

Your 2018 Open Enrollment Guide

Benefits Selection Guide for the Kentucky Employees' Health Plan and Kentucky Group Life Insurance



2018 Open Enrollment Oct. 9 – Oct. 20

Benefit Fairs begin Oct. 2

Health Insurance Open Enrollment is **MANDATORY**

Life Insurance Open Enrollment is **VOLUNTARY**

Living **Well** Promise for 2018

Take the Go365™ Health Assessment
OR complete a Biometric Screening

**KENTUCKY
PERSONNEL
CABINET**



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Highlights of 2018 Open Enrollment

It's that time of year again – Open Enrollment for your health insurance and flexible spending account benefits. This year, you also have the opportunity to enroll in or change your optional life insurance coverage.

This page highlights what you need to know to make your elections. Please take a moment to review the entire Guide as it has lots of information designed to make Open Enrollment easy for you.



Open Enrollment Period is October 9 – October 20, 2017

Kentucky Employees' Health Plan (KEHP)

Premiums

- After keeping LivingWell plan premiums the same since 2014 and only adjusting the Standard plans by 1% during that time, all plans have a 3% employee increase for 2018, except the Standard CDHP which increased to \$26.20 a month for single coverage.

Benefits

- No changes were made to deductibles, co-insurance, or co-payments.
- Healthcare Flexible Spending Account (FSA) maximum annual contribution increased to \$2,600.
- Health Reimbursement Arrangements (HRAs) have a maximum carryover of \$7,500.

Enrollment Guidelines

- You must elect or waive your health insurance coverage – even if you want to keep everything the same. This is MANDATORY.
- If you do not elect or waive your health insurance coverage:
 - You will default into the Standard PPO plan option with the same coverage level (e.g., single, parent-plus, couple, or family) as in 2017 (if applicable);
 - You will be responsible for paying the employee contributions for the Standard PPO plan option; and
 - You will lose your Waiver HRA funds if you waived coverage in 2017 and are defaulted in 2018.
- You may enroll using the paper applications in this Guide or online through KHRIS Employee Self Service (ESS) at khris.ky.gov. Some exceptions apply, see page 34 for details.
- You cannot enroll online if you have the cross-reference payment option. Instead, you will receive a pre-populated paper application in the mail.

Kentucky Group Life Insurance (KGLI)

Premiums

- All premiums for the optional life insurance plans have been reduced by 8%.

Benefits

You provided feedback and we listened! New optional employee and dependent life plan options are available for 2018.

- New \$100,000 and \$150,000 plan options replace the current 1X and 2X Annual Salary plan options.
- New Dependent Life Insurance options are available that provide coverage for your spouse up to \$20,000 and your children up to \$10,000.

Enrollment Requirements

- You may enroll using the paper application in this Guide or online through KHRIS ESS at khris.ky.gov.
- You may enroll or change your Life Insurance election during the Open Enrollment period without having to complete a health questionnaire or take a medical exam.
- You do not have to enroll unless you want to make a change or elect new coverage.
- Check with your employer to see if they participate in the Kentucky Group Life Insurance program.



What's In It For Me?



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Keep reading! →

Your Choices for 2018

Choices with KEHP



You can choose from four health insurance plan options.

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

See pages 7-10 in this Guide for more details on the plan options.



If you don't need health insurance, you can waive (or give up) your health insurance benefit. If you waive, 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.

You can choose from two pre-funded HRAs.

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

See pages 17-18 in this Guide for more details on the waiver HRAs.



You may be able to choose from two Flexible Spending Accounts (FSAs):

- 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 19-20 in this Guide for more details on FSAs.

Choices with Group Life Insurance



Effective January 1, 2018, you will have lower premiums for all optional life insurance plans. Also, new plan options are available to you and your spouse and dependents.



For You: You can choose from several optional life insurance plans. Two new options are available in 2018:

- \$100,000 employee life insurance; or
- \$150,000 employee life insurance.

The two new options replace the current 1X and 2X Annual Salary term life insurance plans.

See pages 30-31 in this Guide for more details on the plan options.



For Your Spouse and Children: You can also choose from several optional life insurance plans for your spouse and/or children. Three new options are available:

- \$20,000 Spouse
- \$20,000 Spouse/\$10,000 Child
- \$10,000 Child

See pages 30-31 in this Guide for more details on the plan options.



LivingWell Promise

The *LivingWell* Promise – No changes for 2018

The KEHP began the LivingWell Promise in 2014. Each year since then, more members have become aware of their health status and the benefits of health and wellness. In fact, members have collectively dropped their Go365 Age by half a year!

2018 *LivingWell* Promise

If you enroll in either the LivingWell CDHP or the LivingWell PPO for 2018:

- You must take the Go365 Health Assessment (HA) or get a Biometric Screening;
- You must fulfill your Promise by July 1, 2018 in order to receive a \$40.00 monthly premium discount in 2019; and
- You will not receive the premium discount for 2019 if you do not fulfill your Promise.

See pages 12-13 for more information.

You do not have to complete both the Go365 HA and Biometric Screening, but if you do, you will receive additional Go365 Points. See page 11 for Go365 information.

If you have the cross-reference payment option:

- You and your spouse must both fulfill the LivingWell Promise;
- You and your spouse will each receive a \$40.00 monthly premium discount in 2019 if you both fulfill the Promise;
- If only one of you fulfills the Promise, then only that person will receive the \$40.00 monthly premium discount in 2019; and
- You and your spouse can each choose separately how you fulfill the LivingWell Promise, whether by taking the Go365 HA or getting a Biometric Screening.



Anthem – Third Party Administrator

Get more from your health plan These essentials are always here to support you

Your health plan gets you more than just access to quality health professionals. You also get tools and resources to help you make good decisions and support you in your health journey. Here are just a few highlights to keep in mind.



Anthem.com/kehpt. Visit the site to see what's covered by your plan, access the **Find a Doctor** tool and more. You can also register for secure access to **anthem.com** where you can check the status of your claims and get a copy of your member ID card.



24/7 NurseLine. Qualified registered nurses can answer your health questions any time – day or night.



Preventive care covered at 100%. Checkups, immunizations and certain screenings are covered at no extra cost for you and your enrolled family members. Just make sure you visit a doctor that's part of your plan.



Your own Personal Health Consultant. Get personalized help with medical questions, neonatal support with the complex needs of certain newborn babies and moms, weight management and more. Plus, we can connect you to a team of trained health professionals such as dietitians, behavioral health specialists, social workers and pharmacists.



Access to great doctors in your plan. Our plans give you the best coverage at the best possible price. When we include doctors in our plans, it means we've agreed with them on fair prices for procedures and treatments. So make sure to always choose a doctor that's part of the plan.



LiveHealth Online is there for non-emergencies. Avoid unnecessary emergency room fees. If you need care right away and it's not an emergency, connect with a board-certified doctor, 24/7, through your computer or mobile device with LiveHealth Online. You can even make an appointment to see a licensed therapist or psychologist online within a few days. **LiveHealth Online is free for KEHP members.**

Programs to help you reach your health goals – at no extra cost

Behavioral Health Resource Center: Get help with mental health issues like depression, anxiety and stress.

Diabetes Prevention Program: A lifestyle instructor can help you lower your risk for diabetes through prevention classes.

Future Moms: Expecting moms can get support from a registered nurse who will answer questions and help plan a safe pregnancy.



LivingWell CDHP



The LivingWell Consumer Driven Health Plan - puts you in more control of managing your health expenses.



You pay 15% and the health plan pays 85% once your deductible is met - which is the lowest member co-insurance percentage.



Your medical and pharmacy costs apply toward the deductible and maximum out-of-pocket.



Your costs for medications on the preventive therapy drug benefit list bypass the deductible so you only pay the co-insurance amount. See page 23 for more information.



You must complete the LivingWell Promise. If you fail to, you will not receive a discount on your premiums for the 2019 plan year.



You will receive a pre-funded Health Reimbursement Arrangement (HRA) you can use to pay toward your deductible and maximum out-of-pocket expenses.



