$1,450.02	\$1,109.96	\$340.06	\$1,069.96	\$380.06
<i>Family</i>	\$1,615.30	\$1,223.24	\$392.06	\$1,183.24	\$432.06
<i>Family Cross-Reference</i>	\$800.94	\$731.84	\$69.10	\$691.84	\$109.10

LivingWell Limited High Deductible Plan	Total Premium	Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
<i>Single</i>	\$607.54	\$543.96	\$63.58	\$503.96	\$103.58
<i>Parent Plus</i>	\$865.08	\$728.92	\$136.16	\$688.92	\$176.16
<i>Couple</i>	\$1,327.16	\$1,013.10	\$314.06	\$973.10	\$354.06
<i>Family</i>	\$1,477.04	\$1,116.18	\$360.86	\$1,076.18	\$400.86
<i>Family Cross-Reference</i>	\$730.90	\$664.70	\$66.20	\$624.70	\$106.20

LivingWell Promise Requirements

NEW for 2019

All planholders are required to fulfill the LivingWell Promise.



LivingWell Promise Requirements

- You must take the online Go365 Health Assessment (HA) **OR** get a biometric screening.
- You must fulfill your Promise by July 1, 2019 in order to receive a \$40 monthly premium discount in 2020.

You will not receive the premium discount for 2020 if you do not fulfill your Promise.

If you have the cross-reference payment option:

- You and your spouse must both fulfill the LivingWell Promise;
- You and your spouse will each receive a \$40 monthly premium discount in 2020 if you both fulfill the Promise;
- If only one of you fulfills the Promise, then only that person will receive the \$40 monthly premium discount in 2020; and
- You and your spouse can each choose separately how you fulfill the LivingWell Promise, whether by getting a biometric screening or taking the HA.



Complete your Health Assessment at **Go365.com** or you can download the Go365 mobile app. To get a biometric screening, you can visit your physician, a retail clinic such as Kroger Little Clinic or Walgreens, your health department, or possibly your work site. You don't have to complete both the HA and biometric screening, but if you do, you will earn more Go365 Wellness Points.



Keep your WageWorks VISA Healthcare card with you to use for eligible expenses.



More information is available on the LivingWell website at livingwell.ky.gov.

Wellness Success Stories

Success 1. Emily Covey – Adopted healthy habits



Emily, a health environmentalist at the Montgomery County Health Department, started her weight loss journey in early 2018. Her New Year's resolution was one of her hardest life decisions to date. Up to this year, she had never made an effort to stick with any of her short-term or long-term goals when it came to her health. "I was always one phone call away from a friend asking me to meet up for dinner. To no one's surprise, I ALWAYS say, 'Yes', to a good conversation over food."

"Healthy habits aren't easy to adapt to if it's something you're not used to."

Emily has integrated better foods into her diet. "I eat a ton of vegetables and fruits and find that my body gets a lot more fuel from these delicious items. I also make my way to the gym 5-6 times a week to help burn those unwanted pounds." One of her daily habits that she increased is a lot of walking. She has taken part in a step challenge at work and multiple others on Go365. They help to keep her active, even on days where the gym was nowhere to be found. "Walking is super easy and I've made a point to get more steps in this year. I strive to walk for 30 minutes straight a day, outside of my normal workout routine sometimes during my 15 minute breaks at work."

Emily's healthy habits challenge has been hard so far, but her results keep her going. She's been walking and stepping her way through trails at Natural Bridge, at her local park, on the track at the gym, and up and down her driveway! There are no limits when it comes to getting those steps in. It has been 12 weeks since her official weigh in and she's lost 20 pounds! "I'm so proud of my hard work and dedication. I really wanted to show you all how taking those extra steps every day increases your health and helps you achieve goals that you never thought were possible. I'm going to continue walking and stepping in the path that lets me reach for the stars, because after these 12 weeks, I feel like a star!"

"Thanks to your team at Go365, I get to look forward to more opportunities to better my health. I am grateful for people who root others on during their path to success! I would like to say, 'THANK YOU!'"

Success 2. Stephanie Richardson – 10,000 steps every day



Stephanie, a school nurse at Semple Elementary School in Jefferson County, has made a long-term goal to get 10,000 steps every day. And she's reached that goal almost every day since January. As a school nurse, it's part of her job to promote good health with the staff. "I really wanted to start living a healthier lifestyle, as do so many others around me, family, friends, co-workers. I'm always so good at cheering everyone else on from the sidelines, but this time I wanted to be the one making changes, losing weight and feeling better." She's committed to

getting to school early every morning and walking in the gym or the walking track. She gets about 30 minutes of walking in and then she greets the students in the car rider line, so she never stops moving. "At first, I got some strange looks as I walked in place, danced or side-stepped, but once the kids and parents got used to seeing me, I would get some encouraging comments and waves."

Her family has been a part of her new lifestyle as well. They always talk the talk and now they have decided to start walking the walk. "We are all approaching things a little differently. It has been a huge help in staying on track. On days when I'm feeling lazy or crunched for time and I see that my sister has already gotten in her workout, it spurs me to get myself going." Many times she didn't want to do her workouts, but she was determined to stick to her challenges.

She has learned to start taking advantage of things that are offered by Go365. "This is a great program, and there are so many ways it can help you. I can't say that I'm a huge success story yet, but I can say that I am working really hard and celebrating every little success along the way and one day in the near future I will reach all of my goals."



Get healthy!
Earn points!
Shop the Go365 Mall!



Prescription Drug Coverage



Prescription Coverage

All four health insurance plan options include coverage for prescription drugs. Your prescriptions can be filled at any CVS/Caremark in-network pharmacy, and do not have to be filled at a retail CVS pharmacy store.

LivingWell CDHP and the LivingWell PPO

Advanced Control Formulary



Generic and brand-named drugs



30-day supply or a 90-day supply at a participating retail pharmacy or through CVS/Caremark mail order



3-tiers of coverage — generic, formulary (brand), and non-formulary (brand)



View the Advanced Control Formulary at kehp.ky.gov or at CVS/Caremark

LivingWell Basic CDHP and the LivingWell Limited High Deductible Plan

Value Formulary



More generics, less brand-named drugs



30-day supply or a 90-day supply at a participating retail pharmacy or through CVS/Caremark mail order



2-tiers of coverage — generic and formulary (brand)



View the Value Formulary at kehp.ky.gov or at CVS/Caremark



Preventive Therapy Drug Benefit – Bypass Your Deductible

If you have a CDHP or the Limited High Deductible Plan, you only pay the co-insurance amount for medications on the Preventive Therapy Drug Benefit list. This is a list of medications you need on a regular basis to prevent conditions such as high blood pressure or high cholesterol. Refer to the Preventive Therapy Drug Benefit list at kehp.ky.gov. The co-insurance amounts are listed on the Benefits Grid on pages 10-11.



Additional information about your prescription drug coverage is available at kehp.ky.gov, or you may contact CVS/Caremark at **866-601-6934**.

Value Benefits for Diabetes & COPD/Asthma NEW!

Your health and wellness are important to us. In 2015, we implemented the Diabetes Value Benefit and we have seen greater numbers of members with diabetes take their medications regularly. We have also seen members reduce their need for other medications because getting diabetes under control improves their overall health. Emergency room visits and hospital stays for these members have also decreased as members keep their diabetes in control.

Based on that success, we are adding COPD (chronic obstructive pulmonary disease) and asthma to the Value Benefit program.

Diabetes, COPD, and asthma are serious conditions that may have serious complications. The KEHP continuously monitors the costs of these and other chronic conditions. Helping members control these diseases by reducing their costs has proven to be effective in reducing plan costs.

If you receive maintenance prescriptions or supplies for treatment of these conditions, your pharmacy costs are being reduced!

