

Your 2020 Benefits Selection Guide

Your enrollment guide for benefits available through the Personnel Cabinet

Read inside for public employee and retiree benefit options →



Department of
Employee Insurance



Open Enrollment is Oct 14 – Oct 30

Health Insurance Enrollment is **MANDATORY** for all members.

Optional Dental and Vision Insurance is **VOLUNTARY**.

Living Well Promise for 2020:

All plans include the Promise for 2020.

All planholders **must** take the health assessment or complete a biometric screening.

Table of Contents

Benefit Highlights	3	Flexible Spending Accounts/Healthcare FSA.....	20
Welcome to the New LivingWell Program with StayWell®	4	Flexible Spending Accounts/Child and Adult Daycare.....	21
LivingWell Promise.....	5	Additional Plan Benefits	22-23
Choosing Your Plan	6-7	Anthem Optional Dental Insurance.....	24
LivingWell CDHP	8	Anthem Optional Vision Insurance.....	25
LivingWell PPO	9	How to Enroll.....	26-28
LivingWell Basic CDHP	10	Life Insurance	29-30
LivingWell Limited High Deductible Plan.....	11	Deferred Compensation	31
KEHP 2020 Benefits Grid.....	12-13	Contact Information	32-33
2020 Monthly Premiums and Contributions	14-15	KEHP Tobacco Use Declaration.....	34
Prescription Drug Coverage	16	Insurance Terms and Conditions.....	35-36
Value Benefits for Diabetes, COPD, and Asthma	17	KEHP Legal Notices	37
Waiver General Purpose HRA	18	Additional Free Benefits	38
Waiver Dental/Vision ONLY HRA.....	19		

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



e = en-gage

Get engaged.

Learn how to stay healthy and lower your costs.

Try the **Benefits Analyzer!** It's available again this year, but with a twist! Now you can use the online portal to model different healthcare scenarios to help you choose the benefits that are right for you. Click [here](#) to use the tool.

Benefit Highlights

Here are the highlights for Open Enrollment

It's here! **Open Enrollment is October 14 – 30, 2019.** The benefit changes for 2020 are small and so are the premium increases for 2020. You'll see low deductible and out-of-pocket maximum increases of \$250 for all plans.

- StayWell® is the new well-being vendor for 2020. **See page 4** for more information.
- Check out the highlights below and more details throughout this Benefits Selection Guide.



Save the dates!
Open Enrollment is October 14 – 30, 2019.

Health Insurance — Mandatory Enrollment

Remember, you have to choose a health insurance plan option. If you don't need health insurance, you must waive your coverage by October 30. You decide, but you must take action. You must either choose a health plan or waive coverage.

Health insurance plan options (same as 2019):

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

If you have health insurance somewhere else and don't need coverage through the Kentucky Employees' Health Plan (KEHP), you may be eligible for one of the Health Reimbursement Arrangements (HRAs) below:

- Waiver General Purpose HRA
- Waiver Dental/Vision ONLY HRA

Flexible Spending Account (FSA)

If you want an FSA for 2020, (even if you had one for 2019), you'll need to enroll and choose your deduction amount. Choose from two FSAs:

- **Healthcare FSA.** Elect to have money taken pre-tax from your paycheck and deposited to a debit VISA card to pay for expenses not covered by insurance, such as co-insurance and deductibles. The Healthcare FSA maximum contribution amount increased to \$2,700.
- **Child and Adult Daycare FSA.** Choose to have money taken pre-tax from your paycheck, and use it to pay for child and adult daycare services.

Anthem Optional Dental and Vision Insurance premiums will be pre-tax payroll deducted in 2020!

- Keep your current coverage — no action required.
- Elect new coverage.
- Terminate current coverage.

Life Insurance

While this year is not considered an open enrollment period for life insurance, you can add or increase optional life insurance coverage on yourself, your spouse, or your dependents, at any time, provided a satisfactory Evidence of Insurability is submitted for you and your spouse. See **page 29** for more details.

Update your life insurance beneficiary information in KHRIS ESS.

Kentucky Deferred Compensation

Invest in financial wellness with pre- and post-tax supplemental retirement plan options; go to **Kentuckyplans.com**. See **page 31** for more details.



Welcome to the New *Living Well* Program with StayWell®

Think of your future — any day, month, or year — and imagine your ideal physical and emotional health

KEHP's LivingWell program is here to help you meet your goals in 2020; and StayWell®, our new well-being partner, provides you with tools and resources to help you achieve your ideal vision.

It Pays to Get Healthy

We know that living a healthy lifestyle isn't always easy. That's why the LivingWell program offers incentives as a reward to encourage you along the way. Beginning in January 2020, you can earn incentives through StayWell® by completing your LivingWell Promise and engaging in activities.

- *Living Well* Promise incentive — earn \$480 a year (\$40 per month) in premium discounts in 2021 when you complete your health assessment or biometric screening.
- *Living Well* Engagement incentives — earn up to \$200 a year in additional incentives for engaging in a health and wellness activity through StayWell®. You can earn gift cards for activities like getting a preventive dental visit, completing education sessions, participating in health coaching, or completing step goals.



NEW for 2020: All KEHP members, including those who waive health insurance, are eligible for StayWell®!



Copyright 2019. StayWell respects your privacy and only shares your personal information as described in the privacy statement, which is available on the portal.



Get engaged in activities focused on your **physical, emotional, social, and financial well-being.**

The *LivingWell* Promise – All planholders must complete for 2020.

KEHP is continuing the LivingWell Promise in 2020. All plans require completion of the LivingWell Promise.

2020 *LivingWell* Incentive

Earn \$480 a year (\$40 per month) in premium discounts in 2021 when you complete your health assessment or biometric screening.

- You must take your health assessment through StayWell® or get a biometric screening.
- Your LivingWell Promise must be completed between January 1 and July 1, 2020 in order to receive discount.
- You will not receive the LivingWell Promise premium discount in 2021 if you do not complete a health assessment or biometric screening.

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 the \$40 monthly premium discount in 2021 based on your LivingWell Promise completion in 2020;
 - If only one person completes the LivingWell Promise, only that person will receive the premium discount in 2021; and
- You and your spouse can choose separately how you complete the Promise with either the health assessment or biometric screening.

2020 *LivingWell* Priorities

The KEHP and StayWell® are committed to helping members improve their health and well-being in four major areas:



Studies show that engaging in your own wellness reduces your healthcare costs.

Choosing Your Plan

Let the Benefits Analyzer help you choose your plan. Click [here](#) to see the recommended plan based on your previous healthcare claims. See below for additional help in choosing the plan that best suits your needs.

Do you want to pay less in premiums and **receive money in an HRA?**

PLAN 1

Do you want cheaper premiums; pay 15% after you meet your deductible for most services; and use your HRA to help pay for your deductible?

LivingWell CDHP

may be the plan for you! It's the richest plan and is recommended for both those with a small amount of expenses and those with a lot of expenses. All of your covered expenses apply to the out-of-pocket maximum so you get to 100% faster!

Do you prefer to pay more in premiums and have a set co-pay for doctor's office visits and prescriptions?

