# Plan Year 2020 FAQs

## General Health, Dental, and Vision Insurance Open Enrollment & Eligibility

1. **When is Open Enrollment for Plan Year 2020?**
   October 14 - October 30, 2019. See Benefits Selection Guide here.

2. **Do I have to enroll?**
   Yes, for health insurance, Open Enrollment is mandatory and everyone must enroll in or waive health insurance coverage. If you want a Flexible Spending Account (FSA) for 2020, even if you had one for 2019, you must enroll and choose your deduction amount.

   No, for optional dental and vision insurance, Open Enrollment is voluntary. You can:
   - Keep your current coverage – no action is required;
   - Elect new coverage; or
   - Terminate your current coverage.

3. **How do I enroll?**
   **Online in KHRIS ESS if you are an Active employee, TRS retiree, and JRP/LRP retiree**
   Open a browser. KHRIS works best with the following: Microsoft Internet Explorer 11+ 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 is included in this packet 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.

   OR

   **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 into KHRIS ESS in 2019).
    Click I have read and understand
13. Click **Open Enrollment**


## KEHP Tobacco Usage Declaration

1. Review the Tobacco Usage Declaration.
2. Answer Yes or No.
3. Save and Continue

## Step 1: Personal Profile

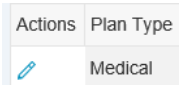
1. Review your personal data.
2. Click Edit Personal Profile to change your personal data.
3. Click Next >

## Step 2: Dependent and Beneficiaries

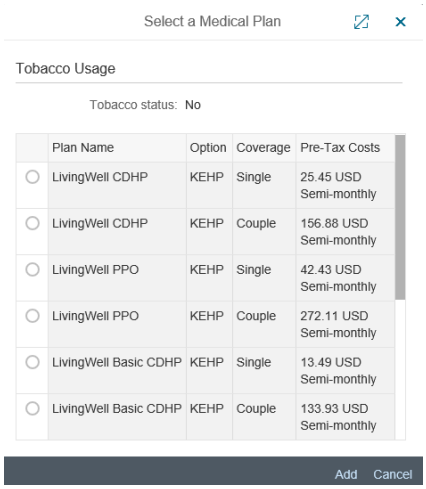
1. Click Edit Dependents and Beneficiaries to review/change your family members/dependents. If you wish to update your life insurance beneficiaries, please call 502-564-4774 for assistance.
   NOTE: Adding members at this step does not automatically add them to your insurance plan, which is in the next 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
2. Your eligible health plan options and waiver options will display.
   NOTE: Your 2019 plan will display in blue. Use the scroll bar on the right of the Select a Medical Plan window to scroll down.
3. Select a plan by clicking the round button next to your plan choice.



4. 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.*
5. Once you have selected a Health Plan or Waiver option and if necessary, selected your dependent(s), click Add
6. If you wish to enroll in the Anthem Dental Plan or Anthem Vision Plans, click the pencil icon under Actions for each of these and follow the same steps as in #4 & #5. If you do not wish to add these plans, then click Next >

### Step 4: Flexible Spending Accounts (FSAs)

**NOTE: if your agency does not participate with our FSA, then you will not see this step.**

1. Click the pencil icon under Actions to Enroll in a Healthcare or Child & 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 plan elections for Plan Year 2020; if you are satisfied with your plan elections, click Save . Once you click save, the message - *Congratulations! You have successfully enrolled in the 2020 plan year* will display.

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.


**4. What should I do if I do not need health insurance?**

If you do not need health insurance, you must actively waive your health insurance coverage by October 30. You decide, but you must take action. If you do not need health insurance, you can choose one of the three waiver options: a Waiver General Purpose Health Reimbursement Arrangement (HRA), a Waiver Dental/Vision Only HRA, or Waiver without HRA.

Note: The Waiver HRA options are only available to employees whose employer participates in the Waiver HRA program.

## 5. Who do I call for assistance?

### Phone support during Open Enrollment

**Department of Employee Insurance (DEI)**
**Open Enrollment Hotline**

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

**Website Addresses**
Personnel Cabinet – personnel.ky.gov
KEHP – kehp.ky.gov
Vision and Dental Insurance – personnel.ky.gov (select "Benefits")
Wellness – Livingwell.ky.gov

***Service is only available during Open Enrollment Oct. 14 – Oct. 30***

**You can choose from one of these five options:**

**Option 1:** Kentucky Retirement System (KRS)
**Option 2:** KHRIS User ID and password reset
**Option 3:** Benefit questions for Anthem (medical, dental, and vision), 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

| Open Enrollment Hours for Assistance Eastern Time | |
|---|---|
| Monday, Oct. 14 to Friday, Oct. 18 | 7:30 a.m. to 4:30 p.m. |
| Monday, Oct. 21 to Friday, Oct. 25 | 8 a.m. to 6:30 p.m. |
| Saturday, Oct. 26 | 8 a.m. to 1 p.m. |
| Monday, Oct. 28 to Wednesday, Oct. 30 | 8 a.m. to 8 p.m. |

**Contact Information Outside of Open Enrollment**

| | |
|---|---|
| **Department of Employee Insurance** | 888-581-8834 |
| Monday to Friday, 7:30 a.m. to 4:30 p.m. | 502-564-6534 |

**DEI 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 Well-being – **beginning January 1, 2020** | 866-746-1316 | KEHPlivingwell.com |
| SmartShopper – transparency, shop for better pricing | 855-869-2133 | SmartShopper.com |
| WageWorks – FSA, HRA, and COBRA | 877-430-5519 | wageworks.com/kehp |

**6. When and where are the Benefit Fairs?**

Benefit fairs will be held at 16 locations from Sep. 30 through Oct. 18. At all benefit fair locations, there will be enrollment assistance for active employees and TRS retirees under age 65; experts to help you understand your health insurance, Child and Adult Daycare FSA, Healthcare FSA, vision, and dental benefits; and representatives to advise you regarding Deferred Compensation.

