DEI

Health | Optional | Billing

Department of
Employee Insurance

Lesson 1: IC Responsibilities

Lesson 2: Benefits Offered

Lesson 3: Additional Benefits and TPAs

Lesson 4: On-Line Tools

Lesson 5: Benefits Administration

Lesson 6: Optional Insurance

Lesson 7: Qualifying Events

Lesson 8: Transfers, Leaves, & Terminations

Lesson 9: KHRIS Processing

Department of
Employee Insurance

Counsel Employees

- Answer health, dental, vision, and life insurance questions and provide contact details where they may receive additional information

Administration Manual

- Be familiar with and use the DEI Administration Manual to complete your responsibilities as an IC/BL in addition to processing and procedure guidelines for enrollment in the Kentucky Employees' Health Plan and Optional Insurance Benefits

Manage Monthly Bills

- If your duties include Billing Liaison reconcile, process and release the health, dental, vision and life premiums, administrative fees and flexible benefits all within Biller Direct

Provide the following to your new employees

- A copy of the Checklist for New Employees (located under "forms" then "miscellaneous")

- KEHP website http://kehp.ky.gov

- Optional Insurance Branch website: https://personnel.ky.gov/pages/insurance.aspx

- Training on benefits available, including the web address to obtain the Summary Plan Descriptions: https://personnel.ky.gov/Pages/KEHP-Forms-for-members.aspx

Department of
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KENTUCKY PERSONNEL CABINET | Department of Employee Insurance

Single coverage for the member only

Couple coverage for the member and his/her eligible covered spouse

Parent Plus coverage for the member and eligible dependent(s) except the spouse

Family coverage for the member, the member's spouse and one or more dependent children

Kentucky Personnel Cabinet | Department of Employee Insurance

Deductible
- Single - $1500
- Family - $2750
- Coinsurance – 85/15
- Maximum Out of Pocket
  - Single - $3000
  - Family – $5750
- Medical and pharmacy costs both apply toward the deductible and out-of-pocket
- Value Formulary– less brand names and more generic options
- $500 HRA for single coverage- $7,500 cap
- $1000 for couple, parent-plus and family coverage- $7,500 cap
- Funds up to $7500 roll from year to year

Department of
Employee Insurance

Deductible

- Single - $1000
- Family - $1750

- Coinsurance – 80/20
- Maximum Out of Pocket
  - Single - $3000
  - Family – $5750
- PCP Copay - $25
- Specialist Copay - $50
- Medical and pharmacy costs DO NOT apply toward the deductible but will towards your out-of-pocket maximum
- Value Formulary– less brand name options and more generic options
- No HRA funds

Department of
Employee Insurance

Deductible

- Single - $2000
- Family - $3750

- Coinsurance – 70/30
- Maximum Out of Pocket
  - Single - $4000
  - Family – $7750
- Medical and pharmacy costs both apply toward the deductible and out-of-pocket
- Value Formulary – more generic drug options and less brand-name options
- $250 HRA for single coverage- $7,500 cap
- $500 for couple, parent-plus and family coverage- $ 7,500 cap
- Funds up to $7500 roll from year to year

Department of
Employee Insurance

Deductible

- Single - $4250
- Family - $8250

- Coinsurance – 50/50
- Maximum Out of Pocket

  - Single - $5250
  - Family – $10,250

- Medical and pharmacy costs both apply toward the deductible and out-of-pocket
- Value Formulary – more generic drug options and less brand-name options
- No HRA funds and no co-pays

Department of
Employee Insurance

KEHP 2021 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
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 $50 Specialist	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
Annual Prescription Drug Out-of-Pocket Maximum**	Combined with Medical	Combined with Medical	Single $2,500 Family $5,000	Single $5,000 Family $10,000	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
30-Day Supply*** Tier 1 – Generic Tier 2 – Formulary	Deductible then 15%	Deductible then 40%	$15 $40	$30 $80	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
90-Day Supply (Retail or Mail Order)*** Tier 1 – Generic Tier 2 – Formulary	Deductible then 15%	Not Covered	$30 $80	Not Covered	Deductible then 30%	Not Covered	Deductible then 50%	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%

KENTUCKY PERSONNEL CABINET | Department of Employee Insurance

KEHP 2021 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%

Department of Employee Insurance

Employer contribution of $2,100 annually or $175/month new employees only (not available for retirees)

- Member will receive HealthEquity Visa card pre-loaded with available funds
    - $1050 loaded Jan 1st (amounts pro-rated based on effective date of coverage)
    - $1050 loaded July 1st (amount pro-rated based on effective date of coverage)
- Unused money carries to from 2021 to 2022 if member elects the same Waiver HRA option ($50 - $2,100)
- If a member, member's spouse or dependent is contributing funds to a Health Savings Account (HSA), he/she should consult a tax advisor prior to establishing an HRA or FSA

Waiver General Purpose HRA

- Can be used to pay for qualified medical, pharmacy, dental and vision expenses
- Requires member to sign the Waiver HRA Declaration and state what **Source of other coverage**
- Employees must submit proof of other qualifying insurance

Who is Eligible

- Any active employee of a participating agency
- A retiree who has returned to work and does not have coverage under the retirement systems AND has employer group coverage
- An employee has Medicare but is also covered by a spouse's employer group coverage

Department of
Employee Insurance

Please make sure your employees are aware of the following:

- When you enter a new hire and enroll them in the Waiver General Purpose HRA, your employee must provide proof that they are covered by an **employer-sponsored group** health plan. You must enter this information in the HRBEN0001.

- The **employee** must submit either a 1095 or a letter from the other insurance listing the members' name and effective date. It must clearly show that the coverage is with an employer and not a private plan.

Department of
Employee Insurance

Members who elect the Waiver Limited Purpose HRA will receive the same benefit amount as the General Purpose HRAs, $2,100 annually but the funds can only be used for dental and vision expenses

- Medical and pharmacy expenses are not reimbursable

- Waiver Limited Purpose HRA funds will not rollover to Waiver (GP) HRA

- Unused money carries to next plan year if member elects the same Waiver Limited Purpose HRA option ($50 - $2,100) from plan year 2021 to 2022

- Can be used to pay for qualified dental and vision expenses

- Does not require member to sign the Waiver HRA Declaration

Who is Eligible

- Any active employee of a participating agency

- A return to work retiree who does not have coverage under the retirement systems

- An employee who does not have other **employer-sponsored group** health insurance coverage but, has an individual or **government-sponsored** health plan like Medicare, Medicaid, Tricare, or VA Benefits etc.

Waiver No HRA

- No funds are provided
- Does not require member to sign the Waiver HRA Declaration

Who is Eligible

- Any active employee of a participating agency
- A return to work retiree who has coverage with the retirement systems
- A member, member's spouse or dependent who is contributing funds to a Health Savings Account (HSA)

HEALTHCARE FSA

- Medical and prescription deductibles, co-payments and co-insurance

- Certain dental fees such as cleanings, fillings and crowns

- Orthodontic treatment

- Vision fees including contacts, eyeglasses and laser vision correction

- Medical supplies such as wheelchairs, crutches and walkers

- FSA funds can be used for family members

- The current limit for contributions to a Healthcare FSA is $2,750 per employee (plus up to $550 carry over)

- Healthcare FSA funds are pre-loaded on a Healthcare Card with WageWorks

- It is a use it or lose it account, with only $550 allowable carry over to the next plan year

*******Check with WageWorks for a complete IRS approved listing or visit the FSA Store on their website

ICs may process FSAs for new employees and open enrollment. KEHP Enrollment Branch processes FSAs for reinstatements, transfers, rehires and qualifying events.

Child and Adult daycare FSA

- Allows members to pay for dependent care expenses such as daycare or after-school programs for dependents up to age 13, or an adult day care

- Maximum contribution is based on member's tax filing status.
  - $5,000 for married, filing a joint return;
  - $5,000 filing as head-of-household;
  - $2,500 married, filing separate returns

- No VISA card available
  - Members can only be reimbursed as funds are contributed to the account

No Cost Preventative Care

- For preventative services such as immunizations, preventative screenings, well-child, and well-adult visits

- All KEHP plans cover an extensive list of preventative services delivered by a network provider without charging a co-payment or co-insurance even if yearly deductible hasn't been met
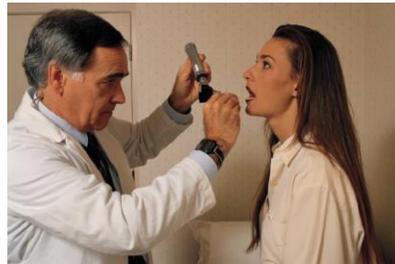
- Flu shots are free at any participating pharmacy or provider through the KEHP's preventative benefit all year

- Networks and doctors are the same for all plans

- You do not need a referral to see a specialist unless the specialist is requiring the referral

Tobacco Use Declaration

- The commonwealth is committed to fostering and promoting wellness and health in the workforce

- Focus is on tobacco use, not just smoking

- Status is based on both the member and/or dependent(s) tobacco use for ages over 18

- As part of the KEHP wellness program, KEHP provides a monthly discount in premium contribution rates for non-tobacco users

Life Insurance Options for employee include:

- Basic $20,000 Accidental Death & Dismemberment (AD&D) provided to all full time eligible employees by the employer

Additional AD&D Plans employee may purchase for themselves:

- $5,000
- $10,000
- $25,000
- $50,000
- $100,000
- $150,000

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 26	$5,000	$3,000	0	0	$5,000	$10,000	0	$10,000

Department of
Employee Insurance

KENTUCKY
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Basic and Optional Life AD&D

- Basic and Optional Life include AD&D (accidental death and dismemberment)
- Basic and Optional Life also covers death due to natural causes

Example

- Employee passes due to an accident the beneficiary will receive $40,000 (insurance amount doubles)
- Employee passes due to natural causes the beneficiary will receive $20,000 (amount of policy)

Dismemberment Coverage

- AD&D also includes dismemberment coverage
- Amount payable depends on the type of loss the employee experiences due to an accident
- For Dismemberment Percentages and losses not covered for accidental death please refer to the Booklet/Certificate of Coverage

https://personnel.ky.gov/KGLI/Life%20Insurance%20Booklet.pdf

Department of
Employee Insurance

Accelerated Death Benefit for Basic and Optional Life Coverage

- An employee must have a life expectancy of 12 months or less

- Employees premiums must be paid up to date to be eligible

- The terminal illness proceeds are equal to 75% of what employee is currently enrolled in. (basic and optional)

Example

- Employee is enrolled in $20,000, they would receive $15,000 of benefit

- Employee passes and the remaining balance of $5,000 would be paid out to the beneficiary, providing the employee is still employed and not drawing any type of disability

Dependent Life Plans are not covered under the AD&D or Accelerated Death Benefit plan options

Department of
Employee Insurance

- Dental and vision insurance is available to active employees.

