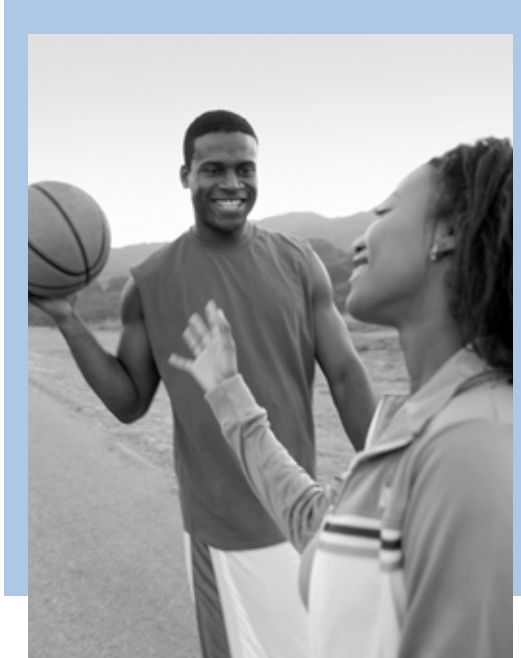


# Benefits Selection Guide

2017 Open Enrollment



*LivingWell* Promise for 2017

Take the Go365™ Health Assessment  
or complete a biometric screening

Active Open Enrollment

**MANDATORY FOR ALL MEMBERS**

**Oct. 10 – Oct. 24** Benefit Fairs begin October 3



*LivingWell*.ky.gov

**KENTUCKY  
PERSONNEL  
CABINET**

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# Highlights of 2017 Open Enrollment

## Highlights of 2017 Open Enrollment

The Kentucky Employees' Health Plan (KEHP) welcomes you to the 2017 plan year annual Open Enrollment! This is an ACTIVE Open Enrollment and everyone must make an election. KEHP is a self-funded plan that offers health insurance to state employees, school boards, retirees under age 65, and other quasi-governmental agencies. KEHP offers flexible spending accounts to those whose employer participates in our FSA/HRA program.

We have several vendors that we use to ensure you are provided with the best customer service and claims processing. Our vendors are:

				
Medical Third-Party Administrator	Pharmacy Benefits Manager	FSA/HRA Administrator	Wellness Program Administrator – formerly HumanaVitality	Transparency Vendor

## Open Enrollment Highlights

October 10 - October 24, 2016

### Premiums

- No premium increase for the LivingWell plans if you completed your 2016 LivingWell Promise, and you choose another LivingWell plan for 2017
- 1% premium increase in the Standard CDHP and Standard PPO plans

### How to Enroll:

- Online using KHRIS ESS at [openenrollment.ky.gov](http://openenrollment.ky.gov);
- Use the paper application in this guide;
  - If you currently have the cross-reference payment option, you may enroll using the pre-populated cross-reference paper application you will receive in the mail; or
  - If you are electing the cross-reference payment option for the first time or you do not have the pre-populated paper application.
- Contact your retirement system if you are a retiree. Do not use the paper application in this guide.

### Newly-hired employee

If you are a newly-hired employee and you need to review the health insurance plan options available to you at a time other than during the Open Enrollment period, please visit the KEHP website at [kehpcy.gov](http://kehpcy.gov).

### Benefits

In an effort to keep premiums lower while continuing to offer you comprehensive benefits, KEHP made the following changes for 2017:

- LivingWell PPO plan deductible increased to \$750/single and \$1,500/family for in-network coverage. See the Benefits Grid on pages 10-11 for details;
- The out-of-pocket maximum increased in all four plan options: LivingWell CDHP and LivingWell PPO \$2,750/single and \$5,500/family; Standard PPO and Standard CDHP \$3,750/single and \$7,500/family. See the Benefits Grid on pages 10-11 for details;
- The Healthcare Flexible Spending Account (FSA) has a minimum carry over amount of \$50. See page 22 for details;
- Preventive prescriptions on the CVS/Caremark preventive therapy drug benefit list will not be subject to the deductible if you have the LivingWell CDHP or the Standard CDHP;
- LiveHealth Online Psychology is now available at no cost for you and your dependents age 10 and over; and
- Beginning in 2018, the Health Reimbursement Arrangements (HRAs) have a maximum carry over amount of \$7,500. See page 20 for details.

# Your Choices for 2017

## 1. The KEHP offers four health insurance plan options.

- LivingWell CDHP
- LivingWell PPO
- Standard PPO
- Standard CDHP

*See pages 6-9 in this guide for more details on the plan options.*

## 2. If you don't need health insurance through the KEHP, you have the option to waive your health insurance. If you waive your health insurance, you may be eligible to elect an employer-funded Health Reimbursement Arrangement (HRA). An HRA is an account that is available to you to assist in paying for certain medical services. The KEHP offers two pre-funded HRAs that you may be able to elect:

- Waiver General Purpose HRA — covers qualified medical expenses; or
- Waiver Dental/Vision only HRA — covers qualified dental and vision expenses.

*See pages 20-21 in this guide for more details on the waiver HRAs.*

## 3. The KEHP offers Flexible Spending Accounts (FSAs) to employees of state agencies, boards of education, and certain quasi-governmental agencies. You contribute pre-tax dollars into an FSA and use the funds to pay for certain eligible expenses. There are two types of FSAs available:

- Healthcare FSA — for medical expenses not covered by your health insurance plan such as your deductible, co-pays, and co-insurance; and
- Dependent Care FSA — for dependent and adult daycare expenses while you are working.

*See pages 22-23 in this guide for more details on the FSAs.*





## Take control of your health

### Go ahead and take the wheel – we'll help you navigate.

When it comes to your health, we like to make a fuss. With your Kentucky Employees' Health Plan (KEHP) administered by Anthem Blue Cross and Blue Shield, you get more than just access to quality care. You also get tools and resources to help you make good decisions about your health care. We'll help you with simple, useful and smart ways to get the most value out of your health plan.

#### Relax, no need to do everything by yourself

- From online groups to personal health consulting, we work closely with you to help you get personalized care.
- We offer health plans with programs and tools to help you improve your health and stay healthy in the long run.

#### We're focused on your health

Here are some programs available to you:

- *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.
- *Diabetes Prevention Program*: You can get help lowering your risk for diabetes through prevention classes for 16 weeks with a trained lifestyle instructor.
- *Future Moms*: Lets you call a registered nurse for answers to your pregnancy questions, and helps 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. And now, you can also see a licensed therapist or psychologist online.
- *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.

#### Need extra help?

Let's show you how to take charge of your health and make the most of your benefits. For more information, call the Customer Service number on the back of your member ID card or visit [anthem.com/kehpa](http://anthem.com/kehpa).



# LivingWell CDHP

## 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 pre-funded Health Reimbursement Arrangement (HRA) to use toward your deductible and maximum out-of-pocket expenses.
- If you currently have a CDHP and you choose a CDHP again for plan year 2017, any remaining HRA balance will carry over to the 2017 plan year.
- This plan has the lowest member co-insurance percentage. You pay only 15%, and the health plan pays 85% of all eligible expenses.
- Medical and pharmacy expenses apply toward the deductible and maximum out-of-pocket expenses.
- Your pharmacy costs for medications on the preventive therapy drug benefit list bypass the deductible so that you only pay the co-insurance amount for the drug. See page 26 for more information.

## HRA helps reduce your costs

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

**You may only use the HRA to reimburse healthcare expenses of persons enrolled in the plan.**

## 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, funds of \$7,500 or less remaining in your CDHP HRA at the end of 2017 will carry over to your new CDHP HRA for 2018. Once you use all your HRA funds, you will pay for all additional expenses until your deductible is met. After the deductible is met you will be responsible for paying the member co-insurance amount. Once the out-of-pocket maximum is met, the KEHP will pay 100% of your covered services.

**TIP:** You can also enroll in 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 loaded on the same WageWorks Healthcare Card. FSA funds are used first when accessing your spending account to pay for eligible expenses.



# LivingWell PPO

## 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 maximum out-of-pocket amount for the LivingWell PPO is the same as the LivingWell CDHP. However, the PPO does not include an HRA to help reduce your out-of-pocket costs.
- Medical and prescription out-of-pocket maximums accumulate separately.
- Co-pays apply to the out-of-pocket maximum but not the deductible.

The LivingWell CDHP and the LivingWell PPO both require completion of the LivingWell Promise. See how your costs compare under both plans in the chart below. The chart below is for illustrative purposes only.

