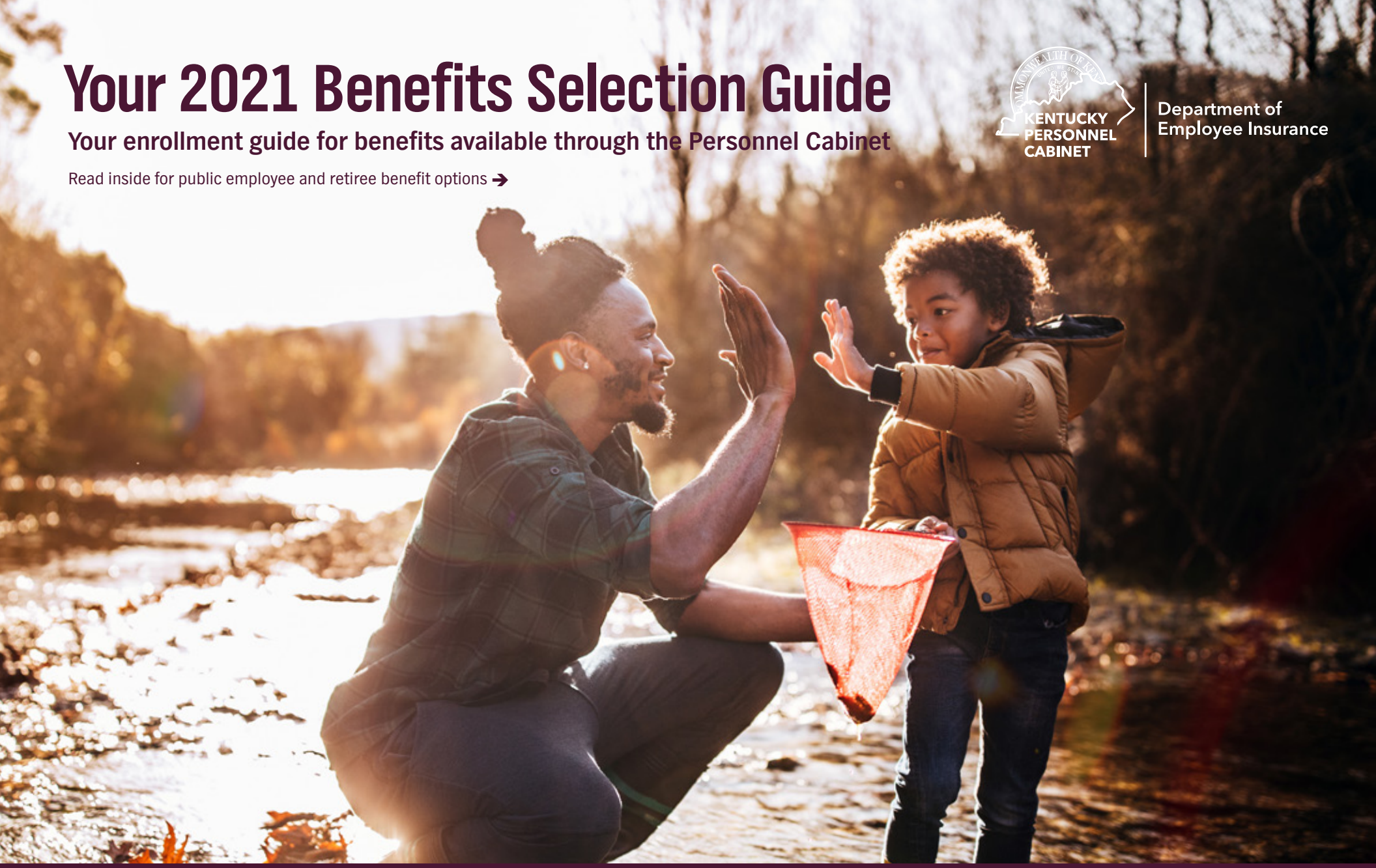
Your 2021 Benefits Selection Guide

Your enrollment guide for benefits available through the Personnel Cabinet

Read inside for public employee and retiree benefit options ➔

KENTUCKY PERSONNEL CABINET

Department of Employee Insurance



Open Enrollment is Oct 12 – Oct 28

Living Well Promise for 2021:

All planholders **must** take the online StayWell/WebMD health assessment or complete a biometric screening. StayWell was recently acquired by WebMD Health Services.

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This Benefits Selection Guide was created in partnership with Anthem and the Personnel Cabinet. Benefits are subject to the terms, conditions, limitations, and exclusions as set forth in the Summary Plan Descriptions and Medical Benefit Booklets.

e = en·gage

Get engaged.
Learn how to stay healthy and lower your costs.

Benefit Highlights

Everyone is encouraged to enroll in health, dental, vision, FSA and HRA benefits for 2021! If you don't enroll, you will continue with the same health, dental, and vision benefits for 2021. You must take action if you want to elect an FSA or Waiver General Purpose HRA benefit for 2021 due to federal rules.

Open Enrollment Benefit Change Highlights

- New two-tier prescription Value Formulary for all plans — see **page 26** for details
- First changes to the LivingWell PPO since 2014
  - Prescription co-pay increased by $5 — see **page 14** for details
  - Specialist office visit co-pay increased by $5 — see **page 14** for details
- Employer and employee premium increases
  - Employer premium contributions increase by 3%; employers continue to pay an average of 85% of total premium
  - Employee premium contributions increase an average of $6.02, with highest increase at $20.46
  - See **page 22** for details
- Renaming Waiver Dental/Vision ONLY HRA to Waiver Limited Purpose HRA to lessen confusion — see **page 29**
- The Waiver General Purpose HRA and the Waiver Limited Purpose HRA have a maximum rollover of $2,100 from 2021 to 2022 — see **page 28** for details

Save the dates!
Open Enrollment is October 12 – 28, 2020.

Health insurance plan options (same as 2020):

- LivingWell CDHP — see **page 10**
- LivingWell PPO — see **page 13**
- LivingWell Basic CDHP — see **page 16**
- LivingWell Limited High Deductible — see **page 19**

Waiver HRAs — You must take action if you want to elect a Waiver General Purpose HRA. You must make an election every year for this benefit to continue. See page 28 for more details.

If you have health insurance somewhere else and don't need coverage through the Kentucky Employees' Health Plan (KEHP), you may be eligible for one of the Waiver HRAs.

- Waiver General Purpose HRA
- Waiver Limited Purpose HRA (formerly the Waiver Dental/Vision ONLY HRA)

Benefit Highlights

Flexible Spending Account (FSA)

You must take action if you want to elect an FSA due to federal rules. You must make an election every year for this benefit to continue. See page 30 for more details.

If you want an FSA for 2021, (even if you had one for 2020), you'll need to enroll and choose your deduction amount. Choose from two FSAs:

- **Healthcare FSA**. Pre-tax dollars from your paycheck are used to fund a debit VISA card to pay for expenses not covered by insurance, such as co-insurance and deductibles. The Healthcare FSA maximum contribution amount is $2,750 in 2021.
- **Child and Adult Daycare FSA**. Pre-tax dollars from your paycheck are used to pay for child and adult daycare services. The Child and Adult Daycare FSA has maximum limits based on your tax-filing status.

Anthem Optional Dental and Vision Insurance premiums are pre-tax!

Everyone is encouraged to enroll in dental and vision insurance. You can:

- Keep your current coverage — you don't have to do anything.
- Elect new coverage.
- Terminate current coverage.

Life Insurance

Life insurance is not part of open enrollment, but you can make changes anytime. You can add or increase optional life insurance on yourself, your spouse, or your dependents as long as you provide a satisfactory Evidence of Insurability on you and your spouse. See **page 41** for more details.

Remember to keep your life insurance beneficiary information updated in KHRIS ESS.

Kentucky Deferred Compensation

Invest in financial wellness with pre- and post-tax supplemental retirement plan options; go to **Kentuckyplans.com**. See **page 43** for more details.

Living Well Promise

The KEHP and StayWell/WebMD are committed to helping members improve their health and well-being in four major areas: physical, financial, emotional, and social.

All planholders are required to complete the Promise between January 1, 2021 and July 1, 2021. You do not do this during Open Enrollment. All you have to do is either:

- Take the StayWell/WebMD online health assessment at **KEHPlivingwell.com**. The health assessment only takes about 10 minutes to complete and asks various health and lifestyle questions; or
- Receive a biometric screening from your physician, lab, or retail clinic. This is a blood test to check your cholesterol, blood pressure, triglycerides, and glucose. Your BMI is then determined by your waist circumference, height, and weight.

You will earn up to a $480 premium incentive ($40 a month) for plan year 2022. You can also earn up to $200 a year in additional rewards for engaging in health and wellness activities. Through StayWell/WebMD you can earn gift cards for activities like getting a preventive dental visit, completing education sessions, participating in health coaching, or completing step goals.

- If you are a cross-reference member, both spouses must fulfill the Promise.
- If you waive health insurance, you are eligible for StayWell/WebMD too! You can also earn rewards by engaging in health and wellness activities.

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Studies show that engaging in your own wellness reduces your healthcare costs.

Well-being Success Stories

Regina Hall – HR Associate Director, Madison County Schools

"I love having the ability to track my workouts and progress through the StayWell app. Having the information easily accessible on my phone gives me the motivation needed to continue to get my steps in even on days that I'm not feeling very motivated. The fact that I can get rewarded for my efforts is also a huge bonus! With diet and exercise, last spring I lost 24 pounds, and I am maintaining my weight with continued exercise."

Eugenia Whitt, FRC – Pike County Schools, Belfry Elementary

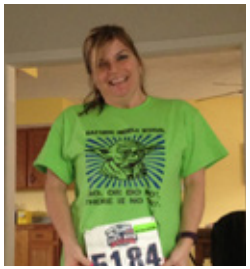
"I have always struggled with my weight. Seems like I was always trying to diet, but I would lose a few pounds, then gain them right back. I decided I had to make a change after losing both of my parents within six months apart. I was depressed and had gained weight — I was 196 pounds at my heaviest. Miserable! I had no energy and just felt hopeless. I needed to be healthier, not only physically, but spiritually, emotionally, and mentally.

I had a friend suggest that we start walking, after about a week of that, we decided to set a goal to do a 5K that was taking place in two months. It wasn't pretty, but we did it! LOL! We had a blast! That is when my passion for running began. Since that first race, I have done countless 5Ks, 10Ks, about 30 half marathons, one full marathon, and I am currently participating in a virtual 1000K.

Although I was running or working out 5 to 6 days a week, my weight would still fluctuate, because I was still not making good food choices. Another factor that plays a role in becoming healthy is our LivingWell/StayWell Program. I downloaded the app to my phone and I'm able to connect my device and earn rewards. Also, knowing that the Pike County Health Dept. would be coming to our school to do my biometric screening was a great way to stay accountable and motivated!

My advice to anyone wanting to make a change to be a healthier version of themselves is to start by working from the inside out. If you are not in the right mindset, nothing will work. Find some friends to do this with you. Having a good support team to encourage and to be accountable with is a huge part of meeting your goals. Oh, don't forget to take and post pictures of your workouts! You never know who you may motivate to start his or her journey!"

Jodi Grant – Bullitt County Schools



"Since January of this year, I have made several behavioral changes that pertain to my health. The first thing that I have improved on is using my StayWell app to track and log all of my steps. The second thing I have done is to keep up with getting my biometric screenings done. The third thing is drinking more water and trying to log it into my StayWell. The last thing I have done is to start a workout routine to build and tone my body. I am totally feeling better and having so much more energy doing these small changes. I have found to start small with the changes and add a little as you improve. If not, you will get overwhelmed. The StayWell app has so many options to help me on my healthy adventures to live longer."

Jeffrey Q. Watson – Department of Parks

"Over the years, I had gained more weight than I realized. I decided that this year I would commit myself to getting healthy. I started eating healthier and becoming more active. Initially, most of my activity was simply walking. As time went by, I increased my "daily steps," added some additional exercise programs and even some simple meditation. I didn't follow any trendy diet plans, I just ate healthier... more fruits and vegetables, while also watching my calorie intake (I aimed for 1,500 a day). I also utilized the resources available through the LivingWell program, Fitbit, and logging my food with Nutritionix."

