



# Kentucky Employees' Health Plan **Benefits Selection Guide**

**Free  
Flu Shots!**

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**Waiver  
Dental/Vision  
ONLY HRA**

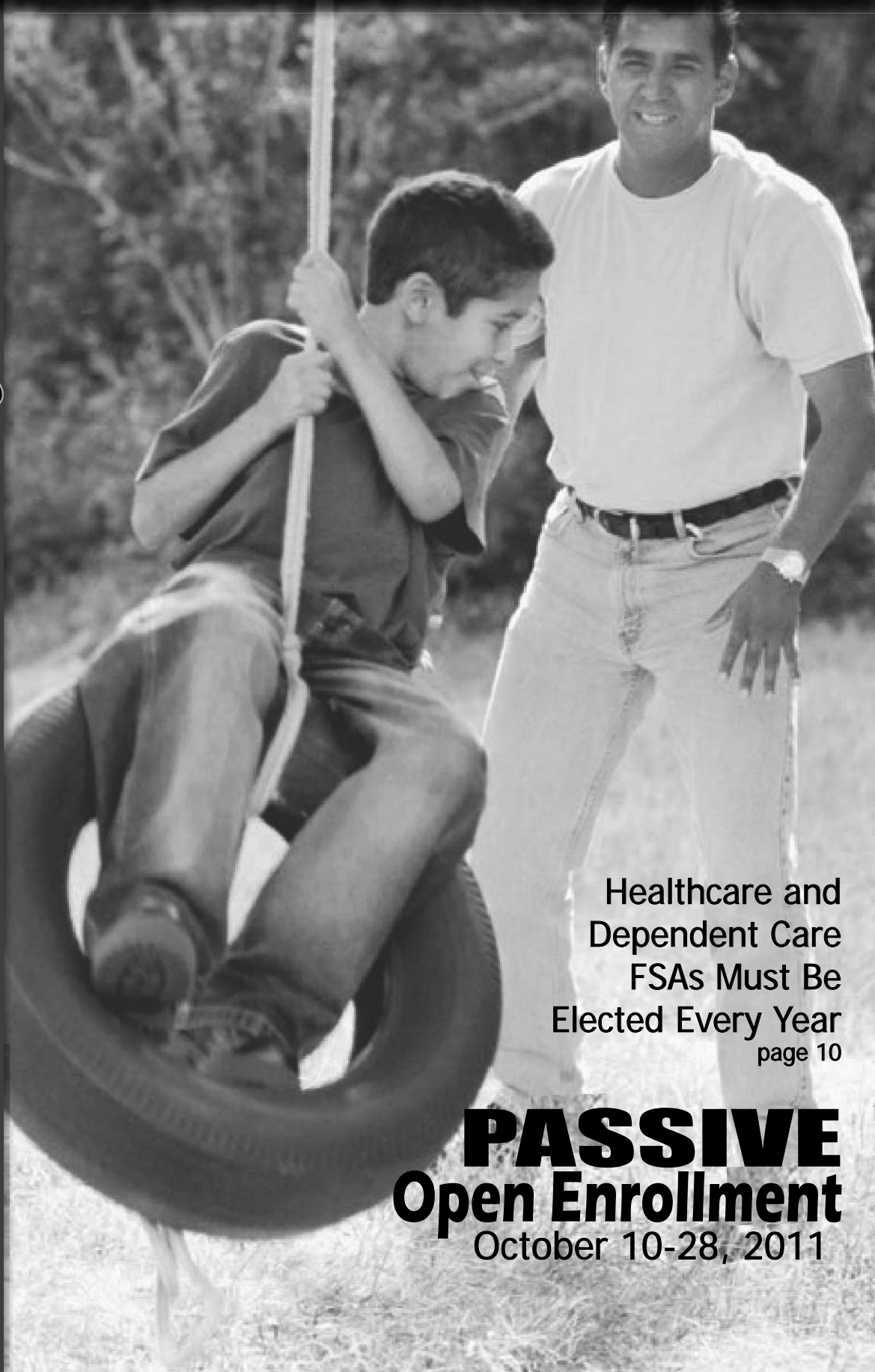
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**Health  
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**2012  
Plan Year**

**NEW**



Healthcare and  
Dependent Care  
FSAs Must Be  
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**PASSIVE  
Open Enrollment**  
October 10-28, 2011

# Welcome to Open Enrollment

## When

October 10 - 28, 2011

## How

- Active employees and KCTCS Retirees:
  - Enroll online at [kehpc.ky.gov](http://kehpc.ky.gov)
  - Click on the 'KHRIS Online Enrollment System' link
- Retirees from KRS, KTRS, LRS and JRS:
  - Enroll through your retirement system



## Who to Call

For local, personalized help contact your Insurance Coordinator or Human Resource Generalist

### Employee ID and Password Assistance

Commonwealth Office of Technology

Outside Frankfort ..... 1-877-741-7017\*\*

In Frankfort ..... 564-3116\*\*

### Computer and Technical Assistance

Commonwealth Office of Technology

Outside Frankfort ..... 1-866-746-1613\*\*

In Frankfort ..... 564-4597\*\*

### Current Benefits Information

Humana Customer Service &

Open Enrollment Hotline ..... 1-877-KYSPIRIT  
(1-877-597-7474)

Department of Employee Insurance (DEI)

Member Services Branch

Outside Frankfort ..... 1-888-581-8834

In Frankfort ..... 564-6534

The DEI phone message will prompt you to choose from one of the following four options:

#### Option 1

User ID & Password  
or Computer/Technical  
Assistance

#### Option 3

Enrollment  
& Eligibility

#### Option 2

Benefit Questions

#### Option 4

Member Services

\*\* Telephone service at these numbers is only valid  
October 10 through 28, 2011.

### Hours for Assistance

Monday – Friday 8 a.m. to 8 p.m. ET  
Saturday and Sunday 8 a.m. to Noon ET

The Commonwealth of Kentucky does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, gender identity, ancestry, age, disability, or veteran status in employment or the provision of services. This booklet is available in an alternative format upon request.

**Members Matter**

# Plan Year 2012

Welcome to the 2012 Kentucky Employees' Health Plan (KEHP) annual Open Enrollment. Open Enrollment for the 2012 Plan Year is a **passive enrollment** which means no action is necessary unless you wish to change your current health insurance election. **However, if you have a Healthcare or Dependent Care Flexible Spending Account (FSA), you must re-enroll each year and designate your annual contribution amount.**

KEHP continues to offer four health insurance plans from which to choose. Very minimal changes have been made to the plans. Review the information in this Guide, paying close attention to the benefits

grid on pages 14 and 15 to ensure that the plan you choose best meets your health insurance needs.

If you choose to waive health insurance coverage, KEHP is offering an additional Waiver Health Reimbursement Account (HRA) called the Waiver Dental/Vision ONLY HRA. This new HRA may be the right choice for you if you are not eligible to elect the general purpose Waiver HRA because you or your spouse participate in a Health Savings Account (HSA) or if you have Medicare. Refer to pages 8 and 9 for more information.

We encourage you to review this Guide and make decisions early to avoid any last minute rush. Changes can be made until the end of the Open Enrollment period, October 28.

## KEHP Benefits Analyzer

### Select the Right Health Plan for You

KEHP wants to ensure you have enough information to select the health plan that is best for your needs, and to determine if you can benefit from a Healthcare FSA. We have contracted with Thomson Reuters to provide a Benefits Analyzer to help you make your choices.

This year, most KEHP members will receive a letter from Thomson Reuters which will provide a summary of your healthcare costs for 2010 through June 30, 2011. Use this information during Open Enrollment to help you determine:

- **The right plan** – which health insurance plan meets your family's needs?
- **The right amount** – how much should you contribute to a Healthcare Flexible Spending Account to maximize your tax savings?
- **The right care** – what preventive care does your family need?

The information provided through your Benefits Analyzer is confidential and managed solely by Thomson Reuters.

Your Costs	2010		2011	
	You	Family total	You	Family total
Office Visits	\$10	\$20	\$0	\$20
Preventive Visits	\$0	\$0	\$0	\$0
Emergency Room Visits	\$0	\$50	\$50	\$50
Hospital Admissions	\$0	\$0	\$0	\$0
Major Outpatient	\$350	\$350	\$0	\$175
Radiology and Lab	\$15	\$60	\$0	\$30
Chiropractic	\$0	\$0	\$0	\$0
Therapy	\$0	\$0	\$0	\$0
Other Medical Services	\$90	\$135	\$180	\$180
Prescription Drugs	\$96	\$218	\$73	\$134
<b>Total</b>	<b>\$561</b>	<b>\$833</b>	<b>\$303</b>	<b>\$589</b>

This is an example of the information you will receive in the letter from Thomson Reuters.

Cost component	2010	2011 Year-to-date*
<b>Your share</b>	<b>\$5,118</b>	<b>\$2,850</b>
Premiums	\$4,285	\$2,261
Out-of-pocket	\$833	\$589
<b>ABC Global paid</b>	<b>\$8,249</b>	<b>\$4,234</b>
<b>Total healthcare cost</b>	<b>\$13,367</b>	<b>\$7,084</b>

As you can see by the diagram above, your employer pays a large share of your healthcare costs.

# Wellness

Dear KEHP Members,

When you think about health insurance, do you think about wellness? Worksite wellness is a relatively new and innovative benefit that the Kentucky Employees' Health Plan (KEHP) is offering to help increase productivity and morale, reduce absenteeism, and lower health care costs.

A Harvard University study found that medical costs fall by about \$3.27 for every dollar spent on wellness programs and that absenteeism costs fall by about \$2.73 for every dollar spent. Often times the most costly conditions, like diabetes and heart disease, are also the most preventable.

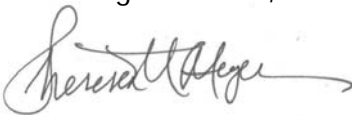
As KEHP members, we are a community of investors made up of nearly 270,000 teachers, retirees, state employees, various city and county government employees, spouses and dependents. More and more of you are participating in the wellness programs offered through KEHP and engaging in healthier lifestyles.

For example, many school districts are hosting biometric screenings and sponsoring activities for employees and students. Employees are walking more, taking the stairs instead of the elevator and adding more steps to their day by parking further away from their office building. Through these small steps members are investing in their overall health and well-being, and the excitement for improved health is spreading throughout Kentucky.