| COUNTY | DATE | TIME | LOCATION |
|---|---|---|---|
| Franklin | Mon. 09/30/2019 | 8 a.m. - 6 p.m. | KY State Office Building Auditorium<br>501 High St.<br>Frankfort, KY 40601 |
| McCracken | Tue. 10/01/2019 | 2 p.m. - 6 p.m. | West KY Comm. & Tech. College Room 109<br>5100 Alben Barkley Dr.<br>Paducah, KY 42001 |
| Christian | Wed. 10/02/2019 | 3:30 p.m. - 6:30 p.m. | Christian Co. Middle School Library<br>215 Glass Avenue<br>Hopkinsville, KY 42240 |
| Hopkins | Thu. 10/03/2019 | 3 p.m. - 6 p.m. | Hopkins Co. Career & Tech Center<br>1775 Patriot Dr.<br>Madisonville, KY 42431 |
| Laurel | Fri. 10/04/2019 | 2 p.m. - 6 p.m. | GC Garland Administration Building Conference Room 710<br>N. Main St.<br>London, KY 40741 |
| Russell | Fri. 10/04/2019 | 3:30 p.m. - 6:30 p.m. | Russell Co. Schools Auditorium/Natatorium Complex 2167<br>S. HWY 127<br>Russell Springs, KY 42642 |
| Jefferson | Mon. 10/07/2019 | 8 a.m. - 6 p.m. | KY Exposition Center North Wing<br>937 Phillips Lane<br>Louisville, KY 40209 |
| Madison | Tue. 10/08/2019 | 3:30 p.m. - 6 p.m. | B. Michael Caudill Middle School Cafeteria<br>1428 Dr. Robert Martin Bypass<br>Richmond, KY 40475 |
| Harlan | Wed. 10/09/2019 | 2 p.m. - 6 p.m. | Southeast Comm. & Tech. College<br>Harlan Campus Building 1, Conference Room 129 164<br>Ballpark Road<br>Harlan, KY 40831 |
| Pike | Thu. 10/10/2019 | 3:30 p.m. - 6:30 p.m. | Pike Co. Central High School Cafeteria<br>100 Winners Circle Dr. GPS:1901 US HWY 119N<br>Pikeville, KY 41501 |
| Boyd | Fri. 10/11/2019 | 4 p.m. - 6:30 p.m. | Boyd Co. High School Commons Area 14375<br>Lions Lane<br>Ashland, KY 41102 |
| Warren | Mon. 10/14/2019 | 3:30 p.m. - 6:30 p.m. | Drakes Middle School Cafeteria<br>704 Cypress Wood Way Bowling<br>Green, KY 42104 |
| Daviess | Tue. 10/15/2019 | 2 p.m. - 6 p.m. | Owensboro Board of Education<br>450 Griffith Avenue<br>Owensboro, KY 42301 |
| Boone | Wed. 10/16/2019 | 3:30 p.m. - 6:30 p.m. | Boone Co. High School Gym<br>7056 Burlington Pike<br>Florence, KY 41042 |

| | | | |
|---|---|---|---|
| Fayette | Wed. 10/16/2019 | 4 p.m. - 8 p.m. | Bryan Station High School<br>201 Eastin Road<br>Lexington, KY 40550 |
| Fayette | Thu. 10/17/2019 | 4 p.m. - 8 p.m. | Bryan Station High School<br>201 Eastin Road<br>Lexington, KY 40550 |
| Boyle | Fri. 10/18/2019 | 2 p.m. - 6 p.m. | Danville Independent Board of Education 115<br>East Lexington Ave.<br>Danville, KY 40422 |

**7. What health insurance plan options are available?**

The four health plans available for 2020 are the same as for 2019. All four health plans require the completion of the LivingWell Promise.

- LivingWell CDHP
- LivingWell PPO
- LivingWell Basic CDHP
- LivingWell Limited High Deductible Plan

**8. What dental insurance plan options are available?**

**NOTE:** Dental insurance is voluntary. If you have dental insurance in 2019, you do not have to re-enroll unless you want to make a change to your coverage.

| | Bronze | Silver | Gold |
|---|---|---|---|
| **Your dental plan at a glance** | **In and Out-of-Network** | **In and Out-of-Network** | **In and Out-of-Network** |
| Annual Benefit Maximum | $750 | $1,000 | $1,500 |
| Annual Deductible | $50 | $50 | $50 |
| Orthodontia (child only) | Not covered | Not covered | $1,500 |
| Diagnostic & Preventive Service | 100% | 100% | 100% |
| Basic Services | 50% | 80% | 80% |
| Oral Surgery | 50% | 80% | 80% |
| Major Services | Not covered | 50% | 50% |
| **Monthly Rates** | | | |
| Employee Only | $12.52 | $19.04 | $25.26 |
| Employee + Spouse | $22.84 | $36.14 | $48.84 |
| Employee + Child(ren) | $29.72 | $40.86 | $62.30 |
| Family | $43.84 | $60.76 | $90.86 |

**9. What vision insurance plan options are available?**

**NOTE:** Dental insurance is voluntary. If you have dental insurance in 2019, you do not have to re-enroll unless you want to make a change to your coverage.

| | Bronze | Silver | Gold |
|---|---|---|---|
| Exam with dilation as necessary | $10 copay | $10 copay | $10 copay |
| Frames | $125 allowance, 20% off any balance | $150 allowance, 20% off any balance | $150 allowance, 20% off any balance |
| Eyeglass lenses: Single vision, bifocal, trifocal, lenticular | $25 copay | $10 copay | $10 copay |
| Standard progressive lens | $65 copay | $65 copay | $20 copay |
| Premium progressive lens | Tier 1: $85<br>Tier 2: $95<br>Tier 3: $110 | Tier 1: $85<br>Tier 2: $95<br>Tier 3: $110 | Tier 1: $40<br>Tier 2: $50<br>Tier 3: $65 |
| **Lens Options** | | | |
| UV Treatment | $15 | $15 | $0 |
| Tint (solid and gradient) | $15 | $15 | $0 |
| Standard plastic scratch coating | $0 | $0 | $0 |
| Standard polycarbonate – adults | $40 | $20 | $0 |
| Standard polycarbonate – kids | $0 | $0 | $0 |
| Standard anti-reflective coating | $45 | $45 | $20 |
| Premium anti-reflective coating | Tier 1: $57<br>Tier 2: $68 | Tier 1: $57<br>Tier 2: $68 | Tier 1: $32<br>Tier 2: $43 |
| Photochromic/ Transitions | $75 – kids covered in full | $75 – kids covered in full | $75 – kids covered in full |
| Polarized | 20% off retail pricing | 20% off retail pricing | 20% off retail pricing |
| **Contact Lenses** | | | |
| Conventional | $150 allowance, 15% off balance | $150 allowance, 15% off balance | $175 allowance, 15% off balance |
| 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 2 calendar years | Once every 2 calendar years | Once every calendar year |

**10. What changes can I make during Open Enrollment?**

You may:

- change your current plan options;
- enroll yourself, your children, and your spouse in a health insurance plan;
- remove your spouse or dependents from your health insurance plan*;
- waive health insurance coverage and choose a Waiver General Purpose or Waiver Dental Vision Only HRA, provided your employer participates in KEHP's Waiver HRA program;
- enroll in a Healthcare or Child and Adult Daycare Flexible Spending Account (FSA), provided your employer participates in KEHP's FSA/HRA program; and
- change your tobacco use status.

