

How will employee premiums for dental and vision optional plans be collected/paid?

The optional Anthem dental and vision plans will be payroll deducted by the employer as post tax.

State employees paid by the Personnel Cabinet will have the premium deducted from their mid-month (15th) paycheck.

All other employer groups determine when to collect the monthly premium.

Who do I call for assistance?

For benefit related questions such as deductibles and covered services, contact

Anthem: 844-402-5347

Anthem provides one-stop customer service for health, dental and vision insurance coverage.

For enrollment and eligibility questions, contact

Department of Employee Insurance: 888-581-8834

What is the difference between the administration of the Kentucky Employees' Health Plan and the optional Anthem Dental and Vision insurance plans?

The Kentucky Employees' Health Plan (KEHP) is a self-insured plan providing health insurance and flexible spending account coverage for public employees, retirees, and their families. Premiums for health insurance include contributions from both the employer/retirement group and employees/retirees. The KEHP contracts with several vendors to provide services to members.

Anthem Blue Cross Blue Shield (Anthem) is the medical plan administrator.

CVS/caremark is the pharmacy benefits manager.

WageWorks is the administrator for Flexible Spending Accounts (FSAs) and Health Reimbursement Arrangements (HRAs).

Go365 is the wellness benefits manager.

Vitals SmartShopper is the transparency vendor.

The optional Anthem Dental and Vision insurance plans are considered employer-sponsored, fully-insured plans. The plans are available to all active public employees and their families. Employees are responsible for the premiums.

How does the annual deductible for Dental insurance work?

The deductible does *not* apply to preventive/diagnostic services, such as cleanings. Any basic or major service will be subject to the deductible, so the coinsurance would apply once the deductible is met.

How do I know if my current provider is in the Anthem network?

You can go to the Anthem.com website to find your provider or other providers. Instructions for accessing the provider finder document is posted on our website at kehp.ky.gov and select the Open Enrollment rotator. You will then click on dental or vision.

Instructions for locating dental providers: [click here](#).

Instructions for locating vision providers: [click here](#).

If my current dental and vision providers are not in the Anthem network, how do they become an in-network provider?

You can have your provider contact Anthem

Dental Provider Relations: 866-947-9398, option 2

Vision Provider Relations: 888-581-3648

Is the annual benefit maximum different than the lifetime orthodontia benefit maximum?

Yes. They are separate maximums.

If you have already used a lifetime maximum for orthodontia with another provider would Anthem pay their \$1,500 lifetime maximum benefit?

According to the Anthem dental team, once the maximum orthodontia amount is met, there would not be any additional benefit paid. For an example, if HRI Dental had \$1,500 maximum and they paid the \$1,500, Anthem would not pay anything additional because the lifetime maximum was already met.

Can major treatment start immediately, or is there a waiting period?

Yes, major treatment can start immediately. There is no waiting period.

Can members elect both the employer-sponsored Anthem plan from the Personnel Cabinet and keep the dental plan they have now through the Cabinet's payroll deduction program?

Members need to weigh the cost of the plans to the benefit offering provided by each carrier to see if it is advantageous to have two dental plans. If a husband and a wife both work for the Commonwealth, they should not have two dental plans as the two Anthem plans will not coordinate with each other. Should a husband have a dental plan with his company and the spouse have coverage with the Commonwealth / Anthem, Anthem will coordinate benefits in the standard* coordination of benefits method. Consistent with medical, an employee's plan is always primary to him/herself. The spouse's plan is secondary. For dependent children, the birthday rule** is used to decide which plan is primary.

*The standard method: the primary payment plus the secondary payment cannot exceed 100% of the submitted charge.

** The birthday rule: The primary plan shall be the plan of the parent whose birthday is earlier in the year.

What is the age for eligible dependents?

Children are covered up to age 26 on the Anthem dental or vision plans. There are certain specific benefits that may be age specific, like fluoride treatment (through age 18).