Kentucky Employees' Health Plan

Benefits Selection Guide

2016 Open Enrollment

LivingWell Promise for 2016

Take the HumanaVitality® Health Assessment
or Complete a Vitality Check® (biometric screening)

Open Enrollment
Oct. 12 - Oct. 26

Benefit Fairs start Oct. 1

KENTUCKY EMPLOYEES' HEALTH PLAN

LivingWell.ky.gov

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Table of Contents

What You Need to Know for 2016

Open Enrollment – What You Need to Know for Plan Year 2016
October 12 – October 26, 2015

Rates and benefits

Welcome to the 2016 plan year Open Enrollment. **Good news — your health plan rates and benefits are staying the same for the second year in a row!** Due to lower plan medical and pharmacy expenses, improved member consumerism, and continued wellness participation, KEHP is able to offer you no **premium increases** and **the same health plan options** and **coverage levels** as 2015!

Enrollment options

Answer the below questions to determine whether or not you need to take action for this Open Enrollment. If you have to enroll, visit **openenrollment.ky.gov**.

Do you have to enroll? YES, if you want to:	Do you have to enroll? NO, if you:
• Change your health insurance plan • Elect or keep the employer-funded General Purpose Waiver Health Reimbursement Arrangement (HRA) • Elect a Healthcare FSA • Elect a Dependent Care FSA • NOTE: If you did not complete your LivingWell Promise for 2015: You must enroll online and select either the Standard PPO or CDHP. If you do not, you will be automatically defaulted to the Standard CDHP, single coverage level for 2016.	• Want to keep your current health insurance plan option • Currently have and want to keep your employer-funded Waiver Dental/Vision HRA • Are a KRS, KTRS, or Legislative/Judicial return-to-work retiree, under age 65 and want to keep your current health insurance plan with your active agency

New health and wellness benefits

As a health plan member you have access to many **innovative health and wellness benefits** that can help you **save money on medical expenses**. Below are a few details on some of your newest benefits:

- In 2015, KEHP became one of the first state employee health plans in the country to offer qualifying members **free enrollment in the national Diabetes Prevention Program (DPP)**. See if you qualify and learn more on page 4.
- For diabetic health plan members, the KEHP is providing a **new Diabetes Value Benefit**, which aims to reduce out-of-pocket costs for covered diabetic medications and supplies. The benefit begins in January 2016 for eligible members, see page 28.
- You can now **see a doctor online for free with LiveHealth Online**. Talk face-to-face with a doctor 24-hours a day, seven days a week — from a computer, tablet, or mobile device from nearly anywhere in the U.S. Check out page 14 for all the details.
- When life gets busy, it can be hard to find the time to take care of yourself. To help manage your health, reduce stress, and bring balance to your life, Anthem is offering you **myStrength™**. Log on to your secure site at **anthem.com** to access myStrength.

View your wellness benefits at *LivingWell.ky.gov* and your health plan benefits at *kehp.ky.gov*.

Putting your health first

We'll help you do it

Your health matters. Ready to take care of #1? Start by using all the exciting benefits, tools and resources that come with a Kentucky Employees' Health Plan (KEHP) from Anthem Blue Cross and Blue Shield.

Our plans offer simple, useful, smart ways to get the care you need, when you need it. And we keep a close eye on costs to help you get the most value for your money.

That's why we:

- Work closely with members, like you — in ways that range from online groups to personal health consulting — to help you get the personalized care you need and deserve.
- Offer health plans that work in today's world with programs and tools to help you improve your health and help you stay healthy in the long run.

You've got choices

Some of our programs to help you focus on you include:

- *Behavioral health:* Helps with mental health issues like depression.
- *Case management:* Offers special services and programs for members with certain high-risk health problems.
- *Chronic care:* Helps you take care of ongoing health problems such as diabetes, asthma, allergies and high blood pressure.
- *Future Moms:* Call a registered nurse for answers to your pregnancy questions, and help you have a safe delivery and healthy child.
- *LiveHealth Online:* Connects you to a board-certified doctor through your computer or mobile device for help with nonemergency health issues right away.
- *Mobile app:* Makes it easier than ever for you to find a doctor, get a virtual ID card and view your claims.
- *Neonatal intensive care unit (NICU):* Helps meet the complex needs of certain newborn babies and their mothers.
- *24/7 NurseLine:* Offers access to qualified registered nurses who can answer your health questions any time — day or night.
- *Diabetes Prevention Program:* Helps lower your risk for diabetes through prevention classes for 16 weeks with a trained lifestyle instructor.

We're here to help

We'll show you how to make the most of your coverage and take charge of your health. For more information, call Customer Service at the number on the back of your member ID card or visit **anthem.com/kehp**.

Anthem BlueCross BlueShield

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Diabetes Prevention Program (DPP) and Success Stories

Diabetes Prevention Program

Are you at risk for developing diabetes? Most people who are close to having diabetes — a condition called prediabetes — aren't aware of it. If you're not sure what your risk is, check out the list below.

- You're 45 years old or older
- You're overweight
- You have a family history of Type 2 diabetes
- You're physically active fewer than three times per week
- You've had diabetes while pregnant (gestational diabetes) or given birth to a baby weighing nine or more pounds

KEHP offers eligible members the opportunity to attend a program near you to lower your risks for Type 2 Diabetes. Participating in an approved DPP is free and can improve your health through stress reduction, weight loss and increased physical activity with the support of a certified lifestyle instructor. Members receive individual and group support while improving their health and reducing their risk.

This proven and successful 16–week course will meet once per week for an hour. After 16 sessions, participants will receive at least six monthly follow–up sessions to help them stay motivated and maintain their healthy lifestyle. KEHP members who enroll in and attend a DPP will receive 350 HumanaVitality points. Let your lifestyle coach know you are a participating HumanaVitality member and they will take care of the process.

To find out if you are at risk

- You can go to the Centers for Disease Control and Prevention diabetes risk test at **www.cdc.gov.** There are only seven questions and no name or identifiable health plan information is required. Results are anonymous and confidential.
- Or call Anthem's Personal Health Consultants at 1-844-402-KEHP (5347).

DPP participants completed a 16-week program to help lower their risk for diabetes. Here is what they had to say:

"This program has given me more knowledge about eating healthy in hopes of preventing diabetes. The meetings have helped me be more accountable on my food tracking and exercise. Our coach has been very helpful, knowledgeable and supportive during our classes."

"I have a history of diabetes in my family and have seen what a negative effect it can have on life. Being a part of a group is one of the benefits. I have found it is helpful to have others share the struggles they face too. The information our lifestyle coach shares has equipped me with the knowledge base to not only prevent diabetes but also a multitude of other health issues! Our lifestyle coach is always there to encourage.....and support when life happens. I am excited about the future..."

"I would encourage anyone that is at risk to enroll in the program....and it cost you nothing but your time!"

How fast can you earn up to $500?

vitalssmartshopper™

With the fully mobile Vitals SmartShopper™, you can shop common medical services from anywhere, including your doctor's office. When you choose a cost-effective location, you earn a cash reward!

Recent program enhancements include quality information and a helpful out-of-pocket cost calculator tool.

It only takes a minute to create a new account:

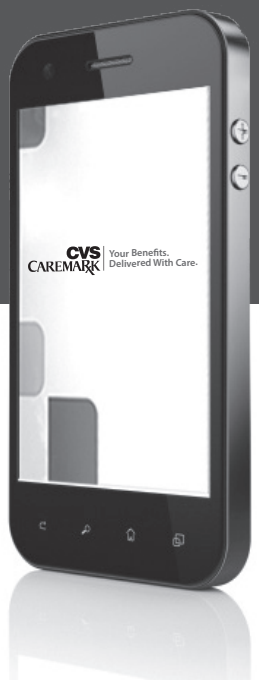
1. Visit **www.vitalssmartshopper.com** and click on the "First Time Users" tab.
2. In the Card I.D. # prompt, enter your Anthem I.D. number exactly as it appears on your insurance card.
3. Follow the prompts to fill in the remaining requested information and click "Log in."

Congratulations! Your new account is created. Now you're ready to shop health care services and start earning cash rewards. Or register by phone at **1-855-869-2133**.

Procedure	Your Reward
Colonoscopy	up to $150
CT Scans	up to $150
Ear, Nose & Throat	up to $150
Gall Bladder Removal	up to $250
Hip Replacement Surgery	up to $500
Knee Surgery	up to $250
Mammograms	up to $25
MRIs	up to $150
PET Scans	up to $150
Ultrasounds (non-maternity)	up to $50

This is a partial list of procedures covered. For a complete list, visit **www.vitalssmartshopper.com**. Dollar amounts vary depending on medical service and location.

Pharmacy, Phone, Online and at the Tap of an App — we've got you covered in 2016!



CVS/caremark is proud to manage the Kentucky Employees' Health Plan Prescription Drug Program.

CVS/caremark can help you manage your medicine and find ways to save time and money — when, where and how you want it!

Enjoy 24/7 access to support and services. We'll help you understand the when and how-to of taking your medicine, fills and refills, and all the ways you can save. We also offer CVS Caremark Specialty Pharmacy for plan members who need specialty medicine for treating complex health conditions.

Welcome!

Retail Pharmacy Network

» Choose from a network of more than 68,000 retail pharmacies nationwide

» Your new prescription benefits do not require that you use only CVS/pharmacy locations; you may use any retail pharmacy within the CVS/caremark nationwide network

» Pick up 90-day supplies of your maintenance medicines at select retail network pharmacies for the same lower cost as mail service

Register at Caremark.com

» Compare your drug costs and generic drugs for savings

» Set up mail service for 90-day supplies of your maintenance medicines

» Find the Plan's most current Preferred Drug List

Call Us Anytime Toll-free at 1-866-601-6934

» Talk to a CVS/caremark pharmacist or Customer Care representative anytime, 24/7

» Set up mail service for 90-day supplies

Download Our Free Mobile App

» Refill by simply scanning the barcode on your Rx label with your smartphone

» Find a pharmacy, review orders, check costs

CVS/caremark™

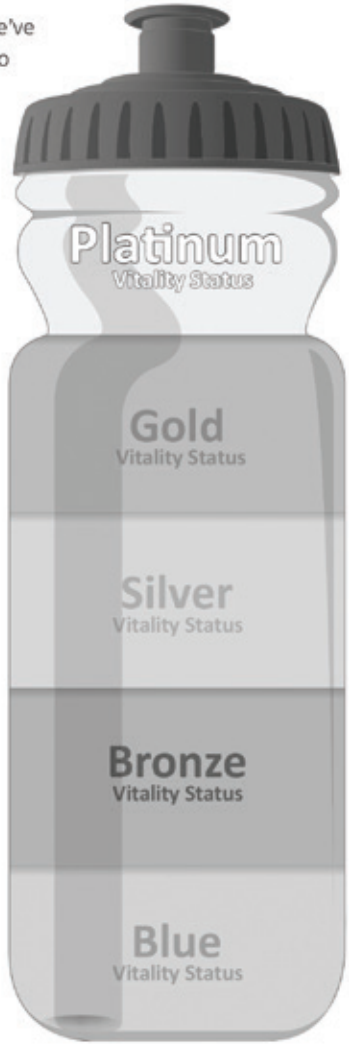
Silver Vitality Status

While you can choose any qualified activity, we've provided some of the most popular activities to help you get to Silver Vitality Status.

Individual

Activity During Year	Vitality Points Earned
Health Assessment (HA)	500
Bonus – HA completed within the first 90 days	250
First Step HA*	500
Vitality Check® completion	2,000
Vitality Check in-range results	
BMI (body mass index)	800
Blood pressure	400
Blood glucose level	400
Cholesterol level	400
Silver Vitality Points level (5,000 Vitality Points)	**5,250**

*500-point limit for First Step HA over the life of membership



Family

(Illustration below is for two adults and one child. Assumes both adults complete where indicated with x2.)

