

DEPARTMENT OF EMPLOYEE INSURANCE

2025 OPEN ENROLLMENT

ICs and HRGs PRESENTATION

Presenter: Kim Collins
Benefits
Consultant/Training
Coordinator

AGENDA

- ✓ Customer service contact information
- ✓ Vendor information
- ✓ Benefit highlights
- ✓ Who needs to enroll
- ✓ Exceptions
- ✓ Plan choices
- ✓ Enrollment guidelines
- ✓ Additional benefits
- ✓ Closing

CUSTOMER SERVICE CONTACT INFORMATION

October 7, 2024, through October 25, 2024

- ✓ Hotline available
- ✓ Call (888) 581-8834 or (502) 564-6534
- ✓ Hours of Assistance (**Eastern Time Zone**)
 - ✓ October 7 through October 11: 7:30 a.m. to 4:30 p.m.
 - ✓ October 14 through October 18: 7:30 a.m. to 6:00 p.m.
 - ✓ October 21 through October 25: 7:30 a.m. to 8:00 p.m.





VENDOR INFORMATION

2025 VENDORS

Anthem Health Insurance
PH: 844-402-5347
Web: [anthem.com/kehp](https://www.anthem.com/kehp)

HealthEquity FSA/HRA
PH: 877-430-5519
Web: [wageworks.com/kehp](https://www.wageworks.com/kehp)

HealthEquity COBRA
PH: 888-678-4861
Web: [wageworks.com/kehp](https://www.wageworks.com/kehp)

Anthem Dental/Vision
PH: 844-402-5347
Web: [anthem.com](https://www.anthem.com)

Castlight
PH: 800-681-6758
Web: [mycastlight.com/mybenefits](https://www.mycastlight.com/mybenefits)

Hinge Health
PH: 855-902-2777
Web: [hingehealth.com/kehp](https://www.hingehealth.com/kehp)

SmartShopper
PH: 855-869-2133
Web: [smartshopper.com](https://www.smartshopper.com)

LiveHealth Online Medical &
Behavioral Health - free
virtual office visits
PH: 888-548-3432

Carrum
PH: 888-855-7806
Web: [carrum.me/kehp](https://www.carrum.me/kehp)

CVS/Caremark Pharmacy
PH: 866-601-6934
Web: [caremark.com](https://www.caremark.com)

MetLife - Life Insurance
PH: 800-638-6420
Web: [metlife.com](https://www.metlife.com)



BENEFIT HIGHLIGHTS

2025 BENEFIT HIGHLIGHTS

No employee or employer premium increase for health, dental and vision

The Benefits Selection Guide is available in electronic format only at [KEHP.KY.GOV](https://www.kehp.ky.gov)

Open Enrollment Webinars are available at the [KEHP.KY.GOV](https://www.kehp.ky.gov) located in the rotating banner

2025 BENEFIT HIGHLIGHTS

New fourth plan option LivingWell High Deductible Health Plan added

Default plan for new hires starting 1/1/2025 will be Waiver Without HRA

Signature deadline date is going from 35-days to 30-days for New Hires and Qualifying Events

During Open Enrollment, you can add or increase your optional life insurance without a Statement of Health

2025 BENEFIT HIGHLIGHTS

Healthcare Flexible Spending Account (FSA) contribution limit increases to \$3,200

Healthcare Flexible Spending Account (FSA) maximum carryover is \$640 from 2025 to 2026

Child & Adult Daycare (FSA) remains the same at \$5,000 (head of household) \$2,500 (married, filing separately)

2025 BENEFIT HIGHLIGHTS

Members have until March 31, 2026, to submit receipts for reimbursement of eligible FSA expenses incurred in 2025

If a member has an HRA in addition to an FSA, the FSA funds will be used first

The FSA/HRA Visa card should **NOT** be used in 2025 to pay for 2024 expenses

2025 BENEFIT HIGHLIGHTS

The PrudentRx benefit will no longer be offered for PY 2025

The LivingWell Promise period is from January 1, 2025, through July 1, 2025

Completing the Castlight Health Assessment satisfies the LivingWell Promise for PY 2025

2025 BENEFIT HIGHLIGHTS

For additional
information
please refer to
the DEI MEMO
24-05

The cross-reference payment option will no longer be available for new hires, hired on or after 1/1/2025

Members currently enrolled in a cross-reference payment option will continue

Cross-reference plans active on 12/31/2024 or selected during OE will be allowed to continue into 2025

2025 HEALTH ASSESSMENT INFORMATION

With Castlight, you can easily navigate and understand your insurance benefits and earn rewards for completing health activities! Log in to Castlight on the app or a computer to complete your Health Assessment to satisfy the LivingWell Promise between January 1 through July 1, 2025! This navigation tool is free, safe, secure, and completely confidential.