Non-Tobacco Completing LivingWell Promise with Single Coverage	LivingWell CDHP	LivingWell PPO
<i>Pre-funded HRA contribution</i>	\$500	\$0
<i>Your healthcare expenses for the year</i>	\$7,000	\$7,000
<i>Use your pre-funded HRA to pay</i>	-\$500	\$0
<i>Your remaining balance</i>	\$6,500	\$7,000
<i>You pay \$150 emergency room co-pay</i>	\$0	-\$150
<i>Your remaining balance</i>	\$6,500	\$6,850
<i>You pay remaining deductible amount</i>	-\$750	-\$750
<i>Your remaining balance</i>	\$5,750	\$6,100
<i>Plan pays 85% or 80%</i>	-\$4,887.50 (85%)	-\$4,880 (80%)
<i>You pay the other 15% or 20%</i>	\$862.50 (15%)	\$1,220 (20%)
<i>Your costs for treatment</i>	\$1,612.50 (deductible + co-insurance)	\$2,120 (co-pay + deductible + co-insurance)
<i>Your annual employee contribution</i>	\$575.76	\$959.76
<b><i>Your total annual costs</i></b>	<b>\$2,188.26</b> (deductible + co-insurance + premium)	<b>\$3,079.76</b> (deductible + co-pay + co-insurance + premium)

**TIP:** You can also enroll in a Healthcare FSA to increase your personal tax savings and help cover your deductible.

# Standard PPO

## Standard PPO

- 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. Regardless of the pharmacy tier, the amount you pay is capped at a maximum amount.
- Emergency room co-pays are \$150, plus the deductible and co-insurance.
- Medical and prescription out-of-pocket maximums accumulate separately.
- **Any member who fails to elect or waive coverage by Oct. 24, 2016 is automatically enrolled in this plan with the same coverage level (e.g., single, parent plus, couple, or family) as in 2016.**





# Standard CDHP

## Standard CDHP

- The Standard Consumer Driven Health Plan (CDHP) puts you, the consumer, in more control of managing your health expenses.
- This plan does not require completion of the LivingWell Promise.
- You receive a pre-funded Health Reimbursement Arrangement (HRA) to use toward your deductible and maximum out-of-pocket.
- This plan offers the lowest premiums in exchange for higher deductibles.
- If you currently have a CDHP and you choose a CDHP again for plan year 2017, any remaining HRA balance will carry over to plan year 2017.
- Your pharmacy costs for medications on the preventive therapy drug benefit list bypass the deductible so that you only pay the co-insurance amount for the drug. See page 26 for more information.

## HRA helps reduce your costs

The HRA can be used to reduce your deductible. You will receive a WageWorks® Healthcare Card pre-funded 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 deducted from your card balance. Often, your card swipes are automatically processed; however, you may be requested to submit expense receipts for documentation if the card swipe cannot be automatically verified.

**You may only use the HRA to reimburse health care expenses of persons enrolled in the plan.**

## 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, funds of \$7,500 or less remaining in your CDHP HRA at the end of 2017 will carry over to your new CDHP HRA for 2018. Once you use all your HRA funds, you will pay for all additional expenses until your deductible is met. After the deductible is met, you will be responsible for paying the member co-insurance amount. Once the out-of-pocket maximum is met the KEHP will pay 100% of your covered services.

**TIP:** You can also enroll in 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 loaded to the same WageWorks Healthcare Card. FSA funds are used first when accessing your spending account to pay for eligible expenses.

The chart below is for illustrative purposes only. See how your costs compare under both plans.

Non-Tobacco Completing LW Promise Single Coverage	Standard PPO	Standard CDHP
<i>Pre-funded HRA contribution</i>	\$0	\$250
<i>Your healthcare expenses for the year</i>	\$7,000	\$7,000
<i>Use your pre-funded HRA to pay</i>	\$0	-\$250
<i>Your remaining balance</i>	\$7,000	\$6,750
<i>You pay \$150 emergency room co-pay</i>	-\$150	\$0
<i>Your remaining balance</i>	\$6,850	\$6,750
<i>You pay remaining deductible amount</i>	-\$750	-\$1,500
<i>Your remaining balance</i>	\$6,100	\$5,250
<i>Plan pays 70%</i>	-\$4,270	-\$3,675
<i>You pay the other 30%</i>	-\$1,830	-\$1,575
<i>Your costs for treatment</i>	\$2,730 (co-pay + deductible + co-insurance)	\$3,075 (deductible + co-insurance)
<i>Your annual employee contribution</i>	\$581.52	\$157.20
<b><i>Your total annual costs</i></b>	<b>\$3,311.52</b> (deductible + co-pay + co-insurance + premium)	<b>\$3,232.20</b> (deductible + co-insurance + premium)

# KEHP 2017 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 \$750 Family \$1,500	Single \$1,500 Family \$3,000	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 \$2,750 Family \$5,500	Single \$5,500 Family \$11,000	Single \$2,750 Family \$5,500	Single \$5,500 Family \$11,000	Single \$3,750 Family \$7,500	Single \$7,500 Family \$11,000	Single \$3,750 Family \$7,500	Single \$7,500 Family \$11,000
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%	
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%

# KEHP 2017 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
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. **You can refer to the Summary of Benefits and Coverage (SBC) for more information.** 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 2017 Summary Plan Descriptions (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**, 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 diabetic drugs are subject to reduced co-pays and co-insurance with no deductibles. A 90-day supply of maintenance drugs is subject to lower co-pays and co-insurance. Select preventive therapy drugs bypass the deductible on both CDHPs.

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

# 2017 Monthly Premiums and Contributions

## Non-Tobacco User Rates

All employee contributions are per employee, per month

LivingWell CDHP	Total Premium	Completing LivingWell Promise Rates*		Without Completing LivingWell Promise Rates	
		Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
<i>Single</i>	\$702.10	\$654.12	<b>\$47.98</b>	\$614.12	<b>\$87.98</b>
<i>Parent Plus</i>	\$967.18	\$844.20	<b>\$122.98</b>	\$804.20	<b>\$162.98</b>
<i>Couple</i>	\$1,302.74	\$1,014.76	<b>\$287.98</b>	\$974.76	<b>\$327.98</b>
<i>Family</i>	\$1,453.94	\$1,115.96	<b>\$337.98</b>	\$1,075.96	<b>\$377.98</b>
<i>Family Cross-Reference</i>	\$810.00	\$732.02	<b>\$77.98</b>	\$692.02	<b>\$117.98</b>

LivingWell PPO	Total Premium	Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
<i>Parent Plus</i>	\$1,023.04	\$795.06	<b>\$227.98</b>	\$755.06	<b>\$267.98</b>
<i>Couple</i>	\$1,564.20	\$1,051.22	<b>\$512.98</b>	\$1,011.22	<b>\$552.98</b>
<i>Family</i>	\$1,738.40	\$1,095.42	<b>\$642.98</b>	\$1,055.42	<b>\$682.98</b>
<i>Family Cross-Reference</i>	\$865.64	\$712.66	<b>\$152.98</b>	\$672.66	<b>\$192.98</b>

Standard PPO	Total Premium	Employer Contribution	Employee Contribution
<i>Parent Plus</i>	\$964.58	\$840.38	<b>\$124.20</b>
<i>Couple</i>	\$1,477.72	\$1,186.86	<b>\$290.86</b>
<i>Family</i>	\$1,644.22	\$1,302.86	<b>\$341.36</b>
<i>Family Cross-Reference</i>	\$815.50	\$736.74	<b>\$78.76</b>

Standard CDHP	Total Premium	Employer Contribution	Employee Contribution
<i>Parent Plus</i>	\$930.94	\$870.36	<b>\$60.58</b>
<i>Couple</i>	\$1,431.76	\$1,179.28	<b>\$252.48</b>
<i>Family</i>	\$1,594.52	\$1,291.54	<b>\$302.98</b>
<i>Family Cross-Reference</i>	\$793.18	\$764.92	<b>\$28.26</b>

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

\* First-time LivingWell Plan enrollees use these rates.

# 2017 Monthly Premiums and Contributions

## Tobacco User Rates

All employee contributions are per employee, per month

LivingWell CDHP	Total Premium	Completing LivingWell Promise Rates*		Without Completing LivingWell Promise Rates	
		Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
<i>Single</i>	\$702.10	\$614.12	<b>\$87.98</b>	\$574.12	<b>\$127.98</b>
<i>Parent Plus</i>	\$967.18	\$764.20	<b>\$202.98</b>	\$724.20	<b>\$242.98</b>
<i>Couple</i>	\$1,302.74	\$934.76	<b>\$367.98</b>	\$894.76	<b>\$407.98</b>
<i>Family</i>	\$1,453.94	\$1,035.96	<b>\$417.98</b>	\$995.96	<b>\$457.98</b>
<i>Family Cross-Reference</i>	\$810.00	\$692.02	<b>\$117.98</b>	\$652.02	<b>\$157.98</b>

LivingWell PPO	Total Premium	Employer Contribution	Employee Contribution	Without Completing LivingWell Promise Rates	
				Employer Contribution	Employee Contribution
<i>Single</i>	\$721.14	\$601.16	<b>\$119.98</b>	\$561.16	<b>\$159.98</b>
<i>Parent Plus</i>	\$1,023.04	\$715.06	<b>\$307.98</b>	\$675.06	<b>\$347.98</b>
<i>Couple</i>	\$1,564.20	\$971.22	<b>\$592.98</b>	\$931.22	<b>\$632.98</b>
<i>Family</i>	\$1,738.40	\$1,015.42	<b>\$722.98</b>	\$975.42	<b>\$762.98</b>
<i>Family Cross-Reference</i>	\$865.64	\$672.66	<b>\$192.98</b>	\$632.66	<b>\$232.98</b>

Standard PPO	Total Premium	Employer Contribution	Employee Contribution
<i>Parent Plus</i>	\$964.58	\$760.38	<b>\$204.20</b>
<i>Couple</i>	\$1,477.72	\$1,106.86	<b>\$370.86</b>
<i>Family</i>	\$1,644.22	\$1,222.86	<b>\$421.36</b>
<i>Family Cross-Reference</i>	\$815.50	\$696.74	<b>\$118.76</b>

Standard CDHP	Total Premium	Employer Contribution	Employee Contribution
<i>Parent Plus</i>	\$930.94	\$790.36	<b>\$140.58</b>
<i>Couple</i>	\$1,431.76	\$1,099.28	<b>\$332.48</b>
<i>Family</i>	\$1,594.52	\$1,211.54	<b>\$382.98</b>
<i>Family Cross-Reference</i>	\$793.18	\$724.92	<b>\$68.26</b>

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

\* First-time LivingWell Plan enrollees use these rates.