As we continue on our path to wellness, we recognize that a life improved through wellness and prevention is invaluable. KEHP will continue to support your health goals and offer programs to help improve your daily living and productivity, making the Commonwealth one of the best places to live and work.

**A Harvard University study found that medical costs fall by about \$3.27 for every dollar spent on wellness programs and that absenteeism costs fall by about \$2.73 for every dollar spent.**

Yours in good health,



Tracie Meyer

Wellness Specialist

Department of Employee Insurance



Check out some of the current wellness programs KEHP is offering plan members, their spouses and dependents. Explore more resources available to you by visiting [kehp.ky.gov](http://kehp.ky.gov) and [myhumana.com](http://myhumana.com).

## KEHPWELL Online

KEHPWELL Online is an enhancement to the LifeSynch health coaching benefit. Eighty percent of all heart disease and 40% of all cancer would be preventable if Americans chose to stop smoking, move more, and eat healthier. Avoid being an unnecessary statistic by taking advantage of this enhanced health coaching service. Through KEHPWELL, members can work with a free, personal health coach to set goals and improve lifestyle choices so illnesses such as cancer, heart disease, and diabetes can be prevented. The KEHPWELL online program will make accessing and communicating with a health coach easier than ever, with the option of using instant messaging, email, telephone or chat. KEHP members will be able to track their daily behaviors and access helpful resources. Just login to [KEHPWELLonline.com](http://KEHPWELLonline.com).

## Success Stories

*"I can't tell you how beneficial the WeightWise Challenge has been (yet again) to all of us! I'm up to 111 pounds lost now and I ran 6.1 miles last night. I am considering doing the Triple Crown! All of the things on the Wellness web page and throughout the challenges have really helped keep me going. I truly appreciate how much you have done to help make us all happier and healthier."* Kentucky State Reformatory employee

*"I've walked over 5 million steps, my cholesterol medicine has been reduced by half, and I've earned several hundred dollars that I use for Christmas spending. It's been a win-win for me. Please extend my thanks to anyone else who should know. I am moving, moving, moving, which I've also learned, really helps my 60-year-old body deal with arthritis better."* Jefferson County Public School employee

*"The dietary and nursing services at ActiveHealth have been instrumental in helping to change my lifestyle to a healthier one. Anyone with any health concerns should contact them today. You will be happy you took the initiative."* Personnel Cabinet employee

## Alliance for a Healthier Generation

The Alliance for a Healthier Generation is a health benefit for dependents ages 3-18. The program provides children who may be in need of lifestyle interventions related to weight management with up to four physician visits and four registered dietician counseling visits each year. Today, nearly one in three children in the United States is overweight or obese. Overweight children and teens are more likely to develop serious health problems such as high cholesterol, high blood pressure, heart disease and type-2 diabetes. For the first time in history, our children's life expectancy is shorter than their parents.

## FREE Flu Shots

The Centers for Disease Control and Prevention (CDC) recommends a yearly flu vaccine as the first and most important step in protecting against flu viruses. As an added benefit to all KEHP members, flu shots will be free at participating providers from September 15 through December 15, 2011. More information on page 7.



# 2012 KEHP Health Plan Options



## COMMONWEALTH STANDARD PPO

Commonwealth Standard PPO is a value-based, traditional PPO plan. Although it features higher deductibles, higher member co-insurance percentages, and higher annual out-of-pocket maximums than the Commonwealth Optimum PPO, it offers much lower premiums.

*Commonwealth Standard PPO is a good choice for people who are mainly interested in a good, basic plan to provide health coverage and for people who want dependent coverage at a lower price.*

KEHP continues to offer four different plan options for the 2012 Plan Year. This allows you to select the plan that best suits your needs.

All four KEHP plan options feature:

- Unlimited lifetime maximums
- Low, annual, out-of-pocket maximums
- Extensive network of preferred providers
- No referrals required

One plan option (Commonwealth Standard PPO) offers non-smokers a \$0 employee contribution for single coverage and the family cross-reference payment option.

Regardless of which KEHP plan you choose, you will have a comfortable safety net in the event of a chronic or catastrophic condition.



## COMMONWEALTH MAXIMUM CHOICE

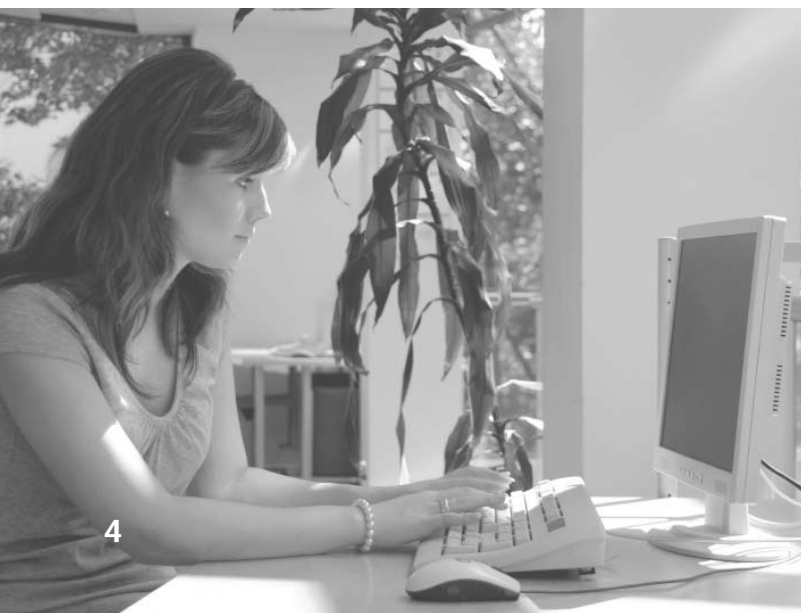
Commonwealth Maximum Choice is a consumer-driven plan that includes a KEHP-funded, Health Reimbursement Account (HRA). KEHP contributes \$1,000 for single coverage, \$1,500 for parent plus and couple coverage and \$2,000 for family coverage into your HRA.

*Commonwealth Maximum Choice is a good choice for people at both ends of the healthcare spectrum: people who are healthy and have few, if any, medical expenses and people who have chronic or other significant medical conditions with above-average expenses.*

According to our actuaries, this is one of KEHP's richer benefit plans. If you choose this plan, you will enjoy substantial 'out-of-paycheck' savings throughout the Plan Year. Although the plan includes higher, initial, out-of-pocket costs, the monies funded by KEHP into your HRA can help offset those costs. For example, for single coverage, the money in your HRA may be used to cover the first \$1,000 in out-of-pocket costs. This has the effect of lowering your annual deductible to \$1,325. Once the deductible is met, the plan pays 90% of in-network expenses until you reach your annual, out-of-pocket maximum. Since the plan does not have co-pays, all covered expenses apply to the annual, out-of-pocket maximum. Also, preventive screenings (such as well child care and well adult care) are covered at 100%.

If you had Commonwealth Maximum Choice in 2011, you will 'roll over' any unused 2011 HRA funds if you continue with the same plan for the 2012 Plan Year. However, if you chose the Commonwealth Maximum Choice Plan in 2011 and elect a different plan in 2012, any funds remaining in your 2011 HRA **will not** 'roll over'.

**Retirees are not eligible to participate in the Commonwealth Maximum Choice Plan because of the embedded HRA.**



**Members Matter**



## COMMONWEALTH CAPITOL CHOICE

Commonwealth Capitol Choice is a unique, hybrid health plan that combines features of a consumer-driven plan with a traditional PPO plan. With this plan, KEHP funds a \$500 per family member 'benefit allowance' that provides 100% coverage for many in-network services before you start paying toward your deductible. This \$500 benefit allowance does not accumulate or 'roll over' from year to year.

*Commonwealth Capitol Choice should work especially well for people with annual medical expenses below \$500 and for people looking for a plan with excellent inpatient hospital facility benefits and outpatient/ambulatory surgery center benefits.*

Commonwealth Capitol Choice offers predictable office visit and pharmacy co-pays, similar to a traditional PPO. One valuable feature of Commonwealth Capitol Choice includes the \$115 per admission, hospital facility co-pay. After payment of the \$115 per admission co-pay and a \$600 annual deductible, you pay nothing for additional hospital facility charges. Physician and other services while in the hospital will apply to the deductible and co-insurance. Another feature is the \$55 co-pay for treatment received at an outpatient/ambulatory surgery center.



## COMMONWEALTH OPTIMUM PPO

Commonwealth Optimum PPO is a traditional Preferred Provider Organization (PPO) plan. This plan is a good choice if you are willing to have larger paycheck deductions in exchange for lower out-of-pocket costs. As with all KEHP plans, you pay less when you use in-network providers. The plan also provides coverage when you use out-of-network providers, but you will pay more.

*Commonwealth Optimum PPO offers fixed, predictable co-pays for physician office visits, prescription medications and various other services.*



## Understanding Your Benefits...

### Co-pay

The flat dollar amount that you pay for a visit to an in-network provider or for a prescription drug. Co-pays do not count toward your deductible or out-of-pocket maximum.

### Co-insurance

The percentages of the total medical bill that you and the plan pay once you meet your deductible. For example, if the plan covers an expense at 90% (the plan's co-insurance), you will pay the remaining 10% (your co-insurance) after your deductible. Co-insurance applies to the out-of-pocket maximum.

### Deductible

The deductible is the amount you need to pay out-of-pocket for covered health expenses before your plan begins paying a percentage of the costs (co-insurance). The deductible applies to the out-of-pocket maximum.

### Out-of-Pocket Maximum

The most you will pay each year in deductibles and your share of co-insurance. If you reach the maximum, your plan pays 100% of most of your eligible medical bills (except co-pays) for the rest of the year.

# Prescriptions

Prescription coverage is administered by Express Scripts, Inc., and is included with all KEHP health plan options. The amount you pay will depend on the health plan option you select and whether the prescribed drug is in Tier 1, Tier 2 or Tier 3.

## Tier 1 - Generic Drug

A generic prescription drug has the same active ingredients in the same dosage form and strength as the brand-name counterparts. The U.S. Food and Drug Administration (FDA) approves both brand-name drugs and generic drugs and requires generic drugs to have the same active ingredients.

Kentucky law requires the pharmacy to dispense the generic drug if a generic drug is available. Generic drugs are therapeutically-equivalent to brand-name drugs whose patents have expired.