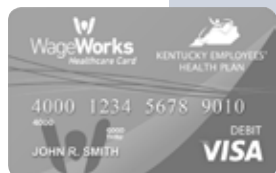
#WIIFM

Go shopping, earn money.
Use Vitals Smartshopper!



How the HRA works

- You will receive a WageWorks® Healthcare Card, that is pre-funded with \$500 for single coverage or \$1,000 for couple, parent plus, or family coverage levels.
- Use the HRA to help pay for your deductible.
- Use this card at your doctor's office, hospital, or pharmacy. Simply swipe the card to help pay for your eligible expenses which will be deducted from your card balance.








TIP: You can also enroll in a Healthcare FSA to increase your personal tax savings and help cover your deductible and out-of-pocket expenses. The amount you choose to contribute to your Healthcare FSA 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

The LivingWell Preferred Provider Organization (PPO) is a traditional health plan.

-  You will have a higher premium with this plan in exchange for a fixed co-pay for certain services.
-  Your co-pays will not apply to your deductible, but will apply to your out-of-pocket maximum.
-  You will have a flat co-pay amount for prescriptions.
-  Your medical and pharmacy out-of-pocket maximums accumulate separately.
-  You must complete the LivingWell Promise. If you fail to, you will not receive a discount on your premiums for the 2019 plan year.



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Free 24/7 NurseLine @ 877-636-3720.








See how your costs compare under both the LivingWell CDHP and the LivingWell PPO.

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>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>	\$593.04	\$988.56
Your total annual costs	\$2,205.54 (deductible + co-insurance + premium)	\$3,108.56 (deductible + co-pay + co-insurance + premium)

This chart is for illustrative purposes only.

Standard PPO

The Standard Preferred Provider Organization (PPO) is a traditional health plan offering lower premiums and higher out-of-pocket costs.

-  You pay 30% and the health plan pays 70% once your deductible is met.
-  Your emergency room co-pays are \$150, plus your deductible and co-insurance.
-  You pay 30% of the total in-network prescription costs, subject to a minimum and maximum (capped) amount.
-  Your medical and prescription out-of-pocket costs accumulate separately.
-  You are not required to complete the LivingWell Promise with this plan option, but you can use the Go365 wellness benefit and earn incentives.



If you do not elect or waive your health insurance coverage by October 20, 2017, you will automatically be enrolled in this plan at the same coverage level you had in plan year 2017.



Standard CDHP

The Standard Consumer Driven Health Plan - puts you in more control of managing your health expenses.



You pay less premiums for this plan, but you'll have a higher deductible.



You pay 30% and the health plan pays 70% once your deductible is met.



Your medical and pharmacy costs apply toward the deductible and maximum out-of-pocket.



Your costs for medications on the preventive therapy drug benefit list bypass the deductible so you only pay the co-insurance amount. See page 23 for more information.



You are not required to complete the LivingWell Promise with this plan option, but you can use the Go365 wellness benefit and earn incentives.



You will receive a pre-funded Health Reimbursement Arrangement (HRA) you can use to pay toward your deductible and maximum out-of-pocket expenses.

How the HRA works

- You will receive a WageWorks® Healthcare Card that is pre-funded with \$250 for single coverage or \$500 for couple, parent plus, or family coverage levels.
- Use the HRA to help pay for your deductible.
- Use this card at your doctor's office, hospital, or pharmacy. Simply swipe the card to help pay for your eligible expenses which will be deducted from your card balance.



See how your costs compare under both the Standard CDHP and the Standard PPO.

Non-Tobacco Single Coverage	Standard PPO	Standard CDHP
Pre-funded HRA contribution	\$0	\$250
Your healthcare expenses for the year	\$7,000	\$7,000
Use your pre-funded HRA to pay	\$0	-\$250
Your remaining balance	\$7,000	\$6,750
You pay \$150 emergency room co-pay	-\$150	\$0
Your remaining balance	\$6,850	\$6,750
You pay remaining deductible amount	-\$750	-\$1,500
Remaining balance	\$6,100	\$5,250
Plan pays 70%	-\$4,270	-\$3,675
You pay the other 30%	-\$1,830	-\$1,575
Your costs for treatment	\$2,730 (co-pay + deductible + co-insurance)	\$3,075 (deductible + co-insurance)
Your annual employee contribution	\$599.04	\$314.40
Your total annual costs	\$3,329.04 (deductible + co-pay + co-insurance + premium)	\$3,389.40 (deductible + co-insurance + premium)

This chart is for illustrative purposes only.



GETTING TO **SILVER STATUS**

Now it's time to earn Points so you can move up to Silver Status. Earn Points in Go365® by completing activities online or using the Go365 App.

Here are all the ways you can earn Points in Go365:

- **Activities** – Things you can do every day to get healthier
- **Recommended Activities** – Created just for you based on your Health Assessment responses
- **Go365 Kids** – Points for activities that are good for kids' health
- **Challenges** – Compete against friends and co-workers

While you can choose any qualified activity, here are popular activities you may complete to reach Silver Status in the first 12 weeks of your Go365 program year.

Individual (5,000 Points)

Activity	Point Value
Health Assessment (all sections)	500
Bonus – Health Assessment 90-day completion (all sections)	250
Bonus – First step Health Assessment (once per lifetime) (all sections)	500
Biometric screening completion	2,000
In healthy range biometric screening results:	
Blood pressure	400
Blood glucose	400
Dental exam	200
Flu shot	200
Daily fitness Points (over 12 weeks):	
Two fitness facility workouts per week (10 Points x 24 workouts)	240
Complete an organized 5K walk or run	250
Calculators (x1)	75
Total Points	5,015



Bonus Bucks! Earn 500 Bonus Bucks when you reach Silver Status. Earn 1,000 Double Bonus Bucks when you reach Silver Status for the first time or if your prior year highest Status was Silver.



Go365 is not an insurance product. Not available with all Humana health plans.

LivingWell Promise/Go365 Health Assessment

As part of the LivingWell Promise, you must take the Go365 Health Assessment (HA) or complete a Biometric Screening. It's your choice – do whichever one you prefer. If you choose to do both, you will earn more Go365 Points! You are the only family member that must complete the HA or Biometric Screening, unless you have a cross-reference payment option. (See page 5 for more information).



About the Go365 Health Assessment

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;
- You become more aware of your health status; and
- Your Go365 Blue status will move to Go365 Bronze status, earning you bonus Go365 Points.

As you increase your wellness Go365 Points, you will climb from Blue, Bronze, Silver, Gold, and Platinum! As you increase your status, you earn Bonus Go365 Points. You can use your Points to purchase items from the Go365 Mall, like gift cards, movie tickets, and electronics. Note: Rewards paid to an employee for participating in a wellness program are taxable.

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.



How to Take the Go365 Health Assessment

First-time users - You will need your Go365 member ID number or Social Security number to register.

- You can register via a computer by visiting [Go365.com](https://www.Go365.com) and clicking on “Register now.” Follow the steps and create a user name and password; or
- You can download the Go365 app and register. Follow the steps to create a user name and password.

Returning users - You will need your Go365 user name and password or your Go365 member ID number to retrieve your user name and password.

- You may take your HA at [Go365.com](https://www.Go365.com) or on the Go365 mobile app. Once you sign in, you will see your previous Biometric Screening results (if within the last 18 months); and
- Update all of the fields that have changed and leave the fields that are still accurate. If you don't have your current Biometric Screening data that's okay; leave the prior year's answers in place or answer “don't know.”

LivingWell Promise/Biometric Screening



Complete a Biometric Screening

A Biometric Screening is lab work to test your cholesterol and blood glucose, check your blood pressure, and determine your Body Mass Index (BMI) by gathering information about your height, weight, and waist circumference.

You will earn up to a maximum of 4,000 Go365 Points and Go365 Bucks for completing a Biometric Screening. You will receive Go365 Points for taking each test (cholesterol, blood glucose, blood pressure), and additional Go365 Bucks for being in healthy ranges.

- You are strongly encouraged to fast for 9-12 hours before your screening.*
- You should take your Go365 member ID number and the correct voucher to your Biometric Screening location. Vouchers are located at livingwell.ky.gov.
 - Click “LivingWell Promise” in the header bar and click on “Complete a Biometric Screening.” Click on the location you wish to visit, print the voucher, and take it to your Biometric Screening.
- You have four options available for you to complete your Biometric Screening.