- Pre taxed

- If a member elects health, dental and/or vision, the member will receive more than one card from Anthem. For example, the member may receive one card for health and one card for dental/vision depending on what they have elected.

Your dental plan at a glance	Bronze In- / Out-of-Network*	Silver In- / Out-of-Network*	Gold In- / Out-of-Network*
Annual Benefit Maximum	$750	$1000	$1500
Annual Deductible	$50	$50	$50
Orthodontia (child only)	Not covered	Not covered	$1500
Diagnostic & 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 (Simple)	50% / 50% of allowable amount*	80% / 80% of allowable amount*	80% / 80% of allowable amount*
Major Services (including Complex Surgery and Implants)	Not covered	50% / 50% of allowable amount*	50% / 50% of allowable amount*

Department of
Employee Insurance

	Bronze	Silver	Gold
Exam with dilation as necessary	$10 copay	$10 copay	$10 copay
Frames	$125 allowance, 20% off any balance	$150 allowance, 20% off any balance	$150 allowance, 20% off any balance
Eyeglass lenses: Single vision, bifocal, trifocal, lenticular	$25 copay	$10 copay	$10 copay
Standard progressive lens	$65 copay	$65 copay	**$20 copay**
Premium progressive lens	Tier 1: $85 Tier 2: $95 Tier 3: $110	Tier 1: $85 Tier 2: $95 Tier 3: $110	**Tier 1: $40 Tier 2: $50 Tier 3: $65**
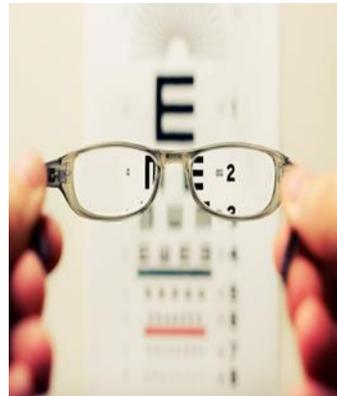
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Department of
Employee Insurance

Anthem BC/BS

- Medical TPA - 844-402-5347(KEHP)
- Dental and Vision

CVS/Caremark

- Pharmacy Benefits Manager – 866-601-6934

HealthEquity

- FSA/HRA – 877-430-5519
- COBRA Administrator – 877-502-6272

Nationwide

- Group Life – 888-581-8834

WebMD

- Wellness Vendor –866-746-1316

Smartshopper

- Transparency Vendor – 855-869-2133

Rethink

- Supports those caring for children with learning or

  behavioral challenges including autism – 800-714-9285

LiveHealth Online

- Sign up for free at livehealthonline.com or on the mobile app

Diabetes Prevention Program (DPP)

- 844-402-KEHP (5347)

Value Benefits Diabetic,COPD & Asthma

- 844-402-KEHP (5347)

myStrength

- Anthem.com/KEHP or 844-402-5347

Personal Health Consultants

- Anthem.com/KEHP or 844-402-5347

NurseLine 24/7

- 877-636-3720

Future Moms

- Anthem.com/KEHP or 844-402-5347

Department of
Employee Insurance

Value Benefit Design	LivingWell CDHP	LivingWell PPO	LivingWell Basic CDHP	LivingWell Limited HDP
30-Day Supply Tier 1 – Generic Tier 2 – Formulary	(no deductible) 0% 10%	 $0 $25	(no deductible) 0% 25%	(no deductible) 0% 45%
90-Day Supply (Retail or Mail Order) Tier 1 – Generic Tier 2 – Formulary	(no deductible) 0% 10%	 $0 $50	(no deductible) 0% 25%	(no deductible) 0% 45%

KENTUCKY PERSONNEL CABINET | Department of Employee Insurance

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- WebMD offers KEHP members wellness benefits and rewards

- It all starts with keeping your LivingWell promise but **all** KEHP members have access to the same wellness benefits regardless of the health plan they choose

- All planholders must complete the LivingWell promise

- Cross-reference members must both fulfill the LW promise

- Requires completion of the WebMD Health Assessment (HA) using the online portal or a Biometric Screening

- $40 monthly premium discount if promise is fulfilled

- Promise period is January 1, 2021 through **July 1, 2021**

- Refer all wellness questions and inquiries regarding the completion of the LivingWell Promise to WebMD

take care clinic℠ at select Walgreens

The Little Clinic®
Convenient Neighborhood Medical Care

Your Local Health Department

Primary Care Physician

If you want to have a Biometric Screening event hosted at your worksite, please contact your Regional Well-being Coordinator in your area

KENTUCKY PERSONNEL CABINET | Department of Employee Insurance

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Department of
Employee Insurance

Enter your KHRIS ID and Password

If you have cannot remember your password click on the link for Forgot/Reset Password link below

This is what you will see when you click on Forgot/Reset Password.

Please follow the prompts for your information so that KHRIS can verify you. Once you have completed all the information you will be allowed to set up a new Password.

Click ⧉here for the new enrollment application.

Click ⊞here for 2021 Newborn Calculator.

Click ▦here for LivingWell Regional Well-being Coordinator Territory Map.

☑ Resources	📖 User Guides & Manuals	🏛 IC Training
Forms	ACA Quick Reference Guide	COBRA
IC Listing	Administration Manual	KHRIS
KHRIS Calendar	Admin Manual Changes Log	Webinars
Memos	Benefits Admin User Guide	
Roles & Responsibilities	Benefits Accounting User Guide	

Plan Options

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

Programs and Services

- LivingWell
- Livingwell Health Clinics
- SmartShopper
- LiveHealth Online
- Rethink Benefits

Resources

- Enrolling or Changing Coverage
- 2021 Benefits Selection Guide
- Docs, Forms and Legal Notices
- Flu Shots

KEHP Information

- KEHP Vendors
- Board & Committee Information
- Historical Information
- Retiree Resources
- Member Webinars

KENTUCKY PERSONNEL CABINET | Department of Employee Insurance

All ICs/HRGs are required to complete annual HIPAA training

- You will receive an IC memo with a link each year
- Training links are available under *MyPurpose*
- You will need your KHRIS ID and Password
- Follow the directions given in IC MEMO 20-15

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Department of
Employee Insurance

Use KHRIS to manage the following benefit types:

Health	Optional	Flexible Spending Accounts

Health
- Medical
- Waivers
- Health Reimbursement Arrangements (HRA)

Optional
- Term Life and Accidental Death & Dismemberment
- Life Accelerated Death Benefit
- Dental
- Vision

Flexible Spending Accounts
- Health Care Flexible Spending Account (FSA)
- Child & Adult Day Care Flexible Spending Account (FSA)

Department of Employee Insurance

Full time employees of the following agencies who contribute to a state sponsored retirement system

- State Agencies

- Boards of Education

- Health Departments

- Quasi Agencies

- School Board Members (participate on a post-tax basis and are responsible for total premiums). Participation in life insurance is not permitted.

KPPA and TRS Retirees who return to work

- Must be offered a KEHP health plan, Waiver HRA or Waiver No HRA

- Employees must contact their retirement system to determine whether they will be eligible for a plan through their retirement system or whether they should enroll in KEHP

- A current Enrollment/Change application must be completed with the active agency to avoid a default election. Refer to the Administration Manual Chapter 1.

- If they want to elect an FSA, they must complete the Enrollment/Change application with their active employer

Employee or Retiree's Spouse

- Legally married spouse

Employee or Retiree's child under age 26

- Single or married
- Working or not
- In school or not
- Includes member's child, step-child, adopted child, foster child or grandchild who meets dependent eligibility criteria

Disabled dependent children

- May continue to be covered beyond the limiting age if:
  - The disability started before the limiting age
  - The disability is medically certified by a physician

- If not covered prior to the limiting age, will be allowed to enroll only if the dependent experiences loss of other coverage

- All other eligibility requirements apply

- You can request a Certification Form from Jeff Wiley at 502-564-1205 or jeffrey.wiley@ky.gov

Other considerations

- A foster child must have been placed by an authorized agency or court order

- A grandchild may only be added with a court order

- Superintendent with working spouse

- Active employees and dependent spouses age 65 or older

- Deceased or Medicare Eligible Retiree's Beneficiary

- Spouses of Retirees

Note: All of these may require supporting documentation and are subject to signature date guidelines. Refer to current Administration Manual Appendix I for specifics.

Affordable Care Act

- Federal law requires all large employers to offer minimum essential coverage to all of the full-time employees and their dependents

- The employee must be employed on average at least 30 hours of service per week (or 130 hours of service per month)

- The ACA eligible Employee must be provided the opportunity to enroll in Health Insurance coverage

- An ACA eligible Employee who fails to enroll or waive coverage will be automatically enrolled in the Single Coverage Level of the LivingWell Limited High Deductible Plan

New employees have **35** calendar days from their date of hire to make elections online through KHRIS ESS or complete an enrollment application electing one of the following:

- Enroll in a health insurance plan

- Enroll in a General Purpose Waiver HRA or Waiver Limited Purpose HRA

- Waive coverage with no HRA

  and/or

- Enroll in a Healthcare and/or Child and Adult Daycare FSA

- Enroll in a life insurance plan

- Enroll in Anthem dental plan

- Enroll in Anthem vision plan

Coverage for new employees is effective on the first day of the second month following the date of hire

Department of
Employee Insurance

The KHRIS system counts exactly **35** calendar days beginning with the day after the hire date

- Employees should enroll online via KHRIS ESS. They will receive a new hire letter instructing them to do so. In addition, New Hire Enrollment Steps are available on the website. If for some reason, they are unable to complete their new hire enrollment online, they may complete a paper application and provide to you to enter into KHRIS.