***NOTE:** You may not remove a dependent from your plan if the child is enrolled due to an administrative or court order, including National Medical Support Orders.

**11. Who can I cover on my health, dental, and vision insurance plan?**

You may cover your legal spouse or dependent child(ren) under age 26. Employees may elect health, dental, and vision insurance coverage for themselves, their legal spouse, and their dependent child(ren) under age 26. Retirees may also elect health insurance coverage for themselves, their legal spouse, and their dependent child(ren) under age 26. However, retirees are not eligible to enroll in either the dental or the vision plans.

**12. Can children under age 26 be covered as dependents on their parent's plan if they are eligible for their own coverage (e.g., at another job)?**

Yes, dependent eligibility includes dependents under age 26 who may be eligible for health insurance coverage through their full-time employer. This includes children who are eligible for coverage through the KEHP as an employee.

**13. Can disabled dependents be covered beyond age 26?**

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 in writing 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 activity 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.

A dependent child who is not already covered by KEHP at the time of his/her 26th birthday may not later be enrolled in KEHP on grounds of total and permanent disability unless and until he/she sustains a loss of other insurance coverage. In such a case, a request to enroll a dependent child in KEHP on grounds of total and permanent disability must be made no later than 35 calendar days following the loss of other insurance coverage.

Anthem will make all dependent child disability determinations. If a dependent child is approved for coverage in KEHP on grounds of total and permanent disability, the Planholder will periodically be required to produce written proof of the continuing nature of the child's dependency and/or disability in order to maintain the child's KEHP coverage.

**14. Can I waive coverage and not elect KEHP?**

Yes, you may waive coverage and elect one of the three Waiver options: Waiver General Purpose HRA, Waiver Dental/Vision Only HRA, or Waiver No HRA.

- **Waiver General Purpose HRA:** If you choose the Waiver General Purpose HRA, per federal law, you must declare that you have other group health plan coverage that provides minimum value. A "group health plan" refers to coverage provided by an employer, an employer organization, or a union. A "group health plan" does not include individual policies purchased through the Marketplace, or governmental plans such as TRICARE, Veterans Benefits, Medicare, or Medicaid. 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.

  With this option, you will receive $175 per month, up to $2,100 annually to pay for qualified medical expenses. You will receive a WageWorks Healthcare Card pre-funded on January 1 with $1,050 and funded again on July 1 with an additional $1,050. The maximum annual carryover amount is $5,000 effective with the 2020 rollover to 2021. More information on the WageWorks Healthcare Card and eligible expenses can be found in the Benefits Selection Guide.

  **NOTE:** This option is not available to retirees. If you or your spouse or dependent is contributing funds to a Health Savings Account (HSA), you should consult a tax advisor prior to establishing an HRA or FSA.

- **Waiver Dental/Vision Only HRA:** 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 Dental/Vision ONLY HRA. This HRA only covers dental and vision expenses. You can use this HRA for you and your dependents.

  With this option, you will receive $175 per month up to $2,100 annually to pay for qualified dental and vision only expenses. You will receive a WageWorks Healthcare Card pre-funded on January 1 with $1,050, and funded again on July 1 with an additional $1,050. The maximum annual carryover amount is $5,000 with the 2020 rollover to 2021. More information on the WageWorks Healthcare Card and eligible expenses can be found in the Benefits Selection Guide.

  **NOTE:** This option is not available to retirees.

- **Waiver No HRA:** With this option, you do not receive any employer funds. This option is usually reserved for members who are not eligible for either of the other two waiver plans or whose employer does not participate in the Waiver HRA options.

**15. What is the Cross-Reference Payment Option?**

Spouses who are both eligible to participate in KEHP may be covered under one family health benefit plan with lower employee premiums. This is known as the Cross-Reference Payment Option. Employee premiums are deducted from both employees' paychecks. Employees must satisfy all requirements below to elect the Cross-Reference Payment Option.

Requirements:

- The employees must be legally married with at least one eligible dependent;
- The employees must be eligible employees or retirees* of a group participating in KEHP;
- The employees must elect the same coverage option.

Failure to meet any one of the above requirements will make the employees ineligible for the Cross-Reference Payment Option.

*Per the Judicial and Legislators' Retirement System, retirees of the Judicial Retirement Plan (JRP) and the Legislators' Retirement Plan (LRP) are not eligible to elect the Cross-Reference Payment Option.

**Note:**

- If you are an active employee who has the Cross-Reference Payment Option with a KRS member you must enroll using the paper application found here.

- If you are a KRS member who has the Cross-Reference Payment Option with a TRS member you must enroll using the paper application found here.

16. **May I drop a dependent from health insurance coverage in the middle of the plan year?**
Coverage elections may only be changed during the Annual Open Enrollment period or if a member has experienced a qualifying event.

Qualifying events might include:

- Birth, adoption
- Marriage
- Loss of coverage
- Dependents become ineligible
- Court orders
- Medicare or Medicaid Entitlement

For more information about qualifying events, go to kehp.ky.gov and click on "Enrolling or Changing Coverage."

## LivingWell Promise

1. **What are the LivingWell Promise requirements for 2020?**
Keeping the Promise is easy. All health insurance plans include the LivingWell Promise. You must complete either the StayWell Health Assessment (HA) or a biometric screening between January 1, 2020 and July 1, 2020, to be eligible to earn $480 a year ($40 per month) in premium discounts in 2021. Both only take a few minutes to complete and give you a better understanding of your health status, and information to help you stay healthy. If you have a Cross-Reference Payment Option, you and your spouse both must complete the HA or the biometric screening. If only one person completes the Promise, that person will receive the premium discount in 2021.

2. **Impact of the 2019 Promise on your 2020 premium**

   If you enrolled in a LivingWell Plan option for 2019 and:

   - You fulfilled your LivingWell Promise by completing your health assessment or biometric screening, you will earn $480 a year ($40 per month) in premium discounts in 2020; or
   - You did not fulfill your LivingWell Promise, you will not receive the monthly premium discount.

