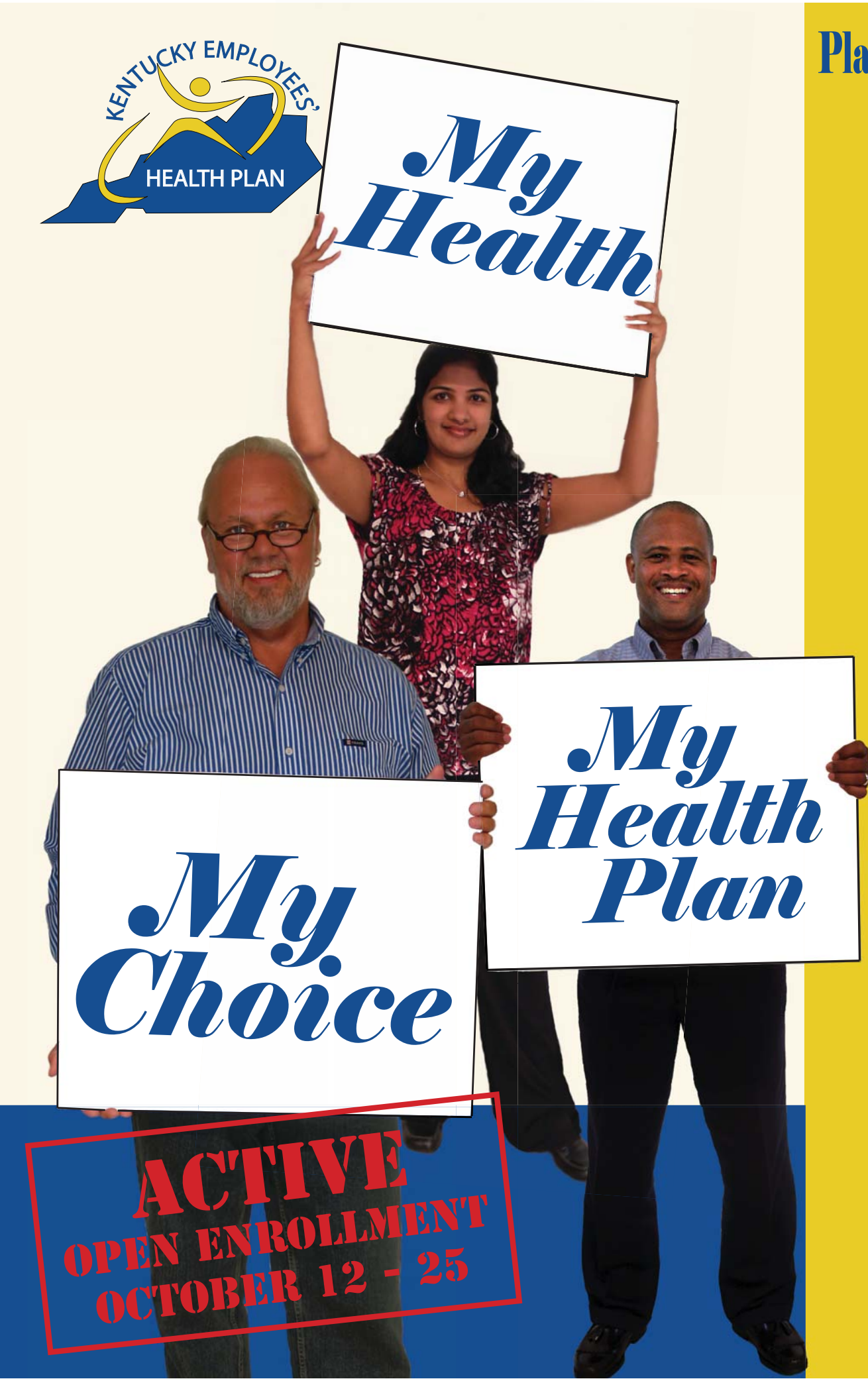
KENTUCKY EMPLOYEES' HEALTH PLAN

Plan Year 2010

Benefits Selection Guide

Kentucky Employees' Health Plan



What's important to you...

9 KEHP Benefits Analyzer NEW

Revolutionary help for choosing the right plan for you

10 Health Plan Choices

Information about the 2010 health plans

12 Making Sense of the Plans

Scenarios to help you decide which plan is best for you

14 Rates

Plan rates for smokers and non-smokers

16 Benefits Grid

Benefits, co-pays, and deductibles at your fingertips

18 Flexible Spending Accounts

Discover how to save money

22 Eligibility

Information on who is eligible for coverage

... is important to us.

Table of Contents

Welcome to Open Enrollment for 2010!

In the upper, right-hand corner of this letter is our Kentucky Employees' Health Plan (KEHP) logo. This year, the logo has a new feature. Can you tell what it is? Here's a hint. It's the smallest of changes, yet it says something REALLY BIG about KEHP.

Kentucky Employees' Health Plan

This year, we've added an apostrophe at the end of the word "Employees." This short, simple stroke of the pen signifies an important fact about KEHP, namely that KEHP is YOUR health plan!

Prior to 2006, KEHP participants paid monthly premiums to various for-profit, insurance companies. However, after a hefty 52% premium increase in 2005, KEHP stopped buying health insurance from for-profit companies and created its own, non-profit, "self-funded" plan. Since January 1, 2006, premium contributions for KEHP participants have increased (on average) by a little more than 7% per year — well below the national benchmark.

As a non-profit, self-funded plan, KEHP is owned and operated by the Commonwealth of Kentucky. In other words, KEHP is run BY public employees FOR public employees. As a KEHP participant, you have a direct stake in the financial well-being of the plan. By adopting a healthy lifestyle, you can have a positive effect on not only your own healthcare costs, but also the healthcare costs of your fellow KEHP participants.

To help you improve and maintain your health, KEHP has partnered with a number of organizations including Humana, Express Scripts, ActiveHealth Management, LifeSynch, and Virgin HealthMiles. As your KEHP partners, these organizations provide a variety of wellness and other services which are completely VOLUNTARY, completely CONFIDENTIAL and (in most cases) completely FREE. These services are featured throughout the pages of this 2010 Benefits Selection Guide.

The bottom line? We are all in this together. Help yourself and your fellow KEHP participants by enrolling in a KEHP wellness program today. You'll be surprised at how good that will make you feel!

Yours in Good Health,

Fred

Frederick D. Nelson, J.D.
Commissioner
Department of Employee Insurance

Commonwealth of Kentucky
Personnel Cabinet
Department of Employee Insurance
2nd Floor, State Office Building
501 High Street
Frankfort, Kentucky 40601

Website: kehp.ky.gov

When

October 12 – 25, 2009

How

Active employees and KCTCS Retirees:

Enroll online at kehp.ky.gov

Click on the "Your KEHP Online Access" link

Retirees: Enroll through your retirement system

Get Active

Open Enrollment for the 2010 Plan Year is a **mandatory, active enrollment**.

We encourage everyone to enroll early to avoid a last minute "log jam" which could jeopardize your ability to enroll for 2010.

Enrollment for 2010 Plan Year

Hours for Assistance

Monday – Friday 8 a.m. to 8 p.m. EST

Saturday and Sunday 8 a.m. to Noon EST

Who to Call

- For local, personalized help contact your Insurance Coordinator

  Check with your Human Resource Administrator or go to kehp.ky.gov to find your Insurance Coordinator's name and number

- For assistance with your Employee ID and Password

  Commonwealth Office of Technology

  *Outside Frankfort: 1-877-741-7017***
  *In Frankfort: 564-3116***

- For computer or technical assistance

  Commonwealth Office of Technology

  *Outside Frankfort: 1-866-746-1613***
  *In Frankfort: 564-4597***

- For information about your current benefits

  Humana Customer Service & Open Enrollment Hotline

  1-877-KYSPIRIT (1-877-597-7474)

- For other information about Open Enrollment

  Department of Employee Insurance 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 2
  Benefit Questions

  Option 3
  Web Enrollment & Eligibility

  Option 4
  Member Services

** Telephone service at these numbers is only valid October 12 through 25, 2009.

"Did you know that 95.5¢ of every KEHP premium dollar goes to payment of medical and pharmacy expenses (while only 4.5¢ goes to administrative and other expenses), much better than the national average that ranges from 82¢ to 87¢?"

Enrollment Checklist

Take charge of your benefits. Use this Benefits Selection Guide to understand how to get the most out of your Kentucky Employees' Health Plan. You'll find information on what's available to you, how to take charge of your health and your healthcare, and ways to reduce your taxable income. For more detailed information refer to the handbook which can be accessed online at kehp.ky.gov.

Before enrolling online:

- ☑ Review the New for 2010 section on pages 6 and 7 before you begin your enrollment planning
- ☐ Review the detailed plan descriptions (pages 10 and 11) and benefits grid (pages 16 and 17) to learn more about each plan
- ☐ Use the **KEHP Benefits Analyzer** tool (details on page 9) to help you make sound benefit decisions based on your specific healthcare and financial needs
- ☐ Review the Eligibility criteria (pages 22-24)
- ☐ Determine if a Healthcare or Dependent Care Flexible Spending Account (FSA) is right for you (see pages 18 and 19) – remember FSAs can reduce your taxable income
- ☐ Select the Health Plan and Flexible Spending Account that is right for you in 2010

When enrolling online:

- ☐ Have your Employee ID and Password letter on hand
- ☐ Before completing the application, use the **KEHP Benefits Analyzer** to assist in choosing the best plan (certain exclusions apply)
- ☐ Complete and verify all personal information
- ☐ Include an up-to-date e-mail address (if applicable)
- ☐ List all of your dependents (if applicable)
- ☐ Review all of your elections for accuracy
- ☐ Write down your enrollment confirmation number
- ☐ Print your enrollment confirmation page for future reference

– Take Charge of Your Benefits

Wellness is a hot topic these days; one that goes far beyond the four walls of the doctor's office. We hear about wellness in the news and in magazines, we talk about it with friends, and we even have wellness at work. But what exactly is wellness?