Activity During Year	Vitality Points Earned
Health Assessment (x2)	1,000
Bonus – HA completed within the first 90 days (x2)	500
First Step HA* (x2)	1,000
Vitality Check completion (x1)	2,000
Vitality Check in-range results (x1)	
BMI (body mass index)	800
Blood pressure	400
Blood glucose level	400
Cholesterol level	400
Complete 5K run/walk	250
Two workouts per week for 12 weeks (15 points x 24)	360
Bonus – 15 points for first workout points of week	180
Kids Health Assessment	200
Kids preventive care visit	200
Kids flu shot	100
Kids sports league	100
CPR certification	125
Silver Vitality Points level (8,000 Vitality Points)	**8,015**

Watch and Learn
Watch our YouTube video to learn some quick ways to move from Bronze Vitality Status to Silver Vitality Status. Earn a 10 percent discount in the HumanaVitality Mall. Go to **http://bit.ly/howtogettosilver**.

Tour the Mobile App
Quick, convenient and personalized just for you.
Go to **humana.com/individual-and-family-support/tools/mobile/humanavitality**

Humana Vitality LivingWell.ky.gov HumanaVitality.com

HumanaVitality is not an insurance product
KYHJ4AUEN 0115

Join the HumanaVitality community on

WageWorks Healthcare & Dependent Care Benefits

Take Advantage of WageWorks Benefits to Save Big on Everyday Expenses

Open Enrollment for 2016 is just around the corner. We want to make sure you are up-to-date on the great savings tools available for you and your family so that you can make enrollment decisions that are just right for you.

KEHP has partnered with WageWorks again this year to make it as easy as possible for you to enroll, manage your accounts, and save significant money while keeping you and loved ones healthy. The offerings include: a WageWorks® Healthcare Flexible Spending Account (FSA), Dependent Care FSA, and Health Reimbursement Arrangement (HRA).

WageWorks benefits not only save you money, they save you time. Regardless of which benefits you select, you get one online account to oversee all associated activities; one mobile app for on-the-go benefits management; and one, pre-loaded debit card for quick and easy payments.

Healthcare FSA + HRA = Greater Savings Potential

You have the opportunity to enroll in both a WageWorks Healthcare FSA and an HRA – combining two, powerful plans to make healthcare even more affordable. By taking advantage of both, you first tap into pre-tax FSA funds to cover eligible, out-of-pocket expenses such as co-payments, prescriptions, certain over-the-counter medications, and vision and dental care. When FSA funds are depleted, the employer-funded HRA automatically kicks in, allowing you to access those account funds for similar eligible expenses.

Account Management that's Quick, Easy, and Completely Mobile

The WageWorks EZ Receipts® mobile app is the quick and easy way to manage all your WageWorks benefits. Download this handy free app for your smartphone, log in to your account, and check your balances, submit claims, snap photos of receipts, even have our dependent care provider sign receipts—all on the go!

Swipe-and-Go Payment Convenience

The WageWorks Healthcare Card works just like a debit card and is automatically linked to your WageWorks account. You'll love the convenience of this pre-loaded card, allowing you to easily pay for hundreds of eligible healthcare products and services. Plus, the smart card functionality works seamlessly with your WageWorks Healthcare FSA and/or HRA, knowing which account to draw money from first.

To learn more about WageWorks benefits, check out accompanying materials in this Benefits Selection Guide. If you have questions about a specific program, contact WageWorks at 877-430-5519.

WageWorks
everyone benefits®

2016 LivingWell Promise

More than 133,000 KEHP planholders, or 97% of members who elected a LivingWell plan in 2015, completed their LivingWell Promise and learned more about their health status. To continue our focus on wellness and healthy lifestyles, the LivingWell Promise for 2016 will continue to include the option to complete the HumanaVitality Health Assessment (HA) **or** a Vitality Check (biometric screening).

If you choose a LivingWell plan option and complete the steps of the LivingWell Promise you can:

- ✓ **Access the best benefit plan options**
- ✓ **Learn about your health status and history**
- ✓ **Understand your health risks**
- ✓ **Take action to get and stay healthy**

YES

If you elect or continue a LivingWell plan option in 2016, **you must complete one of the following from January 1, 2016 through May 1, 2016:**

- Take the HumanaVitality HA
  or
- Complete a Vitality Check (biometric screening)

By saying **YES**, you are eligible to select one of two LivingWell plan options for the 2016 plan year*:

LivingWell CDHP

LivingWell PPO

If you have a cross-reference payment option, you and your spouse both must complete the HA or the Vitality Check.

NO

If you say **NO** to the LivingWell Promise, you, the planholder, are not required to comply with the terms of the LivingWell promise.

By saying **NO**, you are only eligible for a Standard plan option for the 2016 plan year:

Standard CDHP

Standard PPO

If you elect a Standard plan option in 2016, you are only eligible to change your election during the next enrollment period or if you experience a qualifying event.

If you elect or continue a LivingWell plan option for 2016 and do not complete the LivingWell Promise, you will only be eligible for the Standard plan options in 2017. If you are unable to fulfill the LivingWell Promise because of a physical or mental health condition, KEHP will work with you to develop an alternative way to qualify for either LivingWell plan options.

* **NOTE:** If you did not complete your 2015 LivingWell Promise you are ONLY eligible for the Standard CDHP and Standard PPO for 2016. KHRIS has been updated to prevent you from selecting a LivingWell plan during Open Enrollment. If you do not elect a plan for 2016, you will be defaulted to the Standard CDHP, single coverage level.

Completing the 2016 LivingWell Promise

Complete a Health Assessment

More than 97% of KEHP planholders completed their LivingWell Promise in 2015, by taking the Health Assessment (HA) or receiving a Vitality Check (biometric screening). It's that easy! The HA is a series of questions about your current physical and mental well-being, your day-to-day lifestyle, and how you feel about your current health levels. It takes about 10-15 minutes and will tell you your Vitality Age.

Only the planholder must complete the LivingWell Promise; however, if you have a cross-reference payment option, you and your spouse must both complete the LivingWell Promise.

A Health Assessment increases your awareness of your health status. The results do not affect your health insurance coverage or premiums.

KEHP takes your personal health information seriously and has measures in place to protect this information. All responses to your HA are strictly confidential and protected under HIPAA. KEHP will not collect, or access, or retain your personal health information, nor will KEHP share your personal health information with your employer. Only HumanaVitality will have access to and be able to view your HA responses. *KEHP may receive aggregate information from HumanaVitality that does not identify any individual in order to design and offer health programs aimed at improving the health of KEHP members.*

Follow the instructions to the right to complete the HA from **Jan. 1, 2016 through May 1, 2016**.

Take the HumanaVitality Health Assessment

Visit **livingwell.ky.gov** and click on the HumanaVitality login.

First-time users

Click on "RegisterNow" and complete the required fields. You will be issued a HumanaVitality ID card and you will enter the number found on your HumanaVitality ID Card or enter your social security number. Check the box agreeing to the terms, and click "Continue." Verify the member found is you. Create a username and password. After completing the registration process, return to HumanaVitality to sign in using the username and password you just created.

Returning users

Sign in using your username and password.

After you sign in, click on the alert to "Take the Health Assessment" or look for the "Health Assessment" link under the "Get Healthy" tab. If you know your medical history and key measurements, have them ready to help you complete your HA. If you don't have your key measurements, don't worry, you'll still be able to complete the HA. If you had a Vitality Check (biometric screening) within the last 18 months, you will see those results have pre-populated into your HA. The results cannot be updated until a new Vitality Check is submitted. To find a Vitality Check location near you, visit **livingwell.ky.gov**.

Receive your Vitality Age based on your HA responses. HumanaVitality will then recommend goals. If you choose, you may select goals and discover activities that will allow you to commit to a healthier lifestyle, improve your Vitality Age, and earn VitalityPoints™ and rewards along the way.

Completing the 2016 LivingWell Promise

Complete a Vitality Check

A Vitality Check is a biometric screening that consists of: lab work to test your cholesterol and blood glucose; a blood pressure check; height, weight and waist circumference to learn your Body Mass Index (BMI). For more accurate results, fast for at least nine hours prior to the test.

HumanaVitality® rewards you up to 4,000 Vitality Bucks for receiving a Vitality Check. You receive 2,000 Bucks just for completing your Vitality Check and an additional 2,000 Bucks for being in healthy ranges, and Vitality Points for taking each test (cholesterol, blood glucose, blood pressure). You'll earn more Vitality Points for completing a Vitality Check than you will by taking just a Health Assessment. If you choose, you may take both and earn more points! A Vitality Check will give you more accurate results to use when populating your Health Assessment. And in turn, you will have a more accurate Vitality Age.

The Vitality Check increases your awareness of your health status. The results do not affect your health insurance coverage or premiums.

There are four options available to you to complete your biometric screening. Remember to take your HumanaVitality ID card and appropriate printed voucher/paperwork with you to your biometric screening appointment.

1. At a KEHP scheduled, select, onsite location — to be announced at a later date. (onsite work locations) • Go to **livingwell.ky.gov** • Click on the Get a Vitality Check box • Use the map in the Vitality Check locator to find a location near you.	No cost to you The Vitality Check location will submit your results to HumanaVitality.
2. Through your local health department • Go to **livingwell.ky.gov** to find a location • Present your HumanaVitality ID card at the health department	No cost to you The health department locations will submit your results to HumanaVitality.
3. At a retail clinic (e.g. Krogers' Little Clinics, Walgreens' Take Care Clinics, Concentra) • Go to **livingwell.ky.gov** • Click on the Get a Vitality Check box • Choose from the locations listed • Print the associated Vitality Check voucher • Present the voucher and your HumanaVitality ID card at the retail clinic	No cost to you The retail clinic location will submit your results to HumanaVitality.
4. At your Primary Care Physician (PCP) • Go to **livingwell.ky.gov** • Click on the Get a Vitality Check box • Click on the "primary care physician" tab • Print a copy of the "PCP Vitality Check Voucher" located at **livingwell.ky.gov** • Fax the completed form to HumanaVitality at 1-877-250-7814 or mail to P.O. Box 14613, Lexington KY 40512-4613	Preventive Services are at no cost to you if you use an in-network provider; however, there may be a charge if your provider submits the claim other than preventive services.

Notes:

- Only the planholder must complete the LivingWell Promise. If you have a cross-reference payment option, you and your spouse must both complete the LivingWell Promise.
- Maintain a copy of the paperwork you receive from your Vitality Check as your proof of fulfilling the LivingWell Promise.
- Fasting is strongly recommended but not required. Please fast 9-12 hours before your screening (nothing to eat or drink besides water). Some exceptions for fasting: people who have been diagnosed with diabetes mellitus, hypoglycemia, women who are pregnant and people taking prescription medicines that must be taken with food.

Michael McKinney, Changes Lifestyle with HumanaVitality
West Liberty Corrections Fiscal Manager

In January I was introduced to the HumanaVitality Program. I began to explore the website and reviewed the material to become more familiar with it. At first my goal was to earn points in order to buy items through the HumanaVitality Mall. However, without realizing it, I became motivated again. I purchased a fitness tracking device, started tracking my calorie intake, and began getting at least seven hours of sleep per night as the material suggested. I began setting goals from the program and incorporated them into my daily life. To my surprise, I was dropping weight and living a much healthier lifestyle by implementing the changes I learned from the program. As of July 2015, I have lost a total of 120 pounds and I am currently at a weight of 300. I feel better than I have in 15 years, and I'm much happier with the healthier lifestyle that I have adopted. I still have not reached my desired weight loss goal, but I'm certain with the help of HumanaVitality I'll get there very soon.

Raymond "Jackie" Cole,
Environmental Health Director for the Pike County Health Department

March 13, 2013, I woke up and decided that I was not going to let myself go like I had before 2005. My wife had a recumbent bike and that morning I got up and started my road to improving my health. That morning, I did five miles on the bike; and that evening I did five more miles. By the end of April, I had over 400 miles on that bike. In May, I started walking in addition to riding the bike. My wife had started running a little and in May completed her first 5K-I had NO desire to run EVER!!!! It was about this time that I began hearing about HumanaVitality. My co-workers said with all the walking I was doing, and the running my wife was doing, we should participate. I signed us up.