When you download Castlight, you can:

JANUARY 1
through JULY 1,
2025,
DEADLINE

- ✓ Complete your Health Assessment
- ✓ Earn Wellness Rewards
- ✓ Connect with a Care Guide
- ✓ Find in-network high-quality providers
- ✓ Review your medical claims
- ✓ Download the Castlight app to register in seconds or visit mycastlight.com/mybenefits.

Call **800-681-6758**
8 a.m. to 9 p.m.
Monday thru Friday
Web: mycastlight.com/mybenefits



BENEFIT FAIR INFORMATION

Russell County

Tuesday, 10/01/2024

2:00 p.m. to 6:00 p.m. CST

Russell County Natatorium
Auditorium Complex

2167 US 127

Russell Springs, KY 42642

Franklin County

Wednesday, 10/02/2024

8:00 a.m. to 6:00 p.m. EST

KY State Office Building Auditorium

501 High Street

Frankfort, KY 40601

Daviess County

Thursday, 10/03/2024

2:00 p.m. to 6:00 p.m. CST

Owensboro Board of Education

450 Griffith Avenue

Owensboro, KY 42301

Hopkins County

Friday, 10/04/2024

2:00 p.m. to 6:00 p.m. CST

Hopkins County Career & Tech
Center

1775 Patriot Drive

Madisonville, KY 42431

Pike County

Tuesday, 10/08/2024

2:00 p.m. to 6:00 p.m. EST

Pike Co. Central High School
Cafeteria

100 Winners Circle Drive

Pikeville, KY 41501

Benefits Selection Guide

Available at KEHP.KY.GOV



Your 2025 Benefits
Selection Guide

Wellness in **full color**

Empowering your version of health

Open enrollment is
October 7 - October 25, 2024

This is the mini Benefits Selection Guide (BSG). Go to kehp.ky.gov or personnel.ky.gov to see more detailed information and the full version of the BSG.

TEAM KENTUCKY
PERSONNEL CABINET | Kentucky Employees' Health Plan

Anthem 

WHO NEEDS TO ENROLL

The background features a solid light green field on the left, transitioning into a series of overlapping geometric shapes on the right. These shapes include a large orange triangle, a smaller green triangle, and a white triangle, all defined by thin white lines. The overall composition is modern and minimalist.

WHO NEEDS TO ENROLL

YES

- ✓ If the member wants to keep or elect to enroll in Waiver General Purpose HRA
- ✓ If the member wants to keep or elect the Healthcare FSA
- ✓ If the member wants to keep or elect the Child & Adult Daycare FSA
- ✓ If the member is adding or dropping dependent(s)
- ✓ If the member wants to elect a new plan option
- ✓ If the member wants to elect or change dental/vision plans

NO

- ✓ If the member wants to keep the current health insurance plan
- ✓ If the member is currently enrolled in Waiver Limited Purpose HRA and wants to keep it
- ✓ If the member is a KPPA or TRS retiree under the age 65 who returned to work and wants to keep their current insurance plan with their active employer
- ✓ Keep current dental & vision plans

EXCEPTIONS

The background features a solid light green field on the left. On the right, there are overlapping geometric shapes in shades of orange and brown, along with thin white lines that create a sense of depth and movement.

EXCEPTIONS FOR 2025

OE exception requests will **only** be reviewed if received in DEI prior to December 31, 2024. After **January 1, 2025**, no exception requests for open enrollment will be reviewed. Exceptions are reviewed on a case-by-case; however, there are a few instances that will be an auto denial if one is received:

- ✓ Members who **do not** log on during OE - auto denial
- ✓ Members in the Default LivingWell Basic CDHP(No HRA) for 2024 and who **do not** log on during OE - auto denial
- ✓ Hard deadline of 12/31/2024 - all exceptions **must** be in house by 12/31/2024. Any submitted after 12/31/2024 - auto denial

PLAN CHOICES

The background features a solid light green field on the left. On the right, there are overlapping geometric shapes in shades of orange and brown, along with thin white lines that create a sense of depth and movement.