There are many different definitions and components of wellness, because wellness is a multi-dimensional concept (as shown in the diagram). This makes wellness a difficult word to define. So I'd like to share a simple explanation of wellness that I found at www.definitionofwellness.com:

Wellness is an active process of becoming aware of and making choices toward a more successful existence.

- Process means improvement is always possible.
- Aware means we are continuously seeking more information about how we can improve.
- Choices mean we consider a variety of options and select those in our best interest.
- Success is determined by each individual to be their collection of life accomplishments.

Though defining wellness can be difficult, accomplishing it does not have to be. The process of achieving wellness is not about running marathons or never eating a piece of chocolate, it is more simply a series of small changes that, over time, ultimately leads to the big result - a successful existence! With the awareness and will power to make the right choices, small changes can easily be implemented in any of the dimensions of wellness. When an individual takes the small steps necessary for achieving the desired results, an individually unique definition of wellness is created. Wellness becomes a fun, energizing, inspiring, and contagious experience that is uniquely different for every person.

"Don't get hung up on how you compare to others. Your personal definition of wellness should be in tune with your wellness journey. Everyone has their own unique goals and abilities, and that's what makes every step of the journey so exciting!"

Small Steps to a Healthier You

I hope that this 2010 Benefits Selection Guide provides you with useful wellness information as you seek to shape your own definition of wellness and that the steps you take prove to be successful in bringing you health, happiness, and pride in your accomplishments in the days to come!

Best wishes,

Stephanie

Stephanie Marshall, MS
State Wellness Director
Department of Employee Insurance

Try These Small Steps

Activate Your Daily Routine

- Circle around the block once when you go out to get the mail
- Take the stairs instead of the elevator
- Park your car at the far end of the lot
- Pay for gas inside instead of at the pump
- March in place while watching your favorite TV show
- Walk to talk to a co-worker instead of sending an email
- Join a yoga or Tai Chi class for relaxation
- Plant a garden

Cut Extra Calories

- Drink nonfat or 1% milk instead of whole milk
- Season steamed vegetables with fresh lemon and herbs instead of butter
- Cut a half slice of cake or pie
- Order a vinaigrette dressing instead of a mayonnaise based dressing
- Freeze grapes or watermelon for a popsicle-like treat
- Quench your thirst with water instead of soda
- Make your sandwich with light, whole wheat bread

The Power to Change Your Life

American Cancer Society®

THE OFFICIAL SPONSOR OF BIRTHDAYS.™

American Cancer Society Screening Guidelines

The following cancer screenings are recommended for people at average risk for cancer and with no symptoms. Cancer screening guidelines for higher risk patients can be accessed by calling 1-800-227-2345 or by logging on to cancer.org. Check with your doctor and your insurance carrier to determine which tests are best for you and if they are covered under your insurance plan.

MEN ONLY

20 Years and older:

- On the occasion of a periodic health examination:

- Examination for cancer of the thyroid, oral cavity, skin, lymph nodes, and testes

50 Years and older (the above, plus):

- Every year:

- Digital rectal examination (DRE) and prostate-specific antigen test (PSA); health care providers should discuss the potential benefits and limitations of prostate cancer early detection testing with men and offer the PSA blood test and the DRE annually, beginning at age 50, to men who are at average risk of prostate cancer, and who have a life expectancy of at least 10 years.

WOMEN ONLY

20 Years of Age to 35:

- On the occasion of a periodic health examination:

- Examination for cancer of the thyroid, oral cavity, skin lymph nodes, and ovaries

- Breast clinical physical examination [Any breast changes should be reported to the physician without delay. BSE (breast self-exam) is an option.]

- ONE of the following:

- Yearly Pap test
- Every other year liquid Pap test (after 3 normal tests in a row, either test every 2 to 3 years unless high risk; at 70 years of age and older, those who also have had no abnormal Pap tests in the last 10 years may choose to stop).

35 Years of Age to 39 (all of the above, plus):

- Every Year:

- If at high risk for hereditary non-polyposis colon cancer (HNPCC), yearly screening offered for endometrial cancer with endometrial biopsy.

40 Years of Age to 49 (all of the above, plus):

- Every year:

- Mammogram and continue as long as the woman is in good health

MEN AND WOMEN

50 Years of Age and older (all of the above per gender, plus):

- ONE of the following testing schedules:

Tests That Are More Likely to Detect Polyps and Cancer

- Flexible sigmoidoscopy every 5 years*
- Colonoscopy every 10 years
- Double contrast barium enema every 5 years*
- CT colonography (virtual colonoscopy) every 5 years*

Tests That Are Primarily Effective in Finding Cancer Early

- Guaiac-based fecal occult blood tests (gFOBT) every year*, **
- Fecal immunochemical test (FIT) every year*, **
- Stool DNA (sDNA), interval uncertain*

** Colonoscopy should be done if test results are positive*

*** For gFOBT or FIT used as a screening tests, the take-home, multiple-sample method should be used. A gFOBT or FIT done during a digital rectal exam in the doctor's office is not adequate for screening.*

NEW for 2010!

Highlights of the 2010 Plan Year

Mandatory, Active Enrollment

Open Enrollment for the 2010 Plan Year will be a mandatory, active enrollment. This means **YOU MUST ENROLL** either online or by paper application. We encourage you to enroll online; however, retirees must enroll through their retirement systems.

None of your current benefits will automatically "roll over" to the 2010 Plan Year.

If you do not enroll for the 2010 Plan Year, your current coverage will be terminated, your benefits will be waived, and you will not receive a contribution to a Health Reimbursement Account (HRA).

Open Enrollment Website kehp.ky.gov

KEHP Benefits Analyzer

KEHP wants to be sure you have enough information to select a benefit plan appropriate for you. Beginning October 5, 2009, KEHP will provide a pre-enrollment, planning tool known as the "KEHP Benefits Analyzer." This tool will provide you a personalized, healthcare "cost and use" summary to help you make informed decisions during the Open Enrollment process.

Go to page 9 of this Guide for details on how to use the KEHP Benefits Analyzer. You can access the KEHP Benefits Analyzer through KEHP's Open Enrollment Website: kehp.ky.gov.

Virgin HealthMiles: Sign Up for Discounted Rates by October 31

Since January, Virgin HealthMiles has offered KEHP members an exclusive discount arrangement on Virgin's popular $150, $300 and $500 Rewards packages. Under the discount arrangement, KEHP members receive at least 50% off the regular price of each Rewards package. To date, nearly 7,000 KEHP members have taken advantage of this special deal!

The last day to sign up for the discount arrangement is October 31, 2009. KEHP members enrolling in a Rewards package by that date will continue to receive the monthly discount for 12 months after the date of enrollment. Don't let this opportunity pass you by!

Virgin HealthMiles: More Prizes, More Chances to Win

KEHP is pleased to announce that we will increase the number of prizes awarded in our monthly Virgin HealthMiles HealthCash drawings. More prizes mean more chances to win!

Starting with the January, 2010 drawing (held in early February), each month KEHP will offer 207 prizes totaling $21,000:

- 2 prizes of $500 each
- 30 prizes of $250 each
- 75 prizes of $100 each
- 100 prizes of $50 each

Enhancements to KEHP Benefit Plans

Effective January 1, 2010, KEHP will offer a number of benefit enhancements:

- **Preventive Colonoscopy** – The removal of polyps during a preventive (routine) colonoscopy will be charged as a preventive procedure rather than being billed as separate diagnostic or surgical charges on all KEHP benefit plans.
- **Commonwealth Capitol Choice Benefit Allowance** – After a member pays his or her physician office visit co-pay, the remaining cost of the physician office visit will be paid by KEHP without being deducted from the member's $500 Up-Front, Benefit Allowance.
- **Commonwealth Standard PPO Deductibles** – In-network deductible for single coverage will be reduced from $750 to $500 with $0 employee contribution. The premiums for other levels of coverage in this plan have also been dramatically reduced with no loss of benefits.

Other Changes in KEHP Benefit Plans

Other changes in KEHP benefit plans for 2010 will include:

- **Physician Office Visit Co-Pays** – The physician office visit co-pays will increase just $5 for Specialists in the Commonwealth Optimum PPO and Commonwealth Capitol Choice plans. Physician office visit co-pays for Primary Care Physicians (PCPs) will not change. PCPs include general practitioners, family practitioners, internists, pediatricians, chiropractors and OB/GYNs. KEHP co-pays remain among the lowest available anywhere.

KEHP Wellness Hotline

Have you ever thought about having your own, personal health coach or nurse to help you increase your activity level, stop smoking, lose weight or better manage a chronic condition? Not sure who to call? Beginning October 1, 2009, KEHP will offer the KEHP Wellness Hotline — a toll-free telephone number with "one-stop shopping" for KEHP wellness services.

Programs available through the KEHP Wellness Hotline will include health risk assessments by Humana; health coaching by LifeSynch; disease management by ActiveHealth Management; Virgin HealthMiles; Cooper-Clayton Smoking Cessation; the Kentucky Quit Line; and Why Weight Kentucky.

Dependent Eligibility Audit

During the next several months, KEHP will conduct a Dependent Eligibility Audit. During this audit, you will be asked to produce documentation verifying your dependents' eligibility. If the audit reveals you have ineligible dependents on your plan, they will be dropped.

Enrollment

Enrolling Online Is As Simple As 1 - 2 - 3

1 EASY

- You can take advantage of the KEHP Benefits Analyzer to assist you in selecting the health plan option that is right for you
- A series of questions will walk you through each step of the enrollment process

2 PRIVATE AND SECURE

- Your Employee ID# and personal Password allow you access to the enrollment site
- We are committed to protecting the privacy of your personal information

3 INSTANT CONFIRMATION

- Once you complete the enrollment process, you will receive a confirmation number screen
- You should immediately review the confirmation information
- If you do not see a confirmation number, your enrollment is not official and you must re-enroll prior to the end of the Open Enrollment period
- Print the confirmation page or write down the confirmation number and save for future reference

Online Enrollment

All active employees must enroll for the 2010 Plan Year online by going to kehp.ky.gov.

