

# DEPARTMENT OF EMPLOYEE INSURANCE

2026 Open  
Enrollment  
IC/HRG  
Presentation

Presenter: Kim Collins  
Benefits Consultant/Trainer



# AGENDA

- Customer Service Contact Information
- Vendor Partner Information
- Open Enrollment Highlights
- What's New or Changing
- Who Needs to Enroll
- Plan Choices
- Enrollment Guidelines
- Other Pertinent Information

# CUSTOMER SERVICE CONTACT INFORMATION

October 6, 2025, through October 24, 2025

Hotline (888) 581-8834 or (502) 564- 6534

Hours of Assistance (Eastern Time Zone)



No Saturday  
Customer  
Service Hours

- October 06 through October 10: 7:30 a.m. to 4:30 p.m.
- October 13 through October 17: 7:30 a.m. to 6:00 p.m.
- October 20 through October 24: 7:30 a.m. to 8:00 p.m.

# VENDOR PARTNER CONTACT INFORMATION



Anthem Health Insurance  
PH: 844-402-5347  
WEB: [anthem.com/kehpn](http://anthem.com/kehpn)

Anthem Dental/Vision  
PH: 844-402-5347  
WEB: [anthem.com](http://anthem.com)

SmartShopper  
PH: 855-869-2133  
WEB: [smartshoppper.com](http://smartshoppper.com)

\*CVS/Caremark Pharmacy  
PH: 866-601-6934  
WEB: [caremark.com](http://caremark.com)

HealthEquity FSA/HRA  
PH: 877-430-5519  
WEB: [wageworks.com/kehpn](http://wageworks.com/kehpn)

Castlight  
PH: 800-681-6758  
WEB: [mycastlight.com/mybenefits](http://mycastlight.com/mybenefits)

LiveHealth Online  
PH: 888-548-3432  
WEB: [livehealthonline.com](http://livehealthonline.com)

MetLife-Life Insurance  
PH: 800-638-6420  
WEB: [metlife.com](http://metlife.com)

HealthEquity COBRA  
PH: 888-678-4861  
WEB: [wageworks.com/kehpn](http://wageworks.com/kehpn)

Hinge Health  
PH: 855-902-2777  
WEB: [hingehealth.com/kehpn](http://hingehealth.com/kehpn)

Carrum Health  
PH: 888-855-7806  
WEB: [carrum.me/kehpn](http://carrum.me/kehpn)

# OPEN ENROLLMENT HIGHLIGHTS

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# 2026 OPEN ENROLLMENT HIGHLIGHTS

## Health Insurance Premiums and Benefits

- There will be no increase in employee health insurance premium contributions
- 18.2% employer increase in health insurance premiums
- There will be a modest increase in the deductible and maximum out-of-pocket amounts in all plans (full details on upcoming slides)
- The LivingWell CDHP, LivingWell PPO, and LivingWell Basic CDHP will have changes to co-pays and co-insurance for emergency room facility benefits
- The LivingWell CDHP and the LivingWell PPO will have a change specific to GLP-1 weight loss drugs

## Anthem Dental and Vision Plans

- There will be no increase in dental or vision premiums in 2026

## MetLife Life Insurance

- There will be no changes to optional life insurance premiums in 2026
- During Open Enrollment members can add or increase optional life insurance for yourself or your spouse without a Statement of Health

# Benefits Selection Guide

Available  
at  
[KEHP.KY.GOV](https://KEHP.KY.GOV)



#### LivingWell Promise for 2026:

All planholders must take the Castlight Health Assessment.

This Benefits Selection Guide is published annually, before Open Enrollment, to help you make benefit choices.

This guide can be used throughout 2026 for new employees and when there is a qualifying event that permits a benefit change.



Kentucky Employees'  
Health Plan



# 2026 BENEFIT FAIRS

## **FRANKLIN**

WED 10/01/2025  
8:00 AM-6:00 PM EST  
KY STATE OFFICE BUILDING  
AUDITORIUM  
501 HIGH STREET  
FRANKFORT, KY 40601

## **PIKE**

THU 10/02/2025  
2:00 PM-6:00 PM EST  
PIKE CO. CENTRAL HIGH SCHOOL  
CAFETERIA  
100 WINNERS CIRCLE DRIVE  
PIKEVILLE, KY 41501