# Go365 - Wellness Program Administrator



The wellness and rewards solution that motivates action and inspires healthy changes

Based on the feedback of employers and employee members, combined with more than five years of consumer research, we're refreshing the nation's pre-eminent loyalty and wellness program.

Starting January 1 , 2017, HumanaVitality® will have a fresh new name - Go365™

#### **New Name, Same Great Program**

Despite the new name, you will log in with the same username and password you currently use for HumanaVitality. Also, your points and bucks will transfer over to Go365!

\*Please keep your HumanaVitality member ID number as this number will be the same for Go365.

#### **New Fitness Point Structure**

1 point for every 1,000 steps  
5 points for every 15 minutes above 60% max heart rate  
5 points per 100 calories if burn rate exceeds 20 per hour  
10 points per day for checking in to a partner gym  
There is no longer a yearly fitness point maximum.

#### **Multiple ways to start your journey with Go365**

The health assessment is no longer a requirement to reach Bronze status. There are three ways you can begin participating in the program:

- Complete one section of the Health Assessment
- Log a qualifying workout through a compatible device
- Get a biometric screening

#### **Bonus Bucks for reaching the next level**

Earn even more Bonus Bucks as you increase your status!

Silver - +500 Bonus Bucks  
Gold - +1, 500 Bonus Bucks  
Platinum - +5,000 Bonus Bucks

HumanaVitality is not an insurance product. To contact Go365 customer service please call (855) 478-1623

## The LivingWell Promise — Changes for 2017

More than 122,000 KEHP planholders, or nearly 98% of members who elected a LivingWell plan in 2016, completed their LivingWell Promise and learned more about their health status. The KEHP continues to focus on the benefits of wellness.

**A new federal law requires health plans with wellness benefits to change how members are rewarded for their participation.**

### Impact on Your 2017 Enrollment

- If you enrolled in a LivingWell Plan option for 2016 and:
  - You fulfilled your LivingWell Promise, you will receive a monthly premium discount of \$40.00 during 2017; or
  - You did not fulfill your LivingWell Promise, you will not receive the monthly premium discount.
- You may choose from any of the four plan options for 2017.

### 2017 LivingWell Promise

If you enroll in either the LivingWell CDHP or LivingWell PPO for 2017, you must complete one of the following from January 1, 2017 through July 1, 2017:

- Take the Go365 Health Assessment (HA)  
or
- Complete a biometric screening

The LivingWell Promise for 2017 will continue to include the option to complete the Go365 Health Assessment (HA) or a biometric screening. You can always do both if you like — you will receive more Go365 Points if you do!

If you agree to the LivingWell Promise, and you take your HA or biometric screening by July 1, 2017, you will receive a \$40.00 discount on your monthly premium contribution amount in the 2018 plan year.

If you have a cross-reference payment option, you and your spouse must both complete the Go365 HA or the biometric screening. The cross-reference payment option premium will be discounted by \$40.00 for each planholder completing the LivingWell Promise.

If you enroll in a LivingWell plan option in 2017, but you do not take the Go365 Health Assessment or have a biometric screening, you will not receive a premium discount in plan year 2018.

In 2015, nearly 97% of KEHP planholders completed their LivingWell Promise! In 2016, almost 98% of KEHP planholders completed their LivingWell Promise! It's that easy! Let's get 100% completion in plan year 2017.

## Health Assessment (HA)

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 to complete. At the end, you will receive your Go365™ Age.

Only the planholder must complete the LivingWell Promise; but, if you have a cross-reference payment option, make sure you and your spouse 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, access, or retain your personal health information, nor will KEHP share your personal health information with your employer. KEHP may receive aggregate information from Go365 that does not identify any individual in order to design and offer health programs aimed at improving the health of KEHP members.



## Take the HumanaVitality/Go365 Health Assessment

Visit [livingwell.ky.gov](http://livingwell.ky.gov) and click on the HumanaVitality/Go365 login.

### First-time users

Click on “Register” and be prepared with your HumanaVitality/Go365 ID number (or social security number) and additional personal information. Follow the steps, create a username and password, and return to Go365 to login. (Tip: Write down your username and password somewhere safe for reference in the future when you login again.)

### Returning users

After you sign in, start your HA. 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 biometric screening within the last 18 months, you will see those results populated into your HA. The results cannot be updated until a new biometric screening is submitted. To find a biometric screening location near you, visit [livingwell.ky.gov](http://livingwell.ky.gov).

After you receive your Go365 Age, you will receive recommended goals.

If you choose, you may select goals and discover activities that will allow you to commit to a healthier lifestyle, improve your Go365 Age and earn Points, and rewards along the way.





## Complete a Biometric Screening

A biometric screening is lab work to test your cholesterol and blood glucose; a blood pressure check; and 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.

Go365 rewards you up to 4,000 Points and Bucks for completing a biometric screening. You receive 2,000 Bucks just for having a biometric screening and an additional 2,000 Bucks for being in healthy ranges, and Points for taking each test (cholesterol, blood glucose, blood pressure). You'll earn more Points for completing a biometric screening than you will by taking just the Health Assessment. If you choose, you may take both and earn more Points! A biometric screening will provide you with more accurate results to use when populating your Health Assessment. In turn, you will have a more accurate Go365 Age.

There are four options available to you to complete your biometric screening. Remember to take your HumanaVitality/Go365 ID number and appropriate printed voucher/paperwork with you to your biometric screening appointment. **Ensure all of your personal information is correct: name, date of birth, and identification number.**

<p>At select onsite work locations.</p> <ul style="list-style-type: none"> <li>• See your local wellness champ to find out your worksite screening date</li> </ul>	<p>No cost to you</p> <p>The biometric screening vendor will submit your results to Go365.</p>
<p>Through your local health department</p> <ul style="list-style-type: none"> <li>• Go to <b>livingwell.ky.gov</b> to find a location</li> <li>• Present your Go365 ID card at the health department</li> </ul>	<p>No cost to you</p> <p>The health department will submit your results to Go365.</p>
<p>At a retail clinic (e.g., Krogers' Little Clinics, Walgreens' Take Care Clinics, Concentra)</p> <ul style="list-style-type: none"> <li>• Go to <b>livingwell.ky.gov</b></li> <li>• Click on the "get a biometric screening" box</li> <li>• Choose from the locations listed</li> <li>• Print the associated biometric screening voucher</li> <li>• Present the voucher and your Go365 ID card at the retail clinic</li> </ul>	<p>No cost to you</p> <p>The retail clinic location will submit your results to Go365.</p>
<p>At your Primary Care Physician (PCP)</p> <ul style="list-style-type: none"> <li>• Go to <b>livingwell.ky.gov</b></li> <li>• Click on the "primary care physician" tab</li> <li>• Print a copy of the "PCP biometric screening voucher" located at <b>livingwell.ky.gov</b></li> <li>• Follow the instructions on the form to mail, fax, or submit via your online Go365 portal.</li> </ul>	<p>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 for preventive services.</p>

A biometric screening increases your awareness of your health status. The results do not affect your health insurance coverage or premiums. Maintain a copy of the paperwork you receive from your biometric screening as proof of fulfilling the LivingWell Promise.

Fasting for 9-12 hours is strongly recommended but not required - nothing to eat or drink except 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.

# Wellness Success Stories



Sara Duke, with her husband

## Step Challenge

During the Border Battle step challenge in May, weekly drawing winner, Sara Duke (at left), a special education teacher at Apollo High School in Daviess County, received 2,500 Vitality Bucks!

How does she stay motivated? Sara says, "I feel like a fit mom is a fit family. I want to be a healthy role model for my kids. I haven't always been active and in the last few years I have worked hard to change that. Recently, on my preschool age daughter's Mother's Day interview she wrote that my favorite thing to do is run on the treadmill. That's proof that I am living a healthy lifestyle and modeling it for my kids. I feel so much better overall when I am active, and I love step challenges to give me the extra boost and motivation."



Cathy Baker

## Diabetes Prevention Program

Cathy, a retired teacher, had a wonderful experience with the Diabetes Prevention Program. She received phone calls from a nurse at Anthem, informing her that she was in danger of becoming diabetic due to her weight, age, and high blood pressure. She was informed that she was eligible for the Diabetes Prevention Program (DPP), so she signed up for weekly classes, starting in January 2016. An Anthem nurse called her regularly to check on her progress and pushed her gently to reach her weight loss goals.