Biometric Screening Location Options	Voucher	Cost
Certain onsite work locations. Check with your local wellness champ to find out if your worksite is having a Biometric Screening time.	The vendor at your onsite work location will submit your results to Go365. You do not need to print a voucher.	No cost to you.
Local Health Departments Go to livingwell.ky.gov to find a location, or you can call and ask your local health department.	The health department will submit your results to Go365. You do not need to print a voucher.	No cost to you.
Retail Clinic (e.g., Kroger Little Clinics, Walgreens’ Take Care Clinics, Concentra)	The retail clinic will submit your results to Go365. You need to print a voucher from livingwell.ky.gov and take it with you to the clinic. You can find the voucher under the LivingWell Promise tab.	No cost to you.
Primary Care Physician (PCP)	You need to print a PCP voucher from livingwell.ky.gov . You will not get credit for completing a Biometric Screening if you do not submit this form.	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 for something other than for preventive services.

The 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.

Health and Wellness Success Stories

Success 1. Cynthia Warner



Cynthia, an educational consultant at Kentucky Educational Television (KET), was diagnosed at an early age with scoliosis, a condition in which the spine curves to the side. As she got older, Cynthia got into fitness and exercise to help improve her posture and overall health. But after giving birth to a child when she was in her 30s, she got out of shape and her scoliosis got worse. So she decided to have surgery. Her surgeon told her she would never be as fit as she was before the surgery.

Cynthia sure proved the surgeon wrong. She started jazzercise to regain her physical strength, energy, spirit and stamina. She also started using the MyfitnessPal app to track her calories and stay active. She turned fat into muscle with jazzercise and lost nearly 32 pounds.

Cynthia credits the Go365 rewards program for keeping her motivated. “I had \$325 Amazon dollars to spend on Christmas gifts. It was a win-win for me. I’m shooting for \$400 next Christmas.”

Success 2. Shannon Bellamy



Shannon, an employee of the Kentucky Retirement Systems, was overweight and had high blood pressure until she lost 130 pounds in less than two years by taking advantage of KEHP’s wellness benefits. She credits Go365 rewards program for giving her extra motivation to lose weight. Shannon was able to buy several items from the Go365 Mall with the Go365 Bucks she earned through the Go365 program. She also had a great experience with the Diabetes Prevention

Program. Her biggest takeaways from the program were learning that “eating will allow you to lose weight. My first problem was that I wasn’t eating enough and now I eat more than I ever have. I count my calories using MyfitnessPal. I walk more, exercise more and it worked for me.”

Shannon no longer needs blood pressure medicine because of her new healthy journey.

You can check out Shannon’s story at Livingwell.ky.gov on the May 17 Well-Cast video.

Success 3. Bobby Harris



In May of 2016, Bobby Harris weighed 344 pounds. He had many serious health problems including congestive heart failure and high blood pressure. That’s when he made the decision to engage with the Case Management Weight-Loss Program. His case management nurse worked with to him eat healthier, avoid certain foods that impacted his heart and adjust his medications.

These changes really paid off. Since joining the program, Bobby has lost 40 pounds and his blood pressure is now normal. “Case management has saved my life,” said Bobby.



#WIIFM

Get healthy!
Earn Points!
Shop the Go365 Mall!

LiveHealth Online Medical and Psychology

Free access to doctors or licensed psychologists and therapists when you need it. No co-pay, co-insurance, or deductible!

LiveHealth Online Medical and Psychology is available to you and your covered dependents at no cost.



LiveHealth Online Medical:

- is available anywhere you have a computer or mobile device with Internet access (at home, in the office, or on the go);
- is available 24 hours a day, 7 days a week, 365 days a year;
- provides access to in-network, board-certified doctors;
- allows doctors to ePrescribe utilizing local pharmacies (where available); and
- is secure, convenient, and easy-to-use.



LiveHealth Online Psychology:

- is available anywhere you have a computer or mobile device with Internet access (at home, in the office or on the go);
- gives you online access to licensed psychologists and therapists;
- allows you to schedule an appointment to see a psychologist or therapist between 7 a.m. and 11 p.m., 7 days a week;
- is secure, convenient, and easy-to-use.



Be prepared for a video visit and sign up today.

Go to livehealthonline.com, download the app, or call a LiveHealth Online Customer Service rep available, 24/7 at **1-888-548-3432**.

To make an appointment to visit with a therapist or psychologist, you can call **1-888-548-3432**. Appointments are available from 7 a.m. to 11 p.m.

Watch what Governor Bevin has to say about LiveHealth Online.

You can locate the video on [You Tube](https://www.youtube.com) or on the digital version of this Guide located at anthem.com/kehp.



WageWorks – FSA/HRA Administrator

Make Health and Wellness a Priority



Start by Making Medical, Vision and Dental Care More Affordable

Life is busy. But, you owe it to yourself to find the time to stay on top of your medical, vision and dental care, in order to feel your best and be better prepared to tackle whatever life throws your way. To help make that happen, you have the opportunity to enroll in a WageWorks® Healthcare Flexible Spending Account (FSA) and a WageWorks® Health Reimbursement Arrangement (HRA) – and save money on eligible, out-of-pocket expenses, such as prescriptions, co-payments, eyeglasses and more.



Keep You and Your Family Healthy

A Healthcare FSA and an HRA are similar in that they are both used to pay for eligible expenses that aren't covered by your insurance. The difference is that a Healthcare FSA is a pre-tax benefit account that is funded with money from your paycheck before taxes are deducted and an HRA is funded entirely by your employer. The good news is that YOU might be eligible to participate in both. Easy to Use – Easy to Save.



Manage account activities from anywhere via an intuitive online portal and the WageWorks EZ Receipts mobile app.



Maximize your savings by taking advantage of savings calculators and other online resources.



Swipe-and-go payment convenience use the WageWorks Healthcare Card to pay for eligible expenses right from your HRA or FSA.



Get the help you need WageWorks supports you at every stage, from enrolling, to estimating how much to contribute to your account, to getting reimbursed for expenses.



Ready to Learn More?

Review this Benefits Selection Guide to learn more about a Healthcare FSA and HRA and determine if you're eligible to enroll. For questions about a specific program, contact WageWorks at **877-430-5519**.

WageWorks®

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. Your WageWorks® Healthcare Card will be funded in two equal installments: \$1,050 on January 1 and \$1,050 on July 1.

You can use this card to pay for qualified medical expenses for you and your dependents, 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 2018 plan year will carry over to the 2019 plan year as long as you continue to waive your health insurance coverage and elect a Waiver General Purpose HRA. Your Waiver General Purpose HRA carryover balance is capped at \$7,500.

If you currently have the Waiver General Purpose HRA and do not elect to waive health insurance coverage for 2018, you will be defaulted into the Standard PPO single coverage level for 2018.

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

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. When you submit a claim for your spouse or dependent(s), WageWorks will ask you for their social security number and date of birth.

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.

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, 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.

The WageWorks Healthcare Card can only be used for services rendered in 2018. You must file a Pay-Me-Back or Pay-My-Provider claim with WageWorks for any services rendered in 2017, by March 31, 2018.

See claims filing instructions on page 18.

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 HRA, your employer will contribute \$175 per month, up to \$2,100 per year, into your HRA account. Your WageWorks® Healthcare Card will be funded in two equal installments: \$1,050 on January 1 and \$1,050 July 1.

Use this card to pay for qualified dental and vision expenses for you and your dependents.

The balance remaining in your Waiver Dental/Vision Only HRA at the end of the 2018 plan year will carry over to the 2019 plan year as long as you continue to waive your health insurance coverage and elect a Waiver Dental/Vision HRA. Your Waiver HRA carryover balance will be capped at \$7,500.

If you currently have the Waiver Dental/Vision ONLY HRA and do not elect to waive health insurance coverage for 2018, you will be defaulted into the Standard PPO single coverage level for 2018.

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.