PLAN 2

Do you want to budget your monthly expenses with a set co-pay for some services; pay 20% after you meet your deductible for most services?

LivingWell PPO

may be the plan for you! This plan has the highest premium, and only a few services are with a set co-pay; co-pays do not apply to your deductible.

Do you want basic coverage for lower premiums and **receive money in an HRA?**

PLAN 3

Do you want cheaper premiums; pay 30% after you meet the deductible for most services; have a value drug formulary with only 2 tiers of coverage and an HRA to help pay for your deductible?

LivingWell Basic CDHP

may be the plan for you! Very low premiums for a great plan.

This is not the plan for most people. Do you have limited funds to pay for a health plan?

PLAN 4

Do you want the lowest premiums; pay 50% after you meet the highest deductible; have a value drug formulary with only 2 tiers of coverage?

LivingWell Limited High Deductible

is a catastrophic-type plan with the cheapest premium. Be careful in selecting this plan!

Note: The Benefits Analyzer is available to most KEHP planholders in both print and online formats. You will not be eligible for the Benefits Analyzer if you joined KEHP after June 1, 2019. You will receive one letter for your family if you have the cross-reference payment option, and you may use the online portal using the primary planholder's credentials only. If you are a KCTCS employee or retiree, you will receive the Analyzer in print only.

Choosing Your Plan

The in-network highlights of the four plan options are below; see [pages 12-13](#) for the details.

	PLAN 1	PLAN 2	PLAN 3	PLAN 4
	LivingWell CDHP	LivingWell PPO	LivingWell Basic CDHP	LivingWell Limited High Deductible
	*Premiums \$50.90	*Premiums \$84.86	*Premiums \$26.98	*Premiums \$24.28
HRA	Single \$500 Family \$1,000	No HRA	Single \$250 Family \$500	No HRA
Deductible	Single \$1,500 Family \$2,750	Single \$1,000 Family \$1,750	Single \$2,000 Family \$3,750	Single \$4,250 Family \$8,250
Out-of-pocket Maximum	Single \$3,000 Family \$5,750	Single \$3,000 Family \$5,750	Single \$4,000 Family \$7,750	Single \$5,250 Family \$10,250
Doctor's Visit	Deductible then 15%	Co-pay \$25; Specialist \$45	Deductible then 30%	Deductible then 50%
Co-insurance	15%	20%	30%	50%
Prescriptions	Deductible then 15% Advanced Control Formulary	\$10 \$35 \$55 Advanced Control Formulary	Deductible then 30% Value Formulary	Deductible then 50% Value Formulary

*Premiums are per month, single coverage, for a non-tobacco user who has fulfilled the LivingWell Promise. See [pages 14-15](#) for details.



LivingWell CDHP

The LivingWell Consumer Driven Health Plan (CDHP)

Pay less in premiums and receive money in an HRA.



You pay 15% and the health plan pays 85% once your deductible is met.



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!



Your prescription benefit is administered through CVS Caremark's Advanced Control Formulary.



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

Use the HRA to help meet your deductible

- You will receive a WageWorks® debit 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.



TIP: See [page 20](#) to learn more about a Flexible Spending Account. You can add additional money to a Healthcare FSA to use with the pre-funded WageWorks debit VISA Healthcare Card that comes with the LivingWell CDHP.



Go shopping, earn money.
Use SmartShopper!



LivingWell PPO

The LivingWell Preferred Provider Organization (PPO)

Pay more in premiums and have set co-pays for doctor's office visits and prescriptions.



Your co-pays will not apply to your deductible, but will apply to your out-of-pocket maximum.



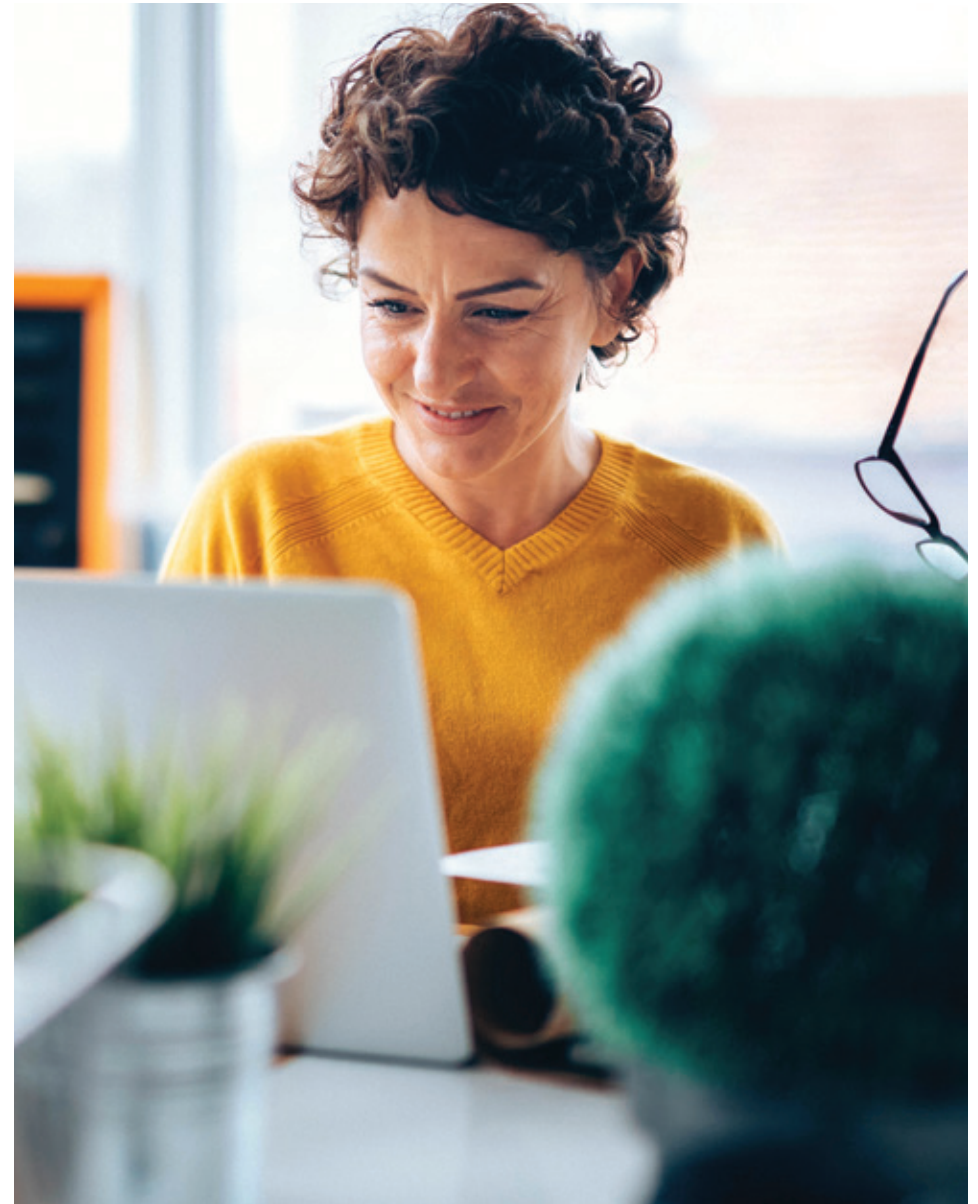
You will have a co-payment for all prescription tiers.