She participated in the DPP classes and lost 27 pounds during the weekly sessions by following the diet and exercise plan given in the sessions. The class was taught at the YMCA in Lexington by a lifestyle coach. They will continue to meet once a month until December. She's lost more than 60 pounds since August 2015. Her blood glucose and A1C levels are now within a normal range. Cathy says she is looking forward to receiving a good report from her primary care physician at her next exam. She gets daily compliments about her weight loss and questions about how she did it. Her answer? "No secrets, just old-fashioned diet and exercise." She hopes she can use her story to help others reach their goals for weight loss and normal blood glucose and A1C levels.



Kae Cooper

## Wellness Rewards

Kae is a teacher and project team leader for Learn on Demand at Elizabethtown Community and Technical College. She has chosen to become well, is living a healthier lifestyle, and has lost weight! She attributes much of her success to the HumanaVitality program. She is a platinum status member – the highest status you can receive.

"I really love the HumanaVitality program." She was asked how she stays motivated to continue on this journey: "I'm motivated, I'll be honest...by the money, the Bucks! Being able to earn Bucks is a great thing, and I look at HumanaVitality every day." She recently lost more than 40 pounds and is hoping to lose more while on her wellness journey. "You're missing out," she says, if you're not part of the HumanaVitality program. "It's like being paid to get yourself in shape and to get healthy. I'm saving my Bucks for a mini-iPad!"

Check out Kae and her story at [livingwell.ky.gov](http://livingwell.ky.gov) on the May 13 Well-Cast video.

## Healthcare FSA + HRA = Greater Savings Potential

You have the opportunity to enroll in both a WageWorks® Healthcare Flexible Spending Account (FSA) and a WageWorks® Health Reimbursement Arrangement (HRA). These accounts can stand alone or work together to make healthcare much more affordable. Here are a few things you should know.



### What is the Difference Between a Healthcare FSA and an HRA?

#### Healthcare FSA

A Healthcare FSA is a pre-tax benefit account used to pay for eligible medical, dental\*, and vision\* care expenses that aren't covered by your insurance plan. This account is funded with money from your paycheck before taxes are deducted.

*\*These expenses will not reduce your deductible.*

#### HRA

An HRA is funded entirely by your employer and used to pay for eligible out-of-pocket medical expenses, such as deductibles, coinsurance, and pharmacy expenses. An HRA can work as a stand-alone benefit account, or along with a Healthcare FSA, although you can't be reimbursed twice for the same expense.

### What are the Contributions Limits?

#### Healthcare FSA

The maximum amount you may contribute each year is \$2,500.

#### HRA

Your employer contributes a pre-determined amount based on which plan option you select.

### How Do a Healthcare FSA and HRA Work Together?

#### Healthcare FSA

If you enroll in both accounts your eligible expenses are first reimbursed from your Healthcare FSA.

#### HRA

Once your Healthcare FSA funds are exhausted, any eligible expenses will be covered with HRA funds. See page 20 for new information on a maximum cap on HRA balances.

### What Happens to Funds Left in My Account?

#### Healthcare FSA

You may carryover up to \$500 of your Healthcare FSA balance from one plan year to the next. This reduces your risk of losing money and eliminates the need to estimate every expense a year in advance.

#### HRA

Any remaining funds at the end of the plan year will roll over if you elect to participate in the following plan year.

### What Expenses are Eligible?

You can use a Healthcare FSA or HRA to pay for a wide variety of eligible healthcare products and services for you, your spouse, and your dependents. Your employer determines which expenses are eligible for reimbursement, based on the list of IRS-approved expenses. Examples include items such as prescriptions, copayments, certain over-the-counter medications, qualifying dental care, and much more.

**To learn more about WageWorks benefits, review the information in this Benefits Selection Guide. For questions about a specific program, contact WageWorks at 877-430-5519.**



# Waiver General Purpose HRA

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-funded on January 1 with \$1,050, and funded again on July 1 with an additional \$1,050. The federal guidelines related to HRAs allow you to use this card to pay for qualified medical expenses for you and your family members as long as you can attest that all persons covered under the Waiver General Purpose HRA have other group health insurance coverage.

The balance remaining in your Waiver General Purpose HRA at the end of the 2016 plan year will carry over to the 2017 plan year as long as you continue to waive your health insurance coverage and elect a Waiver General Purpose HRA. Starting in 2018, your Waiver General Purpose HRA carryover balance will be capped at \$7,500. Please make certain that you are aware of your balance and spend down your account, if needed, so you only have \$7,500 or less to carry over to plan year 2018.

**If you do not need health insurance, you must actively waive your health insurance coverage and choose a Waiver General Purpose HRA, or you will be automatically enrolled in the Standard PPO with the same coverage level (single, parent-plus, couple, or family) you previously had in 2016. If you currently have the Waiver General Purpose HRA and do not elect to waive health insurance coverage for 2017, you will be defaulted into the Standard PPO single coverage level for 2017.**

## Expenses That May Be Reimbursed Under Your Waiver General Purpose HRA

- 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 General Purpose HRA, your primary health insurance plan is not through KEHP. You will need to keep your receipts, and if requested, 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 the Waiver General Purpose HRA

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

## Who is Not Eligible

- An employee of an agency that does not participate in KEHP's FSA/HRA 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 health insurance coverage

If you choose the Waiver General Purpose HRA, per federal law, you must declare that you and your spouse and dependents, if applicable, 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 the Marketplace or governmental plans such as TRICARE, Veterans Benefits, Medicare, or Medicaid.

## Examples:

- You currently have coverage through your spouse's employer — you ARE eligible to elect the Waiver General Purpose HRA; or
- 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.

If you, 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, 2017, the WageWorks Healthcare Card can only be used for services rendered in 2017. You must file a Pay-Me-Back or Pay-My-Provider claim with WageWorks for any services rendered in 2016.**

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. The Waiver General Purpose HRA is considered a "health plan" and your employer must report coverage for you and your spouse and dependents, if applicable, under the Waiver General Purpose HRA.

# Waiver Dental/Vision Only HRA

If you are an eligible, active employee and choose to waive coverage and select the Waiver 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-funded on January 1 with \$1,050, and funded again on July 1 with an additional \$1,050.

The federal guidelines related to HRAs allow you to use this card to pay for qualified dental and vision expenses for you and your tax dependents.

The balance remaining in your Waiver Dental/Vision Only HRA at the end of the 2016 plan year will carry over to the 2017 plan year as long as you continue to waive your health insurance coverage and elect a Waiver Dental/Vision HRA. Starting in 2018, your Waiver HRA carry over balance will be capped at \$7,500. Please make certain that you are aware of your balance and spend down your account, if needed, so you only have \$7,500 or less to carry over to plan year 2018.

**If you have a Waiver Dental/Vision Only HRA in 2016, you will automatically be enrolled in the Standard PPO with single coverage in 2017 if you do not make an alternative election at open enrollment.**

## Waiver Dental/Vision Only HRA

Examples of expenses that may be reimbursed from your Waiver Dental/Vision Only HRA account:

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

If you choose a Waiver Dental/Vision Only HRA, your primary health insurance plan is not through KEHP. You will need to keep your receipts and, if requested, 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 for the Waiver Dental/Vision Only HRA

- Any active employee of a state agency, school board, or certain quasi-governmental agency 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 health insurance plan

## Who is Not Eligible

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

## Claims Filing for all HRA types

### 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, 2018, to submit reimbursement requests for HRA expenses incurred during your 2017 coverage period. Your WageWorks healthcare card can only be used for services rendered in 2017.

### Claim Filing Options [this applies to the Waiver General Purpose HRA and the Waiver Dental/Vision ONLY HRA]

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](http://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/Healthcare FSA

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. Both Flexible Spending Accounts help you save money by paying less income and Social Security taxes!

1. The **Healthcare FSA** covers certain healthcare expenses that are not covered by your health insurance, such as the deductible, co-payments, and co-insurance.
2. The **Dependent Care FSA** covers dependent and adult daycare expenses while you are at work.

## Healthcare FSA

### Reasons to Select a Healthcare FSA

- Save an average of 30% on eligible healthcare expenses.
- Carry over a minimum of \$50 and a maximum of \$500 from one calendar year to the next – there's virtually no risk in losing your hard-earned money.
- Access the full amount of your account on your first day of coverage.
- Your carryover Healthcare FSA funds do not count against the federal maximum annual contribution limits.
- If you have between \$50 and \$500 remaining in your Healthcare FSA account at the end of the plan year, you do not have to elect a Healthcare FSA the next plan year for your funds to carry over. WageWorks will automatically keep your account active. However, you must make an election for new funds to be contributed through payroll deduction.

The KEHP's maximum annual contribution amount is \$2,500 and is within the maximum permitted by federal law. The amount you contribute will be payroll deducted. You can use your FSA to pay for eligible medical expenses for family members who are considered a tax dependent.

### Who is Eligible

- Employees of state agencies or school boards
- Employees of certain quasi-governmental 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:** See a comprehensive list of covered expenses at [WageWorks.com](http://WageWorks.com) or [kehp.ky.gov](http://kehp.ky.gov).

### FSA Store

WageWorks has a 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; and
- Learn what's eligible to get the greatest value from your FSA. With everything from doctor's office co-pays 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](http://www.wageworks.com/fsaextras) and learn how easy it is to use your FSA dollars.