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 and Healthcare FSA

When you use your WageWorks 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, 2019, to submit reimbursement requests for expenses incurred during your 2018 coverage period. Your WageWorks Healthcare Card can only be used for services rendered in 2018.

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 to make healthcare purchases at the doctor's office, pharmacy, optician, dentist, and other healthcare providers.
- **Online:** Reimbursement forms are readily available. You can upload your receipt directly to your account. When accessing your account online, you can also setup the Pay My Provider service to pay many of your eligible healthcare and dependent care expenses directly from your spending account (similar to online banking). Go to WageWorks.com/KEHP.
- **Mobile App:** WageWorks offers a mobile app that allows you to take a picture of your claim receipt or Explanation of Benefits (EOB) and send it to your WageWorks online account. They will use the receipt to validate any receipts needing verification. The mobile app enables you to log in to your account and check your balances, submit claims, snap photos of receipts, get alerts by text or email — all on the go!
- **Fax/Mail:** You can also print the needed forms from the WageWorks website and submit via fax or mail: Claims Administrator P.O. Box 14053, Lexington, KY 40512 Fax 877-353-9236.

Flexible Spending Accounts/Healthcare FSA

Healthcare FSA

You use your Healthcare FSA to pay for certain healthcare expenses that are not covered by your health insurance, such as the deductible, co-payments, and co-insurance. The Healthcare FSA can save you money too! You pay less income and Social Security tax when you contribute pre-tax money through payroll deduction. The money you contribute for the year is available to you on January 1, and is pre-loaded on your WageWorks Healthcare Card.

Reasons to Select a Healthcare FSA

- You can contribute up to a maximum of \$2,600 per year before taxes.
- You can save an average of 30% on eligible healthcare expenses.
- You can carry over a minimum of \$50 and a maximum of \$500 from one calendar year to the next — there's low risk in losing your hard-earned money.
- You have a 90-day run-out period until March 31, 2019 for reimbursement of eligible FSA expenses. Funds in excess of \$500 that are not used before the run-out period will be forfeited.
- You have access to the full amount of your contribution on your first day of coverage.
- Your carryover Healthcare FSA funds do not count against the \$2,600 maximum annual contribution limit.
- 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/kehps

Check out other items that may be purchased with Healthcare FSA funds at the FSA Store, www.fsastore.com.

See claims filing instructions on page 18.



Beginning Jan. 1, 2018, the WageWorks Healthcare Card can only be used for services rendered in 2018. You must file a Pay-Me-Back or Pay-My-Provider claim with WageWorks for any services rendered in 2017.

Flexible Spending Accounts/Dependent Care FSA

Dependent Care FSA

You use your Dependent Care FSA to pay for dependent and adult daycare expenses while you are at work. You will save money on child and adult daycare expenses because you are using 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

- You can save an average of 30% on preschool, summer day camp, before/after school programs, child or adult daycare, and more.
- You reduce your overall tax burden. Your funds are withdrawn from your paycheck for deposit into your Dependent Care FSA before taxes are deducted.
- 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

You can arrange for convenient direct payments to your provider, or you can pay dependent care expenses yourself and request reimbursement. You can manage your account on WageWorks EZ Receipts mobile app.

Carefully estimate how much you want to contribute. Per IRS guidelines, Dependent Care FSA funds cannot be carried over year-to-year. You have a 90-day run-out period until March 31, 2019 for reimbursement of eligible FSA expenses. Funds not used before the run-out period will be forfeited.



#WIIFM

Save money using pre-tax funds!

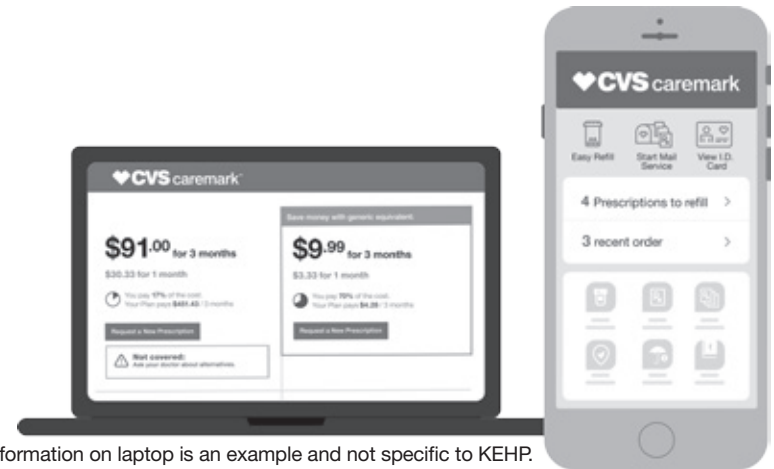
CVS/Caremark – Pharmacy Benefits Manager



Digital Benefits

Sign in for savings

Our digital tools make it easy to find ways to save money on your medications, and save time managing them for you and your family. So, be sure to register at Caremark.com and download the CVS Caremark mobile app—that way you won't miss out on any savings opportunities.



Information on laptop is an example and not specific to KEHP.

Check out a few of our favorite cost and time-saving tools:

Rx delivery by mail

Start filling convenient 90-day supplies with just a picture of your Rx label—they typically cost less, so you may save money.

Check drug costs and coverage

View side-by-side cost comparisons of your medications to see where you can save.

Find a network pharmacy

Rx costs are lowest when you fill at a pharmacy that's part of your network.

Keep track of your Rx spending

See how close you are to meeting your deductible and max out-of-pocket costs.

Manage all your prescriptions in the same place

Easily manage prescriptions you get from your local pharmacy, by mail or through a specialty pharmacy in one place—our mobile app.

Find more ways to save at Caremark.com and with the CVS Caremark mobile app.

Prescription Coverage



Prescription Coverage - CVS/Caremark

All health plan options include prescription benefits.

- You may get your prescriptions filled at any participating pharmacy.
- You do not have to use a CVS/Caremark retail store pharmacy.
- You should review the drug formulary, sometimes called the preferred drug listing, at kehpcy.gov to see if your prescriptions are a Tier 1 – generic drug, Tier 2 – formulary drug, or Tier 3 – non-formulary drug.
- Refer to the Benefits Grid on pages 26-27 to see the amount you will have to pay for each plan option.
- You may fill your first specialty drug prescription from a retail participating pharmacy, but any additional fills of a specialty drug must be filled from CVS/Caremark Specialty Pharmacy. Your specialty pharmacy prescriptions can be delivered to your home, office, or other location of your choice.



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Additional information about your prescription drug coverage is available at kehpcy.gov, or you may contact CVS/Caremark at **866-601-6934**.

Prescription Maintenance and Preventive Therapy Drug Benefits



Maintenance Drug Benefit

If you are on a maintenance medication that is prescribed to treat a long-term chronic condition like high blood pressure, you may be eligible to save some money! Go to kehp.ky.gov to see if your medicines are on the maintenance drug list.

- You can get a 90-day supply of your maintenance drugs at one time.
- You can pick-up your medicine at a participating retail pharmacy.
- You can use CVS/Caremark's mail order program and have your prescriptions delivered directly to you.

WIIFM

All health plans include the Maintenance Drug Benefit.



How you save money is based on your plan option. See the chart below:

If you have the:

LivingWell or Standard CDHP You may benefit from receiving a lower cost when purchasing a larger quantity of medicine. Shop around to learn where your medicine is the cheapest.

LivingWell or Standard PPO You will pay less when you get a 90-day supply. See the Benefits Grid on pages 26-27.



Preventive Therapy Drug Benefit

If you have a CDHP, your deductible is bypassed when you get your medicine. You will only have to pay for the co-insurance amount as listed on the Benefits Grid on pages 26-27.

Check to see if your medicines are on the Preventive Therapy Drug Benefit list at kehp.ky.gov.