Before you begin the online enrollment process, be sure you have your Employee ID# and Password. This information was mailed to your home.

If you do not have your Employee ID# and Password, contact the Commonwealth Office of Technology at 1-877-741-7017 (outside Frankfort) or 564-3116 (in Frankfort).

Paper Enrollment

Most participants will be able to enroll online, but there are a few exceptions. You must complete a paper Enrollment Application and submit it to your Insurance Coordinator if you are:

- A retiree
- Paying by cross-reference with a retiree
- A new employee who has not yet enrolled for 2009 or who wants to begin a cross-reference payment option
- Switching the “primary” planholder on a cross-reference payment option
- Ending a cross-reference payment option
- Retirees who have returned to work and are under age 65

At the top of the paper Enrollment Application (Pages 28 and 29) EVERYONE should mark **Open Enrollment** as the reason for the application. Your Insurance Coordinator will process the application.

KEHP Benefits Analyzer!

NEW

KEHP is excited to partner with Thomson Reuters to bring you the KEHP Benefits Analyzer – an online tool that helps you pick the right health insurance plan based on your healthcare needs and finances.

To use this great new tool, go to kehp.ky.gov

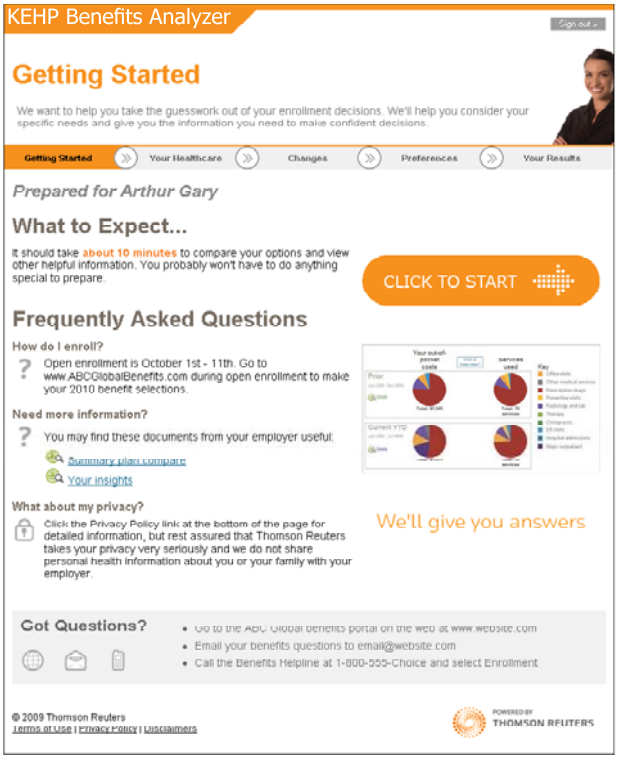
- Select 2010 Open Enrollment link
- Select Your KEHP Online Access link
- Use your secure Employee ID# and Password to log in
- Select the KEHP Benefits Analyzer link

Four Simple Steps to the Right Health Plan Choice for You

1. Your Healthcare Activity – Review this to see your past healthcare spending

2. Changes for Next Year – Lets you include anticipated changes to your healthcare needs for the coming year

3. Your Coverage Preferences – Provides a few preferences that will help the KEHP Benefits Analyzer provide you with some additional things to think about



4. Review Your Results – Review comparisons of your available plan options, spending account considerations and even preventive care recommendations for the coming year

This tool is for active employees only who have a KEHP insurance plan as of June 30, 2009

Note: This pre-enrollment planning tool is brought to you by KEHP through a partnership with its creator, Thomson Reuters, a world leader in innovative, information technology. As part of our contract with Thomson Reuters, KEHP does not have access to your personal health information.

Don't look like this - use the KEHP Benefits Analyzer!

Health Plan Choices

Choosing a Plan

As you review each plan, consider:

- Which coverage option offers you (and your family) the most value and best meets your future needs?
- How much risk should you take?
- Do you expect to have higher healthcare expenses or use more services in 2010 than you did in 2009?

As a general rule of thumb

- Consider how much money will be deducted from your paychecks, or your "out-of-paycheck" costs
- Consider how much additional money you will have to pay in the event you receive medical care, or your "out-of-pocket" costs

Go to Page 9 to learn about the KEHP Benefits Analyzer for help selecting the best plan for you.

Plan Choices

Different individuals have different health care needs. For this reason, KEHP continues to offer four different plan choices for the 2010 Plan Year. Two of the four plans feature a $0 employee contribution for single coverage. While you are free to choose where to receive your care, all four plans offer an opportunity to save money by using an extensive network of preferred providers. None of the four plans require referrals.

All four KEHP plans feature:

- Unlimited lifetime maximums
- 100% coverage for most or all in-network, preventive services
- Low, annual, out-of-pocket maximums

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

2010 KEHP Options

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 $1,000. Once the deductible is met, the plan pays 90% of in-network expenses until you reach your annual, out-of-pocket maximum; and 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 2009, you will "roll over" any unused 2009 HRA funds if you continue with the same plan for the 2010 Plan Year. However, if you chose the Commonwealth Maximum Choice Plan in 2009 and elect a different plan in 2010, any funds remaining in your 2009 HRA WILL NOT roll over.

Due to the nature of the HRA accompanying this plan, RETIREES ARE NOT ELIGIBLE to participate in the Commonwealth Maximum Choice Plan.

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 the peace of mind of knowing you have fixed, predictable co-pays for physician office visits, prescription medications, and various other services.

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 towards your deductible. (Note: the $500 is a benefit allowance, not an HRA, so it cannot be "rolled over" from year to year.)

Commonwealth Capitol Choice should work especially well for people with annual medical expenses below $500 and people looking for a plan with excellent inpatient hospital facility benefits.

Commonwealth Capitol Choice offers predictable office visit and pharmacy co-pays, similar to a traditional PPO. Another valuable feature of Commonwealth Capitol Choice is the $100 per admission, hospital facility co-pay. After payment of the $100 per admission co-pay and a $500 annual deductible, you pay nothing for additional hospital facility charges. (Note: physician and other services while in the hospital will apply to the deductable and co-insurance.)

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 catastrophic coverage and people who want dependent coverage at a lower price.

KEHP provides Unlimited Lifetime Benefits in all four health plans.

Making Sense of the Plans

Meet John

John is a 24-year-old, unmarried transportation worker who needs single coverage. He only occasionally goes to the doctor. In selecting a health plan, he is mainly interested in a low premium and coverage for his infrequent doctor visits.

John selects the Commonwealth Maximum Choice Plan because it offers:

- A $0 employee premium contribution for single coverage
- A $1,000 Health Reimbursement Account (HRA) funded by KEHP which offsets the higher deductible of $2,000; HRA funds can be used for qualified medical, dental, vision, and other types of expenses

John can pay for his estimated annual medical and pharmacy expenses of $400 with the KEHP-funded HRA. With the remaining $600 funds in the HRA, he can purchase a new pair of $300 glasses and still have $300 to roll over to the next year if he continues with the Commonwealth Maximum Choice plan.

Meet Mary

Mary is a 57-year-old, retired school teacher who needs couple coverage. Her husband recently had a heart attack and ended up with inpatient hospital facility charges of more than $40,000. Mary is relieved to know that every KEHP plan has unlimited lifetime maximum benefits. As a retiree, Mary is not eligible for Commonwealth Maximum Choice.

Mary selects the Commonwealth Capitol Choice Plan because it offers:

- A $500 per person, per year, up-front “benefit allowance” for many types of in-network expenses excluding prescription drugs
- A generous inpatient hospital facility benefit; the total out-of-pocket inpatient facility cost is only $600 – a $100 per admission inpatient hospital facility co-pay plus a $500 per person deductible

Meet Angela

Angela is a 38-year-old, divorced, school principal with two young children who needs parent plus coverage. Each year, the children require numerous visits to the pediatrician. She is willing to pay more in monthly premiums for the peace of mind of predictable co-pays.

Angela selects the Commonwealth Optimum PPO Plan because it offers:

- Set co-pays for physician office visits and prescription drugs that allow her to know beforehand how much each doctor visit and each medicine will cost
- A lower annual, out-of-pocket maximum in the event of a catastrophic injury

Meet Sam

Sam is a 41-year-old accountant for a local government. He has a wife and four children and needs family coverage. Sam knows that his "out-of-paycheck" costs may be just as important as his "out-of-pocket" costs. As an accountant, Sam recognizes that the annual cost savings associated with a lower employee premium contribution may offset some or all of a higher deductible plan.

Sam considers the Commonwealth Optimum PPO. Then he reviews the Commonwealth Maximum Choice Plan. At first, the $3,000 family deductible for Commonwealth Maximum Choice seems high – especially when compared to the $600 family deductible for the Commonwealth Optimum PPO.

Sam selects the Commonwealth Maximum Choice plan because it offers:

- A $1,954 savings in the annual employee premium contribution
- A $2,000 Health Reimbursement Account (HRA) funded by KEHP which combines with the premium savings to give Sam $3,954 which more than covers the $3,000 family deductible
- 90% payment of any additional costs until the annual, family, out-of-pocket maximums have been met
- 100% coverage of child and adult preventive care

Meet Susie

Susie is a 19-year-old food service worker who needs couple coverage. She and her husband are healthy with very few medical issues or costs. They typically go to the doctor only once a year for their preventive exams. They very rarely have prescriptions or other medical needs.

Susie selects the Commonwealth Standard PPO plan because it offers:

- The lowest employee premium contributions
- Catastrophic coverage
- Dependent coverage at a lower price

Meet Curtis and Jennie

Curtis is a 43-year-old, retired social worker who participates in KEHP through his retirement system. His wife, Jennie, is a 46-year-old school secretary who participates in KEHP through her school system. They have a teenage son and need family coverage.

Since Curtis and Jennie are married, need family coverage, and both are eligible for coverage through an organization that participates in KEHP, they qualify for a cross-reference payment option.