## Tier 2 - Formulary Brand Drug

A formulary brand-name drug is a drug that has been reviewed and approved by an independent group of doctors and pharmacists, and has been selected for formulary inclusion based on its proven clinical and cost-effectiveness.

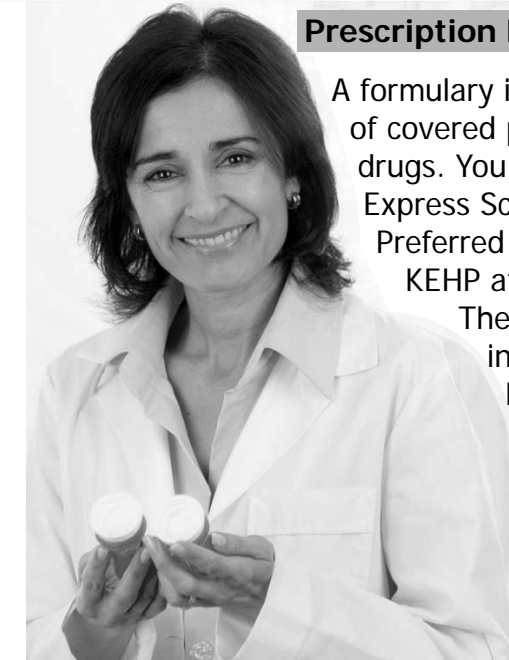
## Tier 3 - Non-Formulary Brand Drug

A non-formulary brand drug is a brand-name prescription drug that has one or more therapeutic alternatives available, either a generic drug or a formulary brand drug. A non-formulary drug has been reviewed by a team of doctors and pharmacists that has determined a therapeutically-equivalent and more cost-effective alternative drug is available.

## Prescription Drug Formulary

A formulary is a listing of covered prescription drugs. You may view the Express Scripts National Preferred Formulary for KEHP at [kehp.ky.gov](http://kehp.ky.gov).

The website also includes the Pharmacy Summary Plan Descriptions which provide additional information about prior authorization,



step therapy, quantity level limit programs, inherited metabolic diseases, CuraScript Specialty Pharmacy and other pharmacy issues.

For details on the pharmacy breakout of each health plan, see the benefits grid on pages 14 and 15.

Throughout the year, drug designations may change as new clinical information becomes available. Sometimes, formulary brand drugs are moved to non-formulary status when generic versions of that drug become available.

## Save Money with the Maintenance Drug Benefit

You may receive a 90-day supply of maintenance drugs through Express Scripts mail order or through participating local retail pharmacies. A list of local participating pharmacies is located at [kehp.ky.gov](http://kehp.ky.gov). Purchasing a 90-day supply of maintenance drugs allows you to pay for a three-month supply at a reduced cost. See the benefits grid on pages 14 and 15.

To qualify for this benefit, the drug must be listed on Express Scripts' maintenance drug list. Call Express-Scripts at 877-KYSPIRIT to see if you can save money on your maintenance drugs.

**Members Matter**



## The most effective actions to take to reduce your chances of getting the flu...

Wash your hands, often!



Cover when you cough or sneeze.



Stay home when you are sick.



Get a flu shot!



KEHP is pleased to announce that all health plan members can receive a FREE flu shot September 15 through December 15, 2011.

Flu shots are available at a variety of participating provider locations including: doctors' offices, health clinics, retail pharmacies, local health departments and other medical providers.

According to the Centers for Disease Control and Prevention, an annual vaccination is the first and most important step in protecting against the flu. Health experts also recommend that everyone six months of age and older get vaccinated against influenza. Each year, more than 200,000 people are hospitalized from the flu, including an average of 20,000 children younger than five years of age. Now is the time to protect yourself, your family and co-workers from this potentially serious disease. Visit the Personnel Cabinet's website [kehp.ky.gov](http://kehp.ky.gov) for FAQs and other important flu shot information.

**Note:** If you are a participant in the Waiver HRA, and therefore not a KEHP member with health insurance, you can pay for your flu shot with your HumanaAccess<sup>SM</sup> Visa<sup>®</sup> Debit Card.



# Waiving Health Insurance

If, as an eligible, active employee, you choose to waive health insurance with KEHP, your employer will contribute \$175 per month, up to \$2,100 per year, into a Health Reimbursement Account (HRA). An HRA is a federally qualified expense account where funds are set aside to reimburse you for qualified medical expenses. Any balance remaining in your HRA at the end of the calendar year will 'roll over' to the next calendar year, as long as you continue to waive your health insurance coverage.

Review the examples of covered services to determine the HRA that best meets your needs.

## Waiver HRA

### Examples of Covered Services

- 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

See a more comprehensive listing of covered services at [kehpcy.gov](http://kehpcy.gov).

### Who is Eligible

- Any active employee of a state agency, school board or certain quasi-agencies who is eligible for state-sponsored health insurance coverage may waive health insurance and enroll in an HRA
- Retirees who have returned to work and who are over age 65 may also waive health insurance and enroll in an HRA

**Note:** If you choose to waive health insurance through KEHP, your Waiver HRA will be your primary health insurance plan over Medicare.

### Who is Not Eligible

- If you or your spouse have a Health Savings Account (HSA), you cannot have an HRA per IRS regulation
- If you are a member of an agency that does not participate in KEHP's HRA/FSA program
- If you are a retiree, under age 65 who has gone back to work and elected coverage under the retirement system



### How to Receive Reimbursement

It's easy! You will receive a HumanaAccess<sup>SM</sup> Visa<sup>®</sup> Debit Card and your funds will be automatically deducted from your HRA. You can use the debit card anywhere that Visa<sup>®</sup> is accepted. Because of IRS rules, you must save all your receipts. Or, if you prefer you can pay for your claims up front instead of using the debit card. In order to receive reimbursement for the money you pay out of your pocket, you must complete an HRA/FSA Reimbursement Claim Form and submit to Humana with your documentation.

You have until March 31, 2013 to submit reimbursement requests for HRA expenses incurred during your 2012 coverage period.



KEHP now offers two HRAs. The general purpose Waiver HRA and the limited purpose Waiver Dental/Vision ONLY HRA. **NEW**



### Waiver Dental/Vision ONLY HRA Examples of Covered Services



- Certain dental fees such as cleanings, fillings and crowns
- Orthodontic treatment
- Vision fees including contacts, eyeglasses and laser vision correction

### Who is Eligible

- Any active employee of a state agency, school board or certain quasi-agencies who is eligible for state-sponsored health insurance coverage may waive health insurance and enroll in an HRA
- Retirees who have returned to work and who are over age 65 may also waive health insurance and enroll in an HRA

**Note:** If you choose the Waiver Dental/Vision ONLY HRA through KEHP, your Medicare coverage will be your primary health insurance plan. This may be the best option for you.

### Who is Not Eligible

- If you are a member of an agency that does not participate in KEHP's HRA/FSA program
- If you are a retiree, under age 65 who has gone back to work and elected coverage under the retirement system

### Substantiation

As a waiver of health insurance, Humana will not have access to your health insurance claims; therefore you must submit documentation to verify your HRA claim is an eligible expense. This documentation, such as an itemized statement from your provider or an explanation of benefits, is referred to as substantiation. Your documentation needs to be submitted to Humana along with a completed HRA/FSA Reimbursement Claim Form which can be located on [kehp.ky.gov](http://kehp.ky.gov) and [myhumana.com](http://myhumana.com). You may mail or fax this information to Humana.

Remember, you must save your receipts and then submit copies of your claims to:

**Humana Spending  
Account Administration  
P.O. Box 14167  
Lexington, KY 40512-4167  
800-604-6228  
800-905-1851 Fax**

# Flexible Spending Accounts

KEHP offers two Flexible Spending Accounts (FSAs) which can save you money!

One is a Healthcare FSA, and the other is a Dependent Care FSA. Both FSAs are tax free accounts that allow you to pay for certain healthcare or dependent care (child or adult day care) expenses with pre-tax money that you set aside through payroll deductions. This results in you paying less income and Social Security taxes!

## Healthcare Flexible Spending Account

A Healthcare FSA allows you to pay for healthcare services such as prescription co-payments, deductibles and doctor's office co-payments with pre-tax money. You may contribute up to \$5,000 a calendar year into your account. The amount you contribute will be payroll deducted.

Make sure to set aside only as much as you will use during the current calendar year. If you do not use all of your money, you will lose it! You can only use the money for eligible expenses incurred during the current calendar year.

	No FSA	With FSA
Annual taxable income	\$28,000	\$28,000
Pre-tax money deposited into FSA through payroll deduction	0	\$1,500
Remaining taxable income	\$28,000	\$26,500
Minus Federal and Social Security Taxes	\$5,945	\$5,605
Remaining take-home pay	\$22,055	\$20,895
Minus the take-home pay spent on qualified expenses	\$1,500	0
Remaining take-home pay	\$20,555	\$20,895
<b>Savings</b>	<b>0</b>	<b>\$340</b>

### How a Healthcare FSA Saves Money...

#### Example: Joe

Last year, Joe made \$28,000 and put \$1,500 in his Healthcare FSA. The example to the left, shows how much he saved by using the pre-tax money for qualified health expenses. Without an FSA, he would have paid for these expenses from his take-home, taxable income.

**Joe saved \$340.**

This example is intended to demonstrate a typical tax savings based on 13.58% federal and 7.65% FICA taxes. Actual savings will vary based on your individual tax situation. Consult a tax professional for more information on tax implications of an FSA.

#### Who is Eligible

- Employees of state agencies or school boards
- Employees of local health departments and certain quasi-agencies must contact their Insurance Coordinators for details

#### Who is Not Eligible

- Retirees
- If you are a member of an agency that does not participate in KEHP's HRA/FSA program
- Employees or spouses with a Health Savings Account (HSA)

**Submit HRA/FSA Reimbursement Claim Form and documentation to Humana at:**

You have until March 31, 2013 to submit reimbursement requests for FSA expenses incurred during your 2012 coverage period.



## Covered Expenses

A Healthcare FSA covers healthcare expenses that are not usually covered by your health insurance. You can use your FSA for family members who are considered a tax dependent.