Your prescription benefit is administered through CVS Caremark's Advanced Control Formulary.



Your medical out-of-pocket maximum is separate from your pharmacy out-of-pocket maximum, and they accumulate separately.








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



LivingWell Basic CDHP

The LivingWell Basic CDHP

Basic coverage for lower premiums and receive money in an HRA.

-  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!
-  Your prescription benefit is administered through CVS Caremark's Value Formulary. This formulary includes mostly generics with few brand-named medications.
-  You will receive a pre-funded HRA to use to pay for part of your deductible and maximum out-of-pocket costs.



TIP: See page 20 to learn more about a Flexible Spending Account. You can add additional money to a Healthcare FSA to use with the pre-funded WageWorks debit VISA Healthcare Card that comes with the LivingWell Basic CDHP.

Use the HRA to help meet your deductible






- You will receive a WageWorks® debit 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.

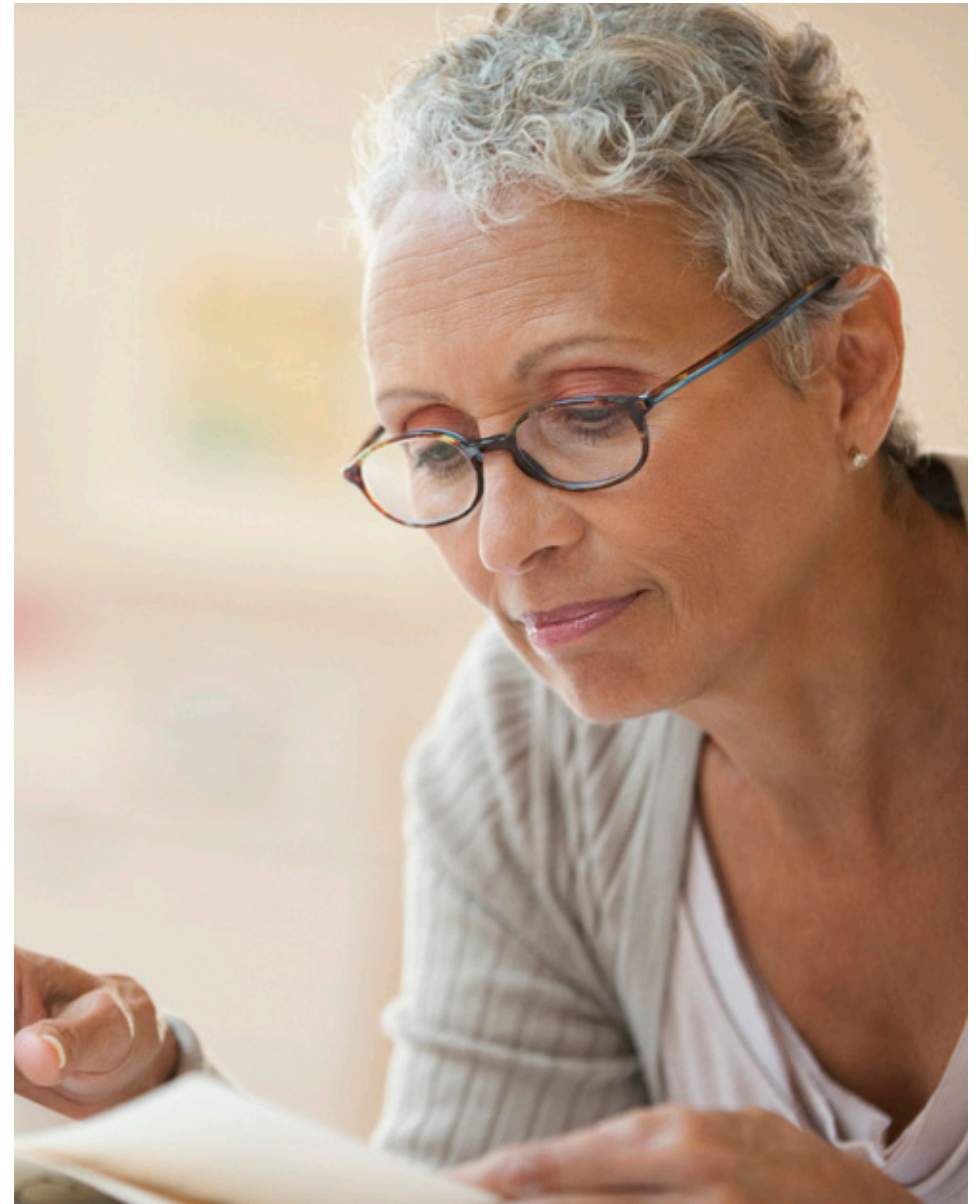


LivingWell Limited High Deductible Plan

The LivingWell Limited High Deductible Plan

This is NOT the best plan for most people, this plan provides catastrophic-type coverage. Please choose carefully.

-  You pay 50% and the health plan pays 50% once your deductible is met.
-  You **WILL NOT** receive money in a pre-funded HRA.
-  Your medical and pharmacy costs both apply toward the deductible and maximum out-of-pocket expenses.
-  Your prescription benefit is administered through CVS Caremark's Value Formulary. This formulary includes mostly generics with few brand-named medications.
-  You pay 50% of the total in-network prescription costs.



Preventive screenings and well child and well adult doctor visits are covered at 100%. Schedule yours today!

KEHP 2020 Benefits Grid

Plan Options	LivingWell CDHP		LivingWell PPO		LivingWell Basic CDHP prescriptions administered with the Value Formulary		LivingWell Limited High Deductible Plan catastrophic-type coverage; prescriptions administered with the Value Formulary	
	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
HRA	Single \$500; Family \$1,000		Not Applicable		Single \$250; Family \$500		Not Applicable	
Annual Deductible*	Single \$1,500 Family \$2,750	Single \$2,750 Family \$5,250	Single \$1,000 Family \$1,750	Single \$1,750 Family \$3,250	Single \$2,000 Family \$3,750	Single \$3,250 Family \$6,250	Single \$4,250 Family \$8,250	Single \$8,250 Family \$16,250
	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 \$3,000 Family \$5,750	Single \$5,750 Family \$11,250	Single \$3,000 Family \$5,750	Single \$5,750 Family \$11,250	Single \$4,000 Family \$7,750	Single \$7,750 Family \$11,250	Single \$5,250 Family \$10,250	Single \$10,250 Family \$20,250
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 2020 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 - combined limit)	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 90 combined therapy visits per calendar year							
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							

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 2020 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.