3. **If I am a new employee and enroll in coverage after open enrollment, how long do I have to complete the LivingWell Promise?**

   New employees who elect health insurance coverage after Open Enrollment and have at least 90-days of active health insurance coverage, must complete the StayWell health assessment or biometric screening by July 1, 2020.

4. **What is the StayWell Health Assessment?**

   The health assessment is a series of questions about your current physical and mental well-being, your day-to-day lifestyle, and how you feel about your current health levels. It takes about 10-15 minutes to complete.

5. **What is a Biometric Screening?**

   A biometric screening consists of: lab work to test your cholesterol and blood glucose; a blood pressure check; and height, weight, and waist circumference measurements to learn your Body Mass Index (BMI). For more accurate results, fast for at least nine to twelve hours prior to the biometric screening.

6. **Where can I get a Biometric Screening?**

   There are three options for completing a biometric screening. Choose the one that works for you:

   **Onsite Screening:** KEHP offers free onsite events at local health departments and KEHP worksites throughout Kentucky. To register, check the list of events at KEHPlivingwell.com. Additional events in your area can be found by checking with your local Health Department. Your onsite biometric screening results and points will automatically be credited toward your LivingWell incentives within 10 business days. You do not need to submit anything further.

   **LabCorp:** Schedule a screening at a LabCorp near you. You can do this right from the Biometric Screening slider at KEHPlivingwell.com. Please print off the voucher and bring it to your appointment. You must bring in the voucher in order to complete the screening. Your onsite biometric screening results and points will automatically be credited toward your LivingWell incentives within 10 business **days. You do not need to submit anything further.**

   **Biometric Screening Form:** Get screened by your health care provider and ask them to fill out the Biometric Screening Form. The form can also be used at a local pharmacy clinic (Walgreens, the Little Clinic, CVS, Kroger, etc.) or the Premise Health Clinics. Download the form at KEHPlivingwell.com. You will need to upload the completed form at KEHPlivingwell.com for it to count for your LivingWell Promise and LivingWell Engagement points.

7. **Who must complete the LivingWell Promise?**

   Only the Planholder is required to complete the LivingWell Promise. If you have the Cross-Reference Payment Option, both you and your spouse must complete the LivingWell Promise. Non-employee spouses and dependents covered under your plan will not be required to complete the Promise.

8. **Are spouses or adult children (age 18 and up) required to fulfill the LivingWell Promise?**
   No. Only you, the Planholder, are required to complete the LivingWell Promise. The only exception to this requirement is if you have elected a Cross-Reference Payment Option, in which case both Planholders must fulfill the Promise. If only one person completes the Promise, that person will receive the premium discount in 2021.

9. **When do I have to take the Health Assessment or Biometric Screening?**
   You must take your health assessment or get a biometric screening between January 1, 2020 and July 1, 2020. New employees must complete the health assessment or biometric screening within 90 days of the effective date of their health insurance coverage.

10. **What happens with the information collected through the Health Assessment?**
    KEHP takes your personal health information seriously and has measures in place to protect this information. All responses to your health assessment are strictly confidential and protected under HIPAA. KEHP will not collect, access, or retain your personal health information, nor will KEHP share your personal health information with your employer. KEHP may receive aggregate information from StayWell that does not identify any individual in order to design and offer health programs aimed at improving the health of KEHP members. The only individuals who may receive your personally identifiable health information are persons employed by StayWell (KEHP's well-being 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 well-being program.

11. **What if I can't take the Health Assessment due to medical or mental health conditions?**
    Yes, if it is unreasonably difficult because of a medical or mental health condition for you to complete the health assessment, you also have the option of completing a biometric screening. If it is unreasonably difficult for you to complete either one, call StayWell at 866-746-1316 (effective January 1, 2020), and they will work with you to develop an alternative solution.

12. **If I do not fulfill the LivingWell Promise, will my health insurance claims still be paid?**
    Yes. The plan will continue to pay eligible claims for the plan year, even if you do not fulfill the LivingWell Promise. However, you will not receive the $480 a year ($40 a month) premium discount.

13. **What happens if I fail to complete the LivingWell Promise between January 1 and July 1, 2020?**
    If you fail to fulfill the LivingWell Promise, you will not receive the $480 a year ($40 a month) premium discount in 2021.

## Plan Information

1. **What is a Consumer Driven Health Plan (CDHP)?**
   CDHPs put you, the consumer, in more control of managing your healthcare expenses. CDHPs feature lower premiums and include an employer-funded, pre-loaded Health Reimbursement Arrangement (HRA) to help reduce your deductible and maximum out-of-pocket expenses. With a higher deductible,

the employer-funded HRA, and lower co-insurance amounts, a CDHP engages members in their healthcare decisions and makes them more aware of the cost and utilization of healthcare services. Like a PPO, members in a CDHP have flexibility when choosing healthcare from in-network providers and members must pay more for healthcare from out-of-network providers. Unused dollars in the HRA can accumulate and carry over to the next plan year if a member continues to elect a CDHP. There is a $7,500 maximum carryover amount on the LivingWell CDHP and LivingWell Basic CDHP HRAs. In the CDHPs, your medical and pharmacy costs both apply toward the deductible and maximum out-of-pocket expenses.

2. **What is a Preferred Provider Organization plan (PPO)?**
   PPOs are a type of insurance plan with which most people are familiar. Usually PPOs have higher premiums, low deductibles, and require you to pay co-pays and co-insurance. The insurance plan is responsible for the remainder. In addition, PPOs allow flexibility when choosing healthcare from in-network providers, and members must pay more for healthcare from out-of-network providers. Your medical out-of-pocket maximum is separate from your pharmacy out-of-pocket maximum, and they accumulate separately in the PPO.

3. **What is a deductible?**
   A deductible is the amount you have to pay out-of-pocket before the plan begins to pay expenses. Deductibles are generally calculated per calendar year, and most plans have individual and family deductible amounts.

4. **What is co-insurance?**
   Co-insurance refers to a shared payment between the health plan and you, described in percentages (e.g. 80%/20%).

5. **What is out-of-pocket maximum?**
   This is the most money in a plan year that you can expect to pay for covered medical and pharmacy services.

6. **What is a co-pay?**
   A co-pay is your portion of the cost for a health care service (e.g., you may pay $25 per office visit or $10 to get a prescription filled). Your insurance plan pays the difference.