- ICs may enroll the employee in KHRIS provided the employee completed the application and signed it within **35** days

- ID cards will be mailed to the employee's home address **10-14** business days after the enrollment is processed in KHRIS

NOTE: ICs who enroll an employee online MUST keep a copy of the employee's application on file. DO NOT SEND APPLICATION TO EIB or OIB.

Department of
Employee Insurance

1 – Personnel Action PA40

- IC performs the **new hire action** in KHRIS to **create an employee record**

- KHRIS generates the employee's KHRIS user ID within 24-48 hours. The IC will give the employee ID to the employee as part of their new employee orientation to enroll in their eligible benefits.

***Note:** New employee or employees going from PT<100 to PT>100 or FT should be given a full **"New Employee"** Packet.

Refer to the Admin Manual for the KEHP Insurance and Flexible Spending Account Checklist for New Employees

Department of Employee Insurance

To trigger a KHRIS User ID, the IC must complete the employee's "shell" in PA40

- The employee is automatically enrolled into the Default LivingWell Limited High Deductible Plan single level and the Basic Life Insurance

- New Hires will have 35 days from hire to enroll in any Optional Plans

- If the application is not entered into KHRIS within 14 calendar days of the plan's effective date, the default plan ID card will be triggered

ICs can look up KHRIS user IDs

1. PA20 – "Basic personal data" tab
2. IT 00105 "Communication"
3. Click "Display" and view the system ID
4. ID format: ABC1234
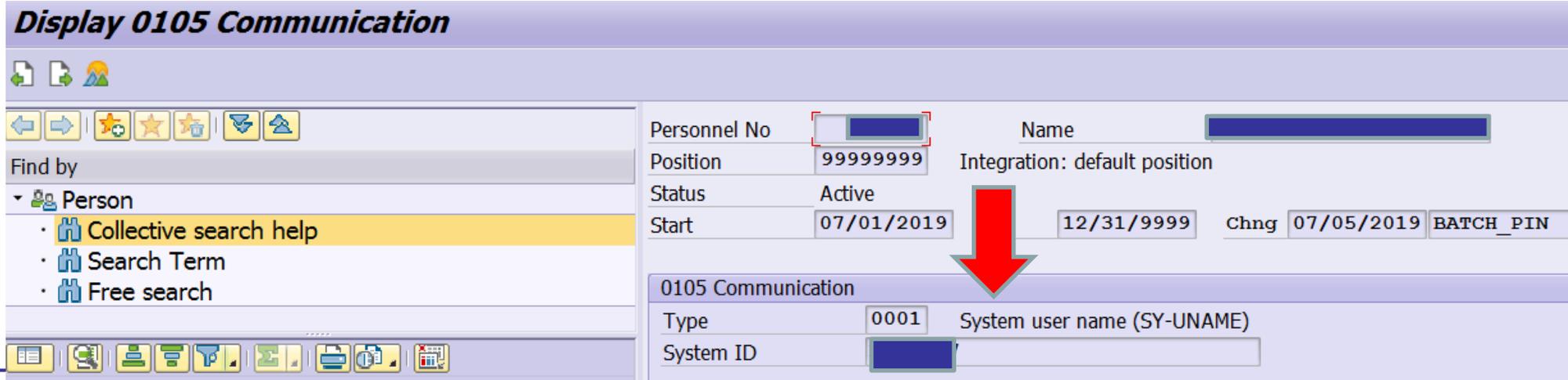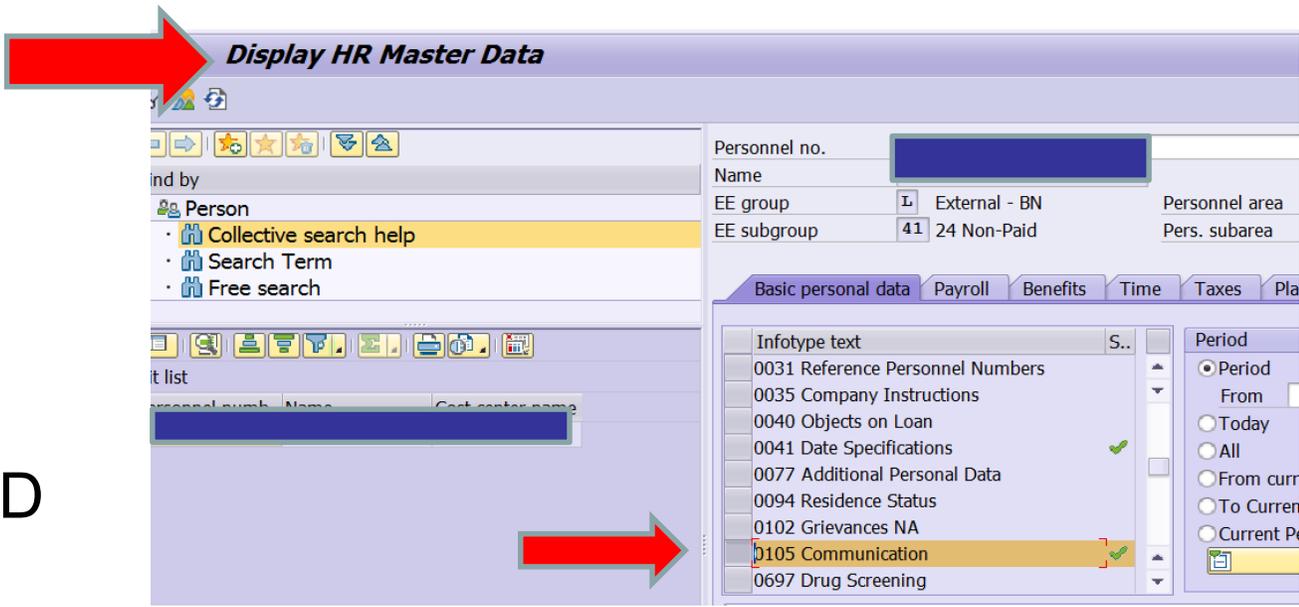
The following members can enroll online:

- Commonwealth Paid Employees
- Non-Commonwealth Paid Employees
- KCTCS Retirees
- TRS Retirees
- JCP/LRP

The following must use a paper application:

- **Cross-reference planholders**
- Members with a disabled dependent
- KPPA retirees (or enroll through KPPA enrollment portal)
- **Qualifying events**

NOTE: IC must complete hiring action (PA 40) for members to enroll online

Department of
Employee Insurance

This action is completed after the New Hire Action:

2 –PA30

- **Employee** enrolls through **ESS** or submits paperwork to IC for processing
- If there is a paper application submitted, the IC must add dependents and beneficiaries

Department of
Employee Insurance

This action is completed after the New Hire Action:

3 –HRBEN001 Enrollment

- **Employee** enrolls through **ESS** or submits paperwork to IC for processing.

- If there is a paper application submitted, the IC completes the initial benefit enrollment in KHRIS.

New employees who do not meet the enrollment deadline will be defaulted to the LivingWell Limited High Deductible Plan at the single level.

- KHRIS will automatically **default** the member to a LivingWell Limited High Deductible Plan unless action is taken within the timeframe to enroll
- Member will not be able to enroll in coverage until the next Open Enrollment period or unless a qualifying event is experienced that will allow enrollment
- The member may file an exception

COBRA is a federal law that requires all employers to provide continuation of medical coverage at group rates in certain instances where there is a loss of group insurance coverage

Timely entry into MUNIS or KHRIS is important to generate all notices to members

- New hires
- New dependents
- Transfers
- New retirees

After an employee is hired into KHRIS or after an employee is entered into KHRIS, HealthEquity will then send the COBRA packet to the employee.

*ICs **are not responsible** for notifying HealthEquity regarding COBRA of qualifying events and separations such as retirements and terminations.

Questions can be directed to Gregg.turner@ky.gov or 1-888-581-8834 Option 4.

COBRA Administrator
Customer Service 888-678-4861

Life Insurance

*IC is **<u>responsible</u>** for notifying employee they're able to covert their life insurance, if their employment terminates. You may use transaction **ZBNF002** in KHRIS to generate a letter. Please refer to the **Benefits User Guide** for step by step instructions.

For certain enrollment situations, you may not see what you expect when you try to enroll the employee. Here are a few Special Enrollment scenarios listed below:

New employee covered on other plan

Cross-references

Dual Employment

Retirees returned to work

Department of Employee Insurance

New employee covered on someone else's plan

Child

- The system determines if the new employee is a child between the ages of 19-25 currently covered under another KEHP plan (child will be dropped automatically at the end of the month they turn 26)
- **Only waiver plans offered** until the new employee (child) has been dropped from the other plan

Spouse

- The system determines if the new employee is a spouse on another member's plan

- **Only waiver plans offered** until the new employee (spouse) has been dropped from the other plan

If your employee has selected a waiver plan, go ahead and enroll, if KHRIS will let you. If it is the Waiver w/$ be sure to attach the dependents they have listed.

Department of Employee Insurance

When an employee's spouse becomes eligible for health benefits, they may request the cross reference payment option to apply their money towards the same family plan.

Primary (existing PH) — **Secondary (new EE)**

The employees must:

- Be legally married and have at least 1 dependent under 26 years old.

- Be eligible employees or retirees participating in KEHP

- Elect the existing coverage

- Complete an enrollment application and submit to IC for signing. All four signatures should be on application before uploading to DEI.

Important: Upload the application to DEI for processing through the DEI online form

Active Employee + **Active Employee** = **Oldest hire date is the primary plan holder**

Active Employee + **Retiree** = **Oldest hire date is the primary plan holder**

Fill out Application

New Hire (secondary) employee completes application

Sign Application

- Both employees sign New Hire application
- Gets both IC's signature

Send in App.

New Hire (secondary) sends application to IC

KEHP Enrollment Branch Completes Enrollment Process

- Enrolls the secondary in the Health FSA and cross referenced payment option.
- Sets up primary with a cross referenced payment option.

Department of Employee Insurance

VERY IMPORTANT: No automation to this process

*KEHP Enrollment Branch **must** be notified by IC when their employee becomes ineligible.

- The remaining plan holder is defaulted to Parent Plus

- Plan holder has **35** days to change to a single, full family, or waiver/no HRA plan

- Refer to Chapter 3 of the Administrative Manual for more Cross reference information

Represents an employee actively employed and eligible for benefits under more than one KEHP or OIB participating employer.