You will pay a reduced co-pay and/or co-insurance, with NO DEDUCTIBLE, for most maintenance prescriptions or supplies for the treatment of diabetes, COPD, and asthma!

See the chart below, instead of the chart on page 10, for the cost that you will pay.



Value Benefit Design	LivingWell CDHP	LivingWell PPO	LivingWell Basic CDHP	LivingWell Limited HDP
	<i>Advanced Control Formulary</i>		<i>Value Formulary</i>	
30-Day Supply	(no deductible)		(no deductible)	(no deductible)
Tier 1 – Generic	0%	\$0	0%	0%
Tier 2 – Preferred	10%	\$25	25%	45%
Tier 3 – Non-Preferred	10%	\$45	N/A	N/A
90-Day Supply (Retail or Mail Order)	(no deductible)		(no deductible)	(no deductible)
Tier 1 – Generic	0%	0%	0%	0%
Tier 2 – Preferred	10%	\$50	25%	45%
Tier 3 – Non Preferred	10%	\$80	NA	NA

KEHP Member Success Story:

*“I began utilizing the wellness program, and (through Diabetes Value Benefit) my medications and testing supplies are now very low or no-cost. **My numbers have improved so much that I ceased taking some of my other cardiac medications** and my diabetes medications have been cut in half – a big savings out of my pocket!*

I’m now going to the doctor about half as much as I did before. I found numerous benefits from this program and I urge others who share my condition to take advantage of these offerings.”

Waiver General Purpose HRA

If you are an eligible, active employee and choose to waive coverage and select the Waiver General Purpose Health Reimbursement Arrangement (HRA), your employer will contribute \$175 per month, up to \$2,100 per year, into your HRA. Your WageWorks® Healthcare Card will be funded in two equal installments: \$1,050 on January 1 and \$1,050 on July 1.

You can use this card to pay for qualified medical expenses for you and your dependents, as long as you can attest that all persons covered under the Waiver General Purpose HRA have other group health insurance coverage.

The balance remaining in your Waiver General Purpose HRA at the end of the 2019 plan year will carry over to the 2020 plan year as long as you continue to waive your health insurance coverage and elect a Waiver General Purpose HRA. Your Waiver General Purpose HRA carryover balance is capped at \$6,000.

You must actively waive your health insurance coverage and choose a Waiver General Purpose HRA. If you do not elect or waive health insurance coverage, you will be automatically defaulted into the LivingWell Limited High Deductible Plan with the same coverage level (single, parent-plus, couple, or family) you previously had in 2018.

Expenses that may be reimbursed under your Waiver General Purpose HRA:

- Medical and prescription expenses;
- 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; and
- Medical supplies such as wheelchairs, crutches, and walkers.



Who Is Eligible to Waive Coverage and Receive the Waiver General Purpose HRA

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

Who Is Not Eligible

- An employee of an agency that does not participate in KEHP's FSA/HRA program
- A retiree under age 65 who has gone back to work and elected coverage under the retirement system
- An employee who does not have employer-sponsored group health insurance coverage
- An employee that has individual health insurance coverage through the Marketplace
- An employee whose only other insurance is Medicare, Tricare, Medicaid, Veterans' Benefits, or other governmental-sponsored health insurance
- An employee who is contributing or whose spouse is contributing to a Health Savings Account (HSA)

The WageWorks Healthcare VISA Card can only be used for services rendered in 2019. You must file a Pay-Me-Back or Pay-My-Provider claim with WageWorks for any services rendered in 2018.

Waiver Dental/Vision ONLY HRA

If you are an eligible, active employee and choose to waive coverage and select the Waiver Dental/Vision Only, your employer will contribute \$175 per month, up to \$2,100 per year, into your HRA. Your WageWorks® Healthcare card will be funded in two equal installments: \$1,050 on January 1 and \$1,050 July 1. Use this card to pay for qualified dental and vision expenses for you and your dependents.

The balance remaining in your Waiver Dental/Vision Only HRA at the end of the 2019 plan year will carry over to the 2020 plan year as long as you continue to waive your health insurance coverage and elect a Waiver Dental/Vision HRA. Your Waiver HRA carry over balance will be capped at \$6,000.

You must actively waive your health insurance coverage and choose a Waiver Dental/Vision ONLY HRA. If you do not elect or waive health insurance coverage, you will be automatically defaulted into the LivingWell Limited High Deductible Plan with the same coverage level (single, parent-plus, couple, or family) you previously had in 2018.

Examples of expenses that may be reimbursed from your Waiver Dental/Vision Only HRA:

- Certain dental fees such as cleanings, fillings, and crowns;
- Orthodontic treatment; and
- 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-governmental agency who is eligible for state-sponsored health insurance coverage
- A retiree who has returned to work
- Members who are not eligible for the Waiver General Purpose HRA because they have an individual or government-sponsored health insurance plan

Who Is Not Eligible

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



More detailed information can be found at kehpcy.gov and at wageworks.com/kehpcy.

Flexible Spending Accounts/Healthcare FSA

Healthcare FSA – Use Pre-Tax Dollars

Elect a Healthcare FSA to pay for certain healthcare expenses not covered by your health insurance, such as the deductible, co-payments, and co-insurance. You can also use the Healthcare FSA to pay for dental and vision care expenses.

The Healthcare FSA can save you money too! You pay less income and Social Security tax when you contribute **pre-tax money through payroll deduction**. The money you elect to contribute for the entire year is available to you on January 1, and is pre-loaded on a WageWorks Healthcare card and is available to you on January 1, even before it is deducted from all of your paychecks for the year.

Reasons to Select a Healthcare FSA

- Access your full contribution amount on January 1.
- Contribute up to a maximum of **\$2,650 per year before taxes**.
- Save an average of 30% on eligible healthcare expenses.
- Carry over a minimum of \$50 and a maximum of \$500 from one calendar year to the next – there's low risk in losing your hard-earned money; carryover funds do not count toward the annual maximum of \$2,650.
- You have a 90-day run-out period until March 31, 2020 for reimbursement of eligible FSA expenses. Any of your funds that are in excess of \$500 that are not used before the run-out period will be forfeited.
- Use your FSA to pay for eligible medical expenses for family members who are considered a tax dependent.

Go to wageworks.com/kehps for an online savings calculator to guide your contribution amount.



Covered Expenses

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

Who Is Eligible

Contact your Insurance Coordinator for details

- Employees of state agencies or school boards
- Employees of certain quasi-governmental agencies

Who Is Not Eligible

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



More detailed information can be found at kehps.ky.gov.

Flexible Spending Accounts/Dependent Care FSA

Dependent Care FSA – Cut Your Childcare Costs

You want your children to have the best care possible while you're at work. You also know how expensive that care can be. With a Dependent Care Flexible Spending Account (FSA), you can save up to 30% on eligible childcare expenses, by using pre-tax dollars.

Reduce your out-of-pocket costs for the childcare you already use, including:

- Preschool/nursery care
- Before and/or after-school care
- Babysitter or nanny (during your work hours only)
- Summer day camps

You can also use a Dependent Care FSA for elder day care expenses for dependent adults.

Easy to Use Pay-My-Provider Option with WageWorks

You can arrange for convenient direct payments to your provider, or you can pay dependent care expenses yourself and request reimbursement. You can manage your account on WageWorks EZ Receipts mobile app.



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

Contact your Insurance Coordinator for details

- Employees of state agencies or school boards
- Employees of certain quasi-governmental agencies

Who Is Not Eligible

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

More detailed information can be found at kehp.ky.gov.



Go to wageworks.com/kehp for an online savings calculator to guide your contribution amount.



Save money using pre-tax funds!