Today I have personally been a part of 1,804 Vitality Checks. Being a Platinum Status member, I know the benefits HumanaVitality offers. My family has purchased pedometers, Under Armor apparel, over $700 in Amazon cards, a free iPad Air, and a few other items with our Vitality Bucks.

I have run 16 5Ks, three 10Ks, six half marathons, and exceeded by goal of running 1,000 miles in one year (I ended the year with 1,175). Currently, I am registered for two half marathons, countless smaller runs, and I am ahead of pace to complete my goal of 1,200 miles in 2015. I am a much healthier individual, as is my family, and we give HumanaVitality a lot of credit for pushing us to make sure we are "getting our points."

In my county I will help anyone that wants to get healthier, but in the end they must want it for themselves. HumanaVitality and I are doing our part to make Pike County the healthiest county in Kentucky.

Laura Foley,
Dept. for Public Health

I have a beautiful nephew, Gus, who is only three years old. I want to be around as he grows up, marries, and starts a family of his own. My family has a history of diabetes and heart disease–if I want to be there for him, I need to take steps (literally) to improve my health. The HumanaVitality 15-Day Dash is a wonderful opportunity to establish a habit that can continue well beyond the event. I am fortunate to be surrounded by co-workers who are joining me in this effort and offer kind support and encouragement on a daily basis. I keep reminding myself that the past is over and the future never arrives–it is this moment, the present, in which I can make a healthier choice. Life is filled with painful challenges and moments of great joy–if I just keep putting one foot in front of the other, I can be there for it all. Perhaps, even, to cry at Gus' wedding.

Getting to Know Your Health Plan

Who is Anthem Blue Cross and Blue Shield?

We are Kentuckians, and it has been our privilege to serve the Bluegrass State for more than 75 years. We understand the importance of keeping our communities healthy, because we're part of every community across our great Commonwealth — from Paducah to Pikeville.

KEHP is your self-insured health plan — meaning the KEHP determines your benefit plan designs. Anthem, as your third-party administrator, will offer the largest network of providers, excellent service and technology, and significant opportunities to help hold down costs. Visit **anthem.com/KEHP** to learn more.

How does my plan work?

1. You pay your deductible. This is a set amount that you pay before your plan starts paying for covered services. If your plan has co-pays (flat fees like $25 for each visit) along with a deductible, you only need to pay the co-pay for most doctor visits.
2. After you meet your deductible, you and KEHP share the cost of covered services. You pay a co-pay or co-insurance (a percentage of the cost) each time you get care. Your KEHP plan covers the rest.
3. You're protected by your plan's out-of pocket limit. The out-of-pocket limit is the most you pay for covered health services each year.
   - What about the money for health insurance that gets deducted from your paycheck? That's your premium or contribution. Think of it like a membership fee. It's separate from what you pay when you get care.

Are there any other health programs besides my Anthem health plan?

Yes, check out these health programs KEHP is providing in addition to your health insurance benefits.

- *Behavioral Health* — Coping with both mental health and medical conditions can be confusing and frustrating. Licensed health professionals will work closely with you to make a plan for reaching your goals and overcoming barriers.
- *Case Management* — If you're coming home after surgery or a hospital stay, or even if you have a serious health condition, a Personal Health Consultant can help. There's no need to do anything. One of our nurses will call you and go over your doctor's instructions about follow-up care and medicines and even give personal lifestyle coaching.
- *Chronic Care* — If you or someone you love has a chronic health condition, Anthem's Personal Health Consultants can help. They help people of all ages manage the symptoms of asthma and diabetes. And they work closely with adults who are dealing with chronic obstructive pulmonary disease (COPD), heart failure and coronary artery disease (CAD).
- *Future Moms* — Moms-to-be get personalized support and guidance from registered nurses to help them have a healthy pregnancy, a safe delivery and a healthy baby.
- *LiveHealth Online* — With LiveHealth Online, you can see a doctor anytime, anywhere. Just visit livehealthonline.com, or download the mobile app. You'll get convenient, real-time access to board-certified doctors who can help you when you're sick.
- *MyHealth Advantage* — Avoid health problems, stay healthy and save money. This program tracks your health information to see if there's anything you can do to improve your health. If so, you'll get a personalized and confidential MyHealth Note in the mail.
- *MyStrength* — This online tool offers videos, articles and other resources to help improve your overall health and bring balance to your life.
- *24/7 NurseLine* — Our registered nurses can answer your health questions wherever you are — any time, day or night.

The sooner you see a doctor the better you can feel

LiveHealth Online lets you see a doctor from your home or workplace in just minutes

Talk to a doctor today, tonight, anytime — at no extra cost, from your computer or mobile device

Under the weather? Have a health question? With LiveHealth Online, you don't have to drive to a doctor's office for an appointment. You can have a no-cost, two-way video chat with a board-certified doctor right where you are, as long as you have Web access and a computer (with a camera), a tablet or a mobile device. The doctor will answer your questions, diagnose health problems and even prescribe basic medicines when needed.*

With LiveHealth Online, you get:

- Instant doctor visits through live, two-way video chat.
- Help at no extra cost for KEHP members.
- Your choice of experienced, board-certified doctors.
- Private, secure and convenient online visits.

In just minutes, you're talking to a doctor

As always, you should call 911 with any emergency. Otherwise, use LiveHealth Online whenever you have a health concern and don't want to wait. You can chat with a doctor 24 hours a day, seven days a week, 365 days a year when you or a family member have:

- Cold and flu symptoms such as a cough, fever and headaches
- Family health questions
- Allergies
- Sinus infections
- Rashes
- Pinkeye
- Ear pain and more!

Sign up for free today!

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LivingWell CDHP

- The LivingWell Consumer Driven Health Plan (CDHP) puts you, the consumer, in more control of managing your health expenses.
- If you choose this plan, you must complete the LivingWell Promise.
- You receive a KEHP-funded Health Reimbursement Arrangement (HRA) to use toward your deductible and maximum out-of-pocket.
- If you currently have the LivingWell CDHP or the Standard CDHP, and choose this plan, any remaining HRA balance will carry over to this plan.
- This plan has the lowest annual out-of-pocket maximum and co-insurance percentage.
- Medical and pharmacy expenses apply to the maximum out-of-pocket.

HRA helps reduce your costs

The HRA can be used to reduce your deductible by 40%. You will receive a WageWorks® Healthcare Card pre-loaded with $500 for single coverage or $1,000 for couple, parent-plus or family coverage level. Just swipe the WageWorks® Healthcare Card at any in-network provider's office or pharmacy and the eligible expense amount will be reduced from your card balance. Most of the time, your card swipes are automatically processed; however, you may have to submit expense receipts for documentation if the card swipe cannot be automatically verified.

HRA funds

If your annual expenses are below $500 for single coverage or below $1,000 for all other coverage levels, you won't have to spend any money out of your own pocket. Also, any funds in your HRA remaining at the end of 2016 will carry over to your new HRA for 2017, if you select a CDHP. Once you use all your HRA funds, you will pay for any additional expenses up to your deductible. After the deductible is met, co-insurance begins. This plan has the best co-insurance — you pay only 15%, and the health plan pays 85% of all eligible expenses.

TIP: You can also use a Healthcare FSA to increase your personal tax savings and help cover your deductible expenses. The Healthcare FSA amount you choose to contribute will be added to the HRA amount ($500/$1,000) and pre-loaded to the WageWorks Healthcare Card.

LivingWell PPO

- The LivingWell Preferred Provider Organization (PPO) is a traditional health plan.
- If you choose this plan, you must complete the LivingWell Promise.
- This plan is a good choice if you prefer having a larger premium in exchange for a fixed co-pay for certain services.
- This plan includes a flat co-pay amount for prescription coverage.
- The out-of-pocket amount for the LivingWell PPO is the same as with the LivingWell CDHP. However, with the PPO plan there is no HRA provided to help you reduce your costs.
- Separate medical and prescription out-of-pocket maximums. Co-pays apply to the out-of-pocket maximums.

The LivingWell CDHP and the LivingWell PPO both contain the LivingWell Promise. The chart below is for illustrative purposes only. See how your costs compare under both plans if you have single coverage:

Non-Smoker with Single Coverage	LivingWell CDHP	LivingWell PPO
Employer HRA contribution	$500	$0
Your healthcare expenses for the year	$7,000	$7,000
Use your KEHP-funded HRA to pay	-$500	$0
Your remaining balance	$6,500	$7,000
You pay $150 emergency room co-pay	$0	-$150
Your remaining balance	$6,500	$6,850
You pay remaining deductible amount	-$750	-$500
Your remaining balance	$5,750	$6,350
Plan pays 85% or 80%	-$4,887.50 (85%)	-$5,080 (80%)
You pay the other 15% or 20%	$862.50 (15%)	$1,270 (20%)
Your costs for treatment	$1,612.50 (deductible + co-insurance)	$1,920 (co-pay + deductible + co-insurance)
Your total annual premium	$575.76	$959.76
Your total annual costs	**$2,188.26 (deductible + co-insurance + premium)**	**$2,879.76 (deductible + co-pay + co-insurance + premium)**

Standard PPO

Standard PPO Plan Option

- The Standard Preferred Provider Organization (PPO) is a traditional health plan offering lower premiums and higher out-of-pocket costs.
- This plan does not require the LivingWell Promise.
- This plan reimburses most covered expenses at 70%.
- Under this plan, you pay 30% of the total in-network prescription cost within a minimum and maximum range.
- Emergency room co-pays are $150, plus the deductible and co-insurance.
- Regardless of the pharmacy tier, the amount you pay is capped at a maximum amount.
- Separate medical and prescription out-of-pocket maximums. Co-pays apply to the out-of-pocket maximums.

Standard CDHP

Standard CDHP Plan Option

- The Standard Consumer Driven Health Plan (CDHP) puts you, the consumer, in more control of managing your health expenses.
- You receive a KEHP-funded Health Reimbursement Arrangement (HRA) to use toward your deductible and maximum out-of-pocket.
- This plan does not require the LivingWell Promise.
- This plan offers the lowest premiums in exchange for higher deductibles.
- **Any member who fails to elect or waive coverage by Oct. 26, 2015, is automatically enrolled in this plan with single coverage.**

TIP: You can also use a Healthcare FSA to increase your personal tax savings and help cover your deductible expenses. The Healthcare FSA amount you choose to contribute will be added to the HRA amount ($250/$500) and pre-loaded to the WageWorks Healthcare Card.

HRA helps reduce your costs

The HRA can be used to reduce your deductible. You will receive a WageWorks® Healthcare Card pre-loaded with $250 for single coverage or $500 for couple, parent-plus or family coverage level. Just swipe the WageWorks® Healthcare Card at any in-network provider's office or pharmacy and the eligible expense amount will be reduced from your card balance. Nearly 80% of all WageWorks® Healthcare Card swipes are automatically processed; however, you may have to submit expense documentation or substantiation.

HRA funds

If your annual expenses are below $250 for single coverage or below $500 for all other coverage levels, you won't have to spend any money out of your own pocket. Also, any funds in your HRA remaining at the end of 2016 will carry over to your new HRA for 2017, if you select a CDHP. Once you use all your HRA funds, you will pay for any additional expenses up to your deductible. After the deductible is met, co-insurance begins.

The Standard CDHP and the Standard PPO do not contain the LivingWell Promise. The chart below is for illustrative purposes only. See how your costs compare under both plans if you have single coverage.

Non-Smoker with Single Coverage	Standard PPO	Standard CDHP
Employer HRA contribution	$0	$250
Your healthcare expenses for the year	$7,000	$7,000
Use your KEHP-funded HRA to pay	$0	-$250
Your remaining balance	$7,000	$6,750
You pay $150 emergency room co-pay	-$150	$0
Your remaining balance	$6,850	$6,750
You pay remaining deductible amount	-$750	-$1,500
Your remaining balance	$6,100	$5,250
Plan pays 70%	-$4,270	-$3,675
You pay the other 30%	-$1,830	-$1,575
Your costs for treatment	$2,730 (co-pay + deductible + co-insurance)	$3,075 (deductible + co-insurance)
Your total annual premium	$575.76	$155.76
Your total annual costs	**$3,305.76** (deductible + co-pay + co-insurance + premium)	**$3,230.76** (deductible + co-insurance + premium)

2016 Monthly Premiums and Contributions

All employee contributions are per employee, per month.