Although Curtis and Jennie have different priorities when selecting coverage, they select the Commonwealth Capitol Choice plan because it offers:

- Features of a consumer-driven plan with features of a PPO-type plan
- $500 per person, per year, up-front "benefit allowance" for many types of in-network expenses excluding prescription drugs
- Set co-pays for physician office visits and prescription drugs

They both like the low employee premium contribution associated with the family cross-reference payment option.

2010 Monthly Premiums

Non-Smoker Rates

Cross-Reference Payment Option

The Family Cross-Reference payment option is a legislatively mandated payment option made available only for two eligible employees who are: legally married and have at least one eligible dependent. When choosing this option, the dual planholders are required to elect the same benefit plan, complete all other required information when enrolling, and have both planholders authorize or sign the enrollment application.

If either planholder loses employment for any reason (voluntary or involuntary,) the Family Cross-Reference payment option terminates. When the Cross-Reference payment option ends, the remaining planholder will default to parent-plus coverage. However, the remaining planholder has the option to enroll in single coverage or to elect dependent coverage for the former planholder. To make any changes, the remaining planholder must submit a KEHP Add/Drop Form within 35 days of the end of the Cross-Reference eligibility.

Commonwealth Maximum Choice

	Total Premium	Employer Contribution	Employee Contribution*
Single	$575.42	$575.42	$0.00
Parent Plus	$851.46	$742.60	$108.86
Couple	$1,177.68	$843.02	$334.66
Family	$1,341.52	$943.20	$398.32
Family Cross Reference**	$670.76	$661.10	$9.66

Commonwealth Optimum PPO

	Total Premium	Employer Contribution	Employee Contribution*
Single	$616.28	$588.78	$27.50
Parent Plus	$889.54	$713.02	$176.52
Couple	$1,363.40	$893.88	$469.52
Family	$1,515.36	$954.20	$561.16
Family Cross Reference**	$757.68	$729.34	$28.34

Commonwealth Capitol Choice

	Total Premium	Employer Contribution	Employee Contribution*
Single	$594.14	$589.14	$5.00
Parent Plus	$896.06	$752.04	$144.02
Couple	$1,347.50	$903.38	$444.12
Family	$1,490.60	$964.76	$525.84
Family Cross Reference**	$745.30	$732.42	$12.88

Commonwealth Standard PPO

	Total Premium	Employer Contribution	Employee Contribution*
Single	$486.40	$486.40	$0.00
Parent Plus	$749.84	$741.56	$8.28
Couple	$1,127.80	$845.62	$282.18
Family	$1,253.56	$965.12	$288.44
Family Cross Reference**	$626.78	$626.78	$0.00

*All employee contributions are per employee.
**For additional information about the family cross-reference payment option, please consult the 2010 Plan Year KEHP Handbook at kehp.ky.gov.
Note: If either employee in a Family Cross Reference Plan is a smoker, both employees are subject to the monthly Smoker Rates.

2010 Monthly Premiums

Smoker Rates

Commonwealth Maximum Choice

	Total Premium	Employer Contribution	Employee Contribution*
Single	$575.42	$551.42	$24.00
Parent Plus	$851.46	$694.60	$156.86
Couple	$1,177.68	$795.02	$382.66
Family	$1,341.52	$895.20	$446.32
Family Cross Reference**	$670.76	$637.10	$33.66

Commonwealth Optimum PPO

	Total Premium	Employer Contribution	Employee Contribution*
Single	$616.28	$564.78	$51.50
Parent Plus	$889.54	$665.02	$224.52
Couple	$1,363.40	$845.88	$517.52
Family	$1,515.36	$906.20	$609.16
Family Cross Reference**	$757.68	$705.34	$52.34

Commonwealth Capitol Choice

	Total Premium	Employer Contribution	Employee Contribution*
Single	$594.14	$565.14	$29.00
Parent Plus	$896.06	$704.04	$192.02
Couple	$1,347.50	$855.38	$492.12
Family	$1,490.60	$916.76	$573.84
Family Cross Reference**	$745.30	$708.42	$36.88

Commonwealth Standard PPO

	Total Premium	Employer Contribution	Employee Contribution*
Single	$486.40	$462.40	$24.00
Parent Plus	$749.84	$693.56	$56.28
Couple	$1,127.80	$797.62	$330.18
Family	$1,253.56	$917.12	$336.44
Family Cross Reference**	$626.78	$602.78	$24.00

*All employee contributions are per employee.
**For additional information about the family cross-reference payment option, please consult the 2010 Plan Year KEHP Handbook at kehp.ky.gov.
Note: If either employee in a Family Cross Reference Plan is a smoker, both employees are subject to the monthly Smoker Rates.

On average, the amount employer groups and retirement systems pay toward premiums is increasing to 86% in the 2010 Plan Year.

KY Quitline
1-800-QUIT-NOW
Cooper Clayton Smoking Cessation Program
859-219-0772

Kentucky Employees' Health Plan – 2010 Benefits Grid

Benefit Plan	Commonwealth Maximum Choice (not available to Retirees)		Commonwealth Optimum PPO		Commonwealth Capitol Choice		Commonwealth Standard PPO	
	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
Health Reimbursement Account (HRA)	Single: $1,000 Parent Plus: $1,500 Couple $1,500 Family $2,000 Cross Ref. $2,000		Not Applicable		Not Applicable		Not Applicable	
Up-Front Benefit Allowance	Not Applicable		Not Applicable		$500 per Family Member	Not Applicable	Not Applicable	
Annual Deductible	Single $2,000 Family $3,000	Single $2,000 Family $3,000	Single $300 Family $600	Single $600 Family $1,200	Single $500 Family $1,500	Single $1,000 Family $3,000	Single $500 Family $1,500	Single $1,500 Family $3,000
Annual Out-of-Pocket Maximum	Single $3,000 Family $4,500 All covered expenses apply to the out-of-pocket maximum	Single $4,000 Family $6,000	Single $1,125 Family $2,250 Excludes prescription drug Co-Pays and all other Co-Pays	Single $2,250 Family $4,500	Single $2,000 Family $6,000 Excludes prescription drug Co-Pays and all other Co-Pays	Single $4,000 Family $12,000	Single $3,500 Family $7,000 Excludes prescription drug Co-Pays and all other Co-Pays	Single $7,000 Family $14,000
Co-Insurance	Plan pays 90% Member pays 10%	Plan pays 60% Member pays 40%	Plan pays 85% Member pays 15%	Plan pays 70% Member pays 30%	Plan pays 80% Member pays 20%	Plan pays 60% Member pays 40%	Plan pays 75% Member pays 25%	Plan pays 50% Member pays 50%
Doctor's Office Visits	Deductible then 10%*	Deductible then 40%*	Co-Pay: $10 PCP; $15 Specialist	Deductible then 30%*	Co-Pay: $15 PCP; $20 Specialist	Deductible then 40%*	Deductible then 25%*	Deductible then 50%*
Physician Care (Inpatient/ Outpatient/Other)	Deductible then 10%*	Deductible then 40%*	Deductible then 15%*	Deductible then 30%*	Deductible then 20%*	Deductible then 40%*	Deductible then 25%*	Deductible then 50%*
Diagnostic Tests								
In Doctor's Office (Same Site/ Same Day as Office Visit)	Deductible then 10%*	Deductible then 40%*	Office Visit Co-Pay	Deductible then 30%*	Office Visit Co-Pay	Deductible then 40%*	Deductible then 25%*	Deductible then 50%*
Other Laboratory	Deductible then 10%*	Deductible then 40%*	$10 Co-Pay	Deductible then 30%*	Deductible then 20%*	Deductible then 40%*	Deductible then 25%*	Deductible then 50%*
Inpatient Hospital (Semi-Private Room)	Deductible then 10%*	Deductible then 40%*	Deductible then 15%*	Deductible then 30%*	$100 Co-Pay per Admission plus Deductible*	Deductible then 40%*	Deductible then 25%*	Deductible then 50%*
Outpatient Hospital/Surgery	Deductible then 10%*	Deductible then 40%*	Deductible then 15%*	Deductible then 30%*	$50 Co-Pay plus Deductible*	Deductible then 40%*	Deductible then 25%*	Deductible then 50%*
ER Physician Care	Deductible then 10%*	Deductible then 40%*	15%*	Deductible then 30%*	Deductible only	Deductible only	Deductible then 25%*	Deductible then 50%*
Emergency Room	Deductible then 10%*	Deductible then 40%*	$75 Co-Pay then 15%* Co-Pay waived if admitted	$75 Co-Pay then Deductible then 30%*	$100 Co-Pay plus Deductible* Co-Pay waived if admitted	$100 Co-Pay plus Deductible*	$50 Co-Pay then Deductible then 25%* Co-Pay waived if admitted	$50 Co-Pay then Deductible then 50%*
Ambulance	Deductible then 10%*	Deductible then 10%*	Deductible then 15%*	Deductible then 15%*	Deductible then 20%*	Deductible then 20%*	Deductible then 25%*	Deductible then 25%*