As time went by, I found myself more and more focused on my goal, kept increasing my activity, and continued to monitor my food intake. On May 16, just over four months into my plan, I reached my goal. With almost two months left, I decided to set another goal to lose an additional 10 pounds, of which I've lost four and a half more. I have three weeks remaining. I feel so much better than I did back in January. I plan on keeping this healthier lifestyle, and look forward to where this journey will take me!"

Choosing Your Plan

Sometimes choosing a health plan that works best for you and your family can be confusing. There are several pages in this guide designed to help you better understand each plan. This page begins with some basic questions and highlights of each plan. You'll find more detailed information on each health plan on **pages 10-21**.

LivingWell CDHP

Do you want to pay lower premiums and receive money in an HRA to help reduce your deductible? **LivingWell CDHP** may be the plan for you! It's the richest plan offered by KEHP, and it is recommended for those who have a little or a lot of healthcare expenses. Both your medical and pharmacy expenses apply to the out-of-pocket maximum, and once met, your covered medical and pharmacy claims will be paid at 100%.

LivingWell PPO

Are you willing to pay more in premiums to have just a co-payment for doctor's office visits, allergy shots, urgent care centers, and prescriptions? Are you comforted in knowing upfront what you will have to pay for those services? **LivingWell PPO** may be the plan for you. However, even though you have co-pays for some services, most expenses are subject to the deductible and then covered at 80%. Plus, this plan has two out-of-pocket maximums — one is for medical expenses and the other is for prescription expenses, which means you will pay more out of your pocket. Some services you will always have to pay for since co-pays do not apply to the deductible. The choice is up to you!

LivingWell Basic CDHP

How about basic health insurance coverage and cheaper premiums, and an HRA to help reduce your deductible? **LivingWell Basic CDHP** is just that — basic coverage for a very low premium, but still a great plan. You will pay 30% for covered services after you meet your deductible. Both your medical and pharmacy expenses apply to the out-of-pocket maximum, and once met, your covered medical and pharmacy claims will be paid at 100%.

LivingWell Limited High Deductible

This is a catastrophic-type plan with the cheapest premium. Be careful in selecting the **LivingWell High Deductible Plan**; it is NOT the plan for most people. This plan should only be considered if you want the lowest premiums and expect you won't need health coverage. This plan comes with a very high deductible and out-of-pocket maximum. You will pay 50% for covered services after you meet your deductible. Both your medical and pharmacy expenses apply to the out-of-pocket maximum. After you meet your out-of-pocket maximum, your medical and pharmacy claims will be paid at 100%.

Choosing Your Plan

The in-network benefit highlights for the four plan options are below; see **pages 10-21** for details. Premiums listed below are per month for single coverage, a non-tobacco user who fulfilled the LivingWell Promise.

	In-Network Medical Benefits			
	LivingWell CDHP	**LivingWell PPO**	**LivingWell Basic CDHP**	**LivingWell Limited High Deductible**
	Premiums **$52.42**	Premiums **$87.40**	Premiums **$27.78**	Premiums **$25.00**
HRA	Single $500 Family $1,000	No HRA	Single $250 Family $500	No HRA
Deductible	Single $1,500 Family $2,750	Single $1,000 Family $1,750	Single $2,000 Family $3,750	Single $4,250 Family $8,250
Out-of-pocket Maximum	Single $3,000 Family $5,750	Single $3,000 Family $5,750	Single $4,000 Family $7,750	Single $5,250 Family $10,250
Doctor's Visit	Deductible then 15%	Co-pay $25; Specialist $50	Deductible then 30%	Deductible then 50%
Co-insurance	15%	20%	30%	50%
In-Network Prescription Benefits				
Prescriptions *30-day supply* *Value Formulary*	Tier 1: Deductible then 15% Tier 2: Deductible then 15%	Tier 1: $15 Tier 2: $40	Tier 1: Deductible then 30% Tier 2: Deductible then 30%	Tier 1: Deductible then 50% Tier 2: Deductible then 50%
Prescriptions *out-of-pocket maximum*	Combined with Medical	Single $2,500 Family $5,000	Combined with Medical	Combined with Medical
All plans use the 2-tier Value Formulary for 2021.				

LivingWell CDHP

The LivingWell Consumer Driven Health Plan (CDHP)

Pay lower premiums and receive money in an HRA.

How the LivingWell CDHP works

Before any expenses are paid by the LivingWell CDHP (except preventive services, which are paid at 100%):

You must meet your deductible amount (except for specific prescriptions, see **page 27**). You can use your HRA to help pay for or reduce your deductible amount — see next page.

The LivingWell CDHP will then start paying 85% of covered medical and prescription expenses, and you will pay a 15% co-insurance.

Both your medical and prescription costs apply to the out-of-pocket maximum — see **next page**.

Use the HRA to help meet your deductible

- You will receive a debit VISA Healthcare Card that is pre-funded with $500 if you have single coverage or $1,000 if you have couple, parent-plus, or family coverage levels. HealthEquity and WageWorks merged to create a new benefits partner for KEHP. If you have the orange WageWorks debit VISA Healthcare Card, you will not receive a new HealthEquity card until your WageWorks card expires.
- Use the HRA to help pay for your co-insurance, which reduces 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.
- You can also use this card to pay for eligible vision and dental expenses; these expenses do not reduce your deductible.

LivingWell CDHP Benefits Grid

LivingWell CDHP — Plan Option

Lifetime Maximum	**In-Network**	Unlimited		**Out-of-Network**	Unlimited	
Health Reimbursement Arrangement (HRA)	Single $500	Family $1,000				
Annual Deductible	**In-Network**	Single $1,500	Family $2,750	**Out-of-Network**	Single $2,750	Family $5,250
Annual Out-of-Pocket Maximum* (*Medical and Prescription out-of-pocket is combined.*)	**In-Network**	Single $3,000	Family $5,750	**Out-of-Network**	Single $5,750	Family $11,250
Co-insurance	**In-Network**	Plan: 85%	Member: 15%	**Out-of-Network**	Plan: 60%	Member: 40%
Doctor's Office Visits	**In-Network**	Deductible then 15%		**Out-of-Network**	Deductible then 40%	
Annual Prescription Drug Out-of-Pocket Maximum**	**In-Network**	**Combined with Medical**		**Out-of-Network**	**Combined with Medical**	
30-Day Supply of Prescriptions**						
Tier 1 — Generic	**In-Network**	Deductible then 15%		**Out-of-Network**	Deductible then 40%	
Tier 2 — Formulary	**In-Network**	Deductible then 15%		**Out-of-Network**	Deductible then 40%	
90-Day Supply of Prescriptions *(Retail or Mail Order)***						
Tier 1 — Generic	**In-Network**	Deductible then 15%		**Out-of-Network**	Not Covered	
Tier 2 — Formulary	**In-Network**	Deductible then 15%		**Out-of-Network**	Not Covered	
Physician Care *(Inpatient/Outpatient/Other)*	**In-Network**	Deductible then 15%		**Out-of-Network**	Deductible then 40%	
Diagnostic Tests*** in Doctor's Office	**In-Network**	Deductible then 15%		**Out-of-Network**	Deductible then 40%	
Other Laboratory	**In-Network**	Deductible then 15%		**Out-of-Network**	Deductible then 40%	
Inpatient Hospital *(Semi-Private Room)*	**In-Network**	Deductible then 15%		**Out-of-Network**	Deductible then 40%	
Outpatient Hospital/Surgery	**In-Network**	Deductible then 15%		**Out-of-Network**	Deductible then 40%	
Outpatient/Ambulatory Surgery Center	**In-Network**	Deductible then 15%		**Out-of-Network**	Deductible then 40%	

LivingWell CDHP Benefits Grid

LivingWell CDHP — Plan Option

Emergency Room *(Benefit for emergency medical treatment only.)*	**In-Network**	Deductible then 15%	**Out-of-Network**	Deductible then 15%
ER Physician Care	**In-Network**	Deductible then 15%	**Out-of-Network**	Deductible then 15%
Ambulance	**In-Network**	Deductible then 15%	**Out-of-Network**	Deductible then 15%
Urgent Care Center	**In-Network**	Deductible then 15%	**Out-of-Network**	Deductible then 15%
Routine Well Child	**In-Network**	Covered at 100%	**Out-of-Network**	Deductible then 40%
Routine Well Adult	**In-Network**	Covered at 100%	**Out-of-Network**	Deductible then 40%
Autism Services and Mental Health *(Treated the same as any other health condition. See specifics related to PCP office visit, inpatient, and outpatient services.)*				
Allergy Injections	**In-Network**	Deductible then 15%	**Out-of-Network**	Deductible then 40%
Allergy Serum	**In-Network**	Deductible then 15%	**Out-of-Network**	Deductible then 40%
Maternity Care *(See Medical Benefit Booklet for specifics.)*	**In-Network**	Deductible then 15%	**Out-of-Network**	Deductible then 40%
Durable Medical Equipment	**In-Network**	Deductible then 15%	**Out-of-Network**	Deductible then 40%
Therapy Services *(Physical, Occupational, Speech — combined limit of 90 visits per calendar year.)*	**In-Network**	Deductible then 15%	**Out-of-Network**	Deductible then 40%
Chiropractic Care *(Manipulation Therapy.) Maximum of 26 visits per calendar year; no more than 1 visit per day.*	**In-Network**	Deductible then 15%	**Out-of-Network**	Deductible then 40%

Notes: 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. If an error has occurred, the benefits outlined in the 2021 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.

* All covered expenses apply to the out-of-pocket maximum, except routine well child and routine well adult. Deductibles & Out-of-Pocket Maximums for In-Network and Out-of-Network providers accumulate separately and do not cross apply.

** Certain drugs to treat diabetes, COPD, and asthma are subject to reduced co-insurance with no deductibles. Select preventive/maintenance drugs bypass the deductible.

*** 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.

LivingWell PPO

The LivingWell Preferred Provider Organization (PPO)

Pay higher premiums and have co-pays for some services.

How the LivingWell PPO works

You Pay:

A co-payment	Doctor visits Diagnostic tests in the doctor's office Prescriptions Allergy injections Allergy serum Urgent care centers
A co-payment plus your deductible	Emergency room medical treatment
A deductible and then 20% co-insurance	All other covered services

Your co-pays will not apply to your deductible.

Your co-pays will apply to your out-of-pocket maximum.

You have a medical out-of-pocket maximum plus a prescription out-of-pocket maximum, and they accumulate separately.