Telehealth Support for Medical and Behavioral Health Needs



LiveHealth Online Medical, Psychology, and Psychiatry

Video chat with board-certified doctors and therapists — FREE — that's right, no co-pay, no deductible — nothing out of your pocket! You and your dependents who are covered under the Kentucky Employees' Health Plan have access to LiveHealth Online for medical and behavioral health treatment. It's secure, convenient, and easy-to-use. All you need is a computer or mobile device with internet and video access — at home, in the office, or on the go! Go to LiveHealth Online and register today, then you will be ready to call when you need to, or call 1-888-548-3432.



LiveHealth Online Medical

- Available 24/7
- Access to in-network, board-certified doctors
- Allows doctors to ePrescribe using local pharmacies



LiveHealth Online Psychology and Psychiatry

- Gives you online access to licensed psychologists, therapists, and psychiatrists
- Allows you to schedule an appointment to be seen between 7 a.m. and 11 p.m., 7 days a week
- Allows psychiatrists to ePrescribe non-narcotic medications, if needed



Rethink — beginning January 1, 2019

A new FREE benefit to support those caring for children with learning or behavioral challenges, including autism.

- Provides support by offering 24/7 phone or video chat with a behavior expert
- Provides the largest library of how-to videos to show parents the best practice approach to teaching their child
- Helps parents collaborate with school and other caregivers
- Helps reduce tantrums, facilitate language, and improve the home environment
- Requires no diagnosis and has no age restriction
- **Beginning January 1**
 - Log in to KEHP.rethinkbenefits.com using enrollment code KEHP
 - Call 800-714-9285 for assistance in signing up, or if you have questions
 - In the meantime, you can go to rethinkbenefits.com to learn about this free benefit

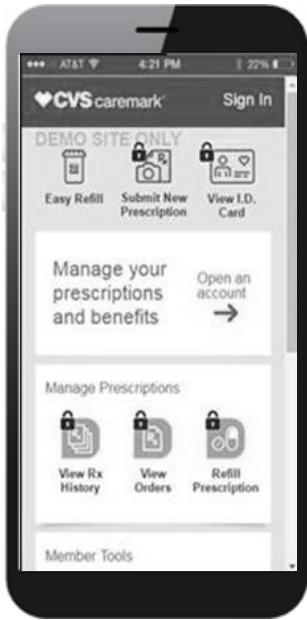


1 in 6 children is diagnosed with a developmental disability like autism that affects parents' productivity in the workplace.

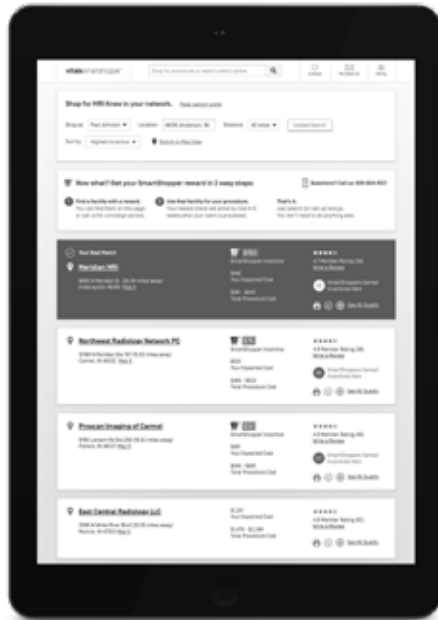
Get Engaged — Let Technology Help You

Get Engaged

Let Technology Help You — download these apps or check out a website from your vendors to simplify your life.



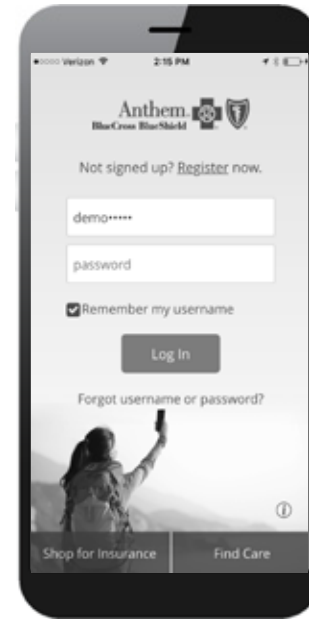
CVS/CAREMARK



VITALS SMARTSHOPPER



WAGEWORKS



ANTHEM



GO365



Download these apps, or check out a website from your vendors, to simplify your life.



Optional Dental Insurance



New for 2019: Dental Benefits

You now may choose optional employer-sponsored dental insurance administered by Anthem. Dental benefits not only protect your teeth, but also can support overall health. Some conditions like heart disease can have warning signs in the mouth and gums.¹ Our dental plan gives you all the benefits you need for a healthy mouth and more.

Your dental plan includes:

- Access to a large number of dentists in the plan;
- An extra cleaning if you're pregnant, have diabetes, or another qualifying condition;
- A benefit for a brush biopsy that can help diagnose oral cancer;
- No out-of-pocket costs for cleanings, X-rays, and other preventive care services when you see a dentist in the plan; and
- Easy to use online tools including a Dental Health Assessment, Dental Cost Estimator, and Ask a Dental Hygienist.

	Bronze	Silver	Gold
<i>Your dental plan at a glance</i>	<i>In and Out-of-Network</i>	<i>In and Out-of-Network</i>	<i>In and Out-of-Network</i>
Annual Benefit Maximum	\$750	\$1,000	\$1,500
Annual Deductible	\$50	\$50	\$50
Orthodontia	Not covered	Not covered	\$1,000
Diagnostic and Preventive Service	100%	100%	100%
Basic Services	50%	80%	80%
Oral Surgery	50%	80%	80%
Major Services	Not covered	50%	50%

No waiting period for basic or major services

¹ American Heart Association, *Middle-aged tooth loss linked to increased coronary heart disease risk* (March 21, 2018): newsroom.heart.org



Visit anthem.com/mydentalppo to watch a video and learn more about our dental PPO plan.

Optional Dental Insurance

Dental Plan Comparison Chart						
Benefits	Bronze		Silver		Gold	
	PPO		PPO		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Calendar Year Deductible – Single	\$50/person	\$50/person	\$50/person	\$50/person	\$50/person	\$50/person
Annual Calendar Year Deductible – Family	Unlimited	Unlimited	Unlimited	Unlimited	\$150/family	\$150/family
Annual Calendar Year Maximum	\$750/person		\$1000/person		\$1500/person	
Office Visit	100%	100%	100%	100%	100%	100%
Periodic Comprehensive Oral Evaluation – 2 per 12 months	100%	100%	100%	100%	100%	100%
Limited Oral Evaluation – problem focused	100%	100%	100%	100%	100%	100%
X-Rays						
Intraoral – Complete Series, including bitewings 1 x 60 months	100%	100%	100%	100%	100%	100%
Intraoral – Periapical first film	100%	100%	100%	100%	100%	100%
Intraoral – Periapical each additional film	100%	100%	100%	100%	100%	100%
Bitewings – two films 1 x 12 months	100%	100%	100%	100%	100%	100%
Bitewings – four films 1 x 12 months	100%	100%	100%	100%	100%	100%
Panoramic – 1x 60 months	100%	100%	100%	100%	100%	100%
Preventive Services						
Prophylaxis – adult cleaning: 2 per 12 months	100%	100%	100%	100%	100%	100%
Prophylaxis – child cleaning: 2 per 12 months	100%	100%	100%	100%	100%	100%
Fluoride – child: 1 per 12 months thru age 18	100%	100%	100%	100%	100%	100%
Sealant – per tooth: 1 per 60 months thru age 18	100%	100%	100%	100%	100%	100%
Silver Fillings						
Amalgam, 1 surface, primary or permanent 1 per tooth per 24 months	50%	50%	80%	80%	80%	80%
Amalgam, 2 surfaces, primary or permanent 1 per tooth per 24 months	50%	50%	80%	80%	80%	80%