Diabetes Benefits



Diabetes continues to be 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 diabetes 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
30-Day Supply			30%	
Tier 1 - Generic	0%	\$0	\$0	0%
Tier 2 - Formulary Brand	10%	\$25	Min \$10-Max \$40	25%
Tier 3 - Non-Formulary Brand	10%	\$40	Min \$45-Max \$85	25%
90-Day Supply (Retail or Mail Order)			30%	
Tier 1 - Generic	0%	\$0	\$0	0%
Tier 2 - Formulary Brand	10%	\$50	Min \$20-Max \$80	25%
Tier 3 - Non-Formulary Brand	10%	\$80	Min \$90-Max \$170	25%

Diabetes Self-Management Education (DSME)

If you have diabetes, Diabetes Self-Management Education (DSME) is a proven way to learn the many things you need to know to help manage your condition. 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. You will receive 175 Go365 Points for completing a DSME program. 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.



WIIFM

Free program for members with pre-diabetes.

Benefit Fairs



What you'll find @ all Benefit Fair locations:

- Enrollment assistance for active employees, and TRS retirees under age 65;
- Experts to help you understand your health and life benefits; and
- Representatives to advise you regarding Deferred Comp.

Date	County	Local Time	Location
Oct. 2 Monday	Franklin	8 a.m. - 6 p.m.	Kentucky State Office Building Auditorium 501 High Street Frankfort, KY 40601
Oct. 3 Tuesday	Boyle	3:30 p.m. - 6:30 p.m.	Danville High School Cafeteria 203 East Lexington Ave Danville, KY 40422
Oct. 4 Wednesday	Laurel	2 p.m. - 6 p.m.	GC Garland Administration Building Conference Room 710 N. Main St. London, KY 40741
Oct. 4 Wednesday	Pike	3:30 p.m. - 6:30 p.m.	Pike County Central High School Cafeteria 100 Winner's Circle Drive Pikeville, KY 41501
Oct. 5 Thursday	Harlan	2 p.m. - 6 p.m.	Southeast Community and Tech College Harlan Campus 164 Ballpark Road Harlan, KY 40831
Oct. 6 Friday	Boyd	2 p.m. - 6 p.m.	Boyd County High School Commons Area 14375 Lions Lane Ashland, KY 41102
Oct. 9 Monday	Jefferson	8 a.m. - 6 p.m.	Kentucky Exposition Center North Wing 937 Phillips Lane Louisville, KY 40209

Date	County	Local Time	Location
Oct. 10 Tuesday	Warren	3 p.m. - 6:30 p.m.	Drakes Middle School Cafeteria 704 Cypresswood Way Bowling Green, KY 42104
Oct. 11 Wednesday	Christian	2 p.m. - 6 p.m.	Hopkinsville Community College Auditorium Bldg. 720 North Drive Hopkinsville, KY 42240
Oct. 12 Thursday	Hopkins	3:30 p.m. - 6:30 p.m.	Jesse Stuart Elementary Gym 1710 Anton Road Madisonville, KY 42431
Oct. 13 Friday	McCracken	2 p.m. - 6 p.m.	Western Kentucky Community & Tech College Room 109 5100 Alben Barkley Drive Paducah, KY 42002
Oct. 13 Friday	Madison	3:30 p.m. - 6:30 p.m.	B. Michael Caudill Middle School Cafeteria 1428 Dr. Robert Martin Bypass Richmond, KY 40475
Oct. 16 Monday	Boone	2 p.m. - 6 p.m.	Gateway Community & Technical College Center for Advanced Manufacturing Convening Center 500 Technology Way Florence, KY 41042
Oct. 17 Tuesday	Fayette	4 p.m. - 6:30 p.m.	Tates Creek High School Cafeteria 1111 Centre Parkway Lexington, KY 40517

KEHP 2018 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 2018 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 (Manipulation Therapy)	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 Brand Tier 3 - Non-Formulary Brand	Deductible then 15%	Deductible then 40%	\$10 \$35 \$55	Not Covered	30% Min \$10-Max \$25 Min \$20-Max \$50 Min \$60-Max \$100	Not Covered	Deductible then 30%	Deductible then 50%
90-Day Supply (Retail or Mail Order)*** Tier 1 - Generic Tier 2 - Formulary Brand Tier 3 - Non-Formulary Brand	Deductible then 15%	Not Applicable	\$20 \$70 \$110	Not Covered	30% Min \$20-Max \$50 Min \$40-Max \$100 Min \$120-Max \$200	Not Covered	Deductible then 30%	Not Covered

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 2018 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/maintenance 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.

2018 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>	\$709.46	\$660.04	\$49.42	\$620.04	\$89.42
<i>Parent Plus</i>	\$978.50	\$851.84	\$126.66	\$811.84	\$166.66
<i>Couple</i>	\$1,325.64	\$1,029.02	\$296.62	\$989.02	\$336.62
<i>Family</i>	\$1,479.76	\$1,131.64	\$348.12	\$1,091.64	\$388.12
<i>Family Cross-Reference</i>	\$818.96	\$738.64	\$80.32	\$698.64	\$120.32

LivingWell PPO	Total Premium	Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
<i>Parent Plus</i>	\$1,037.08	\$802.26	\$234.82	\$762.26	\$274.82
<i>Couple</i>	\$1,589.10	\$1,060.74	\$528.36	\$1,020.74	\$568.36
<i>Family</i>	\$1,767.60	\$1,105.34	\$662.26	\$1,065.34	\$702.26
<i>Family Cross-Reference</i>	\$876.68	\$719.12	\$157.56	\$679.12	\$197.56

Standard PPO	Total Premium	Employer Contribution	Employee Contribution
<i>Parent Plus</i>	\$975.90	\$847.98	\$127.92
<i>Couple</i>	\$1,497.18	\$1,197.60	\$299.58
<i>Family</i>	\$1,666.26	\$1,314.66	\$351.60
<i>Family Cross-Reference</i>	\$824.54	\$743.42	\$81.12

Standard CDHP	Total Premium	Employer Contribution	Employee Contribution
<i>Parent Plus</i>	\$940.64	\$878.24	\$62.40
<i>Couple</i>	\$1,450.02	\$1,189.96	\$260.06
<i>Family</i>	\$1,615.30	\$1,303.24	\$312.06
<i>Family Cross-Reference</i>	\$800.94	\$771.84	\$29.10



#WIIFM
Single health insurance coverage
for as low as \$26.20 a month!

2018 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
Single	\$709.46	\$620.04	\$89.42	\$580.04	\$129.42
Parent Plus	\$978.50	\$771.84	\$206.66	\$731.84	\$246.66
Couple	\$1,325.64	\$949.02	\$376.62	\$909.02	\$416.62
Family	\$1,479.76	\$1,051.64	\$428.12	\$1,011.64	\$468.12
Family Cross-Reference	\$818.96	\$698.64	\$120.32	\$658.64	\$160.32

LivingWell PPO	Total Premium	Completing LivingWell Promise Rates		Without Completing LivingWell Promise Rates	
		Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
Single	\$729.34	\$606.96	\$122.38	\$566.96	\$162.38
Parent Plus	\$1,037.08	\$722.26	\$314.82	\$682.26	\$354.82
Couple	\$1,589.10	\$980.74	\$608.36	\$940.74	\$648.36
Family	\$1,767.60	\$1,025.34	\$742.26	\$985.34	\$782.26
Family Cross-Reference	\$876.68	\$679.12	\$197.56	\$639.12	\$237.56

Standard PPO	Total Premium	Completing LivingWell Promise Rates	
		Employer Contribution	Employee Contribution
Single	\$685.38	\$595.46	\$89.92
Parent Plus	\$975.90	\$767.98	\$207.92
Couple	\$1,497.18	\$1,117.60	\$379.58
Family	\$1,666.26	\$1,234.66	\$431.60
Family Cross-Reference	\$824.54	\$703.42	\$121.12

Standard CDHP	Total Premium	Completing LivingWell Promise Rates	
		Employer Contribution	Employee Contribution
Single	\$682.80	\$616.60	\$66.20
Parent Plus	\$940.64	\$798.24	\$142.40
Couple	\$1,450.02	\$1,109.96	\$340.06
Family	\$1,615.30	\$1,223.24	\$392.06
Family Cross-Reference	\$800.94	\$731.84	\$69.10



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Voluntary and Dependent Life Insurance

Voluntary and Dependent Life Insurance

Is your family prepared for the loss of a financial provider?