## **HOPKINS**

WED 10/08/2025  
2:00 PM-6:00 PM CST  
HOPKINS CO. CAREER & TECH  
CENTER  
1775 PATRIOT DRIVE  
MADISONVILLE, KY 42431

## **DAVIESS**

THU 10/09/2025  
2:00 PM-6:00 PM CST  
OWENSBORO BOARD OF  
EDUCATION  
450 GRIFFITH AVENUE  
OWENSBORO, KY 42301

## **BOONE**

MON 10/13/2025  
2:00 PM-6:00 PM EST  
GATEWAY COMMUNITY &  
TECHNICAL COLLEGE CAM BLDG  
CONVENING CENTER RM# B123  
500 TECHNOLOGY WAY  
FLORENCE, KY 41042

## **RUSSELL**

TUE 10/14/2025  
2:00 PM-6:00 PM CST  
RUSSELL CO. AUDITORIUM  
NATATORIUM COMPLEX  
2167 SOUTH US-127  
RUSSELL SPRINGS, KY 42642

## **FAYETTE**

WED 10/15/2025  
3:30 PM-7:30 PM EST  
STEAM ACADEMY  
1555 GEORGETOWN ROAD  
LEXINGTON, KY 40511

## **FAYETTE**

THU 10/16/2025  
3:30 PM-7:30 PM EST  
STEAM ACADEMY  
1555 GEORGETOWN ROAD  
LEXINGTON, KY 40511



WHAT'S NEW OR  
CHANGING

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# 2026 CHANGES TO HEALTH INSURANCE DEDUCTIBLE AND MAXIMUM OUT-OF-POCKET

## LivingWell CDHP

- Single deductible from \$1,500 to \$1,550
- Family deductible from \$2,750 to \$2,900
- Single maximum out-of-pocket from \$3,000 to \$3,150
- Family maximum out-of-pocket from \$5,750 to \$6,050

## LivingWell PPO

- Single deductible from \$1,000 to \$1,050
- Family deductible from \$1,750 to \$1,850
- Single maximum out-of-pocket from \$3,000 to \$3,150
- Family maximum out-of-pocket from \$5,750 to \$6,050

## LivingWell Basic CDHP

- Single deductible from \$2,000 to \$2,100
- Family deductible from \$3,750 to \$3,950
- Single maximum out-of-pocket from \$4,000 to \$4,200
- Family maximum out-of-pocket from \$7,750 to \$8,200

## LivingWell HDHP

- Single deductible from \$2,000 to \$2,100
- Family deductible from \$4,000 to \$4,200
- Single maximum out-of-pocket from \$8,050 to \$8,300
- Family maximum out-of-pocket from \$16,100 to \$16,650

# 2026 CHANGES TO EMERGENCY ROOM FACILITY BENEFIT

## LivingWell CDHP

- Old: Deductible, then 20%
- New: \$250 Co-Pay then Deductible then 25% - Co-Pay waived if admitted

## LivingWell PPO

- Old: \$150 Co-Pay
- New: \$250 Co-Pay then Deductible then 25% - Co-Pay waived if admitted

## LivingWell Basic CDHP

- Old: Deductible, then 30%
- New: \$250 Co-Pay then Deductible then 30% - Co-Pay waived if admitted

## LivingWell HDHP

- No changes

# 2026 CHANGES FOR FLEXIBLE SPENDING ACCOUNTS

## Changes in Healthcare Flexible Spending Account (FSA)

- The maximum amount that can be contributed to a Healthcare FSA will increase to \$3,300 per year.
- The carryover maximum from 2026 to 2027 will increase to \$660 per year.

## Changes in Child & Adult Daycare Flexible Spending Account (FSA)

- The amount that can be contributed to a Child & Adult Daycare FSA will increase up to the maximum amounts below based on your tax-filing status:
  - Married, filing a joint return - \$7,500
  - Single or Head-of-household - \$7,500
  - Married filing separate returns - \$3,750

