# Kentucky Employees' Health Plan
# Benefits Selection Guide

# 2013
# Plan Year

# PASSIVE Open Enrollment

**Healthcare and Dependent Care FSA must enroll every year!**

Humana Vitality

LivingWell.ky.gov

**Give yourself the gift of health!**

page 2

**Monday, Oct. 8 through Friday, Oct. 26, 2012**

# Guide to Open Enrollment

The Benefits Selection Guide is designed to provide the information you need to select the best Plan Options for the 2013 Plan Year, while making you aware of the wellness benefits and programs available to health plan members.

**Remember**, Open Enrollment for the 2013 Plan Year is a passive enrollment, which means no action is necessary unless you wish to change your current health insurance Plan Option. However, if you have a Healthcare or Dependent Care Flexible Spending Account (FSA), you must enroll each year and designate your annual contribution amount.

## Features


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Back Cover **Refer A Friend & Win** CHECK IT OUT!


**Did you know** that roughly 40% of KEHP members have net paid claims of less than $1,000 per year?


The Commonwealth of Kentucky does not discriminate on the basis of race, color, national origin, sex, age, religion, sexual orientation, gender identity, veteran status, disability, genetic information or political affiliation in accordance with state and federal laws. This booklet is available in an alternative format upon request.


**Members Matter**

# Benefit Fair Schedule

Representatives from KTRS and KRS will not be at any benefit fairs; see page 23 for retiree information.

Monday
**Oct. 8**
8 - 6
Franklin

**KY State Office Bldg**
Main Auditorium, 1st Floor
501 High Street
Frankfort, KY 40601

Tuesday
**Oct. 9**
2 - 6
Laurel

**GC Garland Administration Bldg**
London Elementary School Campus
710 N. Main St.
London, KY 40741

Wednesday
**Oct. 10**
4 - 8
Fayette

**Dunbar High School Cafeteria**
1600 Man O' War Blvd
Lexington, KY 40513

Friday
**Oct. 12**
2 - 6
Kenton

**Summit View Middle School Library**
5002 Madison Pike
Independence, KY 41051

Monday
**Oct. 15**
2 - 6
McCracken

**Western KY Community & Tech College**
Emerging Technology Center
4810 Alben Barkley Dr.
Paducah, KY 42001

Tuesday
**Oct. 16**
2 - 6
Daviess

**Professional Learning Center**
(Old Daviess Co. Public Library)
450 Griffith Ave.
Owensboro, KY 42301

Wednesday
**Oct. 17**
2 - 6
Warren

**Greenwood High School Library**
5065 Scottsville Rd.
Bowling Green, KY 42104

Thursday
**Oct. 18**
8 - 6
Jefferson

**KY Fair & Expo Center**
West Hall, Meeting Rooms 1 & 2
Louisville, KY 40233

K Enrollment kiosk locations
HF Health fair locations

Flu shot locations
*A limited number of flu shots will be available on a first-come, first-served basis.*

Vitality Check locations
*HumanaVitality checks require at least a four-hour fast.*

# New for 2013

## FSA Change Effective Jan. 1, 2013

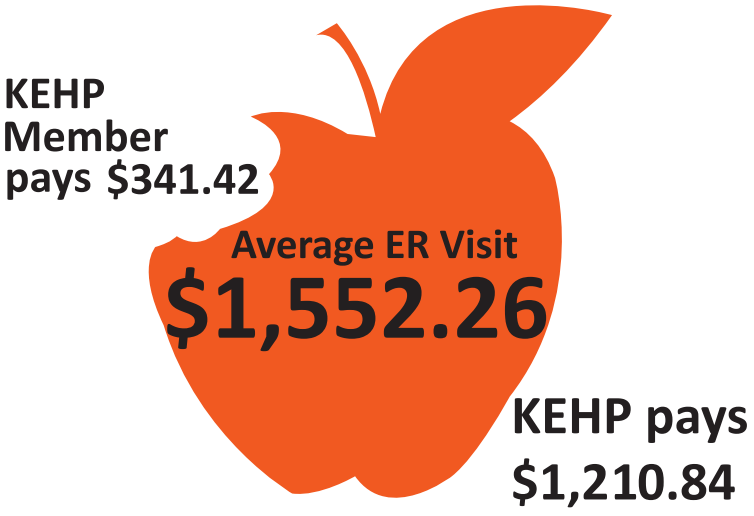
The maximum amount you may contribute annually to a Healthcare Flexible Spending Account (FSA) is now $2,500 per a new federal law.

If you participate in a cross-reference payment option, each planholder may contribute up to $2,500.

## Summary of Benefits and Coverage (SBC)

Healthcare reform requires KEHP to provide an SBC for your review when you are hired and at Open Enrollment. The SBC is an easy-to-understand summary of all Plan Options designed to assist you in selecting a health insurance plan that's right for you. The SBC is available online at kehp.ky.gov.

**Did you know** that an estimated one out of five emergency room (ER) visits is considered medically unnecessary? Sometimes seeking care at a primary care doctor or an urgent treatment center may be more appropriate than an ER.



# Give yourself the gift of health!

## KEHP Wellness Benefits

### Worksite Wellness

- wellness coalition
- onsite biometric screenings
- WeightWise competition
- healthy meeting policy
- online wellness subscription service

### FREE Flu Shots

Available for all KEHP members from Sept. 15 through Nov. 30. See page 7.

### Healthy Kids Program

**HumanaVitality Kids**

- rewards for preventive care
- rewards for active lifestyle choices
- kids health assessment

**Healthier Generation Benefit**

- nutritional counseling
- weight management counseling

Humana Vitality

## welcome & overview

HumanaVitality® encourages and rewards its members to be proactive about making smarter choices and lasting changes to better their health and their lives.

**Did you know** that preventive care can improve the quality of your life and may lead to early detection of health problems, allowing treatment options that are less drastic and less expensive?

**Preventive Care**

At little to no cost to KEHP members.

**Disease Management**

**Stress Management**

**Mental Health**

**Tobacco Cessation Programs**

- support
- counseling

**Devoted Wellness Website**

**Find out more about all these benefits and initiatives at LivingWell.ky.gov.**

Humana Vitality

**KEHP's Incentivized Wellness Program**

- rewards
- education
- preventive care
- Vitality Kids
- health awareness
- Vitality Checks®
  - BMI
  - blood glucose
  - blood pressure
  - total cholesterol

LivingWell.ky.gov

- All KEHP medical plan members are eligible (planholders and dependents)
- All information submitted in the program is HIPAA privacy guarded (secure)
- No costs for members to participate

# 2013 KEHP Plan Options

## COMMONWEALTH STANDARD PPO

Commonwealth Standard PPO is a value-based, traditional PPO plan. It features higher deductibles, higher member co-insurance percentages, and higher annual out-of-pocket maximums, but it offers much lower premiums.

## COMMONWEALTH MAXIMUM CHOICE

Commonwealth Maximum Choice is a consumer-driven plan that includes a KEHP-funded, Health Reimbursement Account (HRA). Your HRA funds will be provided to you on a Humana*Access*℠ Visa® Debit Card.

- $1,000 for single coverage
- $1,500 for parent plus and couple coverage
- $2,000 for family coverage.

The money on your debit card can be used to pay for expenses at a physician's office, pharmacy, hospital and other participating providers. As you swipe your debit card to pay for covered expenses, you are reducing your deductible at the same time!

If you don't use all of your HRA money in one plan year, the remaining money will roll over to the next plan year if you re-elect the Commonwealth Maximum Choice Plan Option.

Retirees are not eligible to participate in Commonwealth Maximum Choice.

## COMMONWEALTH CAPITOL CHOICE

Commonwealth Capitol Choice is a unique, hybrid plan that combines features of a consumer-driven plan with a traditional PPO plan. With this plan, KEHP funds a $500 per family member benefit allowance that provides 100% coverage for many in-network services before you start paying toward your deductible. This $500 benefit allowance does not accumulate or roll over from year to year.

Commonwealth Capitol Choice reimburses some covered services at a co-insurance amount, and other covered services are reimbursed at 100% after you pay a flat co-payment amount.

## COMMONWEALTH OPTIMUM PPO

Commonwealth Optimum PPO is a traditional Preferred Provider Organization (PPO) plan. This Plan Option features larger paycheck deductions in exchange for lower out-of-pocket costs. This Plan Option offers fixed co-pays for certain services.

Humana Vitality

## know your health

Taking the health assessment is the first smart choice to making lasting changes to better your health and life.

Take the health assessment which asks questions about your medical history, eating habits, physical exercise and other activities and behaviors.
Get your Vitality Age™, an age-adjusted estimate of your risk for developing lifestyle-related conditions based on your answers to the health assessment.
Receive a "My Health Results" report to view aspects of your health that require more attention as well as suggestions on improving them.

## Selecting the Right Plan Option

KEHP wants to ensure you have enough information to select the Plan Option that is best for you and to determine if you can benefit from a Healthcare FSA. We encourage you to use the Benefits Analyzer to help make your plan choices.