Non-Tobacco User Rates

LivingWell CDHP

	Total Premium	Employer Contribution	Employee Contribution
Single	$702.10	$654.12	**$47.98**
Parent Plus	$967.18	$844.20	**$122.98**
Couple	$1,302.74	$1,014.76	**$287.98**
Family	$1,453.94	$1,115.96	**$337.98**
Family Cross-Reference	$810.00	$732.02	**$77.98**

LivingWell PPO

	Total Premium	Employer Contribution	Employee Contribution
Single	$721.14	$641.16	**$79.98**
Parent Plus	$1,023.04	$795.06	**$227.98**
Couple	$1,564.20	$1,051.22	**$512.98**
Family	$1,738.40	$1,095.42	**$642.98**
Family Cross-Reference	$865.64	$712.66	**$152.98**

Standard PPO

	Total Premium	Employer Contribution	Employee Contribution
Single	$677.74	$629.76	**$47.98**
Parent Plus	$963.36	$840.38	**$122.98**
Couple	$1,474.84	$1,186.86	**$287.98**
Family	$1,640.84	$1,302.86	**$337.98**
Family Cross-Reference	$814.72	$736.74	**$77.98**

Standard CDHP

	Total Premium	Employer Contribution	Employee Contribution
Single	$663.68	$650.70	**$12.98**
Parent Plus	$930.34	$870.36	**$59.98**
Couple	$1,429.26	$1,179.28	**$249.98**
Family	$1,591.52	$1,291.54	**$299.98**
Family Cross-Reference	$792.90	$764.92	**$27.98**

Notes: The monthly premiums and contributions in this guide do not apply to retirees. Please check with your retirement system.

2016 Monthly Premiums and Contributions

All employee contributions are per employee, per month.

Tobacco User Rates

LivingWell CDHP

	Total Premium	Employer Contribution	Employee Contribution
Single	$702.10	$614.12	**$87.98**
Parent Plus	$967.18	$764.20	**$202.98**
Couple	$1,302.74	$934.76	**$367.98**
Family	$1,453.94	$1,035.96	**$417.98**
Family Cross-Reference	$810.00	$692.02	**$117.98**

LivingWell PPO

	Total Premium	Employer Contribution	Employee Contribution
Single	$721.14	$601.16	**$119.98**
Parent Plus	$1,023.04	$715.06	**$307.98**
Couple	$1,564.20	$971.22	**$592.98**
Family	$1,738.40	$1,015.42	**$722.98**
Family Cross-Reference	$865.64	$672.66	**$192.98**

Standard PPO

	Total Premium	Employer Contribution	Employee Contribution
Single	$677.74	$589.76	**$87.98**
Parent Plus	$963.36	$760.38	**$202.98**
Couple	$1,474.84	$1,106.86	**$367.98**
Family	$1,640.84	$1,222.86	**$417.98**
Family Cross-Reference	$814.72	$696.74	**$117.98**

Standard CDHP

	Total Premium	Employer Contribution	Employee Contribution
Single	$663.68	$610.70	**$52.98**
Parent Plus	$930.34	$790.36	**$139.98**
Couple	$1,429.26	$1,099.28	**$329.98**
Family	$1,591.52	$1,211.54	**$379.98**
Family Cross-Reference	$792.90	$724.92	**$67.98**

Notes: The monthly premiums and contributions in this guide do not apply to retirees. Please check with your retirement system.

KEHP 2016 Benefits Grid

Plan Options	LivingWell CDHP		LivingWell PPO		Standard PPO		Standard CDHP	
	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 Arrangement (HRA)	Single $500; Family $1,000		Not Applicable		Not Applicable		Single $250; Family $500	
Annual Deductible*	Single $1,250 Family $2,500	Single $2,500 Family$5,000	Single $500 Family $1,000	Single $1,000 Family $2,000	Single $750 Family $1,500	Single $1,500 Family $3,000	Single $1,750 Family $3,500	Single $3,000 Family $6,000
	Applies to Medical and Pharmacy		Applies to Medical		Applies to Medical		Applies to Medical and Pharmacy	
Annual Medical Out-of-Pocket Maximum**	Single $2,500 Family $5,000	Single $5,000 Family $10,000	Single $2,500 Family $5,000	Single $5,000 Family $10,000	Single $3,500 Family $7,000	Single $7,000 Family $10,000	Single $3,500 Family $7,000	Single $7,000 Family $10,000
Deductibles & Out-of-Pocket Maximums for In-Network and Out-of-Network providers accumulate separately and do not cross apply.								
Co-Insurance	Plan: 85% Member: 15%	Plan: 60% Member: 40%	Plan: 80% Member: 20%	Plan: 60% Member: 40%	Plan: 70% Member: 30%	Plan 50% Member: 50%	Plan: 70% Member: 30%	Plan: 50% Member: 50%
Doctor's Office Visits	Deductible then 15%	Deductible then 40%	Co-Pay: $25 PCP; $45 Specialist	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Physician Care (Inpatient/ Outpatient/Other)	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Diagnostic Tests In Doctor's Office****	Deductible then 15%	Deductible then 40%	Office Visit Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Other Laboratory	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Inpatient Hospital (Semi-Private Room)	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Outpatient Hospital/Surgery	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Outpatient/ Ambulatory Surgery Center	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Emergency Room (Benefit for emergency medical treatment only)	Deductible then 15%		$150 Co-Pay then Deductible then 20% Co-Pay waived if admitted.		$150 Co-Pay then Deductible then 30% Co-Pay waived if admitted.		Deductible then 30%	
ER Physician Care	Deductible then 15%		Deductible then 20%		Deductible then 30%		Deductible then 30%	
Ambulance	Deductible then 15%		Deductible then 20%		Deductible then 30%		Deductible then 30%	

KEHP 2016 Benefits Grid

Plan Options	LivingWell CDHP		LivingWell PPO		Standard PPO		Standard CDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Urgent Care Center	Deductible then 15%		$50 Co-Pay		Deductible then 30%		Deductible then 30%	
Routine Well Child	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 50%	Covered at 100%	Deductible then 50%
Routine Well Adult	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 50%	Covered at 100%	Deductible then 50%
Mental Health	Treated the same as any other health condition. See specifics related to PCP office visit, inpatient and outpatient services.							
Autism Services	Treated the same as any other health condition. See specifics related to PCP office visit, inpatient and outpatient services.							
Allergy Injections	Deductible then 15%	Deductible then 40%	$15 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Allergy Serum	Deductible then 15%	Deductible then 40%	$15 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Maternity Care (See SPD for Specifics)	Deductible then 15%	Deductible then 40%	$25 Co-Pay (office visit pregnancy diagnosed) Delivery Charge: Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Durable Medical Equipment	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Therapy Services (Per Visit; Physical, Occupational, Speech)	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	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 15%	Deductible then 40%	$25 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	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 CVS/caremark*								
Annual Rx Out-of-Pocket Maximum	**Combined with Medical**	**Combined with Medical**	**Single $2,500 Family $5,000**	**Not Applicable**	**Single $2,500 Family $5,000**	**Not Applicable**	**Combined with Medical**	**Combined with Medical**
30-Day Supply*** Tier 1 - Generic Tier 2 - Formulary Tier 3 - Non-Formulary	Deductible then 15%	Deductible then 40%	$10 $35 $55	Not Applicable	30% Min $10-Max $25 Min $20-Max $50 Min $60-Max $100	Not Applicable	Deductible then 30%	Deductible then 50%
90-Day Supply (Retail or Mail Order)***** Tier 1 - Generic Tier 2 - Formulary Tier 3 - Non Formulary	Deductible then 15%	Not Applicable	$20 $70 $110	Not Applicable	30% Min $20-Max $50 Min$40-Max $100 Min$120-Max$200	Not Applicable	Deductible then 30%	Not Applicable

Notes: The boxed areas of the grid are components of each plan most often used by members when choosing a plan option, but are not all inclusive. **Please refer to the Summary Plan Descriptions (SPDs), available January 30, 2016, 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 2016 SPDs and Medical Benefit Booklets will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations and exclusions set forth in the SPDs.

* Co-pays do **not** accumulate toward the deductible, but they do accumulate toward the applicable out-of-pocket maximum.

** For the **LivingWell CDHP** and the **Standard CDHP** plans, all covered expenses apply to the out-of-pocket maximum. For the **LivingWell PPO** and the **Standard PPO** plans, the out-of-pocket maximum accumulates separately and independently for medical and prescription drug benefits.

*** Certain maintenance drugs are subject to lower co-pays and coinsurances. Please see the Diabetes Value Benefit.

**** Claims processed based on provider billing type which may include separate charges from a lab performing services outside of the doctor's office visit.

Waiver General Purpose HRA

Administered by WageWorks

If you are an eligible, active employee and choose to waive coverage and select the Waiver General Purpose Health Reimbursement Arrangement (HRA), your employer will contribute $175 per month, up to $2,100 per year, into your HRA account. You will receive a WageWorks® Healthcare Card pre-loaded on January 1 with $1,050, and loaded again on July 1 with an additional $1,050. Use this card to pay for qualified medical expenses. Any balance remaining in your Waiver General Purpose HRA at the end of the calendar year will carry over to the next calendar year, as long as you continue to waive your health insurance coverage and elect a Waiver General Purpose HRA.

If you do not need health insurance, you must actively waive your coverage and choose a Waiver General Purpose HRA, or you will be automatically enrolled in the Standard CDHP, single coverage level plan option for 2016.

Waiver HRA

Examples of covered services

- Medical and prescription expenses
- 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

If you choose a Waiver HRA, your primary health insurance plan is not through KEHP, so you will need to keep your receipts and submit them to verify your expenses, even if you use your WageWorks Healthcare Card. You can submit receipts and verify expenses online or use the EZ Receipts Mobile App.

Who is Eligible to Waive Coverage and Receive an HRA

- Any active employee of a state agency, school board, or certain quasi-agencies who is eligible for state-sponsored health insurance coverage
- A retiree who has returned to work

NOTE: If you choose the Waiver General Purpose HRA, per federal law, you must declare that you have other group health plan coverage that provides minimum value. A "group health plan" refers to coverage provided by an employer, an employer organization, or a union. A "group health plan" does not include individual policies purchased through kynect or governmental plans such as TRICARE, Medicare, or Medicaid.

NOTE: To ensure compliance with the federal law requiring all persons to have health insurance, your employer is responsible for reporting health insurance coverage information to you and to the IRS in accordance with the Internal Revenue Code Sections 6055 and 6056.

Examples:

- You currently have coverage through your spouse's employer — you ARE eligible to elect the Waiver General Purpose HRA
- You currently have coverage through TRICARE – you ARE NOT eligible to elect the Waiver General Purpose HRA but may elect the Waiver Dental/Vision Only HRA

Who is Not Eligible

- An employee of an agency that does not participate in KEHP's HRA/FSA program
- A retiree under age 65 who has gone back to work and elected coverage under the retirement system
- An employee who does not have other group coverage

NOTE: If you or your spouse or dependent is contributing funds to a Health Savings Account (HSA), you may not be eligible to establish an HRA or Flexible Spending Account (FSA) and should consult a tax advisor prior to establishing an HRA or FSA.

Beginning Jan. 1, 2016, the VISA Healthcare Card can be used for services rendered in 2016. Do not use for any balances from 2015.

Waiver Dental/Vision Only HRA

Administered by WageWorks

If you are an eligible, active employee and choose to waive coverage and select the Dental/Vision Only Health Reimbursement Arrangement (HRA), your employer will contribute $175 per month, up to $2,100 per year, into your HRA account. You will receive a WageWorks® Healthcare Card pre-loaded on January 1 with $1,050, and loaded again on July 1 with an additional $1,050. Use this card to pay for qualified dental and vision expenses. Any balance remaining in your Dental/Vision Only HRA at the end of the calendar year will carry over to the next calendar year, as long as you continue to waive your health insurance coverage and elect a Dental/Vision Only HRA.