# Health Reimbursement Arrangements and Flexible Spending Accounts

**1. What is a Health Reimbursement Arrangement (HRA)?**

An HRA is an account that you can use to cover qualified expenses. The KEHP has multiple types of HRAs:

1. An embedded HRA is part of the CDHP plan options and is pre-funded for you to use to help cover your deductible and co-insurance expenses. The embedded HRA has a maximum carryover amount of $7,500.
2. A Waiver General Purpose HRA and a Waiver Dental/Vision Only HRA are employer-funded and can be selected when you do not need health insurance and choose to waive your health coverage. HRA funds can carry over to the next plan year, as long as you continue to elect the same type of HRA. There is a $5,000 maximum carryover amount on a Waiver HRA from 2020 to 2021.

Funds in the LivingWell CDHP HRA, LivingWell Basic CDHP HRA, and the Waiver General Purpose HRA can be used to pay for:

- 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

**NOTE:** If you use your CDHP HRA funds for dental and vision expenses, these funds will not apply to your deductible and out-of-pocket maximum.

Funds in the Waiver Dental/Vision Only HRA can be used to pay for:

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

**NOTES:** Retirees are not eligible for the Waiver General Purpose HRA or the Dental/Vision Only HRA.

- If you, your spouse, or dependent is contributing funds to a Health Savings Account (HSA), you should consult a tax advisor prior to establishing an HRA or Healthcare Flexible Spending Account.
- Employees of employers that do not participate in KEHP's HRA program are not eligible for the Waiver HRA options.

**2. What is a Healthcare Flexible Spending Account (FSA)?**

A Healthcare FSA is an account funded by you to pay for healthcare services such as prescription co-payments, medical deductibles, and doctor's office co-payments with pre-tax money. The amount you contribute will be payroll deducted. You can use your FSA for your spouse and dependent(s) up to age 26. The 2020 limit for contributions to a Healthcare FSA is a minimum of $120 to a maximum of $2,700 per employee, per year. There is virtually no risk in losing your FSA money if you don't spend it all because you may carry over a minimum of $50, up to a maximum of $500, to the next plan year. FSA funds can be used to pay for:

- Medical and prescription 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

**3. What is a Child and Adult Daycare Flexible Spending Account (FSA)?**

A Child and Adult Daycare FSA allows you to pay for dependent care expenses such as daycare or after-school programs for dependents up to age 13. The Child and Adult Daycare FSA may also be used to pay for adult day care services for adult dependents. The maximum that you can contribute to a Child and Adult Daycare FSA per year is based on your tax filing status: $5,000 for married, filing a joint return; $5,000 filing as head-of- household; or $2,500 married, filing separate returns. Make sure to contribute only as much as you will use. You can use the money only for eligible expenses paid during the current plan year. There is no carry over of unused Child and Adult Daycare FSA funds.

**4. How do I receive reimbursement for my HRA or FSA account?**

WageWorks offers a variety of methods to pay for and verify your eligible expenses.

- Swipe and Go: Use your WageWorks Healthcare Card, a convenient payment method tied to WageWorks Healthcare FSA and HRAs to make healthcare purchases at the doctor's office, pharmacy, optician, dentist, and other healthcare providers easy. You cannot use the WageWorks Healthcare Card for Child and Adult Daycare FSA reimbursement.
- Online: Reimbursement forms are readily available online. You can upload your receipt directly to your account. When accessing your account online, you can also setup the Pay My Provider service to pay many of your eligible Healthcare and Child and Adult Daycare expenses directly from your spending account (similar to online banking). Go to WageWorks.com/KEHP.
- Mobile App: WageWorks offers a mobile app that allows you to take a picture of your claim receipt or Explanation of Benefits (EOB) and send it to your WageWorks online account. They will use the receipt to validate any receipts needing verification. The mobile app enables you to log in to your account and check your balances, submit claims, snap photos of receipts, get alerts by text or email — all on the go!
- Fax/Mail: You can also print the needed forms from the WageWorks website and submit via fax or mail to: Claims Administrator P.O. Box 14053, Lexington, KY 40512 Fax 877-353-9236.

**5. What is substantiation?**

Substantiation is required by the IRS to verify that an HRA or FSA claim is an eligible expense. If you have a health insurance plan with KEHP, as well has a Healthcare FSA, then most of your HRA or FSA expenses paid with WageWorks Healthcare Card will be verified through Anthem's medical claims system. If you choose a Waiver HRA, your primary health insurance plan is not through KEHP. You will need to keep your receipts in the event WageWorks needs to verify the expense, even if you use your WageWorks Healthcare Card. You can submit receipts and verify expenses online or use the EZ Receipts Mobile App.

**6. Who is eligible for an FSA?**

Employees of state agencies, schools boards, and certain quasi-agencies are eligible to elect an FSA. Contact your Insurance Coordinator or HR department for details.

Retirees are not eligible for an FSA. Employees whose employment has terminated shall cease to be a participant in the FSA. Retirees have 90 days after the end of the calendar year of the claim service date to submit reimbursement requests for expenses incurred up to their termination date.

7. **Can I have an HRA and a Healthcare FSA?**
   Yes, you can elect both. Because HRAs are employer-funded and FSAs are employee-funded, you could choose to have both to cover your out-of-pocket expenses. For example, you elect the LivingWell CDHP, family coverage level, and have $1,000 in an employer-funded HRA that can be used toward your deductible. You could also elect to have $1,500 of your money added to a Healthcare FSA and use those pre-tax dollars to help meet your deductible or to pay for vision and dental expenses. If you have both, your Healthcare FSA funds will be spent first before your HRA funds.

8. **How long do I have to spend FSA and/or HRA money?**
   FSA and/or HRA funds may only be used to pay for eligible expenses incurred during the coverage plan year. However, you have until March 31, 2021 to submit reimbursement requests for FSA and/or HRA expenses incurred during your 2020 coverage period.

## Members Who Don't Need Health Insurance Coverage

Members who have other health insurance and don't need a health plan through the KEHP, can choose a Waiver HRA.

1. **Who is eligible to elect the Waiver General Purpose HRA?**
   An active employee of a state agency, school board, or certain quasi-governmental agency who:
   a. is eligible for state-sponsored health insurance coverage;
   b. whose employer participates in the KEHP's HRA/FSA program;
   c. who has other group health plan coverage that provides minimum value; and
   d. who declares, in writing, that they have such other group health plan coverage.