A few examples of eligible covered expenses are listed below:

- Medical and prescription co-payments and co-insurance
- Certain dental fees
- Orthodontic treatment
- Vision fees including contacts, eyeglasses and laser vision correction
- Deductibles
- Wheelchairs

This is not a complete listing. See a more comprehensive list of covered services at [kehp.ky.gov](http://kehp.ky.gov).

**Note:** Healthcare FSA funds can no longer be used for over-the-counter medicines, unless specifically prescribed by a physician.

## How To Receive Reimbursement

If you prefer, you may pay for your claims up front instead of using the HumanaAccess<sup>SM</sup> Visa<sup>®</sup> Debit Card. In order to receive reimbursement for the money you pay out of your pocket, you must complete an HRA/FSA Reimbursement Claim Form and submit to Humana with your documentation. HRA/FSA Reimbursement Claim Forms are available at [kehp.ky.gov](http://kehp.ky.gov) and [myhumana.com](http://myhumana.com).

## Substantiation

If you have a health insurance plan with KEHP, as well as a Healthcare FSA, then most of your FSA expenses paid with your HumanaAccess<sup>SM</sup> Visa<sup>®</sup> Debit Card will be verified through Humana's medical claims system. However, if your expenses cannot be verified, Humana will contact you to provide documentation such as, an itemized statement from your provider or an explanation of benefits. This documentation is referred to as substantiation.

**Note:** All dental and vision claims require substantiation because dental and vision claims cannot be verified as an eligible expense through Humana's medical claims system.

## Dependent Care Flexible Spending Account (Child Care or Adult Day Care)

A Dependent Care FSA allows you to pay for dependent care expenses such as a day care or after-school program for dependents up to age 13 or an adult day care. The maximum you can contribute per year is based on your tax-filing status as listed below:

- Married, filing a joint return \$5,000
- Head-of-household \$5,000
- Married, filing separate returns \$2,500

Make sure to set aside only as much as you will use during the calendar year. You can use the money only for eligible expenses incurred during the current calendar year.

## How To Receive Reimbursement

You must submit a statement from your day care to Humana, which reflects the amount charged for services. Humana will issue you a check, or directly deposit your reimbursement into your checking account.

You must complete an HRA/FSA Reimbursement Claim Form. You can access the form at [kehp.ky.gov](http://kehp.ky.gov) or [myhumana.com](http://myhumana.com) and fax or mail to address below. The HumanaAccess<sup>SM</sup> Visa<sup>®</sup> Debit Card is not available with a Dependent Care FSA.

**Spending Account Administration**  
**P.O. Box 14167 Lexington KY 40512-4167**  
**800-604-6228 FAX 800-905-1851**

# 2012 Monthly Premiums and Contributions

## Non-Smoker Rates

### Family Cross-Reference Payment Option

This is made available for two eligible employees who are legally married and have at least one eligible dependent. This option offers lower employee premiums which are deducted from both employees' paychecks. When choosing this option, both employees are required to elect the same benefit option, complete all other required information when enrolling, and sign all applicable documentation.

### Commonwealth Standard PPO

	Total Premium	Employer Contribution	Employee Contribution*
Single	\$496.14	\$496.14	\$0.00
Parent Plus	\$764.68	\$756.40	\$8.28
Couple	\$1,144.72	\$862.54	\$282.18
Family	\$1,272.86	\$984.42	\$288.44
Family Cross Reference**	\$636.44	\$636.44	\$0.00

### Commonwealth Maximum Choice

	Total Premium	Employer Contribution	Employee Contribution*
Single	\$617.68	\$586.94	\$30.74
Parent Plus	\$878.06	\$757.46	\$120.60
Couple	\$1,230.98	\$859.88	\$371.10
Family	\$1,404.06	\$962.06	\$442.00
Family Cross Reference**	\$702.04	\$656.82	\$45.22

### Commonwealth Capitol Choice

	Total Premium	Employer Contribution	Employee Contribution*
Single	\$638.16	\$600.92	\$37.24
Parent Plus	\$927.08	\$767.08	\$160.00
Couple	\$1,414.46	\$921.46	\$493.00
Family	\$1,568.06	\$984.06	\$584.00
Family Cross Reference**	\$784.04	\$731.30	\$52.74

### Commonwealth Optimum PPO

	Total Premium	Employer Contribution	Employee Contribution*
Single	\$663.30	\$600.56	\$62.74
Parent Plus	\$922.88	\$727.28	\$195.60
Couple	\$1,432.36	\$911.76	\$520.60
Family	\$1,595.80	\$973.30	\$622.50
Family Cross Reference**	\$797.90	\$728.16	\$69.74

\*All employee contributions are per employee, per month.

\*\*If either employee in a family cross-reference payment option is a smoker, both employees are subject to the monthly smoker rates.



# 2012 Monthly Premiums and Contributions

## Smoker Rates

### Commonwealth Standard PPO

	Total Premium	Employer Contribution	Employee Contribution*
Single	\$496.14	\$470.64	\$25.50
Parent Plus	\$764.68	\$704.08	\$60.60
Couple	\$1,144.72	\$810.22	\$334.50
Family	\$1,272.86	\$932.10	\$340.76
Family Cross Reference**	\$636.44	\$611.72	\$24.72

### Commonwealth Maximum Choice

	Total Premium	Employer Contribution	Employee Contribution*
Single	\$617.68	\$561.06	\$56.62
Parent Plus	\$878.06	\$703.66	\$174.40
Couple	\$1,230.98	\$805.54	\$425.44
Family	\$1,404.06	\$907.86	\$496.20
Family Cross Reference**	\$702.04	\$631.68	\$70.36

### Commonwealth Capitol Choice

	Total Premium	Employer Contribution	Employee Contribution*
Single	\$638.16	\$575.10	\$63.06
Parent Plus	\$927.08	\$713.60	\$213.48
Couple	\$1,414.46	\$867.34	\$547.12
Family	\$1,568.06	\$930.06	\$638.00
Family Cross Reference**	\$784.04	\$706.02	\$78.02

### Commonwealth Optimum PPO

	Total Premium	Employer Contribution	Employee Contribution*
Single	\$663.30	\$574.94	\$88.36
Parent Plus	\$922.88	\$673.28	\$249.60
Couple	\$1,432.36	\$856.98	\$575.38
Family	\$1,595.80	\$918.54	\$677.26
Family Cross Reference**	\$797.90	\$702.92	\$94.98

\*All employee contributions are per employee, per month.

\*\*If either employee in a family cross-reference payment option is a smoker, both employees are subject to the monthly smoker rates.

**KEHP 2012 Benefits Grid**

Benefit Plan	Commonwealth Standard PPO		Commonwealth Maximum Choice (not available to Retirees)		Commonwealth Capitol Choice		Commonwealth Optimum PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum Health Reimbursement Account (HRA)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Up-Front Benefit Allowance	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Annual Deductible	Single \$500 Family \$1,500	Single \$1,500 Family \$3,000	Single \$2,325 Family \$3,530	Single \$2,400 Family \$3,600	Single \$600 Family \$1,800	Single \$1,200 Family \$3,600	Single \$355 Family \$720	Single \$720 Family \$1,430
Annual Out-of-Pocket Maximum	Single \$3,500 Family \$7,000	Single \$5,000 Family \$9,500	Single \$3,550 Family \$5,280	Single \$4,700 Family \$7,000	Single \$2,400 Family \$7,000	Single \$4,000 Family \$9,650	Single \$1,350 Family \$2,700	Single \$2,700 Family \$5,350
Co-Insurance	Plan: 75% Member: 25%	Plan: 50% Member: 50%	Plan: 90% Member: 10%	Plan: 60% Member: 40%	Plan: 80% Member: 20%	Plan: 60% Member: 40%	Plan: 85% Member: 15%	Plan: 70% Member: 30%
Doctor's Office Visits	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	Co-Pay: \$20 PCP; \$25 Specialist	Deductible then 40%*	Co-Pay: \$15 PCP; \$20 Specialist	Deductible then 30%*
Physician Care (Inpatient/Outpatient/Other)	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	Deductible then 20%*	Deductible then 40%*	Deductible then 15%*	Deductible then 30%*
Diagnostic Tests In Doctor's Office (Same Site/ Same Day as Office Visit)	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	Office Visit Co-Pay	Deductible then 40%*	Office Visit Co-Pay	Deductible then 30%*
Other Laboratory	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	Deductible then 20%*	Deductible then 40%*	\$15 Co-Pay	Deductible then 30%*
Inpatient Hospital (Semi-Private Room)	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	\$115 Co-Pay per Admission plus Deductible*	Deductible then 40%*	Deductible then 15%*	Deductible then 30%*
Outpatient Hospital/Surgery	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	\$55 Co-Pay plus Deductible*	Deductible then 40%*	Deductible then 15%*	Deductible then 30%*
Outpatient/ Ambulatory Surgery Center	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	\$55 Co-Pay then 100%	Deductible then 40%*	Deductible then 15%*	Deductible then 30%*
ER Physician Care	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	Deductible only	Deductible only	15%*	Deductible then 30%*
Emergency Room	\$50 Co-Pay then Deductible then 25%*	\$50 Co-Pay then Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	\$115 Co-Pay plus Deductible*	\$115 Co-Pay plus Deductible*	\$85 Co-Pay then 15%*	\$85 Co-Pay then Deductible then 30%*