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

LivingWell PPO Benefits Grid

LivingWell PPO — Plan Option

Lifetime Maximum	**In-Network**	Unlimited		**Out-of-Network**	Unlimited	
Health Reimbursement Arrangement (HRA)	None					
Annual Deductible*	**In-Network**	Single $1,000	Family $1,750	**Out-of-Network**	Single $1,750	Family $3,250
Annual Medical Out-of-Pocket Maximum** *(Applies to medical only — separate from the prescription out-of-pocket maximum.)*	**In-Network**	Single $3,000	Family $5,750	**Out-of-Network**	Single $5,750	Family $11,250
Co-insurance	**In-Network**	Plan: 80%	Member: 20%	**Out-of-Network**	Plan: 60%	Member: 40%
Doctor's Office Visits	**In-Network**	Co-pay:* $25 PCP; $50 Specialist		**Out-of-Network**	Deductible then 40%	
Annual Prescription Drug Out-of-Pocket Maximum** *(Applies to prescriptions and separate from medical.)*	**In-Network**	**Single $2,500**	**Family $5,000**	**Out-of-Network**	**Single $5,000**	**Family $10,000**
30-Day Supply of Prescriptions***						
Tier 1 — Generic	**In-Network**	$15		**Out-of-Network**	$30	
Tier 2 — Formulary	**In-Network**	$40		**Out-of-Network**	$80	
90-Day Supply of Prescriptions *(Retail or Mail Order)****						
Tier 1 — Generic	**In-Network**	$30		**Out-of-Network**	Not Covered	
Tier 2 — Formulary	**In-Network**	$80		**Out-of-Network**	Not Covered	
Physician Care *(Inpatient/Outpatient/Other)*	**In-Network**	Deductible then 20%		**Out-of-Network**	Deductible then 40%	
Diagnostic Tests**** in Doctor's Office	**In-Network**	Office Visit Co-pay*		**Out-of-Network**	Deductible then 40%	
Other Laboratory	**In-Network**	Deductible then 20%		**Out-of-Network**	Deductible then 40%	
Inpatient Hospital *(Semi-Private Room)*	**In-Network**	Deductible then 20%		**Out-of-Network**	Deductible then 40%	
Outpatient Hospital/Surgery	**In-Network**	Deductible then 20%		**Out-of-Network**	Deductible then 40%	
Outpatient/Ambulatory Surgery Center	**In-Network**	Deductible then 20%		**Out-of-Network**	Deductible then 40%	

LivingWell PPO Benefits Grid

LivingWell PPO — Plan Option

Emergency Room *(Benefit for emergency medical treatment only.)*	**In-Network** **Out-of-Network**	$150 Co-pay* then Deductible then 20%. Co-pay* waived if admitted $150 Co-pay* then Deductible then 20%. Co-pay* waived if admitted		
ER Physician Care	**In-Network**	Deductible then 20%	**Out-of-Network**	Deductible then 20%
Ambulance	**In-Network**	Deductible then 20%	**Out-of-Network**	Deductible then 20%
Urgent Care Center	**In-Network**	$50 Co-pay*	**Out-of-Network**	$50 Co-pay*
Routine Well Child	**In-Network**	Covered at 100%	**Out-of-Network**	Deductible then 40%
Routine Well Adult	**In-Network**	Covered at 100%	**Out-of-Network**	Deductible then 40%
Autism Services and Mental Health *(Treated the same as any other health condition. See specifics related to PCP office visit, inpatient, and outpatient services.)*				
Allergy Injections	**In-Network**	$15 Co-pay*	**Out-of-Network**	Deductible then 40%
Allergy Serum	**In-Network**	$15 Co-pay*	**Out-of-Network**	Deductible then 40%
Maternity Care *(See Medical Benefit Booklet for specifics.)*	**In-Network** **Out-of-Network**	$25 Co-pay* (office visit pregnancy diagnosed) Delivery Charge: Deductible then 20% Deductible then 40%		
Durable Medical Equipment	**In-Network**	Deductible then 20%	**Out-of-Network**	Deductible then 40%
Therapy Services *(Physical, Occupational, Speech — combined limit of 90 visits per calendar year.)*	**In-Network**	Deductible then 20%	**Out-of-Network**	Deductible then 40%
Chiropractic Care *(Manipulation Therapy.) Maximum of 26 visits per calendar year; no more than 1 visit per day.*	**In-Network**	$25 Co-pay*	**Out-of-Network**	Deductible then 40%

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

** All covered expenses apply to the out-of-pocket maximum, except routine well child and routine well adult. The out-of-pocket maximum accumulates separately and independently for medical and prescription drug benefits.

*** Certain drugs to treat diabetes, COPD, and asthma are subject to reduced co-pays with no deductibles.

**** 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.

LivingWell Basic CDHP

The LivingWell Basic CDHP

A basic health plan with low premiums, and an HRA to help reduce your deductible.

How about basic health insurance coverage and cheaper premiums, and an HRA to help reduce your deductible? The LivingWell Basic CDHP is just that – basic coverage for a very low premium, but still a great plan. You will pay 30% for covered services after you meet your deductible. Both your medical and pharmacy expenses apply to the out-of-pocket maximum, and once met, your covered medical and pharmacy claims will be paid at 100%.

How the LivingWell CDHP Basic works

Before any expenses are paid by the LivingWell Basic CDHP (except preventive services, which are paid at 100%):

You must meet your deductible amount (except for specific prescriptions, see **page 27**). You can use your HRA to help pay for or reduce your deductible amount — see next page.

The LivingWell Basic CDHP will then start paying 70% of covered medical and prescription expenses, and you will pay a 30% co-insurance.

Both your medical and prescription costs apply to the out-of-pocket maximum — see next page.

TIP: See **page 30** to learn more about a Flexible Spending Account. You can add additional money to a Healthcare FSA to use with the pre-funded debit VISA Healthcare Card that comes with the LivingWell Basic CDHP.

Use the HRA to help meet your deductible

- You will receive a debit VISA Healthcare Card that is pre-funded with $250 if you have single coverage or $500 if you have couple, parent-plus, or family coverage levels. If you have the orange WageWorks debit VISA Healthcare Card, you will not receive a new HealthEquity card until your WageWorks card expires.
- Use the HRA to help pay for your co-insurance, which reduces 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.
- You can also use this card to pay for eligible vision and dental expenses; these expenses do not reduce your deductible.

LivingWell Basic CDHP Benefits Grid

LivingWell Basic CDHP — Plan Option

Lifetime Maximum	**In-Network**	Unlimited		**Out-of-Network**	Unlimited	
Health Reimbursement Arrangement (HRA)	Single $250	Family $500				
Annual Deductible	**In-Network**	Single $2,000	Family $3,750	**Out-of-Network**	Single $3,250	Family $6,250
Annual Medical Out-of-Pocket Maximum* (*Medical and Prescription out-of-pocket is combined.)*	**In-Network**	Single $4,000	Family $7,750	**Out-of-Network**	Single $7,750	Family $11,250
Co-insurance	**In-Network**	Plan: 70%	Member: 30%	**Out-of-Network**	Plan: 50%	Member: 50%
Doctor's Office Visits	**In-Network**	Deductible then 30%		**Out-of-Network**	Deductible then 50%	
Annual Prescription Drug Out-of-Pocket Maximum**	**In-Network**	**Combined with Medical**		**Out-of-Network**	**Combined with Medical**	
30-Day Supply of Prescriptions**						
Tier 1 — Generic	**In-Network**	Deductible then 30%		**Out-of-Network**	Deductible then 50%	
Tier 2 — Formulary	**In-Network**	Deductible then 30%		**Out-of-Network**	Deductible then 50%	
90-Day Supply of Prescriptions *(Retail or Mail Order)***						
Tier 1 — Generic	**In-Network**	Deductible then 30%		**Out-of-Network**	Not Covered	
Tier 2 — Formulary	**In-Network**	Deductible then 30%		**Out-of-Network**	Not Covered	
Physician Care *(Inpatient/Outpatient/Other)*	**In-Network**	Deductible then 30%		**Out-of-Network**	Deductible then 50%	
Diagnostic Tests*** in Doctor's Office	**In-Network**	Deductible then 30%		**Out-of-Network**	Deductible then 50%	
Other Laboratory	**In-Network**	Deductible then 30%		**Out-of-Network**	Deductible then 50%	
Inpatient Hospital *(Semi-Private Room)*	**In-Network**	Deductible then 30%		**Out-of-Network**	Deductible then 50%	
Outpatient Hospital/Surgery	**In-Network**	Deductible then 30%		**Out-of-Network**	Deductible then 50%	
Outpatient/Ambulatory Surgery Center	**In-Network**	Deductible then 30%		**Out-of-Network**	Deductible then 50%	

LivingWell Basic CDHP Benefits Grid

LivingWell Basic CDHP — Plan Option

Emergency Room *(Benefit for emergency medical treatment only.)*	**In-Network**	Deductible then 30%	**Out-of-Network**	Deductible then 30%
ER Physician Care	**In-Network**	Deductible then 30%	**Out-of-Network**	Deductible then 30%
Ambulance	**In-Network**	Deductible then 30%	**Out-of-Network**	Deductible then 30%
Urgent Care Center	**In-Network**	Deductible then 30%	**Out-of-Network**	Deductible then 30%
Routine Well Child	**In-Network**	Covered at 100%	**Out-of-Network**	Deductible then 50%
Routine Well Adult	**In-Network**	Covered at 100%	**Out-of-Network**	Deductible then 50%
Autism Services and Mental Health *(Treated the same as any other health condition. See specifics related to PCP office visit, inpatient, and outpatient services.)*				
Allergy Injections	**In-Network**	Deductible then 30%	**Out-of-Network**	Deductible then 50%
Allergy Serum	**In-Network**	Deductible then 30%	**Out-of-Network**	Deductible then 50%
Maternity Care *(See SPD for specifics.)*	**In-Network**	Deductible then 30%	**Out-of-Network**	Deductible then 50%
Durable Medical Equipment	**In-Network**	Deductible then 30%	**Out-of-Network**	Deductible then 50%
Therapy Services *(Physical, Occupational, Speech — combined limit of 90 visits per calendar year.)*	**In-Network**	Deductible then 30%	**Out-of-Network**	Deductible then 50%
Chiropractic Care *(Manipulation Therapy.) Maximum of 26 visits per calendar year; no more than 1 visit per day.*	**In-Network**	Deductible then 30%	**Out-of-Network**	Deductible then 50%

Notes: 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. If an error has occurred, the benefits outlined in the 2021 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.

* All covered expenses apply to the out-of-pocket maximum, except routine well child and routine well adult. Deductibles & Out-of-Pocket Maximums for In-Network and Out-of-Network providers accumulate separately and do not cross apply.

** Certain drugs to treat diabetes, COPD, and asthma are subject to reduced co-insurance with no deductibles. Select preventive/maintenance drugs bypass the deductible.

*** 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.

LivingWell Limited High Deductible

The LivingWell Limited High Deductible Plan

A catastrophic-type plan with the cheapest premiums. BE CAREFUL.

How the LivingWell Limited High Deductible Plan works

Before any expenses are paid by the LivingWell Limited High Deductible Plan (except preventive services, which are paid at 100%):

You must meet your deductible amount (except for specific prescriptions, see **page 27**).

The LivingWell Limited High Deductible Plan will then start paying 50% of covered medical and prescription expenses, and you will pay a 50% co-insurance.

Both your medical and prescription costs apply to the out-of-pocket maximum — see next page.

engage

Preventive screenings and well child and well adult doctor visits are covered at 100%. Schedule yours today!

LivingWell Limited High Deductible Benefits Grid

LivingWell Limited High Deductible — Plan Option

Lifetime Maximum	**In-Network**	Unlimited		**Out-of-Network**	Unlimited	
Health Reimbursement Arrangement (HRA)	None					
Annual Deductible	**In-Network**	Single $4,250	Family $8,250	**Out-of-Network**	Single $8,250	Family $16,250
Annual Out-of-Pocket Maximum* *(Medical and Prescription out-of-pocket is combined.)*	**In-Network**	Single $5,250	Family $10,250	**Out-of-Network**	Single $10,250	Family $20,250
Co-insurance	**In-Network**	Plan: 50%	Member: 50%	**Out-of-Network**	Plan: 40%	Member: 60%
Doctor's Office Visits	**In-Network**	Deductible then 50%		**Out-of-Network**	Deductible then 60%	
Annual Prescription Drug Out-of-Pocket Maximum**	**Combined with Medical**					
30-Day Supply of Prescriptions**						
Tier 1 — Generic	**In-Network**	Deductible then 50%		**Out-of-Network**	Deductible then 60%	
Tier 2 — Formulary	**In-Network**	Deductible then 50%		**Out-of-Network**	Deductible then 60%	
90-Day Supply of Prescriptions *(Retail or Mail Order)***						
Tier 1 — Generic	**In-Network**	Deductible then 50%		**Out-of-Network**	Not Covered	
Tier 2 — Formulary	**In-Network**	Deductible then 50%		**Out-of-Network**	Not Covered	
Physician Care *(Inpatient/Outpatient/Other)*	**In-Network**	Deductible then 50%		**Out-of-Network**	Deductible then 60%	
Diagnostic Tests*** in Doctor's Office	**In-Network**	Deductible then 50%		**Out-of-Network**	Deductible then 60%	
Other Laboratory	**In-Network**	Deductible then 50%		**Out-of-Network**	Deductible then 60%	
Inpatient Hospital *(Semi-Private Room)*	**In-Network**	Deductible then 50%		**Out-of-Network**	Deductible then 60%	
Outpatient Hospital/Surgery	**In-Network**	Deductible then 50%		**Out-of-Network**	Deductible then 60%	
Outpatient/Ambulatory Surgery Center	**In-Network**	Deductible then 50%		**Out-of-Network**	Deductible then 60%	

LivingWell Limited High Deductible Benefits Grid

LivingWell Limited High Deductible — Plan Option

Emergency Room *(Benefit for emergency medical treatment only.)*	**In-Network**	Deductible then 50%	**Out-of-Network**	Deductible then 50%
ER Physician Care	**In-Network**	Deductible then 50%	**Out-of-Network**	Deductible then 50%
Ambulance	**In-Network**	Deductible then 50%	**Out-of-Network**	Deductible then 50%
Urgent Care Center	**In-Network**	Deductible then 50%	**Out-of-Network**	Deductible then 50%
Routine Well Child	**In-Network**	Covered at 100%	**Out-of-Network**	Deductible then 60%
Routine Well Adult	**In-Network**	Covered at 100%	**Out-of-Network**	Deductible then 60%
Autism Services and Mental Health *(Treated the same as any other health condition. See specifics related to PCP office visit, inpatient, and outpatient services.)*				
Allergy Injections	**In-Network**	Deductible then 50%	**Out-of-Network**	Deductible then 60%
Allergy Serum	**In-Network**	Deductible then 50%	**Out-of-Network**	Deductible then 60%
Maternity Care *(See SPD for specifics.)*	**In-Network**	Deductible then 50%	**Out-of-Network**	Deductible then 60%
Durable Medical Equipment	**In-Network**	Deductible then 50%	**Out-of-Network**	Deductible then 60%
Therapy Services *(Physical, Occupational, Speech — combined limit of 90 visits per calendar year.)*	**In-Network**	Deductible then 50%	**Out-of-Network**	Deductible then 60%
Chiropractic Care *(Manipulation Therapy.) Maximum of 26 visits per calendar year; no more than 1 visit per day.*	**In-Network**	Deductible then 50%	**Out-of-Network**	Deductible then 60%

Notes: 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. If an error has occurred, the benefits outlined in the 2021 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.