2. **Who is not eligible for the Waiver HRA?**
   If you are a member of an agency that does not participate in KEHP's HRA/FSA program, a retiree, or a retiree under age 65 who has gone back to work and elected coverage under the retirement system, then you are not eligible for the Waiver HRA. Also, employees who do not have other group health plan coverage are not eligible to elect a Waiver General Purpose HRA.

   **NOTE:** If you or your spouse or dependent is contributing funds to a Health Savings Account (HSA), you should consult a tax advisor prior to establishing an HRA.

3. **What is "other group health plan" coverage?**
   "Group health plan coverage" means coverage under a plan (including a self-insured plan) maintained by an employer (including a self-employed person), an employee organization, or labor union that provides health care for employees and their families. Group health plan coverage does not include Medicaid, KCHIP, TRICARE, Medicare, Veteran's Benefits, Peace Corp coverage, any other governmental insurance plan, student policies, state high risk pool coverage, or individual market coverage, including individual coverage purchased through the Marketplace.

4. **What is "minimum value"?**
   A group health plan provides "minimum value" if 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.

5. **How do I know if my other group health plan coverage provides minimum value?**
   The employer or the sponsor of the other group health plan coverage can tell you if the group health plan provides minimum value.
6. **Whose expenses can be reimbursed through the Waiver General Purpose HRA?**
   If eligible to elect a Waiver General Purpose HRA, the federal guidelines related to HRAs allow you to use the Waiver General Purpose HRA to pay for qualified medical expenses for you, your spouse, and your dependents as long as you can attest that all persons covered under the Waiver General Purpose HRA have other group health insurance coverage.

7. **What happens if I lose my other group health plan coverage during the year?**
   If an employee elects a Waiver General Purpose HRA and ceases to be covered under another group health plan that provides minimum value, the employee must notify KEHP within 35 days after the date that the other group health plan coverage ends. In this event, coverage under the Waiver General Purpose HRA will be terminated and the employee may elect a KEHP health insurance plan option or the Waiver Dental/Vision ONLY HRA. Any funds remaining in the Waiver General Purpose HRA after termination may be used to reimburse the employee for eligible expenses incurred prior to termination of the Waiver General Purpose HRA. The employee is permitted to permanently opt out of and waive future reimbursements from the Waiver HRA at least annually at open enrollment.

8. **What happens if I choose a Waiver General Purpose HRA but do not have other group health plan coverage that provides minimum value?**
   You are not eligible for coverage under a Waiver General Purpose HRA unless you declare, in writing, that you and your spouse and dependents, if applicable, have other group health plan coverage that provides minimum value. If KEHP determines that you have made a false certification, your coverage under the Waiver General Purpose HRA will be revoked.

9. **Why must the Waiver General Purpose HRA be integrated with other "group health plan" coverage?**
   The rules regarding the Waiver General Purpose HRA are established by the federal government. The Waiver General Purpose HRA is considered a "group health plan" but it does not comply with certain federal law requirements for group health plans. For instance, the Waiver General Purpose HRA does not provide preventive care at zero cost sharing for members. Also, the Waiver General Purpose HRA does not comply with the prohibition against annual limits as it is limited to $2,100 per year. For these reasons, federal law requires the Waiver General Purpose HRA to be coupled, or integrated, with other "group health plan" coverage that meets all the requirements for health plans imposed by the federal government.

10. **Why isn't TRICARE considered other "group health plan" coverage?**
    On September 13, 2013, the US Department of Labor, the US Department of Treasury, and the US Department of Health and Humana Services collectively issued guidance regarding HRAs. As indicated by the guidance, an HRA, like the Commonwealth's Waiver General Purpose HRA, must be integrated with other group health plan coverage and that coverage must provide minimum value. In order to elect the Waiver General Purpose HRA, the employee must be "actually enrolled in a group health plan that provides minimum value." The term "group health plan" is specifically defined by federal law. With respect to a "group health plan," the following definition applies: 26 USC 5000(b)(1) - The term "group health plan" means a plan (including a self-insured plan) of, or contributed to by, an employer (including a self-employed person) or employee organization to provide health care (directly or otherwise) to the employees, former employees, the employer, others associated or formerly associated with the employer

in a business relationship, or their families. TRICARE is a government-sponsored plan and is not an employer-sponsored or employee organization (e.g. union) – sponsored plan. As such, persons with TRICARE are not able to attest or declare that they are enrolled in a "group health plan" that provides minimum value.

**11. What is the difference between a Waiver General Purpose HRA and a Waiver Dental/Vision Only HRA?**

A Waiver General Purpose HRA will reimburse the employee or the employee's dependents for certain medical expenses such as medical and prescription drug deductibles, co-payments and co-insurance, certain dental and vision services, and medical supplies. The Waiver Dental/Vision ONLY HRA will reimburse the employee or the employee's dependents only for expenses related to vision and dental services.

**12. Can I choose a Waiver Dental/Vision ONLY HRA if I do not have other group health plan coverage that provides minimum value?**

Yes. You may waive KEHP health insurance coverage and choose a Waiver Dental/Vision ONLY HRA even if you do not have other group health plan coverage that provides minimum value. You are not required to sign a written declaration if you waive KEHP health insurance coverage and choose a Waiver Dental/Vision ONLY HRA.

**13. Who is eligible for the Waiver Dental/Vision Only HRA?**

Any active employee of a state agency, school board or certain quasi-governmental agency who is eligible for state-sponsored health insurance coverage may waive health insurance and enroll in the Waiver Dental/Vision Only HRA. Retirees who have returned to work and who are over age 65 may also waive health insurance and enroll in the Waiver Dental/Vision Only HRA.

**14. Who is not eligible for the Waiver Dental/Vision Only HRA?**

If you are a member of an agency that does not participate in KEHP's HRA/FSA program, a retiree, or a retiree under age 65 who has gone back to work and elected coverage under the retirement system, then you are not eligible for the Waiver Dental/Vision Only HRA.

## Tobacco Use

**1. What is the non-tobacco user discount?**

The Commonwealth of Kentucky is committed to fostering and promoting well-being and health in the workforce. As part of KEHP's LivingWell well-being 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-Change Form" refers to any method of enrolling in KEHP health insurance coverage, including submitting a paper application, completing and submitting an electronic application, or enrolling in KEHP health insurance coverage through an online enrollment system.

2. **Who is considered a dependent for the Tobacco Use Declaration?**
   "Dependent" means, for the purpose of the Tobacco Use Declaration, only those dependents who are 18 years of age or older and covered under your plan.