2020 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>	\$710.94	\$660.04	\$50.90	\$620.04	\$90.90
<i>Parent-Plus</i>	\$982.30	\$851.84	\$130.46	\$811.84	\$170.46
<i>Couple</i>	\$1,342.78	\$1,029.02	\$313.76	\$989.02	\$353.76
<i>Family</i>	\$1,500.50	\$1,131.64	\$368.86	\$1,091.64	\$408.86
<i>Family Cross-Reference</i>	\$821.36	\$738.64	\$82.72	\$698.64	\$122.72

LivingWell PPO	Total Premium	Employer Contribution	Employee Contribution	Without Completing LivingWell Promise Rates	
				Employer Contribution	Employee Contribution
<i>Single</i>	\$731.82	\$646.96	\$84.86	\$606.96	\$124.86
<i>Parent-Plus</i>	\$1,044.12	\$802.26	\$241.86	\$762.26	\$281.86
<i>Couple</i>	\$1,604.96	\$1,060.74	\$544.22	\$1,020.74	\$584.22
<i>Family</i>	\$1,787.46	\$1,105.34	\$682.12	\$1,065.34	\$722.12
<i>Family Cross-Reference</i>	\$881.40	\$719.12	\$162.28	\$679.12	\$202.28

LivingWell Basic CDHP	Total Premium	Employer Contribution	Employee Contribution	Without Completing LivingWell Promise Rates	
				Employer Contribution	Employee Contribution
<i>Single</i>	\$683.58	\$656.60	\$26.98	\$616.60	\$66.98
<i>Parent-Plus</i>	\$942.52	\$878.24	\$64.28	\$838.24	\$104.28
<i>Couple</i>	\$1,457.82	\$1,189.96	\$267.86	\$1,149.96	\$307.86
<i>Family</i>	\$1,624.66	\$1,303.24	\$321.42	\$1,263.24	\$361.42
<i>Family Cross-Reference</i>	\$801.82	\$771.84	\$29.98	\$731.84	\$69.98

LivingWell Limited High Deductible Plan	Total Premium	Employer Contribution	Employee Contribution	Without Completing LivingWell Promise Rates	
				Employer Contribution	Employee Contribution
<i>Single</i>	\$608.24	\$583.96	\$24.28	\$543.96	\$64.28
<i>Parent-Plus</i>	\$866.76	\$808.92	\$57.84	\$768.92	\$97.84
<i>Couple</i>	\$1,334.18	\$1,093.10	\$241.08	\$1,053.10	\$281.08
<i>Family</i>	\$1,485.46	\$1,196.18	\$289.28	\$1,156.18	\$329.28
<i>Family Cross-Reference</i>	\$731.68	\$704.70	\$26.98	\$664.70	\$66.98

2020 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>	\$710.94	\$620.04	\$90.90	\$580.04	\$130.90
<i>Parent-Plus</i>	\$982.30	\$771.84	\$210.46	\$731.84	\$250.46
<i>Couple</i>	\$1,342.78	\$949.02	\$393.76	\$909.02	\$433.76
<i>Family</i>	\$1,500.50	\$1,051.64	\$448.86	\$1,011.64	\$488.86
<i>Family Cross-Reference</i>	\$821.36	\$698.64	\$122.72	\$658.64	\$162.72

LivingWell PPO	Total Premium	Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
<i>Parent-Plus</i>	\$1,044.12	\$722.26	\$321.86	\$682.26	\$361.86
<i>Couple</i>	\$1,604.96	\$980.74	\$624.22	\$940.74	\$664.22
<i>Family</i>	\$1,787.46	\$1,025.34	\$762.12	\$985.34	\$802.12
<i>Family Cross-Reference</i>	\$881.40	\$679.12	\$202.28	\$639.12	\$242.28

LivingWell Basic CDHP	Total Premium	Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
<i>Parent-Plus</i>	\$942.52	\$798.24	\$144.28	\$758.24	\$184.28
<i>Couple</i>	\$1,457.82	\$1,109.96	\$347.86	\$1,069.96	\$387.86
<i>Family</i>	\$1,624.66	\$1,223.24	\$401.42	\$1,183.24	\$441.42
<i>Family Cross-Reference</i>	\$801.82	\$731.84	\$69.98	\$691.84	\$109.98

LivingWell Limited High Deductible Plan	Total Premium	Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
<i>Parent-Plus</i>	\$866.76	\$728.92	\$137.84	\$688.92	\$177.84
<i>Couple</i>	\$1,334.18	\$1,013.10	\$321.08	\$973.10	\$361.08
<i>Family</i>	\$1,485.46	\$1,116.18	\$369.28	\$1,076.18	\$409.28
<i>Family Cross-Reference</i>	\$731.68	\$664.70	\$66.98	\$624.70	\$106.98

Prescription Drug Coverage



Prescription Coverage

All four health insurance plan options include coverage for prescription drugs. **Prescriptions can be filled at any in-network pharmacy, and do not have to be filled at a retail CVS pharmacy store. Look online at [caremark.com](https://www.caremark.com).**

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 [kehpcy.gov](https://www.kehpcy.gov) or at [caremark.com](https://www.caremark.com)

LivingWell Basic CDHP and the LivingWell Limited High Deductible Plan

Value Formulary



More generics, fewer 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 [kehpcy.gov](https://www.kehpcy.gov) or at [caremark.com](https://www.caremark.com)

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 [kehpcy.gov](https://www.kehpcy.gov). The co-insurance amounts are listed on the Benefits Grid on [pages 12-13](#).

Compare Your Drug Costs

Don't pay more for your prescriptions than you have to! CVS Caremark has a tool that allows you to check the cost of prescriptions at pharmacies close to you. Just go to [caremark.com](https://www.caremark.com), then "My Plan & Benefits," click on "Check Drug Cost & Coverage." Enter the name of your prescription, and the tool will show you the cost at various local pharmacies. This tool is very helpful if you have a CDHP.



Additional information about your prescription drug coverage is available at [kehpcy.gov](https://www.kehpcy.gov), or you may contact CVS Caremark at **866-601-6934**.

Value Benefits for Diabetes, COPD, and Asthma

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 improving health and reducing plan costs.

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

- Pressure machines;
- Infusion pumps;
- Blood pressure monitoring devices;
- Cardiac monitors; and
- Supplies and durable medical equipment.

You will pay a reduced co-pay and/or co-insurance, with NO DEDUCTIBLE, for most maintenance prescriptions or supplies. See the chart below for the cost that you will pay for prescriptions.

Most supplies and durable medical equipment related to diabetes, COPD, and asthma are covered in full with NO DEDUCTIBLE.

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	N/A	N/A



Waiver General Purpose HRA

Don't Need Health Insurance?

If you have other health insurance and don't need a health plan, you can choose a Health Reimbursement Arrangement (HRA). You may be eligible for a Waiver General Purpose HRA if you have other employer-sponsored health insurance. The HRA covers medical, dental, and vision services that your health insurance plan doesn't cover such as the deductible and other out-of-pocket costs. You can use this HRA for you and your dependents, as long as you can attest that all persons covered under the Waiver General Purpose HRA have other employer-sponsored group health insurance coverage.

Your employer will contribute \$175 per month, up to \$2,100 per year, to your WageWorks® debit VISA Healthcare Card. It will be funded in two equal installments: \$1,050 on January 1 and \$1,050 on July 1.

The balance remaining in your Waiver General Purpose HRA at the end of the 2020 plan year will carry over to the 2021 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 between 2020 and 2021 is capped at \$5,000.

You must make an election to waive your health insurance coverage and choose a Waiver General Purpose HRA.