Urgent Care Center (Facility)	Deductible then 10%*	Deductible then 40%*	$20 Co-Pay	Deductible then 30%*	$50 Co-Pay	Deductible then 40%*	Deductible then 25%*	Deductible then 50%*
Mental Health	Treated the same as any other health condition. See specifics related to physician specialists, inpatient and outpatient services.							
Allergy Injections	Deductible then 10%*	Deductible then 40%*	$10 Co-Pay	Deductible then 30%*	$5 Co-Pay	Deductible then 40%*	Deductible then 25%*	Deductible then 50%*
Maternity Care (See SPD for Specifics)	Deductible then 10%*	Deductible then 40%*	$10 Co-Pay (office visit pregnancy diagnosed) Delivery Charge: Deductible then 15%*	Deductible then 30%*	$15 Co-Pay (office visit pregnancy diagnosed) Delivery Charge: Deductible then 20%*	Deductible then 40%*	Deductible then 25%*	Deductible then 50%*
Well Child Care (0-18 Years Old)	Covered at 100%	Not Covered	$10 Co-Pay	Deductible then 30%*	$15 Co-Pay	Deductible then 40%*	Covered at 100%	Covered at 100%
Well Adult Care (Over 18)	Covered at 100%	Not Covered	$10 Co-Pay	Deductible then 30%*	$15 Co-Pay	Deductible then 40%*	Covered at 100%	Covered at 100%
Autism Service	$500 Monthly Maximum		$500 Monthly Maximum		$500 Monthly Maximum		$500 Monthly Maximum	
Durable Medical Equipment	Deductible then 10%*	Deductible then 40%*	Deductible then 15%*	Deductible then 30%*	Deductible then 20%*	Deductible then 40%*	Deductible then 25%*	Deductible then 50%*
Therapy Services (Per Visit; Physical, Occupational, Speech)	Deductible then 10%*	Deductible then 40%*	Deductible then 15%*	Deductible then 30%*	Deductible then 20%*	Deductible then 40%*	Deductible then 25%*	Deductible then 50%*
	Maximum of 30 visits per calendar year, per therapy service type		Maximum of 30 visits per calendar year, per therapy service type		Maximum of 30 visits per calendar year, per therapy service type		Maximum of 30 visits per calendar year, per therapy service type	
Chiropractic Care	Deductible then 10%*	Deductible then 40%*	$10 Co-Pay	Deductible then 30%*	$15 Co-Pay	Deductible then 40%*	Deductible then 25%*	Deductible then 50%*
	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	
Prescription Drugs	*Administered by Express Scripts*							
30-Day Supply Tier 1 Tier 2 Tier 3	Each Tier: Deductible then 10%*	Each Tier: Deductible then 40%*	$5 $20** $40**	Each Tier: 30%	$5 $20** $40**	Not Applicable	25% Min $10 - Max $25 Min $20 - Max $50 Min $35 - Max $100	Not Applicable
90-Day Supply (Retail or Mail Order) Tier 1 Tier 2 Tier 3	Each Tier: Deductible then 10%	Not Applicable	$10 $40 $80	Not Applicable	$10 $40 $80	Not Applicable	25% Min $20 - Max $50 Min $40 - Max $100 Min $70 - Max $200	Not Applicable

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 2010 KEHP Handbook and/or the 2010 Summary Plan Descriptions (SPDs) 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 2010 SPDs will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations and exclusions set forth in the 2010 SPDs.

* Applies to out-of-pocket maximum **After the 75th prescription has been filled, excluding mail order, the prescription drug Co-Pays will reduce to $15 (2nd Tier) and $30 (3rd Tier).

Flexible Spending Accounts

Who is eligible to participate in an FSA?

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

Who is NOT eligible to participate?

- Retirees
- Non-participating agencies
- Employees or spouses with a Health Savings Account (HSA)

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

The Kentucky Employees' Health Plan 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 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 is an account available for you to pay for healthcare services such as prescription co-pays, deductibles, and doctor's office co-pays 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.

Remember to set aside only as much money as you will use – with an FSA, you can only use the money for eligible expenses paid for during the current plan year. Remember: Use-it or lose-it!

What's Covered Under a Healthcare FSA?

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 tax dependents.

A few examples of eligible covered expenses are listed below.

- Medical co-pays
- Prescription co-pays
- Certain dental fees
- Orthodontic treatment
- Vision fees, including eyeglasses
- Co-insurance
- Wheelchairs
- Covered over-the-counter expenses such as, but not limited to, peroxide, aspirin and allergy medication

This is only a small listing. You can see the complete listing of covered services at kehp.ky.gov.

How Do I Receive a Reimbursement?

It's easy! You will receive a Humana*Access*℠ Visa® Debit Card, and your funds will be automatically deducted from your account. You can use the Humana*Access*℠ Visa® Debit Card, anywhere that VISA® is accepted. Because of IRS rules, Humana may contact you to verify that your expense was a qualified expense.

Or, you can pay for your eligible expenses up front and submit the documentation to Humana for reimbursement. You must complete an FSA Reimbursement Form. (You can access the form at kehp.ky.gov and fax or mail to the address at the left.)

Save Money With a Healthcare FSA

Example: Laura

Last year, Laura made $28,000 and put $1,500 in her Healthcare FSA. The example below shows how much she saved by using the pre-tax money for qualified health expenses. Without an FSA, she would have paid for these expenses from her take-home pay, which she paid taxes on. She saved $535.

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 take-home pay spent on qualified expenses	*$1,500*	*0*
Remaining take-home pay	*$20,555*	*$20,895*
Savings	*0*	*$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.

How Much Should You Contribute?

The KEHP Benefits Analyzer online tool can help you determine just how much money you should consider contributing to your Healthcare FSA. Active employees can use this tool by logging into Your KEHP Online Access at kehp.ky.gov. Once on the Open Enrollment site, you can select the KEHP Benefits Analyzer.

Dependent Care Flexible Spending Account

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 that you can contribute per year is based on your tax-filing status as listed below:

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

As with the Healthcare FSA, set aside only as much as you will use – you can use the money only for eligible expenses paid for during the current plan year. Remember: Use-it or lose-it!

How Do I Receive a Reimbursement?

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

You must submit your statement along with a completed FSA Reimbursement Form (you can access the form at kehp.ky.gov) and mail or fax your claims to the Humana address on the facing page.

You have until March 31, 2011, to submit reimbursement requests for FSA & HRA expenses incurred during your 2010 coverage period.

Two Ways to Save Money

Waiving Health Insurance

HRA Eligibility

Who is eligible?

You are eligible to waive health insurance and enroll in the HRA if you are an active employee of a state agency, school board, or certain quasi agencies who is eligible for state-sponsored health insurance coverage.

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 chose NOT to participate in the KEHP Waiver HRA
- If you are a retiree who has gone back to work and elects coverage under the retirement system

You May Still Receive a Benefit

If, as an eligible, active employee, you choose to waive your health insurance coverage, your employer will contribute $175 per month, up to $2,100 per year, to a Health Reimbursement Account (HRA).

An HRA is a federally qualified expense account where KEHP contributes funds to reimburse you for qualified medical expenses. A few examples of eligible covered expenses are listed below.

- Medical & prescription co-pays
- Certain dental fees
- Orthodontic treatment
- Vision fees, including eyeglasses
- Co-insurance
- Wheelchairs
- Covered over-the-counter expenses such as cough drops, aspirin and allergy medication

This is not a complete listing. You can see the complete listing of covered services at kehp.ky.gov.

Funds Remaining at the End of the Year

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.

Verifying FSA and HRA expenses

It's important to save your receipts. The IRS requires that 100% of all claims be verified as an eligible expense. Humana will attempt to verify that your claim is eligible for reimbursement through their claims system. If Humana cannot verify that the service is eligible, you will be required to provide documentation to them – often referred to as 'substantiation'.

If you have your health insurance coverage with KEHP, then most of your Healthcare FSA and HRA claims will be automatically verified by Humana and you will not be required to provide documentation. However, if you waive your health insurance with KEHP then you will be required to provide documentation on almost all of your claims. This is because as a waiver, Humana will not have access to your health insurance claims payments and therefore will not be able to automatically verify them.

Please Note: All dental and vision claims will require verification.

You have until March 31, 2011, to submit reimbursement requests for FSA & HRA expenses incurred during your 2010 coverage period.

Prescription Benefits

Prescription coverage is administered by Express Scripts, Inc. The amount you pay will depend on the health plan you select and whether the prescribed drug is a generic equivalent, brand-preferred drug, or brand non-preferred drug. For details on the pharmacy breakout of each plan, see Page 17.

Formulary Information

You may view the entire list of drugs on the KEHP formulary at kehp.ky.gov.

Save Money with Maintenance Drug Mail Order and 90-Day Retail Programs

You may receive a 90-day supply of maintenance drugs through Express Scripts mail order or through participating local retail pharmacies.

Purchasing the 90-day supply saves you money. You pay a two-month co-pay or co-insurance for a three-month supply of maintenance drugs.

To qualify for the mail order benefit, the drug must be listed on Express Scripts' maintenance drug list and you must have filled at least one 30-day supply or one 90-day supply within the last 180 days.

Generic Equivalent

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.

If you request the brand name drug, you will pay the brand name co-pay or co-insurance, plus the difference in the total cost of the generic and total cost of the brand name.

It's a Fact!

- ✓ *Generics cost about half as much as brand name drugs.*
- ✓ *Generics have to meet the same strict manufacturing standards as brand name drugs.*
- ✓ *Generics are approved by the U.S. Food and Drug Administration, just like brands.*
- ✓ *Ask Your Doctor: generics work for most people; ask your doctor if a generic will work for you and save!*

Additional Pharmacy Coverage Information

For additional information about Prior Authorization, Step Therapy, or Quantity Level Limit programs; inherited metabolic diseases; CuraScript Specialty Pharmacy; or other pharmacy issues, please consult the 2010 Plan Year KEHP Handbook at kehp.ky.gov.

Switching from brand name to generic drugs is money in the bank. You get the same quality and effectiveness for less.

Eligibility

Members

Individuals who are regularly-employed by any of the following organizations and who contribute to one of the state-sponsored retirement systems (or individuals otherwise defined in KRS 18A.225) are eligible to participate in KEHP:

- State Agencies
- Boards of Education
- Health Departments
- Quasi-Governmental Agencies – agencies who pay into a state-sponsored retirement system and have elected to participate in KEHP
- Retirees
- School Boards – members participate on a post-tax basis only; board members are responsible for the total premiums per KRS 160.280(4)
- COBRA – qualified beneficiaries

Dependents

The following dependents are eligible for participation in KEHP:

- An employee's or retiree's spouse under an existing legal marriage
- An employee's or retiree's unmarried, dependent child

An unmarried, dependent child may be covered on your KEHP benefit plan through the end of the month in which he/she turns age 25. To qualify as an unmarried, dependent child, the child must:

- be unmarried (and never been married);
- have a specific, family-type relationship to you;
- be primarily dependent upon you for maintenance and support.