- **The right plan** – which health insurance plan meets your family's needs?
- **The right amount** – how much should you contribute to a Healthcare Flexible Spending Account to maximize your tax savings?
- **The right care** – what preventive care does your family need?

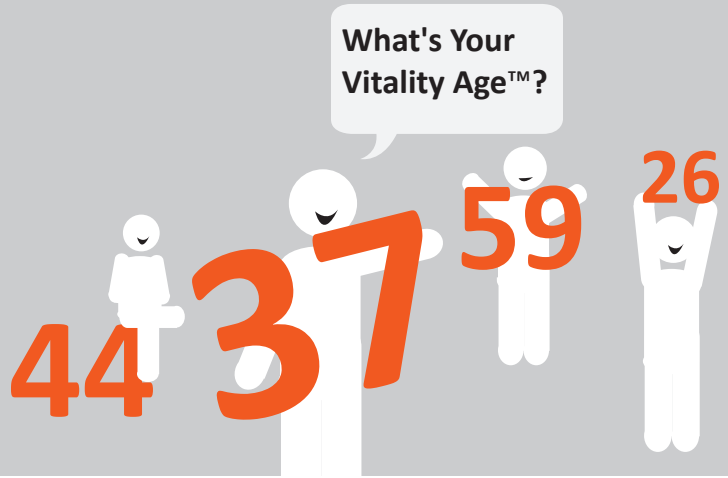
The information provided through your Benefits Analyzer is confidential and managed solely by Truven Health.

**Note:** The Benefits Analyzer is not available for members in a cross-reference payment option, waivers or KRS retirees.

**If you are a current KEHP planholder, watch for your Benefits Analyzer in the mail!**

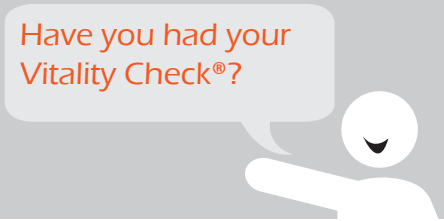
### All 2013 KEHP Plan Options Offer

- Unlimited lifetime maximum
- Low, annual, out-of-pocket maximums
- Extensive network of providers
- No referrals required




LivingWell.ky.gov

Follow up with a Vitality Check®, a blood screening and biometric assessment, to find out if you're at risk for a potentially serious illness.




**Visit kehp.ky.gov for additional information about each Plan Option.**

# Prescriptions

Prescription coverage is administered by Express Scripts, Inc., and is included with all KEHP Plan Options. The amount you pay will depend on the Plan Option you select and whether the prescribed drug is in Tier 1, Tier 2 or Tier 3.

Tier 1 - Generic Drug
Tier 2 - Formulary Brand Drug
Tier 3 - Non-Formulary Brand Drug

### Formulary and Additional Pharmacy Coverage Information

You may view the Express Scripts National Preferred Formulary for KEHP at kehp.ky.gov. The website also includes the Pharmacy Summary Plan Descriptions which provide additional information about prior authorization, step therapy, quantity level limit programs, inherited metabolic diseases, CuraScript specialty pharmacy and other pharmacy issues.

SAVE $$$

## Maintenance Drug Benefit

You may receive a 90-day supply of maintenance drugs through Express Scripts mail order or through participating local retail pharmacies. A list of local participating pharmacies is at kehp.ky.gov. Purchasing a 90-day supply of maintenance drugs allows you to pay for a 90-day supply at a reduced cost.

To qualify for this benefit, the drug must be listed on Express Scripts' maintenance drug list. Call Express-Scripts at 877-KYSPIRIT to see if you can save money on your maintenance drugs.

For details on the pharmacy breakout of each Plan Option, see the benefits grid on pages 14 and 15.

Humana Vitality

### plan with a personal pathway

From the health assessment and your health profile information, HumanaVitality® develops a personalized program and recommends goals and related activities to help you address health risks and achieve optimal health.

### engage in your health

Participate in health-related activities to meet your goals.

### Healthy Living

Prevention programs
Maternity care programs
Health management programs

Discover how your current lifestyle and daily habits contribute to your well-being. You'll get rewarded for engaging in activities to help you decrease your risk factors.

## Inject a few more Vitality Points with a FREE Flu Shot!

Last year, nearly 73,000 KEHP members said they did not want the flu! Again this year, KEHP is helping members live well through flu season by offering free flu shots from Sept. 15 through Nov. 30.

Free flu shots are available at participating provider locations including some doctors' offices, health clinics, retail pharmacies, local health departments and other participating providers.

This year, we also have 200 Vitality Points™ for every KEHP member, 18 years of age and older, who gets a flu shot! Members, 0-17 years old, who receive a flu shot will earn 100 Vitality Points. Visit LivingWell.ky.gov for instructions on how to receive your flu shot points.

### Questions?

Contact your agency's Insurance Coordinator or Human Resource Generalist and check out the free flu shot FAQs at LivingWell.ky.gov. If you have questions about HumanaVitality® or Vitality Points™, call 1-877-KYSPIRIT.

### Get Educated

Courses
Campaigns
Conversations
Calculators

Enroll in online courses for managing stress, quitting smoking, living fit and many more.

### Fitness & Exercise

Athletic events
Fitness devices
Sports leagues
Health clubs

See how a physically active lifestyle and regular exercise can improve your cardiovascular health and earn you other great rewards from HumanaVitality.®

LivingWell.ky.gov

# Waiving Health Insurance

If you are an eligible, active employee, you can choose to waive health insurance with KEHP. Your employer will contribute $175 per month, up to $2,100 per year, into a Health Reimbursement Account (HRA). An HRA is a federally qualified expense account where funds are set aside to reimburse you for qualified medical expenses. Any balance remaining in your HRA at the end of the calendar year will roll over to the next calendar year, as long as you continue to waive your health insurance coverage. **HRAs are employer funded.**

## Waiver HRA

Examples of Covered Services

- Medical and prescription deductibles, co-payments and co-insurance
- Certain dental fees such as cleanings, fillings and crowns
- Orthodontic treatment
- Vision fees including contacts, eyeglasses and laser vision correction
- Medical supplies such as wheelchairs, crutches and walkers

See a more comprehensive listing of covered services at kehp.ky.gov.

## Who is Eligible

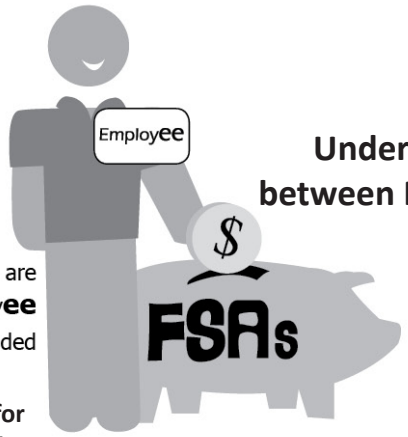
- Any active employee of a state agency, school board or certain quasi-agencies who is eligible for state-sponsored health insurance coverage may waive health insurance and enroll in an HRA
- Retirees who have returned to work and who are over age 65 may also waive health insurance and enroll in an HRA

**Note:** If you choose to waive health insurance through KEHP, your Waiver HRA will be your primary health insurance plan over Medicare.

## Who is Not Eligible

- If you or your spouse have a Health Savings Account (HSA), you cannot have an HRA per IRS regulation
- If you are a member of an agency that does not participate in KEHP's HRA/FSA program
- If you are a retiree, under age 65 who has gone back to work and elected coverage under the retirement system

## Understanding between FSAs and




FSAs are Employee Funded

**See page 10 for FSA information**

Flexible Spending Account

| | FSA Healthcare | FSA Dependent Care |
|---|---|---|
| Maximum Contribution Amount | $2,500 Annually | $2,500 or $5,000 Annually* |
| Do Funds Roll Over? | No | No |
| Description | An expense account where you set aside pre-tax funds to reimburse yourself for qualified medical, dental and vision expenses. | An expense account where you set aside pre-tax funds to reimburse yourself for qualified dependent care expenses (day care, after school care or adult daycare). |

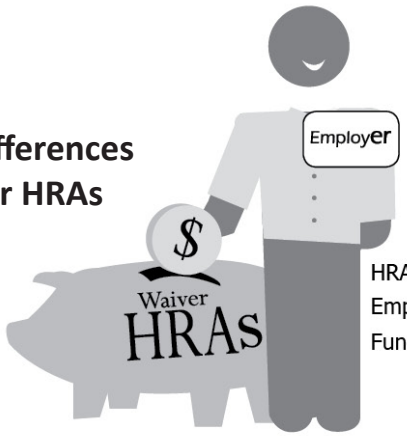
*based on tax-filing status

## How to Receive Reimbursement

It's easy! You will receive a HumanaAccess℠ Visa® Debit Card and your funds will be automatically deducted from your HRA. You can use the debit card anywhere that Visa® is accepted. IRS rules require you to save all your receipts. Or, if you prefer you can pay for your claims up front instead of using the debit card. In order to receive reimbursement for the money you pay out of your pocket, you must complete an HRA/FSA Reimbursement Claim Form and submit to Humana with your documentation.