If you have a Waiver Dental/Vision Only HRA in 2015, you will automatically be re-enrolled in the Waiver Dental/Vision Only HRA in 2016 if you do not make an alternative election at open enrollment.

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

NOTE: Since your medical plan is not through KEHP, you will need to keep your receipts and submit them for your expenses, even if you use your WageWorks Healthcare Card. You can submit receipts and verify expenses online or use the EZ Receipts Mobile App.

Who is Eligible for the Waiver Dental/Vision Only HRA

- Any active employee of a state agency, school board, or certain quasi-agencies who is eligible for state-sponsored health insurance coverage
- A retiree who has returned to work
- Members who are not eligible for the Waiver General Purpose HRA because they have an individual or government sponsored policy

Who is Not Eligible

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

Verifying Waiver General Purpose HRA and Waiver Dental/Vision ONLY HRA Claims

When you use your Healthcare Card at a healthcare provider, WageWorks attempts to verify your transaction without asking for more information. If they are unable to do so, you will need to submit receipts for verification.

You have until March 31, 2017, to submit reimbursement requests for HRA expenses incurred during your 2016 coverage period.

Claim Filing Options for all HRA types

How do you pay for or get reimbursed for eligible expenses?

WageWorks offers a variety of methods to pay for and verify your eligible expenses.

- ***Swipe and Go:*** Use your WageWorks Healthcare Card, a convenient payment method tied to WageWorks healthcare FSA and HRAs to make healthcare purchases at the doctor's office, pharmacy, optician, dentist, and other healthcare providers.
- ***Online:*** Reimbursement forms are readily available online. You can upload your receipt directly to your account. When accessing your account online, you can also setup the Pay My Provider service to pay many of your eligible healthcare and dependent care expenses directly from your spending account (similar to online banking). Go to **WageWorks.com/KEHP**.
- ***Mobile App:*** WageWorks offers a mobile app that allows you to take a picture of your claim receipt or Explanation of Benefits (EOB) and send it to your WageWorks online account. They will use the receipt to validate any receipts needing verification. The mobile app enables you to log in to your account and check your balances, submit claims, snap photos of receipts, get alerts by text or email — all on the go!
- ***Fax/Mail:*** You can also print the needed forms from the WageWorks website and submit via fax or mail.

  Claims Administrator
  P.O. Box 14053, Lexington, KY 40512
  Fax 877-353-9236

Flexible Spending Accounts

Administered by WageWorks

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 allow you to contribute pre-tax monies through payroll deduction. With these accounts, you can pay for certain healthcare or dependent care expenses, saving you from paying more income and Social Security taxes. Be careful in selecting the amount you want to have payroll deducted. If you have a Healthcare FSA, you may carry over $500 of unused funds to the next calendar year, but anything in excess of $500 will be forfeited.

Reasons Why You Want a Healthcare FSA

- Save an average of 30% on eligible healthcare expenses.
- Carry over up to $500 from one plan year to the next — there's virtually no risk in losing your hard-earned money.
- Access the full amount of your account on day one of your plan year.

Healthcare FSA

Per federal law, the maximum annual contribution amount is $2,500. The amount you contribute will be payroll deducted. You can use your FSA for family members who are considered a tax dependent.

Who is Eligible

- Employees of state agencies or school boards
- Employees of certain quasi-agencies (Contact your Insurance Coordinator for details.)

Who is Not Eligible

- Retirees
- Employees of an agency that does not participate in KEHP's FSA/HRA program

Covered Expenses

- Medical and prescription co-payments
- Certain dental fees
- Orthodontic treatment
- Vision fees, including eyeglasses
- Co-insurance
- Wheelchairs

NOTE: Above are a few examples of eligible covered expenses. See a comprehensive list of covered expenses at **WageWorks.com** or **kehp.ky.gov**.

Verifying Heathcare FSA Claims

When you use your Healthcare Card at a healthcare provider, WageWorks attempts to verify your transaction without asking for more information. If they are unable to do so, you will need to submit receipts for verification.

You have until March 31, 2017, to submit reimbursement requests for FSA expenses incurred during your 2016 coverage period.

Healthcare FSA Carryover

- If you carry over Healthcare FSA funds at the end of the year, they will not count against the maximum contribution limits.
- If you have remaining Healthcare FSA funds at the end of the year, you do not have to elect a Healthcare FSA the next calendar year for your funds to carry over. WageWorks will automatically create a new election for you.

FSA Store

WageWorks is excited to announce a new resource to help you make the most of your tax-free money.

You now have more helpful FSA tools and resources at your fingertips:

- Maximize tax savings by including all medical expenses in your yearly election. Keep track of expenses and plan ahead for next year's FSA election.
- Utilize tools and resources to manage FSA deadlines all year long.
- Learn what's eligible to get the greatest value from your FSA. With everything from doctor's office copays to over-the-counter items, like sunscreen and bandages, it's easier than you may think to use your FSA dollars.

Check out the great FSA resources at **www.wageworks.com/fsaextras** and learn how easy it is to use your FSA dollars.

WageWorks everyone benefits

www.wageworks.com

877-430-5519

Flexible Spending Accounts

Administered by WageWorks

Dependent Care FSA

Save money on child and elder daycare expenses. Use tax-free funds to pay for preschool, summer day camp, before/after school programs, and child or elder daycare.

Reasons Why You Want a Dependent Care FSA.

- Save an average of 30% on preschool, summer day camp, before/after school programs, child or elder daycare, and more
- Reduce your overall tax burden-funds are withdrawn from your paycheck for deposit into your Dependent Care FSA before taxes are deducted
- Take advantage of several convenient, no-hassle payment and reimbursement options

Per federal law, 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

Who is Eligible

- Employees of state agencies or school boards
- Employees of certain quasi-agencies (Contact your Insurance Coordinator for details.)

Who is Not Eligible

- Retirees
- Employees of an agency that does not participate in KEHP's FSA/HRA program.

Covered Expenses

- Day care expenses, up to age 13
- Adult day care expenses
- Certain after-school programs

Claim Filing Options for Healthcare and Dependent Care FSAs.

How do you pay for or get reimbursed for eligible expenses?

WageWorks offers a variety of methods to pay for and verify your eligible expenses.

- *Swipe and Go:* Use your WageWorks Healthcare Card, a convenient payment method tied to WageWorks healthcare FSA and HRAs to make healthcare purchases at the doctor's office, pharmacy, optician, dentist, and other healthcare providers. **You can not use the WageWorks Healthcare Card with Dependent Care FSA services.**
- *Online:* Reimbursement forms are readily available online. You can upload your receipt directly to your account. When accessing your account online, you can also setup the **Pay My Provider** service to pay many of your eligible healthcare and dependent care expenses directly from your spending account (similar to online banking).
- *Mobile App:* WageWorks offers a mobile app that allows you to take a picture of your claim receipt or Explanation of Benefits (EOB) and send it to your WageWorks online account. They will use the receipt to validate any receipts needing verification. The mobile app enables you to log in to your account and check your balances, submit claims, snap photos of receipts, get alerts by text or email — all on the go!
- *Fax/Mail:* You can also print the needed forms from the WageWorks website and submit via fax or mail.
  Claims Administrator
  P.O. Box 14053, Lexington, KY 40512
  Fax 877-353-9236

NOTE: If you or your spouse or dependent is contributing funds to a Health Savings Account (HSA), you should consult a tax advisor prior to establishing an HRA or FSA.

Prescription Coverage

Administered by CVS/caremark

Prescription Coverage

CVS/caremark administers your prescription coverage and is included with all KEHP plan options. You may go to any of the thousands of pharmacies participating in the CVS/caremark network. You do not have to use a CVS/caremark retail pharmacy. Just make sure your pharmacy of choice is participating in the network, so your benefits will be greater.

The amount you pay for your prescription will depend on the plan option you select, and whether the prescribed drug is a tier 1 generic, tier 2 preferred brand, or tier 3 non-preferred brand.

Maintenance Drug Benefit

If your physician prescribes a drug classified as a maintenance drug by CVS/caremark, you may receive a 90-day supply, at reduced cost, through participating local retail pharmacies, or through CVS/caremark mail order. If you have either of the PPO plan options, you will receive a 90-day supply but pay for a 60-day supply. If you have either of the CDHP plan options, you may benefit from a receiving a lower cost when purchasing a larger quantity. A list of local participating pharmacies can be found at **kehp.ky.gov**. To qualify for this benefit, the drug must be listed on CVS/caremark's maintenance drug list. For more information, call CVS/caremark at 866-601-6934.

Formulary

You may view the CVS/caremark formulary at **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 and specialty pharmacy.

If you require a specialty drug to treat chronic, complex diseases such as cancer, multiple sclerosis, or rheumatoid arthritis, you must obtain it from CVS/caremark Specialty Pharmacy. KEHP will allow you to receive your initial specialty medication fill through a retail participating pharmacy. However, after the initial fill, CVS/caremark Specialty Pharmacy must fill all remaining prescriptions. Your specialty drugs will be delivered to your home.

For more information, call CVS/caremark at 866-601-6934.

Prescription Coverage
Administered by CVS/caremark
www.caremark.com

Diabetes Value Benefit

Diabetes can cause serious health complications for members and is one of KEHP's highest cost medical conditions – with more than one million dollars in claims a year. Diabetes can often be controlled with regular doctor visits and proper medication adherence. KEHP cares about our members, and is offering assistance to members with diabetes to help them control their condition.

In 2016, KEHP diabetic members will pay reduced co-pays and co-insurance, with no deductibles, for most all of their maintenance diabetic prescriptions and supplies.

Diabetes Value Benefit*	Living Well CDHP	LivingWell PPO	Standard PPO	Standard CDHP
30-Day Supply			30%	
Tier 1 – Generic	0%	$0	$0	0%
Tier 2 – Preferred	10%	$25	Min $10-Max $40	25%
Tier 3 – Non-Preferred	10%	$40	Min $45-Max $85	25%
90-Day Supply (Retail or Mail Order)			30%	
Tier 1 – Generic	0%	$0	$0	0%
Tier 2 – Preferred	10%	$50	Min $20-Max $80	25%
Tier 3 – Non Preferred	10%	$80	Min $90-Max $170	25%

* Maintenance diabetic prescriptions and supplies covered under the Diabetes Value Benefit must be a covered prescription on the maintenance drug list.

Call for Help

Open Enrollment Hotline		888-581-8834*
		Option 1 - KHRIS User ID, password, computer & technical assistance Option 2 - Benefit Questions Option 3 - KEHP Member Services & Eligibility Oct. 12 – 16 Monday – Friday 8 am – 6 pm ET Oct. 17 Saturday 8 am – 1 pm ET Oct. 19 – 23 Monday – Friday 8 am – 8 pm ET Oct. 24 Saturday 8 am – 1 pm ET Oct. 26 Monday 8 am – 6 pm ET
Health Insurance Benefits	Anthem Customer Service	844-402-KEHP (5347)
Prescription Benefits	CVS/caremark Customer Service	866-601-6934
FSA & HRA Benefits	WageWorks	877-430-5519
Wellness Information	HumanaVitality	855-478-1623
Shopper Discounts	Vitals SmartShopper	855-869-2133
LRP and JRP Retiree Questions	Judicial Retirement Plan and Legislators' Retirement Plan	502-564-5310
KCTCS Retiree Questions	Kentucky Community and Technical College System Retirement	859-256-3100
KRS Retiree Questions	Kentucky Retirement Systems	800-928-4646 502-696-8800 kyret.ky.gov
KTRS Retiree Questions	Kentucky Teachers' Retirement System	800-618-1687 502-848-8500 ktrs.ky.gov

* Number and options are available Oct. 12 – Oct. 26.

2016 Benefit Fair Schedule

Flu shots will be available at Franklin, Fayette, and Jefferson counties, on a first come, first served basis. Online enrollment and assistance will be available at all locations for active employees and KTRS retirees under age 65. All Benefit Fairs are local time.