* All covered expenses apply to the out-of-pocket maximum, except routine well child and routine well adult. Deductibles & Out-of-Pocket Maximums for In-Network and Out-of-Network providers accumulate separately and do not cross apply.

** Certain drugs to treat diabetes, COPD, and asthma are subject to reduced co-insurance with no deductibles. Select preventive/maintenance drugs bypass the deductible.

*** 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.

2021 Monthly Premiums and Contributions

Non-Tobacco User Rates: Completing LivingWell Promise Rates

All employee contributions are per employee, per month.

LivingWell CDHP

Single	**Total Premium**	$732.26	**Employer Contribution**	$679.84	**Employee Contribution**	**$52.42**
Parent-Plus	**Total Premium**	$1,011.78	**Employer Contribution**	$877.40	**Employee Contribution**	**$134.38**
Couple	**Total Premium**	$1,383.08	**Employer Contribution**	$1,059.90	**Employee Contribution**	**$323.18**
Family	**Total Premium**	$1,545.50	**Employer Contribution**	$1,165.58	**Employee Contribution**	**$379.92**
Family Cross Reference	**Total Premium**	$846.00	**Employer Contribution**	$760.80	**Employee Contribution**	**$85.20**

LivingWell PPO

Single	**Total Premium**	$753.76	**Employer Contribution**	$666.36	**Employee Contribution**	**$87.40**
Parent-Plus	**Total Premium**	$1,075.44	**Employer Contribution**	$826.32	**Employee Contribution**	**$249.12**
Couple	**Total Premium**	$1,653.10	**Employer Contribution**	$1,092.56	**Employee Contribution**	**$560.54**
Family	**Total Premium**	$1,841.08	**Employer Contribution**	$1,138.50	**Employee Contribution**	**$702.58**
Family Cross Reference	**Total Premium**	$907.84	**Employer Contribution**	$740.70	**Employee Contribution**	**$167.14**

LivingWell Basic CDHP

Single	**Total Premium**	$704.08	**Employer Contribution**	$676.30	**Employee Contribution**	**$27.78**
Parent-Plus	**Total Premium**	$970.78	**Employer Contribution**	$904.58	**Employee Contribution**	**$66.20**
Couple	**Total Premium**	$1,501.56	**Employer Contribution**	$1,225.66	**Employee Contribution**	**$275.90**
Family	**Total Premium**	$1,673.40	**Employer Contribution**	$1,342.34	**Employee Contribution**	**$331.06**
Family Cross Reference	**Total Premium**	$825.88	**Employer Contribution**	$795.00	**Employee Contribution**	**$30.88**

LivingWell Limited High Deductible Plan

Single	**Total Premium**	$626.48	**Employer Contribution**	$601.48	**Employee Contribution**	**$25.00**
Parent-Plus	**Total Premium**	$892.76	**Employer Contribution**	$833.18	**Employee Contribution**	**$59.58**
Couple	**Total Premium**	$1,374.22	**Employer Contribution**	$1,125.90	**Employee Contribution**	**$248.32**
Family	**Total Premium**	$1,530.02	**Employer Contribution**	$1,232.06	**Employee Contribution**	**$297.96**
Family Cross Reference	**Total Premium**	$753.62	**Employer Contribution**	$725.84	**Employee Contribution**	**$27.78**

2021 Monthly Premiums and Contributions

Non-Tobacco User Rates: Not Completing LivingWell Promise Rates

All employee contributions are per employee, per month.

LivingWell CDHP

Single	**Total Premium**	$732.26	**Employer Contribution**	$639.84	**Employee Contribution**	**$92.42**
Parent-Plus	**Total Premium**	$1,011.78	**Employer Contribution**	$837.40	**Employee Contribution**	**$174.38**
Couple	**Total Premium**	$1,383.08	**Employer Contribution**	$1,019.90	**Employee Contribution**	**$363.18**
Family	**Total Premium**	$1,545.50	**Employer Contribution**	$1,125.58	**Employee Contribution**	**$419.92**
Family Cross Reference	**Total Premium**	$846.00	**Employer Contribution**	$720.80	**Employee Contribution**	**$125.20**

LivingWell PPO

Single	**Total Premium**	$753.76	**Employer Contribution**	$626.36	**Employee Contribution**	**$127.40**
Parent-Plus	**Total Premium**	$1,075.44	**Employer Contribution**	$786.32	**Employee Contribution**	**$289.12**
Couple	**Total Premium**	$1,653.10	**Employer Contribution**	$1,052.56	**Employee Contribution**	**$600.54**
Family	**Total Premium**	$1,841.08	**Employer Contribution**	$1,098.50	**Employee Contribution**	**$742.58**
Family Cross Reference	**Total Premium**	$907.84	**Employer Contribution**	$700.70	**Employee Contribution**	**$207.14**

LivingWell Basic CDHP

Single	**Total Premium**	$704.08	**Employer Contribution**	$636.30	**Employee Contribution**	**$67.78**
Parent-Plus	**Total Premium**	$970.78	**Employer Contribution**	$864.58	**Employee Contribution**	**$106.20**
Couple	**Total Premium**	$1,501.56	**Employer Contribution**	$1,185.66	**Employee Contribution**	**$315.90**
Family	**Total Premium**	$1,673.40	**Employer Contribution**	$1,302.34	**Employee Contribution**	**$371.06**
Family Cross Reference	**Total Premium**	$825.88	**Employer Contribution**	$755.00	**Employee Contribution**	**$70.88**

LivingWell Limited High Deductible Plan

Single	**Total Premium**	$626.48	**Employer Contribution**	$561.48	**Employee Contribution**	**$65.00**
Parent-Plus	**Total Premium**	$892.76	**Employer Contribution**	$793.18	**Employee Contribution**	**$99.58**
Couple	**Total Premium**	$1,374.22	**Employer Contribution**	$1,085.90	**Employee Contribution**	**$288.32**
Family	**Total Premium**	$1,530.02	**Employer Contribution**	$1,192.06	**Employee Contribution**	**$337.96**
Family Cross Reference	**Total Premium**	$753.62	**Employer Contribution**	$685.84	**Employee Contribution**	**$67.78**

2021 Monthly Premiums and Contributions

Tobacco User Rates: Completing LivingWell Promise Rates

All employee contributions are per employee, per month.

LivingWell CDHP

Single	**Total Premium**	$732.26	**Employer Contribution**	$639.84	**Employee Contribution**	**$92.42**
Parent-Plus	**Total Premium**	$1,011.78	**Employer Contribution**	$797.40	**Employee Contribution**	**$214.38**
Couple	**Total Premium**	$1,383.08	**Employer Contribution**	$979.90	**Employee Contribution**	**$403.18**
Family	**Total Premium**	$1,545.50	**Employer Contribution**	$1,085.58	**Employee Contribution**	**$459.92**
Family Cross Reference	**Total Premium**	$846.00	**Employer Contribution**	$720.80	**Employee Contribution**	**$125.20**

LivingWell PPO

Single	**Total Premium**	$753.76	**Employer Contribution**	$626.36	**Employee Contribution**	**$127.40**
Parent-Plus	**Total Premium**	$1,075.44	**Employer Contribution**	$746.32	**Employee Contribution**	**$329.12**
Couple	**Total Premium**	$1,653.10	**Employer Contribution**	$1,012.56	**Employee Contribution**	**$640.54**
Family	**Total Premium**	$1,841.08	**Employer Contribution**	$1,058.50	**Employee Contribution**	**$782.58**
Family Cross Reference	**Total Premium**	$907.84	**Employer Contribution**	$700.70	**Employee Contribution**	**$207.14**

LivingWell Basic CDHP

Single	**Total Premium**	$704.08	**Employer Contribution**	$636.30	**Employee Contribution**	**$67.78**
Parent-Plus	**Total Premium**	$970.78	**Employer Contribution**	$824.58	**Employee Contribution**	**$146.20**
Couple	**Total Premium**	$1,501.56	**Employer Contribution**	$1,145.66	**Employee Contribution**	**$355.90**
Family	**Total Premium**	$1,673.40	**Employer Contribution**	$1,262.34	**Employee Contribution**	**$411.06**
Family Cross Reference	**Total Premium**	$825.88	**Employer Contribution**	$755.00	**Employee Contribution**	**$70.88**

LivingWell Limited High Deductible Plan

Single	**Total Premium**	$626.48	**Employer Contribution**	$561.48	**Employee Contribution**	**$65.00**
Parent-Plus	**Total Premium**	$892.76	**Employer Contribution**	$753.18	**Employee Contribution**	**$139.58**
Couple	**Total Premium**	$1,374.22	**Employer Contribution**	$1,045.90	**Employee Contribution**	**$328.32**
Family	**Total Premium**	$1,530.02	**Employer Contribution**	$1,152.06	**Employee Contribution**	**$377.96**
Family Cross Reference	**Total Premium**	$753.62	**Employer Contribution**	$685.84	**Employee Contribution**	**$67.78**

2021 Monthly Premiums and Contributions

Tobacco User Rates: Not Completing LivingWell Promise Rates

All employee contributions are per employee, per month.