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 who 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 debit VISA Healthcare Card can only be used for services rendered in 2020. You must file a Pay-Me-Back or Pay-My-Provider claim with WageWorks for any services rendered in 2019.



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

Waiver Dental/Vision ONLY HRA

Don't Need Health Insurance?

If you have individual or government-sponsored health insurance such as Medicare, Medicaid, or Tricare and don't need a health plan, you can choose the Waiver Dental/Vision ONLY HRA. This HRA only covers dental and vision expenses. You can use this HRA for you and your dependents.

Your employer will contribute \$175 per month, up to \$2,100 per year, to your WageWorks® debit VISA Healthcare Card. It will be funded in two equal installments: \$1,050 on January 1 and \$1,050 on July 1.

The balance remaining in your Waiver Dental/Vision ONLY HRA at the end of the 2020 plan year will carry over to the 2021 plan year as long as you continue to waive your health insurance coverage and elect a Waiver Dental/Vision HRA. Your Waiver HRA carryover balance between 2020 and 2021 is capped at \$5,000.

You must make an election to waive your health insurance coverage and choose the Waiver Dental/Vision ONLY HRA.

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

Save money while keeping you and your family healthy

Save on a variety of eligible healthcare expenses by paying for them on a pre-tax basis. No waiting – access the full amount of your annual contribution on January 1.

A Healthcare FSA pays for certain healthcare expenses not covered by your health insurance, such as deductibles, 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, even before it is deducted from your paychecks.

Reasons to Select a Healthcare FSA

- Contribute up to a maximum of **\$2,700 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 \$2,700
- You have a 90-day run-out period until March 31, 2021 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/Child and Adult Daycare

Child and Adult Daycare FSA

Cut your child and adult daycare costs!

Save money while taking care of your loved ones so you can work.

You want your family to have the best care possible while you're at work. You also know how expensive that care can be. With a Child and Adult Daycare FSA, you can save up to 30% on eligible childcare expenses using pre-tax dollars.

Save on eligible child care expenses like:

- Child or adult care (during work hours only);
- Preschool;
- Summer day camp;
- Before and after-school care; and
- Elder daycare 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 child and adult daycare expenses yourself and request reimbursement. Manage your account on the WageWorks® mobile app.



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

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; and
- 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.



Additional Plan Benefits

Rethink

“I was struggling to help my son adjust to a new school environment. I felt like I was failing him as a parent. Rethink empowered me with a new approach to my son’s issue.”

Rethink is a **FREE** benefit to support those caring for children and teenagers with learning or behavioral challenges, including autism. This benefit:

- 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 proactive approach to teaching their child;
- Helps parents collaborate with school and other caregivers;
- Helps reduce tantrums, facilitate language, and improve the home environment; and
- Requires no diagnosis and has no age restrictions.

Contact Us!

- Call **800-714-9285** for assistance in signing up, or if you have questions.
- Log in to KEHP.rethinkbenefits.com use code: KEHP.
- Or use the mobile app
- Schedule a virtual consult
- Message a learning and behavior expert
- View your lesson library videos
- Receive in-app reminders for consults and webinars
- Text **EZCONSULT** to **797979** to schedule your **FREE** consult with an expert.



LiveHealth Online Medical, Psychology, and Psychiatry

“I was able to use LiveHealth Online over the weekend when my daughter had a fever. It was much easier and faster than taking her out when she felt so bad.”

Healthcare at home or on the go! Get fast, easy doctor and therapist visits whenever you need them. All for **FREE!**

With LiveHealth Online, the doctor comes to you. There's no traveling to the doctor's office and no sitting in the waiting room. LiveHealth Online lets you have a video visit with a board-certified medical doctor, psychiatrist or therapist from your computer (with a web camera), tablet or smartphone.

Use LiveHealth Online Medical

- Cold and flu symptoms
- Allergies
- Sinus infections
- Migraines
- Upper respiratory infections
- Bronchitis

Use LiveHealth Online Psychology

- Anxiety
- Depression
- Grief
- Panic attacks
- If you're 18 years old or older, you can get medicine to help you manage a mental health condition

“My son was struggling with stress from school and other activities. Getting him an appointment with LiveHealth Online was fast. He is able to talk with a counselor in the privacy of his room. It's been so helpful for him.”



Get started today!

- Go to livehealthonline.com and log in or download the free app to register. Select LiveHealth Online Medical and choose the doctor you'd like to see
- For LiveHealth Online Psychiatry, you can schedule an appointment online 7 a.m. to 11 p.m.
- Call **888-548-3432**

Additional Plan Benefits

SmartShopper

EARN CASH by shopping for your healthcare! Prices are not the same for medical tests, and procedures can vary from hundreds of thousands of dollars — all based on where you go for the service!

When your doctor recommends a medical service, such as a colonoscopy, MRI or mammogram, call SmartShopper at **855-869-2133** to speak to the Personal Assistant Team to discuss your options. Or you can visit [SmartShopper.com](https://www.smartshopper.com), select the recommended procedure, then choose from several facilities that are the most cost-effective. You could earn \$25 — \$500 just for choosing a lower-cost facility — which saves the health plan money — so you receive some of the savings!

Check out SmartShopper's Medical Expertise Guide (MEG), which provides support if you need surgery on your knees or hips. Call SmartShopper to discuss:

- treatment options;
- cost of quality education;
- better outcomes;
- lower total costs; and
- cash incentive information.

Diabetes Prevention Program (DPP)

Diabetes is one of the highest costs for the KEHP. This **FREE** prevention program is available for members who have pre-diabetes. If you meet the criteria of pre-diabetes, you may attend DPP for **FREE!** This program may help lower your risk of developing Type 2 diabetes. Learn how to improve your health through stress reduction, weight loss, and increased physical activity with the support of a certified lifestyle instructor. This proven and successful 16-week course meets once per week for one hour. After 16 sessions, you will receive at least six monthly follow-up sessions to help you stay motivated and maintain a healthy lifestyle.

Contact Solera at **844-206-3728** to learn more about DPP and find a location near you.

Future Moms

The Future Moms program is **FREE** and offers a guided course of care and treatment, leading to overall healthier outcomes for mothers and their newborns. Future Moms helps all expectant mothers focus on early prenatal interventions, risk assessments, and education. The program includes special management emphasis for expectant mothers at highest risk for premature birth or other serious maternal issues. The program consists of nurse coaches supported by pharmacists, registered dietitians, social workers, and medical directors. You'll get:

- 24/7 phone access to a nurse coach who can talk with you about your pregnancy and answer your questions;
- *Your Pregnancy Week by Week*, a book to show you what changes you can expect for you and your baby over the next nine months; and
- Useful tools to help you, your doctor and your Future Moms nurse coach track your pregnancy and spot possible risks.

Call **844-402-5347** to learn more.



Get healthy! Earn cash and incentives!
Visit [SmartShopper.com](https://www.smartshopper.com).