**You have until March 31, 2014 to submit reimbursement requests for HRA expenses incurred during your 2013 coverage period.**

**the differences Waiver HRAs**




HRAs are Employer Funded

Health Reimbursement Account

| Waiver HRA | Waiver HRA Dental/Vision ONLY |
|---|---|
| $2,100 Annually | $2,100 Annually |
| Yes | Yes |
| An expense account where your employer sets aside funds to reimburse you for qualified medical, dental and vision expenses. | An expense account where your employer sets aside funds to reimburse you for qualified dental and vision expenses ONLY. |

## Waiver Dental/Vision ONLY HRA

Examples of Covered Services

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

## Who is Eligible

- Any active employee of a state agency, school board or certain quasi-agencies who is eligible for state-sponsored health insurance coverage may waive health insurance and enroll in an HRA
- Retirees who have returned to work and who are over age 65 may also waive health insurance and enroll in an HRA

**Note:** If you choose the Waiver Dental/Vision ONLY HRA through KEHP, your Medicare coverage will be your primary health insurance plan.

## Who is Not Eligible

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

Remember, you must save your receipts and then submit copies of your claims to:

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

## Substantiation

As a waiver of health insurance, Humana will not have access to your health insurance claims; therefore, you must submit documentation to verify your HRA claim is an eligible expense. This documentation, such as an itemized statement from your provider or an explanation of benefits, is referred to as substantiation. Your documentation needs to be submitted to Humana along with a completed HRA/FSA Reimbursement Claim Form, which can be located on kehp.ky.gov and *my*humana.com. You may mail or fax this information to Humana.

# Flexible Spending Accounts

KEHP offers two Flexible Spending Accounts (FSAs) which can save you money!

One is a Healthcare FSA, and the other is a Dependent Care FSA. Both FSAs are tax-free accounts that allow you to pay for certain healthcare or dependent care (child or adult day care services) expenses with pre-tax money that you set aside through payroll deductions. This results in you paying less income and Social Security taxes!

## Healthcare Flexible Spending Account - Employee Funded

A Healthcare FSA is an account funded by you to pay for healthcare services such as prescription co-payments, deductibles and doctor's office co-payments with pre-tax money. **The maximum annual contribution amount has been reduced to $2,500 per a new federal law.** The amount you contribute will be payroll deducted. Make sure to set aside only as much as you will use during the current calendar year – with an FSA, you can use the money only for eligible expenses paid for during the current calendar year. **Remember: Use it or lose it!**

## What's covered under a healthcare FSA?

A Healthcare FSA covers healthcare expenses that are not usually covered by your health insurance. You can use your FSA for family members who are considered a tax dependent.

A few examples of eligible covered expenses are listed below (**Note:** This is not a complete listing. See a more comprehensive list of covered services at kehp.ky.gov):

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

## Who is Eligible

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

## Who is Not Eligible

- Retirees
- Employees of an agency that does not participate in KEHP's FSA/HRA program
- Employees or spouses with a Health Savings Account (HSA)

Humana Vitality

## Redeem Vitality Bucks® for rewards

### get rewarded

From movie tickets and music downloads to electronics and hotel packages, the HumanaVitality Mall™ provides a wide array of rewards to motivate you.

## How to Receive Reimbursement

If you prefer, you may pay for your claims up front instead of using the Humana*Access*℠ Visa® Debit Card. In order to receive reimbursement for the money you pay out of pocket, you must complete an HRA/FSA Reimbursement Claim Form and submit to Humana with your documentation. HRA/FSA Reimbursement Claim Forms are available at kehp.ky.gov and *my*humana.com.

## Substantiation

If you have a health insurance plan with KEHP, as well has a Healthcare FSA, then most of your FSA expenses paid with your Humana*Access*℠ Visa® Debit Card will be verified through Humana's medical claims system. However, if your expenses cannot be verified, Humana will contact you to provide documentation such as, an itemized statement from your provider or an explanation of benefits. This documentation is referred to as substantiation.

**You have until March 31, 2014 to submit reimbursement requests for FSA expenses incurred during your 2013 coverage period.**

## Dependent Care Flexible Spending Account – Employee Funded (Child or Adult Day Care)

A Dependent Care FSA allows you to pay for dependent care expenses such as a day care or after-school programs for dependents up to age 13, or an adult day care. The maximum that you can contribute per year is based on your tax filing status as listed below:

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

Make sure to set aside only as much as you will use. You can use the money only for eligible expenses paid for during the current calendar year.
**Remember: Use it or lose it!**

## How To Receive Reimbursement

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

You must complete an HRA/FSA Reimbursement Claim Form. You can access the form at kehp.ky.gov or *my*humana.com and fax or mail to address below. The Humana*Access*℠ Visa® Debit Card is not available with a Dependent Care FSA.

You can also participate in a monthly Jackpot and periodic Grand Prize drawings.

**Submit HRA/FSA Reimbursement Claim Form and documentation to Humana at:**

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

2013 Monthly Premiums and Contributions

# Non-Smoker Rates

## Commonwealth Standard PPO

| | Total Premium | Employer Contribution | Employee Contribution* |
|---|---|---|---|
| Single | $506.06 | $506.06 | $0.00 |
| Parent Plus | $791.54 | $771.54 | $20.00 |
| Couple | $1,177.80 | $879.80 | $298.00 |
| Family | $1,314.12 | $1,004.12 | $310.00 |
| Family Cross Reference** | $654.18 | $649.18 | $5.00 |

## Commonwealth Maximum Choice

| | Total Premium | Employer Contribution | Employee Contribution* |
|---|---|---|---|
| Single | $629.56 | $598.68 | $30.88 |
| Parent Plus | $912.62 | $772.62 | $140.00 |
| Couple | $1,273.08 | $877.08 | $396.00 |
| Family | $1,451.30 | $981.30 | $470.00 |
| Family Cross Reference** | $715.20 | $669.96 | $45.24 |

## Commonwealth Capitol Choice

| | Total Premium | Employer Contribution | Employee Contribution* |
|---|---|---|---|
| Single | $650.22 | $612.94 | $37.28 |
| Parent Plus | $961.42 | $782.42 | $179.00 |
| Couple | $1,457.90 | $939.90 | $518.00 |
| Family | $1,613.74 | $1,003.74 | $610.00 |
| Family Cross Reference** | $798.70 | $745.94 | $52.76 |

## Commonwealth Optimum PPO

| | Total Premium | Employer Contribution | Employee Contribution* |
|---|---|---|---|
| Single | $675.34 | $612.58 | $62.76 |
| Parent Plus | $961.84 | $741.84 | $220.00 |
| Couple | $1,476.00 | $930.00 | $546.00 |
| Family | $1,642.78 | $992.78 | $650.00 |
| Family Cross Reference** | $812.52 | $742.72 | $69.80 |

*All employee contributions are per employee, per month.

**If either employee in a family cross-reference payment option is a smoker, both employees are subject to the monthly smoker rates.

**Did you know** that 95¢ of every KEHP premium dollar goes to payment of medical and pharmacy expenses (while only 5¢ goes to administrative cost)? Much better than the national average.

2013 Monthly Premiums and Contributions

# Smoker Rates

## Commonwealth Standard PPO

| | Total Premium | Employer Contribution | Employee Contribution* |
|---|---|---|---|
| Single | $506.06 | $480.56 | $25.50 |
| Parent Plus | $791.54 | $719.22 | $72.32 |
| Couple | $1,177.80 | $827.48 | $350.32 |
| Family | $1,314.12 | $951.80 | $362.32 |
| Family Cross Reference** | $654.18 | $624.46 | $29.72 |

## Commonwealth Maximum Choice

| | Total Premium | Employer Contribution | Employee Contribution* |
|---|---|---|---|
| Single | $629.56 | $572.80 | $56.76 |
| Parent Plus | $912.62 | $718.82 | $193.80 |
| Couple | $1,273.08 | $822.74 | $450.34 |
| Family | $1,451.30 | $927.10 | $524.20 |
| Family Cross Reference** | $715.20 | $644.82 | $70.38 |

## Commonwealth Capitol Choice

| | Total Premium | Employer Contribution | Employee Contribution* |
|---|---|---|---|
| Single | $650.22 | $587.12 | $63.10 |
| Parent Plus | $961.42 | $728.94 | $232.48 |
| Couple | $1,457.90 | $885.78 | $572.12 |
| Family | $1,613.74 | $949.74 | $664.00 |
| Family Cross Reference** | $798.70 | $720.66 | $78.04 |

## Commonwealth Optimum PPO

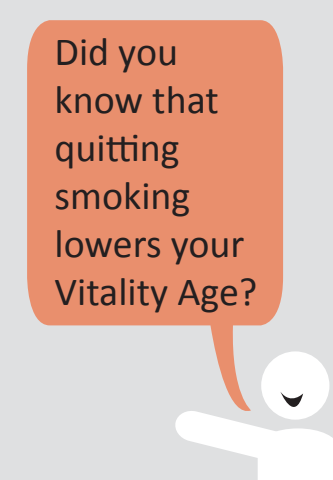
| | Total Premium | Employer Contribution | Employee Contribution* |
|---|---|---|---|
| Single | $675.34 | $586.98 | $88.36 |
| Parent Plus | $961.84 | $687.84 | $274.00 |
| Couple | $1,476.00 | $875.22 | $600.78 |
| Family | $1,642.78 | $938.02 | $704.76 |
| Family Cross Reference** | $812.52 | $717.48 | $95.04 |

*All employee contributions are per employee, per month.