LivingWell CDHP

Single	**Total Premium**	$732.26	**Employer Contribution**	$599.84	**Employee Contribution**	**$132.42**
Parent-Plus	**Total Premium**	$1,011.78	**Employer Contribution**	$757.40	**Employee Contribution**	**$254.38**
Couple	**Total Premium**	$1,383.08	**Employer Contribution**	$939.90	**Employee Contribution**	**$443.18**
Family	**Total Premium**	$1,545.50	**Employer Contribution**	$1,045.58	**Employee Contribution**	**$499.92**
Family Cross Reference	**Total Premium**	$846.00	**Employer Contribution**	$680.80	**Employee Contribution**	**$165.20**

LivingWell PPO

Single	**Total Premium**	$753.76	**Employer Contribution**	$586.36	**Employee Contribution**	**$167.40**
Parent-Plus	**Total Premium**	$1,075.44	**Employer Contribution**	$706.32	**Employee Contribution**	**$369.12**
Couple	**Total Premium**	$1,653.10	**Employer Contribution**	$972.56	**Employee Contribution**	**$680.54**
Family	**Total Premium**	$1,841.08	**Employer Contribution**	$1,018.50	**Employee Contribution**	**$822.58**
Family Cross Reference	**Total Premium**	$907.84	**Employer Contribution**	$660.70	**Employee Contribution**	**$247.14**

LivingWell Basic CDHP

Single	**Total Premium**	$704.08	**Employer Contribution**	$596.30	**Employee Contribution**	**$107.78**
Parent-Plus	**Total Premium**	$970.78	**Employer Contribution**	$784.58	**Employee Contribution**	**$186.20**
Couple	**Total Premium**	$1,501.56	**Employer Contribution**	$1,105.66	**Employee Contribution**	**$395.90**
Family	**Total Premium**	$1,673.40	**Employer Contribution**	$1,222.34	**Employee Contribution**	**$451.06**
Family Cross Reference	**Total Premium**	$825.88	**Employer Contribution**	$715.00	**Employee Contribution**	**$110.88**

LivingWell Limited High Deductible Plan

Single	**Total Premium**	$626.48	**Employer Contribution**	$521.48	**Employee Contribution**	**$105.00**
Parent-Plus	**Total Premium**	$892.76	**Employer Contribution**	$713.18	**Employee Contribution**	**$179.58**
Couple	**Total Premium**	$1,374.22	**Employer Contribution**	$1,005.90	**Employee Contribution**	**$368.32**
Family	**Total Premium**	$1,530.02	**Employer Contribution**	$1,112.06	**Employee Contribution**	**$417.96**
Family Cross Reference	**Total Premium**	$753.62	**Employer Contribution**	$645.84	**Employee Contribution**	**$107.78**

Prescription Drug Coverage

Prescription Drug Coverage

New for 2021: The approved drug coverage list is changing to the Value Formulary.

As in the past, health plan options include coverage for prescription medications. CVS/Caremark manages the prescription benefits for KEHP, but you do not have to use a CVS/Caremark pharmacy store. Go to any in-network pharmacy that you choose! If you prefer to have your prescriptions delivered to your door, use CVS/Caremark mail order. Sign up at **caremark.com**.

In 2021, all health plan options use the Value Formulary listing of covered drugs. If the prescription is not on the Value Formulary, then it is not covered. You can view both the condensed and detailed versions of the Value Formulary at **kehp.ky.gov** or at **caremark.com**. For specific questions about your prescriptions, contact CVS/Caremark at **866-601-6934**. You may want to share the formulary listing with your primary care or other provider.

The Value Formulary

- Has more generic drugs and fewer name-brand drugs
- 30-day or a 90-day supply of drugs at a participating retail pharmacy or through CVS/Caremark mail order program
- Has 2 tiers of coverage — generic and formulary (brand)

CVS/Caremark has a helpful tool to compare the cost of drugs at nearby pharmacies. If you have a CDHP or the LivingWell Limited High Deductible Plan, you should log in to see this helpful tool. If the drug costs less, that means you pay less in co-insurance. Sign in at **caremark.com**, then click on "Plan & Benefits" and look at "Check Drug and Cost Coverage." You can compare costs at nearby pharmacies.

Preventive Therapy Drug Benefit — Bypass Your Deductible

If you have the LivingWell CDHP, the LivingWell Basic CDHP, or the LivingWell Limited High Deductible Plan, you are only responsible for the co-insurance amount for medications on the Preventive Therapy Drug Benefit list. This list is of medications you need on a regular basis to prevent conditions such as high blood pressure or high cholesterol. You can see the Preventive Therapy Drug Benefit list at **kehp.ky.gov**. The co-insurance as listed on the Benefits Grids on **pages 11, 14, 17, and 20** are the only amount you will have to pay.

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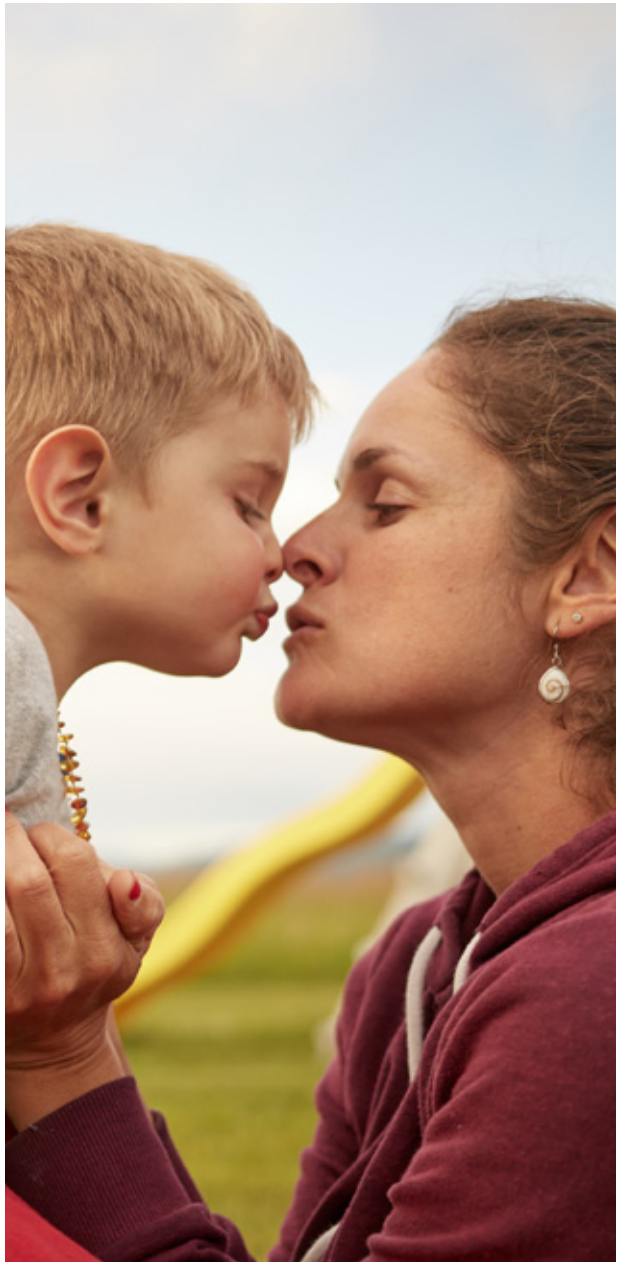
Additional information about your prescription drug coverage is available at kehp.ky.gov, or you may contact CVS Caremark at 866-601-6934.

Value Benefits for Diabetes, COPD, and Asthma

The KEHP continues to monitor the costs of all chronic conditions. Treatment for diabetes, COPD, and asthma are just a few of these chronic conditions. As costs continue to rise, KEHP wants to continue helping you by reducing the costs that you have to pay! For several years, KEHP has offered Value Benefits, and we now know that you are being more compliant in taking your medications — because they cost you less! This is effective in improving your health, it costs you less, and it is reducing plan costs. It's a win-win for all!

The Value Benefit for diabetes, COPD, and asthma means your costs are reduced if you receive maintenance prescriptions or supplies. Some examples include:

- Pressure machines;
- Infusion pumps;
- Blood pressure monitoring devices;
- Cardiac monitors; and
- Supplies and durable medical equipment.



You will pay a reduced co-pay and/or co-insurance, and you won't have a deductible! See the chart below for the cost that you will pay.

Most supplies and durable medical equipment related to diabetes, COPD, and asthma are covered in full with NO DEDUCTIBLE.

Value Benefit Design	LivingWell CDHP	LivingWell PPO	LivingWell Basic CDHP	LivingWell Limited HDP
30-Day Supply	(no deductible)		(no deductible)	(no deductible)
Tier 1 — Generic	0%	$0	0%	0%
Tier 2 — Formulary	10%	$25	25%	45%
90-Day Supply	(no deductible)		(no deductible)	(no deductible)
(Retail or Mail Order)				
Tier 1 — Generic	0%	$0	0%	0%
Tier 2 — Formulary	10%	$50	25%	45%

Waiver General Purpose HRA

Don't Need Health Insurance?

YOU MUST MAKE an election for your Waiver General Purpose HRA or you will **NOT** receive $2,100.

If you have other health insurance and don't need a health plan, you can choose a Health Reimbursement Arrangement (HRA). You may be eligible for a Waiver General Purpose HRA if you have other employer-sponsored health insurance. The HRA covers medical, dental, and vision services that your health insurance plan doesn't cover such as the deductible and other out-of-pocket costs. You can use this HRA for you and your dependents, as long as you can attest that all persons covered under the Waiver General Purpose HRA have other employer-sponsored group health insurance coverage.

Your employer will contribute $175 per month, up to $2,100 per year, to your debit VISA Healthcare Card. It will be funded in two equal installments: $1,050 on January 1 and $1,050 on July 1.

The balance remaining in your Waiver General Purpose HRA at the end of 2021 will carry over to 2022 as long as you continue to waive your health insurance coverage and elect the Waiver General Purpose HRA.

The maximum carryover balance in your Waiver General Purpose HRA will be capped at $2,100. Please make sure you spend these funds so you don't lose any when the carryover balance occurs.

Expenses that may be reimbursed under your Waiver General Purpose HRA:

- Medical and prescription expenses including over-the-counter (OTC) medications and feminine products;
- 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; and
- Medical supplies such as wheelchairs, crutches, and walkers.

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 employer-sponsored group health insurance coverage
- An employee who has individual health insurance coverage through the Marketplace
- An employee whose only other insurance is Medicare, Tricare, Medicaid, Veterans' Benefits, or other governmental-sponsored health insurance
- An employee who is contributing or whose spouse is contributing to a Health Savings Account (HSA)

The debit VISA Healthcare Card can only be used for services rendered in 2021. You must file a Pay-Me-Back or Pay-My-Provider claim with HealthEquity/WageWorks® for any services rendered in 2020.

If you have the orange WageWorks debit VISA Healthcare Card, you will not receive a new HealthEquity card until your WageWorks card expires.

Waiver Limited Purpose HRA

Don't Need Health Insurance?

If you have individual or government-sponsored health insurance such as Medicare, Medicaid, or Tricare and don't need a health plan, you can choose the Waiver Limited Purpose HRA. This HRA was previously named the Waiver Dental/Vision ONLY HRA, but to lessen confusion it's been renamed the Waiver Limited Purpose HRA. This HRA only covers dental and vision expenses. This is not dental or vision insurance. You can use this HRA for you and your dependents.

Your employer will contribute $175 per month, up to $2,100 per year, to your debit VISA Healthcare Card. It will be funded in two equal installments: $1,050 on January 1 and $1,050 on July 1.

The balance remaining in your Waiver Limited Purpose HRA at the end of 2021 will carry over to 2022 as long as you continue to waive your health insurance coverage and elect the Waiver Limited Purpose HRA.

The maximum carryover balance in your Waiver Limited Purpose HRA will be capped at $2,100. Please make sure you spend these funds so you don't lose any when the carryover balance occurs.

You must make an election to waive your health insurance coverage and choose the Waiver Limited Purpose HRA.

Examples of expenses that may be reimbursed from your Waiver Limited Purpose HRA:

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

Who Is Eligible for the Waiver Limited 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
- 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

If you elect a Healthcare FSA, the FSA funds will be used before the Limited Purpose HRA funds.

More detailed information can be found at **kehp.ky.gov** and at **wageworks.com/kehp**.

If you have the orange WageWorks debit VISA Healthcare Card, you will not receive a new HealthEquity card until your WageWorks card expires.

Healthcare FSA

Healthcare Flexible Spending Account (FSA)

Consider enrolling in an FSA for 2021, and save on a variety of expenses by paying for them on a pre-tax basis. If you're not currently enrolled, you are paying more in taxes!

If you already have a Healthcare FSA, and you want it again for 2021, you must enroll again.

A Healthcare FSA lets you put your money into a pre-tax account that you use to pay for out-of-pocket expenses, such as deductibles, co-payments, and co-insurance for medical claims, prescriptions and some over-the-counter medications and supplies. You can also use a Healthcare FSA to cover dental and vision costs.

The money you elect to contribute for the entire year is available to you on January 1, and is pre-funded on a Healthcare VISA Card that you can use on January 1. You use the VISA card to pay for your expenses. You don't even have to wait for your planned contributions to accumulate for the year. You have access to all of your funds on January 1.