**Beginning Jan. 1, 2017, the WageWorks Healthcare Card can only be used for services rendered in 2017. You must file a Pay-Me-Back or Pay-My-Provider claim with WageWorks for any services rendered in 2016.**

# Flexible Spending Accounts/Dependent Care FSA

## Dependent Care FSA

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

### Reasons to Select a Dependent Care FSA

- Save an average of 30% on preschool, summer day camp, before/after school programs, child or adult 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 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-governmental 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

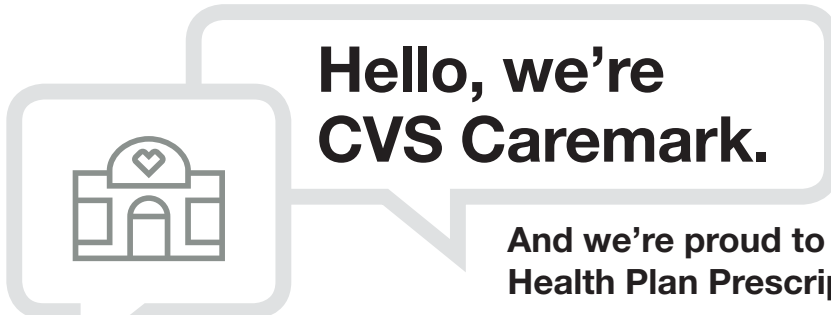
### Claim Filing Options for Healthcare and Dependent Care FSAs

#### 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 for 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, 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.



Hello, we're  
CVS Caremark.

CVS Caremark manages your prescription benefits just like your health insurance company manages your medical benefits.

Whether you need medications every day or once a year, we'll help you get the medications you need, when you need them.



And we're proud to manage the Kentucky Employees' Health Plan Prescription Drug Program.

Here are a few of the ways we help you get your medications and stay on track.

#### Retail Pharmacy Network

- Get your medications at any of more than 68,000 retail pharmacies nationwide, including CVS Pharmacy®
- At select retail network pharmacies, you can save money by getting 90-day supplies of the medications you take regularly

#### CVS Caremark Mail Service Pharmacy

- Get 90-day supplies of the maintenance medications you take regularly and save money
- Have your medications delivered to your home or anywhere you like

#### CVS Specialty Pharmacy

- If you need specialty medications to treat a complex health condition, you can pick up your medications at your local CVS Pharmacy or have them delivered to your home, doctor's office or anywhere you like\*
- Pharmacists and nurses who are specially trained in your condition are only a phone call away

#### Caremark.com

- Check drug costs and find savings opportunities
- Start mail service or find network pharmacies
- Review your coverage, including your Preferred Drug List

#### Download Our Free Mobile App

- Scan the barcode on your prescription label to quickly and easily refill your medication
- Find network pharmacies
- Check drug costs and track your mail service orders

#### Call Us Anytime at 1-866-601-6934

- Talk to a CVS Caremark pharmacist or Customer Care representative anytime
- Representatives can answer questions about your prescription benefit plan, get you started with mail service, or help you find a network pharmacy

\*Based on the availability of CVS Pharmacy locations and subject to applicable laws and regulations.  
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# Prescription Coverage

## Prescription Coverage

CVS/Caremark administers your prescription drug coverage. Prescription drug coverage is included in all KEHP options.

You may get your prescriptions filled at 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 will pay for your prescription(s) will depend on the plan option you select (LivingWell CDHP, LivingWell PPO, Standard PPO, or Standard CDHP), and whether the prescribed drug is a tier 1 generic, tier 2 preferred brand (formulary), or tier 3 non-preferred brand (non-formulary) drug.

## Formulary/Preferred Drug Listing

The formulary, also called a preferred drug listing, is a list of prescription drugs covered under your plan. The most recent formulary is posted online at [kehp.ky.gov](http://kehp.ky.gov). The Pharmacy Summary Plan Descriptions (SPDs) are also located on this website. The SPD provides additional information on prescription coverage such as 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 the CVS/Caremark Specialty Pharmacy. KEHP will allow you to receive your initial specialty drug fill through a retail participating pharmacy, but after this initial fill, CVS/Caremark Specialty Pharmacy must fill all remaining prescriptions. Specialty drugs will be delivered to your home.



# Prescription Maintenance and Preventive Therapy Drug Benefits

There are several money-saving opportunities to be mindful of when filling your prescription drug coverage.

## Maintenance Drug Benefit

If your physician prescribes a drug classified as a maintenance drug by CVS/Caremark, you may receive a 90-day supply, through participating local retail pharmacies, or through CVS/Caremark mail order. A list of local participating pharmacies can be found at [kehp.ky.gov](http://kehp.ky.gov). To qualify for this benefit, the drug must be listed on CVS/Caremark's maintenance drug list. You save money using this benefit if you have a PPO or a CDHP.

If you have the:	
LivingWell or Standard CDHP	You may benefit from a receiving a lower cost when purchasing a larger quantity of medicine.
LivingWell or Standard PPO	You will receive a 90-day supply but only pay for a 60-day supply - just double the co-pay rather than triple the co-pay of a 30 -day supply. See the reduced co-payments on the Benefits Grid on page 11.

## Preventive Therapy Drug Benefit

Starting in 2017, CDHPs will bypass the deductible for certain preventive drugs. Members who choose a LivingWell or Standard CDHP will be able to obtain preventive drugs listed on the Preventive Therapy Drug Benefit list and bypass the deductible, paying only the co-insurance amount.

This preventive therapy drug benefit includes preventive therapy drugs that help prevent disease, or help manage existing conditions, helping to avoid further medical complications. You can find a list of the prescriptions on the preventive drug list at [kehp.ky.gov](http://kehp.ky.gov).

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

# Diabetes Benefits

Diabetes is one of KEHP's highest cost medical conditions, with more than one million dollars in claims per year. Diabetes is a serious condition and may have serious complications, but many times these symptoms can be controlled with regular doctor visits and proper medication adherence.

If you have diabetes or are at risk for getting diabetes, KEHP has several programs to help you manage your condition or prevent diabetes. They are:

- The Diabetes Value Benefit to help manage the cost of your diabetes medications and supplies;
- Health plan coverage for Diabetes Self-Management Education (DSME); and
- The Diabetes Prevention Program for members with pre-diabetes.

## Diabetes Value Benefit

Diabetic members will pay a reduced co-pay and co-insurance, with no deductibles, for most all of their maintenance diabetic prescriptions and supplies.

Diabetes Value Benefit*	LivingWell CDHP	LivingWell PPO	Standard PPO	Standard CDHP
<b>30-Day Supply</b>			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%
<b>90-Day Supply (Retail or Mail Order)</b>			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.

## Diabetes Self-Management Education (DSME)

Diabetes Self-Management Education (DSME) is a proven way, if you have diabetes, to learn the many things you need to know to help manage your condition. If you are diabetic, DSME classes are covered under your health insurance plan, subject to any applicable deductible, co-pay, and co-insurance. These classes provide education on the disease and how it affects your body including how and why changes in physical activity and eating habits are necessary. Education is key for making lifestyle changes. Evidence shows that DSME programs provide the best chance of helping people make needed changes. Talk to your doctor today about attending these classes.

## Diabetes Prevention Program (DPP)

If you meet the criteria of pre-diabetes, you may attend DPP classes. These classes help lower your risk of developing Type 2 Diabetes. You may participate in an approved DPP for free, and you can learn how to improve your health through stress reduction, weight loss, and increased physical activity with the support of a certified lifestyle instructor. This proven and successful 16-week course meets once per week for one hour. After 16 sessions, you will receive at least six monthly follow-up sessions to help you stay motivated and maintain a healthy lifestyle. If you enroll in and attend DPP classes, you will receive 350 Points through Go365. Let your lifestyle coach know you are a participating Go365 member and they will take care of the process.

# Vitals – Transparency Vendor

I Can Help You  
Save Money on  
Your Health Care.

Plus Earn CASH!  
Call: 1-855-869-2133



**vitals**smartshopper®

## Earn Cash When You Call 1-855-869-2133 and Shop for Your Health Care

When your doctor recommends a medical procedure or test, call Vitals SmartShopper. By shopping with Vitals SmartShopper you get expert, friendly assistance in choosing a high-quality, best-price location for your health care service. You'll save hundreds or even thousands of dollars on your out-of-pocket costs. And even better, because you've selected better-value care, those savings are shared with you in an additional cash reward!

In fact, depending on what medical procedure or test you need, you could earn from **\$25 to \$500** in **cash rewards**. Simply by calling SmartShopper and shopping for your health care!

**Health Care Savings and Cash Rewards are Just a Phone Call Away**

### We can help you:

- Create your Secure SmartShopper Account
- Find the best-priced care for your medical procedure
- Schedule or reschedule your procedure at the location of your choice
- Confirm the amount of your cash reward!