Maintenance and support requirements may be different for a child who is the subject of a Qualified Medical Child Support Order (QMCSO).

An unmarried, 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 25, provided the disability (a) started before his/her 25th birthday and (b) is medically-certified by a physician. A disabled child who was not covered on your KEHP plan prior to his/her 25th birthday may not be enrolled in KEHP unless he/she sustains a specific qualifying event such as the loss of other health insurance coverage. Proof of disability may be required annually.

IS MY SPOUSE ELIGIBLE?

YES	• Legally married	
NO	• Divorce	
	• Legal annulment	
	• Legal separation	
	• Domestic partner	

IS MY CHILD ELIGIBLE?

YES	• Unmarried, dependent, blood child (natural child)	*To age 25*
	• Unmarried, dependent, legally-placed or legally adopted child	*To age 25*
	• Unmarried, dependent, stepchild	*To age 25*
	• Unmarried, dependent, legally-placed foster child	*To age 25*
	• Unmarried, dependent, child under legal guardianship or legal custody decree	*To age 25*
	• Child under Qualified Medical Child Support Order (QMCSO)	*To age 25*
	• Totally and permanently disabled child • Disability must be certified by a physician and must have started by 25th birthday	*To any age*
NO	• Married child	———

	• Child who does NOT live with you
	  • Temporary absences, such as for school, may be permitted
	  • Child may not have to live with you if you or your spouse has a legal obligation under a divorce decree, court order, or administrative order to provide for the healthcare expenses of the child
		———

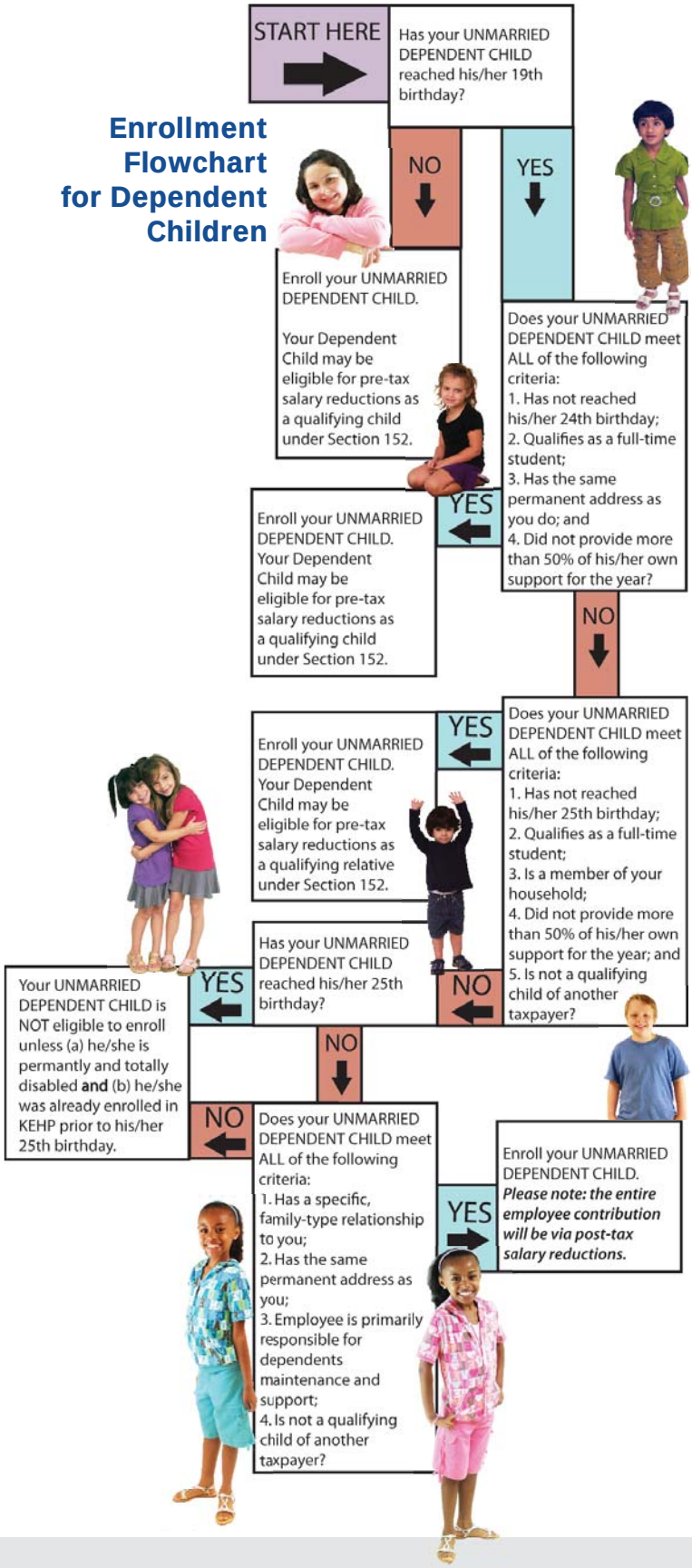
	• Child who is NOT primarily dependent upon you for maintenance and support • Maintenance and support requirements may be different for a child who is the subject of a Qualified Medical Child Support Order (QMCSO)	———
	• Child who is covered under KEHP as an employee	———

ARE MY OTHER RELATIVES ELIGIBLE?

NO	• Sisters, brothers, parents, in-laws, grandparents, grandchildren, aunts, uncles, nieces, nephews

It is important that you cover only eligible dependents on your KEHP benefit plan. During the next several months, KEHP will conduct a Dependent Eligibility Audit. During this audit, you will be asked to produce documentation verifying your dependents' eligibility. If the audit reveals you have ineligible dependents on your plan, those individuals will be dropped from your plan. Adding a dependent who does not meet KEHP eligibility guidelines could, under certain circumstances, constitute a fraudulent insurance act (which is a crime).

Enrollment Flowchart for Dependent Children



Tax Implications of Enrolling a Dependent Child

State law grants you the right to carry an unmarried dependent child on your KEHP policy until the end of the month in which the child turns age 25. This rule applies to both active employees and retirees. However, federal law dictates that your health insurance premiums may not be deducted from your paycheck on a pre-tax basis unless the child meets criteria set forth in Section 152 of the Internal Revenue Code. This "pre-tax deduction" rule applies solely to active employees.

If you are an active employee with an unmarried dependent child on your KEHP policy, the flowchart to the left is designed to give you a general idea of whether you may be eligible to have your KEHP health insurance premiums deducted from your paycheck on a pre-tax basis. Although the chart will likely apply to most people, Section 152 of the Internal Revenue Code has many special rules and exceptions, so the chart may not apply to you. Please consult your tax professional concerning eligibility for pre-tax treatment.

Pre-Tax or Post-Tax?

If you are an active employee with an unmarried dependent child:

- Who has not yet reached his/her 24th birthday, KEHP will automatically advise your employer to deduct all of your KEHP health insurance premiums on a pre-tax basis.
- Who will reach his/her 24th or 25th birthday by the end of 2010, KEHP will automatically advise your employer to deduct all of your KEHP health insurance premiums on a post-tax basis.

If you qualify under Section 152 of the Internal Revenue Code for different tax treatment, it is your responsibility to complete and file a Pre-Tax/Post-Tax Request Form. This form must be filed every year after the child reaches his/her 23rd birthday.

A Pre-Tax/Post-Tax Request Form may be obtained from — and must be filed with — your employer's KEHP Insurance Coordinator.

Mid-Year Changes

The annual Open Enrollment process is the time each year when you can change your benefit elections. However, there may be some circumstances that allow you to make changes to your benefits during the year.

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 benefits during the plan year:

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

What is a Qualifying Event

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

For a complete list of Qualifying Events, review the 2010 KEHP Handbook or the Summary Plan Descriptions for each plan at kehp.ky.gov.

When you have a Qualifying Event

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

The subject of Qualifying Events is a complicated one. There are some restrictions on the types of changes you may make due to the Qualifying Event rules. Changes in status may or may not entitle you to change the amount you contribute to a Flexible Spending Account. If you do not sign and date the required change form in a timely fashion, you will not be permitted to revise your coverage until the next Open Enrollment period.

For additional information about Qualifying Events, contact your Insurance Coordinator or consult the 2010 KEHP Handbook at kehp.ky.gov.

Qualifying Events

Who to Call

- Humana: 877-KYSPIRIT
- Kentucky Retirement Systems
  800-928-4646,
  menu option 2
  502-696-8800,
  menu option 2
  kyret.ky.gov
- Kentucky Teachers' Retirement System
  800-618-1687 /
  502-848-8500
  ktrs.ky.gov
- KCTCS Retirement
  859-256-3100
- Judicial Retirement or Legislative Retirement Plans
  502-564-5310
- KEHP
  888-581-8834
  502-564-6534

Retiree Information

The Enrollment Application in the booklet is for active employees and KCTCS retirees ONLY.

Other retirees should obtain an application from their retirement systems. You must also get rates and/or contribution amounts from your retirement system.

Retirees should NOT complete the application included in this booklet. Commonwealth Maximum Choice will NOT be available for retirees.

KRS Retirees

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

KTRS Retirees

If you have returned to work, you may choose one of the following scenarios:

1. ***Under Age 65 Retirees***
   Any KTRS retiree under the age of 65 who is re-employed in ANY position that makes them eligible for insurance coverage through the KEHP, MUST terminate health insurance through KTRS. (Board Action September 2000)

2. ***Waiver of Retirement***
   All KTRS retirees (regardless of age) who return to work and waive their monthly annuity must waive medical insurance coverage with KTRS. (KRS 161.606)

3. ***Retirees (any age) re-employed in a KTRS covered position*** *and eligible for active employee health insurance, MUST terminate health insurance coverage through KTRS. (KRS 161.605)*

4. ***Age 65 and older (KTRS) retirees re-employed in non-KTRS covered positions*** *will be able to remain on the KTRS Medicare Eligible Health Plan (MEHP) if the active coverage is not as good as the KTRS MEHP coverage. (October 18, 2005 Retiree Memo)*

Note: *KTRS retirees will not be allowed a retirement and an active employer contribution toward coverage and cannot flex employer contributions if KTRS coverage is selected. (KRS 18A.225[12])*

Frequently Asked Questions

Q: I am retired. May I enroll in the Commonwealth Maximum Choice Plan?