# 2026 CHANGE IN GLP-1 WEIGHT LOSS DRUG

## LivingWell CDHP

- Old: Deductible, then 20%
- New: Deductible, then 25%

## LivingWell PPO

- Old: \$40 Co-Pay
- New: Deductible, then 25%

## LivingWell Basic CDHP

- No changes

## LivingWell HDHP

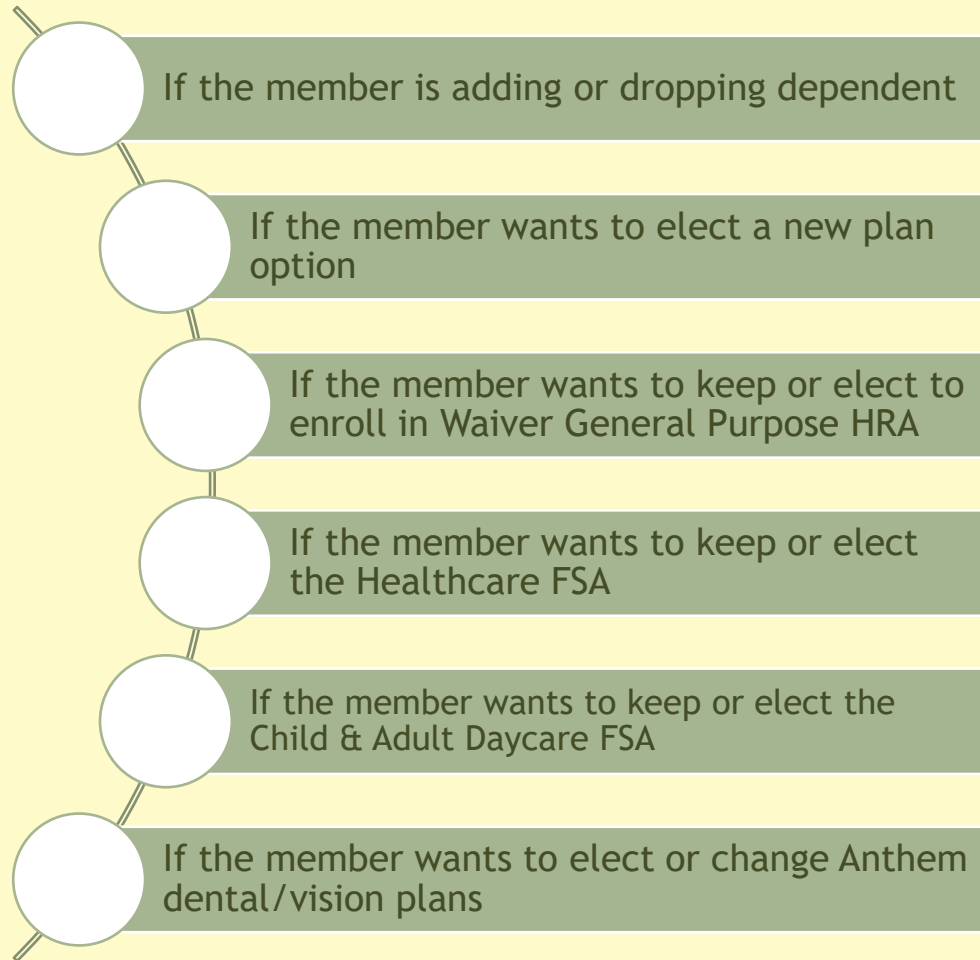
- No changes

WHO NEEDS TO  
ENROLL

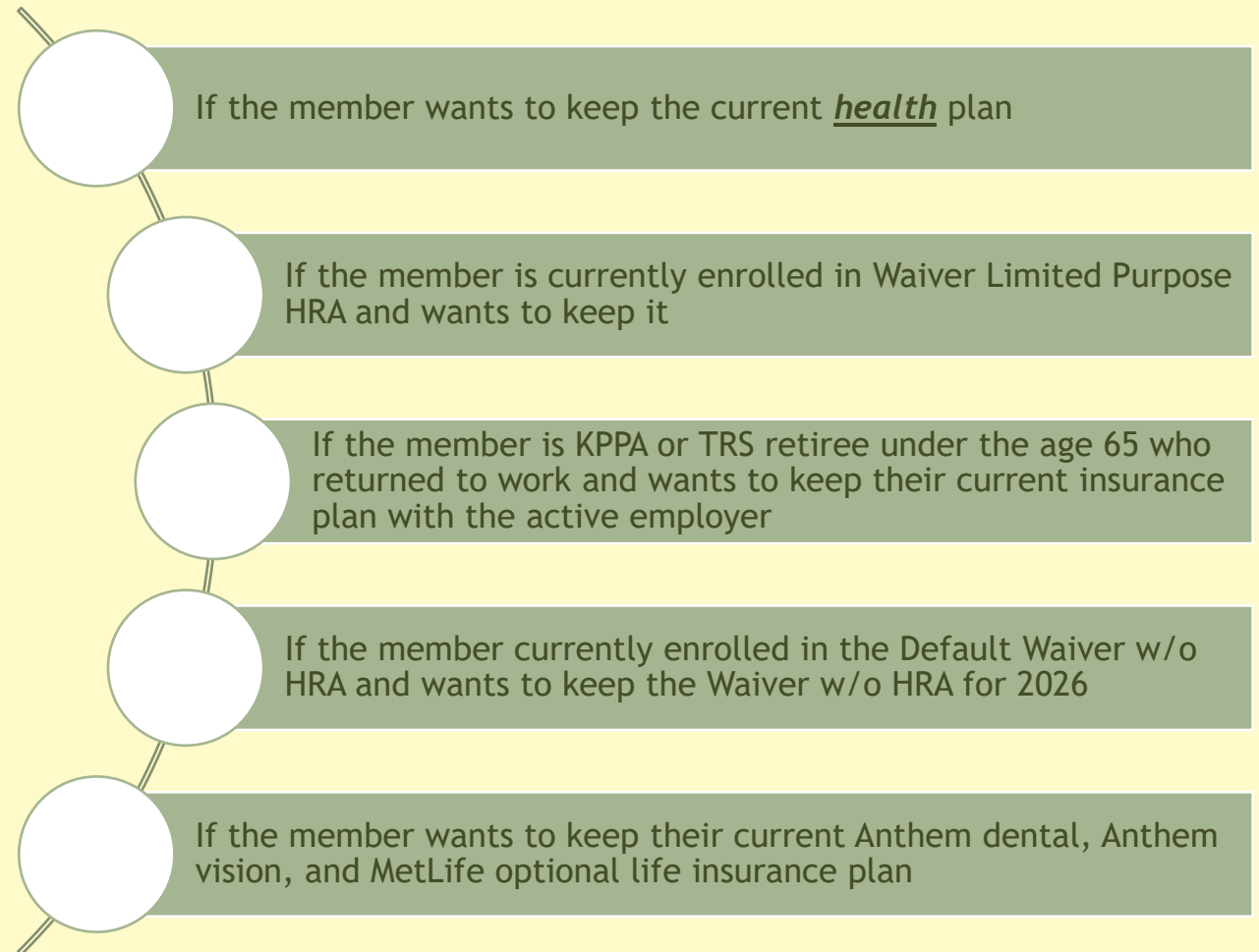
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# WHO NEEDS TO ENROLL

YES



NO



# 2026 PLAN OPTIONS

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Co-Insurance 20%	
PREMIUMS*	
Single	\$ 53.46
Parent Plus	\$ 137.06
Couple	\$ 339.34
Family	\$ 398.92
Cross Reference	\$ 86.90
HRA	
Single	\$ 500.00
Family	\$1,000.00
ANNUAL DEDUCTIBLE	
Single	\$1,550.00
Family	\$2,900.00
MAXIMUM OUT-OF-POCKET	
Single	\$3,150.00
Family	\$6,050.00
HRA ROLLOVER MAX	
HRA rollover cap	\$7,500.00

\* Premium rates listed are for non-tobacco users who completed the LivingWell Promise. Please refer to the Benefits Selection Guide for other premium listings