# Benefit Fairs

Date	County	Local Time	Location
Oct 3 MONDAY	Franklin*	8a-6p	State Office Building Auditorium 501 High St Frankfort, KY 40601
Oct 4 TUESDAY	Jefferson*	8a-5p	Ky Fair and Expo Center North Wing 937 Phillips Lane Louisville, KY 40209
Oct 5 WEDNESDAY	Madison	330-630p	B. Michael Caudill Middle School Cafeteria 1428 Dr. Robert R. Martin Bypass Richmond, KY 40475
Oct 5 WEDNESDAY	Laurel	2-6p	GC Garland Administration Bldg 710 N. Main St London, KY 40741
Oct 6 THURSDAY	Boyd	2-6p	Boyd County High School Media and Commons Area 14375 Lions Lane Ashland, KY 41102
Oct 6 THURSDAY	Christian	330-630p	Christian County Middle School Library 215 Glass Ave Hopkinsville, KY 42240
Oct 7 FRIDAY	Harlan	2-6p	Southeast Community and Technical College Harlan Campus Conference Room 164 Ball Park Rd, Harlan, KY 40831
Oct 10 MONDAY	Hopkins	330-630p	Jesse Stuart Elementary 1710 Anton Rd Madisonville, KY 42431
Oct 10 MONDAY	Pike	2-6p	Pike County Central High School Cafeteria 100 Winner's Circle Pikeville, KY 41501
Oct 11 TUESDAY	McCracken	2-6p	Western KY Community & Technical College Emerging Technology Center Conference Room 109 5100 Alben Barkley Dr Paducah, KY 42002
Oct 13 THURSDAY	Warren	3-630p	Drakes Creek Middle School Cafeteria 704 Cypress Wood Way Bowling Green, KY 42104
Oct 13 THURSDAY	Fayette	330-630p	Tates Creek High School Cafeteria 1111 Centre Parkway Lexington, KY 40517
Oct 14 FRIDAY	Boone	2-6p	Gateway Community & Technical College Center for Advanced Manufacturing Convening Center 500 Technology Way Florence, KY 41042

\*free flu shots available on a first come, first served basis

# Qualifying Events - Changing or Cancelling Your 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; or
- 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
- Gain of other group health insurance
- Spouse has a different Open Enrollment period

## 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 Qualifying Event Form and submit it to your Insurance Coordinator or Human Resource Generalist within 35 calendar days of the event date. If you have a baby or adopt a child, you have 60 calendar days to add the child to your plan. If you are adding additional dependents along with the baby or adopted child, then you have 35 calendar 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.





## 2017 ACTIVE EMPLOYEE HEALTH INSURANCE ENROLLMENT APPLICATION

### Section 1: To Be Completed by IC/HRG

KHRIS Personnel Number	Organizational Unit #	Company Name	Company #	Cost Center #
Reason for Application <input type="checkbox"/> New Hire <input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Group		Date of Hire	Coverage Effective Date	Home County Code

### Section 2: Demographic Information

Employee's SSN	Employee Name (Last, First, MI)		Date of Birth (mm/dd/yyyy)
Street Address		Primary Phone #	Work Email Address
City, State Zip	County	Secondary Phone #	Home Email Address
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Married: <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Section 3: Spouse Information

Spouse's SSN	Spouse's Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> I wish to utilize the Cross reference payment option (two KEHP members, married with children – no LRP or JRP).			
Spouse's Date of Hire/Retirement		Spouse's Organizational Unit #	Spouse's Company #
Spouse's Work Email Address		Spouse's Home Email Address	

### Section 4: Dependent Information – list dependents regardless of plan election

Child #	SSN	Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Disabled Dependent
Child #1	SSN	Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Disabled Dependent
Child #2	SSN	Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Disabled Dependent
Child #3	SSN	Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Disabled Dependent
Child #4	SSN	Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Disabled Dependent
Child #5	SSN	Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Disabled Dependent
Child #6	SSN	Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Disabled Dependent

### Section 5: Tobacco Use Declaration

Rules governing the Tobacco Use Declaration can be found in your Benefits Selection Guide or at [kehpn.ky.gov](http://kehpn.ky.gov). You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

Planholder: Within the past 6 months, have you used tobacco regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your spouse, if covered under this plan, used tobacco regularly within the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have any children covered under this plan, age 18 or older, used tobacco regularly within the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employee Name:

Employee SSN:

<b>Section 6: Coverage Level</b>		
<input type="checkbox"/> Single (self only)	<input type="checkbox"/> Parent Plus (self and child(ren))	<input type="checkbox"/> Couple (self and spouse)
<input type="checkbox"/> Family (self, spouse and child(ren))		
<b>Section 7: Plan Options</b>		
<input type="checkbox"/> LivingWell CDHP		
<input type="checkbox"/> LivingWell PPO		
<input type="checkbox"/> Standard PPO		
<input type="checkbox"/> Standard CDHP		
<input type="checkbox"/> Waiver (General Purpose) HRA – with \$ (By choosing a waiver General Purpose HRA and checking this box, I declare that I and, if applicable, my spouse and my dependents, have other group health plan coverage that provides minimum value. To the extent applicable, I have listed my spouse and all dependents whose medical expenses may be reimbursed under the HRA in Sections 3 and 4 of this application.)		
<input type="checkbox"/> Waiver Dental/Vision ONLY HRA – with \$		
<input type="checkbox"/> Waiver without HRA – No \$		
<input type="checkbox"/> Default Standard PPO – IC/HRG USE ONLY		
<b>Section 8: LivingWell Promise (required for selecting a LivingWell Plan)</b>		
<input type="checkbox"/> I agree to the LivingWell Promise. Electing a LivingWell Promise plan in 2017 means you are required to complete either the Go365 Health Assessment (HA) or biometric screening from January 1, 2017 through July 1, 2017. Instructions on fulfilling your Promise can be found at <a href="http://LivingWell.ky.gov">LivingWell.ky.gov</a> .		
<b>Section 9: Signatures – Please submit this application to your Company IC/HRG</b>		
By signing this application, I certify that the information provided in this application is true and correct to the best of my knowledge. I also certify that I have read, understand and agree to the Terms and Conditions of participation in the KEHP, the KEHP Legal Notices, and the Tobacco Use Declaration. These documents can be found in your Benefits Selection Guide or online at <a href="http://kehp.ky.gov">kehp.ky.gov</a> .		
By typing my name in the space provided below, I am signing this application electronically and am agreeing to conduct this transaction by electronic means.		
Employee Signature	_____	Date
Spouse Signature – REQUIRED if electing the cross-reference payment option	_____	Date
IC/HRG Signature	_____	Date
IC/HRG Printed Name	_____	IC/HRG Phone Number
Spouse's IC/HRG Signature – REQUIRED if electing the cross-reference payment option	_____	Date
Spouse's IC/HRG Printed Name	_____	Spouse's IC/HRG Phone Number



# Time to Make Your Decisions

## Who to call for help

Now that you've read through the Benefits Selection Guide, you should have a better understanding of the benefits you need for you and your family. The KEHP mailed a packet of information to guide you as you make your selections for plan year 2017. Use the information in the packet to log on to the KHRIS ESS system at [www.openenrollment.ky.gov](http://www.openenrollment.ky.gov). Most KEHP members may use KHRIS ESS to enroll. Please make your selections carefully. If you need assistance, see the numbers below.

<b>KEHP Open Enrollment Hotline</b>		888-581-8834 502-564-6534
		<i>The options below are only available October 10-24, 2016</i> Option 1 - KHRIS User ID, password, computer & technical assistance Option 2 - Benefit questions for Anthem, CVS/Caremark or WageWorks Option 3 - KEHP Member Services & Eligibility
		<b>Open Enrollment Hours for Assistance</b>
		Oct. 10 - 14/Monday - Friday      8 am to 6 pm ET
		Oct. 15/Saturday                      8 am to 1 pm ET
		Oct. 17 - 21/Monday - Friday      8 am to 8 pm ET
		Oct. 22/Saturday                      8 am to 1 pm ET
		Oct. 24/Monday                        8 am to 6 pm ET
<b>KEHP Vendors' Phone Numbers</b>		
<i>Health Insurance Benefits</i>	Anthem	844-402-KEHP (5347)
<i>Prescription Benefits</i>	CVS/Caremark	866-601-6934
<i>FSA &amp; HRA Benefits</i>	WageWorks	877-430-5519
<i>Wellness Information</i>	Go365	855-478-1623
<i>Shopper Discounts</i>	Vitals SmartShopper	855-869-2133
<b>Retiree Systems' Phone Numbers</b>		
<i>LRP and JRP Retiree Questions</i>	Judicial Retirement Plan and Legislators' Retirement Plan	502-564-5310
<i>KCTCS Retiree Questions</i>	Kentucky Community and Technical College System Retirement	859-256-3100
<i>KRS Retiree Questions</i>	Kentucky Retirement Systems	800-928-4646 502-696-8800 <a href="http://kyret.ky.gov">kyret.ky.gov</a>
<i>TRS Retiree Questions</i>	Teachers' Retirement System	800-618-1687 502-848-8500 <a href="http://trs.ky.gov">trs.ky.gov</a>

# Benefits of an FSA



Details of Flexible Spending Accounts (FSAs) are addressed on pages 22 and 23 of this guide. To help you better understand the benefits of each type of FSA, below are a few tips to remember before you complete the FSA application on the next page.

## Healthcare FSA

- Pre-tax funds taken directly from your paycheck to reimburse yourself for qualified medical, dental and vision expenses. Your funds are available on the first day of coverage. You don't have to wait the whole year to have your annual contribution amount available.
- Covers hundreds of eligible healthcare expenses, like co-payments for doctor visits, prescription drugs, and new eyeglasses or contact lenses.
- Helps offset qualified expenses in conjunction with your HRA if you have a LivingWell or Standard CDHP, Waiver General Purpose HRA or Dental/Vision Only HRA.
- Use funds to pay for eligible expenses for you and your tax dependents.
  - These dependents do not have to be covered under your KEHP health insurance plan.
- Contribution amounts
  - You may elect a maximum of \$2,500 annually.
  - You may carry over a minimum of \$50 and a maximum of \$500 each calendar year.