Employee	Benefits Administration
Receives two active personnel numbers; one for each position **If benefit eligible under both employers:** • Receives two employer contributions for health coverage and one contribution for life, dental, and vision coverage • Can enroll online with ESS to display benefits for both personnel numbers • Member can contribute to an FSA under both personnel numbers, but can only contribute up to $2750 combined for the two (This is an IRS rule, not a KEHP rule.)	NOTE: Infotypes – 2, 6, 21, 376, and 105 (email subtype) share information across all personnel numbers for the employee. Data changes made to one of these infotypes automatically updates the same infotype of the other personnel number.

Department of
Employee Insurance

Dual Employee - Two Contributions
What you will see in HRBEN0001

Agency 1 If member has:	Agency 2 You will see this in HRBEN001
• **Health**	• Waiver • Waiver General Purpose HRA • Waiver Limited Purpose HRA (If you only see waivers then they are a dual employee or a dependent on someone else's plan)
• **Waiver HRA**	• Waiver • Waiver General Purpose HRA • Waiver Limited Purpose HRA • Health

Department of
Employee Insurance

Retirees who return to work

Health:

- Have two active personnel numbers

  - Retiree pernr

  - New Active Agency pernr

- May enroll in ESS on their active job only (using new active agency pernr)

- May enroll through retirement system using retiree information assigned by retirement agency

- For Optional plans employee will be processed as a New Hire

Retirees returned to work

KPPA KY Public Pensions Authority Retiree Returned to Work	TRS Teachers' Retirement System Retiree Returned to Work
• Health insurance can come from either KPPA or the active employer • Only one health plan, no double-dipping	• Health insurance can only come from active employer

*Return to work Retirees should contact their retirement system to confirm benefit eligibility rules

Department of Employee Insurance

Lesson 1: IC Responsibilities

Lesson 2: Benefits Offered

Lesson 3: Additional Benefits and TPAs

Lesson 4: On-Line Tools

Lesson 5: Benefits Administration

Lesson 6: Optional Insurance

Lesson 7: Qualifying Events

Lesson 8: Transfers, Leave & Terminations

Lesson 9: KHRIS Processing

Department of
Employee Insurance

KHRIS automatically re-calculates the optional coverage premiums for an employee when he/she moves from one of the following age groups to another:

<40 years   40-59 years   60+ years

Participants can request to add or increase life plans without a qualifying event by submitting an Enrollment Change Termination Form. IC will forward to OIB to initiate the EOI process. Please do not start payroll deductions until employee has been approved. If the employee is approved the new deduction will appear on your next months bill, following approval.

Note: EOI is not required for children. Any questions concerning eligibility, call OIB.

- An employee may change his/her beneficiary at any time in ESS, ***this is the preferred method***

- **The following instructions are to be used for individuals needing technical assistance, or for those who are otherwise unable to complete a Designation of Beneficiary in ESS:**

- After the employee has completed the designation of Beneficiary Form, the IC may add or change the beneficiaries on an employee's life insurance plan. (ICs should print confirmation in HRBEN0015 for the employee – this confirmation is for the employee to see that everything was entered correctly). It's recommended to have the employee sign the confirmation.

- When selecting beneficiaries for life, use the following from the drop down list:

- **1 – Spouse   /   2 – Child   /   9003 – Other Beneficiaries**

   Note 1: If a new beneficiary needs to be entered to IT0021 in PA30, use the signature
        date of updated beneficiary form to add them

   Note 2: When completing HRBEN0001, the start date must be same as
        signature date on beneficiary form

   Note 3: If the Employee is unable to enter the beneficiary in ESS or the IC is unable to
      enter in KHRIS; a Designation of Beneficiary form must be completed,
      signed and dated. The IC should file the original in the employee's personnel
      file and provide the employee a copy

   Note 4: OIB should enter beneficiaries if the agency can't

Restrictions	
STyp	Name
1	Spouse
10	Divorced spouse
11	Father
12	Mother
13	Domestic Partner
14	Child of Domestic Partner
2	Child
3	Legal guardian
4	Testator
5	Guardian
6	Stepchild
7	Emergency contact - Primary
8	Related persons
90	Emergency contact - Optional
9001	Court Ordered Dependent
9002	Retiree Account
9003	Other Beneficiaries

Department of
Employee Insurance

Lesson 1: IC Responsibilities

Lesson 2: Benefits Offered

Lesson 3: Additional Benefits and TPAs

Lesson 4: On-Line Tools

Lesson 5: Benefits Administration

Lesson 6: Optional Insurance

Lesson 7: Qualifying Events

Lesson 8: Transfers, Leave & Terminations

Lesson 9: KHRIS Processing

Department of
Employee Insurance

Qualifying Event- Health, Dental, & Vision

A qualifying event is a life changing event which allows a permitted change to health, life, dental & vision insurance elections or FSA contributions, outside of the open enrollment period.

ICs must always notify the Enrollment Information Branch of the following qualifying events:

Health and/or FSA Qualifying Events

(Consult the Administrative Manual Appendix I for QEs Mid-year scenarios Dependent Eligibility Chart)

- Marriage
- Birth / adoption / placement
- Court order for child
- Divorce / separation / annulment (Lose Spouse) *
- Starting Employment
- Termination of Employment
- Death / Death of dependent
- Dependent becomes ineligible (26)
- Dependent reestablishes eligibility
- Begin/End Medicare / Medicaid

- Special enrollment due to eligibility for state premium assistance subsidy
- Begin/End paid leave
- Loss of group health
- Loss of eligibility for individual health coverage (Marketplace)
- Retiree open enrollment

- Military leave
- Resident child care change (dependent day care)
- Other open enrollment
- Other employer plan decreases or ceases coverage
- Other permitted

*More specific information can be found in your Admin Manual in Appendix I

ICs must always notify OIB of qualifying events:

Life Insurance QE's

- Children can be added at ANY time

- Marriage

- Death

- Employee may term or decrease life plans at anytime

C. Dependent Life Insurance (Select One Plan)

Please ☐ enroll* my dependents in, ☐ change* my present plan to, or ☐ terminate the plan checked below:

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	---	$20,000	$20,000	---
Dependent Children to 6 months	$2,500	$1,500	---	---	$2,500	$2,500	---	$2,500
Dependent Children 6 months-18 years***	$5,000	$3,000	---	---	$5,000	$10,000	---	$10,000
Monthly Contribution	$10.54	$5.70	$2.42	$8.42	$3.48	$21.08	$16.82	$6.96

*Evidence of insurability may be required depending on circumstances.
**Spouse means a person to whom you are legally married.
***18 and older if attending an educational institution and relying on the employee for financial support or incapacitated and proof received within 31 days of age limit.

Department of Employee Insurance

- When an employee experiences a qualifying event, the employee will complete the appropriate form. The forms can be obtained at:

  - The KEHP website:

    https://personnel.ky.gov/Pages/KEHP-Forms-for-members.aspx

  - The DEI Insurance Online Form

   https://apps.personnel.ky.gov/DEIFormUpload/login/UploadLogin

  - Once the employee has gathered the supporting documentation, completed, signed and dated the form; the employee must submit the form to his/her IC

*Please use current forms for 2021

Department of Employee Insurance
Kehp.ky.gov   Personnel.ky.gov
888-581-8834

DO NOT STAPLE

2021 EMPLOYEE BENEFITS ENROLLMENT/CHANGE FORM

Section 1: To be completed by the IC/HRG – IN OFFICE USE ONLY

KHRIS Personnel #	Organizational Unit #	Cost Center #	Company Name	Company #	Coverage Effective Date	Hire/QE/Transfer/Term Date

Reason(s) for Application:
- ☐ New Hire
- ☐ Rehire/Reinstate
- ☐ New Group
- ☐ Qualifying Event
- ☐ Change or Update
- ☐ ACA
- ☐ Exception
- ☐ Open Enrollment
- ☐ Update Demographics

Change in Employee Status:
- ☐ Transfer
- ☐ Begin LWOP
- ☐ End LWOP
- ☐ Begin Military Leave
- ☐ End Military Leave
- ☐ Retired
- ☐ Termination
- ☐ Summer Transfer

Qualifying Event:
- ☐ Marriage
- ☐ Birth/Adoption/Placement
- ☐ Court Order for Child
- ☐ Divorce
- ☐ Death
- ☐ Loss of Individual Health
- ☐ Loss of Group Health
- ☐ Begin Medicare/Medicaid
- ☐ End Medicare/Medicaid
- ☐ Sp/Dep Start Employment
- ☐ Sp/Dep Termed Employment
- ☐ Other:_____

Transfer from one KEHP covered entity to another KEHP covered entity:
This section is to be completed by the **NEW** company & no changes to current coverage allowed. Prior Agency #: ____   Last Day Worked: ____

Section 2: Employee Information

Employee's SSN	Employee Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)
Mailing Address	City, State Zip	County
Primary Phone #	Secondary Phone #	Email Address-Preferably Work Email

Sex: ☐ Male ☐ Female   Married: ☐ Yes ☐ No   **Dental** ☐ Add ☐ Drop ☐ Remain **Vision** ☐ Add ☐ Drop ☐ Remain

Section 3: Spouse Information

Spouse's SSN	Spouse's Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)

Section 3: Spouse Information

Spouse's SSN	Spouse's Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)

☐ Male ☐ Female   **Health** ☐ Add ☐ Drop ☐ Remain **Dental** ☐ Add ☐ Drop ☐ Remain **Vision** ☐ Add ☐ Drop ☐ Remain

☐ I wish to utilize the cross-reference payment option (two KEHP members, married with children – no LRP or JRP)

Spouse's Personnel Number	Spouse's Hire Date	Spouse's Organizational Unit #	Spouse's Company #
Spouse's Primary Phone #	Spouse's Secondary Phone #	Spouse's Email Address-Preferably Work Email	