**If either employee in a family cross-reference payment option is a smoker, both employees are subject to the monthly smoker rates.

### Family Cross-Reference Payment Option

Available for two eligible employees who are legally married and have at least one eligible dependent. This option offers lower employee premiums which are deducted from both employees' paychecks. When choosing this option, both employees are required to elect the same Plan Option, complete all other required information when enrolling and sign all applicable documentation.



# KEHP 2013 Benefits Grid

| Plan Options | Commonwealth Standard PPO | | Commonwealth Maximum Choice (not available to Retirees) | | Commonwealth Capitol Choice | | Commonwealth Optimum PPO | |
|---|---|---|---|---|---|---|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| **Lifetime Maximum** | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| **Health Reimbursement Account (HRA)** | Not Applicable | | Single: $1,000; Parent Plus: $1,500; Couple $1,500; Family $2,000 Cross Ref. $2,000 | | Not Applicable | | Not Applicable | |
| **Up-Front Benefit Allowance** | Not Applicable | | Not Applicable | | $500 per Family Member | Not Applicable | Not Applicable | |
| **Annual Deductible** | Single $600 Family $1,800 | Single $1,200 Family $3,000 | Single $2,450 Family $3,650 | Single $2,450 Family $3,700 | Single $615 Family $1,850 | Single $1,230 Family $3,700 | Single $370 Family $740 | Single $740 Family $1,480 |
| **Annual Out-of-Pocket Maximum** | Single $3,000 Family $6,000 | Single $6,000 Family $9,000 | Single $3,700 Family $5,400 | Single $4,945 Family $7,400 | Single $2,470 Family $7,400 | Single $4,900 Family $9,000 | Single $1,390 Family $2,780 | Single $2,780 Family $5,550 |
| | Excludes prescription drug Co-Pays and all other Co-Pays | | All covered expenses apply to the out-of-pocket maximum | | Excludes prescription drug Co-Pays and all other Co-Pays | | Excludes prescription drug Co-Pays and all other Co-Pays | |
| | Deductibles & Out-of-Pocket Maximums for In-Network and Out-of-Network providers accumulate separately and do not cross apply. | | | | | | | |
| **Co-Insurance** | Plan: 75% Member: 25% | Plan: 50% Member: 50% | Plan: 90% Member: 10% | Plan: 60% Member: 40% | Plan: 80% Member: 20% | Plan: 60% Member: 40% | Plan: 85% Member: 15% | Plan: 70% Member: 30% |
| **Doctor's Office Visits** | Deductible then 25%* | Deductible then 50%* | Deductible then 10%* | Deductible then 40%* | Co-Pay: $21 PCP; $26 Specialist | Deductible then 40%* | Co-Pay: $16 PCP; $21 Specialist | Deductible then 30%* |
| **Physician Care** (Inpatient/ Outpatient/Other) | Deductible then 25%* | Deductible then 50%* | Deductible then 10%* | Deductible then 40%* | Deductible then 20%* | Deductible then 40%* | Deductible then 15%* | Deductible then 30%* |
| **Diagnostic Tests In Doctor's Office** (Same Site/ Same Day as Office Visit) | Deductible then 25%* | Deductible then 50%* | Deductible then 10%* | Deductible then 40%* | Office Visit Co-Pay | Deductible then 40%* | Office Visit Co-Pay | Deductible then 30%* |
| **Other Laboratory** | Deductible then 25%* | Deductible then 50%* | Deductible then 10%* | Deductible then 40%* | Deductible then 20%* | Deductible then 40%* | $16 Co-Pay | Deductible then 30%* |
| **Inpatient Hospital** (Semi-Private Room) | Deductible then 25%* | Deductible then 50%* | Deductible then 10%* | Deductible then 40%* | $122 Co-Pay per Admission plus Deductible* | Deductible then 40%* | Deductible then 15%* | Deductible then 30%* |
| **Outpatient Hospital/Surgery** | Deductible then 25%* | Deductible then 50%* | Deductible then 10%* | Deductible then 40%* | $61 Co-Pay plus Deductible* | Deductible then 40%* | Deductible then 15%* | Deductible then 30%* |
| **Outpatient/ Ambulatory Surgery Center** | Deductible then 25%* | Deductible then 50%* | Deductible then 10%* | Deductible then 40%* | $61 Co-Pay | Deductible then 40%* | Deductible then 15%* | Deductible then 30%* |
| | Wellness Benefit – Well Child and Well Adult Care | | | | | | | |
| **Routine Well Child** (0-18 Years Old) | Covered at 100% | Covered at 100% | Covered at 100% | Not Covered | $16 Co-Pay | Deductible then 40%* | $11 Co-Pay | Deductible then 30%* |
| **Routine Well Adult** (Over 18) | Covered at 100% | Covered at 100% | Covered at 100% | Not Covered | $16 Co-Pay | Deductible then 40%* | $11 Co-Pay | Deductible then 30%* |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **ER Physician Care** | Deductible then 25%* | Deductible then 50%* | Deductible then 10%* | Deductible then 40%* | Deductible only | Deductible only | 15%* | Deductible then 30%* |
| **Emergency Room** (Benefit for *emergency* medical treatment only) | $50 Co-Pay then Deductible then 25%* | $50 Co-Pay then Deductible then 50%* | Deductible then 10%* | Deductible then 40%* | $122 Co-Pay plus Deductible* | $122 Co-Pay plus Deductible* | $92 Co-Pay then 15%* | $92 Co-Pay then Deductible then 30%* |
| | Co-Pay waived if admitted | | | | Co-Pay waived if admitted | | Co-Pay waived if admitted | |
| **Ambulance** | Deductible then 25%* | Deductible then 25%* | Deductible then 10%* | Deductible then 10%* | Deductible then 20%* | Deductible then 20%* | Deductible then 15%* | Deductible then 15%* |
| **Urgent Care Center** (Facility) | Deductible then 25%* | Deductible then 50%* | Deductible then 10%* | Deductible then 40%* | $60 Co-Pay | Deductible then 40%* | $21 Co-Pay | Deductible then 30%* |
| **Mental Health** | Treated the same as any other health condition. See specifics related to physician specialists, inpatient and outpatient services. | | | | | | | |
| **Allergy Injections** | Deductible then 25%* | Deductible then 50%* | Deductible then 10%* | Deductible then 40%* | $11 Co-Pay | Deductible then 40%* | $16 Co-Pay | Deductible then 30%* |
| **Maternity Care** (See SPD for Specifics) | Deductible then 25%* | Deductible then 50%* | Deductible then 10%* | Deductible then 40%* | $21 Co-Pay (office visit pregnancy diagnosed) Delivery Charge: Deductible then 20%* | Deductible then 40%* | $16 Co-Pay (office visit pregnancy diagnosed) Delivery Charge: Deductible then 15%* | Deductible then 30%* |
| **Autism Service** (Payable based on services rendered) | Ages 1 through 6 Annual Maximum $50,000<br>Ages 7 through 21 Monthly Maximum $1,000 | | Ages 1 through 6 Annual Maximum $50,000<br>Ages 7 through 21 Monthly Maximum $1,000 | | Ages 1 through 6 Annual Maximum $50,000<br>Ages 7 through 21 Monthly Maximum $1,000 | | Ages 1 through 6 Annual Maximum $50,000<br>Ages 7 through 21 Monthly Maximum $1,000 | |
| **Durable Medical Equipment** | Deductible then 25%* | Deductible then 50%* | Deductible then 10%* | Deductible then 40%* | Deductible then 20%* | Deductible then 40%* | Deductible then 15%* | Deductible then 30%* |
| **Therapy Services** (Per Visit; Physical, Occupational, Speech) | Deductible then 25%* | Deductible then 50%* | Deductible then 10%* | Deductible then 40%* | Deductible then 20%* | Deductible then 40%* | Deductible then 15%* | Deductible then 30%* |
| | Maximum of 30 visits per calendar year, per therapy service type | | Maximum of 30 visits per calendar year, per therapy service type | | Maximum of 30 visits per calendar year, per therapy service type | | Maximum of 30 visits per calendar year, per therapy service type | |
| **Chiropractic Care** | Deductible then 25%* | Deductible then 50%* | Deductible then 10%* | Deductible then 40%* | $21 Co-Pay | Deductible then 40%* | $16 Co-Pay | Deductible then 30%* |
| | Maximum of 26 visits per calendar year; no more than 1 visit per day | | Maximum of 26 visits per calendar year; no more than 1 visit per day | | Maximum of 26 visits per calendar year; no more than 1 visit per day | | Maximum of 26 visits per calendar year; no more than 1 visit per day | |
| **Prescription Drugs** | ***Administered by Express Scripts*** | | | | | | | |
| **30-Day Supply**<br>Tier 1 - Generic<br>Tier 2 - Formulary<br>Tier 3 - Non-Formulary | 25%<br>Min $10 - Max $25<br>Min $20 - Max $50<br>Min $35 - Max $100 | Not Applicable | Each Tier: Deductible then 10%* | Each Tier: Deductible then 40%* | $11<br>$26**<br>$48** | Not Applicable | $11<br>$26**<br>$48** | Each Tier: 30% |
| **90-Day Supply** (Retail or Mail Order)<br>Tier 1 - Generic<br>Tier 2 - Formulary<br>Tier 3 - Non Formulary | 25%<br>Min $20 - Max $50<br>Min $40 - Max $100<br>Min $70 - Max $200 | Not Applicable | Each Tier: Deductible then 10% | Not Applicable | $16<br>$46<br>$95 | Not Applicable | $16<br>$46<br>$95 | Not Applicable |