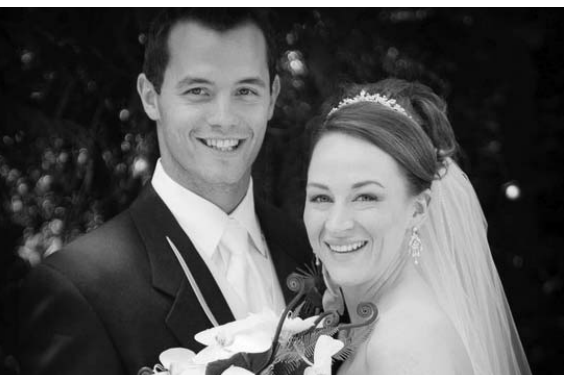


<b>Ambulance</b>	Deductible then 25%*	Deductible then 25%*	Deductible then 10%*	Deductible then 10%*	Deductible then 20%*	Deductible then 20%*	Deductible then 15%*	Deductible then 15%*
<b>Urgent Care Center (Facility)</b>	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	\$50 Co-Pay	Deductible then 40%*	\$20 Co-Pay	Deductible then 30%*
<b>Mental Health</b>	Treated the same as any other health condition. See specifics related to physician specialists, inpatient and outpatient services.							
<b>Allergy Injections</b>	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	\$10 Co-Pay	Deductible then 40%*	\$15 Co-Pay	Deductible then 30%*
<b>Maternity Care (See SPD for Specifics)</b>	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	\$20 Co-Pay (office visit pregnancy diagnosed) Delivery Charge: Deductible then 20%*	Deductible then 40%*	\$15 Co-Pay (office visit pregnancy diagnosed) Delivery Charge: Deductible then 15%*	Deductible then 30%*
<b>Routine Well Child Care (0-18 Years Old)</b>	Covered at 100%	Covered at 100%	Covered at 100%	Not Covered	\$15 Co-Pay	Deductible then 40%*	\$10 Co-Pay	Deductible then 30%*
<b>Routine Well Adult Care (Over 18)</b>	Covered at 100%	Covered at 100%	Covered at 100%	Not Covered	\$15 Co-Pay	Deductible then 40%*	\$10 Co-Pay	Deductible then 30%*
<b>Autism Service (Benefits payable based on services rendered)</b>	Ages 1 through 6 Annual Maximum \$50,000 Ages 7 through 21 Monthly Maximum \$1,000	Ages 1 through 6 Annual Maximum \$50,000 Ages 7 through 21 Monthly Maximum \$1,000	Ages 1 through 6 Annual Maximum \$50,000 Ages 7 through 21 Monthly Maximum \$1,000	Ages 1 through 6 Annual Maximum \$50,000 Ages 7 through 21 Monthly Maximum \$1,000	Ages 1 through 6 Annual Maximum \$50,000 Ages 7 through 21 Monthly Maximum \$1,000	Ages 1 through 6 Annual Maximum \$50,000 Ages 7 through 21 Monthly Maximum \$1,000	Ages 1 through 6 Annual Maximum \$50,000 Ages 7 through 21 Monthly Maximum \$1,000	Ages 1 through 6 Annual Maximum \$50,000 Ages 7 through 21 Monthly Maximum \$1,000
<b>Durable Medical Equipment</b>	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	Deductible then 20%*	Deductible then 40%*	Deductible then 15%*	Deductible then 30%*
<b>Therapy Services (Per Visit: Physical, Occupational, Speech)</b>	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	Deductible then 20%*	Deductible then 40%*	Deductible then 15%*	Deductible then 30%*
<b>Chiropractic Care</b>	Deductible then 25%*	Deductible then 50%*	Deductible then 10%*	Deductible then 40%*	\$20 Co-Pay	Deductible then 40%*	\$15 Co-Pay	Deductible then 30%*
	Maximum of 26 visits per calendar year; no more than 1 visit per day	Maximum of 26 visits per calendar year; no more than 1 visit per day	Maximum of 26 visits per calendar year; no more than 1 visit per day	Maximum of 26 visits per calendar year; no more than 1 visit per day	Maximum of 26 visits per calendar year; no more than 1 visit per day	Maximum of 26 visits per calendar year; no more than 1 visit per day	Maximum of 26 visits per calendar year; no more than 1 visit per day	Maximum of 26 visits per calendar year; no more than 1 visit per day

<b>Prescription Drugs</b>	Administered by Express Scripts							
<b>30-Day Supply</b>	25%	Not Applicable	Each Tier: Deductible then 10%*	Each Tier: Deductible then 40%*	\$10 \$25** \$45**	Not Applicable	\$10 \$25** \$45**	Each Tier: 30%
Tier 1 - Generic	Min \$10 - Max \$25							
Tier 2 - Formulary	Min \$20 - Max \$50							
Tier 3 - Non-Formulary	Min \$35 - Max \$100							
<b>90-Day Supply (Retail or Mail Order)</b>	25%	Not Applicable	Each Tier: Deductible then 10%*	Each Tier: Deductible then 40%*	\$15 \$45 \$90	Not Applicable	\$15 \$45 \$90	Not Applicable
Tier 1 - Generic	Min \$20 - Max \$50							
Tier 2 - Formulary	Min \$40 - Max \$100							
Tier 3 - Non Formulary	Min \$70 - Max \$200							

**Note:** The boxed areas of the grid are components of each plan most often used by members when making a plan choice, but are not all inclusive of plan options. **Please refer to the Summary Plan Descriptions (SPDs), available January 30, 2012, for a complete list of benefits.** KEHP has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. However, if an error has occurred, the benefits outlined in the 2012 SPDs will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations and exclusions set forth in the SPDs. \* Applies to out-of-pocket maximum \*\*After the 75th prescription has been filled, excluding maintenance mail order/retail, the prescription drug Co-Pays will reduce to \$20 (2nd Tier) and \$35 (3rd Tier).

# Qualifying Events



KEHP is operated as a federally regulated, Section 125 Cafeteria Plan which enables you to pay your health insurance premiums and your Flexible Spending Account contributions with pre-tax dollars. In exchange for this benefit, there are only three times you can change or cancel your benefit elections during the plan year:

- During the enrollment period when you first become eligible for benefits
- During the annual Open Enrollment period
- If you experience a life event, referred to as a Qualifying Event

The subject of Qualifying Events is a complicated one. There are some restrictions on the types of changes you may make due to the federal Qualifying Event rules. A change in status may or may not entitle you to change the amount you contribute to a Flexible Spending Account.

## What is a Qualifying Event?

- Marriage
- Having or adopting a child
- Divorce
- Loss of other health insurance
- Legal guardianship or court order

## When You Have a Qualifying Event

In all cases, any change in your benefit option or coverage level must be consistent with the Qualifying Event. For most events, you must complete an Add or Drop Form and submit to your Insurance Coordinator or Human Resource Generalist within 35 calendar days. If you have a baby or adopt a child, you have 60 calendar days unless adding additional dependents.

If you do not sign and date the required forms in a timely manner, you will not be permitted to revise your coverage election until the next Open Enrollment period.

For additional information about Qualifying Events, contact your Insurance Coordinator, Human Resource Generalist or consult the 2012 Summary Plan Descriptions (available January 30, 2012) at [kehk.ky.gov](http://kehk.ky.gov).

# Dependent Eligibility Chart

Eligibility Definition	Documentation Required
<p><b><u>Spouse</u></b> A person of the opposite sex to whom you are legally married.</p>	<p>A legible photocopy of the Marriage Certificate OR a legible photocopy of the top half of the front page of the employee/retiree's most recent federal tax return (Form 1040).</p>
<p><b><u>Common Law Spouse</u></b> A person of the opposite sex with whom you have established a Common Law union in a state which recognizes Common Law marriage (Kentucky does not recognize Common Law Marriage).</p>	<p>A legible photocopy of the Certificate or Affidavit of Common Law Marriage from a state that recognizes Common Law Marriage.</p>
<p><b><u>Child Age 0 to 18</u></b> <b>In the case of a child who has not yet attained his/her 19<sup>th</sup> birthday, 'child' means an individual who is –</b></p> <ul style="list-style-type: none"> <li>• A son, daughter, stepson, or stepdaughter of the employee/retiree, or</li> <li>• An eligible foster child of the employee/retiree (eligible foster child means an individual who is placed with the employee/retiree by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction), or</li> <li>• An adopted child of the employee/retiree (a legally adopted individual of the employee/retiree, or an individual who is lawfully placed with the employee/retiree for legal adoption by the employee/retiree, shall be treated as a child), or</li> <li>• A grandchild for whom the employee/retiree has been awarded guardianship or custody by a court of competent jurisdiction.</li> </ul>	<p><b><u>Natural Child:</u></b> A legible photocopy of the child's birth certificate showing the name of the employee/retiree as a parent.</p> <p><b><u>Step Child:</u></b> A legible photocopy of the child's birth certificate showing the name of the employee/retiree's spouse as a parent; <b>and</b> a legible copy of the marriage certificate showing the names of the employee/retiree and the spouse.</p> <p><b><u>Legal Guardian, Adoption, Grandchild(ren) or Foster Child(ren):</u></b> Legible photocopies of Court Orders, Guardianship Documents, Affidavits of Dependency, with the presiding judge's signature and filed status; <b>or</b> legible Adoption or Legal Placement Decrees with the presiding judge's signature.</p>
<p><b><u>Child Age 19 to 25</u></b> <b>In the case of a child who has attained his/her 19<sup>th</sup> birthday but who has not yet attained his/her 26<sup>th</sup> birthday, 'child' means an individual who is –</b></p> <ul style="list-style-type: none"> <li>• A son, daughter, stepson, stepdaughter, eligible foster child, an adopted child or a grandchild of the employee/retiree – as described above;</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Is <u>NOT</u> eligible to enroll in an employer-sponsored health plan offered by the child's <b>full-time</b> employer.</li> </ul>	<p>Must submit the documents described above for children <b>and</b> the <b>Kentucky Employees' Health Plan 2012 Certification of Dependent Eligibility</b> form.</p>
<p><b><u>Disabled Dependent</u></b> A dependent child who is totally and permanently disabled may be covered on your KEHP benefit plan beyond the end of the month in which he/she turns 26, provided the disability (a) started before his/her 26<sup>th</sup> birthday and (b) is medically-certified by a physician. A disabled child who was not covered on this Plan prior to his/her 26<sup>th</sup> birthday may not be enrolled in KEHP unless he/she sustains a specific qualifying event.</p>	<p>Contact the Enrollment Information Branch at 502-564-1205 for the specific documentation needed.</p>
<p><b><u>Cross Reference Payment Option</u></b> A payment option involving two employees/retirees who are a legally married couple and enroll themselves and at least one child as a dependent in a KEHP family plan.</p>	<p>Documentation listed above to verify spouse and children.</p>

# KHRIS Online Enrollment



Open Enrollment begins October 10, 2011. You may visit the KHRIS online enrollment system at [kehp.ky.gov](http://kehp.ky.gov) and click on the 'KHRIS Online Enrollment' link to enroll.

See below to know if you will be able to enroll online in KHRIS or whether you must complete the paper applications that are included in this Guide.