As difficult as it is to consider, what financial problems would your family face if you died unexpectedly? Final expenses, medical bills, taxes, and debts can quickly wipe out savings when a financial provider dies, leaving little for daily expenses. Buying life insurance through your employer's group plan is an affordable way to financially provide for your loved ones when you're gone.

New voluntary plan options and lower rates

Two new employee life insurance plans have been added, along with three new dependent life insurance plan options. All plans have lower monthly premiums for 2018. Check out all the plan options and new premiums on the next page.

1X and 2X Salary Plan options replaced

If you currently have one of the salary plan options, your plan will automatically change from a salary-based plan to the next highest, fixed-coverage amount plan effective January 1, 2018. You may have received a letter in the mail explaining this. If you would like to change your assigned plan option, you can make changes during Open Enrollment without having to complete a health questionnaire or medical exam.

Free basic life insurance

As a benefit of your employment, the Commonwealth of Kentucky or your participating employer provides \$20,000 of basic life insurance coverage to eligible employees at no cost to you. Check with your employer to see if they participate in the Commonwealth's life insurance program.



All premium rates have been reduced for 2018!

Accidental Death and Dismemberment benefits

Don't forget that your basic and optional term life insurance plans also provide accidental death and dismemberment benefits. These benefits provide additional financial protection in the event of death or injury caused by certain accidents.



Beneficiary information

Don't forget to ensure your beneficiary information is up-to-date. You can go online to KHRIS ESS at khris.ky.gov to review and update your beneficiary information if necessary.



Nationwide[®]
is on your side

Voluntary and Dependent Life Insurance

All premium rates have been **REDUCED** for 2018!

Employee Life Insurance Options

	Option 1	Option 2	Option 3	Option 4	New for 2018	
	Option 5	Option 6				
Coverage amount	\$ 5,000	\$ 10,000	\$ 25,000	\$ 50,000	\$ 100,000	\$ 150,000
Monthly Premium:						
Under age 40	\$1.10	\$2.22	\$5.52	\$11.04	\$22.08	\$33.12
Ages 40-59	\$2.76	\$5.52	\$13.80	\$27.60	\$55.20	\$82.80
Age 60 and over	\$4.52	\$9.02	\$22.54	\$45.08	\$90.16	\$135.24

Dependent Life Insurance Options

	Plan A	Plan B	Plan C	Plan D	Plan E	New for 2018			
	Plan F	Plan G	Plan H						
Coverage amounts									
Spouse	\$10,000	\$5,000	\$5,000	\$10,000	-	\$20,000	\$20,000	-	
Child under 6 months	\$2,500	\$1,500	-	-	\$2,500	\$2,500	-	\$2,500	
Child 6 months to age 18	\$5,000	\$3,000	-	-	\$5,000	\$10,000	-	\$10,000	
Monthly Premium	\$10.54	\$5.70	\$2.42	\$8.42	\$3.48	\$21.08	\$ 16.82	\$6.96	

Special election period for 2018

This year's enrollment period is a one-time opportunity to enroll in voluntary life insurance coverage – for you and your dependents – without completing a health questionnaire or medical exam.

The Open Enrollment period for life insurance changes or elections runs from October 9 through October 20, 2017.



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Lower premiums!

Qualifying Events

Health Insurance and Flexible Spending Accounts

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
- 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. You must submit dependent eligibility documentation, such as a marriage license or birth certificate, together with your Qualifying Event Form.

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.

Life Insurance

If you experience a change in family status such as marriage or the birth of a child, you may change your optional life insurance plan.




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-  **2. HAVE YOUR PROCEDURE:** Choose a cost-effective location for your medical procedure or test.
-  **3. EARN CASH REWARDS:** Once your procedure is complete and your claim is paid, a \$25-\$500 reward check is mailed to your home. No forms. No hassles. It's that easy!

Time to Enroll



Now that you've read through the Guide, you should have a better understanding of the benefits you need for you and your family. Once you have made your decisions, you are ready to enroll. KEHP mailed a packet of information to most members. Kentucky Retirement Systems (KRS) members will receive an open enrollment packet from KRS.

You are strongly encouraged to complete your enrollment online at khris.ky.gov. If you include a valid email address during the enrollment process, you will receive an immediate confirmation of your enrollment. Please make sure to review the confirmation to ensure you have elected the plan you desire, because KEHP will not be able to address enrollment errors after the start of the 2018 plan year. If you are unable to enroll online, you may complete the application(s) in this Guide; however, you will not receive a confirmation that your enrollment was received and processed.

Not everyone can enroll online. Refer to the chart below to see which enrollment method is right for you.

Kentucky Employees' Health Plan

Active Employees



Enroll online at khris.ky.gov. You will receive a letter in the mail to provide assistance.



If you and your spouse have the cross-reference payment option, you will be mailed one pre-populated, paper application for you to select your health plan option. You only need the one application for both cross-reference planholders. An application from both spouses is not needed. If you choose the cross-reference payment option, you cannot enroll online.

Retirees



TRS - if you are under 65, you may enroll online at khris.ky.gov. If you are unable to complete your enrollment online and would like a paper application, call TRS at 800-618-1687. If you are 65 and older, or will be Medicare eligible between October and January, you are not eligible for coverage provided through KEHP.



KRS - enroll online using KRS Start. If you are unable to enroll online, you may call KRS for a paper application at 800-928-4646.



Do not use the application in this Guide.



JRP/LRP - if you are under 65, you may enroll online at khris.ky.gov or you may call JRP/LRP at 502-564-5310 for a paper application. If you are 65 and older, or will be 65 in January 2018, you are not eligible for coverage provided through KEHP.

KEHP will conduct a Dependent Eligibility Audit during the 2018 Plan Year. The purpose of the audit is to verify that your spouse and dependent(s) listed on your plan are eligible for coverage. Review the dependent eligibility chart at kehk.ky.gov to see if your dependents are eligible. If not, be sure to remove ineligible dependents from your plan during Open Enrollment.


Kentucky Group Life Insurance



All KGLI members may enroll online at khris.ky.gov, except members in agencies that don't have KEHP health insurance. For those that don't, you must complete the paper application on page 36.

Contact Information

The KEHP mailed a packet of information to guide you as you make your selections for plan year 2018. Please make your selections carefully, and if you need assistance, you can refer to the contact information below for help:

 KEHP Open Enrollment Hotline	888-581-8834 502-564-6534
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The options below are only available during Open Enrollment October 9 - October 20, 2017

Option 1 - KHRIS User ID and password

Option 2 - Benefit questions for Anthem, CVS/Caremark or WageWorks

Option 3 - Member Services & Eligibility for health, FSA or life insurance benefits

Option 4 - Technical assistance such as browser issues, settings, adobe issues or compatibility errors

Open Enrollment Hours for Assistance

Oct. 9 - 13/Monday - Friday	8 am to 6 pm ET
Oct. 14/Saturday	8 am to 1 pm ET
Oct. 16 - 20/Monday - Friday	8 am to 8 pm ET

Website Addresses

- Personnel Cabinet - personnel.ky.gov
- KEHP - kehpcy.gov
- KGLI - personnel.ky.gov
(select "Benefits" then "Life Insurance")
- Wellness - Livingwell.ky.gov

Contact Information

Anthem	844-402-KEHP (5347)	anthem.com/kehpcy
CVS/Caremark	866-601-6934	caremark.com
Go365	855-478-1623	Go365.com
Life Insurance Branch	888-581-8834	personnel.ky.gov
Vitals SmartShopper	855-869-2133	vitals.com
WageWorks	877-430-5519	wageworks.com/kehpcy

Retiree Systems' Phone Numbers

LRP and JRP	502-564-5310	
KCTCS	859-256-3100	
KRS	800-928-4646 502-696-8800	kyret.ky.gov
TRS	800-618-1687 502-848-8500	trs.ky.gov



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Call KEHP Open Enrollment Hotline to find out more!