## Dependent Care FSA

- Pre-tax funds taken directly from your paycheck to reimburse yourself for your childcare or adult daycare expenses so that you can continue to work.
- For this account, a dependent is a child under 13 years of age (until the day of their 13th birthday) and adult dependents who can't take care of themselves.
  - These dependents must live with you and be claimed as dependents on your tax return.
- You can use the funds in your Dependent Care FSA in two ways.
  - You can arrange to have your dependent care provider paid directly from your WageWorks Dependent Care FSA account.
  - You can be reimbursed for eligible expenses you pay out-of-pocket.

**Notes:** Only employees whose employer participates in KEHP's FSA/HRA program are eligible to participate. You can have both a Healthcare and Dependent Care FSA because they provide different benefits.



## 2017 FLEXIBLE SPENDING ACCOUNT (FSA) ENROLLMENT/CHANGE APPLICATION

### Section 1: To Be Completed by IC/HRG

KHRIS Personnel Number	Date of Hire	Effective Date	Organizational Unit #	Cost Center #	Company #
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### Section 2: To Be Completed by Employee

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

### Section 3: Enrollment Changes

Reason	If Qualifying Event, check item below
<input type="checkbox"/> Rehire	<input type="checkbox"/> Divorce/Legal Separation/Annulment*
<input type="checkbox"/> New Hire	<input type="checkbox"/> Death of a Child or Spouse*
<input type="checkbox"/> Open Enrollment	<input type="checkbox"/> Loss of Eligibility
<input type="checkbox"/> New Group	<input type="checkbox"/> Gaining/Losing Other Coverage (Medicare/Medicaid or any Government Group Health Insurance Coverage)
<input type="checkbox"/> Qualifying Event (QE), Date: _____	<input type="checkbox"/> Gaining/Losing Other Coverage
<input type="checkbox"/> Other Reason: _____	<input type="checkbox"/> Significant Cost Increase or Decrease for Dependent Care FSA*
	<input type="checkbox"/> Marriage* <input type="checkbox"/> Birth/Adoption of Child/Placement for Adoption* <input type="checkbox"/> Guardianship/Court Order* <input type="checkbox"/> Military Leave/Leave Without Pay Date: _____ <input type="checkbox"/> Other Reason: _____ * Requires Supporting Documentation

### Section 4: Enrollment Elections

Healthcare Flexible Spending Account	Dependent Care Flexible Spending Account
I request to <b>(check one)</b> <input type="checkbox"/> Enroll in or <input type="checkbox"/> Change my Healthcare FSA for calendar year 2017. I understand that the minimum allowable contribution is \$10 per month (\$5 per semi-monthly period).  <b>Total Calendar Year Contribution:</b> \$ _____	I request to <b>(check one)</b> <input type="checkbox"/> Enroll in or <input type="checkbox"/> Change my Dependent Care FSA for calendar year 2017. I understand that the minimum allowable contribution is \$10 per month (\$5 per semi-monthly period).  <b>Total Calendar Year Contribution:</b> \$ _____
<ul style="list-style-type: none"> <li>• Maximum calendar year contribution is \$2,500 per eligible Planholder.</li> <li>• Minimum calendar year contribution is \$120 (or \$10 per month).</li> <li>• Enter an amount evenly divisible by 24. If not, DEI will adjust contribution amount.</li> <li>• Maximum annual carryover amount is \$500.</li> <li>• Minimum annual carryover amount is \$50.</li> </ul>	<ul style="list-style-type: none"> <li>• Maximum contribution per tax filing status is \$2,500 married filing separately, \$5,000 married filing, or \$5,000 married head of household.</li> <li>• Minimum calendar year contribution is \$120 (or \$10 per month).</li> <li>• Enter an amount evenly divisible by 24. If not, DEI will adjust contribution amount.</li> <li>• For daycare expenses such as preschool, summer day camp, before/after school programs, and child or elder daycare.</li> </ul>

### Section 5: Signatures – Please submit this application to your Company Insurance Coordinator

- By signing this application, I certify that the information provided in this application is true and correct to the best of my knowledge. I also certify that I have read, understand and agree to the Terms and Conditions of participation in the KEHP and the KEHP Legal Notices. These documents can be found in your Benefits Selection Guide or online at [keh.ky.gov](http://keh.ky.gov).
- By typing my name in the space provided below, I am signing this application electronically and am agreeing to conduct this transaction by electronic means.

Employee Signature	Date
IC/HRG Signature and Printed Name	Date
	Telephone

# KEHP Tobacco Use Declaration

## KEHP TOBACCO USE DECLARATION

*The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. As a part of KEHP's LivingWell wellness program, KEHP offers 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, during the health insurance enrollment process, that you or any other person over the age of 18 to be covered under your plan has not regularly used tobacco within the past six months. "Regularly" means tobacco has been used four or more times per week on average excluding religious or ceremonial uses. "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. "KEHP Health Insurance Enrollment Application" refers to any method of enrolling in KEHP health insurance coverage including submitting a paper application, completing and submitting an application online, or enrolling in KEHP health insurance coverage through an online enrollment system.*

Whether you complete your KEHP health insurance enrollment online or submit a paper application, you are required to certify that all attestations regarding tobacco use are accurate. By completing the enrollment process, you certify the following:

1. I have truthfully answered all questions in my KEHP Health Insurance Enrollment Application regarding tobacco use by me, my spouse, and my dependents 18 years of age and over. My KEHP Health Insurance Enrollment Application 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, 2017, if I answered "Yes" to any of the questions in the Tobacco Use Declaration section of my KEHP Health Insurance Enrollment Application.
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 questions in the Tobacco Use Declaration section of my KEHP Health Insurance Enrollment Application, 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 the 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 the Tobacco Use 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 LivingWell 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.

# KEHP Terms and Conditions

## KEHP TERMS AND CONDITIONS

*Below are the Terms and Conditions for member participation in 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 Terms and Conditions document, 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.*

An Employee/Retiree may affix a signature to a paper copy of the KEHP Health Insurance Enrollment Application or an electronic version of the application. By typing your name on an electronic application or by logging in and using your unique KHRIS User ID and enrolling through the Employee Self-Service portal, you are agreeing to conduct enrollment in KEHP's health insurance coverage by electronic means, thereby creating a legal and binding contract. By affixing your signature in either manner, you understand and agree that:

- A. **PLAN YEAR.** The 2017 Plan Year begins January 1, 2017 and ends at midnight on December 31, 2017.
- B. **EFFECTIVE DATE OF ELECTIONS.** If you are 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 you are 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.
- C. **PLAN INFORMATION.** You have read and understand the 2017 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 your eligible dependents and you will be provided in accordance with the limitations in the SPDs, MBBs, BSG, and SBCs. You 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 you 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 or MBBs will govern.
- D. **THIRD PARTY ADMINISTRATORS.** KEHP uses third parties, including Anthem, CVS/Caremark, and WageWorks to provide certain administrative functions. KEHP may communicate with you directly or through these third parties about your coverage, your benefits, or health-related products or services provided by or included in KEHP's plan of benefits.
- E. **CROSS-REFERENCE.** If your spouse and you elect the cross-reference payment option, you 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.
- F. **DEPENDENT ELIGIBILITY.** You 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.
- G. **CHANGING ELECTIONS.** The elections indicated by your KEHP Health Insurance Enrollment Application or online enrollment may not be changed or cancelled during the Plan Year without a permitted Qualifying Event.
- H. **DEDUCTION FROM EARNINGS.** Enrollment in an FSA is voluntary. When you enroll in an FSA, you authorize your employer to deduct from your earnings the amount required to cover your employee contribution to the FSA you have selected, including any arrears you may owe. When you enroll in a health plan, you authorize your employer to deduct from your earnings the amount required to cover your employee share of the premium contribution for the plan option you have selected, including any arrears you may owe. Deductions for FSA and employee premium contributions will be made on a pre-tax basis unless you sign a Post-Tax Request Form.
- I. **PRIORITY OF PAYMENTS.** Any payment submitted to KEHP that you intend to be used to fund your FSA and any premium payment submitted to KEHP that you intend to be used to pay for your 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.
- J. **DEPENDENT CARE FSA.** If you choose a Dependent Care FSA, you are 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.
- K. **FSA CARRYOVER.** Unused amounts of \$50 and up to a maximum of \$500.00 remaining in your Healthcare FSA at the end of the Plan Year will carry over to the next Plan Year and may be used to reimburse you for medical expenses that are incurred during the subsequent Plan Year.
- L. **WAGeworks HEALTHCARE CARD.** WageWorks will administer FSAs and HRAs for the 2017 Plan Year and will issue a WageWorks Healthcare Card to you for the payment of Healthcare FSA and HRA expenses. Your WageWorks Healthcare Card will be suspended if requested claim verification is not sent to WageWorks within ninety (90) days after the card swipe. You 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 your Healthcare FSA or HRA if you fail to properly verify a claim.
- M. **WAIVING HEALTH INSURANCE COVERAGE.** If you elect to waive KEHP health insurance coverage, with or without a Waiver Health Reimbursement Arrangement (HRA), you are 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. You understand that you will be eligible for the Waiver General Purpose HRA only if you have other group health plan coverage. You further understand that your spouse and eligible dependents, if applicable, cannot be covered under the Waiver General Purpose HRA unless your spouse and dependents also have other group health plan coverage.