# LIVINGWELL CDHP PLAN

**NOTE:** all plans are required to complete the LivingWell Promise to earn the premium discount

Co-Insurance 25%	
PREMIUMS*	
Single	\$ 89.14
Parent Plus	\$ 254.10
Couple	\$ 571.76
Family	\$ 716.64
Cross Reference	\$ 170.48
COPAYS	
PCP	\$ 25.00
SPECIALIST	\$ 50.00
ANNUAL DEDUCTIBLE	
Single	\$1,050.00
Family	\$1,850.00
MAXIMUM OUT-OF-POCKET	
Single	\$3,150.00
Family	\$6,050.00

\* Premium rates listed are for non-tobacco users who completed the LivingWell Promise. Please refer to the Benefits Selection Guide for other premium listings

# LIVINGWELL PPO PLAN

**NOTE:** all plans are required to complete the LivingWell Promise to earn the premium discount

Co-Insurance 30%	
PREMIUMS*	
Single	\$ 28.34
Parent Plus	\$ 67.52
Couple	\$ 281.42
Family	\$ 337.68
Cross Reference	\$ 31.50
HRA	
Single	\$ 250.00
Family	\$ 500.00
ANNUAL DEDUCTIBLE	
Single	\$2,100.00
Family	\$3,950.00
MAXIMUM OUT-OF-POCKET	
Single	\$4,200.00
Family	\$8,200.00
HRA ROLLOVER MAX	
HRA rollover cap	\$ 7,500.00