LIVINGWELL CDHP PLAN

Level	Premium	HRA	Co-Insurance	Annual Deductible	Annual Maximum Out-of-Pocket	HRA Cap
Single	\$53.46	\$500	20%	\$1,500	\$3,000	\$7,500
Parent Plus	\$137.06	\$1,000	20%	\$2,750	\$5,750	\$7,500
Couple	\$339.34	\$1,000	20%	\$2,750	\$5,750	\$7,500
Family	\$398.92	\$1,000	20%	\$2,750	\$5,750	\$7,500
Cross reference	\$86.90	\$1,000	20%	\$2,750	\$5,750	\$7,500

The following monthly rates are for the non-tobacco users and have completed their LivingWell Promise. Please refer to the Benefits Selection Guide to see the rates for other plans at KEHP.KY.GOV

LIVINGWELL PPO PLAN

Level	Premium	Co-Pay	Co. Insurance	Annual Deductible	Annual Maximum Out-of-Pocket
Single	\$89.14	PCP \$25 Specialist \$50	25%	\$1,000	\$3,000
Parent Plus	\$254.10	PCP \$25 Specialist \$50	25%	\$1,750	\$5,750
Couple	\$571.76	PCP \$25 Specialist \$50	25%	\$1,750	\$5,750
Family	\$716.64	PCP \$25 Specialist \$50	25%	\$1,750	\$5,750
Cross Reference	\$170.48	PCP \$25 Specialist \$50	25%	\$1,750	\$5,750

The following monthly rates are for the non-tobacco users and have completed their LivingWell Promise. Please refer to the Benefits Selection Guide to see the rates for other plans at KEHP.KY.GOV

LIVINGWELL BASIC CDHP PLAN

Level	Premium	HRA	Co-insurance	Annual Deductible	Annual Maximum Out-Of-Pocket	HRA Cap
Single	\$28.34	\$250	30%	\$2,000	\$4,000	\$7,500
Parent Plus	\$67.52	\$500	30%	\$3,750	\$7,750	\$7,500
Couple	\$281.42	\$500	30%	\$3,750	\$7,750	\$7,500
Family	\$337.68	\$500	30%	\$3,750	\$7,750	\$7,500
Cross Reference	\$31.50	\$500	30%	\$3,750	\$7,750	\$7,500

The following monthly rates are for the non-tobacco users and have completed their LivingWell Promise. Please refer to the Benefits Selection Guide to see the rates for other plans at KEHP.KY.GOV

LIVINGWELL HIGH DEDUCTIBLE HEALTH PLAN

Level	Premium	Co-insurance	Annual Deductible	Annual Maximum Out-of-Pocket
Single	\$20.88	30%	\$2,000	\$8,050
Parent Plus	\$56.10	30%	\$4,000	\$16,100
Couple	\$250.46	30%	\$4,000	\$16,100
Family	\$301.30	30%	\$4,000	\$16,100
Cross Reference	\$29.20	30%	\$4,000	\$16,100

The following monthly rates are for the non-tobacco users and have completed their LivingWell Promise. Please refer to the Benefits Selection Guide to see the rates for other plans at KEHP.KY.GOV

LIVINGWELL HIGH DEDUCTIBLE HEALTH PLAN

- ✓ Catastrophic-type health plan, with higher deductibles and lower premiums
- ✓ Can be used with a Health Savings Account (HSA). HSAs are not currently available through KEHP
- ✓ You are not required to enroll in an HSA
- ✓ No separate single and family deductible
- ✓ One deductible will apply

HDHP Deductible	HDHP Deductible
In-Network	Out-of-Network
No HRA. Can use a non-KEHP HSA with this plan	No HRA. Can use a non-KEHP HSA with this plan
Single \$2,000 Family \$4,000	Single \$4,000 Family \$8,000
Applies to Medical and Pharmacy	Applies to Medical and Pharmacy
Plan: 70% Members: 30%	Plan: 50% Member: 50%

LivingWell High Deductible Plan (HDHP)

Family of 3 enrolled in a family plan - this example is for an in-network provider				
Must satisfy the family deductible before coinsurance kicks in				
	<u>Cost</u>	<u>\$2,000 Single Ded.</u>	<u>Applied to \$4,000 Family Ded.</u>	<u>Member pays</u>
Visit 1 for mom	\$1,000	N/A here b/c family plan	\$1,000	\$1,000
Visit 2 for mom	\$1,000		\$1,000	\$1,000
Visit 3 for dad	\$1,000		\$1,000	\$1,000
Visit 4 for mom	\$1,000		\$1,000	\$1,000
Visit 5 for child	\$1,000		\$1,000	30% coinsurance b/c family ded. has been met
Single plan - this example is for an in-network provider				
Must satisfy the single deductible before coinsurance kicks in				
	<u>Cost</u>	<u>\$2,000 Single Ded.</u>	<u>Applied to \$4,000 Family Ded.</u>	<u>Member pays</u>
Visit 1	\$1,000	\$1,000	N/A here b/c single plan	\$1,000
Visit 2	\$1,000	\$1,000		\$1,000
Visit 3	\$1,000			30% coinsurance b/c single ded. has been met