A: No. This plan is only available to active employees.

Q: If I chose the Commonwealth Maximum Choice Plan for 2009 and I have funds remaining at the end of the year, and I choose another plan for 2010 will I have access to those HRA funds in 2010?

A: No. If you switch plans, any remaining HRA funds will be forfeited at the end of the plan year.

Q: Am I eligible to elect the cross-reference payment option?

A: To be eligible to elect the cross-reference payment option each of the following requirements must be met:

- *The members must be eligible employees or retirees of a group participating in KEHP;*
- *The members must be legally married (husband and wife) with at least one dependent; and*
- *The members must elect the same benefit plan.*

Q: If I drop my dependent during Open Enrollment, will he/she be eligible for COBRA coverage?

A: Dependents dropped during Open Enrollment are not eligible for COBRA coverage, unless the removal is in anticipation of a Qualifying Event. (Make sure your Insurance Coordinator knows that the change is related to a Qualifying Event instead of an Open Enrollment change.)

Q: If I elect coverage during Open Enrollment and my spouse has Open Enrollment at a later date, may I make changes to my plan?

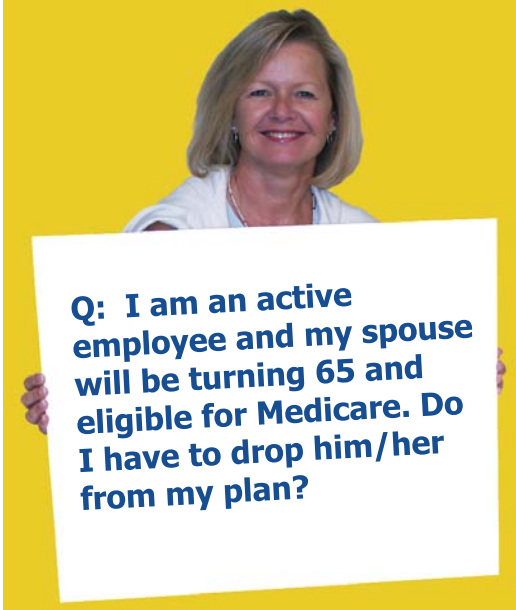
A: Yes. We will require documentation from the spouse's employer on company letterhead identifying the Open Enrollment deadline, effective dates, and persons who are being added to or dropped from the spouse's policy.

Q: If I elect coverage during Open Enrollment and after the Plan Year starts I become eligible for insurance under my spouse, may I drop coverage here and receive the Waiver HRA contribution?

A: Gaining group health insurance coverage is considered a Qualifying Event which will enable you to drop your KEHP coverage; however, you will not receive the Waiver HRA contribution if the Plan Year has already started.

Q: I currently have the Commonwealth Maximum Choice Plan -- the plan with an HRA. If I choose Commonwealth Maximum Choice Plan again for 2010, will unused funds in my current HRA automatically "roll over"?

A: Yes.



Q: I am an active employee and my spouse will be turning 65 and eligible for Medicare. Do I have to drop him/her from my plan?

A: No. As long as you are actively working, you can keep your spouse on your plan even after he/she turns 65 and becomes Medicare eligible. However, KEHP will be the primary insurance on your spouse and Medicare will be secondary.

Do Not Staple!

Open Enrollment Application ONLY - Valid for use during October 2009
Go to kehp.ky.gov for Enrollment Application after October 2009

KENTUCKY EMPLOYEES' HEALTH PLAN
PY 2010
ENROLLMENT APPLICATION
FOR ACTIVE EMPLOYEES

INSURANCE COORDINATOR SECTION **REQUIRED**

__/__/10 Coverage Effective Date

Company Number

Reason for Application:

☐ New Employee	☐ Open Enrollment	☐ New Group	☐ FSA Only
☐ QE*	☐ Previously Waived *	☐ Other *	☐ Retiree Return to work

***** If you previously waived, marked "Other" or "QE" above, enter the Qualifying Event Date AND a description of the Qualifying Event

Date: Qualifying Event Description:

Additional information:

☐ I am covered under my own Hazardous Duty Plan retirement plan	☐ I am covered as a spouse under a Hazardous Duty Retiree's plan	☐ I am covered under a Medicare Supplemental plan through a state sponsored retirement system	☐ I am a dual employee

SECTION I: DEMOGRAPHIC INFORMATION → Please PRINT

Social Security Number

Date of Birth (MM/DD/YYYY)

NAME (First, MI, Last)

Mailing Address

City, State, Zip Code

County of Residence

Country / Mail Code, if not USA

Planholder's HOME Phone Number

Planholder's WORK Phone Number

Planholder's E-mail Address (prefer Work E-mail Address)

Hire Date

Employer Name

Work County

Smoking Status (Required)

Have you smoked in the last 2 months? ☐ Yes ☐ No

Gender
☐ Male
☐ Female

Marital Status
☐ Married
☐ Single

SECTION II: PLAN SELECTION → *If you wish to waive (i.e. decline) coverage, skip to Section V*

1. Option (Check only one)

☐ < Commonwealth Maximum Choice
☐ < Commonwealth Optimum PPO
☐ < Commonwealth Capitol Choice
☐ < Commonwealth Standard PPO

2. Level of Coverage

☐ < Single
☐ < Parent Plus
☐ < Couple
☐ < Family

3. Cross-Reference Payment Option
(Available for Family Coverage Only)

☐ < Yes

If Yes, you must complete Sections III and IV. The employee with the earliest hire date will be the policy holder.

SECTION III: SPOUSE AND/OR DEPENDENT INFORMATION → *If you selected Single coverage, skip to Section VI*

Social Security Number	Name (First, MI, Last)	Gender (Circle one)	Date of Birth (MM/DD/YYYY)	Relationship Code
		M F		
		M F		
		M F		
		M F		
		M F		

Relationship Codes: SP = Spouse, CH = Child, CO = Court-Ordered Dependent, DD = Disabled Dependent

SECTION IV: CROSS-REFERENCE INFORMATION → *Complete ONLY if you checked Yes in Section II, Box 3*

Your Spouse's Company Number: ***(Required)***	Has your spouse smoked in the last 2 months? ***(Required)***	Is your spouse a Hazardous Duty Retiree?	Your spouse's Hire Date or Retirement Date:
_____	☐ *Yes* ☐ *No*	☐ *Yes* ☐ *No*	_____

PY **2010**

Planholder's SSN

SECTION V: WAIVER → *Complete this section only if you did not select coverage in Section II*

Do you wish to waive (i.e. decline) your coverage and have the employer contribution of $175 per month deposited into a Health Reimbursement Account (HRA), ***if eligible***? *(If not eligible, you will be set up as a* ***Waiver, No HRA).*** ☐ ***Yes***
(Participants in the stand-alone, Waiver HRA will receive up to the maximum of $2,100 for the year.)

SECTION VI: FLEXIBLE SPENDING ACCOUNTS (FSA) → Enrollment in an FSA is OPTIONAL

If you are an employee of a health department or certain quasi agencies, this section does not apply to you. You must contact your Insurance Coordinator regarding your employer's FSA enrollment process.

Healthcare → All amounts must be divisible by two and be listed for a full calendar year. The **maximum** allowable yearly contribution is $5,000; the minimum is $5.00 per paycheck.

Planholder	Spouse → If paying by cross-reference and spouse's FSA program is administered by the KEHP
Total Employee Contribution for Calendar Year 1/1-12/31 _____	Total Spouse Contribution for Calendar Year 1/1-12/31 _____

Dependent Care → All amounts must be divisible by two. Maximum allowable yearly contribution (per family) based on tax filing status

Tax Filing Status:

☐ < Married, filing separately (max = $2,500) ☐ < Married, filing jointly (max = $5,000) ☐ < Single, head of household (max = $5,000)

Planholder	Spouse → If paying by cross-reference and spouse's FSA program is administered by the KEHP
_____ Total Employee Contribution for Plan Year	_____ Total Spouse Contribution for Plan Year

Humana*Access*℠ VISA® Debit Card

Upon enrolling in an HRA or a **Healthcare** FSA you will receive the Humana*Access*℠ Visa® card at no cost to you.

SECTION VII: AUTHORIZATION AND CERTIFICATION

I understand and agree that:

* My signature on this application creates a legal and binding contract between myself, the Department of Employee Insurance and TPAs.
* My spouse and I elect the cross-reference payment option, we are dual planholders with Family coverage and that upon a loss of eligibility by either spouse, the remaining planholder will have the option to enroll in either Single or Parent Plus coverage. The cross-reference payment option ceases upon loss of eligibility or employment by either spouse/planholder.
* Each dependent I am enrolling meets the eligibility requirements of a dependent as set forth in the plan document and in the KEHP Handbook.
* All benefits for myself and eligible dependents be provided in accordance with the plan document.
* I will abide by the terms and conditions governing membership and receipt of services from the plan in which I have enrolled.
* The elections indicated on this application may not be changed or canceled during the Plan Year, with the exception of certain Qualifying Events.
* 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 elect to have the employee contribution for health coverage deducted on a pre-tax basis unless I sign a Post-Tax Form or otherwise acknowledge post-tax treatment for my dependents; for Pre-tax treatment, dependent coverage must meet eligibility requirements of Section 152.
* Enrollment in an FSA is optional and that by completing Section VI of this application, I am enrolling in an FSA, if eligible to participate.
* Regarding my FSA, any dependents for which I claim reimbursement are Section 152 dependents as defined by the Internal Revenue Code.
* 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 the Commonwealth's Cafeteria Plan Document; I have a 90-day run-out period (until March 31) for reimbursement of eligible FSA expenses incurred during my period of coverage.
* My Humana*Access*℠ Visa®Card will be suspended if the required HRA/FSA claim verification is not sent in within thirty (30) days after the Card swipe.
* This Plan reserves the right to deny access to the card, require repayment, deduct/withhold from your paycheck and offset your HRA/FSA if you fail to properly substantiate your HRA/FSA claims.
* This plan has a tobacco incentive for members who do not use tobacco and that this plan offers tobacco cessation programs.