Anthem Optional Dental Insurance



Dental Benefits

You 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.** 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
Your dental plan at a glance	In/Out-of-Network*	In/Out-of-Network*	In/Out-of-Network*
Annual Benefit Maximum	\$750	\$1,000	\$1,500
Annual Deductible	\$50	\$50	\$50
Orthodontia	Not covered	Not covered	\$1,500
Diagnostic and Preventive Service	100%/100% of allowable amount*	100%/100% of allowable amount*	100%/100% of allowable amount*
Basic Services	50%/50% of allowable amount*	80%/80% of allowable amount*	80%/80% of allowable amount*
Oral Surgery	50%/50% of allowable amount*	80%/80% of allowable amount*	80%/80% of allowable amount*
Major Services (Including Implants)	Not covered	50%/50% of allowable amount*	50%/50% of allowable amount*
Annual Max Carryover	Not covered	Not covered	Covered
No waiting period for basic or major services			

* Difference in charged amount and OON allowable amount can result in balance billing.

** American Heart Association, *Middle-aged Tooth Loss Linked to Increased Coronary Heart Disease Risk* (March 21, 2018): newsroom.heart.org

Monthly rates	Bronze	Silver	Gold
Employee only	\$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

This summary of benefits is meant only as a brief description of some of the benefits. Please refer to your certificate of coverage for more complete benefit details, limitations, and exclusions.

Anthem Optional Vision Insurance



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 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 eye doctors in the Insight Network²
- 25,000 locations²
- Online shopping at [Glasses.com](https://www.glasses.com), [ContactsDirect.com](https://www.contactsdirect.com), and 1-800 CONTACTS[®]
- National network of optical retail stores like LensCrafters[®], Sears Optical[®], Target Optical[®], JCPenney[®] Optical, and most Pearle Vision[®] stores.

Your vision benefits cover:

- Adult routine eye exam;
- Frames and either eyeglass lenses or contact lenses for adults;
- Pediatric routine eye exams; and
- Frames and either eyeglass lenses or contact lenses for covered children up to age 26. For children up to age 19, Transitions[®] lenses are included 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
Frames	\$125 allowance and 20% off any remaining balance	\$150 allowance and 20% off any remaining balance	\$150 allowance and 20% off any remaining balance
Eyeglass lenses: single vision, bifocal, trifocal, lenticular	\$25 copay	\$10 copay	\$10 copay
Standard progressive lens	Standard fixed price/discount	Standard fixed price/discount	\$20 copay
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 calendar year

Monthly rates	Bronze	Silver	Gold
Employee only	\$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

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

How to Enroll

Steps for Open Enrollment in KHRIS ESS.

Note: These steps do not apply to new hires. If you are a new hire, enroll using the ESS steps at keh.ky.gov.

Open a browser. KHRIS works best with the following: Microsoft Internet Explorer or higher, including Windows Edge; Chrome (most versions); Safari on tablets; Safari on MAC; Android internet applications (most versions); Firefox (most versions), Mobile Apple iOS or Mobile Android (later versions).

- 1 Enter: KHRIS.ky.gov
- 2 Your KHRIS User ID is included in this packet but can be retrieved by clicking the Forgot KHRIS User ID link.
- 3 When you log in for the first time, you must select the Forgot/Reset Password or New User link to set a password on your account.



Current KHRIS ESS User

- 1 Type your **KHRIS User ID** and **Password**.
- 2 Click **LOG IN**.
- 3 Review the User Security Agreement (this will display if it is your first time logging in to KHRIS ESS in 2019).
- 4 Click **I HAVE READ AND UNDERSTAND**.
- 5 Click **OPEN ENROLLMENT**.

New KHRIS ESS User

- 1 Click the **Forgot/Reset Password** or **New User/Reset Link**.
- 2 KHRIS User ID — Type your current KHRIS User ID.
- 3 Click **VALIDATE**.
- 4 For security purposes, you must provide the following information: Last Name, Zip Code, Date of Birth, and Social Security Number.
- 5 Click **AUTHENTICATE**.
- 6 If your information has been validated, the Password Requirement screen displays.
- 7 Enter a password that you create in the New Password field and confirm the password by entering again in the Confirm Password field.
- 8 Click **SAVE**.
- 9 Click **RETURN TO KHRIS LOGON**.
- 10 Type your **KHRIS User ID** and the **Password** you just created.
- 11 Click **LOG IN**.
- 12 Review the User Security Agreement (this will display if it is your first time logging in to KHRIS ESS in 2019).
- 13 Click **I HAVE READ AND UNDERSTAND**.
- 14 Click **OPEN ENROLLMENT**.

How to Enroll



KEHP Tobacco Usage Declaration

- 1 Review the Tobacco Usage Declaration.
- 2 Answer Yes or No.
- 3 Click **SAVE AND CONTINUE**.

STEP 1: Personal Profile

- 1 Review your personal data.
- 2 Click **EDIT PERSONAL PROFILE** to change your personal data.
- 3 Click **NEXT**.

STEP 2: Dependents and Beneficiaries

- 1 Click **EDIT DEPENDENTS AND BENEFICIARIES** to review/change your family members/dependents. If you wish to update your life insurance beneficiaries, please call **502-564-4774** for assistance.

NOTE: Adding members at this step does not automatically add them to your insurance plan, which is in the next step. All dependents must have SSN and Date of Birth to attach them to a health plan.

- 2 Click **NEXT**.

STEP 3: Health Plans

- 1 Click the pencil icon under Actions to Enroll in a Health Plan or Waive Coverage.
- 2 Your eligible health plan options and waiver options will display.
NOTE: Your 2019 plan will display in blue. Use the scroll bar on the right of the Select a Medical Plan window to scroll down.

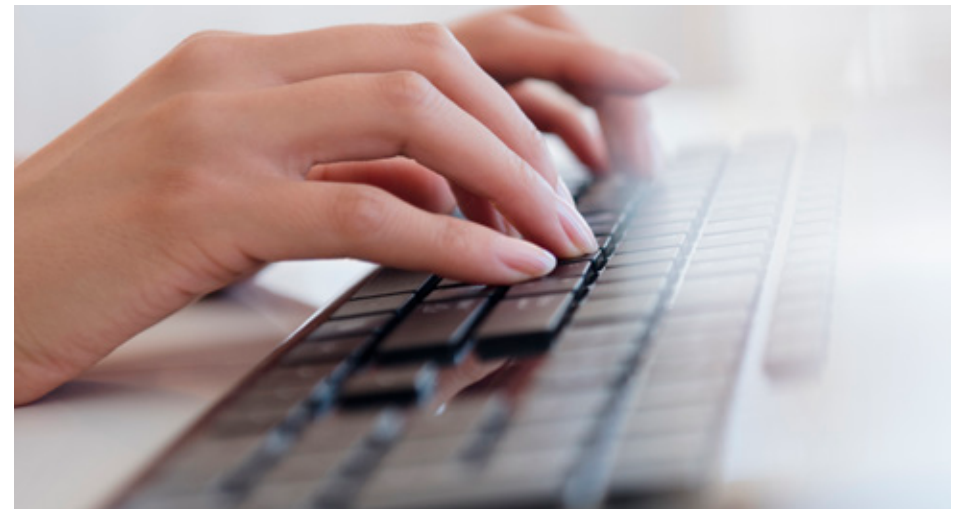
- 3 Select a plan by clicking the round button next to your plan choice.