Application Type: <input type="checkbox"/> New Hire <input type="checkbox"/> Qualifying Event <input type="checkbox"/> Open Enrollment	
Location Number	Location Name (Specify name or Agency, School Board or Health Dept.)
Name (Last, First, MI)	SSN
Address (Street Name/Number)	Hire Date
City, County, State, Zip	Work Telephone
	Home Telephone
Termination	
Date Employment Ends:	Date Life Insurance Terminates:
Reason: <input type="checkbox"/> Resigned <input type="checkbox"/> Retired <input type="checkbox"/> LWOP <input type="checkbox"/> Death <input type="checkbox"/> Military Leave <input type="checkbox"/> Other _____	
Reinstatement	
Date Returned to Work:	Date Life Insurance Effective:
Reason: <input type="checkbox"/> Resigned <input type="checkbox"/> Retired <input type="checkbox"/> LWOP <input type="checkbox"/> Death <input type="checkbox"/> Military Leave <input type="checkbox"/> Other _____	
Transfer or Summer Transfer	
Prior Location Number:	New Location Number:
Last Day Worked at Prior Company:	Date Hired at New Company:
Coverage End Date at Prior Company:	Coverage Begin Date at New Company:

A. Basic Life and Accidental Death and Dismemberment (AD&D) Insurance -

Eligible employees are insured at no cost to the employee for \$20,000 Basic Life and AD&D Insurance. This insurance is employer paid.

B. Optional Life and Accidental Death and Dismemberment (AD&D) insurance (Select One Plan)

I wish to enroll*in, change*to, or terminate the optional insurance plan checked below:

<input type="checkbox"/> Plan 1: \$5,000	<input type="checkbox"/> Plan 2: \$10,000	<input type="checkbox"/> Plan 3: \$25,000	<input type="checkbox"/> Plan 4: \$50,000	<input type="checkbox"/> Plan 5: 100,000	<input type="checkbox"/> Plan 6: 150,000
< Age 40	\$1.10	\$2.22	\$5.52	\$11.04	\$22.08
Age 40-59	\$2.76	\$5.52	\$13.80	\$27.60	\$55.20
60+	\$4.52	\$9.02	\$22.54	\$45.08	\$90.16
					\$135.24

C. Dependent Life Insurance (Select One Plan)

I wish to enroll*my dependents in, change*to, or terminate the optional insurance plan checked below:

<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C	<input type="checkbox"/> Plan D	<input type="checkbox"/> Plan E	<input type="checkbox"/> Plan F	<input type="checkbox"/> Plan G	<input type="checkbox"/> Plan H
Spouse**	\$10,000	\$5,000	\$10,000	-	\$20,000	\$20,000	-
Dependent Children to 6 mos	\$2,500	\$1,500	-	\$2,500	\$2,500	-	\$2,500
Dependent Children 6 mos to 18 yrs ***	\$5,000	\$3,000	-	\$5,000	10,000	-	\$10,000
Monthly Contribution	\$10.54	\$5.70	\$2.42	\$8.42	\$3.48	\$21.08	\$16.82
							\$6.96

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

D. Waiver of Optional Life and Dependents Coverage

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

E. Fraud Warning

Any Person who knowingly and with intent to injure, defraud, or deceive an insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

F. Employee Signature and Date (Required)

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

Employee Signature _____ Date _____
 IC/HRG Signature _____ IC/HRG Phone Number _____ Location # _____ Date _____



2018 ACTIVE EMPLOYEE HEALTH INSURANCE ENROLLMENT APPLICATION

Section 1: To Be Completed by IC/HRG – IN OFFICE USE ONLY

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 Personnel Number	Spouse's Organizational Unit #		Spouse's Company #	
Spouse's Work Email Address		Spouse's Home Email Address		

Section 4: Dependent Information

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 kehk.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:

Section 6: Coverage Level

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

Section 7: Plan Options

- LivingWell CDHP
 LivingWell PPO
 Standard PPO
 Standard CDHP
 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 can be reimbursed under the HRA in Sections 3 and 4 of this application.)
 Waiver Dental/Vision ONLY HRA – with \$
 Waiver without HRA – No \$
 Default Standard PPO – IC/HRG USE ONLY

Section 8: LivingWell Promise (required for selecting a LivingWell Plan)

- I agree to the LivingWell Promise: Electing a LivingWell Promise plan in 2018 means you are required to complete either the Go365 Health Assessment (HA) or Biometric Screening from January 1, 2018 through July 1, 2018. Instructions on fulfilling your Promise can be found at LivingWell.ky.gov.

Section 9: Signatures – Please submit this application to your Company IC/HRG

By signing this application, I certify that the information provided in this application is true and correct to the best of my knowledge. I also certify that I have read, understand and agree to the Terms and Conditions of participation in the KEHP, the KEHP Legal Notices, and the Tobacco Use Declaration. These documents can be found in your Benefits Selection Guide or online at kehnp.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 _____

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 _____



2018 FLEXIBLE SPENDING ACCOUNT (FSA) ENROLLMENT/CHANGE APPLICATION

Section 1: To Be Completed by IC/HRG - IN OFFICE USE ONLY			
KHRIS Personnel Number	Date of Hire	Effective Date	Organizational Unit #
			Cost Center #
			Company #
Section 2: To Be Completed by Employee			
Employee's SSN		Name (Last, First, Middle)	
Date of Birth		Home County	
Street Address			
Primary Phone #	Secondary Phone #	Work Email Address	Home Email Address
City, State ZIP			

Section 3: Enrollment Changes	
<p>Reason</p> <p><input type="checkbox"/> Rehire</p> <p><input type="checkbox"/> New Hire</p> <p><input type="checkbox"/> Open Enrollment</p> <p><input type="checkbox"/> New Group</p> <p><input type="checkbox"/> Qualifying Event (QE), Date: _____</p> <p><input type="checkbox"/> Other Reason: _____</p>	<p>If Qualifying Event, check item below</p> <p><input type="checkbox"/> Divorce/Legal Separation/Annulment*</p> <p><input type="checkbox"/> Death of a Child or Spouse*</p> <p><input type="checkbox"/> Loss of Eligibility</p> <p><input type="checkbox"/> Gaining/Losing Other Coverage (Medicare/Medicaid or any Government Group Health Insurance Coverage)</p> <p><input type="checkbox"/> Gaining/Losing Other Group Coverage</p> <p><input type="checkbox"/> Significant Cost Increase or Decrease for Dependent Care FSA*</p> <p><input type="checkbox"/> Marriage*</p> <p><input type="checkbox"/> Birth/Adoption of Child/Placement for Adoption*</p> <p><input type="checkbox"/> Guardianship/Court Order*</p> <p><input type="checkbox"/> Military Leave/Leave Without Pay</p> <p>Date: _____</p> <p>Other Reason: _____</p> <p>* Requires Supporting Documentation</p>

Section 4: Enrollment Elections	
<p>Healthcare Flexible Spending Account</p> <p>I request to (check one) <input type="checkbox"/> Enroll in or <input type="checkbox"/> Change my Healthcare FSA for calendar year 2018. I understand that the minimum allowable contribution is \$10 per month (\$5 per semi-monthly period).</p> <p>Total Calendar Year Contribution: \$ _____</p> <ul style="list-style-type: none"> • Maximum calendar year contribution is \$2,600 per eligible Planholder. • Minimum calendar year contribution is \$120 (or \$10 per month). • Enter an amount evenly divisible by 24. If not, DEI will adjust contribution amount. • Maximum annual carryover amount is \$500. • Minimum annual carryover amount is \$50. 	<p>Dependent Care Flexible Spending Account</p> <p>I request to (check one) <input type="checkbox"/> Enroll in or <input type="checkbox"/> Change my Dependent Care FSA for calendar year 2018. I understand that the minimum allowable contribution is \$10 per month (\$5 per semi-monthly period).</p> <p>Total Calendar Year Contribution: \$ _____</p> <ul style="list-style-type: none"> • Maximum contribution per tax filing status is \$2,500 married filing separately, \$5,000 married filing, or \$5,000 married head of household. • Minimum calendar year contribution is \$120 (or \$10 per month). • Enter an amount evenly divisible by 24. If not, DEI will adjust contribution amount. • For daycare expenses such as preschool, summer day camp, before/after school programs, and child or elder daycare.