3. **When can I qualify for the monthly employee insurance premium contribution discounts for non-tobacco users?**
   All KEHP members or prospective KEHP members have the opportunity to qualify for the monthly employee insurance premium contribution discounts for non-tobacco users upon application (new hires) for insurance coverage through KEHP and once each year at open enrollment (ongoing employees).

4. **Can I change the tobacco use status during the plan year if I stop smoking?**
   Yes, provided all persons covered under your plan are non-tobacco users. KEHP Planholders certifying that there is a tobacco user covered under the Planholder's insurance plan will be eligible for discounted premium contribution rates provided all persons covered under the plan stop using tobacco products regularly (four or more times per week on average) during the plan year. In order to qualify for the discounted premium contribution rates, the Planholder must sign a Tobacco Use Change Form certifying that neither the Planholder nor the Planholder's spouse/dependent(s) regularly used tobacco products during the 6 months prior to completion of the Tobacco Use Change Form.

   To the extent available, proof of completion of a tobacco cessation program or other proof of non-tobacco use will be required. The monthly discounted premium contribution rates will be applicable on the first of the month following the signature date on the Tobacco Use Change Form.

5. **Do I continue to get the monthly discounted premium contribution rates for non-tobacco users if I or a spouse/dependent covered under my insurance plan begin using tobacco during the plan year?**
   During the plan year, KEHP Planholders must complete a Tobacco Use Change Form if the Planholder experiences any changes in the Planholder's tobacco use or that of a spouse or dependent covered under the Planholder's insurance plan. KEHP Planholders who certify that there are no regular tobacco users covered under the Planholder's insurance plan are eligible for the monthly discounted premium contribution rates and are required to notify KEHP if either the Planholder or the Planholder's spouse/dependent(s) become regular tobacco users.

6. **What is the Tobacco Use Change Form?**
   The Tobacco Use Change Form is a form used to advise KEHP of any changes in Members' tobacco use status that occur during the plan year. A Member refers to each person covered under a KEHP insurance plan including employees and retirees and their spouses and dependents.

7. **What happens if I do not accurately declare the tobacco use for persons covered under my KEHP plan?**
   KEHP Planholders who do not accurately declare the tobacco use for persons covered under the Planholder's insurance plan will be required to pay the difference between the tobacco-user and the non-tobacco-user premium contribution rates on a retroactive basis for the period during which the Planholder falsely certified eligibility for the non-tobacco-user monthly discounted premium contribution rates.

8. **How can I get help to quit using tobacco?**
   KEHP has programs available to help you quit using tobacco such as Anthem's Quit Better Together Program and the Quit Now Kentucky Line. Go to kehp.ky.gov for more information.

9. **What are the alternative standards available for those who are unable to meet the non-tobacco use standard?**
   If you think you might be unable to meet a standard for a reward under this well-being 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 well-being program with the same reward that is right for you in light of your health status.

## KHRIS ESS – Online Enrollment/Employee Self-Service

1. **How do I enroll through KHRIS ESS?**
   If you are an active employee, a TRS retiree, or a JRP/LRP retiree you can go to khris.ky.gov to login and enroll in benefits.
   Open a browser. KHRIS works best with the following: Microsoft Internet Explorer 11+ 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 is included in this packet 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.

      OR

   **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 into KHRIS ESS in 2019).
       Click I have read and understand

13. Click **Open Enrollment**


## KEHP Tobacco Usage Declaration

1. Review the Tobacco Usage Declaration.
2. Answer Yes or No.
3. Click Save and Continue

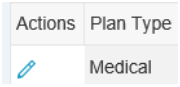
## Step 1: Personal Profile

1. Review your personal data.
2. Click Edit Personal Profile to change your personal data.
3. Click Next

## Step 2: Dependent and Beneficiaries

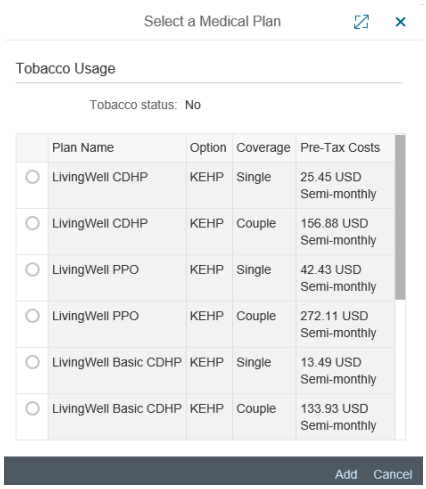
1. Click Edit Dependents and Beneficiaries to review/change your family members/dependents. If you wish to update your life insurance beneficiaries, please call 502-564-4774 for assistance.
   NOTE: Adding members at this step does not automatically add them to your insurance plan, which is in the next 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
2. Your eligible health plan options and waiver options will display.
   NOTE: Your 2019 plan will display in blue. Use the scroll bar on the right of the Select a Medical Plan window to scroll down.

3. Select a plan by clicking the round button next to your plan choice.




4. 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.*
5. Once you have selected a Health Plan or Waiver option and if necessary, selected your dependent(s), click Add

6. If you wish to enroll in the Anthem Dental Plan or Anthem Vision Plans, click the pencil icon under Actions for each of these and follow the same steps as in #4 & #5. If you do not wish to add these plans, then click Next >

## Step 4: Flexible Spending Accounts (FSAs)

**NOTE: if your agency does not participate with our FSA, then you will not see this step.**

1. Click the pencil icon under Actions to Enroll in a Healthcare or Child & 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 plan elections for Plan Year 2020; if you are satisfied with your plan elections, click Save . Once you click save, the message - *Congratulations! You have successfully enrolled in the 2020 plan year* will display.

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.


**2. What is my KHRIS User ID?**

Your KHRIS User ID is a six-character identification provided to you in the KEHP Open Enrollment packet you should receive in late September. If you do not know your KHRIS ID, you can retrieve it by clicking "Forgot KHRIS User ID?" on the KHRIS login page.

**3. How do I find my password?**

You can go to khris.ky.gov and follow these steps:

- Click the "Forgot/Reset Password or New User" link.
- Enter your KHRIS User ID and click "Validate." For security purposes, you must provide the following information: Last Name, Zip Code, Date of Birth, and Social Security Number. Click "Authenticate." If your information has been validated, a new password displays. Write this down or copy it.
- Click "Return to KHRIS Logon." Back at the main page khris.ky.gov, type your KHRIS User ID and new password.