Section 4: Dependent Information

				Health	Dental	Vision
Child #1 SSN	Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	☐ Male ☐ Female ☐ Disabled Dependent	☐ Add ☐ Drop ☐ Remain	☐ Add ☐ Drop ☐ Remain	☐ Add ☐ Drop ☐ Remain
Child #2 SSN	Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	☐ Male ☐ Female ☐ Disabled Dependent	☐ Add ☐ Drop ☐ Remain	☐ Add ☐ Drop ☐ Remain	☐ Add ☐ Drop ☐ Remain
Child #3 SSN	Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	☐ Male ☐ Female ☐ Disabled Dependent	☐ Add ☐ Drop ☐ Remain	☐ Add ☐ Drop ☐ Remain	☐ Add ☐ Drop ☐ Remain
Child #4 SSN	Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	☐ Male ☐ Female ☐ Disabled Dependent	☐ Add ☐ Drop ☐ Remain	☐ Add ☐ Drop ☐ Remain	☐ Add ☐ Drop ☐ Remain
Child #5 SSN	Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	☐ Male ☐ Female ☐ Disabled Dependent	☐ Add ☐ Drop ☐ Remain	☐ Add ☐ Drop ☐ Remain	☐ Add ☐ Drop ☐ Remain
Child #6 SSN	Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	☐ Male ☐ Female ☐ Disabled Dependent	☐ Add ☐ Drop ☐ Remain	☐ Add ☐ Drop ☐ Remain	☐ Add ☐ Drop ☐ Remain
Child #7 SSN	Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	☐ Male ☐ Female ☐ Disabled Dependent	☐ Add ☐ Drop ☐ Remain	☐ Add ☐ Drop ☐ Remain	☐ Add ☐ Drop ☐ Remain

2021 Benefits Enrollment Change Form Rev. 12/12/2020

Employee: ▢ **Employee SSN:** ▢

Section 5: Tobacco Use Declaration
Rules governing the Tobacco Use Declaration can be found online at kehp.ky.gov. You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

Planholder: Within the past 6 months, have you used tobacco regularly? ☐Yes ☐No

Has your spouse, if covered under this plan, used tobacco regularly within the past 6 months? ☐Yes ☐No

Have any children covered under this plan, age 18 or older, used tobacco regularly within the past 6 months? ☐Yes ☐No

Section 6: Health Insurance Plan Options
All plans require the LivingWell Promise to receive the monthly premium discount of $40 for the next plan year. Instructions and more information on fulfilling the LivingWell Promise can be found at livingwell.ky.gov.

☐ LivingWell CDHP ☐ LivingWell PPO ☐ LivingWell Basic CDHP ☐ LivingWell Limited High Deductible

☐ Waiver (General Purpose) HRA – with $ (I declare that I and, if applicable, my spouse and my dependents, have other group health plan coverage that provides minimum value. To the extent applicable, I have listed my spouse and all dependents whose medical expenses can be reimbursed under the HRA in Sections 3 and 4 of this application.)

Source of other coverage: ☐ Covered w/my spouse's employer (does not include TRICARE) ☐ Covered w/my parent's employer ☐ Dual group coverage/my own 2nd employer/retirement plan

__Note:__ if you have Medicaid, Medicare, TRICARE, Christian Healthcare Ministry, Veteran's Benefits or Individual Coverage w/Marketplace/Exchange, you are not eligible for the Waiver GP HRA but can elect the Waiver Dental/Vision ONLY HRA.

☐ Waiver Limited Purpose HRA – with $

☐ Waiver without HRA – No $

☐ Default LivingWell Limited High Deductible – IC/HRG use ONLY – This should be used when a NEW HIRE does not submit an enrollment form or enroll online with KHRIS ESS.

Select a Health Premium Level ☐ Single (self only) ☐ Parent Plus (self + child(ren)) ☐ Couple (self and spouse) ☐ Family (self, spouse and child(ren))

Section 7: Anthem Dental Insurance Options
☐ Dental Bronze ☐ Dental Silver ☐ Dental Gold

Select a Dental Premium Level

☐ Single (self only) ☐ Parent Plus (self + child(ren))

☐ Couple (self and spouse) ☐ Family (self, spouse and child(ren)) *If cross-reference, please list the employee to carry the coverage*

Section 8: Anthem Vision Insurance Options
☐ Vision Bronze ☐ Vision Silver ☐ Vision Gold

Select a Vision Premium Level

☐ Single (self only) ☐ Parent Plus (self + child(ren))

☐ Couple (self and spouse) ☐ Family (self, spouse and child(ren)) *If cross-reference, please list the employee to carry the coverage*

Section 9: Flexible Spending Accounts

Healthcare Flexible Spending Account
I request to (check one) ☐ Enroll in or ☐ Change my Healthcare FSA for calendar year 2021. I understand that the minimum allowable contribution is $10 per month ($5 per semi-monthly period).

Total Calendar Year Contribution; divisible by 24: $ _____

If cross-ref, please list the amount for each employee:

Employee Name: _____ Amount: _____

Employee Name: _____ Amount: _____

*New hires should calculate year contribution from effective date to the end of the year.

• Maximum calendar year contribution is $2,750 per eligible member.

• Minimum calendar year contribution is $120 (or $10 per month).

• Maximum annual carryover amount is $550.

• Minimum annual carryover amount is $50.

Child and Adult Daycare Flexible Spending Account
I request to (check one) ☐ Enroll in or ☐ Change my Child and Adult Daycare FSA for calendar year 2021. I understand that the minimum allowable contribution is $10 per month ($5 per semi-monthly period).

Total Calendar Year Contribution; divisible by 24: $ _____

If cross-ref, please list the amount for each employee:

Employee Name: _____ Amount: _____

Employee Name: _____ Amount: _____

*New hires should calculate year contribution from effective date to the end of the year.

• Maximum contribution per tax filing status is $2,500 married filing separately, $5,000 married filing, or $5,000 married head of household.

• Minimum calendar year contribution is $120 (or $10 per month).

• For daycare expenses such as preschool, summer day camp, before/after school programs, and child or elder daycare.

Section 10: Signatures – Please submit this application to your Company IC/HRG
By signing this application, I certify that the information provided in this application is true and correct to the best of my knowledge. I also certify that I have read, understand and agree to the Terms and Conditions of participation in the KEHP, the KEHP Legal Notices, and the Tobacco Use Declaration. These documents can be found online at kehp.ky.gov and personnel.ky.gov. By typing my name in the space provided below, I am signing this application electronically and am agreeing to conduct this transaction by electronic means.

| Employee Signature | Spouse Signature-REQUIRED if electing cross-reference | Date |

| IC/HRG Signature | IC/HRG Printed Name | IC/HRG Phone# | Date |

Spouse's IC/HRG Signature-REQUIRED if electing cross-reference Spouse's IC/HRG Printed Name IC/HRG Phone# Date

2021 Benefits Enrollment Change Form Rev. 12/12/2020

Department of Employee Insurance

Nationwide Life Insurance Company
Home Office: Columbus, Ohio

Commonwealth of Kentucky
Employee Group Life Insurance Program
Enrollment/Change/Termination and
Designation of Beneficiary Form
Group Insurance Contract: NP01002

2021 Plan Year

Please do not staple or attach other documents to this form. Please complete and print all information. Use black or blue ink only.

Application Type: ☐ New Hire ☐ Qualifying Event ☐ Open Enrollment ☐ Beneficiary Change

Company Number	Company Name (Specify name or Agency, School Board or Health Dept.)		Organizational Unit #	Cost Center #
Name (Last, First, MI)		SSN	Email	Birthdate
Mailing Address		Annual Salary	Hire Date	Gender ☐ Male ☐ Female
City, County, State, Zip		Work Telephone		Home Telephone

☐ Termination: Date Employment Ends _____ Date Life Insurance Terminates _____
Reason: ☐ Resigned ☐ Retired ☐ LWOP ☐ Death ☐ Military Leave ☐ Other _____

☐ Reinstate Coverage: Date Returned to Work _____ Date Insurance Effective _____
Reason: ☐ Resigned ☐ Retired ☐ LWOP ☐ Death ☐ Military Leave ☐ Other _____

☐ Transfer or Summer Transfer   To be completed by the NEW company

Prior Company Number:	New Company Number:
Last Day Worked at Prior Company:	Date Hired at New Company:
Coverage End Date at Prior Company:	Coverage Begin Date at New Company:

A. Basic Life and Accidental Death and Dismemberment (AD&D) Insurance
Eligible employees are insured at no cost to the employee for Basic Life and AD&D Insurance
All Eligible Employees $20,000   Cost: (employer paid)

B. Optional Life and Accidental Death and Dismemberment (AD&D) Insurance (Select One Plan)
I wish to ☐ enroll* in, ☐ change* to, ☐ terminate the optional insurance plan checked below:

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
Age 60 and over	$4.52	$9.02	$22.54	$45.08	$90.16	$135.24

*Evidence of insurability may be required depending on the circumstances.

C. Dependent Life Insurance (Select One Plan)
Please ☐ enroll* my dependents in, ☐ change* my present plan to, or ☐ terminate the plan checked below:

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	—	$20,000	$20,000	—
Dependent Children to 6 months	$2,500	$1,500	—	—	$2,500	$2,500	—	$2,500
Dependent Children 6 months to age 26	$5,000	$3,000	—	—	$5,000	$10,000	—	$10,000
Monthly Contribution	$10.54	$5.70	$2.42	$8.42	$3.48	$21.08	$16.82	$6.96

*Evidence of insurability may be required depending on circumstances.
**Spouse means a person to whom you are legally married.

D. Waiver of Optional Life and Dependents Coverage
☐ I certify that I have been given the opportunity to enroll myself and my eligible dependents in the above coverage. I have declined the Optional and/or Dependents Life coverage and understand it will be necessary for me and my dependents to furnish evidence of insurability if I desire any of the above coverage in the future (other than during an open enrollment period or other exception detailed in the certificate booklet).

E. Beneficiary Designation/Change
Please complete all appropriate boxes in ink, printing legibly. If you do not designate one or more beneficiaries, policy proceeds will be paid as outlined in the Certificate of Coverage, unless otherwise regulated by law.