**Note:** The boxed areas of the grid are components of each plan most often used by members when making a plan choice, but are not all inclusive of plan options. **Please refer to the Summary Plan Descriptions (SPDs), available January 30, 2013, for a complete list of benefits.** KEHP has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. However, if an error has occurred, the benefits outlined in the 2013 SPDs will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations and exclusions set forth in the SPDs.* Applies to out-of-pocket maximum **After the 75th prescription has been filled, excluding maintenance mail order/retail, the prescription drug Co-Pays will reduce to $21 (2nd Tier) and $37 (3rd Tier). Benefits are not provided for the use of an emergency room except for treatment of emergency medical conditions, emergency screening and stabilization.

# Qualifying Events

KEHP is operated as a federally regulated, Section 125 Cafeteria Plan which enables you to pay your health insurance premiums and your Flexible Spending Account contributions with pre-tax dollars. In exchange for this benefit, there are only three times you can change or cancel your benefit elections during the plan year.

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

## What is a Qualifying Event?

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

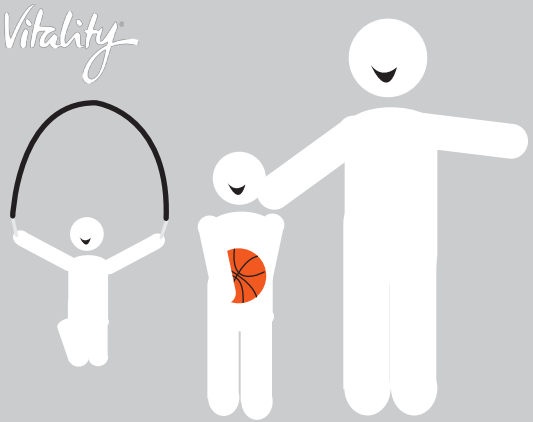
## When You Have a Qualifying Event

In all cases, any change in your Plan Option or Coverage Level must be consistent with the Qualifying Event. For most events, you must complete an Enrollment/Change Application and submit to your Insurance Coordinator or Human Resource Generalist within 35 calendar days. If you have a baby, or adopt a child, you have 60 calendar days unless adding additional dependents.

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

For additional information about Qualifying Events, contact your Insurance Coordinator or Human Resource Generalist.

Humana Vitality



## HumanaVitality Kids

You can get your kids involved so they can learn about living well and earn points.

- Sports leagues
- Athletic events
- Immunizations
- Health assessments
- Online calculators

# Dependent Eligibility Chart

Dependent eligibility rules and verification requirements are contained in the following chart. Dependent verification for Qualifying Events must be submitted with the Qualifying Event documents. Qualifying Event documents must be signed within the event timeframe.

| Definition of Eligible Dependent(s) | Documentation |
|---|---|
| **Spouse**<br>A person of the opposite sex who is legally married to an employee or retiree. | A legible photocopy of the Marriage Certificate OR a legible photocopy of the top half of the front page of the employee/retiree's most recent federal tax return (Form 1040) |
| **Common Law Spouse**<br>A person of the opposite sex with whom you have established a Common Law union in a state which recognizes Common Law Marriage (Kentucky does not recognize Common Law Marriage). | A legible photocopy of the Certificate or Affidavit of Common Law Marriage from a state that does recognize Common Law Marriage. |
| **Child Age 0 to 18**<br>In the case of a child who has not yet attained his/her 19th birthday, "child" means an individual who is –<br>• A son, daughter, stepson, or stepdaughter of the employee/retiree, or<br>• An eligible foster child of the employee/retiree (eligible foster child means an individual who is placed with the employee/retiree by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction), or<br>• An adopted child of the employee/retiree (a legally adopted individual of the employee/retiree, or an individual who is lawfully placed with the employee/retiree for legal adoption by the employee/retiree) or<br>• A grandchild for whom the employee/retiree has been awarded guardianship or custody by a court of competent jurisdiction. | **Natural Child**: A legible photocopy of the child's birth certificate showing the name of the employee/retiree as a parent.<br><br>**Step Child**: A legible photocopy of the child's birth certificate showing the name of the employee/retiree's Spouse as a parent; and a legible copy of the marriage certificate showing the names of the employee/retiree and the Spouse.<br><br>**Legal Guardian, Adoption, Grandchild(ren) or Foster child(ren)**: Legible photocopies of court orders, guardianship documents, affidavits of dependency, with the presiding judge's signature and filed status; or legible adoption or legal placement decrees with the presiding judge's signature. |
| **Child Age 19 to 25**<br>**In the case of a child who has attained his/her 19th birthday but who has not yet attained his/her 26th birthday**, "child" means an individual who is –<br>• A son, daughter, stepson, stepdaughter, eligible foster child, an adopted child or a grandchild of the employee/retiree – as described above; **AND**<br>• NOT eligible to enroll in an employer-sponsored health plan offered by the child's full-time employer. | Must submit the documents described above for children and the Certification of Dependent Eligibility Form. |
| **Disabled Dependent**<br>A dependent child who is totally and permanently disabled may be covered by KEHP beyond the end of the month in which he/she turns 26, provided the disability (a) started before his/her 26th birthday and (b) is medically-certified by a physician. A dependent child will be considered totally and permanently disabled if, in the judgment of KEHP, the written certification adequately demonstrates that the dependent child is unable to engage in any substantial gainful actively by reason of medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months. | Contact the Enrollment Information Branch at 502-564-1205 for the specific documentation needed. |

# Active Employee Enrollment

*All the information you need to enroll at your fingertips*

## Who to Call for Assistance

For local, personalized help contact your Insurance Coordinator or Human Resource Generalist.

**Employee ID and Password Assistance**

Commonwealth Office of Technology

Outside Frankfort 877-741-7017**
In Frankfort 502-564-3116**

**Computer and Technical Assistance**

Commonwealth Office of Technology

Outside Frankfort 866-746-1613**
In Frankfort 502-564-4597**

**Current Benefits Information**

Humana Customer Service & Open Enrollment Hotline 877-KYSPIRIT (877-597-7474)

**Customer Service**

Department of Employee Insurance (DEI)
Member Services Branch

Outside Frankfort 888-581-8834
In Frankfort 502-564-6534

The DEI phone message will prompt you to choose from one of the following four options:

**Option 1**
User ID, password, computer & technical assistance

**Option 2**
Benefit questions

**Option 3**
Enrollment & eligibility

**Option 4**
Member services

### 2013 Open Enrollment Hours for Assistance

**Oct. 8 - Oct. 19**
**Monday – Friday 8 a.m. to 6 p.m. ET**

**Oct. 20 - Oct. 21**
**Saturday & Sunday 8 a.m. to Noon ET**

**Oct. 22 - Oct. 26**
**Monday – Friday 8 a.m. to 8 p.m. ET**

** Telephone service at these numbers is only valid Oct. 8 through Oct. 26, 2012.

## Enrollment Options

### Active employees and KCTCS retirees

### Online

**Current KHRIS Employee Self Service (ESS) Users**

1. Log in to ESS with your current User ID and password.
2. Click on "Open Enrollment" on the left to elect coverage for the 2013 plan year.

**Note:** KHRIS ESS will not be available from 8 p.m. to midnight on Oct. 19 or from 6 p.m. on Oct. 22 to 7 a.m. on Oct. 23. During these times, you will not be able to enroll online.

### Paper Applications

Complete the applications and follow the instructions on the back.

NOTE

**Cross-Reference Payment Option Employees**

If you wish to end, start or change a cross-reference payment option:

- You **must** make your health insurance Plan Option election on a paper application.
- You **may** make your Flexible Spending Account elections online.

## Retiree Enrollment Information

**Retirees from KRS, KTRS, LRS and JRS:**

Enroll through your retirement system.

Retiree information on page 23.