I have fully read the materials provided to me. My signature below certifies that the statements on this form are true and complete to the best of my knowledge.

I acknowledge and understand that DEI will comply with the HIPAA Rules and that disclosure of 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 third party administrators, vendors, consultants, governmental authorities 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.

I understand that 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. My signature below certifies that all information, signatures and signature dates affixed to this contract are correct to the best of my knowledge.

_____ _____
Employee Signature **Date**

_____ _____
Spouse Signature – *REQUIRED* if electing the cross-reference payment option **Date**

_____ _____
Employee's Insurance Coordinator Signature **Date**

_____ _____
Spouse's Insurance Coordinator Signature – *REQUIRED* if electing the cross-reference payment option Date

KNOW YOUR RIGHTS

As a KEHP member, you have certain legal rights. Notices of the following legal rights may be found on KEHP's Website at **kehp.ky.gov:**

- Notice to Enrollees Concerning Tobacco Use
- Women's Health and Cancer Rights Act of 1998
- Mental Health Parity Act
- Newborn's and Mother's Health Protection Act
- Michelle's Law

HIPAA

- Special Enrollment Rights
- Privacy Notice
- Pre-Existing Condition Exclusion
- Notice of Creditable Coverage--Prescription Drug Coverage and Medicare

COBRA

- Continuation Coverage
- ARRA Subsidy

Note: Copies of legal notices were also sent to members in the mail.

Find it on the Web

KEHP's website contains a variety of information at your fingertips about your insurance benefits.

Go to kehp.ky.gov and find:

- 2010 Plan Year KEHP Handbook
- 2010 Plan Year Benefits Selection Guide
- KEHP Online Enrollment
- KEHP Benefits Analyzer
- Insurance Coordinator Listing
- 2010 Forms
- 2010 Summary Plan Descriptions (available January 1, 2010)
- Humana Health Risk Assessment
- Virgin HealthMiles
- Journey to Wellness
- Healthcare and Dependent Care Flexible Spending Accounts (FSAs)
- Health Reimbursement Accounts (HRAs)

Each one of our partners provides a secure website where you can find a wide variety of information relating to medical benefits, pharmacy benefits, wellness activities and a whole lot more.

Humana – Third Party Administrator

Information related to ID cards, medical claims, participating providers, Healthcare FSAs, Dependent Care FSAs, Health Reimbursement Accounts, Humana*Access* Visa Debit Card, Summary Plan Descriptions, disease management, wellness and health coaching, to name a few.

Go to: myhumana.com

Express Scripts – Pharmacy Benefits Manager

Information relating to prescription drug formulary, participating pharmacies, prescription drug claims, step therapy, prior authorizations, specialty pharmacy, mail order prescription program, to name a few.

Go to: express-scripts.com

Glossary

After-Tax (Post-Tax) Contributions
Contributions you make for your coverage after Social Security, federal, and most state taxes are taken out of your paycheck.

Before-Tax (Pre-Tax) Contributions
Contributions you make for your coverage before Social Security, federal, and most state taxes are taken out of your paycheck. Most KEHP premiums are paid with pre-tax contributions. Contributions to the Healthcare and Dependent Care Flexible Spending Accounts are pre-tax.

Co-Pay
The flat dollar amount that you pay for a visit to an in-network provider or for a prescription drug.

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.

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

Dependent
A plan participant's lawful spouse and any child who meets the plan's criteria.

Formulary
A medical plan's own list of brand-name drugs. Your costs are typically lower when you choose drugs on this list.

Generic Drugs
Generic drugs contain the same active ingredients as brand-name drugs, but they cost much less. (Not all drugs are available as generic.)

Health Reimbursement Account (HRA)
Employer contributions embedded in the consumer-driven Commonwealth Maximum Choice Plan and provided to employees who waive KEHP health plan coverage. HRA funds can be used by employees to pay for qualified medical expenses.

Network (as in In-Network or Out-of-Network)
A group of healthcare providers that offer services to participants in a medical plan at a negotiated cost. Before you receive a service, check with your doctors to make sure they still participate in the plan network.

Non-Formulary
These are brand-name drugs that are not on the formulary list. These could cost you more.

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 and prescription drugs) for the rest of the year.

Participating Facility
Hospitals, urgent care centers, ambulatory surgical facilities, laboratories, diagnostic and imaging centers, skilled nursing centers, and dialysis facilities that have a contract with your medical plan to accept their allowed amount as payment in full.

Prescription Drugs
Those medicinal drugs, including insulin, which by law must be dispensed by a licensed pharmacist or physician and require a physician's written prescription.

Preventive Care
Preventive services include examinations, immunizations, certain screening laboratory and x-ray tests, and procedures commonly accepted by clinicians, which when performed periodically can detect disease conditions not known to currently exist in the participant or which prevent the development of disease conditions in the case of immunizations.

Providers
Providers in a network include doctors, hospitals, and other healthcare facilities, such as a physical therapy facility.

Urgent Care Facility
An urgent care facility is a medical provider that treats an acute medical condition, which usually is a sudden, unexpected onset that is not life-threatening, but which poses a danger to the health of the plan participant if not attended by a physician within 24 hours.

KEHP Wellness Services

"KEHP always has my back when it comes to wellness! "

*My*Humana

HUMANA. Guidance when you need it most

As a Humana member, you can have a password-protected, personal home page on myhumana.com called *My*Humana. With *My*Humana, you can get answers to questions about your health plan at your convenience, 24 hours a day. You can find health information, from wellness tips to heart-healthy recipes, with just a few mouse clicks.

Some of the things you can do on *My*Humana:

- Look up participating doctors, hospitals, and other medical facilities
- Review your health plan benefits
- See if a claim has been paid and how much of the cost you're responsible for, if any
- Use health resources to find out about medical procedures, tests, treatments, and conditions

Discounts available through *My*Humana:

- Multi-vitamins
- Eye exams
- Contact lenses
- Eye glasses
- Gym memberships
- Weight Watchers
- Massages

Health Coaching

Reach your health goals with your own personal health coach in any of the following lifestyle areas:

- Weight Management
- Physical Activity
- Back Care
- Nutrition
- Stress Management
- Tobacco Cessation

Just call 1-866-671-4536 or log onto your *My*Humana account online at myhumana.com to access your health coach today.

Smoking Cessation Services

KY Quitline 1-800-QUIT-NOW (800-784-8669)

A phone-based counseling service that provides you one-on-one counseling services with a trained smoking cessation counselor.

Cooper Clayton Smoking Cessation Program

A 13-week program led by a certified facilitator who assists you in your journey to becoming a non-smoker with the help of nicotine replacement products, group support, and education. To find a class near you visit http://www.kcp.uky.edu/SpecialInitiatives.html (case sensitive). Scroll down the page and click on Current Cooper/Clayton Classes or call 859-219-0772.

Humana Health Assessment

Answer a few basic health questions, and you'll get a confidential results page with tips on enhancing and maintaining a healthy lifestyle. Take your Humana Health Assessment (HHA) by logging onto *My*Humana. Under the "Health & Wellness" tab, choose the "Health Assessment" link. Or call 1-866-444-6096.

“Promoting the Health of the Commonwealth!”

10 YEARS
ACTIVEHEALTH MANAGEMENT

Disease Management

Get help with long-term conditions from a registered nurse who will be your free personal nurse who will help you to:

- Explain tests and test results
- Make changes recommended by your doctor
- Better understand your condition
- Answer questions about medications

Why Weight KY

Through the Why Weight Kentucky program, nurse case managers are available for adults and their children with overweight conditions. If you’re ready to improve your health, we’re ready to help you manage your weight and begin a new, healthier lifestyle today. You have access to a dedicated registered nurse who will offer you support and education to help you achieve safe weight loss goals.

It’s an issue for many Kentuckians.

- Excessive weight is the second leading cause of preventable disease in the United States.
- Excessive weight is linked to conditions such as heart disease, stroke, diabetes, hypertension, sleep apnea, osteoarthritis and some forms of cancer.
- Over two-thirds of Kentuckians are either overweight or obese. In 2007, 69% of adults in Kentucky were overweight or obese.*
- Kentucky ranks number one in the nation in the prevalence of overweight among high school aged youth (12 to 19).*

**CDC 2007*

“I’d been taking the same medicine for five years for my GERD (Gastroesophageal reflux disease). It didn’t get rid of all my symptoms, but I thought that was the best I could expect. It wasn’t until I talked with my disease management nurse, Pam, that I found out I was taking my medicine at the wrong time. I was taking it with breakfast. Pam told me that I should take it at least 30 minutes before breakfast. What a difference! I feel so much better. It’s great having my own personal nurse looking out for me!”

Access ActiveHealth and Why Weight KY services by calling

1-877-KYSPIRIT (1-877-597-7474)

Select Medical, then Disease Management or Why Weight Kentucky

WHO SAYS GETTING ACTIVE & FIT CAN'T BE FUN AND REWARDING?

Virgin HealthMiles is going to help put some spring in your step and cash in your pocket. Join thousands of other KEHP members in a program that rewards you for making healthy decisions.

Walk, stroll, jog, pedal… just move, and the HealthMiles program does the rest. Your pedometer tracks your activity and reminds you to stay active, your personal website displays your progress, your rewards keep you going. Sign up for a program where getting active means getting great stuff.

HERE'S WHAT YOU GET:

A GoZone® pedometer to track all of your daily activity.

A personal, secure LifeZone tracking center that manages all of your activity and health data.

The opportunity to participate in challenges and activity promotions.

The chance to earn and win cash prizes for getting active!

Sign up today at

www.virginhealthmiles.com/kehpemployees
www.virginhealthmiles.com/kehpdependents

Virgin HEALTHMILES

HUMANA
Guidance when you need it most

KENTUCKY EMPLOYEES HEALTH PLAN