Reasons to Select a Healthcare FSA

- Contribute up to a maximum of **$2,750 per year before taxes**
- Carry over a minimum of $50 and a maximum of $550 from one calendar year to the next — there's low risk in losing your hard-earned money; carryover funds do not count toward the annual maximum of $2,750
- You have a 90-day run-out period until March 31, 2022 for reimbursement of eligible FSA expenses. Any of your funds that are in excess of $550 that are not used before the run-out period will be forfeited
- Use your FSA to pay for eligible medical expenses for family members who are considered a tax dependent

Covered Expenses

- Medical and prescription co-payments
- Certain over-the-counter medications and feminine products
- Certain dental fees
- Orthodontic treatment
- Vision fees, including eyeglasses
- Co-insurance
- Wheelchairs

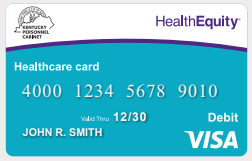
Who Is Eligible

Contact your Insurance Coordinator for details

- Employees of state agencies or school boards
- Employees of certain quasi-governmental agencies

Who Is Not Eligible

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



Funds from a Healthcare FSA will be used before funds from an HRA.

Do not use your VISA debit card in 2021 to pay for 2020 expenses.

Child and Adult Daycare FSA

Child and Adult Daycare FSA

Cut your child and adult daycare costs!

If you need a child or adult daycare to care for your loved ones while you work, then a Child and Adult Daycare FSA may be right for you. You know how expensive that care can be. But, with a Child and Adult Daycare FSA, you can save up to 30% on eligible childcare expenses using pre-tax dollars.

With a Child and Adult Daycare FSA, you elect an amount to be deducted pre-tax from your paycheck to use to pay eligible expenses below:

- Child or adult care (during work hours only);
- Preschool;
- Summer day camp;
- Before and after-school care; and
- Elder daycare expenses for dependent adults.

Just elect to enroll, then choose the amount you wish to contribute to this account. The minimum amount you can contribute is $120 per year, up to the maximum amount per year, per federal law, that is based on your tax-filing status:

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

You can arrange for convenient direct payments to your provider using the Pay-My-Provider option on the EZ Receipts app, or you can pay child and adult daycare expenses yourself and request reimbursement.

More detailed information can be found at **kehp.ky.gov.**

Who Is Eligible

Contact your Insurance Coordinator for details

- Employees of state agencies or school boards
- Employees of certain quasi-governmental agencies

Who Is Not Eligible

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

Additional FREE Plan Benefits

Diabetes Prevention Program (DPP)

Do you have pre-diabetes? The DPP is a program for **FREE** that may help lower your risk of developing Type 2 diabetes. You'll learn how to improve your health through stress reduction, weight loss, and increased physical activity with the support of a certified lifestyle instructor. The program is available in person and online. 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.

Solera administers the DPP program for KEHP members. Call them at **844-206-3728** or go to **solera4me.com/kehp** to learn more and to choose your class location or enroll online.

"I've been in the program for six months and have lost 40 pounds."

LiveHealth Online

Healthcare at home or on the go! Get fast, easy doctor and therapist visits whenever you need them. All for **FREE!**

Feeling under the weather? Have a health question? With LiveHealth Online, the doctor comes to you. In some cases, no appointments are needed. No traveling to a doctor's office and no sitting in the waiting room. LiveHealth Online lets you have a video visit with a board-certified medical doctor, psychiatrist or therapist from your computer (with a web camera), tablet, or smartphone.

Use LiveHealth Online Medical

- Cold and flu symptoms
- Allergies
- Sinus infections
- Migraines
- Upper respiratory infections
- Bronchitis

Use LiveHealth Online Behavioral Health

- Anxiety
- Depression
- Grief
- Panic attacks
- If you're 18 years old or older, you can get medicine to help you manage a mental health condition

"I think the virtual doctor program is the best benefit KEHP offers. It's easy to use, convenient, and best of all, it doesn't cost me ANYTHING!"

Get started today!

- Go to **livehealthonline.com** and log in or download the free app to register. Select LiveHealth Online Medical and choose the doctor you'd like to see
- For LiveHealth Online Behavioral Health, you can schedule an appointment online 7 a.m. to 11 p.m.
- Call **888-548-3432** or **844-784-8409**

Additional FREE Plan Benefits

Rethink

Rethink is a **FREE** benefit to support those caring for children and teenagers with learning or behavioral challenges, including autism. It only takes two minutes to enroll and get started. Visit **KEHP.rethinkbenefits.com** and use code "KEHP" to enroll, and you will have access 24/7 to a web-based portal, or you can use the refreshed mobile app. The site puts you in control to help you and your care team better teach, understand, and communicate with your child. The site is mobile friendly, providing Rethink when you need it!
The Rethink Benefit:

- Provides support by offering 24/7 phone or video chat with a behavior expert;
- Has more than 500 new lessons in social and emotional learning;
- Provides the largest library of how-to videos to show parents the best proactive approach to teaching their child;
- Helps parents collaborate with school and other caregivers;
- Helps reduce tantrums, facilitate language, and improve the home environment; and
- Requires no diagnosis and has no age restrictions.

Call **800-714-9285** for assistance in signing up or if you have questions.
Or use the new, refreshed mobile app to:

- Schedule a virtual consult;
- Message a learning and behavior expert;
- View your lesson library videos;
- Receive in-app reminders for consults and webinars; and
- Text EZCONSULT to 797979 to schedule your FREE consult with an expert.

"This program has been refreshing and so, so beneficial! I look forward to my time with my behavior expert because she is so smart and gives me a positive perspective on parenting challenges."

SmartShopper

EARN CASH by shopping for your healthcare! Save money on medical care depending where you go. Prices are not the same for medical tests and procedures can vary from hundreds of thousands of dollars — all based on where you go for the service! Prices can vary dramatically for the same in-network procedure. When your doctor recommends a medical service, such as a colonoscopy, MRI, or mammogram, call SmartShopper at **855-869-2133** to speak to the Personal Assistant Team to discuss your options. Or you can visit **SmartShopper.com**, select the recommended procedure, then choose from several facilities that are the most cost-effective. You could earn $25–$500 just for choosing a lower-cost facility — which saves the health plan money — so you receive some of the savings!

Check out SmartShopper's Medical Expertise Guide (MEG), which provides support if you need surgery on your knees or hips. Call SmartShopper to discuss:

- Treatment options;
- Cost of quality education;
- Better outcomes;
- Lower total costs; and
- Cash incentive information.

"Brittany with SmartShopper was great. I would recommend this program to all my fellow coworkers. The facility where I had the procedure done was absolutely great."

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Get healthy! Earn cash and incentives!
Visit SmartShopper.com.

Additional FREE Plan Benefits

Future Moms

The Future Moms program is **FREE!** Nine months with many questions. Future Moms can help — anytime, any day. Future Moms helps all expectant mothers focus on early prenatal interventions, risk assessments, and education. The program includes special management emphasis for expectant mothers at highest risk for premature birth or other serious maternal issues. The program consists of nurse coaches supported by pharmacists, registered dietitians, social workers, and medical directors.

Having a healthy baby is every mom's goal. And it starts with a healthy pregnancy. You want to make the right choices and take care of yourself. Sign up as soon as you know you're pregnant. Just call us toll free at **844-402-KEHP (5347)**. One of Anthem's registered nurses will help you get started. You'll get:

- 24/7 phone access to a nurse coach who can talk with you about your pregnancy and answer your questions;
- *Your Pregnancy Week by Week*, a book to show you what changes you can expect for you and your baby over the next nine months; and
- Useful tools to help you, your doctor, and your Future Moms nurse coach track your pregnancy and spot possible risks.
- Call **844-402-5347** to learn more.

Be sure to add your baby to your health insurance plan within 35 days of birth so your baby will get all the care she or he needs.

*"Once I heard about the Future Moms program, I contacted them to see what it was all about. I was greeted with extra support by a very knowledgeable healthcare staff provided at no cost to me through my employee insurance plan. I was quickly sent a **Maternity Care Diary** that included a pregnancy calendar as well as a **Mayo Clinic Guide to a Healthy Pregnancy** book. Both great free resources!"*

24/7 NurseLine

If you have an emergency or questions for a nurse, you can call around the clock 24/7. The NurseLine provides you with accurate health information anytime of the day or night. You will receive one-on-one counseling with experienced nurses via a convenient toll-free number, **877-636-3720**. A staff of experienced nurses is trained to address common healthcare concerns such as medical triage, education, access to healthcare, diet, social and family dynamics and mental health issues. Specifically, the 24/7 NurseLine features:

- A skilled clinical team — an RN who helps assess your systems, understands medical conditions, ensures you receive the right care in the right setting, and refers you to programs and tools appropriate for your condition;
- Bilingual RNs, language line, and hearing impaired services;
- Access to the AudioHealth Library, containing hundreds of audiotapes on a wide variety of health topics;
- Proactive callbacks within 24 to 48 hours, referrals to 911 emergency services, poison control, and identification of emergent or urgent care for children; and
- Referrals to relevant community resources.

Additional FREE Plan Benefits

Substance Use Disorder Telephone Support

Call the 24/7 support line at **855-873-4931**. Let the staff member know you've got a substance use concern, and they'll connect you with a clinical expert trained in substance use disorder treatment. You can talk with these experts confidentially about:

- Treatment options;
- Other health or behavioral issues you're having;
- Finding doctors or treatment centers in your health plan that specialize in substance use disorder; and
- Online and mobile tools that can help you during and after treatment.

You can also call on behalf of a KEHP member who is a family member or friend. And the support line is open 24/7 — so anytime is the right time to call.

Tobacco Cessation

Are you ready to quit? KEHP has many resources available, including nicotine replacement therapies for **FREE**. Go to **KEHPlivingwell.com**.

"After speaking with a pharmacist, I was able to get a smoking cessation aid covered with a $0 co-pay, and before it was too expensive. It was a tremendous help. I was able to smell coffee again and, more importantly, my air movement improved within the first two months of my quitting journey."

Anthem Optional Dental Insurance

Dental Benefits

You may choose optional employer-sponsored dental insurance administered by Anthem. Dental benefits not only protect your teeth, but also can support overall health. Some conditions like heart disease can have warning signs in the mouth and gums.** Our dental plan gives you all the benefits you need for a healthy mouth and more.

Your dental plan includes:

- Access to a large number of dentists in the plan;
- An extra cleaning if you're pregnant, have diabetes, or another qualifying condition;
- A benefit for a brush biopsy that can help diagnose oral cancer;
- No out-of-pocket costs for cleanings, X-rays, and other preventive care services when you see a dentist in the plan; and
- Easy-to-use online tools, including a Dental Health Assessment, Dental Cost Estimator, and Ask a Dental Hygienist.

	Bronze	Silver	Gold
Your dental plan at a glance	**In/Out-of-Network***	**In/Out-of-Network***	**In/Out-of-Network***
Annual Benefit Maximum	$750	$1,000	$1,500
Annual Deductible	$50	$50	$50
Orthodontia	Not covered	Not covered	$1,500
Diagnostic and Preventive Service	100%/100% of allowable amount*	100%/100% of allowable amount*	100%/100% of allowable amount*
Basic Services	50%/50% of allowable amount*	80%/80% of allowable amount*	80%/80% of allowable amount*
Oral Surgery (Simple)	50%/50% of allowable amount*	80%/80% of allowable amount*	80%/80% of allowable amount*
Major Services (including Complex Oral Surgery, Porcelain Crowns, and Implants)	Not covered	50%/50% of allowable amount*	50%/50% of allowable amount*
Annual Max Carryover	Not covered	Not covered	Covered
No waiting periods for basic or major services. Up to 24-month waiting period missing tooth clause.***			

* Difference in charged amount and OON allowable amount can result in balance billing.
** American Heart Association, *Middle-aged Tooth Loss Linked to Increased Coronary Heart Disease Risk* (March 21, 2018): **newsroom.heart.org**
*** For replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

Monthly dental rates have increased for 2021.

Monthly rates	Bronze	Silver	Gold
Employee only	$13.28	$20.18	$26.78
Employee + spouse	$24.22	$38.32	$51.78
Employee + child(ren)	$31.50	$43.32	$66.04
Family	$46.48	$64.40	$96.32

This summary of benefits is meant only as a brief description of some of the benefits. Please refer to your certificate of coverage for more complete benefit details, limitations, and exclusions.

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Special Offers and Discounts available at anthem.com.