Date	County	Times	Location
Oct 1 THU	Franklin	8-6p	501 High St Auditorium Frankfort, KY 40601
Oct 2 FRI	Jefferson	8-5p	Kentucky Fair & Expo Center East Hall B – North Wing Louisville, KY 40209
Oct 5 MON	McCracken	2-6p	Western KY Community & Tech College Emerging Technology Ctr 5100 Alben Barkley Dr Rm 109 & 112 Paducah, KY 42002
Oct 6 TUE	Hopkins	2-6p	Jesse Stuart Elementary 1710 Anton Rd Madisonville, KY 42431
Oct 7 WED	Christian	4-7p	215 Glass Avenue Hopkinsville, KY 42240
Oct 8 THU	Harlan	2-6p	Southeast Community/Tech College Harlan Campus 164 Ball Park Rd, Harlan, KY 40831
Oct 9 FRI	Warren	2-6p	Briarwood Elementary 265 Lovers Lane Bowling Green, KY 42103
Oct 12 MON	Fayette	4-7p	Tates Creek High School 1111 Centre Pkwy Lexington, KY 40517
Oct 13 TUE	Boyle	4-7p	Danville High School 203 E. Lexington Ave. Danville, KY 40422
Oct 13 TUE	Madison	4-7p	B. Michael Caudill Middle School 1428 Dr. Robert R Martin Bypass Richmond, KY 40475
Oct 14 WED	Laurel	2-6p	GC Garland Admin Bldg. 710 N. Main St. London, KY 40741
Oct 15 THU	Boone	2-6p	Gateway Community/Tech College 500 Technology Drive Florence, KY 41042
Oct 19 MON	Boyd	4:30-7:30p	Boyd Co High School Media Ctr/Commons Area 14375 Lions Lane Ashland, KY 41102
Oct 20 TUE	Pike	4-7p	Pike County Central High School Cafeteria 100 Winner's Circle Pikeville, KY 41501

Changing or Cancelling Benefits

When You Need to Change or Cancel Benefits

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

What is a Qualifying Event?

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

When you have a Qualifying Event

In all cases, any change in your plan option or coverage level must be consistent with the qualifying event. For most events, you must complete a Health Insurance Add/Drop Form and submit it 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 and then you have 35 days.

Qualifying events are complicated and, at times, difficult to understand. There are restrictions on the types of changes you may make due to federal qualifying event rules. A change in a life event or status may not entitle you to change the amount you contribute to a Flexible Spending Account. If you do not sign and date the required form 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 or Human Resource Generalist.

Kentucky Employees' Health Plan
Department of Employee Insurance
kehp.ky.gov ● 1.888.581.8834

2016 ACTIVE EMPLOYEE HEALTH INSURANCE ENROLLMENT APPLICATION

Section 1: To Be Completed by IC/HRG

KHRIS Personnel Number	Organizational Unit #	Company Name	Company #	Home County Code

Reason for Application	Prior Company Name	Prior Company #	
❑ New Hire ❑ Open Enrollment ❑ New Group	Coverage Effective Date	Date of Hire	Cost Center #

Section 2: Demographic Information

Employee's SSN	Name (Last, First, MI)		Date of Birth
Street Address		Primary Phone Number	Work Email Address
City, State, ZIP	Home County	Secondary Phone Number	Home Email Address

Sex	Married	
Male ❑ Female ❑	Yes ❑ No ❑	Within the past 6 months, have you, or a spouse or dependent(s) age 18 and over, to be covered under your insurance plan, used tobacco regularly? Yes ❑ No ❑

Section 3: Spouse/Dependent Information (*Complete Section 3 only if you are electing parent plus, couple or family coverage)*

Spouse's Information

Social Security Number	Name (Last, First, MI)	Date of Birth	Sex
			Male ❑ Female ❑

Cross-Reference Payment Option ONLY (LRP, JRP not eligible)

1. Do you and your spouse utilize the cross-reference payment option? [two KEHP members, married with child(ren)]? Yes ❑
2. Within the past 6 months, have you, the spouse, used tobacco regularly? Yes ❑ No ❑

3. Date of Hire/Retirement	4. Organizational Unit #	5. Company #

Dependent(s) Information – *If you need additional room for dependents, add them to another page and include as part of the application.*

Child 1 Social Security Number	Name (Last, First, MI)	Date of Birth	❑Male ❑Female ❑Disabled Dep.
Child 2 Social Security Number	Name (Last, First, MI)	Date of Birth	❑Male ❑Female ❑Disabled Dep.
Child 3 Social Security Number	Name (Last, First, MI)	Date of Birth	❑Male ❑Female ❑Disabled Dep.

Section 4: Plan Options

❑ LivingWell CDHP → ❑ I AGREE to the LivingWell Promise
❑ LivingWell PPO → ❑ I AGREE to the LivingWell Promise

If you do NOT AGREE to the LivingWell Promise, or if you failed to fulfill your LivingWell Promise in 2015, you must select a Standard plan option below

❑ Standard PPO
❑ Standard CDHP

Section 5: Coverage Levels

❑ Single (self only)	❑ Parent Plus (self and child(ren))	❑ Couple (self and spouse)	❑ Family (self, spouse and child(ren))

Section 6: Waiving Health Insurance (no health insurance)

If you waive your health insurance AND you are eligible and can declare that you have other group health plan coverage, you will receive $175 per month up to $2,100 annually into a Health Reimbursement Arrangement (HRA).This is employer-funded; you do not contribute any money.

❑ Waiver (General Purpose) HRA-with $ *By choosing a Waiver HRA and checking this box, I declare that I have other group health plan coverage that provides minimum value. A "group health plan" refers to coverage provided by an employer, an employer organization, or a union. A "group health plan" does not include individual policies purchased through kynect or governmental plans such as TRICARE, Medicare, or Medicaid. A group health plan that provides "minimum value" means the plan pays at least 60% of the total allowed cost of covered benefits/services and participants or members in the plan are required to pay no more than 40% of the total allowed cost of covered benefits/services.*

❑ Waiver Dental/Vision ONLY HRA-with $ *You may choose this option if you are not eligible for the Waiver HRA. May be used for dental and vision only.*

❑ No HRA-without $

Employee's SSN

Employee's Name

TOBACCO USE DECLARATION

The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. As a part of the KEHP wellness program, KEHP provides a monthly discount in premium contribution rates for non-tobacco users. You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

TOBACCO USE INFORMATION
Check the applicable box below: Within the past six months, have you, or a spouse or dependent to be covered under your insurance plan, used tobacco regularly? **Yes** ☐ **No** ☐
NOTE: Regularly means tobacco has been used four or more times per week on average excluding religious or ceremonial uses.
NOTE: "Tobacco" means all tobacco products including, but not limited to, cigarettes, pipes, chewing tobacco, snuff, dip, and any other tobacco products regardless of the frequency or method of use.
NOTE: "Dependent" means, for the purpose of the Tobacco Use Declaration, only those dependents who are 18 years of age or older.

By submitting this form, I certify the following:

1. I have truthfully checked the Yes or No box above that accurately reflects the use of tobacco products in the past six months regarding myself and persons to be covered as a spouse or dependent under my insurance plan.
2. I understand that the tobacco-user premium contribution rates will apply beginning January 1, 2016 if I answered "Yes" to the question above.
3. I understand that it is my responsibility to notify KEHP of any changes in my tobacco-use or that of my spouse or a dependent covered under my insurance plan, including notification to KEHP if all tobacco users become ineligible for coverage or are otherwise terminated during the plan year. Notification shall be made by completing a Tobacco Use Change Form.
4. I understand that if I or a spouse or dependent to be covered under my insurance plan currently use tobacco products and stop using tobacco products during the plan year, I will be eligible for the discount non-tobacco premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form certifying that neither I nor my spouse/dependent(s) regularly used tobacco products during the six months prior to completion of the Tobacco Use Change Form.
5. I understand that if I answered "No" to the question above and either I or a spouse or dependent covered under my insurance plan become a regular tobacco user at any time, I must notify KEHP and my contribution rates will be adjusted to the tobacco-user premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form.
6. I understand that this Tobacco Use Declaration is a part of my KEHP application for health insurance coverage. Any person who knowingly, and with the intent to defraud, files an application for insurance containing any materially false information, or who conceals, for the purpose of misleading, information concerning any fact material to the application, commits a fraudulent insurance act which is a crime.
7. I understand that if I fail to complete this Declaration truthfully, KEHP may adjust my contribution rates retroactively to apply the applicable higher tobacco-user premium contribution rates. Upon written notification, I will pay to KEHP the difference between the tobacco-user and the non-tobacco user premium contribution rates for the period for which I falsely certified eligibility for the non-tobacco user premium contribution rates.
8. The KEHP offers monthly discounted premium contribution rates to non-tobacco users as a part of its wellness program. Each KEHP member has at least one opportunity per plan year to qualify for the discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at (888) 581-8834 or (502) 564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Review the Authorization and Certification Information

Authorization and Certification for elections made by the planholder for health insurance coverage through the Kentucky Employees' Health Plan (KEHP or Plan), administered by the Department of Employee Insurance (DEI). For the purposes of this Authorization and Certification, FSA refers to a Healthcare Flexible Spending Account and a Dependent Care Flexible Spending Account, collectively. A Healthcare Flexible Spending Account will be referred to as a Healthcare FSA. A Dependent Care Flexible Spending Account will be referred to as a Dependent Care FSA.

My signature on this application for health insurance creates a legal and binding contract. By affixing my signature, I understand and agree that:

- If I am electing a KEHP plan option or enrolling in an FSA during open enrollment, the plan and FSA will be effective January 1 of the following plan year. If I am a new employee or a newly eligible employee electing a KEHP plan option or enrolling in an FSA outside of open enrollment,

the plan and/or FSA will be effective the first day of the second month after a new employee or newly eligible employee is eligible to enroll in the health plan or an FSA.