- 4 If you selected Couple, Parent-Plus or Family coverage, you must select your dependents to add to the Health Plan or Waiver.

NOTE: If the dependent is not displayed, go to step 2 to add.

- 5 Once you have selected a Health Plan or Waiver option and if necessary, selected your dependent(s), click **ADD**.

- 6 If you wish to enroll in the Anthem Dental Plan or Anthem Vision Plan, click the pencil icon under Actions for each of these and follow the same steps as in **4** and **5**. If you do not wish to add these plans, click **NEXT**.



How to Enroll

Step 4: Flexible Spending Accounts (FSA)

NOTE: If your agency does not participate in our FSA, then you will not see this step.

- 1 Click the pencil icon under Actions to Enroll in a Healthcare or Child and Adult Daycare FSA.
- 2 After selecting the appropriate plan, you will be prompted to enter the annual contribution amount.
- 3 Once you have selected the FSA and entered the annual contribution amount, click **ADD**.
- 4 Click **NEXT** to proceed to the review and save step.



Remember to save or print your enrollment confirmation.

Step 5: Review and Save

This step displays all of your elections for Plan Year 2020; if you are satisfied with your plan elections, click **SAVE**. Once you click save, this message will display: ***Congratulations! You have successfully enrolled in the 2020 plan year.***

At this time, you are strongly encouraged to print or save your confirmation statement by clicking **PRINT CONFIRMATION STATEMENT**.

The confirmation page will open as a .pdf document and you can choose to print or save a copy by clicking the printer or disk icon located at the top of the benefits confirmation page.



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.

You can enroll or increase your coverage throughout 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.

Employee Coverage Options and Monthly Premiums

Age	Option 1 \$5,000	Option 2 \$10,000	Option 3 \$25,000	Option 4 \$50,000	Option 5 \$100,000	Option 6 \$150,000
Under age 40	\$1.10	\$2.22	\$5.52	\$11.04	\$22.08	\$33.12
Ages 40-59	\$2.76	\$5.52	\$13.80	\$27.60	\$55.20	\$82.80
Ages 60 and over	\$4.52	\$9.02	\$22.54	\$45.08	\$90.16	\$135.24

Dependent Coverage Options and Monthly Premiums

Qualified Dependent	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G	Plan H
Spouse	\$10,000	\$5,000	\$5,000	\$10,000	\$0	\$20,000	\$20,000	\$0
Child Under 6 months	\$2,500	\$1,500	\$0	\$0	\$2,500	\$2,500	\$0	\$2,500
Child 6 months to age 18*	\$5,000	\$3,000	\$0	\$0	\$5,000	\$10,000	\$0	\$10,000
Monthly Cost	\$10.54	\$5.70	\$2.42	\$8.42	\$3.48	\$21.08	\$16.82	\$6.96

* Or a child 18 or older who is a registered, full-time student at an accredited educational institute and relies on the employee for financial support.

Life Insurance

If you are currently enrolled in optional dependent insurance that covers your spouse or children, you must advise your employer if your dependent's eligibility status changes. Eligible dependents include:

- Your spouse to whom you are legally married
- Your unmarried children from live birth to 18 years old
(Note: The age limit does not apply if your child depends on you for support and maintenance and is enrolled as a full-time student.)

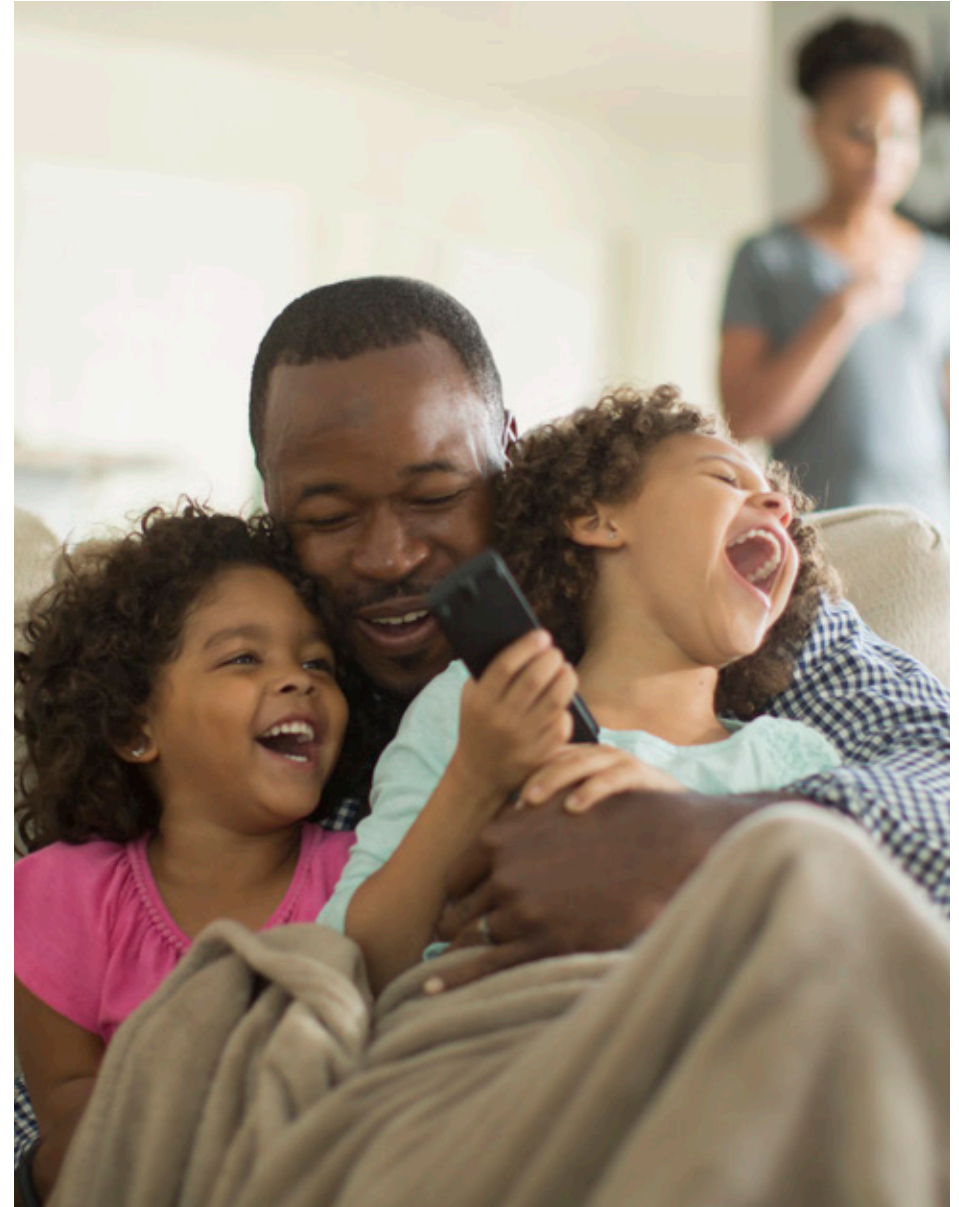


This year is not considered an open enrollment period for life insurance.



engage

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.