Optional Dental Insurance

Dental Plan Comparison Chart						
Benefits	Bronze		Silver		Gold	
	PPO		PPO		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
White Fillings, Front Teeth						
Anterior Composite – 1 surface, 1 per tooth per 24 months	50%	50%	80%	80%	80%	80%
Anterior Composite – 2 surfaces, 1 per tooth per 24 months	50%	50%	80%	80%	80%	80%
Onlays and Crowns						
Crown, All Porcelain – 1 per tooth per 84 months	Not Covered	Not Covered	50%	50%	50%	50%
Core Build Up	Not Covered	Not Covered	50%	50%	50%	50%
Periodontal Care (For Gums)						
Periodontal Therapy, 4 + teeth/quadrant 1 per quadrant per 36 months	Not Covered	Not Covered	50%	50%	50%	50%
Periodontal Maintenance 4 per 12 months with teeth cleaning	Not Covered	Not Covered	50%	50%	50%	50%
Extractions						
Extraction, erupted tooth or exposed root, simple extractions – 1 per tooth per lifetime	Not Covered	Not Covered	80%	80%	80%	80%
Surgical removal of erupted teeth – 1 per tooth per lifetime	Not Covered	Not Covered	50%	50%	50%	50%
Orthodontia Care						
Comprehensive orthodontic treatment of adolescent dentition (full treatment case up to 24 months - including fixed/removable appliances)	Not Covered	Not Covered	Not Covered	Not Covered	50%	50%
Lifetime Maximum Benefit Per Person	Not Covered	Not Covered	Not Covered	Not Covered	\$1,000	\$1,000
Dentures						
Complete Upper or Lower Denture (each)	Not Covered	Not Covered	Not Covered	Not Covered	50%	50%
Partial Upper or Lower Denture (each)	Not Covered	Not Covered	Not Covered	Not Covered	50%	50%

Optional Dental Insurance

Dental Plan Comparison Chart						
Benefits	Bronze		Silver		Gold	
	PPO		PPO		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Other Services						
Posterior composite 1 per tooth per 24 months	50% reduced to amalgam	50% reduced to amalgam	80% reduced to amalgam	80% reduced to amalgam	80%	80%
Brush Biopsy Covered 1 x per 12 months, all ages	50%	50%	80%	80%	80%	80%
Veneers – 1 per tooth per 84 months	Not Covered	Not Covered	50%	50%	50%	50%
Implants – 1 per tooth per 84 months	Not Covered	Not Covered	50%	50%	50%	50%
Fixed Bridge – 1 per tooth per 84 months	Not Covered	Not Covered	50%	50%	50%	50%
Annual Max Carryover	Not Covered	Not Covered	Not Covered	Not Covered	Covered	Covered
Monthly Rates						
Employee	\$12.52		\$19.04		\$25.26	
Employee + Spouse	\$22.84		\$36.14		\$48.84	
Employee + Child(ren)	\$29.72		\$40.86		\$62.30	
Family	\$43.84		\$60.76		\$90.86	

Optional Vision Insurance



New for 2019: Vision Benefits

You may choose optional employer-sponsored vision insurance administered by Anthem. Routine eye checkups are about more than making sure you can see clearly. They're also important to overall health, safety, and learning. Even if you can see well, regular eye exams are important to help keep your eyes healthy – and can catch other health problems early.¹

With Blue View VisionSM, you have access to one of the country's largest networks of eye doctors and eye-care retailers. This makes it easy to get eye care at the best time for you.

- 35,000 - we are using the Insight Network²
- 25,000 locations²
- Online shopping at Glasses.com, ContactsDirect.com, and 1-800 CONTACTS
- National network of optical retail stores like LensCrafters[®], Sears OpticalSM, Target Optical[®], JCPenney[®] Optical, and most Pearle Vision[®] stores.

Your visions benefits cover:

- Adult routine eye exam
- Frames and either eyeglass lenses or contact lenses for adults
- Pediatric routine eye exams
- Frames and either eyeglass lenses or contact lenses for covered children up to age 19; includes Transitions[®] lenses to protect their eyes from harmful UV rays and polycarbonate lenses at no extra cost

	Bronze	Silver	Gold
Exam with dilation as necessary	\$10 copay	\$10 copay	\$10 copay
Eyeglass lenses: Single vision, bifocal, trifocal, lenticular	\$25 copay	\$10 copay	\$10 copay
Standard progressive lens	Standard fixed price/discount	Standard fixed price/discount	\$30 copay
Premium progressive lens	Standard fixed price/discount	Standard fixed price/discount	Fixed price/discount based on standard being funded
Lens Options			
UV Treatment	\$15	\$15	\$0
Tint (solid and gradient)	\$15	\$15	\$0
Standard plastic scratch coating	\$0	\$0	\$0
Standard polycarbonate – adults	\$40	\$20	\$0
Standard polycarbonate – kids	\$0	\$0	\$0
Standard anti-reflective coating	\$45	\$45	\$20
Premium anti-reflective coating	Fixed cost based on tier: \$57-\$68	Fixed cost based on tier: \$57-68	Fixed cost based on tier: \$32-\$43
Photochromatic/Transitions	\$75 – kids covered in full	\$75 – kids covered in full	\$75 – kids covered in full
Polarized	20% off retail pricing	20% off retail pricing	20% off retail pricing
Contact lenses			
Conventional	\$150 allowance, 15% off balance over \$150	\$150 allowance, 15% off balance over \$150	\$175 allowance, 15% off balance over \$175
Disposable	\$150 allowance	\$150 allowance	\$175 allowance
Medical necessary	Covered in full	Covered in full	Covered in full
Frequency			
Examination	Once every calendar year	Once every calendar year	Once every calendar year
Lenses or contact lenses	Once every calendar year	Once every calendar year	Once every calendar year
Frame	Once every two calendar years	Once every two calendar years	Once every two calendar years

¹ American Optometric Association website, *Evidence-Based Clinical Practice Guideline, Comprehensive Adult Eye and Vision Examination 2015* (accessed August 2018): aoa.org