- I have read and understand the 2016 KEHP Benefits Selection Guide (BSG). Plan rules and limitations are contained in the KEHP Summary Plan Descriptions (SPD) or Medical Benefit Booklets (MBB) and the Summary of Benefits and Coverage (SBC).
- All KEHP benefits for my eligible dependents and me will be provided in accordance with the limitations in the SPDs, MBBs, BSG, and SBCs. I will abide by all terms and conditions governing participation in an FSA and as set forth in the SPD, and by all terms and conditions governing membership and receipt of services from the plan in which I have enrolled and as set forth in the SPD and MBB. In the event of a conflict between the terms of coverage stated in the SPDs, the MBBs, the BSG, and the SBCs, the terms of coverage stated in the SPDs and/or MBBs will govern.
- KEHP uses third parties, including Anthem, CVS Caremark, and WageWorks to provide certain administrative functions. KEHP may communicate with me directly or through these third parties about my coverage, my benefits, or health-related products or services provided by or included in KEHP's plan of benefits.
- If my spouse and I elect the cross-reference payment option, we are planholders with family coverage, and upon a loss of eligibility by either spouse, the remaining planholder will default to a parent plus coverage level. The cross-reference payment option ceases upon loss of eligibility or employment by either spouse/planholder.
- I certify that each enrolled dependent meets KEHP's dependent eligibility requirements as set forth in the SPD and/or the MBB. DEI may require supporting documentation to verify the eligibility of any dependent enrolled or requesting to be enrolled in the Plan.
- The elections indicated by this application may not be changed or cancelled during the plan year without a permitted Qualifying Event.
- Enrollment in an FSA is voluntary. I authorize my employer to deduct from my earnings the amount required to cover my employee contribution to the FSA 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 authorize my employer to deduct from my earnings the amount required to cover my employee share of the premium contribution for the plan option I have selected, including any arrears I may owe. I authorize payment of my employee premium contributions to be made on a pre-tax basis unless I sign a Post-Tax Request Form.
- Any payment submitted to KEHP that I intend to be used to fund my FSA and any premium payment submitted to KEHP that I intend to be used to pay for my health insurance premium contributions may first be used to pay other priority debts that may be due and owing such as taxes and child support.
- If I choose a Dependent Care FSA, I am eligible to seek reimbursement, as authorized by 26 U.S.C. Sections 21 and 129, for dependent care expenses. The Dependent Care FSA may only reimburse eligible dependent care expenses that are incurred during the applicable coverage period.
- Any unused amount remaining in my Healthcare FSA at the end of the calendar year will be carried forward to the next calendar year, up to a maximum carry over amount of $500.00.
- WageWorks will administer FSAs and HRAs for the 2016 plan year and will issue to me a WageWorks Healthcare Card for the payment of Healthcare FSA and HRA expenses. My WageWorks Healthcare Card will be suspended if the required claim verification is not sent to WageWorks within ninety (90) days after the card swipe. I agree to follow all rules and guidelines established by the Plan concerning the WageWorks Healthcare Card. The Plan reserves the right to deny access to the card, require repayment, deduct/withhold from my paycheck, and offset my Healthcare FSA or HRA if I fail to properly verify a claim.
- If I elect to waive KEHP health insurance coverage, with or without a Waiver Health Reimbursement Arrangement (HRA), I am doing so voluntarily. If your employer participates in the Waiver HRA program, there are two options available: the Waiver General Purpose HRA and the Waiver Dental/Vision Only HRA. I understand that I will be eligible for the Waiver General Purpose HRA only if I have other group health plan coverage.
- If I elect a Waiver General Purpose HRA, I declare that I am enrolled in another group health plan that provides minimum value. A "group health plan" refers to coverage provided by an employer, an employer organization, or a union. A "group health plan" does not include individual policies purchased through kynect or governmental plans such as TRICARE, Medicare, or Medicaid. A group health plan that provides "minimum value" means the plan pays at least 60% of the total allowed cost of covered benefits/services and participants or members in the plan are required to pay no more than 40% of the total allowed cost of covered benefits/services.
- If I elect a Waiver General Purpose HRA and I cease to be covered under another group health plan that provides minimum value, I will notify KEHP within 35 days of the date that the other group health plan coverage ceased. In this event, coverage under the Waiver General Purpose HRA will be terminated and I may elect a KEHP health insurance plan option or the Waiver Dental/Vision Only HRA. I am permitted to permanently opt out of and waive future reimbursements from the Waiver General Purpose HRA at least annually at open enrollment.
- Any funds remaining in a Waiver HRA after termination may be used to reimburse the employee for eligible expenses incurred prior to termination of the Waiver HRA. Upon termination of employment, the remaining amounts in a Waiver HRA are forfeited except that I may be reimbursed for any eligible medical expenses incurred prior to the last day of the last pay period worked, provided that I file a claim by March 31 following the close of the plan year in which the expense was incurred.

Plan Year 2016

Employee's SSN **Employee's Name**

- KEHP provides plan options that, under the Affordable Care Act, constitute minimum essential coverage that is affordable and provides a minimum value. As such, by receiving an offer of coverage through my employer, I am not eligible for a health insurance premium tax credit if purchasing insurance through kynect. In addition, if I decline coverage for my spouse or dependent, my spouse or dependent will not be eligible for a health insurance premium tax credit if purchasing insurance through kynect.
- An HRA and/or Healthcare FSA may only reimburse me for medical expenses, as authorized by 26 U.S.C. Sections 105(b) and 213(d), that are incurred during the applicable coverage period. The Waiver Dental/Vision Only HRA may only reimburse me for eligible dental and vision expenses. Pursuant to federal law, the cost of over-the-counter medicines (other than insulin and those prescribed by a doctor) may not be reimbursed through my HRA or Healthcare FSA.
- I have a 90-day run-out period (until March 31) for reimbursement of eligible FSA and HRA expenses incurred during my period of coverage.
- Any unused amount remaining in my HRA at the end of the plan year may be carried forward to the next plan year provided I am eligible to elect an HRA. I must elect the same type of HRA in a subsequent plan year for the funds to carry over.
- The four KEHP plan options and the Waiver General Purpose HRA must pay primary to Medicare. The Waiver Dental/Vision Only HRA pays secondary to Medicare.
- The KEHP offers discounted premium contribution rates to non-tobacco users as a part of its wellness program. If either I or a spouse or dependent to be covered under my insurance plan have used tobacco regularly within the past six months, I will not qualify for the discounted employee premium contribution rates. Each KEHP member has at least one opportunity per plan year to qualify for the discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees/retirees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at 888-581-8834 or 502-564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status. KEHP does not collect or retain personal health or medical information through its wellness program; however, KEHP may receive aggregate information that does not identify any individual in order to design and offer health programs aimed at improving the health of KEHP members.
- If I have chosen one of the KEHP LivingWell plan options, I agree to fulfill the KEHP LivingWell Promise by completing (1) my online Humana*Vitality* Health Assessment; OR (2) a VitalityCheck (biometric screening). If I am choosing a LivingWell plan option during open enrollment, I will complete the Health Assessment OR a VitalityCheck (biometric screening) from January 1, 2016 through May 1, 2016. If I am a new employee and I choose a LivingWell plan option outside of open enrollment, I will complete the Health Assessment OR VitalityCheck (biometric screening) within 90 days of my coverage effective date.
- I have rights under HIPAA regarding the protection of my health information. KEHP will comply with the HIPAA Privacy and Security rules, and uses and disclosures of my protected health information will be in accordance with federal law. KEHP may use and disclose such information to business associates or other third parties only in accordance with KEHP's Notice of Privacy Practices available at kehp.ky.gov.
- Any person who knowingly, and with the intent to defraud, files an application for insurance containing any materially false information (including a forged signature or incorrect signature date), or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime. I can be held responsible for any fraudulent act 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 on this application certifies that all information provided during this enrollment opportunity is correct to the best of my knowledge.
- Exceptions may apply to employees of certain employers participating in KEHP and to KTRS, KRS, LRP, and JRP retirees. Please refer to the participation rules of your employer or retirement system for further information.

PLEASE SUBMIT THIS APPLICATION TO YOUR COMPANY IC/HRG

Employee Signature	Date
Spouse Signature – *REQUIRED* if electing the cross-reference payment option	Date
IC/HRG Signature	Date
Spouse's IC/HRG Signature – *REQUIRED* if electing the cross-reference payment option	Date

Do Not Staple

Kentucky Employees' Health Plan
Department of Employee Insurance
kehp.ky.gov ● 1-888-581-8834

2016 Active Employee Flexible Spending Account (FSA) Enrollment/Change Application

To Be Completed by IC/HRG

KHRIS Per Number	Date of Hire	Effective Date	Organizational Unit#	Cost Center#	Company #

To Be Completed by Employee

Employee's SSN	Name (Last, First, MI)		Date of Birth
Street Address	Primary Phone Number	Work Email Address	
City, State, ZIP	Home County	Secondary Phone Number	Home Email Address

Enrollment Changes

Reason

- ☐ Rehire
- ☐ New Hire
- ☐ Open Enrollment
- ☐ New Group
- ☐ Qualifying Event (QE) Date: _____
- ☐ Other Reason:

If Qualifying Event, check item below:

- ☐ Divorce/Legal Separation/Annulment*
- ☐ Death of a Child or Spouse*
- ☐ Loss of Eligibility
- ☐ Gaining/Losing other Coverage, Medicare/Medicaid or any Government Group Health Insurance Coverage
- ☐ Gaining/Losing other Coverage
- ☐ Significant Cost Increase or Decrease for Dependent Care FSA*
- ☐ Marriage*
- ☐ Birth/Adoption of Child/Placement for Adoption*
- ☐ Guardianship/Court Order*
- ☐ Military Leave/Leave without Pay Date:_____
- ☐ Other Reason*

*Requires Supporting Documentation

Enrollment Elections

Healthcare Flexible Spending Account (Administered by WageWorks/Employee Funded)

☐ I request to **enroll** in a Healthcare FSA for calendar year 2016, and I elect $_____ per pay period be contributed to my account. ($10 minimum per month)

☐ I request to **change** my Healthcare FSA election, for calendar year 2016 from $_____ per pay period to $_____ per pay period. ($10 minimum per month)

For a total Calendar Year contribution of $_____.
Calculate full calendar year amount (1/1-12/31). If mid-year, calculate by the remaining number of paychecks.)

- Maximum Calendar Year contribution is $2,500 per eligible Planholder
- Minimum Calendar Year contribution is $120 (or $10 per month)
- Enter an amount evenly divisible by 24. If not, DEI will adjust contribution amount
- Maximum annual carry-over amount is $500

Dependent Care Flexible Spending Account (Administered by WageWorks/Employee Funded)

☐ I request to **enroll** in a Dependent Care FSA for calendar year 2016, and I elect $_____ per pay period be contributed to my account. ($10 minimum per month)

☐ I request to **change** my Dependent Care FSA election, for calendar year 2016, from $_____ per pay period to $_____ per pay period. ($10 minimum per month)

For a total Calendar Year contribution of $_____.
Calculate full calendar year amount (1/1-12/31). If mid-year, calculate by the remaining number of paychecks.

- Maximum Contribution per tax filing status: ☐$2,500 married filing separately ☐$5,000 married filing jointly ☐$5,000 head of household
- Minimum Calendar Year contribution is $120 (or $10 per month)
- Enter an amount evenly divisible by 24. If not, DEI will adjust contribution amount

Do Not Staple

Kentucky Employees' Health Plan
Department of Employee Insurance
kehp.ky.gov ● 1-888-581-8834

Authorization and Certification

Authorization and Certification for Flexible Spending Account (FSA) elections made by the planholder through the Kentucky Employees' Health Plan (KEHP or Plan), administered by the Department of Employee Insurance (DEI). For the purposes of this Authorization and Certification, FSA refers to a Healthcare Flexible Spending Account and a Dependent Care Flexible Spending Account, collectively. A Healthcare Flexible Spending Account will be referred to as a Healthcare FSA. A Dependent Care Flexible Spending Account will be referred to as a Dependent Care FSA.

My signature on this application for enrollment in an FSA creates a legal and binding contract. By affixing my signature, I understand and agree that:

- If I am enrolling in an FSA during open enrollment, the FSA will be effective January 1 of the following plan year. If I am a new employee or a newly eligible employee enrolling in an FSA outside of open enrollment, the FSA will be effective the first day of the second month after a new employee is eligible to enroll in an FSA.
- I have read and understand the 2016 KEHP Benefits Selection Guide (BSG). Plan rules and limitations are contained in the KEHP Summary Plan Descriptions (SPDs) or Medical Benefit Booklets (MBB) and the Summary of Benefits and Coverage (SBC).
- All KEHP benefits for my eligible dependents and me will be provided in accordance with the limitations in the SPDs, MBBs, BSG, and SBCs. I will abide by all terms and conditions governing participation in an FSA and as set forth in the SPD. In the event of a conflict between the terms of coverage stated in the SPDs, the MBBs, the BSG, and the SBCs, the terms of coverage stated in the SPDs or MBBs will govern.
- KEHP uses third parties, including Anthem, CVS Caremark, and WageWorks, to provide certain administrative functions. KEHP may communicate with me directly or through these third parties about my coverage, my benefits, or health-related products or services provided by, or included in KEHP's plan of benefits.
- The elections indicated by this application may not be changed or cancelled during the plan year without a permitted Qualifying Event.
- Enrollment in an FSA is voluntary. I authorize my employer to deduct from my earnings the amount required to cover my employee contribution to the FSA I have selected, including any arrears I may owe. I authorize payment of my employee contributions to be made on a pre-tax basis.
- Any payment submitted to KEHP that I intend to be used to fund my FSA may first be used to pay other priority debts that may be due and owing such as taxes and child support.
- If I choose a Dependent Care FSA, I am eligible to seek reimbursement, as authorized by 26 U.S.C. Sections 21 and 129, for dependent care expenses. The Dependent Care FSA may only reimburse dependent care expenses that are incurred during the applicable coverage period.
- A KEHP Healthcare FSA may only reimburse me for medical expenses, as authorized by 26 U.S.C. Sections 105(b) and 213(d), that are incurred during the applicable coverage period. Pursuant to federal law, the cost of over-the-counter medicines (other than insulin and those prescribed by a doctor) may not be reimbursed through my Healthcare FSA.
- Any unused amount remaining in my Healthcare FSA at the end of the calendar year will be carried forward to the next calendar year up to a maximum carry over amount of $500.00.
- WageWorks will administer FSAs for the 2016 plan year and will issue to me a WageWorks Healthcare Card for the payment of Healthcare FSA expenses. My WageWorks Healthcare Card will be suspended if the required claim verification is not sent to WageWorks within ninety (90) days after the card swipe. I agree to follow all rules and guidelines established by the Plan concerning the WageWorks Healthcare Card. The Plan reserves the right to deny access to the card, require repayment, deduct/withhold from my paycheck, and offset my Healthcare FSA if I fail to properly verify a claim.
- I have a 90-day run-out period (until March 31) for reimbursement of eligible FSA expenses incurred during my period of coverage.
- I have rights under HIPAA regarding the protection of my health information. KEHP will comply with the HIPAA Privacy and Security rules, and uses and disclosures of my protected health information will be in accordance with federal law. KEHP may use and disclose such information to business associates or other third parties only in accordance with KEHP's Notice of Privacy Practices available at kehp.ky.gov.
- Any person who knowingly, and with the intent to defraud, files an application for insurance containing any materially false information (including a forged signature or incorrect signature date), or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime. I can be held responsible for any fraudulent act 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 on this application certifies that all information provided during this enrollment opportunity is correct to the best of my knowledge.