\* Premium rates listed are for non-tobacco users who completed the LivingWell Promise. Please refer to the Benefits Selection Guide for other premium listings

# LIVINGWELL BASIC CDHP PLAN

**NOTE:** all plans are required to complete the LivingWell Promise to earn the premium discount

Co-Insurance 30%	
PREMIUMS*	
Single	\$ 20.88
Parent Plus	\$ 56.10
Couple	\$ 250.46
Family	\$ 301.30
Cross Reference	\$ 29.20
ANNUAL DEDUCTIBLE	
Single	\$ 2,100.00
Family	\$ 4,200.00
MAXIMUM OUT-OF-POCKET	
Single	\$ 8,300.00
Family	\$ 16,650.00

\* Premium rates listed are for non-tobacco users who completed the LivingWell Promise. Please refer to the Benefits Selection Guide for other premium listings

# LIVINGWELL HIGH DEDUCTIBLE HEALTH PLAN

**NOTE:** all plans are required to complete the LivingWell Promise to earn the premium discount

# 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

	Bronze <sup>2</sup>	Silver <sup>2</sup>	Gold <sup>2</sup>
Your Dental Plan at a Glance	In/Out-of-Network <sup>3</sup>	In/Out-of-Network <sup>3</sup>	In/Out-of-Network <sup>3</sup>
Annual Benefit Maximum <sup>4</sup>	\$750	\$1,000	\$1,500
Annual Deductible	\$50	\$50	\$50
Orthodontia (only for children through the age of 18)	Not covered	Not covered	\$1,500
Diagnostic and Preventive Services	100%/100% of allowable amount <sup>3</sup>	100%/100% of allowable amount <sup>3</sup>	100%/100% of allowable amount <sup>3</sup>
Basic Services	50%/50% of allowable amount <sup>3</sup>	80%/80% of allowable amount <sup>3</sup>	80%/80% of allowable amount <sup>3</sup>
Oral Surgery (Simple)	50%/50% of allowable amount <sup>3</sup>	80%/80% of allowable amount <sup>3</sup>	80%/80% of allowable amount <sup>3</sup>
Major Services <sup>5</sup> (including Complex Oral Surgery, Porcelain Crowns, and Implants)	Not covered	50%/50% of allowable amount <sup>3</sup>	50%/50% of allowable amount <sup>3</sup>
Annual Maximum Carryover	Not covered	Not covered	Covered
No waiting periods for basic or major services. Up to 24-month waiting period missing tooth clause. <sup>5</sup>			

Monthly Rates	Bronze	Silver	Gold
Employee only	\$14.08	\$21.40	\$28.40
Employee + spouse	\$25.68	\$40.62	\$54.90
Employee + child(ren)	\$33.40	\$45.92	\$70.00
Family	\$49.28	\$68.26	\$102.10

<sup>1</sup> Oral Health Foundation. *The importance of a healthy smile* (accessed October 2021); [dentalhealth.org](https://dentalhealth.org).

<sup>2</sup> In-network rates for each tier, out-of-network reimbursement limitations may apply.

<sup>3</sup> Difference in charged amount and out-of-network allowable amount can result in balance billing.

<sup>4</sup> Dental services exceeding annual benefit maximum(s) are not Covered Services in compliance with applicable state law(s) and participating provider discounts may not apply. Please contact your dentist to determine available discounts prior to obtaining services. For complete coverage details, please refer to your plan certificate or contact member services.

<sup>5</sup> For replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

# ANTHEM OPTIONAL DENTAL PLANS AND RATES

	Bronze <sup>3</sup>	Silver <sup>3</sup>	Gold <sup>3</sup>
Exam with dilation as necessary	\$10 co-pay	\$10 co-pay	\$10 co-pay
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 co-pay	\$10 co-pay	\$10 co-pay
Standard progressive lens	Standard fixed price/discount	Standard fixed price/discount	\$20 co-pay
<b>Contact lenses</b>			
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
Medically necessary	Covered in full	Covered in full	Covered in full
<b>Frequency</b>			
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

<sup>1</sup> American Optometric Association, *Evidence-Based Clinical Practice Guideline, Comprehensive Adult Eye and Vision Examination 2015* (accessed July 2023): [aao.org](https://www.aao.org).