² Internal data, 2018

Optional Vision Insurance

Vision Plan Comparison Chart									
Benefits	Bronze			Silver			Gold		
	<i>In-Network</i>	<i>Out-of-Network</i>	Benefit Frequency	<i>In-Network</i>	<i>Out-of-Network</i>	Benefit Frequency	<i>In-Network</i>	<i>Out-of-Network</i>	Benefit Frequency
	Cost Share	Cost Share		Cost Share	Cost Share		Cost Share		
Exam									
Eye Examination	\$10 Copay	Allowance \$50	1 per calendar year	\$10 Copay	Allowance \$35	1 per calendar year	\$10 Copay	Allowance \$35	1 per calendar year
Frames, Lenses, and Contacts									
Frames	Allowance \$125	Allowance \$65	1 every 2 calendar years	Allowance \$150	Allowance \$75	1 every 2 calendar years	Allowance \$150	Allowance \$75	1 per calendar year
Lenses (Single Vision)	\$25 Copay	Allowance \$50	1 per calendar year	\$10 Copay	Allowance \$25	1 per calendar year	\$10 Copay	Allowance \$25	1 per calendar year
Lenses (Lined Bifocal)	\$25 Copay	Allowance \$50	1 per calendar year	\$10 Copay	Allowance \$40	1 per calendar year	\$10 Copay	Allowance \$40	1 per calendar year
Lenses (Lined Trifocal)	\$25 Copay	Allowance \$50	1 per calendar year	\$10 Copay	Allowance \$55	1 per calendar year	\$10 Copay	Allowance \$55	1 per calendar year
Lenses (Progressive)	\$65 Copay	not covered	1 per calendar year	\$65 Copay	not covered	1 per calendar year	\$20 Copay	not covered	1 per calendar year
Contacts	Allowance \$150	Allowance \$65	1 per calendar year	Allowance \$150	Allowance \$120	1 per calendar year	Allowance \$175	Allowance \$140	1 per calendar year
Eyeglass Lens Options (Upgrades)									
Anti-reflective	\$45-\$68 Copay	N/A		\$45 Copay	N/A		\$20 Copay	N/A	
Photochromic, \$0 Copay for Kids under 19 for all plans	\$75 Copay	N/A		\$75 Copay	N/A		\$75 Copay	N/A	
UV Treatment	\$15 Copay	N/A		\$15 Copay	N/A		\$0 Copay	N/A	
Surgery									
Laser Vision Correction Surgery	Discounts apply	N/A		Discounts apply	N/A		Discounts apply	N/A	
Other Services									
Standard Plastic Scratch Coating	\$0 Copay	N/A		\$0 Copay	N/A		\$0 Copay	N/A	
Tint (Solid and Gradient)	\$15 Copay	N/A		\$15 Copay	N/A		\$0 Copay	N/A	
Standard Polycarbonate, \$0 Copay for Kids under 19 for all plans	\$40 Copay	N/A		\$20 Copay	N/A		\$0 Copay	N/A	
Monthly Rates									
Employee		\$5.52			\$6.46			\$13.12	
Employee + Spouse		\$10.94			\$12.80			\$26.14	
Employee + Child(ren)		\$11.22			\$13.12			\$26.80	
Family		\$16.64			\$19.48			\$39.82	

Ready to Enroll



If you are ready to enroll, locate your open enrollment packet that was recently mailed to you. This packet contains your KHRIS User ID. Log in to [KHRIS.ky.gov](https://khris.ky.gov) and provide your KHRIS User ID and password. If you have forgotten your password, you can easily reset it in KHRIS. Make your selections and confirm your enrollment. If you need assistance, please call the open enrollment hotline at 888-581-8834, available October 8 – October 26.

You can elect health insurance, optional dental and/or vision insurance, Flexible Spending Accounts (FSAs), or waive your health insurance.

If online enrollment is not an option for you, paper applications were mailed in your open enrollment packet and are available at kehp.ky.gov.

New this year! Cross-reference planholders can now enroll online in KHRIS ESS!

Check your open enrollment packet and this table for specifics:

Cross-Reference Members		Can Enroll Online
Active employee	Active employee	Yes
Active employee	TRS	Yes
TRS	TRS	Yes



Remember to save or print your enrollment confirmation.

Plan Eligibility and Qualifying Events

Health Insurance and Flexible Spending Accounts

The Kentucky Employees' Health Plan is operated as a governmental, self-insured health plan, governed by the IRS Section 125 Cafeteria Plan rules. This 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; or
- If you experience a life event, referred to as a Qualifying Event.

The most common Qualifying Events include marriage, having or adopting a child, divorce, loss of other group health insurance, legal guardianship/custody or other court order requiring the provision of health insurance coverage, spouse or dependent starting or terminating employment, spouse has a different Open Enrollment period, and entitlement to Medicare or Medicaid.

If you believe you have experienced a qualifying event and have questions about changing your health insurance coverage during the year, contact your employer's HR specialist.



Eligible Dependents

Spouse

A person who is legally married to an Employee or Retiree.

Common Law Spouse

A person with whom you have established a common law union in a state which recognizes common law marriage (Kentucky does not recognize common law marriage).

Child Age 0 to 25

In the case of a child who has not yet attained his/her 26th birthday, "child" means an individual who is:

- A son, daughter, stepson, or stepdaughter of the
- Employee/Retiree;
- An eligible foster child of the Employee/Retiree; or
- An adopted child of the Employee/Retiree.

Disabled Dependent

A Dependent child who is totally and permanently disabled may be covered by KEHP beyond the end of the month in which he/she turns 26, provided the disability (a) started before his/her 26th birthday and (b) the disability is medically-certified in writing by a physician.

Life Insurance

Life Insurance

As a Commonwealth of Kentucky public employee, your participating employer provides \$20,000 of basic life insurance coverage to eligible employees at no cost to you! In addition to the free \$20,000 of life and accidental death and dismemberment (AD&D) coverage, you have the option to purchase additional life insurance for you and your eligible dependents. The basic and optional term life insurance plans also provide AD&D benefits, providing additional financial protection in the event of death or injury caused by certain accidents. Check with your employer to see if they participate in the Commonwealth's life insurance program.

While this year is not considered an open enrollment period for life insurance, you can enroll or increase your coverage during the year, but you may be required to submit evidence of insurability. You can also enroll in life insurance if you are a new hire or if you have a life-changing event such as gaining a new child, getting married, or getting a divorce.



Go to personnel.ky.gov to see your life insurance rates. Log in to KHRIS ESS and make sure your beneficiary information is up-to-date.



The purchasing of additional life insurance coverage is an optional benefit and not required during Open Enrollment.

Deferred Compensation



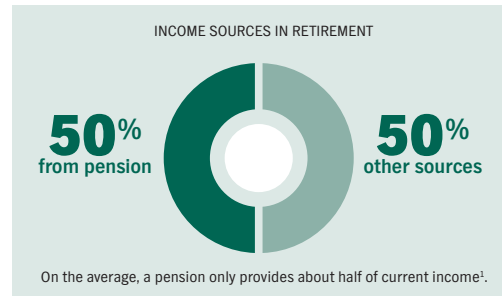
Build a more secure retirement by supplementing your pension

What is Kentucky Deferred Compensation?

Kentucky Deferred Compensation (KDC) is a tax-deferred retirement savings plan offered to all state employees, public school employees, university employees and employees of local political subdivisions that have elected to participate.

Why participate?

Chances are Social Security benefits, plus your state and other system retirement will not provide enough income to maintain your current standard of living. You contribute to a supplemental retirement plan so you consistently save with the goal of having additional income at retirement. KDC helps bridge the gap between what you'll collect from your pension and what you need for retirement.



Plan options include:

- 457(b) Plan – tax-deferred
- 401(k) Plan – tax-deferred, which includes three after-tax options:
 - Roth 401(k)
 - Deemed Traditional IRA
 - Deemed Roth IRA



Benefits

- **Easy contributing** – contribute as little as \$30 per pay
- **Convenient** – contributions automatically deducted from your paycheck
- **Tax advantages** – no federal or state income taxes on pre-tax contributions and earnings until the money is paid to you
- **Low cost** – as a KY State Government program, there is no profit incentive and savings are passed on to participants
- **Accessible** – manage your account online any time, day or night
- **Personal service** – toll-free local Retirement Specialists are available across the Commonwealth
- **Easy enrollment** – only one form and a few minutes to get started



Enroll today. Let us help. Call **800-542-2667** or **502-573-7925** or check us out online at **www.kentuckydcp.com**.

¹ Hewitt Study Reveals Widening Gap Between Retirement Needs and Employee Saving Behaviors, <http://hr.cch.com/news/pension/072308.asp>

Investing involves market risk, including possible loss of principal. No investment strategy or program can guarantee a profit or avoid loss. Actual results will vary depending on your investment and market experience.

KDC Retirement Specialists are Registered Representatives of Nationwide Investment Services Corporation (NISC), member FINRA. Nationwide representatives cannot offer investment, tax or legal advice. You should consult your own counsel before making retirement plan decisions.