Anthem Optional Vision Insurance

Vision Benefits

You may choose optional employer-sponsored vision insurance administered by Anthem. Routine eye checkups are about more than making sure you can see clearly. They're also important to overall health, safety, and learning. Even if you can see well, regular eye exams are important to help keep your eyes healthy — and catch other health problems early.[1]

With Blue View Vision℠, you have access to one of the country's largest networks of eye doctors and eye-care retailers. This makes it easy to get eye care at the best time for you.

- 35,000 eye doctors in the Insight Network[2];
- 25,000 locations[2];
- Online shopping at **Glasses.com**, **ContactsDirect.com**, and 1-800 CONTACTS®; and
- National network of optical retail stores like LensCrafters®, Sears Optical®, Target Optical®, and most Pearle Vision® stores.

Your vision benefits cover:

- Adult routine eye exam;
- Frames and either eyeglass lenses or contact lenses for adults;
- Pediatric routine eye exams; and
- Frames and either eyeglass lenses or contact lenses for covered children up to age 26. For children up to age 19, Transitions® lenses are included to protect their eyes from harmful UV rays and polycarbonate lenses at no extra cost.

	Bronze	Silver	Gold
Exam with dilation as necessary	$10 co-pay	$10 co-pay	$10 co-pay
Frames	$125 allowance and 20% off any remaining balance	$150 allowance and 20% off any remaining balance	$150 allowance and 20% off any remaining balance
Eyeglass lenses: single vision, bifocal, trifocal, lenticular	$25 co-pay	$10 co-pay	$10 co-pay
Standard progressive lens	Standard fixed price/discount	Standard fixed price/discount	$20 co-pay
Contact lenses			
Conventional	$150 allowance, 15% off balance over $150	$150 allowance, 15% off balance over $150	$175 allowance, 15% off balance over $175
Disposable	$150 allowance	$150 allowance	$175 allowance
Medically necessary	Covered in full	Covered in full	Covered in full
Frequency			
Examination	Once every calendar year	Once every calendar year	Once every calendar year
Lenses or contact lenses	Once every calendar year	Once every calendar year	Once every calendar year
Frame	Once every two calendar years	Once every two calendar years	Once every calendar year

Monthly rates	Bronze	Silver	Gold
Employee only	$5.52	$6.46	$13.12
Employee + spouse	$10.94	$12.80	$26.14
Employee + child(ren)	$11.22	$13.12	$26.80
Family	$16.64	$19.48	$39.82

1 American Optometric Association website, *Evidence-Based Clinical Practice Guideline, Comprehensive Adult Eye and Vision Examination 2015* (accessed August 2018): **aoa.org**

2 Internal data, 2018

How to Enroll

Steps for Open Enrollment in KHRIS ESS.

*Note: These steps do not apply to new hires. If you are a new hire, enroll using the ESS steps at **kehp.ky.gov**.*

Open a browser. KHRIS works best with the following: Microsoft Internet Explorer or higher, including Windows Edge; Chrome (most versions); Safari on tablets; Safari on MAC; Android internet applications (most versions); Firefox (most versions), Mobile Apple iOS or Mobile Android (later versions).

1. Enter: **KHRIS.ky.gov**
2. Your KHRIS User ID was mailed to you in the Open Enrollment letter, but can be retrieved by clicking the **Forgot KHRIS User ID** link.
3. When you log in for the first time, you must select the **Forgot/Reset Password** or **New User** link to set a password on your account.

Current KHRIS ESS User

1. Type your **KHRIS User ID** and **Password**.
2. Click **LOG IN**.
3. Review the User Security Agreement (this will display if it is your first time logging in to KHRIS ESS in 2020).
4. Click **I HAVE READ AND UNDERSTAND**.
5. Click **OPEN ENROLLMENT**.

New KHRIS ESS User

1. Click the **Forgot/Reset Password** or **New User/Reset Link**.
2. KHRIS User ID — Type your current KHRIS User ID.
3. Click **VALIDATE**.
4. For security purposes, you must provide the following information: Last Name, Zip Code, Date of Birth, and Social Security Number.
5. Click **AUTHENTICATE**.
6. If your information has been validated, the Password Requirement screen displays.
7. Enter a password that you create in the New Password field and confirm the password by entering again in the Confirm Password field.
8. Click **SAVE**.
9. Click **RETURN TO KHRIS LOGON**.
10. Type your **KHRIS User ID** and the **Password** you just created.
11. Click **LOG IN**.
12. Review the User Security Agreement (this will display if it is your first time logging in to KHRIS ESS in 2020).
13. Click **I HAVE READ AND UNDERSTAND**.
14. Click **OPEN ENROLLMENT**.

How to Enroll

KEHP Tobacco Usage Declaration

1. Review the Tobacco Usage Declaration.
2. Answer Yes or No.
3. Click **SAVE AND CONTINUE**.

STEP 1: Personal Profile

1. Review your personal data.
2. Click **EDIT PERSONAL PROFILE** to change your personal data.
3. Click **NEXT**.

STEP 2: Dependents and Beneficiaries

1. Click **EDIT DEPENDENTS AND BENEFICIARIES** to review/change your family members/dependents. If you wish to update your life insurance beneficiaries, please call **502-564-4774** for assistance.

   NOTE: *Adding members at this step does not automatically add them to your insurance plan, which is in the next step. All dependents must have SSN and Date of Birth to attach them to a health plan.*

2. Click **NEXT**.

STEP 3: Health Plans

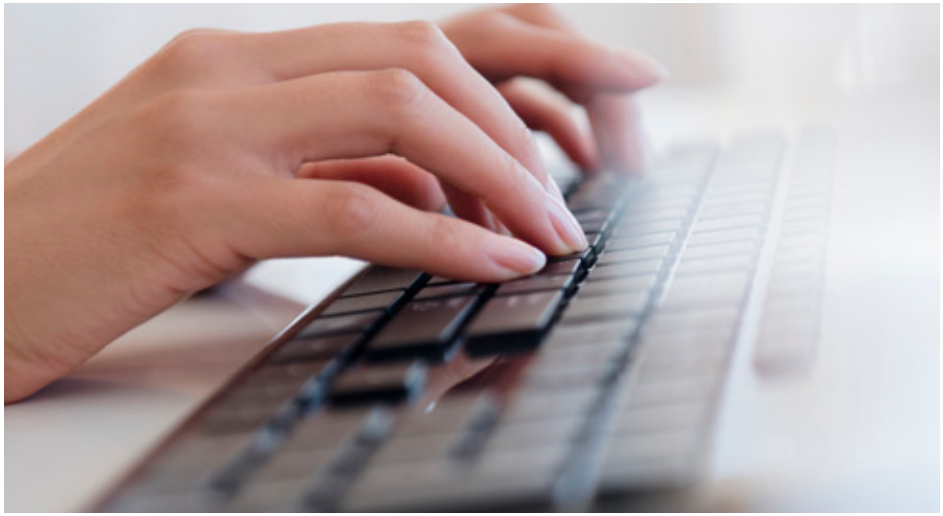
1. Click the pencil icon under **Actions to Enroll in a Health Plan** or **Waive Coverage**.

   Your eligible health plan options and waiver options will display. NOTE: Your 2020 plan will display in blue. Use the scroll bar on the right of the **Select a Medical Plan** window to scroll down.

2. Select a plan by clicking the round button next to your plan choice.
3. If you selected **Couple**, **Parent-Plus** or **Family coverage**, you must select your dependents to add to the Health Plan or Waiver.

   NOTE: *If the dependent is not displayed, go to step 2 to add*.

4. Once you have selected a Health Plan or Waiver option and if necessary, selected your dependent(s), click **ADD**.
5. If you wish to enroll in the Anthem Dental Plan or Anthem Vision Plan, click the pencil icon under **Actions** for each of these and follow the same steps as in 2 and 3 above. If you do not wish to add these plans, click **NEXT**.



How to Enroll

STEP 4: Flexible Spending Accounts (FSAs)

NOTE: If your agency does not participate in our FSA, then you will not see this step.

1. Click the pencil icon under Actions to Enroll in a Healthcare or Child and Adult Daycare FSA.
2. After selecting the appropriate plan, you will be prompted to enter the annual contribution amount.
3. Once you have selected the FSA and entered the annual contribution amount, click **ADD**.
4. Click **NEXT** to proceed to the review and save step.

STEP 5: Review and Save

This step displays all of your elections for Plan Year 2021; if you are satisfied with your plan elections, click **SAVE**. Once you click save, this message will display: ***Congratulations! You have successfully enrolled in the 2021 plan year***.

At this time, you are strongly encouraged to print or save your confirmation statement by clicking **PRINT CONFIRMATION STATEMENT**.

The confirmation page will open as a .pdf document and you can choose to print or save a copy by clicking the printer or disk icon located at the top of the benefits confirmation page.

Remember to save or print your enrollment confirmation.

Life Insurance

Life Insurance

As a Commonwealth of Kentucky public employee, your participating employer provides $20,000 of basic life insurance coverage to eligible employees at no cost to you! In addition to the free $20,000 of life and accidental death and dismemberment (AD&D) coverage, you have the option to purchase additional life insurance for you and your eligible dependents. The basic and optional term life insurance plans also provide AD&D benefits, providing additional financial protection in the event of death or injury caused by certain accidents. Check with your employer to see if they participate in the Commonwealth's life insurance program.

You can enroll or increase your coverage throughout the year, but you may be required to submit evidence of insurability. You can also enroll in life insurance if you are a new hire or if you have a life-changing event such as gaining a new child, getting married, or getting a divorce.

Employee Coverage Options and Monthly Premiums						
Age	**Option 1 $5,000**	**Option 2 $10,000**	**Option 3 $25,000**	**Option 4 $50,000**	**Option 5 $100,000**	**Option 6 $150,000**
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
Ages 60 and over	$4.52	$9.02	$22.54	$45.08	$90.16	$135.24

Dependent Coverage Options and Monthly Premiums								
Qualified Dependent	**Plan A**	**Plan B**	**Plan C**	**Plan D**	**Plan E**	**Plan F**	**Plan G**	**Plan H**
Spouse	$10,000	$5,000	$5,000	$10,000	$0	$20,000	$20,000	$0
Child Under 6 months	$2,500	$1,500	$0	$0	$2,500	$2,500	$0	$2,500
Child 6 months to age 26	$5,000	$3,000	$0	$0	$5,000	$10,000	$0	$10,000
Monthly Cost	**$10.54**	**$5.70**	**$2.42**	**$8.42**	**$3.48**	**$21.08**	**$16.82**	**$6.96**

Life Insurance

Dependents now covered to age 26

Eligible dependents include your spouse to whom you are legally married and your unmarried children from live birth to 26 years. The age limit has increased to 26, and your dependent no longer has to be a full-time student to be eligible for coverage.

If you are currently enrolled in optional dependent insurance that covers your spouse or children, you must advise your employer if your dependent's eligibility status changes.

This year is not considered an open enrollment period for life insurance.

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Log in to KHRIS ESS and make sure your beneficiary information is up-to-date.

Deferred Compensation

Kentucky Deferred Comp
Kentucky's *official* supplemental retirement plan

Build a more secure retirement by supplementing your pension

What is Kentucky Deferred Compensation?

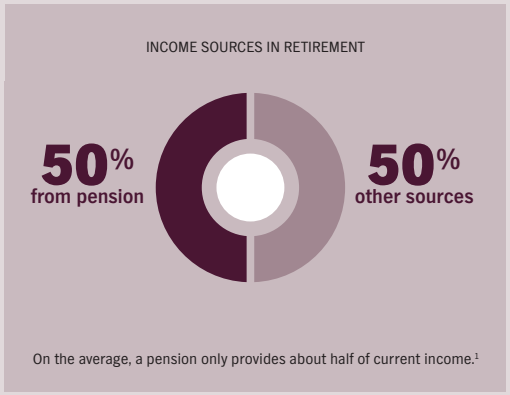
Kentucky Deferred Compensation (KDC) is a tax-deferred retirement savings plan offered to all state employees, public school employees, university employees and employees of local political subdivisions that have elected to participate.

Why participate?