*Do Not Staple*

**Kentucky Employees' Health Plan**
**Department of Employee Insurance**
KEHP.KY.GOV ● 1-888-581-8834

# 2013 KEHP
# ACTIVE EMPLOYEE HEALTH INSURANCE ENROLLMENT APPLICATION

## Section 1: *To Be Completed by Insurance Coordinator/HR Generalist*

| | | | | | |
|---|---|---|---|---|---|
| Employee's SSN | / / | Employee Personnel Number | | Home County Code | |
| Company Name | | | Company Number | | |
| Date of Hire | / / | Coverage Effective Date | / / | Org. Unit Number | |
| Reason for Application | ❑ New Hire ❑ Open Enrollment ❑ New Group | | | | |

## Section 2*: Demographic Information*

Name (Last, First, MI) _____ Date of Birth / /

Street Address _____ Home Phone Number _____ Cell Phone Number _____

City, State, ZIP _____ Home Email Address _____ Work Email Address _____

| | | | |
|---|---|---|---|
| Gender ❑ Male❑ Female | Married ❑ Yes❑ No | ❑ I am a Dual Employee | Have you smoked in the last 2 months? ❑ Yes ❑ No |
| I am covered under: | ❑ KY Retirement Plan | ❑ Hazardous Duty Plan | ❑ My spouse's Hazardous Duty Plan ❑ Medicare Supplement |

## Section 3: *Dependent Information*

| Social Security Number | Name (Last, First, Middle Initial) | Birth Date MONTH/ DAY/ YEAR | Gender | Cross Reference Payment Option (LRP, JRP not eligible) |
|---|---|---|---|---|
| **Spouse's** | | / / | ❑Male ❑Female | ❑ Yes (Employee, Spouse & child(ren)) |

| | | | | |
|---|---|---|---|---|
| **Spouse's** Organizational Unit #: **Spouse's** Company #: | ❑ Dual Employee | ❑ Hazardous Duty | Date of hire/retirement ___/____/____ | Has Spouse smoked in the last 2 months? ❑ Yes ❑ No |

| | | | | |
|---|---|---|---|---|
| **Child 1** | | ___/____/____ | ❑Male ❑Female | ❑Natural ❑Adopted ❑Court Ordered ❑Foster ❑Step ❑Disabled |
| **Child 2** | | ___/____/____ | ❑Male ❑Female | ❑Natural ❑Adopted ❑Court Ordered ❑Foster ❑Step ❑Disabled |
| **Child 3** | | ___/____/____ | ❑Male ❑Female | ❑Natural ❑Adopted ❑Court Ordered ❑Foster ❑Step ❑Disabled |

## Section 4: *Plan Election*

| | Plan Options | | Coverage Level |
|---|---|---|---|
| ❑ | Commonwealth Standard PPO | ❑ | Single (self only) |
| ❑ | Commonwealth Maximum Choice | ❑ | Parent Plus (self and child(ren)) |
| ❑ | Commonwealth Capitol Choice | ❑ | Couple (self and spouse) |
| ❑ | Commonwealth Optimum PPO | ❑ | Family (self, spouse and child(ren)) |

## Section 5: *Waiving Health Insurance (no health insurance)*

**If you waive your health insurance and you are eligible, you will receive employer funded $175 per month for a total of $2100 annually into a Health Reimbursement Account (HRA). Select either the Waiver HRA, or Waiver Dental/Vision ONLY HRA.**

| | |
|---|---|
| ❑ | Waiver HRA |
| ❑ | Waiver Dental/Vision ONLY HRA |
| ❑ | No HRA – not eligible/no employer contribution |

| | | | - | | | - | | | | |
|---|---|---|---|---|---|---|---|---|---|---|

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

**Authorization and Certification**
**I understand and agree that:**

- I have made the above plan selection for plan year 2013. I have read and understand the 2013 Kentucky Employees' Health Plan (KEHP) Benefits Selection Guide (BSG). I understand that plan rules and limitations are contained in the KEHP Summary Plan Descriptions (SPD) and the Summary of Benefits and Coverage (SBC).
- My signature on this application creates a legal and binding contract between the Department of Employee Insurance (DEI), (KEHP), third-party administrators including Humana and Express Scripts, and me.
- If my spouse and I elect the cross-reference payment option, we are planholders with Family coverage and that upon a loss of eligibility by either spouse; the remaining planholder will default to Parent Plus coverage. The cross-reference payment option ceases upon loss of eligibility or employment by either spouse/planholder.
- I certify that each enrolled dependent meets KEHP eligibility requirements of a dependent as set forth in the Summary Plan Descriptions and in the KEHP Benefits Selection Guide. I understand that DEI requires supporting documentation to verify the eligibility of any dependent enrolled or requesting to be enrolled in the Plan. And, in addition, an affidavit **2013 Certification of Dependent Eligibility** must be submitted for dependent children between the ages of 19-26.
- All KEHP benefits for my eligible dependents and me will be provided in accordance with the limitations of the Summary Plan Descriptions. I will abide by all terms and conditions governing membership and receipt of services from the plan in which I have enrolled as set forth in the Summary Plan Descriptions.
- The elections indicated on this application may not be changed or cancelled during the Plan Year without a permitted Qualifying Event.
- I authorize my employer to deduct from my earnings the amount required to cover my share of the coverage I have selected, including any arrears I may owe. I authorize payment of my employee contributions to be made on a pre-tax basis unless I sign a Post-Tax Form.
- If I elect to waive KEHP health insurance coverage, with or without a stand-alone Waiver Health Reimbursement Account (HRA), I am doing so voluntarily. I understand there are two options under the HRA: Waiver HRA and the Waiver Dental/Vision ONLY HRA.
- I understand that the four KEHP medical coverage options and the Waiver HRA must pay primary to Medicare and the Waiver Dental/Vision ONLY HRA will be secondary to Medicare.
- Regarding my HRA, my dependents and I, are eligible to seek reimbursement under Sections 105 (b) and 213(d). I understand that any unused amount remaining in my HRA at the end of the Plan Year may be carried forward to the next plan year. Pursuant to federal law, the cost of over-the-counter medicines (other than doctor prescribed and insulin) may not be reimbursed through an HRA.
- I understand that a KEHP HRA can only reimburse expenses that are incurred during this plan year. I have a 90-day run-out period (until March 31) for reimbursement of eligible HRA expenses incurred during my period of coverage.
- My Humana*Access*℠ Visa®Card will be suspended if the required HRA claim verification is not sent in to Humana within sixty (60) days after the card swipe. I agree to follow all rules and guidelines established by the plan concerning the Humana*Access*℠ Visa®Card. This Plan reserves the right to deny access to the card, require repayment, deduct/withhold from my paycheck and offset my HRA if I fail to properly substantiate.
- This plan has a tobacco incentive for members who do not use tobacco and that this plan offers reasonable alternatives i.e. tobacco cessation.
- I have rights under HIPAA and that DEI will comply with the HIPAA rules and that disclosure of protected health information will be done under the rules of such Federal Law. I further authorize DEI to use such information and to disclose such information to business associates, third party administrators, vendors, consultants, governmental agencies with jurisdiction and other necessary parties when necessary for my care or treatment, payment for services, the operation of my health plan or to conduct related activities.
- Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance containing any forged signature or incorrect signature date thereto commits a fraudulent insurance act, which is a crime. I understand that I can be held responsible for any fraudulent act that is the result of a forged signature or incorrect signature date that I could have prevented while acting within my duties related to the KEHP and it may be used to reduce or deny a claim or to terminate my coverage.
- I have fully read the materials provided to me. My signature below certifies that all information, signatures and signature dates affixed to this contract are correct to the best of my knowledge.

**PLEASE SUBMIT THIS APPLICATION TO YOUR COMPANY INSURANCE COORDINATOR OR HRG**

Employee Signature — Date

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

Insurance Coordinator/HRG Signature — Date

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

*Do Not Staple*

**Kentucky Employees' Health Plan**
**Department of Employee Insurance**
**KEHP.KY.GOV ● 1-888-581-8834**

# 2013 KEHP
# Active Employee
# Flexible Spending Account (FSA) Enrollment/Change Application

## *To Be Completed by Insurance Coordinator/HR Generalist*

| Date of Hire | Effective Date | Org. Unit | Company Number |
|---|---|---|---|
| | | | |

## *To Be Completed by Employee*

| Name *Last, First, MI* | Home Phone Number | Cell Phone Number |
|---|---|---|
| | | |
| **Street Address** | **Home Email Address** | **Work Email Address** |
| | | |
| **Pers Number** | **Social Security Number** | **Date of Birth** |
| | | |

## *Reason*

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

## *If Qualifying Event, check item below:*

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

*Requires Supporting Documentation

## *Make Your Election*

**Healthcare Flexible Spending Account**
**(Employee Funded)**

☐ I request to **enroll** in a Healthcare FSA and elect $_____ per pay period.

☐ I request to **change** my Healthcare FSA election from $_____ per pay period to $_____ per pay period.

For a total Calendar Year contribution of $_____.
Calculate full calendar year amount (1/1-12/31)

- Maximum Calendar Year contribution is $2,500 per eligible Planholder
- Minimum Calendar Year contribution is $120
- Board of Education employees should enter an amount divisible by 24

**Dependent Care Flexible Spending Account**
**(Employee Funded)**

☐ I request to **enroll** in a Dependent Care FSA and elect $_____ per pay period.

☐ I request to **change** my Dependent Care FSA election from $_____ per pay period to $_____ per pay period.