Contact Information

Phone support during Open Enrollment:



**Department of Employee Insurance (DEI)
Open Enrollment Hotline**

888-581-8834 OR 502-564-6534

Service is only available during Open Enrollment Oct 8 - Oct 26

You can choose from one of these five options:

- Option 1:** Kentucky Retirement System (KRS)
- Option 2:** KHRIS User ID and password
- Option 3:** Benefit questions for Anthem, WageWorks or CVS/Caremark
- Option 4:** Technical assistance such as browser or compatibility errors
- Option 5:** Department of Employee Insurance (DEI) for all other inquiries

Open Enrollment Hours for Assistance

Monday, Oct. 8 – Friday, Oct. 12	8 am to 4:30 pm
Monday, Oct. 15 – Friday, Oct. 19	8 am to 6 pm
Saturday, Oct. 20	8 am to 1 pm
Monday, Oct. 22 – Friday, Oct. 26	8 am to 8 pm

Website Addresses

- Personnel Cabinet – personnel.ky.gov
- KEHP – kehpn.ky.gov
- Vision and Dental Insurance – personnel.ky.gov (select “Benefits”)
- Wellness – [Livingwell.ky.gov](https://livingwell.ky.gov)



Contact Information Outside of Open Enrollment

Department of Employee Insurance	888-581-8834
Monday – Friday, 7:30 am to 4:30 pm	502-564-6534



DEI Vendors Phone Numbers and Websites

Anthem – health insurance	844-402-5347	anthem.com/kehpn
Anthem – dental and vision insurance	844-402-5347	anthem.com
CVS/Caremark – prescriptions	866-601-6934	caremark.com
Go365 – wellness	855-478-1623	Go365.com
Kentucky Group Life Insurance Branch	888-581-8834	personnel.ky.gov
Vitals SmartShopper – transparency, shop for better pricing	855-869-2133	vitals.com
WageWorks – FSA and HRA	877-430-5519	wageworks.com/kehpn
WageWorks – COBRA	877-502-6272	wageworks.com/kehpn

Contact Information

Other Important Numbers and Websites

Kentucky Deferred Compensation	800-542-2667	Kentuckydcp.com
LiveHealth Online Medical, Psychology, and Psychiatry	888-548-3432	anthem.com/kehpc
Rethink – beginning January 1, 2019		KEHP.rethinkbenefits.com enrollment code KEHP
24/7 Nurseline	877-636-3720	
Substance Use Disorder telephone resource line – 24/7	855-873-4931	
Personal Health Consultants	844-402-KEHP (5347)	

Retiree Systems' Phone Numbers and Websites

LRP and JRP	502-564-5310	
KCTCS	859-256-3100	
KRS	800-928-4646 502-696-8800	kyret.ky.gov
TRS	800-618-1687 502-848-8500	trs.ky.gov



All members will receive new Anthem health insurance/pharmacy ID cards before January 1.



KEHP Tobacco Use Declaration

The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. As part of KEHP's LivingWell wellness program, KEHP offers 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, during the health insurance enrollment process, that you or any other person over the age of 18 to be covered under your plan has not regularly used tobacco within the past six months. "Regularly" means tobacco has been used four or more times per week on average excluding religious or ceremonial uses. "Tobacco" means all tobacco products including, but not limited to, cigarettes, pipes, chewing tobacco, snuff, dip, and any other tobacco products regardless of the method of use. "KEHP Health Insurance Enrollment Application" refers to any method of enrolling in KEHP health insurance coverage including submitting a paper application, completing and submitting an electronic application, or enrolling in KEHP health insurance coverage through an online enrollment system.

Whether you complete your KEHP health insurance enrollment online or submit a paper application, you are required to certify that all attestations regarding tobacco use are accurate. By completing the enrollment process, you certify the following:

1. I have truthfully answered all questions in my KEHP Health Insurance Enrollment Application regarding tobacco use by me, my spouse, and my dependents 18 years of age and over. My KEHP Health Insurance Enrollment Application 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. If I am completing my KEHP Health Insurance Enrollment Application during open enrollment, I understand that the tobacco-user premium contribution rates will apply beginning January 1, 2019, if I answered "Yes" to the tobacco use question.
3. If I am completing my KEHP Health Insurance Enrollment Application as a newly hired employee, I understand that the tobacco-user premium contribution rates will apply beginning on the first day of the second month after my hire date, if I answered "Yes" to the tobacco use question.
4. 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.
5. 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. Both cross-reference planholders must sign the Tobacco Use Change Form.
6. I understand that if I answered "No" to the tobacco use question and either I or a spouse or dependent covered under my insurance plan becomes 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.
7. I understand that the tobacco use question 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.
8. I understand that if I fail answer the tobacco use questions 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.
9. The KEHP offers monthly discounted premium contribution rates to non-tobacco users as a part of its LivingWell 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.

Insurance Terms and Conditions

Below are the Terms and Conditions for participation in group life, dental, vision, and health insurance coverage administered by the Department of Employee Insurance (DEI).

An Employee and Retiree (where applicable) may affix a signature to a paper copy of the KEHP Health Insurance Enrollment Application, the Group Life Insurance Application, the Group Dental or Vision Applications, or an electronic version of the applications. By typing your name on an electronic application or by logging in and using your unique KHRIS User ID and enrolling through the Employee Self-Service portal, you are agreeing to conduct enrollment in life, health, dental, and vision insurance coverage by electronic means, thereby creating a legal and binding contract. By affixing your signature in either manner, you understand and agree that:

- A. Plan Year.** The 2019 Plan Year begins January 1, 2019, and ends at midnight on December 31, 2019.
- B. Effective Date of Elections.** If you are electing a health plan, dental plan, vision plan, or a Flexible Spending Account (FSA) during open enrollment, the coverage will be effective January 1 of the following Plan Year. If you are a new employee or a newly eligible employee electing insurance coverage or an FSA outside of open enrollment, the FSA and your insurance coverage will be effective the first day of the second month after a new employee or newly eligible employee is eligible to enroll. Employees enrolling in life insurance must be actively at work, full time, on the day the employee's insurance is scheduled to begin.
- C. Plan Information.** You have read and understood the 2019 Benefits Selection Guide (BSG). Plan rules and limitations are contained in the KEHP Summary Plan Descriptions (SPD) or Medical Benefit Booklets (MBB) and the Summary of Benefits and Coverage (SBC). Life insurance rules and limitations are outlined in the Certificate of Coverage (CoC). All benefits for your eligible dependents and you will be provided in accordance with the rules and limitations in the SPDs, MBBs, BSG, SBCs, and CoC. You will abide by all terms and conditions governing participation, membership, and receipt of services from the plan(s) in which you have enrolled and as set forth in the SPD, MBB, and CoC. In the event of a conflict between the terms of coverage stated in the SPDs, the MBBs, the BSG, the SBCs, and the CoC, the terms of coverage stated in the SPDs or MBBs and CoC will govern.
- D. Third Party Administrators.** DEI uses third parties, including Anthem, CVS/caremark, WageWorks, Go365, Vitals, and Nationwide Life Insurance Company to provide certain administrative functions. DEI may communicate with you directly or through these third parties about your insurance coverage, your benefits, or health-related products or services provided by or included in the Commonwealth's group health, dental/vision, or life insurance plans.
- E. Cross-Reference.** If your spouse and you elect the cross-reference payment option for health insurance, you 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.
- F. Dependent Eligibility.** You certify that each enrolled dependent meets the dependent eligibility requirements as set forth in the SPD and MBB (health) and the CoC (life). DEI may require supporting documentation to verify the eligibility of any dependent enrolled or requesting to be enrolled in benefits.
- G. Changing Elections.** The elections indicated by your KEHP Health Insurance Enrollment Application, Group Dental or Vision Application, Group Life Insurance Application, or online enrollment may not be changed or cancelled during the Plan Year without a permitted Qualifying Event.
- H. Deduction from Earnings.** When you enroll in insurance coverage (health, dental, vision, or life) or an FSA, you authorize your employer to deduct from your earnings the amount required to cover your employee contribution to the FSA and insurance coverage you elected, including any arrears you may owe. Deductions for FSA and the employee contributions to health insurance are made on a pre-tax basis unless you sign a Post-Tax Request Form. Deductions for dental, vision, and life insurance premiums are made on a post-tax basis.
- I. Priority of Payments.** Any moneys submitted to DEI that you intend to be used to fund your FSA or pay for insurance premium contributions may first be used to pay other priority debts that may be due and owing, such as taxes and child support.
- J. Dependent Care FSA.** If you choose a Dependent Care FSA, you are 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 eligible dependent care expenses that are incurred during the applicable coverage period.
- K. FSA Election and Carryover.** You may elect to contribute up to \$2,650 into a Healthcare FSA for Plan Year 2019. Unused amounts of \$50 and up to a maximum of \$500 remaining in your Healthcare FSA at the end of the Plan Year will carry over to the next Plan Year and may be used to reimburse you for eligible expenses that are incurred during the subsequent Plan Year. Amounts over \$500 remaining in your Healthcare FSA at the end of the Plan Year are forfeited.
- L. WageWorks Healthcare Card.** WageWorks will administer FSAs and HRAs for the 2019 Plan Year and will issue a WageWorks Healthcare card to you for the payment of Healthcare FSA and HRA expenses. Your WageWorks Healthcare card will be suspended if requested claim verification is not sent to WageWorks within ninety (90) days after the card swipe. You agree to follow all rules and guidelines established by the Plan concerning the WageWorks Healthcare card. The Plan reserves the right to deny access to the card, require repayment, deduct/withhold from your paycheck, and offset your Healthcare FSA or HRA if you fail to verify a claim.
- M. Waiving Health Insurance Coverage.** If you elect to waive KEHP health insurance coverage, with or without a Waiver Health Reimbursement Arrangement (HRA), you are doing so voluntarily. If your employer participates in the Waiver HRA program, there are two options available: the Waiver General Purpose HRA and the Waiver Dental/Vision Only HRA. You understand that you will be eligible for the Waiver General Purpose HRA only if you have other group health plan coverage. You further understand that your spouse and eligible dependents, if applicable, cannot be covered under the Waiver General Purpose HRA unless your spouse and dependents also have other group health plan coverage.

Insurance Terms and Conditions

- N. Waiver General Purpose HRA Rules.** If you elect a Waiver General Purpose HRA, you declare that you and your spouse and dependents, if applicable, are enrolled in another group health plan that provides minimum value. A “group health plan” refers to coverage provided by an employer, an employer organization, or a union. A “group health plan” does not include individual policies purchased through the Marketplace or governmental plans such as TRICARE, Veteran’s Benefits, Medicare, or Medicaid. A group health plan that provides “minimum value” means the plan pays at least 60% of the total allowed cost of covered benefits/services and participants or members in the plan are required to pay no more than 40% of the total allowed cost of covered benefits/services. If you elect a Waiver General Purpose HRA and cease to be covered under another group health plan that provides minimum value, you agree to notify KEHP within 35 days of the date that the other group health plan coverage ceased. In this event, coverage under the Waiver General Purpose HRA will be terminated and you may elect a KEHP health insurance plan option or the Waiver Dental/Vision Only HRA. You are permitted to permanently opt out of and waive future reimbursements from the Waiver General Purpose HRA at least annually at open enrollment.
- O. HRA Carryover.** Waiver HRAs: Unused amounts up to and including \$6,000 remaining in your Waiver HRA at the end of the Plan Year may be carried over to the next Plan Year provided you are eligible to elect an HRA. CDHP Integrated HRAs: Unused amounts up to and including \$7,500 remaining in your CDHP Integrated HRA at the end of the Plan Year may be carried over to the next Plan. You must elect the same type of HRA in a subsequent Plan Year for the funds to carry over.
- P. HRA/FSA Funds After Termination.** You may use funds remaining in an HRA or FSA after termination to reimburse you for eligible expenses incurred during the coverage period and prior to termination of the HRA or FSA. Upon termination of employment, including retirement, the remaining amounts in an HRA and FSA are forfeited, except that you may be reimbursed for any eligible expenses incurred prior to the last day of the last pay period worked, provided that you file a claim by March 31 following the close of the Plan Year in which the expense was incurred.
- Q. HRA and FSA Expense Reimbursement.** An HRA and/or Healthcare FSA may only reimburse you for medical expenses, as authorized by 26 U.S.C. Sections 105(b) and 213(d), that are incurred during the applicable coverage period. The Waiver Dental/Vision Only HRA may only reimburse you for eligible dental and vision expenses. 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 your HRA or Healthcare FSA.
- R. HRA and FSA Run-Out Period.** You have a 90-day run-out period (until March 31) for reimbursement of eligible FSA and HRA expenses incurred during the period of coverage.
- S. Minimum Essential Coverage.** 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 your employer, neither you, your spouse, nor your dependent(s) are eligible for a health insurance premium tax credit if purchasing insurance through the Marketplace.
- T. Coordination of KEHP Health Plans and Medicare Coverage.** The four KEHP plan options and the Waiver General Purpose HRA must pay primary to Medicare. The Waiver Dental/Vision Only HRA pays secondary to Medicare.
- U. LivingWell Promise.** Federal law allows KEHP to reward members who participate in the KEHP’s LivingWell wellness program. In 2019, all four KEHP health plans are a part of the KEHP’s LivingWell wellness program and require completion of the LivingWell Promise in order to receive premium discounts in Plan Year 2020.
- If you enrolled in a LivingWell plan option for 2018 and you fulfilled your LivingWell Promise, you will receive a monthly premium discount of \$40 in 2019. If you enrolled in a LivingWell Plan option for 2018 and you did not fulfill your LivingWell Promise, you will not receive a monthly premium discount of \$40 in 2019.
 - If you elect a KEHP health plan in 2019, you must complete (1) an online Go365 Health Assessment; OR (2) a biometric screening between January 1, 2019, through July 1, 2019.
 - If you are a new employee and you choose a LivingWell plan option outside of open enrollment, you must complete the Health Assessment OR biometric screening within 90 days of your coverage effective date.
- V. Insurance Dependent Elections and Premium Refund.** It is your responsibility to timely notify DEI that either your dependent or your spouse is no longer eligible for health, dental, vision, or life insurance coverage. (See the eligibility provisions in your SPD, MBB, or CoC for more information on eligibility.) “Timely” notice means that you advised DEI that a dependent or spouse is no longer eligible for insurance coverage within 90 days of the loss of eligibility. Upon notice that a dependent or spouse is no longer eligible for insurance coverage, DEI will refund your premium back to the date that eligibility ceased, up to a maximum of 90 days.
- W. HIPAA.** You have rights under HIPAA regarding the protection of your health information. KEHP will comply with the HIPAA Privacy and Security rules, and uses and disclosures of your 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.
- X. Fraud Warning.** 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. You can be held responsible for any fraudulent act that you could have prevented while acting within your duties related to obtaining employer-sponsored health, dental, vision, and life insurance, and it may be used to reduce or deny a claim or to terminate your coverage. Information contained in your life insurance benefit elections, if incorrect or misleading, may void the policy effective as of the date of issuance.
- Y. Acknowledgement.** You have fully read these Terms and Conditions, the KEHP Legal Notices, and the KEHP Tobacco Use Declaration. Your signature on the KEHP Health Insurance Enrollment Application, the Group Dental or Vision Applications, the Group Life Insurance Application, or your electronic signature used for online enrollment certifies that all information provided during this enrollment opportunity is correct to the best of your knowledge.
- Z. Exceptions May Apply.** Exceptions may apply to employees of certain employers participating in KEHP’s health plan and the Commonwealth’s group dental, vision, and life insurance benefits. Exceptions may also apply to KTRS, KRS, LRP, and JRP retirees. Please refer to the participation rules of your employer or retirement system for further information.