**Note:** If you are and active employee who utilizes the Cross-Reference Plan Option with another active employee, the primary Planholder must enroll first and make health insurance elections for the whole family, and if desired, any optional Flexible Spending Account, dental or vision insurance coverage. Once the Primary Planholder has completed enrollment and logged out of KHRIS ESS, the Secondary Planholder, if desired, may then log in KHRIS ESS and enroll in any FSA, dental or vision optional insurance coverage.

4. **I'm having trouble with KHRIS ESS after I have logged into the site, what do I need to do?**
   You can review the KHRIS Technical Requirements and make any necessary changes. Keep in mind these tips for accessing the Open Enrollment portion of KHRIS ESS:

   **Browser Versions recommended for the KHRIS portal:**
   Microsoft Internet Explorer version 11* or higher, including Windows Edge browser.
   Chrome most versions
   Safari on tablets - all versions
   Safari on Mac - all versions
   Android internet application on tablet - most versions **
   Firefox all versions

   **Mobile Operating Systems recommended for the KHRIS portal:**
   IOS
   Android later versions **

   **Pop-up Blockers:**
   Pop-up blockers MUST be TURNED OFF to use KHRIS.
   Pop-up blockers prevent pop-up windows from opening. This protects you from unwanted advertising solicitations. If your pop-up blocker security settings are set to "on" some content may also be inadvertently blocked. From Internet Explorer, click Tools > slide mouse down to Pop-up Blockers > Choose Turn-off Pop-up blockers
   Tablets and mobile devices vary regarding how to turn off pop-up blockers, please refer to your devices user guide.

   **Screen resolution:**
   If your resolution is below 1280 x 960, some items may not fit on the screen.
   Zooming your screen to more than 100% may cause issues, therefore, it is recommended to keep your screen at 100%.

   **Viewing forms within KHRIS (Confirmation Statement, etc):**
   The most recent version of Adobe Reader should be installed to correctly view/display forms.

   * Internet Explorer 11 users may need to include KHRIS.ky.gov as a trusted site. To do so, follow this path. Open Internet Explorer 11 > Click Tools > Click Internet Options > Click the Security tab > Click on Trusted Sites > Click the Sites button > Type KHRIS.ky.gov then click the Add button > Close all windows and the browser then try again.
   ** May experience limited KHRIS functionality.

## KEHP Health and Well-being Programs

1. **What is KEHP's health and well-being program?**
   LivingWell is KEHP's voluntary well-being program available to all persons who enroll in a KEHP health insurance plan. The program is administered according to federal rules permitting employer-sponsored well-being 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 well-being 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 well-being 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 well-being program are available to all persons who enroll in a KEHP health insurance plan. 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 well-being 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 well-being program with the same incentive that is right for you in light of your health status.

**2. How is the information gathered through the well-being program used?**

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 well-being 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 well-being program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the well-being 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 well-being program. You will not be asked or required to waive the confidentiality of your health information as a condition of participating in the well-being program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the well-being 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 well-being administrator effective January 1, 2020) 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 well-being program.

In addition, all medical information obtained through the well-being program will be maintained separate from your personnel records; information stored electronically will be encrypted; and no information you provide as part of the well-being 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 well-being 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 well-being program, nor may you be subjected to retaliation if you choose not to participate.

3. **What is StayWell?**
   KEHP's LivingWell program is here to help you meet your goals in 2020; and StayWell®, our new well-being partner, provides you with tools and resources to help you achieve your ideal vision. It Pays to Get Healthy. We know that living a healthy lifestyle isn't always easy. That's why the LivingWell program offers incentives as a reward to encourage you along the way. Beginning in January 2020, you can earn incentives through StayWell® by completing your LivingWell Promise and engaging in well-being activities.

## Affordable Care Act, Preventive Care and Other Questions

1. **What is the "Marketplace"?**
   In an effort to give individuals access to affordable, comprehensive health insurance coverage, the ACA established the Health Benefit Exchange or the "Marketplace." The Marketplace offers one-stop-shopping for health insurance coverage. Through the Marketplace, individuals can shop, compare, and apply for coverage. They can also apply for premium tax credits that can be used to reduce the cost of coverage.

2. **How can I find out more information about the Marketplace?**
   You can learn more about the Marketplace by reviewing the Marketplace notice at kehp.ky.gov under "Legal Notices." You can also go to Healthcare.gov for more information.

3. **Will employees eligible for coverage through KEHP be eligible for premium tax credits through the Marketplace?**
   No. If an employee has an offer of health coverage from their employer that meets certain affordability and minimum value standards, the employee will not be eligible for a tax credit through the Marketplace. KEHP will ensure that plan(s) available for participating groups will meet the affordability and the minimum value tests. It is likely that not all plans offered through KEHP will meet the test for every employee, but at least one plan that meets both tests will be available for every employee. No employer action is required to ensure the coverage offered through KEHP meets the affordability and minimum value tests, provided the employer does not make any changes to the employer or employee contributions established by KEHP. If an employer group participating in KEHP offers employer or employee contributions different than those established by KEHP, the employer will need to conduct its own analysis to determine if the minimum essential coverage is affordable.

4. **Can I waive health insurance and buy coverage from the Marketplace?**
   Yes. However, if an employee has an offer of health coverage through KEHP from their employer, the employee will not be eligible for a tax credit through the Marketplace. Also, the employer premium contribution as well as the employee's premium contribution for KEHP coverage is excluded from income for Federal and State income tax purposes. Payments for coverage through the Marketplace are made on an after-tax basis.

5. **What is preventive care and what is covered under the preventive care benefits?**
   Preventive care helps you stay healthy - it includes annual exams for children and adults, immunizations, and screenings such as mammograms and colonoscopies. In 2020, all four KEHP health plan options will provide members with extensive preventive care benefits. Coverage for children's preventive health services will include autism screening, blood pressure screening, developmental screening, hearing and vision screening, immunization vaccines, and many other tests and screenings. For women, preventive services will include contraception, breastfeeding supplies and counseling, well-woman visits, breast cancer mammography screening, and many other tests, counseling, and screening services. For adults, preventive services include cholesterol screening, diabetes screening, depression screening, immunizations, obesity screening, diet counseling, and many other tests and preventive services.

   **Will I have to pay a co-payment, co-insurance, or deductible for preventive care?**
   No, in 2020, preventive care will be paid for under all four KEHP health plan options without any member cost sharing. That means KEHP members will be able to get preventive care without paying a co-payment, co-insurance, or a deductible for those services. To take advantage of the preventive care without cost-sharing, in-network providers must provide the preventive services.