PLEASE SUBMIT THIS APPLICATION TO YOUR COMPANY IC/HRG

Employee Signature **Date**

IC/HRG Signature **Date**

KENTUCKY EMPLOYEES' HEALTH PLAN LEGAL NOTICES

As a member of the Kentucky Employees' Health Plan (KEHP), you have certain legal rights. Several of those rights are summarized below. Please read these provisions carefully. To find out more information, you may contact the Department of Employee Insurance, Member Services Branch at (888) 581-8834 or (502) 564-6534 or visit kehp.ky.gov.

A. NOTICE ABOUT SPECIAL ENROLLMENT RIGHTS

Under the Health Insurance Portability and Accountability Act (HIPAA), you have "special enrollment" rights if you have a loss of other coverage or you gain a new dependent. In addition, you may qualify for a special enrollment in KEHP under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA).

1. HIPAA Special Enrollment Provision - Loss of Other Coverage.

If you decline enrollment for yourself or your eligible dependent(s) (including your spouse) because of other health insurance or group health plan coverage, 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. HIPAA Special Enrollment Provision - New Dependent as a Result of 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 dependent(s). However, you must request enrollment within 35 days after the marriage and within 60 days after birth, adoption, or placement for adoption

3. CHIPRA Special Enrollment Provision – Premium Assistance Eligibility.

If you or your children are eligible for Medicaid or the Children's Health Insurance Program (CHIP) and you're eligible for health coverage from your employer, Kentucky may have a premium assistance program that can help pay for coverage, using funds from the state's Medicaid or CHIP programs. If you or your dependent(s) are eligible for premium assistance under Medicaid or CHIP, as well as eligible for health insurance coverage through KEHP, your employer must allow you to enroll in KEHP if you aren't already enrolled. This is called a "special enrollment" opportunity, and you **must request coverage within 60 days of being determined eligible for premium assistance**. In addition, you may enroll in KEHP if you or your dependent's Medicaid or CHIP coverage is terminated as a result of loss of eligibility. An employee must request this special enrollment within 60 days of the loss of coverage. More information and the required CHIP Notice may be found at kehp.ky.gov.

B. WELLNESS PROGRAM DISCLOSURE

KEHP offers a variety of wellness opportunities and rewards through its LivingWell wellness program. In particular, KEHP offers discounted monthly employee premium contribution rates to non-tobacco users. Each KEHP member has at least one opportunity per plan year to qualify for the monthly premium contribution discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at (888) 581-8834 or (502) 564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status. KEHP does not collect or retain personal health or medical information through its wellness program; however, KEHP may receive aggregate information that does not identify any individual in order to design and offer health programs aimed at improving the health of KEHP members.

C. THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1986 (COBRA)

COBRA continuation coverage is a continuation of KEHP coverage when it would otherwise end because of a life event. This is also called a "qualifying event." After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." Qualified beneficiaries may elect to continue their coverage under the plan for a prescribed period of time on a self-pay basis. **Each qualified beneficiary has 60 days to choose whether or not to elect COBRA coverage, beginning from the later of the date the election notice is provided, or the date on which the qualified beneficiary would otherwise lose coverage under KEHP due to a qualifying event**. The KEHP's third-party COBRA administrator is WageWorks. To learn more about COBRA and your rights under COBRA, please refer to your Summary Plan Description or go to kehp.ky.gov.

D. THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

Your plan, as required by WHCRA, provides benefits for mastectomy-related services including all states of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. For more information regarding this coverage, please refer to your Summary Plan Description or go to kehp.ky.gov.

E. NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT Of 1996 (NEWBORNS' ACT)

Group health plans 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 (or 96, as applicable) hours. In any case, plans may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 (or 96) hours.

F. HIPAA PRIVACY NOTICE

KEHP gathers and collects demographic information about its members such as name, address, and social security numbers. This information is referred to as individually identifiable health information and is protected by HIPAA and related regulations regarding the privacy and security of such information. HIPAA requires KEHP to maintain the privacy of your protected health information (PHI) and notify you following a breach of unsecured PHI. In addition, KEHP is required to provide to its members a copy of its Notice of Privacy Practices (NPP) outlining how KEHP may use and disclose your PHI to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. The NPP also informs members about their rights regarding their PHI and how to file a complaint if a member believes their rights have been violated. KEHP's Notice of Privacy Practices and associated forms may be obtained by visiting kehp.ky.gov.

G. PLAN YEAR 2016 KEHP PRESCRIPTION DRUG COVERAGE AND MEDICARE-NOTICE OF CREDITABLE COVERAGE

KEHP has determined that KEHP's prescription drug coverage is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage 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.

H. NOTICE OF AVAILABILITY OF SUMMARY OF BENEFITS AND COVERAGE (SBC)

As an employee or retiree, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. KEHP offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, KEHP makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about your health coverage options in a standard format, to help you compare across options. The SBCs are only a summary. You should consult KEHP's Summary Plan Descriptions and/or Medical Benefit Booklet to determine the governing contractual provisions of the coverage. KEHP's SBCs are available on KEHP's website at kehp.ky.gov. A paper copy is also available, free of charge, by contacting the Department of Employee Insurance, Member Services Branch at (888) 581-8834 or (502) 564-6534.

I. WAIVER HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

If an employer participates in the Waiver Health Reimbursement Arrangement (HRA) program through KEHP, an employee may elect to waive KEHP health insurance coverage, with or without a Waiver HRA. There are two options under the HRA: Waiver General Purpose HRA and the Waiver Dental/Vision ONLY HRA. An employee is eligible for the Waiver General Purpose HRA only if the employee has other group health plan coverage. An employee that elects a Waiver General Purpose HRA must attest that the employee is enrolled in another group health plan that provides minimum value. A "group health plan" refers to coverage provided by an employer, an employer organization, or a union. A "group health plan" does not include individual policies purchased through kynect or governmental plans such as TRICARE, Medicare, or Medicaid. A group health plan that provides "minimum value" means the plan pays at least 60% of the total allowed cost of covered benefits/services and participants or members in the plan are required to pay no more than 40% of the total allowed cost of covered benefits/services. An employee that elects a Waiver General Purpose HRA and that ceases to be covered under another group health plan that provides minimum value is required to notify KEHP within 35 days of the date that the other group health plan coverage ceased. In this event, coverage under the Waiver General Purpose HRA will be terminated and the employee may elect a KEHP health insurance plan option or the Waiver Dental/Vision Only HRA. Each employee is permitted to permanently opt out of and waive future reimbursements from the Waiver General Purpose HRA at least annually during open enrollment.

On the Road to a Healthier Kentucky

Significant Progress Made First Year of Governor Beshear's kyhealthnow Initiative

In February 2014, Gov. Steve Beshear launched the kyhealthnow initiative, which established seven major health improvement goals for Kentucky. The program is designed to build on Kentucky's successful implementation of the Affordable Care Act, which paved the way for the state-based health benefit exchange – kynect – and expansion of the Medicaid program.

The kyhealthnow advisory group, chaired by Lt. Gov. Crit Luallen, includes individuals from various areas of state government tasked with the development of innovative strategies for addressing the state's health woes, while challenging local governments, businesses, schools, nonprofits, and individuals to take meaningful steps toward improving health in their communities.

kyhealthnow targets seven major health goals to be met by 2019, focusing on increasing health insurance coverage; reducing the smoking rate and tobacco use; lowering the prevalence of obesity; lowering cancer deaths; reducing cardiovascular disease; treating and reducing dental decay; and reducing drug overdoses and mental health issues in Kentucky.

In the first year of the kyhealthnow initiative, more Kentuckians have health insurance, are covered by a smoke-free policy, can access physical activity resources, seek care for heart disease and cancer prevention, and get dental services, according to the program's inaugural annual report. In fact, the 2015 preliminary annual report cites measurable improvements in six of the seven major goals outlined below.

kyhealthnow 2019 goals

- Reduce Kentucky's rate of uninsured individuals to less than 5 percent.
- Reduce Kentucky's smoking rate by 10 percent.
- Reduce the rate of obesity among Kentuckians by 10 percent.
- Reduce Kentucky cancer deaths by 10 percent.
- Reduce cardiovascular deaths by 10 percent.
- Reduce the percentage of children with untreated dental decay by 25 percent and increase adult dental visits by 10 percent.
- Reduce deaths from drug overdose by 25 percent and reduce by 25 percent the average number of poor mental health days of Kentuckians.

kyhealthnow
advancing our state of wellness

Kentucky Employees Health Plan

LivingWell.ky.gov

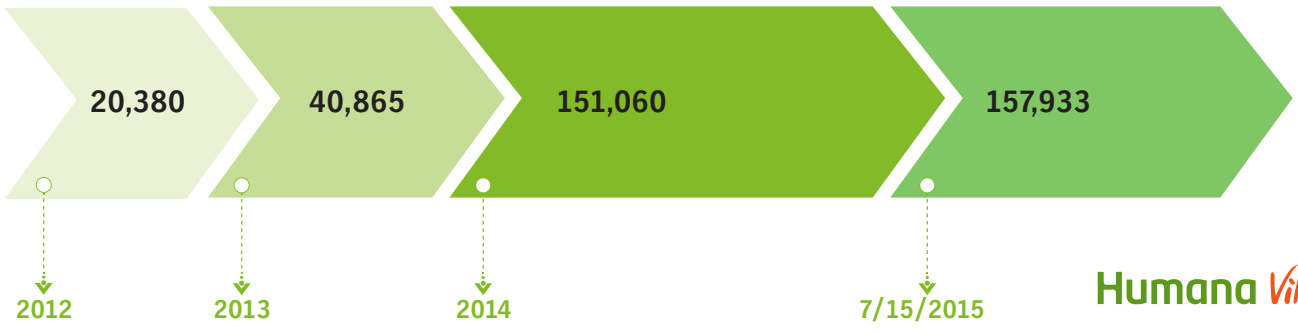
To learn more about kyhealthnow visit **kyhealthnow.ky.gov**

HumanaVitality helps KEHP members become healthier

KEHP launched HumanaVitality in 2012. The rewards based incentive program has provided KEHP members with the opportunity to be healthier. Since 2012, KEHP members have substantially increased their participation in HumanaVitality, with more health assessments and VitalityChecks. Members have also become more engaged with their overall well-being by moving a step forward in their health status with an increase in Vitality Silver Status to 21,536 members, as well as using more health tracking devices, up to 15,244 members.

Congratulations KEHP members as you are making strides to improve your overall health!

Health Assessment and Vitality Check Growth



Humana Vitality