# KEHP Terms and Conditions

- N. **WAIVER GENERAL PURPOSE HRA RULES.** If you elect a Waiver General Purpose HRA, you declare that you and your spouse and dependents, if applicable, are 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 the Marketplace or governmental plans such as TRICARE, Veteran’s Benefits, 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 you elect a Waiver General Purpose HRA and cease to be covered under another group health plan that provides minimum value, you agree 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 you may elect a KEHP health insurance plan option or the Waiver Dental/Vision Only HRA. You are permitted to permanently opt out of and waive future reimbursements from the Waiver General Purpose HRA at least annually at open enrollment.
- O. **HRA CARRYOVER.** Unused amounts up to and including \$7,500 remaining in your HRA at the end of the Plan Year may be carried over to the next Plan Year provided you are eligible to elect an HRA. You must elect the same type of HRA in a subsequent Plan Year for the funds to carry over.
- P. **WAIVER HRA FUNDS AFTER TERMINATION.** Any funds remaining in a Waiver HRA after termination may be used to reimburse you 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 you may be reimbursed for any eligible medical expenses incurred prior to the last day of the last pay period worked, provided that you file a claim by March 31 following the close of the Plan Year in which the expense was incurred.
- Q. **HRA AND FSA EXPENSE REIMBURSEMENT.** An HRA and/or Healthcare FSA may only reimburse you 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 you 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 your HRA or Healthcare FSA.
- R. **HRA AND FSA RUN-OUT PERIOD.** You have a 90-day run-out period (until March 31) for reimbursement of eligible FSA and HRA expenses incurred during the period of coverage.
- S. **MINIMUM ESSENTIAL COVERAGE.** 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 your employer, you are not eligible for a health insurance premium tax credit if purchasing insurance through the Marketplace. In addition, if you decline coverage for your spouse or dependent, your spouse or dependent will not be eligible for a health insurance premium tax credit if purchasing insurance through the Marketplace.
- T. **COORDINATION OF KEHP HEALTH PLANS AND MEDICARE COVERAGE.** 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.
- U. **TOBACCO USE DECLARATION.** You have reviewed the KEHP Tobacco Use Declaration and have truthfully answered all questions in your KEHP Health Insurance Enrollment Application regarding tobacco use by you, your spouse, and your dependents over the age of 18.
- V. **LIVINGWELL PROMISE.** KEHP’s LivingWell wellness program includes the KEHP LivingWell plan options. If you have chosen one of the KEHP LivingWell plan options, you agree to fulfill a LivingWell Promise. A new federal law requires KEHP to change how members are rewarded for participation in the LivingWell wellness program. If you enrolled in a LivingWell Plan option for 2016 and you fulfilled your LivingWell Promise, you will receive a monthly premium discount of \$40.00 during 2017. If you enrolled in a LivingWell Plan option for 2016 and you did not fulfill your LivingWell Promise, you will not receive a monthly premium discount of \$40.00 during 2017. If you enroll in either the LivingWell CDHP or LivingWell PPO plan options for 2017, you must complete (1) an online Go365 Health Assessment; OR (2) a biometric screening between January 1, 2017, through July 1, 2017. If you are a new employee and you choose a LivingWell plan option outside of open enrollment, you must complete the Health Assessment OR biometric screening within 90 days of your coverage effective date.
- W. **HIPAA.** You have rights under HIPAA regarding the protection of your health information. KEHP will comply with the HIPAA Privacy and Security rules, and uses and disclosures of your 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](http://kehp.ky.gov).
- X. **FRAUD WARNING.** 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. You can be held responsible for any fraudulent act that you could have prevented while acting within your duties related to the KEHP, and it may be used to reduce or deny a claim or to terminate my coverage.
- Y. **ACKNOWLEDGEMENT.** You have fully read the KEHP Terms and Conditions, the KEHP Legal Notices, and the KEHP Tobacco Use Declaration. Your signature on the KEHP Health Insurance Enrollment Application or your electronic signature used for online enrollment certifies that all information provided during this enrollment opportunity is correct to the best of your knowledge.
- Z. **EXCEPTIONS MAY APPLY.** 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.

## KEHP 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](http://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](http://kehp.ky.gov).

### B. WELLNESS PROGRAM DISCLOSURE

**LivingWell** is KEHP's voluntary wellness program available to all KEHP members. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease. Those federal rules include the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health assessment or "HA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). In lieu of completing an HA, you may complete a biometric screening, which will include a blood test to check your cholesterol and blood glucose levels. You are not required to complete the HA or to participate in the biometric screening or any other medical examination. However, employees who choose to participate in the LivingWell wellness program will receive an incentive in the form of a discounted employee premium contributions for your health insurance coverage. Although you are not required to complete the HA or participate in the biometric screening, only employees who do so will receive the discounted health insurance premiums.

Additional incentives in the form of gift cards, consumer goods, and other prizes may be available for employees who participate in certain health-related activities such as participating in walking challenges or quitting smoking. In addition, 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. Incentives for participating in KEHP's LivingWell wellness program are available to all employees and KEHP members. If you are unable to participate in any of the health-related activities or you think you might be unable to meet a standard to earn an incentive under the LivingWell wellness program, you may request a reasonable accommodation or an alternative standard. Contact the Department of Employee Insurance, Member Services Branch 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 incentive that is right for you in light of your health status.

**Protections from Disclosure of Medical Information:** The KEHP is required by law to maintain the privacy and security of your personally identifiable health information. The KEHP does not collect or retain personal health or medical information through its LivingWell wellness program; however, the KEHP may receive and use aggregate information that does not identify any individual in order to design programs based on identified health risks in the workplace and that are aimed at improving the health of KEHP members. The KEHP will never disclose any of your personal information either publicly or to your employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who may receive your personally identifiable health information are persons employed by Go365 (KEHP's wellness administrator) and Anthem (KEHP's third-party medical administrator). This may include nurses in Anthem's disease management program and health coaches in Go365's health coaching program. Disclosure of your personally identifiable health information to these persons is necessary in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately upon discovery of the breach.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the LivingWell wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Department of Employee Insurance, Member Services Branch at (888) 581-8834 or (502) 564-6534.

### 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](http://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 stages 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](http://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](http://kehp.ky.gov).

### G. PLAN YEAR 2017 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 your health insurance coverage 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. 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](http://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, and the employee's spouse and dependents, if applicable, has other group health plan coverage. An employee that elects a Waiver General Purpose HRA must attest that the employee and, if applicable, the employee's spouse and dependents are 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 the Marketplace 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.

# KEHP's New Wellness Director



## Former UK Basketball Player New KEHP Wellness Director

Hello everyone, I'm Twany Beckham and I'm the new Wellness Director for the Kentucky Employees' Health Plan (KEHP). I'm excited for this opportunity to travel across the state, meeting you and helping you make the best use of our plan's many wellness benefits offered by Go365 (formerly HumanaVitality) and our other vendors.

I was born in Louisville and raised by a single mother with three boys in the inner city. Growing up, I quickly found a love and passion for playing sports, especially basketball. In high school, I was a three-year starter for the Ballard High School basketball team, and in 2007, I was selected as a member of the Kentucky All-Star Team.

I earned a basketball scholarship to Mississippi State, and after two and a half seasons, transferred to the University of Kentucky. At UK, I was a member of the 2012 National Championship Basketball Team and an All-SEC Academic performing student.

## Overcoming adversity

Throughout my athletic career, I encountered several unexpected injuries that sidelined me from playing the sport I loved. My freshman year at Mississippi State, I suffered a fractured foot just days before our first basketball game. The following year, I was diagnosed with bone spurs on both hips and underwent double hip surgery. Then, just weeks before my senior season was to begin at the University of Kentucky, I woke up not able to move my legs. An MRI revealed a bulging disk in my back. After surgery on my back, I had to fight to learn how to walk again. I truly believe that if I had taken care of my body and focused more on my overall health, some of my unexpected injuries could have been avoided.

Despite the injuries and surgeries, I managed to keep a positive attitude and to continuously educate myself on how to be healthier. Since 2013, I've had the opportunity to share my story of overcoming adversity with many people across the state. The adversity I've faced - whether based on my beginnings in West Louisville or the painful injuries I experienced as an athlete - are probably not that different than the challenges you face.

## Preventing illness, not just treating sickness

Webster's Dictionary defines wellness as "an approach to healthcare that emphasizes preventing illness and prolonging life, as opposed to emphasizing treating diseases." As your Wellness Director, I want to do just that. I want us to deliberately and actively focus on preventing illness, not just treating sickness.

I'm looking forward to getting out and learning about you and sharing the knowledge I've gained about living a healthy lifestyle. Many of us face different struggles in our lives and living healthy can sometimes be challenging. It's easy to make excuses as to why we cannot live a healthier lifestyle. But with your dedication and hard work, you and I together can make Kentucky one healthy place to live!!