Section 5: Signatures – Please submit this application to your Agency 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 are located in your Benefits Selection Guide or online at kehpc.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.

	Date
	Date
	Telephone

KEHP Tobacco Use Declaration

The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. As 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 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, 2018, 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. Both cross-reference planholders must sign 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.

Terms and Conditions

Below are the Terms and Conditions for participation in group life and health insurance coverage administered by the Department of Employee Insurance (DEI).

An Employee/Retiree may affix a signature to a paper copy of the KEHP Health Insurance Enrollment Application, the Group Life Insurance Application, or an electronic version of the applications. 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 life and/or 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 2018 Plan Year begins January 1, 2018, and ends at midnight on December 31, 2018.
- B. Effective Date of Elections.** If you are electing a health plan or enrolling in optional life insurance or a Flexible Spending Account (FSA) during open enrollment, the FSA and your health and life insurance will be effective January 1 of the following Plan Year. If you are a new employee or a newly eligible employee electing a health plan or enrolling in optional life insurance or an FSA outside of open enrollment, the FSA and your health and life insurance will be effective the first day of the second month after a new employee or newly eligible employee is eligible to enroll. Employees enrolling in life insurance must be actively at work, full time, on the day the employee's insurance is scheduled to begin.
- C. Plan Information.** You have read and understood the 2018 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). Life insurance rules and limitations are outlined in the Certificate of Coverage (CoC). All benefits for your eligible dependents and you will be provided in accordance with the rules and limitations in the SPDs, MBBs, BSG, SBCs, and CoC. You will abide by all terms and conditions governing participation, membership, and receipt of services from the plan(s) in which you have enrolled and as set forth in the SPD, MBB, and CoC. In the event of a conflict between the terms of coverage stated in the SPDs, the MBBs, the BSG, the SBCs, and the CoC, the terms of coverage stated in the SPDs or MBBs and CoC will govern.
- D. Third Party Administrators.** DEI uses third parties, including Anthem, CVS/caremark, WageWorks, Go365, Vitals, and Nationwide Life Insurance Company to provide certain administrative functions. DEI may communicate with you directly or through these third parties about your insurance coverage, your benefits, or health-related products or services provided by or included in KEHP's health plans or KGLI plans.
- 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 MBB (health) and the CoC (life). DEI may require supporting documentation to verify the eligibility of any dependent enrolled or requesting to be enrolled in benefits.
- G. Changing Elections.** The elections indicated by your KEHP Health Insurance Enrollment Application, Group Life Insurance Application, or online enrollment may not be changed or cancelled during the Plan Year without a permitted Qualifying Event.
- H. Deduction from Earnings.** When you enroll in an FSA, optional life insurance, and health insurance, you authorize your employer to deduct from your earnings the amount required to cover your employee contribution to the FSA, your employee contribution to health insurance, and your life insurance premium, including any arrears you may owe. Deductions for FSA and the employee contributions to health insurance are made on a pre-tax basis unless you sign a Post-Tax Request Form. Deductions for life insurance premiums are made on a post-tax basis.
- I. Priority of Payments.** Any moneys submitted to DEI that you intend to be used to fund your FSA, pay for your health insurance premium contribution, or pay for your optional life insurance coverage, 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 2018 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 your paycheck, and offset your Healthcare FSA or HRA if you fail to 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.

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.** You may use funds remaining in a Waiver HRA after termination to reimburse you for eligible expenses incurred during the coverage period and 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 choose one of the KEHP LivingWell plan options, you agree to fulfill a LivingWell Promise. Federal law allows KEHP to reward members who participate in the LivingWell wellness program. For members who choose a LivingWell plan option, the reward includes premium discounts for those who fulfill the LivingWell Promise.
- If you enrolled in a LivingWell plan option for 2017 and you fulfilled your LivingWell Promise, you will receive a monthly premium discount of \$40.00 if you enroll in a LivingWell plan option for 2018. If you enrolled in a LivingWell Plan option for 2017 and you did not fulfill your LivingWell Promise, you will not receive a monthly premium discount of \$40.00 if you enroll in a LivingWell plan option for 2018.
 - If you enroll in either the LivingWell CDHP or LivingWell PPO plan options for 2018, you must complete (1) an online Go365 Health Assessment; OR (2) a Biometric Screening between January 1, 2018, through July 1, 2018.
 - 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.
- 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 obtaining employer-sponsored health and life insurance, and it may be used to reduce or deny a claim or to terminate your coverage. Information contained in your life insurance benefit elections, if incorrect or misleading, may void the policy effective as of the date of issuance.
- Y. Acknowledgement.** You have fully read these Terms and Conditions, the KEHP Legal Notices, and the KEHP Tobacco Use Declaration. Your signature on the KEHP Health Insurance Enrollment Application, the Group Life Insurance 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 the Commonwealth’s group life insurance benefits. Exceptions may also apply 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.

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 (regardless of whether the coverage was obtained inside or outside of a Marketplace), 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 because of loss of eligibility. An employee must request this special enrollment within 60 days of the loss of coverage. You can find more information and the required CHIP notice at 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 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 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: KEHP is required by law to maintain the privacy and security of your personally identifiable health information. KEHP does not collect or retain personal health or medical information through its LivingWell wellness program; however, KEHP may receive and use aggregate information that does not identify any individual in order to design programs based on health risks identified in the workplace and that are aimed at improving the health of KEHP members. 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. 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. In the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you as soon as it is feasible after 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, also called a "qualifying event." After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." Qualified beneficiaries may elect to continue their coverage under the plan for a prescribed period of time on a self-pay basis. Each qualified beneficiary has 60 days to choose whether or not to elect COBRA coverage, beginning from the later of the date the election notice is provided, or the date on which the qualified beneficiary would otherwise lose coverage under KEHP due to a qualifying event. The KEHP's third-party COBRA administrator is WageWorks. To learn more about COBRA and your rights under COBRA, please refer to your Summary Plan Description or go to kehp.ky.gov.

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

Your plan, as required by WHCRA, provides benefits for mastectomy-related services including all 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.

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

G. PLAN YEAR 2018 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. Those benefits also provide important protection for you and your family in the case of illness or injury. KEHP offers a variety of health coverage options, and choosing the option that is right for you and your family is an important decision. To help you make an informed health coverage choice, KEHP publishes a Summary of Benefits and Coverage (SBC). For easier comparison, the SBC summarizes important information about your health coverage options in a standard format. The SBCs are only a summary. You should consult KEHP's Summary Plan Descriptions and/or Medical Benefit Booklet to determine the governing contractual provisions of the coverage. KEHP's SBCs are available on KEHP's website at kehp.ky.gov. A paper copy is also available, free of charge, by contacting the Department of Employee Insurance, Member Services Branch at (888) 581-8834 or (502) 564-6534.

I. WAIVER HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

If an employer participates in the Waiver Health Reimbursement Arrangement (HRA) program through KEHP, an employee may elect to waive KEHP health insurance coverage and choose a Waiver HRA that is funded by the employer, up to \$2,100 a year. There are two Waiver HRA options: the 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, have 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.

J. MARKETPLACE COVERAGE OPTIONS

When key parts of the health care law took effect in 2014, a new way to buy health insurance became available: the Health Insurance Marketplace. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) for employer-offered coverage. In addition, the employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit Healthcare.gov for more information.

Free and Low-Cost Benefits for You



Free doctor and therapists visits through LiveHealth Online Medical and Psychology. (see page 15)



\$20,000 basic life insurance coverage for eligible employees. (see pages 30-31)



24/7 NurseLine access for health-related questions @ 877-636-3720.



Substance Abuse Disorder telephone resource line available 24/7 @ 855-873-4931.



Future Moms program that offers prenatal education and guidance, including a welcome kit that includes the Mayo Clinic Guide to a Healthy Pregnancy.



Wellness Program with free incentives through Go365.



Personal Health Consultants offer you access to Registered Nurses for health and wellness guidance. Find support for you and your covered dependents by calling 844-402-KEHP (5347).



Vitals SmartShopper is a free tool to find low-cost facilities and earn cash. (see page 33)

#WIIFM
What's in it for me?