<sup>2</sup> Zellis Network360® data, January 2023.

<sup>3</sup> In-network rates for each tier, out-of-network reimbursement limitations may apply.

# ANTHEM OPTIONAL VISION PLANS AND RATES



# ENROLLMENT GUIDELINES

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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 KHRIS User ID letter

New Hires from 10/1 to 11/1, 2025 should enroll in KHRIS ESS first doing their new hire election for 2025, wait 24 hours and go back into KHRIS ESS to enroll their 2026 election

# ENROLLMENT GUIDELINES

# ENROLLMENT GUIDELINES

If a member is unable to log into KHRIS ESS and needs to complete a paper enrollment form, the form can be found online at KEHP.KY.GOV under “forms”



[KEHP-Forms for members \(ky.gov\)](https://www.kehp.ky.gov/forms)

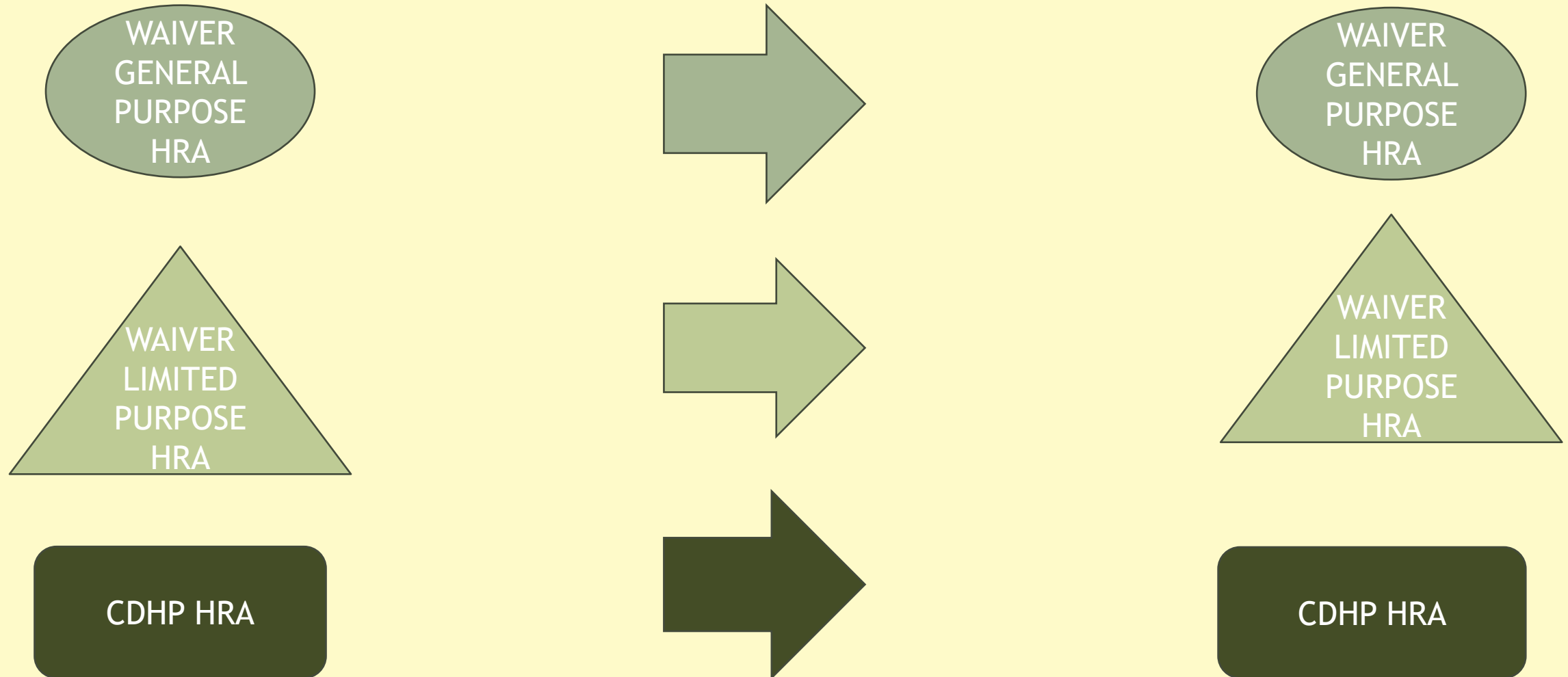


Make sure the current form is being used. You will need to process their open enrollment election in KHRIS from the paper form.

