Your 2022 Benefits Selection Guide

Your enrollment guide for benefits available through the Personnel Cabinet

Read inside for public employee and retiree benefit options

KENTUCKY PERSONNEL CABINET | Kentucky Employees' Health Plan

Open Enrollment is Oct 11 – Oct 29

Living Well Promise for 2022:

All planholders **must** take the online WebMD health assessment or complete a biometric screening.

Red River Gorge, Kentucky

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

Benefit Highlights

You are not required to re-enroll in a health, dental, or vision plan option for 2022, but we highly encourage you to review your options and ensure the plan you currently have still meets your needs.

If you do not enroll during the Open Enrollment period, you will remain in the same health, dental, and vision insurance plan option and coverage level as you have in 2021.

Save the dates!
Open Enrollment is October 11 – 29, 2021.

Do You Have to Enroll for Plan Year 2022?

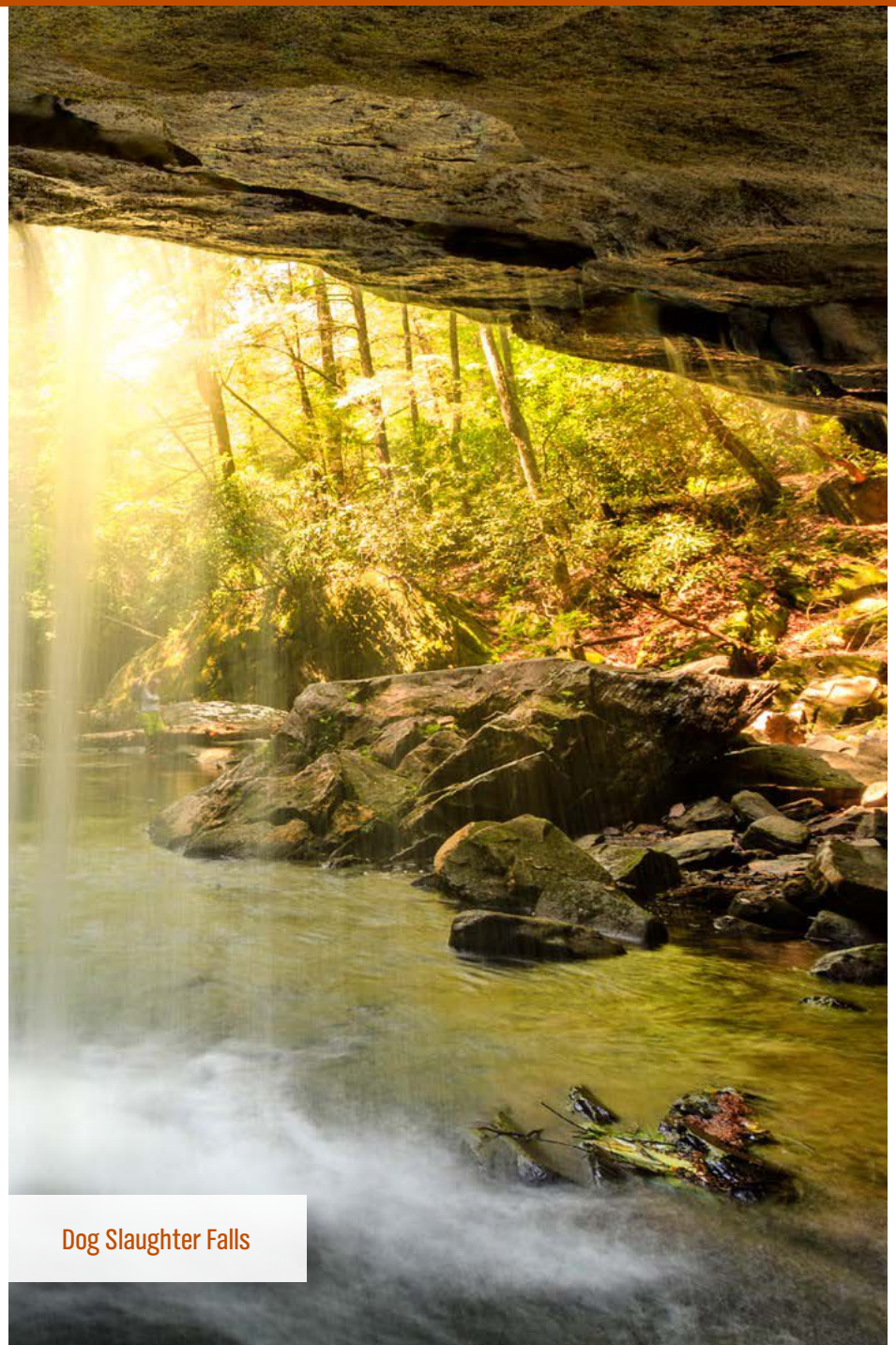
Yes, if...