Basic Life and AD&D					
Primary Beneficiary Information (Allocation to all Primary Beneficiaries must equal 100%)					
Beneficiary Name	Address (Street, City, State, Zip)	Relationship	Date of birth	SSN	% of Benefit
Contingent Beneficiary Information (Allocation to all Contingent Beneficiaries must equal 100%)					
Beneficiary Name	Address (Street, City, State, Zip)	Relationship	Date of birth	SSN	% of Benefit

Optional Life and AD&D					
Primary Beneficiary Information (Allocation to all Primary Beneficiaries must equal 100%)					
Beneficiary Name	Address (Street, City, State, Zip)	Relationship	Date of birth	SSN	% of Benefit
Contingent Beneficiary Information (Allocation to all Contingent Beneficiaries must equal 100%)					
Beneficiary Name	Address (Street, City, State, Zip)	Relationship	Date of birth	SSN	% of Benefit

- If more room is needed to indicate additional primary or contingent beneficiaries, please attach a separate sheet and list the information indicated above for each beneficiary. Please sign and date all additional sheets as well as this original form.
- Your group life coverage is issued by Nationwide Life Insurance Company, One Nationwide Plaza, 4-06-101 Columbus, OH 43215. Please refer to the Certificate of Insurance and Insurance Contract for all plan details, including any exclusions, limitations and restrictions which may apply.

F. Fraud Warning
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

G. Employee Signature and Date (Required)
I, the undersigned, certify that I have read the completed enrollment/change/termination form and agree that all answers in this form are true and complete to the best of my knowledge and belief. I hereby authorize my employer to deduct from my paycheck or earnings the amount required to cover my share of the coverage I have selected.

Employee Signature _____   Date _____

IC Signature _____   Date _____

Send *PERSONNEL CABINET COPY TO:*

Department of Employee Insurance
Optional Insurance Branch
501 High St, 2nd Floor
Frankfort, KY 40601

Department of Employee Insurance

https://personnel.ky.gov/Pages/ICs-and-HRGs.aspx

Click ⧉ here for the new enrollment application.

Click 📊 here for 2021 Newborn Calculator.

Click 📄 here for LivingWell Regional Well-being Coordinator Territory Map.

✅ Resources	📚 User Guides & Manuals	🏛 IC Training
Forms	ACA Quick Reference Guide	COBRA
IC Listing	Administration Manual	KHRIS
KHRIS Calendar	Admin Manual Changes Log	Webinars
Memos	Benefits Admin User Guide	
Roles & Responsibilities	Benefits Accounting User Guide	

Department of Employee Insurance

DEI Health Insurance Form Uploads

* This site is fully compatible with IE 11, Edge, and Chrome browsers. *

Department of Employee Insurance Submission Form

The red asterisks are required information to be entered

Fields marked with an * are required.

Date:* [   ] 🔲

Coverage Effective Date:* [   ] 🔲

Reason for Application*

- ⊙ New Hire
- ⊙ Rehire
- ⊙ New Group
- ⊙ Qualifying Event
- ⊙ Change or Update
- ⊙ ACA
- ⊙ Exception
- ⊙ Open Enrollment
- ⊙ Update Demographics

Change in Employee Status

- ⊙ Transfer
- ⊙ Begin LWOP
- ⊙ End LWOP
- ⊙ Begin Military Leave
- ⊙ End Military Leave
- ⊙ Retired
- ⊙ Termination
- ⊙ Summer Transfer

First Day Worked: [   ]

Qualifying Event(s)

- ⊙ Marriage
- ⊙ Birth/Adoption/Placement
- ⊙ Court Order for Child
- ⊙ Divorce
- ⊙ Death
- ⊙ Loss of Individual Health
- ⊙ Loss of Group Health
- ⊙ Begin Medicare/Medicaid
- ⊙ End Medicare/Medicaid
- ⊙ Spouse/Dependent Starting Employment
- ⊙ Spouse/Dependent Terminating Employme
- ⊙ Other: [   ]

Transfer from one KEHP covered entity to another KEHP covered entity:
This section is to be completed by the NEW company & no changes to current cove

Department of Employee Insurance

- The timing of the signature date is **critical**

  - Employees must complete and sign the applicable form before the signature date deadline of **35 days**

  - The only exception is gaining Medicaid which has a signature date of 60 days

  - **The employee does NOT need to wait for any supporting documentation to arrive before the form is signed**

- The IC will submit the form to EIB for health insurance **and** to OIB for Optional insurance:

  - Once the supporting documentation is received

  - The employee and IC have signed and dated the form

*Please use current forms for 2021

Qualifying Events that allow pre-signing to the event taking place are:

- Loss of other coverage
- Gaining other group coverage
- Entitlement to Medicare or
- Experiencing a different open enrollment period

The changes are typically effective on the 1st of the month or termed at the end of the month.

No Qualifying Event will become effective prior to the event taking place.

The Qualifying Event date is the date the event takes place NOT the date an employee is notified of the event taking place

Notification date is only accepted for

- Entitlement to Medicare and Medicaid

- We will **reject** any application that we receive that is not complete. Applications must be on the correct form, completed in its entirety and have the required supporting documentation attached (example: loss of other coverage documentation)

- New hires and most QEs have 35-days from the hire date or QE date to sign the application (gain of Medicaid has 60-days)

- ICs must submit the QE to the EIB within **45-days from the event date** (70-days for gain of Medicaid)

- We will reject the application if it is not received within the required timeframe

- We will email the IC who signed the application

EIB@ky.gov

optionalinsurance@ky.gov

- General questions

- Questions regarding Rejected Applications

- Not to be used for submitting new applications. However, you can resubmit rejected applications with the required documentations.

- Not to be used for Urgent Adds – Health Only. Dental/Vision do not have Urgent adds available

- It is monitored for more efficient processing

- Will get a response within 24-48 hours depending on volume, phone and applications to be processed

Department of
Employee Insurance

- Use when a member or dependent needs to see a doctor, go to the hospital or get a prescription within the next 24 hours

- Call EIB if the document(s) has not already been submitted or if the member needs to go to the doctor or get a prescription immediately

- If necessary, fax document(s) directly to the EIB/MSB representative you spoke with as this is the only time you should be faxing to us

- If a doctor or hospital visit is required, please provide us with the name and phone number of the doctor or hospital

- Nothing should ever be faxed or emailed without calling first and someone from EIB/MSB/OIB has requested it

- Faxes should ALWAYS be addressed to the EIB/MSB/OIB representative you spoke with

- No staples

- Do not highlight information. This prevents it from being legible when scanned in.

- 8 ½ x 11 copies only

- Always include the following to ensure timely and correct processing:

  - Name of the employee

  - Social Security Number of the employee

  - Your name

  - Your company number

- Health, Life, Dental & Vision insurance documents should be addressed to either Enrollment Information Branch or Optional Insurance Branch, DEI, 501 High Street, 2nd floor, Frankfort, KY 40601

- Checks should be addressed to Financial Management Branch, DEI, 501 High Street, 2nd floor, Frankfort, KY 40601

Department of
Employee Insurance

Lesson 1: IC Responsibilities

Lesson 2: Benefits Offered

Lesson 3: Additional Benefits and TPAs

Lesson 4: On-Line Tools

Lesson 5: Benefits Administration

Lesson 6: Optional Insurance

Lesson 7: Qualifying Events

Lesson 8: Transfers, Leave & Terminations

Lesson 9: KHRIS Processing

Department of
Employee Insurance

When Transferred to a Different Agency

- Two personnel numbers

NOTE:
These employees will receive a new personnel number, but will keep their existing plan. KEHP monitors a transfer report and; if needed, corrects the transferred employee's health insurance, effective dates or adjusts the FSA amount and life insurance. The IC will not have to take any action.

Department of
Employee Insurance

A Transfer takes place when an employee terms employment with one KEHP agency and begins employment with another KEHP agency within 11 days from termination date

- The effective date of the coverage will depend on the type of transfer member experienced:
  - Clean Transfer - 0 day
  - Small Break Transfer - 1 to 10 working days
  - 11+ days Break Transfer – Considered a new hire, 1st day of the 2nd month following transfer date

Please refer to Administration Manual, Chapters 2 & 6 for guidelines regarding Transfers and effective dates for coverage

Starting and Ending LWOP - Health Insurance

- Employee on approved LWOP and works during the Semi-Monthly Billing Period of the 1st through the 15th
    - Health Insurance ends on the 15th of the same month
    - Health Insurance begins on the 1st of the same month

- Employee works between the 16th and the end of the month
    - Health Insurance ends on the last day of the same month
    - Health Insurance begins on the 16th day of the same month

- Do not use the MUNIS code 0008

- Must use "Start LWOP" in both MUNIS and KHRIS

KDE/Munis: KDE KHRIS Support Desk at kdekhrissupportdesk@education.ky.gov

******If the paycheck an Employee receives is not sufficient to cover his/her portion of the premium, the Employee must submit a personal check for the amount due

******Employee CANNOT make changes when ending LWOP unless, they missed OE

Department of
Employee Insurance

Starting LWOP – HRA Employer Contribution

- Employees on LWOP must work any part of each Semi-Monthly Billing Period to be eligible to receive the HRA employer contribution

Example: If the Employee waives coverage and has the Waiver HRA, and the Employee works one day from the 1st through the 15th, the Employee will be eligible to receive ½ of the employer contribution ($87.50) for that Semi-Monthly Billing Period.

If the Employee works any time from the 16th to the end of the month, the Employee will receive ½ of the employer contribution ($87.50) for that Semi-Monthly Billing Period.

****If not worked the HRA will terminate the end of the Semi-Monthly Billing Period.

Department of
Employee Insurance

Employees called to active military duty are eligible for health benefits through TRICARE

- The Employee's Dependents may also be eligible for TRICARE

- Employees have the options below when Beginning Military Leave:
  - Stop their Health Insurance coverage on the last day of the Semi-Monthly Billing Period in which they are activated with the Armed Services
  - Maintain their current level of Health Insurance coverage, as well as maintain military health care coverage. They must ensure that the total premium is paid by the 15th day of the month.

Department of
Employee Insurance

When an employee returns from approved LWOP, OIB processes life insurance reinstatements using the following guidelines:

Return date between:
1st – 31st Reinstate as of 1st of the following month

Benefits Not Paid	Reinstate Basic Life and Dependent Plan E on first day next month (If they had optional and dependent coverage on spouse, then they must complete the EOI process). Children added automatically
Benefits Paid	Reinstate to active – 1st day next month following return date, and any optional coverage and dependent coverage
Military	Reinstate to active – All Life Coverages (Whether they paid or not, reinstate to first day of next month)

- Please make sure you notify your employees they're able to pay life premiums while on LWOP up to one year.