For a total Calendar Year contribution of $_____.
Calculate full calendar year amount (1/1-12/31)

- Maximum Contribution per tax filing status: ☐$2,500 married filing separately ☐$5,000 married filing jointly ☐$5,000 single head of household
- Minimum Calendar Year contribution is $120
- Board of Education employees should enter an amount divisible by 24

**Authorization and Certification**
**I understand and agree that:**

- I have made the above plan selection for plan year 2013. I have read and understand the 2013 Kentucky Employees' Health Plan (KEHP) Benefits Selection Guide (BSG). I understand that plan rules and limitations are contained in the KEHP Summary Plan Descriptions (SPD) and the Summary of Benefits and Coverage (SBC).
- My signature on this application creates a legal and binding contract between the Department of Employee Insurance (DEI), KEHP, any third-party administrators, Humana, Express Scripts and me.
- All KEHP benefits for me and my eligible dependents will be provided in accordance with the limitations in the SPDs, BSG and SBCs. I will abide by all terms and conditions governing membership for the Healthcare Flexible Spending Account (FSA) and Dependent Care Flexible Spending Account (DCAP) in which I have enrolled as set forth in the Summary Plan Descriptions.
- The elections indicated on this application may not be changed or cancelled during the Plan Year, without a permitted Qualifying Event.
- Enrollment in an FSA and/or DCAP is voluntary, and I authorize my employer to deduct from my earnings the amount required to cover my share of the coverage I have selected, including any arrears I may owe. I authorize payment of my employee contributions to be made on a pre-tax basis.
- I understand that for any claims I seek reimbursement, I (including any dependents) am eligible to seek reimbursement under Code Sections 105(b) and 213(d).
- I understand that an FSA can only reimburse expenses that are incurred during this plan year. I have a 90-day run-out period (until March 31) for reimbursement of eligible FSA expenses incurred during my period of coverage.
- Regarding my FSA, any unused amount remaining in my spending account at the end of the Plan Year cannot be carried forward to the next year due to federal law.
- My Humana*Access*℠ Visa® Card will be suspended if the required FSA claim verification is not sent in to Humana within sixty (60) days after the card swipe. I agree to follow all rules and guidelines established by the plan concerning the Humana*Access* ℠ Visa® Card. This plan reserves the right to deny access to the card, require repayment, deduct/withhold from my paycheck and offset my FSA if I fail to properly substantiate my FSA claims.
- Pursuant to federal law the cost of over-the-counter medicines (other than doctor prescribed and insulin) may not be reimbursed through an FSA.
- I understand that a DCAP can only reimburse expenses that are incurred during this plan year. I have a 90-day run-out period (until March 31) for reimbursement of eligible HRA expenses incurred during my period of coverage.
- Regarding my DCAP, any unused amount remaining in my spending account at the end of the Plan Year cannot be carried forward to the next year due to federal law.
- Regarding my DCAP, my dependents and I are eligible to seek reimbursement under Code Sections 21 and 129.
- I have rights under HIPAA and that DEI will comply with the HIPAA rules and that disclosure of protected information will be done under the rules of such Federal Law. I further authorize DEI to use such information and to disclose such information to business associates, third party administrators, vendors, consultants, governmental agencies with jurisdiction and other necessary parties when necessary for my care or treatment, payment for services, the operation of my health plan or to conduct related activities.
- Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance containing any forged signature or incorrect signature date thereto commits a fraudulent insurance act, which is a crime
- I have fully read the materials provided to me. My signature below certifies that all information, signatures and signature dates affixed to this contract are correct to the best of my knowledge.

**Please submit this application to your Insurance Coordinator or HRG**

Employee Signature _____ Date _____

Insurance Coordinator/HRG Signature _____ Date _____

# Retiree Enrollment Information

If you are a retiree, do not use the applications in this Guide. You must contact the retirement system for an application, rates, contributions and information about online enrollment. Commonwealth Maximum Choice is not available for retirees.

**Representatives from KTRS and KRS will not be at any benefit fairs.**

## KRS Retirees

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

KRS retirees who return to work and become eligible for KEHP coverage may be ineligible for KRS coverage. Re-employed retirees with questions are urged to contact KRS.

## KTRS Retirees

Kentucky Teachers' Retirement System (KTRS) retirees will receive information from KTRS detailing rates, benefits grid, benefit fairs and enrollment instructions.

KTRS retirees who return to work and become eligible for KEHP insurance coverage are ineligible for KTRS coverage. Therefore, if your active employment makes you eligible for insurance coverage, you must waive coverage through KTRS. Re-employed retirees with questions are urged to contact KTRS.

| Who to Call | Where to Click |
|---|---|
| **Humana** 877-KYSPIRIT / 877-597-7474 | ***my*humana.com** |
| **Express Scripts Inc** 877-KYSPIRIT / 877-597-7474 | **express-scripts.com** |
| **KEHP**<br>888-581-8834<br>502-564-6534 | **kehp.ky.gov** |
| **Kentucky Teachers' Retirement System**<br>800-618-1687<br>502-848-8500 | **ktrs.ky.gov** |
| **Kentucky Retirement Systems**<br>800-928-4646, 8:00 - 4:30 ET<br>502-696-8800, 8:00 - 4:30 ET | **kyret.ky.gov** |
| **KCTCS Retirement**<br>859-256-3100 | |
| **Judicial Retirement** or **Legislative Retirement**<br>502-564-5310 | |

**Did you know** that 23% of KEHP claimants account for approximately 80% of claims costs?

**Visit LivingWell.ky.gov to get started with HumanaVitality today!**

# KEHP 2013 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 so that you will understand your legal rights.*

## A. Notice Of KEHP Disclosure Of Grandfather Status For Plan Year 2013

This group health plan believes this plan, KEHP, is a ''grandfathered health plan'' under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits and rescissions. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Personnel Cabinet, Office of Legal Services, General Counsel, Department of Employee Insurance. You may also contact the U.S. Department of Health and Human Services at www.healthcare.gov.

## B. Initial Notice About HIPAA Special Enrollment Rights, New Dependents, And Pre-Existing Condition Exclusions

A federal law called HIPAA requires that we notify you about two very important provisions in the plan. The first is your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Second, this notice advises you of the plan's pre-existing condition exclusion rules that may temporarily exclude coverage for certain pre-existing conditions that you or a member of your family may have.

### 1. Special Enrollment Provision Loss of Other Coverage.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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. New Dependent by 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 dependents. However, you must request enrollment within 35 days after the marriage and within 60 days after birth, adoption, or placement for adoption.

As required by the **Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)** effective April 1, 2009, KEHP will permit employees and dependents who are eligible for a Child Health Insurance Program (CHIP) but not enrolled for coverage to enroll in that coverage under two scenarios: 1) The employee's or dependent's Medicaid or CHIP coverage is terminated as a result of loss of eligibility; 2) The employee or dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP. An employee must request this special enrollment within 60 days of the loss of coverage in the first scenario, and within 60 days of when eligibility is determined in the second scenario.

### 3. Pre-existing Condition Exclusion Rules

This plan imposes a pre-existing condition exclusion for anyone over the age of 19. There are no pre-existing condition exclusions for dependent children under the age of 19. That means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within the 6-month period prior. Generally, this 6-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the 6-month period ends on the day before the waiting period begins. The pre-existing condition exclusion does not apply to pregnancy, domestic violence, and genetic information in the absence of a diagnosis for such a condition. This exclusion may last up to 12 months from your first day of coverage or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage (HIPAA Certificates) you have. If you do not have a Certificate, but you do have prior health coverage, we will help you obtain a Certificate from your prior plan or issuer. There are also other ways you can show that you have creditable coverage. Please contact DEI if you need help demonstrating creditable coverage. All questions about the preexisting condition exclusion and creditable coverage should be directed to the Department of Employee Insurance, Member Services Branch. (888) 581-8834, (502) 564-6534 or kehp.ky.gov.

## C. Notice To Enrollees Concerning Tobacco Use

Wellness programs are given a specific exception to HIPAA's general nondiscrimination requirement. The KEHP offers a premium contribution discount to non-smokers as a part of its wellness program. In order to qualify for the non-smoker discount the KEHP member must provide a certification that they have not used tobacco products in the preceding two months. Each KEHP member has at least one opportunity per plan year to qualify for the discount. KEHP members for whom quitting smoking is unreasonably difficult due to a medical condition or for whom it is medically inadvisable to attempt to meet the standard may avoid the surcharge for as long as they participate in a smoking-cessation program, regardless of whether the individuals actually quit smoking. Other acceptable alternative also may be available.

## D. COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1986, or COBRA, provides that virtually all employers who sponsor group health plans must permit covered individuals, who lose coverage under that plan as a result of certain enumerated events, to elect to continue their coverage under the plan for a prescribed period of time on a self-pay basis. Individuals who are entitled to COBRA continuation coverage are known as Qualified Beneficiaries. **Under federal law, you must have 60 days after the date of the COBRA qualifying event or date you lose benefits due to a COBRA qualifying event to decide whether you want to elect COBRA continuation coverage under the Plan.** KEHP's third-party COBRA administrator is Ceridian COBRA Continuation Services.