## You Can Enroll Online in KHRIS if You Are:

- A KCTCS retiree
- An active Commonwealth paid employee
- An active non-Commonwealth paid employee (such as boards of education, health departments and quasi-agencies)
- A planholder who has the cross-reference payment option
- A spouse who has the cross-reference payment option
- A retiree who has returned to work enrolling through an active employer
- A new employee hired into KHRIS before or during Open Enrollment
- An employee on LWOP who is reinstated in KHRIS before Open Enrollment begins

## You Cannot Enroll Online in KHRIS if You Are:

- A KRS, KTRS, JRS or LRS retiree
- An active employee who wants to elect the cross-reference payment option with a KRS or KTRS retiree
- An active employee who needs to add or drop a disabled dependent of any age
- A new employee who was not hired into KHRIS before or during the Open Enrollment period
- An employee on LWOP who came back right before or during the Open Enrollment period
- An active employee who will terminate employment or retire before 1/1/2012

**Note:** The KHRIS online enrollment system will be unavailable due to payroll processing from 6 p.m. to midnight on October 20 and from 8 p.m. October 21 to 8 a.m. October 22. Eastern Time.

## Technical Tips For Enrolling Online



- KHRIS requires Internet Explorer 8 as the browser to successfully view and navigate in the KHRIS Self Service website. Other internet browsers such as Firefox, Google Chrome and Safari are not compatible viewers for the KHRIS website.
- The most recent version of Adobe Reader needs to be installed to correctly view/display forms in the KHRIS Self Service website.
- If using a laptop, you may need to decrease the zoom setting to view the screen in its entirety.
- Pop-up blocker should be disabled.
- Please use the logout button at the top right to fully logout before closing the browser window with the X.
- For users running Internet Explorer 9 there is a built in Compatibility View setting which can be activated to allow users to emulate Internet Explorer 8 and successfully view and navigate the site. Please view the following link for assistance with switching the browser to Compatibility View.

See <http://support.microsoft.com/kb/956197> for assistance if needed.

### How to use Compatibility View in Internet Explorer 9

Websites that were designed for earlier versions of Windows Internet Explorer might not display correctly in Internet Explorer 9. However, you can often improve how a website will look by using a feature called Compatibility View.

When you turn on Compatibility View, the website you're viewing will be displayed as if you were using an earlier version of Internet Explorer.

If Internet Explorer recognizes a web page that isn't compatible, you'll see the Compatibility View button on the Address bar. To turn Compatibility View on, click the Compatibility View button to make the icon change from an outline  to a solid color .

From now on, whenever you visit this website, it will be displayed in Compatibility View. However, if the website receives updates to display correctly in the current version of Internet Explorer, Compatibility View will automatically turn off.



**2012 KEHP**  
**ACTIVE EMPLOYEE HEALTH INSURANCE ENROLLMENT APPLICATION**

<b>Section 1: To Be Completed by Insurance Coordinator/HR Generalist</b>					
Employee's SSN	/ /	Employee Personnel Number		Home County Code	
Company Name			Company Number		
Date of Hire	/ /	Coverage Effective Date	/ /	Org. Unit Number	
Reason for Application	<input type="checkbox"/> New Hire <input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Group				
<b>Section 2: Demographic Information</b>					
Name (Last, First, MI)			Date of Birth / /		
Street Address		Home Phone Number		Cell Phone Number	
City, State, ZIP		Home Email Address		Work Email Address	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Married <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I am a Dual Employee	Have you smoked in the last 2 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I am covered under:	<input type="checkbox"/> KY Retirement Plan	<input type="checkbox"/> Hazardous Duty Plan	<input type="checkbox"/> My spouse's Hazardous Duty Plan	<input type="checkbox"/> Medicare Supplement	
<b>Section 3: Dependent Information</b>					
Social Security Number	Name (Last, First, Middle Initial)		Birth Date MONTH/ DAY/ YEAR	Gender	Cross Reference Payment Option (LRC, JRC not eligible)
<b>Spouse's</b>			/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes (Employee, Spouse & child(ren))
<b>Spouse's</b> Organizational Unit #:	<input type="checkbox"/> Dual Employee	<input type="checkbox"/> Hazardous Duty	Date of hire/retirement	Has Spouse smoked in the last 2 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Spouse's</b> Company #:			__/__/__		
<b>Child 1</b>			__/__/__	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Natural <input type="checkbox"/> Foster <input type="checkbox"/> Adopted <input type="checkbox"/> Step <input type="checkbox"/> Court Ordered <input type="checkbox"/> Disabled
<b>Child 2</b>			__/__/__	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Natural <input type="checkbox"/> Foster <input type="checkbox"/> Adopted <input type="checkbox"/> Step <input type="checkbox"/> Court Ordered <input type="checkbox"/> Disabled
<b>Child 3</b>			__/__/__	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Natural <input type="checkbox"/> Foster <input type="checkbox"/> Adopted <input type="checkbox"/> Step <input type="checkbox"/> Court Ordered <input type="checkbox"/> Disabled
<b>Section 4: Plan Election</b>					
<b>Benefit Option</b>			<b>Coverage Level</b>		
<input type="checkbox"/> Commonwealth Standard PPO			<input type="checkbox"/> Single (self only)		
<input type="checkbox"/> Commonwealth Maximum Choice			<input type="checkbox"/> Parent Plus (self and child(ren))		
<input type="checkbox"/> Commonwealth Capitol Choice			<input type="checkbox"/> Couple (self and spouse)		
<input type="checkbox"/> Commonwealth Optimum PPO			<input type="checkbox"/> Family (self, spouse and child(ren))		
<b>Section 5: Waiving Health Insurance (no health insurance)</b>					
If you waive your health insurance and you are eligible, you will receive \$175 per month for a total of \$2100 annually into a Health Reimbursement Account (HRA). Select either the Waiver HRA, or Waiver Dental/Vision ONLY HRA.					
<input type="checkbox"/> Waiver HRA					
<input type="checkbox"/> Waiver Dental/Vision ONLY HRA					
<input type="checkbox"/> No HRA – not eligible					

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Employee's SSN

Employee's Name

**Authorization and Certification**

**I understand and agree that:**

- I have made the plan selection for plan year 2012. I have read and understand the 2012 KEHP Benefits Selection Guide. I understand that plan rules and limitations are contained in the KEHP Summary Plan Descriptions.
- My signature on this application creates a legal and binding contract between the Department of Employee Insurance (DEI), Kentucky Employees' Health Plan (KEHP), third-party administrators including Humana and Express Scripts, and me.
- If my spouse and I elect the cross-reference payment option, we are planholders with Family coverage and that upon a loss of eligibility by either spouse; the remaining planholder will default to Parent Plus coverage. The cross-reference payment option ceases upon loss of eligibility or employment by either spouse/planholder.
- I certify that each enrolled dependent meets KEHP eligibility requirements of a dependent as set forth in the Summary Plan Descriptions and in the KEHP Benefits Selection Guide. I understand that DEI requires supporting documentation to verify the eligibility of any dependent enrolled or requesting to be enrolled in the Plan. And, in addition, an affidavit **2012 Certification of Dependent Eligibility** must be submitted for dependent children between the ages of 19-26.
- All KEHP benefits for my eligible dependents and me will be provided in accordance with the Summary Plan Descriptions. I will abide by all terms and conditions governing membership and receipt of services from the plan in which I have enrolled as set forth in the Summary Plan Descriptions.
- The elections indicated on this application may not be changed or cancelled during the Plan Year without a permitted Qualifying Event.
- I authorize my employer to deduct from my earnings the amount required to cover my share of the coverage I have selected, including any arrears I may owe. I authorize payment of my employee contributions to be made on a pre-tax basis unless I sign a Post-Tax Form.
- If I elect to waive KEHP health insurance coverage, with or without a stand-alone Waiver Health Reimbursement Account (HRA), I am doing so voluntarily. I understand there are two options under the HRA: Waiver HRA and the Waiver Dental/Vision ONLY HRA.
- I understand that the four KEHP medical coverage options and the Waiver HRA must pay primary to Medicare and the Waiver Dental/Vision ONLY HRA will be secondary to Medicare.
- Regarding my HRA, my dependents and I, are eligible to seek reimbursement under Sections 105 (b) and 213(d). I understand that any unused amount remaining in my HRA at the end of the Plan Year may be carried forward to the next plan year. Pursuant to federal law, the cost of over-the-counter medicines (other than doctor prescribed and insulin) may not be reimbursed through an HRA.
- I understand that a KEHP HRA can only reimburse expenses that are incurred during this plan year. I have a 90-day run-out period (until March 31) for reimbursement of eligible HRA expenses incurred during my period of coverage.
- My HumanaAccess<sup>SM</sup> Visa<sup>®</sup>Card will be suspended if the required HRA claim verification is not sent in to Humana within sixty (60) days after the card swipe. I agree to follow all rules and guidelines established by the plan concerning the HumanaAccess<sup>SM</sup> Visa<sup>®</sup>Card. This Plan reserves the right to deny access to the card, require repayment, deduct/withhold from my paycheck and offset my HRA if I fail to properly substantiate.
- This plan has a tobacco incentive for members who do not use tobacco and that this plan offers reasonable alternatives i.e. tobacco cessation.
- I have rights under HIPAA and that DEI will comply with the HIPAA rules and that disclosure of protected health information will be done under the rules of such Federal Law. I further authorize DEI to use such information and to disclose such information to business associates, third party administrators, vendors, consultants, governmental agencies with jurisdiction and other necessary parties when necessary for my care or treatment, payment for services, the operation of my health plan or to conduct related activities.
- Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance containing any forged signature or incorrect signature date thereto commits a fraudulent insurance act, which is a crime. I understand that I can be held responsible for any fraudulent act that is the result of a forged signature or incorrect signature date that I could have prevented while acting within my duties related to the KEHP and it may be used to reduce or deny a claim or to terminate my coverage.
- I have fully read the materials provided to me. My signature below certifies that all information, signatures and signature dates affixed to this contract are correct to the best of my knowledge.