Department of Employee Insurance

KENTUCKY PERSONNEL CABINET

Employees returning from military leave will have all benefits (Health Insurance and Flexible Spending Accounts) reinstated the date they return, without any waiting period

- Employees returning from military leave have the option to delay the reinstatement of their prior elections until military coverage ends. During that time:
  - Employees may waive coverage and enroll in a Waiver Limited Purpose HRA until TRICARE ends
  - Employees electing this option MUST present supporting documentation of military coverage end date and coverage will be reinstated the first day of the month following the date of the loss of coverage through TRICARE

Department of
Employee Insurance

Military LWOP

- Begin Military LWOP - Coverage stops at the end of the month in which Military LWOP began.

- End Military LWOP – Coverage begins 1st of the following month from date of return.

Official LWOP

- Begin Official LWOP – Coverage stops at the end of the month in which LWOP began.

- End Official LWOP – Coverage begins 1st of the following month from date of return.

******Employee CANNOT make changes when ending LWOP unless, they missed OE

Health Insurance Termination

- If an employee terminates employment between the 1st and the 15th of the month
  - Health Insurance coverage will terminate on the 15th of the month

- If an employee terminates employment between the 16th and the last day of the month
  - Health Insurance coverage will terminate the last day of the month

- Process all terminations in MUNIS and KHRIS

- Follow instructions in the **Benefits User Guide** page 58 for Terminating Benefit Participation

Optional Insurance Termination

- Life Insurance will always term at the end of the month

- Dental & Vision will always term at the end of the month

- Process all terminations in MUNIS and KHRIS

- Follow instructions in the **Benefits User Guide** page 58 for Terminating Benefit Participation

Department of Employee Insurance

Member Services Branch	KEHP Enrollment Branch	Optional Insurance Branch	Financial Management Branch
Toll Free: 888-581-8834, Opt. 4 **Main #:** 502-564-6534 **Fax:** 502-564-5278	**Toll Free:** 888-581-8834, Opt. 4 **Main #:** 502-564-1205 **Fax:** 502-564-1085 EIB@ky.gov	**Toll Free:** 888-581-8834, Opt. 5 **Main #:** 502-564-4774 **Fax:** 502-564-1085 Optionalinsurance@ky.gov	**Toll Free**: 888-581-8834, Opt. 6 **Main #:** 502-564-9097 **Fax:** 502-564-0715

Web site: kehp.ky.gov
Anthem – Medical Third Party Administrator
CVS Caremark - Pharmacy Benefits Manager
HealthEquity – FSA/HRA/COBRA Administrator
WebMD- Wellness Administrator
SmartShopper – Transparency Administration

Department of Employee Insurance

The KEHP Administration Manual is updated quarterly as KEHP establishes new internal processes.

Refer to this guide often for specific information and clarity regarding policy and procedures

https://personnel.ky.gov/Pages/ICs-and-HRGs.aspx

Processing

**Health &
Optional Insurance**

- New Hire Enrollments
- Employee Demographic Changes/ Updates
- Terminations
- Health Benefit Enrollment Reporting
- Plan Change History Report
- Insurance Plan Cost Report
- Tobacco Status Report
- Health Post Tax Participants Report
- Life Policy Conversion Letter

- Cross Reference Payment Options
- Transfers
- Qualifying Events
- Dependent Demographic Data Changes
- Rehires
- Retirees Returning to Work
- Military Leave begin/end
- Leave Without Pay (LWOP) begin/end
- New Employees who are NOT electing a waiver plan that already have an existing personnel number or under another Kentucky Employees' Health Plan member's plan.
- Tobacco Use Change Form
- Evidence of Insurability (EOI) – OIB only
- All Cancellation of Coverage Requests – OIB only
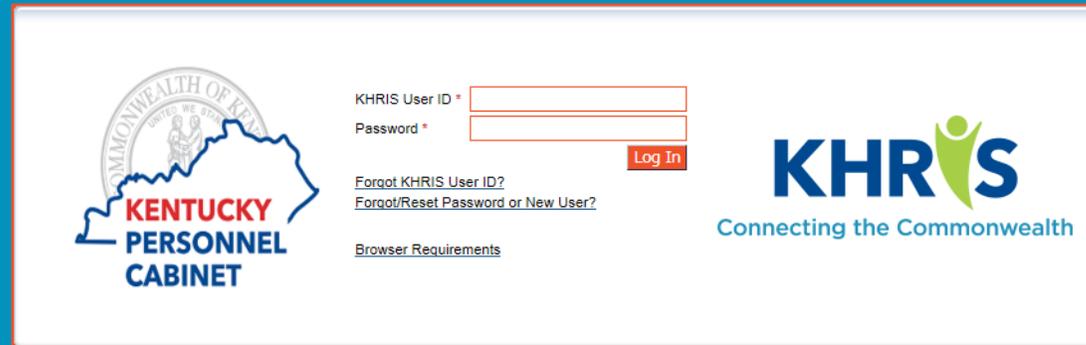
To login, please use your own KHRIS User ID and Password. New/First time users should click on the "Forgot/Reset Password or New User?" link to create a password. Also, please notice the "Forgot KHRIS User ID" link. Those who have already accessed their KHRIS account but have forgotten or misplaced their User ID can use this link.

- After you have logged into KHRIS using your KHRIS User ID and password, select the "**Insurance Coordinator NCP1**" tab

- Click on **My Transactions** to see the list of Transaction Codes

Department of Employee Insurance

This transaction screen is used for viewing employee information.

- Please choose the appropriate transaction from the list on the left to begin processing, displaying screens or running reports

- Before calling EIB, MSB and OIB always check the information in this screen. Never call before researching.

- When calling EIB, MSB and OIB, always view the employee's information on this screen.

Instead of using the back indicator just type in the transaction code in the command box. Example below:
/nhrben0014 or /nPA40

This transaction screen is used to Update and Correct employee information.

- Does not have micro eligibility built in so many enrollment errors can be made
- Whatever is entered is a live update

This transaction screen is used to enter or term employee status.

- BN-Begin Participation – new hire

- BN-End Participation – terming employment

This transaction screen is used to enroll employees in Health, Life, Dental, Vision and FSA's.

- You must always click on the calendar icon to enter a date on this screen

- Enroll the employee in all they have selected before clicking the Enroll button

- Has Micro eligibility built in which ensures no enrollment errors are made

This transaction screen is used to terminate benefits.

- You must always click on the calendar icon to enter a date on this screen
- Terminate the employee's coverage in all they are enrolled in before clicking the Terminate button

- Create – create a brand new record. Always used when adding new dependents

- Change – to correct an error just entered

- Display – to view the record

- Copy – to add a record to history

- Overview – to view a summary of all records in a specific Infotype

- Execute – execute or GO

- Save – save

ICs have the ability to delete or void benefit plans; however, they should **NEVER** process a plan correction using the delete options.

- **Never** click the **Delete** button to delete a plan
- **Never** void a plan
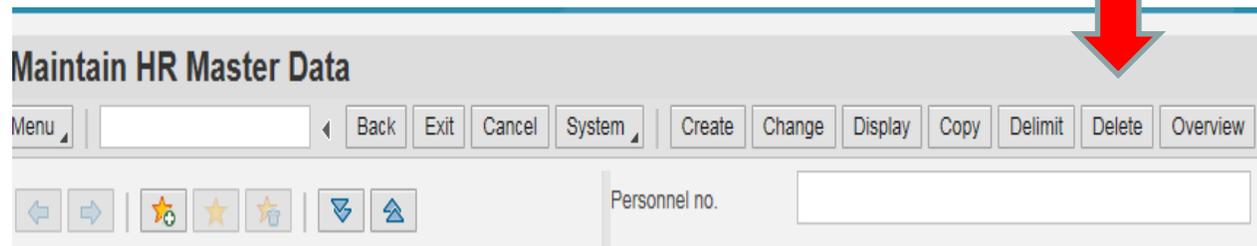
If an employee quits prior to the benefit effective date, the employee will need to be terminated in KHRIS.

- **0000** Actions – list all actions done to employment status
- **0002** Personal Data – lists all personal information
- **0006** Addresses – lists address(s) and phone numbers
- **0105** Communication – lists emails, phone numbers and KHRIS user ID's

- **0021** Family Member/Dependents – lists all family members, dependents and beneficiaries
- **0167** Health Plans – view Health, Dental, & Vision plans
- **0168** Insurance Plans – lists all Life Insurance plans
- **0170** Flexible Spending Accounts – view Healthcare & Dependent Care FSA contributions
- **0171** General Benefits Data – view cross-reference, hazardous Duty and plans & start date criteria
- **0219** External Organizations – organization(s) that are the employee's beneficiary(s)
- **0376** Benefits Medical Info – view tobacco status

- **0378** Adjustment Reasons – reasons for plan change(s)

If this search shows that your employee already has a personnel number you will need to upload the application using the online form

2. Enter the Employee's SSN in both boxes

1. Select ZAU_SSN Social Security

If no records are found it will say: The SSN entered does not exist in the system. Please proceed with your action. Select Cancel

3. Select SSN Search

- **Always** perform Dependent SSN Search before adding a New Hire

3. Select Execute

2. Enter Employee SSN

If you have a dependent on another KEHP Members' plan contact DEI

1. Select ZBNR013- Dependent SSN Search

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Dependent search by SSN

Menu | | ◄ | Back | Exit | Cancel | System

No Records found for selection criteria

If no records are found then click on Exit

Department of
Employee Insurance

5. Select Save then Enter on your keyboard

Remember to write down the Personnel number for the employee

1. Select drop down box and select your agency type

2. Cost Center – 9 – your Sub Area – your 5 digit company number

3. In the Position number enter 99999999

4. In the Org Unit enter the Agency specific # assigned to you agency

Note: If you get a zip code error, please use the USPS.com website to determine the correct zip code. You can also use Google.com to search for the correct county of residence.

Welcome, BN_STUDENT09 – 3949 – Wayne County Bd of Ed (00581)

Search: [ ] 🔍 ▼   Having trouble viewing, click here   Log off

My Benefits   Insurance Coordinator NCP1   Biller Direct

Full Screen

Create 0105 Communication

Menu ▾ | [ ] ◀ | Save | Back | Exit | Cancel | System ▾ | | Previous record | Next record | Overview

Personnel   Name

Position   integration default position

Status

Start   05/01/2017   to   12/31/9999

2. Select Save

If the employee DOES NOT have an email address select "Next Record"

0105 Communication

Type   0010   E-mail

System ID   [ ]

1. Enter email address

We prefer that the employee enters a work email address if applicable.