Chances are Social Security benefits, plus your state and other system retirement will not provide enough income to maintain your current standard of living. By contributing to a supplemental retirement plan, you consistently save with the goal of having additional income at retirement. KDC helps bridge the gap between what you'll collect from your pension and what you need for retirement.

Plan options

Pre-Tax	After-Tax
401(k)	Roth 401(k)
Deemed Traditional IRA 457(b) Plan	Deemed Roth IRA



Benefits

- **Easy contributing** – contribute as little as $30 per month or $15 per pay
- **Convenient** – contributions automatically deducted from your paycheck
- **Tax advantages** – no federal or state income taxes on pre-tax contributions and earnings until the money is paid to you
- **Low cost** – as a KY State Government program, there is no profit incentive and savings are passed on to participants
- **Accessible** – manage your account online anytime, day or night
- **Personal service** – local Retirement Specialists are available across the Commonwealth
- **Easy enrollment** – only one form and a few minutes to get started

Enroll today. Let us help. Call **800-542-2667** or **502-573-7925** or check us out online at **kentuckydcp.com**.

1 Hewitt Study Reveals Widening Gap Between Retirement Needs and Employee Saving Behaviors, **http://hr.cch.com/news/pension/072308.asp**

Investing involves market risk, including possible loss of principal. No investment strategy or program can guarantee a profit or avoid loss. Actual results will vary depending on your investment and market experience.

KDC Retirement Specialists are Registered Representatives of Nationwide Investment Services Corporation (NISC), member FINRA. Nationwide representatives cannot offer investment, tax or legal advice. You should consult your own counsel before making retirement plan decisions.

NRM-17372KY-KY (08/19)

Contact Information

Support during Open Enrollment

Department of Employee Insurance (DEI)
Open Enrollment Hotline

888-581-8834 OR **502-564-6534**

Service is only available during Open Enrollment Oct. 12 — Oct. 28

Open Enrollment Hours for Assistance Eastern Time	
Monday, Oct. 12 to Friday, Oct. 16	7:30 a.m. to 4:30 p.m.
Monday, Oct. 19 to Friday, Oct. 23	8 a.m. to 6:30 p.m.
Saturday, Oct. 24	8 a.m. to 1 p.m.
Monday, Oct. 26 to Wednesday, Oct. 28	8 a.m. to 8 p.m.

Website Addresses
Personnel Cabinet — **personnel.ky.gov**
KEHP — **kehp.ky.gov**
Vision and Dental Insurance — **personnel.ky.gov** (then select "Benefits")
Well-being — **KEHPlivingwell.com**

You can choose from one of these five options:
Option 1: Kentucky Retirement Systems (KRS)
Option 2: KHRIS User ID and password reset
Option 3: Benefit questions for Anthem (medical, dental, and vision), HealthEquity/WageWorks® or CVS Caremark
Option 4: Technical assistance such as browser or compatibility errors
Option 5: Department of Employee Insurance (DEI) for all other inquiries

Support Outside of Open Enrollment		
Department of Employee Insurance	888-581-8834 or 502-564-6534	
Monday to Friday, 7:30 a.m. to 4:30 p.m.		

Vendors		
Anthem — health insurance	844-402-5347	**anthem.com/kehp**
Anthem — dental and vision insurance	844-402-5347	**anthem.com**
CVS Caremark — prescriptions	866-601-6934	**caremark.com**
StayWell/WebMD — well-being	866-746-1316	**KEHPlivingwell.com**
SmartShopper — transparency, shop for better pricing	855-869-2133	**SmartShopper.com**
HealthEquity/WageWorks® — FSA, HRA, and COBRA	877-430-5519	**wageworks.com/kehp**

Contact Information

Other Important Numbers and Websites		
Kentucky Deferred Compensation	800-542-2667	kentuckydcp.com
Kentucky Optional Insurance Branch — Life, Dental and Vision insurance	502-564-4774 800-267-8352	
LiveHealth Online Medical and Behavioral Health	888-548-3432	anthem.com/kehp
Rethink	800-714-9285	rethinkbenefits.com
24/7 Nurseline	877-636-3720	
Substance Use Disorder telephone resource line — 24/7	855-873-4931	
Personal Health Consultants	844-402-5347	
Solera — Diabetes Prevention Program	844-206-3728	solera4me.com/kehp

Retiree Systems' Phone Numbers and Websites		
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

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. If I am completing my KEHP Health Insurance Enrollment Application during open enrollment, I understand that the tobacco-user premium contribution rates will apply beginning January 1, 2021, if I answered "Yes" to the tobacco use question.
3. If I am completing my KEHP Health Insurance Enrollment Application as a newly hired employee, I understand that the tobacco-user premium contribution rates will apply beginning on the first day of the second month after my hire date, if I answered "Yes" to the tobacco use question.
4. 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.
5. 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.
6. I understand that if I answered "No" to the tobacco use question and either I or a spouse or dependent covered under my insurance plan becomes 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.
7. I I understand that the tobacco use question 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.
8. I understand that if I fail to answer the tobacco use questions 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.
9. 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.

Insurance Terms and Conditions

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

An Employee and Retiree (where applicable) may affix a signature to a paper copy of the KEHP Health Insurance Enrollment Application, the Group Life Insurance Application, the Group Dental or Vision Applications, 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, health, dental, and vision 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 2021 Plan Year begins January 1, 2021, and ends at midnight on December 31, 2021.

B. Effective Date of Elections. If you are electing a health plan, dental plan, vision plan, or a Flexible Spending Account (FSA) during open enrollment, the coverage will be effective January 1 of the following Plan Year. If you are a new employee or a newly eligible employee electing insurance coverage or an FSA outside of open enrollment, the FSA and your insurance coverage 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 2021 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, HealthEquity/WageWorks, Staywell, SmartShopper, 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 the Commonwealth's group health, dental/vision, or life insurance plans.

E. Cross-Reference. If your spouse and you elect the cross-reference payment option for health insurance, 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 the 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. Spouses and step children are subject to re-verification every 24 months. Your failure to properly document dependent eligibility will result in the termination of the unverified dependent from your insurance plan(s).

G. Changing Elections. The elections indicated by your KEHP Health Insurance Enrollment Application, Group Dental or Vision 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 insurance coverage (health, dental, vision, or life) or an FSA, you authorize your employer to deduct from your earnings the amount required to cover your employee contribution to the FSA and insurance coverage you elected, including any arrears you may owe. Deductions for FSA and the employee contributions to health, dental, and vision 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 or pay for insurance premium contributions may first be used to pay other priority debts that may be due and owing, such as taxes and child support.

J. Child and Adult Daycare FSA. If you choose a Child and Adult Daycare FSA, you are eligible to seek reimbursement, as authorized by 26 U.S.C. Sections 21 and 129, for dependent care expenses. The Child and Adult Daycare FSA may only reimburse eligible dependent care expenses that are incurred during the applicable coverage period. Funds in your Child and Adult Daycare FSA may only be used to reimburse eligible child and adult daycare expenses and may not be refunded upon termination of the FSA for any reason.

K. FSA Election and Carryover. You may elect to contribute up to $2,750 into a Healthcare FSA for Plan Year 2021 to pay for eligible health care expenses not paid for by your health insurance plan. Unused amounts of $50 and up to a maximum of $550.00 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 eligible expenses that are incurred during the subsequent Plan Year. You may use the Healthcare FSA carry over amounts whether or not you elect a Healthcare FSA for the subsequent Plan Year. Amounts over $550.00 remaining in your Healthcare FSA at the end of the Plan Year are forfeited.

L. HealthEquity/WageWorks Healthcare Card. HealthEquity/WageWorks will administer FSAs and HRAs for the 2021 Plan Year and will issue a HealthEquity/WageWorks Healthcare Card to you for the payment of Healthcare FSA and HRA expenses. Your HealthEquity/WageWorks Healthcare Card will be suspended if requested claim verification is not sent to HealthEquity/WageWorks within ninety (90) days after the card swipe. You agree to follow all rules and guidelines established by the Plan concerning the HealthEquity/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 Limited Purpose HRA (formerly called 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.

Insurance 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 Limited Purpose HRA. Unused funds remaining in the Waiver General Purpose HRA upon termination are forfeited. 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.** Waiver HRAs: Unused amounts up to and including $2,100 remaining in your Waiver 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. CDHP Integrated HRAs: Unused amounts up to and including $7,500 remaining in your CDHP Integrated HRA at the end of the Plan Year may be carried over to the next Plan. You must elect the same type of HRA in a subsequent Plan Year for the funds to carry over.

P. **HRA/FSA Funds After Termination.** You may use funds remaining in an HRA or FSA after termination to reimburse you for eligible expenses incurred during the coverage period and prior to termination of the HRA or FSA. Upon termination of employment, including retirement, the remaining amounts in an HRA and FSA are forfeited, except that you may be reimbursed for any eligible 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. Federal law now permits you to use your HealthEquity/WageWorks card to pay for over-the-counter (OTC) medications, drugs, and menstrual care products. The Waiver Limited Purpose HRA may only reimburse you for eligible dental and vision expenses. If you have an FSA and an HRA, funds for eligible expenses will be reimbursed from your FSA first before being reimbursed from your HRA.

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, neither you, your spouse, nor your dependent(s) are eligible for a health insurance premium tax credit if purchasing insurance through the Marketplace.

T. **Coordination of KEHP Health Plans and Medicare Coverage.** In general, the four KEHP plan options and the Waiver General Purpose HRA must pay primary to Medicare. The Waiver Limited Purpose HRA pays secondary to Medicare.

U. **LivingWell Promise.** Federal law allows KEHP to reward members who participate in the KEHP's LivingWell wellness program. In 2021, all four KEHP health plans are a part of the KEHP's LivingWell wellness program and require completion of the LivingWell Promise in order to received premium discounts in Plan Year 2022.

- If you fulfilled your LivingWell Promise in 2020, you will receive a monthly premium discount of $40.00 in 2021. If you did not fulfill your LivingWell Promise, you will not receive a monthly premium discount of $40.00 in 2021.
- If you elect a KEHP health plan in 2021, you must complete (1) an online Staywell Health Assessment; OR (2) a biometric screening between January 1, 2021, and July 1, 2021.
- 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.

V. **Insurance Dependent Elections and Premium Refund.** It is your responsibility to timely notify DEI that either your dependent or your spouse is no longer eligible for health, dental, vision, or life insurance coverage. (See the eligibility provisions in your SPD, MBB, or CoC for more information on eligibility). "Timely" notice means that you advised DEI that a dependent or spouse is no longer eligible for insurance coverage within 90 days of the loss of eligibility. Upon notice that a dependent or spouse is no longer eligible for insurance coverage, DEI will refund your premium back to the date that eligibility ceased, up to a maximum of 90 days.

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 (Health Insurance/Docs, Forms, and Legal Notices).

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, dental, vision, 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 Dental or Vision Applications, 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's health plan and the Commonwealth's group dental, vision, and 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, 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** (Health Insurance/Docs, Forms, and Legal Notices).

B. WELLNESS PROGRAM DISCLOSURE AND NOTICE

LivingWell is KEHP's voluntary wellness program available to all persons who enroll in a KEHP health insurance plan or who waive health insurance coverage. 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 persons who enroll in a KEHP health insurance plan or who waive health insurance coverage. 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 Staywell (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 Staywell'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 HealthEquity/WageWorks. To learn more about COBRA and your rights under COBRA, please refer to the Medical Benefit Booklet or go to **kehp.ky.gov** (Health Insurance/Docs, Forms, and Legal Notices). Note: Extended COBRA election and premium payment deadlines may be applicable due to the declaration of a national emergency based on COVID-19.

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 Medical Benefit Booklet or go to **kehp.ky.gov** (Health Insurance/Docs, Forms, and Legal Notices).

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

Under federal law, group health plans generally may not restrict benefits for a hospital 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, health insurance plans may not 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** (Health Insurance/Docs, Forms, and Legal Notices).

G. 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/retirement 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 Booklets to determine the governing contractual provisions of the coverage. KEHP's SBCs are available on KEHP's website at **kehp.ky.gov** (Health Insurance/Docs, Forms, and Legal Notices). 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 Limited Purpose HRA (formerly called 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, 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. 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 Limited Purpose 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.

KENTUCKY PERSONNEL CABINET

Department of Employee Insurance

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