**PLEASE SUBMIT THIS APPLICATION TO YOUR COMPANY INSURANCE COORDINATOR OR HRG**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature – *REQUIRED* if electing the cross-reference payment option

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Coordinator/HRG Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Insurance Coordinator/HRG Signature – *REQUIRED* if electing the cross-reference payment option

\_\_\_\_\_  
Date



## 2012 KEHP Active Employee Flexible Spending Account (FSA) Enrollment/Change Application

<b>Insurance Coordinator/HR Generalist Section</b>			
Date of Hire	Effective Date	Org. Unit	Company Number

<p><b>Reason for Application</b></p> <p><input type="checkbox"/> Rehire</p> <p><input type="checkbox"/> New Hire</p> <p><input type="checkbox"/> Open Enrollment</p> <p><input type="checkbox"/> New Group</p> <p><input type="checkbox"/> Qualifying Event (QE) Date: _____</p> <p><input type="checkbox"/> Other Reason:</p>	<p><b>If Qualifying Event, check item below:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <p><input type="checkbox"/> Divorce/Legal Separation/Annulment*</p> <p><input type="checkbox"/> Death of a Child or Spouse*</p> <p><input type="checkbox"/> Loss of Eligibility</p> <p><input type="checkbox"/> Gaining/Losing other Coverage, Medicare/Medicaid or any Government Group Health Insurance Coverage</p> <p><input type="checkbox"/> Gaining/Losing other Coverage</p> <p><input type="checkbox"/> Significant Cost Increase or Decrease for Dependent Care FSA</p> </td> <td style="width: 50%; vertical-align: top; border: none;"> <p><input type="checkbox"/> Marriage*</p> <p><input type="checkbox"/> Birth/Adoption of Child/Placement for Adoption*</p> <p><input type="checkbox"/> Guardianship/Court Order*</p> <p><input type="checkbox"/> Military Leave/Leave without Pay Date: _____</p> <p><input type="checkbox"/> Other Reason*</p> </td> </tr> </table> <p style="text-align: right; font-size: small;">*Requires Supporting Documentation</p>	<p><input type="checkbox"/> Divorce/Legal Separation/Annulment*</p> <p><input type="checkbox"/> Death of a Child or Spouse*</p> <p><input type="checkbox"/> Loss of Eligibility</p> <p><input type="checkbox"/> Gaining/Losing other Coverage, Medicare/Medicaid or any Government Group Health Insurance Coverage</p> <p><input type="checkbox"/> Gaining/Losing other Coverage</p> <p><input type="checkbox"/> Significant Cost Increase or Decrease for Dependent Care FSA</p>	<p><input type="checkbox"/> Marriage*</p> <p><input type="checkbox"/> Birth/Adoption of Child/Placement for Adoption*</p> <p><input type="checkbox"/> Guardianship/Court Order*</p> <p><input type="checkbox"/> Military Leave/Leave without Pay Date: _____</p> <p><input type="checkbox"/> Other Reason*</p>
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\_\_\_\_\_ Name (Last, First, MI)

Street Address	Home Phone Number	Cell Phone Number
City, State, ZIP	Home Email Address	Work Email Address

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Healthcare Flexible Spending Account

I request to **enroll** in a Healthcare FSA and elect \$\_\_\_\_\_ per pay period.

I request to **change** my Healthcare FSA election from \$\_\_\_\_\_ per pay period to \$\_\_\_\_\_ per pay period.

For a total Calendar Year\*\* contribution of \$\_\_\_\_\_.

\*\* Calculate full calendar year amount (1/1-12/31)

Dependent Care Flexible Spending Account

I request to **enroll** in a Dependent Care FSA and elect \$\_\_\_\_\_ per pay period.

I request to **change** my Dependent Care FSA election from \$\_\_\_\_\_ per pay period to \$\_\_\_\_\_ per pay period.

For a total Calendar Year\*\* contribution of \$\_\_\_\_\_.

\*\* Calculate full calendar year amount (1/1-12/31)

Maximum Contribution per tax filing status: \$2,500 married filing separately \$5,000 married filing jointly \$5,000 single head of household



**Authorization and Certification**  
**I understand and agree that:**

- I have made the above plan selection for plan year 2012. I have read and understand the 2012 KEHP Benefits Selection Guide. I understand that plan rules and limitations are contained in the KEHP Summary Plan Descriptions.
- My signature on this application creates a legal and binding contract between the Department of Employee Insurance (DEI), Kentucky Employees' Health Plan (KEHP), any third-party administrators, Humana and Express Scripts and me.
- All KEHP benefits for me and my eligible dependents will be provided in accordance with the Summary Plan Descriptions and Benefits Selection Guide. I will abide by all terms and conditions governing membership for the Healthcare Flexible Spending Account (FSA) and Dependent Care Flexible Spending Account (DCAP) in which I have enrolled as set forth in the Summary Plan Descriptions.
- The elections indicated on this application may not be changed or cancelled during the Plan Year, without a permitted Qualifying Event.
- Enrollment in an FSA and/or DCAP is voluntary, and I authorize my employer to deduct from my earnings the amount required to cover my share of the coverage I have selected, including any arrears I may owe. I authorize payment of my employee contributions to be made on a pre-tax basis.
- I understand that for any claims I seek reimbursement, I (including any dependents) am eligible to seek reimbursement under Code Sections 105(b) and 213(d).
- I understand that an FSA can only reimburse expenses that are incurred during this plan year. I have a 90-day run-out period (until March 31) for reimbursement of eligible FSA expenses incurred during my period of coverage.
- Regarding my FSA, any unused amount remaining in my spending account at the end of the Plan Year cannot be carried forward to the next year due to federal law.
- My HumanaAccess<sup>SM</sup> Visa<sup>®</sup> Card will be suspended if the required FSA claim verification is not sent in to Humana within sixty (60) days after the card swipe. I agree to follow all rules and guidelines established by the plan concerning the HumanaAccess<sup>SM</sup> Visa<sup>®</sup> Card. This plan reserves the right to deny access to the card, require repayment, deduct/withhold from my paycheck and offset my FSA if I fail to properly substantiate my FSA claims.
- Pursuant to federal law the cost of over-the-counter medicines (other than doctor prescribed and insulin) may not be reimbursed through an FSA.
- I understand that a DCAP can only reimburse expenses that are incurred during this plan year. I have a 90-day run-out period (until March 31) for reimbursement of eligible HRA expenses incurred during my period of coverage.
- Regarding my DCAP, any unused amount remaining in my spending account at the end of the Plan Year cannot be carried forward to the next year due to federal law.
- Regarding my DCAP, my dependents and I are eligible to seek reimbursement under Code Sections 21 and 129.
- I have rights under HIPAA and that DEI will comply with the HIPAA rules and that disclosure of protected information will be done under the rules of such Federal Law. I further authorize DEI to use such information and to disclose such information to business associates, third party administrators, vendors, consultants, governmental agencies with jurisdiction and other necessary parties when necessary for my care or treatment, payment for services, the operation of my health plan or to conduct related activities.
- Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance containing any forged signature or incorrect signature date thereto commits a fraudulent insurance act, which is a crime
- I have fully read the materials provided to me. My signature below certifies that all information, signatures and signature dates affixed to this contract are correct to the best of my knowledge.

**Please submit this application to your Insurance Coordinator or HRG**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Coordinator/HRG Signature

\_\_\_\_\_  
Date



# Retiree Information

If you are a retiree, do not use the applications in this Guide. You must contact the retirement system for an application, rates, contributions and information about online enrollment. Commonwealth Maximum Choice is not available for retirees.

**Representatives from KTRS and KRS will not be at any benefit fairs.**

## KRS Retirees

Kentucky Retirement Systems (KRS) retirees should receive a packet from Kentucky Retirement Systems detailing rates, contribution amounts, enrollment instructions and benefit fairs. Please refer to that material if you have questions regarding your benefits.

KRS retirees who return to work and become eligible for KEHP coverage may be ineligible for KRS coverage. Re-employed retirees with questions are urged to contact KRS.

## KTRS Retirees

Kentucky Teachers' Retirement Systems (KTRS) retirees will receive information from KTRS detailing rates, contribution amounts, enrollment instructions and benefit fairs.

KTRS retirees who return to work and become eligible for KEHP coverage are ineligible for KTRS coverage. Re-employed retirees with questions are urged to contact KTRS.

## Who to Call

**Humana:** 877-KYSPIRIT

**Express Scripts Inc:** 877-KYSPIRIT

### KEHP

888-581-8834

502-564-6534

### Kentucky Teachers' Retirement System

800-618-1687

502-848-8500

### Kentucky Retirement Systems

800-928-4646, menu option 2

502-696-8800, menu option 2

### KCTCS Retirement

859-256-3100

### Judicial Retirement or Legislative Retirement

502-564-5310

## Where to Click

[myhumana.com](http://myhumana.com)

[express-scripts.com](http://express-scripts.com)

[kehpy.gov](http://kehpy.gov)

[ktrsk.gov](http://ktrsk.gov)

[kyret.gov](http://kyret.gov)



## A. Notice of KEHP Disclosure of Grandfather Status for Plan Year 2012

This group health plan believes this plan, KEHP, is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits and rescissions. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Personnel Cabinet, Office of Legal Services, General Counsel, Department of Employee Insurance. You may also contact the U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov).

## B. Initial Notice About HIPAA Special Enrollment Rights, New Dependents, and Pre-Existing Condition Exclusions

A federal law called HIPAA requires that we notify you about two very important provisions in the plan. The first is your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Second, this notice advises you of the plan's pre-existing condition exclusion rules that may temporarily exclude coverage for certain pre-existing conditions that you or a member of your family may have.

### 1. Special Enrollment Provision Loss of Other Coverage.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 35 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

### 2. New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 35 days after the marriage and within 60 days after birth, adoption, or placement for adoption. As required by the **Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)** effective April 1, 2009, KEHP will permit employees and dependents who are eligible for a Child Health Insurance Program (CHIP) but not enrolled for coverage to enroll in that coverage under two scenarios: 1) The employee's or dependent's Medicaid or CHIP coverage is terminated as a result of loss of eligibility; 2) The employee or dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP. An employee must request this special enrollment within 60 days of the loss of coverage in the first scenario, and within 60 days of when eligibility is determined in the second scenario.