- You want to change your health insurance plan.
- You want to add or drop dependents.
- You want to keep or elect the Waiver General Purpose HRA.
- You want to keep or elect a Healthcare FSA.
- You want to keep or elect a Child and Adult Daycare FSA.
- You want to change or elect a new life insurance plan.
- You want to change or elect a dental or vision plan.

No, if...

- You want to keep your current health insurance plan.
- You currently have a **Waiver Limited Purpose HRA** and you want to keep it.
- You are a Kentucky Public Pension Authority (KPPA) or Teachers' Retirement System (TRS) retiree under age 65 who returned to work and want to keep your current health insurance plan with your active employer.
- You want to keep your current dental and vision insurance plan.

Benefit Highlights



Dog Slaughter Falls

New for 2022

- Future Moms lactation support through LiveHealth Online.
- No member cost share for Diabetes Self-Management Education and Support (DSMES).
- Covered dependent spouses can participate in the wellness program and earn up to $100 in engagement rewards. Members who waive health insurance are no longer eligible to participate in the wellness program.
- Minimal health insurance premium increases as low as 50 cents to no more than $19.
- Be on the lookout for your new ID cards coming in the mail after open enrollment.

LivingWell CDHP

- In-network member co-insurance increase from 15% to 20%.
- Out-of-network member co-insurance increase from 40% to 50%.

LivingWell PPO

- In-network member co-insurance increase from 20% to 25%.
- Out-of-network member co-insurance increase from 40% to 50%.
- Generic pharmacy co-pay increase from $15 to $20 (30-day supply) and $30 to $40 (90-day supply).
- Zero cost share for members enrolled in the PrudentRx program for certain specialty drugs.

Life Insurance

MetLife is the new life insurance carrier offering lower premiums and new plans. See **pages 42 and 43** for details.

Remember to keep your life insurance beneficiary information updated in Kentucky Human Resource Information System (KHRIS) Employee Self-Service (ESS).

Kentucky Deferred Compensation

Invest in financial wellness with pre- and post-tax supplemental retirement plan options; go to **kentuckydcp.ky.gov**. See **page 46** for more details.

Plans at a Glance

Sometimes, choosing a health plan that works best for you and your family can be confusing. This page will help you have a better understanding of the four health plan options available to you. You'll find more detailed information on each health plan later in this guide.

LivingWell CDHP

Do you want to pay lower premiums and receive money in an HRA to help reduce your deductible? **LivingWell CDHP** may be the plan for you.

- It's the richest plan offered by KEHP.
- It is recommended for those who have a little or a lot of healthcare expenses.
- Both your medical and pharmacy expenses apply to the deductible and the out-of-pocket maximum.
- Once your out-of-pocket maximum is met, your covered medical and pharmacy claims will be paid at 100%.

LivingWell PPO

Are you willing to pay more in premiums to have just a co-payment for certain services? **LivingWell PPO** may be the plan for you.

- Co-pays apply to doctor's office visits, allergy shots, urgent care centers, and prescriptions.
- Most expenses are subject to the deductible and then covered at 75%.
- This plan has two out-of-pocket maximums — one for medical expenses and the other for prescription expenses, which means you will pay more out of your pocket.
- You will always have to pay co-pays for some services, even after meeting your deductible and out-of-pocket maximum.

LivingWell Basic CDHP

How about basic health insurance coverage and even lower premiums, and an HRA to help reduce your deductible? **LivingWell Basic CDHP** is just that.

- This is basic coverage for a very low premium.
- You will pay 30% for covered services after you meet your deductible.
- Both your medical and pharmacy expenses apply to the out-of-pocket maximum.
- Once your out-of-pocket maximum is met, your covered medical and pharmacy claims will be paid at 100%.

LivingWell Limited High Deductible

Are you not expecting to have medical expenses for 2022? The **LivingWell Limited High Deductible** is a catastrophic plan and limited coverage with the lowest premiums.

- It is NOT the plan for most people.
- This plan comes with a very high deductible and out-of-pocket maximum.
- You will pay 50% for covered services after you meet your deductible.
- Both your medical and pharmacy expenses apply to the out-of-pocket maximum.
- Once your out-of-pocket maximum is met, your covered medical and pharmacy claims will be paid at 100%.

LivingWell CDHP

Pay less in premiums and receive money in an HRA

How the LivingWell CDHP works

Before any expenses are paid by the LivingWell CDHP (except preventive services, which are paid at 100%), you must meet your deductible amount (except for specific prescriptions, see **pages 26 and 27**). You can use your HRA to help meet your deductible amount — see **next page**.