# OTHER PERTINENT INFORMATION

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# HRA FUNDING ROLLOVER



# FREE BENEFITS

LiveHealth  
Online for  
Medical &  
Behavioral

Rethink Care

Diabetes Self-  
Management and  
Support

Diabetes  
Prevention  
Program-LARK

Building Healthy  
Families

Castlight

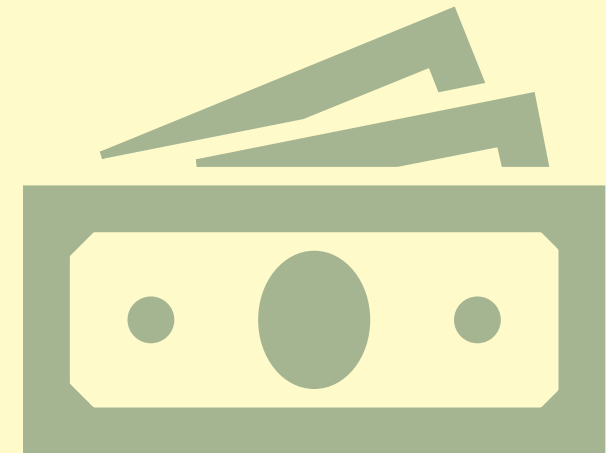
SmartShopper

UK Healthcare  
Acupuncture  
Program

Live Tobacco  
Free Program

Carrum Health

\*CVS Weight  
Management  
Program



\*subject to change/procurement

# LIVINGWELL HIGH DEDUCTIBLE HEALTH PLAN LIMITATIONS

Under federal cost allocation rules, the following benefits are not available for those enrolled in the HDHP

## Unavailable Free Benefits

- LivingWell Health Clinic
- Carrum Health
- UK Acupuncture Program

# LIVINGWELL PROMISE

- With Castlight, members can easily navigate and understand their insurance benefits and earn rewards for completing health activities! Members should log in to Castlight on the app or a computer to complete their Health Assessment to satisfy the LivingWell Promise! This navigation tool is free, safe, secure, and completely confidential.

- When members download the Castlight app, they can:

**January 1  
through July  
1, 2026  
Deadline**

- Complete their Health Assessment
- Earn Wellness Rewards
- Connect with a Care Guide
- Find in-network high-quality providers
- Review their medical claims
- Download the Castlight app to register in seconds or visit [mycastlight.com/mybenefits](https://mycastlight.com/mybenefits).

Call at  
**800-681-6758**  
8 a.m. to 9 p.m.  
Monday through Friday  
WEB:  
[mycastlight.com/mybenefits](https://mycastlight.com/mybenefits)





# EXCEPTION REQUESTS

OE exception requests will only be reviewed if received in DEI prior to December 31, 2025. After January 1, 2026, 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 a default Waiver/No HRA for 2025 who do not log on and do not make an active election—auto denial
- Hard deadline of 12/31/2025—all exceptions must be in house on or before 12/31/2025
- Any received after 12/31/2025—auto denial



THE DEADLINE FOR OPEN  
ENROLLMENT PLAN YEAR 2026 IS  
OCTOBER 24, 2025



IF AN EMPLOYEE SUBMITS AN OPEN  
ENROLLMENT PAPER APPLICATION TO  
THE AGENCY, IT MUST BE ENTERED  
INTO KHRIS BY THE IC/HRG NO LATER  
THAN NOVEMBER 29, 2025



FOR IC ASSISTANCE PLEASE EMAIL  
INQUIRIES TO [EIB@KY.GOV](mailto:EIB@KY.GOV)  
OR CALL 888-581-8834 AND FOLLOW  
PROMPTS



MEMBERS CAN SEND THEIR INQUIRIES  
TO [KEHP@KY.GOV](mailto:KEHP@KY.GOV)  
OR CALL 888-581-8834 OPTION 3



INQUIRIES ON DENTAL, VISION, & LIFE  
CAN BE SENT TO  
[OPTIONALINSURANCE@KY.GOV](mailto:OPTIONALINSURANCE@KY.GOV)  
OR CALL (502) 564-4774



ANTHEM IS AVAILABLE FOR MEMBER  
INQUIRIES AT 844-402-KEHP (5347)

## CLOSING REMARKS



ON BEHALF  
OF KEHP:  
PRESENTER  
KIM  
COLLINS