### 3. Pre-existing Condition Exclusion Rules

This plan imposes a pre-existing condition exclusion for anyone over the age of 19. There are no pre-existing condition exclusions for dependent children under the age of 19. That means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within the 6-month period prior. Generally, this 6-month period ends the day before your coverage becomes effective. However, if you were in a waiting period

for coverage, the 6-month period ends on the day before the waiting period begins. The pre-existing condition exclusion does not apply to pregnancy, domestic violence, and genetic information in the absence of a diagnosis for such a condition. This exclusion may last up to 12 months from your first day of coverage or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage (HIPAA Certificates) you have. If you do not have a Certificate, but you do have prior health coverage, we will help you obtain a Certificate from your prior plan or issuer. There are also other ways you can show that you have creditable coverage. Please contact DEI if you need help demonstrating creditable coverage. All questions about the preexisting condition exclusion and creditable coverage should be directed to the Department of Employee Insurance, Member Services Branch. (888) 581-8834, (502) 564-6534 or <http://personnel.ky.gov/dei>.

## C. Notice To Enrollees Concerning Tobacco Use

Wellness programs are given a specific exception to HIPAA's general nondiscrimination requirement. KEHP offers a premium contribution discount to non-smokers as a part of its wellness program. In order to qualify for the non-smoker discount the KEHP member must provide a certification that they have not used tobacco products in the preceding two months. Each KEHP member has at least one opportunity per plan year to qualify for the discount. KEHP members for whom quitting smoking is unreasonably difficult due to a medical condition or for whom it is medically inadvisable to attempt to meet the standard may avoid the surcharge for as long as they participate in a smoking-cessation program, regardless of whether the individuals actually quit smoking. Other acceptable alternative also may be available.

## D. COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1986, or COBRA, provides that virtually all employers who sponsor group health plans must permit covered individuals, who lose coverage under that plan as a result of certain enumerated events, to elect to continue their coverage under the plan for a prescribed period of time on a self-pay basis. Individuals who are entitled to COBRA continuation coverage are known as Qualified Beneficiaries. **Under federal law, you must have 60 days after the date of the COBRA qualifying event or date you lose benefits due to a COBRA qualifying event to decide whether you want to elect COBRA continuation coverage under the Plan.** KEHP's third-party COBRA administrator is Ceridian COBRA Continuation Services.

## E. The Women's Health and Cancer Rights Act Of 1998 (WHCRA)

The Women's Health and Cancer Rights Act of 1998 is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy. This federal law requires insurers offering individual health insurance coverage, as well as all group health plans, which provide medical and surgical benefits with respect to a mastectomy, to provide in a case of an insured who is receiving benefits in connection with a mastectomy.

## F. Mental Health Parity & Mental Health Parity and Addiction Equity Act

The Mental Health Parity Act provides for parity in the application of aggregate lifetime and annual dollar limits on mental health benefits with dollar limits on medical/surgical benefits. A plan that does not impose an annual or lifetime dollar limit on medical and surgical benefits may not impose such a dollar limit on mental health benefits offered under the plan.

## G. Newborns' And Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection

with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable)

#### **H. HIPAA Privacy Notice**

This Notice describes the obligations of the Commonwealth of Kentucky, Personnel Cabinet, Kentucky Employees' Health Plan and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. We are required to provide this Notice of Privacy Practice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, health care clearing house, or your employer on behalf of a group health plan that relates to: 1) your past, present, or future physical or mental health or condition; 2) the provision of health care to you; or 3) past, present, or future payment for the provision of health care to you. Please note that KEHP maintains demographic, protected health information. Any member will need to contact Humana, Inc. or Express Scripts, Inc. for information relating to payment of claims and services provided under his/her health plan. If you have any additional questions about this Notice or about our Privacy Practices, please visit <http://personnel.ky.gov/dei/hipaa.htm>.

**Commonwealth, Personnel Cabinet Responsibilities:** We are required by law to: 1) maintain the privacy of your protected health information; 2) provide you with certain rights with respect to your protected health information; 3) provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and 4) follow the terms of the Notice that is currently in effect. We reserve the right to change the terms of Notice and to make new provisions regarding your protected health information that we maintain, or as required by law.

**How Commonwealth, Personnel Cabinet May Use and Disclose Your Protected Health Information:** Under the law, we may use or disclose your protected health information under certain circumstance without your permission. The following categories represent the different ways that we may use and disclosure your protected health information:

1) **For Treatment.** We may use or disclose your protected health information to facilitate medical treatment or services by providers. 2) **For Payment.** We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for treatment or services you receive from health care providers, to determine benefit responsibilities under the Plan, or to coordinate coverage. 3) **For Health Care Operations.** We may use and disclose your protected health care information for other Plan operations. 4) **To Business Associates.** We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. An example would be this Plan's Third Party Administrator Humana. 5) **As Required by Law.** We will disclose your protected health information when required to do so by federal, state or local law. 6) **To Avert a Serious Threat to Health or Safety.** We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. 7) **To Plan Sponsors.** For the purpose of administering this Plan, we may disclose to certain employees of the Commonwealth, Personnel Cabinet protected health information.

**Special Situations:** In addition to the above, the following categories represent other possible ways we may use and disclose your protected health information: 1) organ tissue donation; 2) military and veterans; 3) workers' compensation; 4) public health risk; 5) health oversight activities; 6) lawsuits and disputes; 7) law enforcement; 8) coroners, medical examiners and intelligence activities; 9) inmates; and 10) research.

**Other Disclosures:** Other disclosures may be made to your personal representatives, spouses and other family members and with written authorization.

**Participant Rights:** A participant has the following rights with respect to their protected health information: 1) right to inspect and copy; 2) right to amend 3) right to an accounting of disclosures; 4) right to request restrictions; 5) right to request confidential communications; 6) right to be notified about a breach of unsecured PHI; and 7) right to a paper copy of this Notice.

**Complaints:** If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office of Civil Rights of the United States Department of Health and Human Services at <http://www.hhs.gov/ocr/office/index.html>. To file a complaint with the Plan please visit <http://personnel.ky.gov/dei/hipaacontact.htm>. All complaints must be in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with this Plan.

#### **I. Information About Medicare Secondary Payor**

Employer group health plans, like KEHP, must pay **primary** to Medicare for employees who are eligible for the employer's group health plan by reason of their current employment status. The 4 traditional KEHP health plan options and the "waiver" Health Reimbursement Account (HRA) all must pay primary to Medicare. However, the **NEW** "waiver" Dental/Vision ONLY HRA will **NOT** interfere with your Medicare coverage. If a retiree returns to work and the retiree works enough hours to qualify for coverage under the employer's group health plan for active employees, the federal regulations require the employer to treat the retiree as an active employee for purpose of Medicare Secondary Payor. The employer may offer a Medicare eligible active employee a choice between receiving coverage under the group health plan or opting out of the employer's plan and receiving coverage exclusively from Medicare. If the active employee opts for the employer's plan the employer may not offer the employee any group health coverage that supplements Medicare.

#### **J. Plan Year 2012 KEHP Prescription Drug Coverage and Medicare**

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

#### **K. Reminder About Federal Limits on Use of FSA and HRA Funds**

Pursuant to the Patient and Affordable Care Act, as amended, effective January 1, 2011, the cost of over-the-counter medicines (other than doctor prescribed and insulin) may not be reimbursed through a health flexible spending accounts (FSAs) or health reimbursement accounts (HRAs). Note that there are some exceptions to these federal limits.

#### **L. USERRA**

Under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), you (the employee) have the right to continue the coverage that you (and your covered dependents, if any) had under KEHP if the following conditions are met: (1) You are absent from work due to service in the uniformed services; (2) You were covered under the KEHP at the time your absence from work began; and (3) You provided your employer with advance notice of your absence from work.

#### **M. Annual Limit Notice Concerning the Stand-Alone "Waiver" Health Reimbursement Account**

The stand-alone "waiver" Health Reimbursement Account (HRA) coverage, offered by KEHP does not meet the minimum standards \$750,000 (2011)/\$1.25 million (2012) /\$2 million (2013) required by the Affordable Care Act. Your stand-alone "waiver" Health Reimbursement Account (HRA) Coverage has an annual limit of \$2,100 on all covered benefits. The U.S. Department of Health and Human Services has granted your HRA a waiver from the requirement until January 1, 2014.

# Benefit Fair Schedule Plan Year 2012



## Kenton Co.

October 4 from 4 p.m. to 8 p.m.  
 Dixie Heights High School  
 Cafeteria  
 3010 Dixie Highway  
 Crestview Hills, KY 41017

## Laurel Co.

October 14 from 2 p.m. to 6 p.m.  
 G.C. Garland Administration Bldg.  
 London Elementary Campus  
 710 N. Main St.  
 London, KY 40741

## Franklin Co.

October 10 from 8 a.m. to 6 p.m.  
 KY State Office Bldg.  
 Main Auditorium  
 501 High St.  
 Frankfort, KY 40601

## McCracken Co.

October 17 from 2 p.m. to 6 p.m.  
 Western KY Community &  
 Technical College  
 Emerging Technology Center  
 4810 Alben Barkley Dr.  
 Paducah, KY 42001

## Warren Co.

October 11 from 2 p.m. to 6 p.m.  
 Greenwood High School Library  
 5065 Scottsville Rd.  
 Bowling Green, KY 42104

## Hopkins Co.

October 18 from 2 p.m. to 6 p.m.  
 Madisonville N. Hopkins High  
 Library  
 4515 Hanson Rd.  
 Madisonville, KY 42431

## Fayette Co.

October 12 from 4 p.m. to 8 p.m.  
 Dunbar High Cafeteria  
 1600 Man O War Blvd.  
 Lexington, KY 40513

## Daviess Co.


October 19 from 2 p.m. to 6 p.m.  
 Professional Learning Center  
 (Old Daviess Co. Public Library)  
 450 Griffith Ave.  
 Owensboro, KY 42301

## Floyd Co.


October 13 from 2 p.m. to 6 p.m.  
 Adams Middle School  
 2520 S. Lake Drive  
 Prestonsburg, KY 41653


## Jefferson Co.

October 20 from 8 a.m. to 6 p.m.  
 KY Fair & Expo Center  
 West Hall, Meeting Rm. 1 & 2  
 Louisville, KY 40233

 Flu shot locations

 Benefit fair locations

 Enrollment kiosk locations

 Health fair locations

For your convenience, the Kentucky Employees' Health Plan has arranged to provide enrollment kiosks and health fairs at several benefit fair locations across the state. From September 15 through December 15 all KEHP members can receive a free flu shot through a variety of participating providers, see page 7. A limited number of flu shots will also be available on a **first-come, first-serve** basis at the benefit fairs identified above. **Representatives from KTRS and KRS will not be at any benefit fairs; see page 23 for retiree information.**