## E. The Women's Health and Cancer Rights Act of 1998 (WHCRA)

The Women's Health and Cancer Rights Act of 1998 is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy. This federal law requires insurers offering individual health insurance coverage, as well as all group health plans, which provide medical and surgical benefits with respect to a mastectomy, to provide coverage in a case of an insured who is receiving benefits in connection with a mastectomy.

## F. Mental Health Parity & Mental Health Parity And Addiction Equity Act

The Mental Health Parity Act provides for parity in the application of aggregate lifetime and annual dollar limits on mental health benefits with dollar limits on medical/surgical benefits. A plan that does not impose an annual or lifetime dollar limit on medical and surgical benefits may not impose such a dollar limit on mental health benefits offered under the plan.

## G. Newborns' And Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

## H. USERRA

Under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), you (the employee) have the right to continue the coverage that you (and your covered dependents, if any) had under KEHP if the following conditions are met: (1) You are absent from work due to service in the uniformed services; (2) You were covered under KEHP at the time your absence from work began; and(3) You provided your employer with advance notice of your absence from work.

## I. HIPAA Privacy Notice

This Notice describes the obligations of the Commonwealth of Kentucky, Personnel Cabinet, Kentucky Employees' Health Plan and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. We are required to provide this Notice of Privacy Practice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, health care clearing house, or your employer on behalf of a group health plan that relates to: 1) your past, present, or future physical or mental health or condition; 2) the provision of health care to you; or 3) past, present, or future payment for the provision of health care to you. Please note that KEHP maintains demographic, protected health information. Any member will need to contact Humana, Inc. or Express Scripts, Inc. for information relating to payment of claims and services provided under his/her health plan. If you have any additional questions about this Notice or about our Privacy Practices, please visit kehp.ky.gov.

**Commonwealth, Personnel Cabinet Responsibilities:** We are required by law to: 1) maintain the privacy of your protected health information; 2) provide you with certain rights with respect to your protected health information; 3) provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and 4) follow the terms of the Notice that is currently in effect. We reserve the right to change the terms of Notice and to make new provisions regarding your protected health information that we maintain, or as required by law.

**How Commonwealth, Personnel Cabinet May Use and Disclose Your Protected Health Information:** Under the law, we may use or disclose your protected health information under certain circumstance without your permission. The following categories represent the different ways that we may use and disclosure your protected health information: 1) **For Treatment**. We may use or disclose your protected health information to facilitate medical treatment or services by providers. 2) **For Payment**. We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for treatment or services your receive from health care providers, to determine benefit responsibilities under the Plan, or to coordinate coverage. 3) **For Health Care Operations**. We may use and disclose your protected health care information for other Plan operations. 4) **To Business Associates**. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. An example would be this Plan's Third Party Administrator Humana. 5) **As Required by Law**. We will disclose your protected health information when required to do so by federal, state or local law. 6) **To Avert a Serious Threat to Health or Safety**. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. 7) **To Plan Sponsors**. For the purpose of administering this Plan, we may disclose to certain employees of the Commonwealth, Personnel Cabinet protected health information.

**Special Situations:** In addition to the above, the following categories represent other possible ways we may use and disclose your protected health information: 1) organ tissue donation; 2) military and veterans; 3) workers' compensation; 4) public health risk; 5) health oversight activities; 6) lawsuits and disputes; 7) law enforcement; 8) coroners, medical examiners and intelligence activities; 9) inmates; and 10) research.

**Required Disclosures:** The following represents disclosures of your protected health information we are required to make: 1) Government audits; and 2) disclosures to the participant (you).

**Other Disclosures:** Other disclosures may be made to your personal representatives, spouses and other family members and with written authorization.

**Participant Rights:** A participant has the following rights with respect to their protected health information: 1) right to inspect and copy; 2) right to amend 3) right to an accounting of disclosures; 4) right to request restrictions; 5) right to request confidential communications; 6) right to be notified about a breach of unsecured PHI; and 7) right to a paper copy of this Notice.

**Complaints:** If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office of Civil Rights of the United States Department of Health and Human Services at www.hhs.gov/ocr/office/index.html. To file a complaint with the Plan please visit kehp.ky.gov. All complaints must be in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with this Plan.

## J. Information About Medicare—Primary And Secondary Payors

Employer group health plans, like KEHP, must pay **primary** to Medicare for employees who are eligible for the employer's group health plan by reason of their current employment status. The 4 traditional KEHP health plan options and the "waiver" Health Reimbursement Account (HRA) all must pay primary to Medicare. However, the "waiver" Dental/Vision ONLY HRA will **NOT** interfere with your Medicare coverage. If a retiree returns to work and the retiree works enough hours to qualify for coverage under the employer's group health plan for active employees, the federal regulations require the employer to treat the retiree as an active employee for purpose of Medicare Secondary Payor. The employer may offer a Medicare eligible active employee a choice between receiving coverage under the group health plan or opting out of the employer's plan and receiving coverage exclusively from Medicare. If the active employee opts for the employer's plan the employer may not offer the employee any group health coverage that supplements Medicare.

## K. Plan Year 2013 KEHP Prescription Drug Coverage And Medicare-Notice Of Creditable Coverage

The Kentucky Employees' Health Plan has determined that the prescription drug coverage offered by the Kentucky Employees' Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays 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.

## L. New Federal $2,500 Limit For Healthcare Flexible Spending Accounts (Healthcare FSA)

Pursuant to the Patient and Affordable Care Act, as amended, effective January 1, 2013, there is a $2,500 per participant limit on annual salary reduction contributions to healthcare FSA's offered under cafeteria plans.

## M. Notice Of Availability Of Summary Of Benefits And Coverage (SBC)

Under the Affordable Care Act group health plans must provide clear, consistent and comparable information about health plan benefits and coverage to plan participants and new enrollees. SBC will be available on the Personnel Cabinet's website to all applicants (at the time of application), and enrollees (at initial enrollment and annual enrollment. For more information please contact Department of Employee Insurance, Member Services Branch (888) 581-8834 or kehp.ky.gov.

## N. Notice Of Early Retiree Reinsurance Program (ERRP)

You are a plan participant, or are being offered the opportunity to enroll as a plan participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a Federal program that was established under the Affordable Care Act. Under the Early Retiree Reinsurance Program, the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on January 1, 2014. Under the Early Retiree Reinsurance Program, your plan sponsor may choose to use any reimbursements it receives from this program to reduce or offset increases in plan participants' premium contributions, co-payments, deductibles, co-insurance, or other out-of-pocket costs. If the plan sponsor chooses to use the Early Retiree Reinsurance Program reimbursements in this way, you, as a plan participant, may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and this plan sponsor chooses to use the reimbursements for this purpose. A plan sponsor may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families. If you have received this notice by email, you are responsible for providing a copy of this notice to your family members who are participants in this plan.

# REFER A FRIEND & WIN

## "BE HEALTHY TOGETHER"

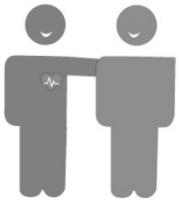
Sponsored by Humana Vitality

### Take the health assessment

If you've already taken your health assessment, great! If not, take a few moments to do so now by clicking the HumanaVitality login button at LivingWell.ky.gov.

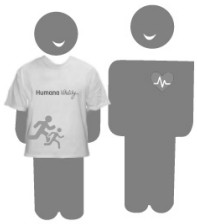
### Refer a friend

Go to LivingWell.ky.gov to refer a friend online or download and FAX the referral form to 502-564-5278.



### Talk to your friend

Tell your friend about HumanaVitality and encourage them to take their health assessment so you can both be entered to win **iPads**!



### You get a FREE T-shirt!

Once your friend takes their health assessment, you get a FREE T-shirt, and you BOTH are entered into a monthly drawing for **iPads**!

### And that's not all

If the friend you referred wins an **iPad**, you do too!

### There's more!

You can refer as many friends as you like. Although you will only receive one T-shirt, you'll be entered to win an **iPad** with each referral you make.

The person who makes the most referrals before Nov. 15, 2012 wins an **iPad**!

## FAX TO 502-564-5278

## YOUR INFORMATION HERE

Enter your information so you can receive a free T-shirt! All information is confidential. PLEASE PRINT

**First Name:** _____

**Last Name:** _____

**Address:** _____

**Apartment #:** _____

**City:** _____

**State:** _____

**Zip Code:** _____

**E-mail:** _____

## WHAT SIZE T-SHIRT DO YOU WANT?

☐ S ☐ XL

☐ M ☐ XXL

☐ L ☐ XXXL

## REFER A FRIEND

Tell us who you are referring to HumanaVitality. Only KEHP health plan members are eligible for referral. Once they complete the health assessment, you will receive your free T-shirt (limit one) and both of you will be automatically entered to win iPads.

PLEASE PRINT

**First Name:** _____

**Last Name:** _____

**E-mail:** _____

## FAX TO 502-564-5278

**For more information about HumanaVitality, visit LivingWell.ky.gov.**