Due to federal rules regarding Qualified High Deductible Health Plans, the free benefits below that are available with the other plans are not available for members enrolled in HDHP:

- ✓ LivingWell Health Clinic
- ✓ LiveHealth Online
- ✓ Hinge Health
- ✓ Carrum Health
- ✓ UK Acupuncture Program

2025 Dental Plan and Premiums

Dental Plans	Premiums			
	Employee	Employee + Spouse	Employee + Child(ren)	Family
Anthem Dental Bronze	\$14.08	\$25.68	\$33.40	\$49.28
Anthem Dental Silver	\$21.40	\$40.62	\$45.92	\$68.26
Anthem Dental Gold	\$28.40	\$54.90	\$70.00	\$102.10

2025 Vision Plans and Premiums

Vision Plans	Premiums			
	Employee	Employee + Spouse	Employee + Child(ren)	Family
Anthem Vision Bronze	\$5.52	\$10.94	\$11.22	\$16.64
Anthem Vision Silver	\$6.46	\$12.80	\$13.12	\$19.48
Anthem Vision Gold	\$13.12	\$26.14	\$26.80	\$39.82

WAIVER GENERAL PURPOSE HRA

Members are eligible for this HRA if they have other group employer-sponsored health insurance. It covers medical, dental, and vision costs.

The HRA is funded in two installments: \$1,050 on January 1 and another \$1,050 on July 1.

The HRA amount is loaded onto a Visa card.

HRA balance will carry over to the next plan year if the same plan is elected.

The HRA carryover is capped at \$2,100.

WAIVER LIMITED PURPOSE HRA

This option is for members who have individual or **government-sponsored** health insurance, like Medicare, Medicaid, or Tricare.

It covers dental and vision costs only.

The HRA is funded in two installments: \$1,050 on January 1 and another \$1,050 on July 1.

The HRA amount is loaded onto a Visa card.

HRA balance will carry over to the next plan year if the same plan is elected.

The HRA carryover is capped at \$2,100.

ENROLLMENT GUIDELINES


- ✓ Most members can use the KHRIS ESS system to enroll online including those that are participating in a cross-reference payment option.
- ✓ KPPA retirees should enroll through the KPPA online enrollment portal but may complete the retirement paper application if needed.
- ✓ KCTCS employees and retirees should use the KCTCS enrollment system.
- ✓ A member with a disabled dependent(s), will need to complete a paper application but only if they wish to make a change. An application will be mailed with their Open Enrollment letter.
- ✓ New hires from 10/1/2024 to 10/31/24, should enroll in KHRIS ESS first doing their new hire election for 2024, then wait 24 hours and go back into KHRIS ESS to enroll in their 2025 election. If submitting paper applications, they must submit an application for 2024 and an application for 2025 since there are changes for 2025 plan year.
- ✓ New Hires from 11/1/24 to 12/31/24, can enroll online in KHRIS ESS or submit a 2025 paper application to their IC for processing.

ENROLLMENT GUIDELINES

If a member is unable to log into KHRIS ESS and needs to complete a paper enrollment form.



The 2025 Enrollment Change form is located at KEHP.KY.GOV under the Open Enrollment rotator and then forms and documents.



Make sure the current form is being used. You will need to process their 2025 election before the November 29, 2024, deadline.

FREE BENEFITS

- ✓ SmartShopper
- ✓ UK Healthcare Acupuncture Program*
- ✓ Live Tobacco Free Program
- ✓ Carrum*
- ✓ CVS Weight Management Pilot Program
- ✓ LiveHealth online for Medical & Behavioral *
- ✓ Rethink
- ✓ DSME
- ✓ DPP-LARK
- ✓ Building Healthy Families
- ✓ Castlight
- ✓ Hinge Health*
- ✓ LivingWell Health Clinics*

*Free benefits offered with other plans are not covered under LivingWell High Deductible Health Plan (HDHP)

CLOSING REMARKS

- ✓ The deadline for Open Enrollment 2025 is **October 25, 2024**.
- ✓ If you have any inquiries, you can send to **EIB@KY.GOV** .
- ✓ For inquiries on Dental, Vision, & Life can be sent to **optionalinsurance@ky.gov** or call (502) 564-4774.
- ✓ Open Enrollment hotline call (888) 581-8834 and follow the prompts.



*Thank
you*