- Welcome
- HRBEN0001 – Enrollment
- HRBEN0003 – Participati...
- HRBEN0006 – Plan and ...
- HRBEN0014 – Terminatio...
- HRBEN0015 – Confirmati...
- HRBEN0073 – Health Pla...
- HRBEN0074 – Insurance ...
- HRBEN0078 – FSA Contr...
- PA20 – Display HR Maste...
- PA30 – Maintain HR Mast...
- PA40 – Personnel Actions
- ZAU_SSN – Social Securi...
- ZBNF002 – Benefits Polic...
- ZBNF005 – User Passwor...
- ZBNQ0012 – Health Post ...
- ZBNR002 – Plan Utilization
- ZBNR006 – Plan Change ...
- ZBNR010 – Display FSA ...
- ZBNR013 – Dependent S...
- ZBNR014 – Covered Dep...

✅ Record created   SAP   ▶ | ECT (320) 📄▾ | khrisectci

Kentucky Personnel Cabinet   Department of Employee Insurance

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Select Save and Enter twice on your keyboard

Note: Benefit eligibility date and increment date does not need to be entered. KHRIS will automatically calculate the Benefit Eligibility date for you. You can verify the accuracy of the date by using the "First day/Second moth" rule.

Note: If you did not write down or copy the Personnel Number in Step 3, you can search for the member using their SSN or first and last name by clicking on the icon to the right of the "Personnel no." field

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Health and Life can be set up at the same time or completed separately.

HEALTH - Dependents

- When selecting dependents for health, only use the following from the drop down list:
  - 1 – Spouse
  - 2 – Child

Note: On any plan other than a single plan, the dependents MUST be added to IT0021 before a plan can be selected.

Subtypes for infotype "0021 Family Mer

Restrictions

STyp	Name
1	Spouse
10	Divorced spouse
11	Father
12	Mother
13	Domestic Partner
14	Child of Domestic Partner
2	Child
3	Legal guardian
4	Testator
5	Guardian
6	Stepchild
7	Emergency contact - Primary
8	Related persons
90	Emergency contact - Optional
9001	Court Ordered Dependent
9002	Retiree Account
9003	Other Beneficiaries

17 Entries found

LIFE - Beneficiaries

- When selecting beneficiaries, only use the following from the drop down list:
  - 1 – Spouse
  - 2 – Child
  - 9003 – Other Beneficiaries

Note: It is encouraged that employees do this through ESS

Remember the member will have to submit verification documents to Alight for their spouse and dependents

Department of Employee Insurance

Welcome, BN_STUDENT08 - 3941 - Union County Bd of Ed (00565)   Search: Having trouble viewing, click here   Log off

Subtypes for infotype "0021 Family Member/Dependents" (1)

Restrictions

STyp	Name
1	Spouse
10	Divorced spouse
11	Father
12	Mother
13	Domestic Partner
14	Child of Domestic Partner
15	Registered Partner
2	Child
3	Legal guardian
4	Testator
5	Guardian
6	Stepchild
7	Emergency contact - Primary
8	Related persons
90	Emergency contact - Optional
9001	Court Ordered Dependent
9002	Retiree Account
9003	Other Beneficiaries

18 Entries found

1. Select ONLY 1- Spouse, 2- Child or 9003- Other Beneficiaries from this box

2. Select the green check mark

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Department of
Employee Insurance

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These steps should be repeated for each dependent/ beneficiary

3. Select Save then Enter on your keyboard

1. In the Start field enter the employees Hire Date

Be sure to verify last name.

2. Enter Personal Demographic information for the dependent

150

3. Select Create

1. Select the Benefits Tab

2. Select 0376- Benefits Medical Information

Note: Complete this step for all members, not just tobacco users.

152

1. Select HRBEN0001

2. Enter Employee's Personnel number

5. Select Get offer

3. Select the Calendar and enter the Signature date of the application (if the signature date is prior to the Hire Date then use the Hire Date). Then select the green check mark.

4. Select New Participant

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*Health Departments will only see the "Waiver no HRA" option.

This step is needed if the employee is adding dependents to their medical plan or GP Waiver with HRA $.

If electing a single plan, just select accept.

NOTE: Basic Life and AD&D is an automatic enrollment for every new employee. However, beneficiaries are not automatically selected. Please follow these instructions to select beneficiaries.

Repeat these steps if enrolling in Dependent Care FSA.

NOTE: Verify that all benefit elections (health, life, dental,vision, & FSA) that the member wants to enroll in are in this list.

2. Click "Print Preview"

1. You will only need to do this step in PA30 if employee is adding a New Beneficiary.

2. Enter the employees personnel number and click enter on your keyboard to verify you have the correct employee.

3. If you forgot to write down your personnel number , you can look up the member by SSN. (Using ID Number)

1. Select the Benefits tab

2. Select Infotype 0021 Family Members/Dependents

Welcome, BN_STUDENT08 - 3941 - Union County Bd of Ed (00565)   Search: [   ] 🔍 ▾   Having trouble viewing, click here   Log off

My Benefits   **Insurance Coordinator NCP1**

Full Screen

KHRIS
Connecting the Commonwealth

- Welcome
- HRBEN0001 - Enrollment
- HRBEN0003 - Participati...
- HRBEN0006 - Plan and ...
- HRBEN0014 - Terminatio...
- HRBEN0015 - Confirmati...
- HRBEN0073 - Health Pla...
- HRBEN0074 - Insurance ...
- HRBEN0078 - FSA Contr...
- PA20 - Display HR Maste...
- PA30 - Maintain HR Mast...
- PA40 - Personnel Actions
- ZAU_SSN - Social Securi...
- ZBNF002 - Benefits Polic...
- ZBNF005 - User Passwor...
- ZBNQ0012 - Health Post ...
- ZBNR002 - Plan Utilization
- ZBNR006 - Plan Change ...
- ZBNR010 - Display FSA ...
- ZBNR013 - Dependent S...
- ZBNR014 - Covered Dep...

Maintain

Menu ▾

Find by
 ▾ 👥 Person
  🔍 Colle
 ◀ ▦

Subtypes for infotype "0021 Family Member/Dependents" (1)   ✕

▶ **Restrictions**

STyp	Name
1	Spouse
10	Divorced spouse
11	Father
12	Mother
13	Domestic Partner
14	Child of Domestic Partner
15	Registered Partner
2	Child
3	Legal guardian
4	Testator
5	Guardian
6	Stepchild
7	Emergency contact - Primary
8	Related persons
90	Emergency contact - Optional
9001	Court Ordered Dependent
9002	Retiree Account
9003	Other Beneficiaries

18 Entries found

2. Select the green check mark

SAP   ECT (320)   khrisectci

Department of
Employee Insurance

KENTUCKY
PERSONNEL
CABINET

3. Select Save then Enter on your keyboard

1. In the Start field enter the signature on the Beneficiary Form

Be sure to verify last name.

2. Enter Personal Data for the dependent

Next you will need to type /nHRBEN0001 in the command box. This keeps you from locking the record.

Select Basic Life and AD&D and Optional Life

Perform this procedure when a new employee/retiree changes their plan information within the new hire enrollment period:

- ICs may correct or update the tobacco use, dependent(s), or other plan information within the valid enrollment period **(35 days from the date of hire)**

- ICs should NOT make plan changes outside the 35 days, but CAN make demographic changes such as SSN, address, etc.

Note: If you see more than one pernr, you can only access the pernr attached to your Agency.

NOTE: After 35 days, the employee must file an Exception if they require changes.

Department of
Employee Insurance

- **Boards of Education terms should come to us via a file feed from Munis**

- **If the file feed doesn't work please let DEI ,OIB, and KDE know so they can find where the error occurred**

- **All agencies can do a term in KHRIS BUT if you are a BOE or with TRS/KRS the file feed is the best method**

This is for verification purposes to assure that you are terming the correct employee as well as to see what plan they participate in.

If this is a cross reference plan you will need to forward the term to DEI.

2. Select the Select All button

3. Select Stop Participation

Select Stop Participation

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Select the Green check mark

Enter Employee's Personnel number and click Enter on your keyboard

PA20 is display ONLY. This can be used to see if your employee has been processed by DEI or also to recheck your work.

The changes that were made should appear on this screen. The "To" date will be the last date of coverage (termination)

Transaction Code	Name	Description
HRBEN0006	General Overview of Benefit Plan Data	Display all benefits for one employee
ZBNR006	Plan Change History Report	Change Plan History Report - Monitor changes to employee benefit plans, dependents, rates (deductions), salary increases
HRBEN0078	FSA Contributions	Full enrollment and deduction listing for employees enrolled in Health Care or Dependent Care FSA
HRBEN0073	Health, Dental, and Vision Plan Costs	Full enrollment and deduction listing for employees enrolled in Health, Waiver, Forced Waiver or Waiver HRA benefit plans
HRBEN0074	Insurance Plan Costs (Life)	Monthly amount on report, says semi-monthly

Department of Employee Insurance

1) Who can tell me what are the three types of benefits managed in the KHRIS system?

2) What can you use to assist with Terms, QE guidelines, and Eligibility?

3) Besides Anthem, name a third party administrator that is under the KEHP plan.

4) How many days does a member have to sign their New hire application? When is the effective date?

5) Name one of the online tools available for all Insurance Coordinators to use?

6) What is the email address to ask questions or get information about rejected applications?

7) What is the deadline for the Livingwell promise for 2021?

8) What do you need to do if you have an employee who goes on LWOP for life insurance?

9) What do you do if an employee ask to pick up additional life insurance on themselves or their spouse outside of an OE or QE?

10) If you're entering Optional insurance into KHRIS what do you do with the paperwork?

11) If an employee comes to you for a beneficiary change, what do you do?

12) Where do you find Optional insurance forms?

13) What are you going to do when you finish this training today? ☺

Your feedback is invaluable to the success of KHRIS

Please!

https://www.surveymonkey.com/r/ZR2TCHQ