Deferred Compensation



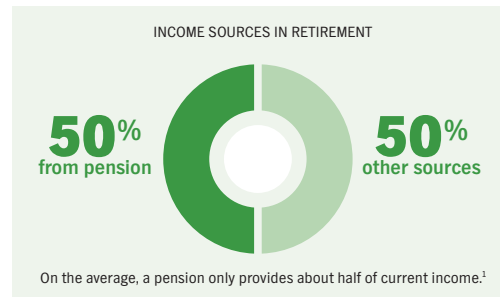
Build a more secure retirement by supplementing your pension

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. By contributing to a supplemental retirement plan, 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

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



Benefits

- **Easy** — contribute as little as \$30 a month or \$15 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 anytime, 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 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

Website Addresses

Personnel Cabinet — personnel.ky.gov

KEHP — keh.ky.gov

Vision and Dental Insurance — personnel.ky.gov (select “Benefits”)

Wellness — Livingwell.ky.gov

Service is only available during Open Enrollment Oct. 14 – Oct. 30

You can choose from one of these five options:

Option 1: Kentucky Retirement System (KRS)

Option 2: KHRIS User ID and password reset

Option 3: Benefit questions for Anthem (medical, dental, and vision),
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 Eastern Time

Monday, Oct. 14 to Friday, Oct. 18	7:30 a.m. to 4:30 p.m.
Monday, Oct. 21 to Friday, Oct. 25	8 a.m. to 6:30 p.m.
Saturday, Oct. 26	8 a.m. to 1 p.m.
Monday, Oct. 28 to Wednesday, Oct. 30	8 a.m. to 8 p.m.



Contact Information Outside of Open Enrollment

Department of Employee Insurance	888-581-8834
Monday to Friday, 7:30 a.m. to 4:30 p.m.	502-564-6534



DEI Vendors

Anthem — health insurance	844-402-5347	anthem.com/keh
Anthem — dental and vision insurance	844-402-5347	anthem.com
CVS Caremark — prescriptions	866-601-6934	caremark.com
StayWell Well-being — beginning January 1, 2020	866-746-1316	KEHPlivingwell.com
SmartShopper — transparency, shop for better pricing	855-869-2133	SmartShopper.com
WageWorks — FSA, HRA, and COBRA	877-430-5519	wageworks.com/keh

Contact Information

Other Important Numbers and Websites

Kentucky Deferred Compensation	800-542-2667	kentuckydcp.com
Kentucky Optional Insurance Branch – Life, Dental and Vision insurance	502-564-4774 800-267-8352	
LiveHealth Online Medical, Psychology, and Psychiatry	888-548-3432	anthem.com/kehpc
Rethink	800-714-9285	rethinkbenefits.com
24/7 Nurseline	877-636-3720	
Substance Use Disorder telephone resource line – 24/7	855-873-4931	
Personal Health Consultants	844-402-5347	
Solera – Diabetes Prevention Program	844-206-3728	

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



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, 2020, 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 2020 Plan Year begins January 1, 2020, and ends at midnight on December 31, 2020.
- 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 2020 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, StayWell, 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. Your failure to properly document dependent eligibility will result in the termination of the unverified dependent from your insurance plan(s).
- 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, dental, and vision insurance are made on a pre-tax basis unless you sign a Post-Tax Request Form. Deductions for 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. Child and Adult Daycare FSA.** If you choose a Child and Adult Daycare FSA, you are eligible to seek reimbursement, as authorized by 26 U.S.C. Sections 21 and 129, for dependent care expenses. The Child and Adult Daycare 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 \$2,700 into a Healthcare FSA for Plan Year 2020 to pay for eligible healthcare expenses not paid for by your health insurance plan. Unused amounts of \$50 and up to a maximum of \$500.00 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. You may use the Healthcare FSA carryover amounts whether or not you elect a Healthcare FSA for the subsequent Plan Year. Amounts over \$500.00 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 2020 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. Unused funds remaining in the Waiver General Purpose HRA upon termination are forfeited. 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 \$5,000 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 Year. 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.** In general, 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 2020, 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 2021.
- If you fulfilled your LivingWell Promise in 2019, you will receive a monthly premium discount of \$40.00 in 2020. If you did not fulfill your LivingWell Promise, you will not receive a monthly premium discount of \$40.00 in 2020.
 - If you elect a KEHP health plan in 2020, you must complete (1) an online StayWell Health Assessment; OR (2) a biometric screening January 1, 2020, through July 1, 2020.
 - 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 (Health Insurance/ Docs, Forms, and Legal Notices).
- 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 (Health Insurance/Docs, Forms, and Legal Notices).

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 StayWell (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 StayWell'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 the Medical Benefit Booklet or go to kehp.ky.gov (Health Insurance/Docs, Forms, and Legal Notices).

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 Medical Benefit Booklet or go to kehp.ky.gov (Health Insurance/Docs, Forms, and Legal Notices).

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 (Health Insurance/Docs, Forms, and Legal Notices).

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/retirement 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 Booklets to determine the governing contractual provisions of the coverage. KEHP's SBCs are available on KEHP's website at kehp.ky.gov (Health Insurance/Docs, Forms, and Legal Notices). 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 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.

Additional Free Benefits



24/7 NurseLine

If you have an emergency or questions for a nurse, you can call around the clock 24/7. The NurseLine provides you with accurate health information anytime of the day or night. You will receive one-on-one counseling with experienced nurses via a convenient toll-free number **877-636-3720**. A staff of experienced nurses is trained to address common healthcare concerns such as medical triage, education, access to healthcare diet, social/family dynamics and mental health issues. Specifically, the 24/7 NurseLine features:

- A skilled clinical team — RN that helps assess your systems, understand medical conditions, ensures you receive the right care in the right setting, and refers you to programs and tools appropriate for your condition
- Bilingual RNs, language line and hearing impaired services
- Access to the AudioHealth Library, containing hundreds of audiotapes on a wide variety of health topics
- Proactive callbacks within 24 to 48 hours, referrals to 911 emergency services, poison control, and identification of emergent or urgent care for children
- Referrals to relevant community resources



Substance Use Disorder Telephone Support

Call the 24/7 support line at **855-873-4931**. Let the staff member know you've got a substance use concern, and they'll connect you with a clinical expert trained in substance use disorder treatment. You can talk with these experts confidentially about:

- Treatment options
- Other health or behavioral issues you're having
- Finding doctors or treatment centers in your health plan that specialize in substance use disorder
- Online and mobile tools that can help you during and after treatment

You can also call on behalf of a KEHP member who is a family member or friend. And the support line is open 24/7 — so anytime is the right time to call.



Why Weight Kentucky

Why Weight Kentucky is a weight management program that pairs members with an Anthem clinician who will help you reach your weight-loss goals. If you participate in the program, you will receive access to the tools and one-on-one support needed to lose weight safely, and improve your health and quality of life. The program also provides coverage for several prescription weight-loss medicines. Call Anthem at **844-402-5347** or CVS Caremark at **866-601-6934**.



Tobacco Cessation

Are you ready to quit? KEHP has many resources available, including nicotine replacement therapies for **FREE**. Go to livingwell.ky.gov, click on 'programs' then 'quitting tobacco.'



engage

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