KEHP 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.

A. NOTICE ABOUT SPECIAL ENROLLMENT RIGHTS

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

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

If you decline enrollment for yourself or your eligible dependent(s) (including your spouse) because of other health insurance or group health plan coverage (regardless of whether the coverage was obtained inside or outside of a Marketplace), 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, 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're eligible for health coverage from your employer, Kentucky may have a premium assistance program that can help pay for coverage using funds from the state's Medicaid or CHIP programs. If 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 allow you to enroll in KEHP if you aren't 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 because of loss of eligibility. An employee must request this special enrollment within 60 days of the loss of coverage. You can find more information and the required CHIP notice at kehp.ky.gov.

B. WELLNESS PROGRAM DISCLOSURE AND NOTICE

LivingWell is KEHP's voluntary wellness program available to all persons who enroll in a KEHP health insurance plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease. Those federal rules include the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary health assessment or "HA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). In lieu of completing an HA, you may complete a biometric screening, which will include a blood test to check your cholesterol and blood glucose levels. You are not required to complete the HA or to participate in the biometric screening or any other medical examination. However, employees who choose to participate in the LivingWell wellness program will receive an incentive in the form of discounted employee premium contributions for your health insurance coverage. Although you are not required to complete the HA or participate in the biometric screening, only employees who do so will receive the discounted health insurance premiums. Additional incentives in the form of gift cards, consumer goods, and other prizes may be available for employees who participate in certain health-related activities such as walking challenges or quitting smoking. In addition, 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. Incentives for participating in KEHP's LivingWell wellness program are available to all persons who enroll in a KEHP health insurance plan. If you are unable to participate in any of the health-related activities, or you think you might be unable to meet a standard to earn an incentive under the LivingWell wellness program, you may request a reasonable accommodation or an alternative standard. Contact the Department of Employee Insurance, Member Services Branch 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 incentive that is right for you in light of your health status.

Protections from Disclosure of Medical Information: KEHP is required by law to maintain the privacy and security of your personally identifiable health information. KEHP does not collect or retain personal health or medical information through its LivingWell wellness program; however, KEHP may receive and use aggregate information that does not identify any individual in order to design programs based on health risks identified in the workplace and that are aimed at improving the health of KEHP members. KEHP will never disclose any of your personal information either publicly or to your employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program. You will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who may receive your personally identifiable health information are persons employed by Go365 (KEHP's wellness administrator) and Anthem (KEHP's third-party medical administrator). This may include nurses in Anthem's disease management program and health coaches in Go365's health coaching program. Disclosure of your personally identifiable health information to these persons is necessary in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records; information stored electronically will be encrypted; and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach. In the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you as soon as it is feasible after discovery of the breach.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the LivingWell wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Department of Employee Insurance, Member Services Branch at (888) 581-8834 or (502) 564-6534.

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

COBRA continuation coverage is a continuation of KEHP coverage when it would otherwise end because of a life event, also called a "qualifying event." After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." 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 has 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 WageWorks. To learn more about COBRA and your rights under COBRA, please refer to your Summary Plan Description or go to kehp.ky.gov.

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

Your plan, as required by WHCRA, provides benefits for mastectomy-related services including all stages 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 or go to kehp.ky.gov.

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

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

F. HIPAA PRIVACY NOTICE

KEHP gathers and collects demographic information about its members such as name, address, and social security numbers. This information is referred to as individually identifiable health information and is protected by HIPAA and related privacy and security regulations. 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 healthcare 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's Notice of Privacy Practices and associated forms may be obtained by visiting kehp.ky.gov.

G. KEHP PRESCRIPTION DRUG COVERAGE AND MEDICARE-NOTICE OF CREDITABLE COVERAGE

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

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

As an employee or retiree, the health benefits available to you represent a significant component of your compensation package. Those benefits also provide important protection for you and your family in the case of illness or injury. KEHP offers a variety of health coverage options, and choosing the option that is right for you and your family is an important decision. To help you make an informed health coverage choice, KEHP publishes a Summary of Benefits and Coverage (SBC). For easier comparison, the SBC summarizes important information about your health coverage options in a standard format. The SBCs are only a summary. You should consult KEHP's Summary Plan Descriptions and/or Medical Benefit Booklet to determine the governing contractual provisions of the coverage. KEHP's SBCs are available on KEHP's website at kehp.ky.gov. A paper copy is also available, free of charge, by contacting the Department of Employee Insurance, Member Services Branch at (888) 581-8834 or (502) 564-6534.


I. WAIVER HEALTH REIMBURSEMENT ARRANGEMENT (HRA)


If an employer participates in the Waiver Health Reimbursement Arrangement (HRA) program through KEHP, an employee may elect to waive KEHP health insurance coverage and choose a Waiver HRA that is funded by the employer, up to \$2,100 a year. There are two Waiver HRA options: the Waiver General Purpose HRA and the Waiver Dental/Vision ONLY HRA. An employee is eligible for the Waiver General Purpose HRA only if the employee, and the employee's spouse and dependents, if applicable, have other group health plan coverage. An employee that elects a Waiver General Purpose HRA must attest that the employee and, if applicable, the employee's spouse and dependents are enrolled in another group health plan that provides minimum value. A "group health plan" refers to coverage provided by an employer, an employer organization, or a union. A "group health plan" does not include individual policies purchased through the Marketplace or governmental plans such as TRICARE, Medicare, or Medicaid. A group health plan that provides "minimum value" means the plan pays at least 60% of the total allowed cost of covered benefits/services and participants or members in the plan are required to pay no more than 40% of the total allowed cost of covered benefits/services. An employee that elects a Waiver General Purpose HRA and that ceases to be covered under another group health plan that provides minimum value is required to notify KEHP within 35 days of the date that the other group health plan coverage ceased. In this event, coverage under the Waiver General Purpose HRA will be terminated, and the employee may elect a KEHP health insurance plan option or the Waiver Dental/Vision Only HRA. Each employee is permitted to permanently opt out of and waive future reimbursements from the Waiver General Purpose HRA at least annually during open enrollment.


J. MARKETPLACE COVERAGE OPTIONS


When key parts of the healthcare law took effect in 2014, a new way to buy health insurance became available: the Health Insurance Marketplace. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) for employer-offered coverage. In addition, the employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit Healthcare.gov for more information.


Free to Low Cost Benefits


 24/7 Nurseline access for health-related questions @ 877-636-3720.


 Substance Use Disorder telephone resource line available 24/7 @ 855-873-4931.


 Diabetes Prevention Program (DPP) available for members with pre-diabetes. Earn Go365 Points too! 844-402-KEHP (5347).


 Free doctor and therapists visits through LiveHealth Online Medical, Psychology and Psychiatry @ 888-548-3432 or livehealthonline.com. See page 22.

 Future Moms program offering prenatal education and guidance @ 844-402-KEHP (5347). Earn Go365 Points too!

 Rethink - Free support for caregivers of children with learning or behavioral challenges. See page 22.

 Earn cash and incentives, save money, and get healthy: Vitals SmartShopper @ 855-869-2133 and Go365 @ 855-478-1623.

 Deferred Comp — grow your retirement by investing pre-tax dollars in your own account. See page 33.

 Optional and Dependent Life Insurance — protect your family's financial future. See page 32.



Don't miss out on any of these great benefits — engage today!