The LivingWell CDHP will then start paying 80% of covered medical and prescription expenses, and you will pay a 20% co-insurance.

Both your medical and prescription costs apply to the out-of-pocket maximum.

Health Action

See the Check Drug and Cost Coverage tool at **caremark.com** to get an idea of what your prescriptions may cost.

Use the HRA to help meet your deductible

- You will receive a HealthEquity debit VISA Healthcare Card that is pre-funded with $500 if you have single coverage or $1,000 if you have couple, parent-plus, or family coverage levels.
- Use the HRA to help pay for your co-insurance, which reduces your deductible.
- Use this card at your doctor's office, hospital, or pharmacy. Simply swipe the card to help pay for your eligible expenses, which will be deducted from your card balance.
- You can also use this card to pay for eligible vision and dental expenses. These expenses do not reduce your deductible.

LivingWell CDHP Benefits Grid

Lifetime Maximum	**In-Network**	Unlimited		**Out-of-Network**	Unlimited	
Health Reimbursement Arrangement (HRA)	Single $500	Family $1,000				
Annual Deductible	**In-Network**	Single $1,500	Family $2,750	**Out-of-Network**	Single $2,750	Family $5,250
Annual Out-of-Pocket Maximum* (*Medical and Prescription out-of-pocket is combined.)*	**In-Network**	Single $3,000	Family $5,750	**Out-of-Network**	Single $5,750	Family $11,250
Co-insurance	**In-Network**	Plan: 80%	Member: 20%	**Out-of-Network**	Plan: 50%	Member: 50%
Doctor's Office Visits	**In-Network**	Deductible, then 20%		**Out-of-Network**	Deductible, then 50%	

Annual Prescription Drug Out-of-Pocket Maximum**	**In-Network**	**Combined with Medical**	**Out-of-Network**	**Combined with Medical**
30-Day Supply of Prescriptions**				
Tier 1 — Generic	**In-Network**	Deductible, then 20%	**Out-of-Network**	Deductible, then 50%
Tier 2 — Formulary	**In-Network**	Deductible, then 20%	**Out-of-Network**	Deductible, then 50%
90-Day Supply of Prescriptions *(Retail or Mail Order)***				
Tier 1 — Generic	**In-Network**	Deductible, then 20%	**Out-of-Network**	Not Covered
Tier 2 — Formulary	**In-Network**	Deductible, then 20%	**Out-of-Network**	Not Covered
Physician Care *(Inpatient/Outpatient/Other)*	**In-Network**	Deductible, then 20%	**Out-of-Network**	Deductible, then 50%
Diagnostic Tests*** in Doctor's Office	**In-Network**	Deductible, then 20%	**Out-of-Network**	Deductible, then 50%
Other Laboratory	**In-Network**	Deductible, then 20%	**Out-of-Network**	Deductible, then 50%
Inpatient Hospital *(Semi-Private Room)*	**In-Network**	Deductible, then 20%	**Out-of-Network**	Deductible, then 50%
Outpatient Hospital/Surgery	**In-Network**	Deductible, then 20%	**Out-of-Network**	Deductible, then 50%
Outpatient/Ambulatory Surgery Center	**In-Network**	Deductible, then 20%	**Out-of-Network**	Deductible, then 50%

LivingWell CDHP Benefits Grid

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

Notes: You can refer to the Summary of Benefits and Coverage (SBC) for more information. KEHP has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. If an error has occurred, the benefits outlined in the 2022 Summary Plan Descriptions (SPDs) and Medical Benefit Booklets will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations, and exclusions set forth in the SPDs.

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

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

*** Claims are processed based on provider billing type, which may include separate charges from a lab performing services outside of the doctor's office visit.

LivingWell PPO

Pay more in premiums and have co-pays for some services

How the LivingWell PPO works

You Pay:

A co-payment	Doctor visits Diagnostic tests in the doctor's office Non-specialty prescriptions Allergy injections Allergy serum Urgent care centers
A co-payment plus your deductible, then co-insurance. Co-pay waived if admitted.	Emergency room
A deductible and then 25% co-insurance	All other covered services
Zero cost share for specialty drugs for those enrolled in the PrudentRx specialty program. A 30% co-insurance for specialty drugs applies for those not enrolled.	Specialty Prescriptions in the PrudentRx program

Your co-pays will not apply to your deductible.

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

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

Health Action

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

LivingWell PPO Benefits Grid

Lifetime Maximum	**In-Network**	Unlimited		**Out-of-Network**	Unlimited	
Health Reimbursement Arrangement (HRA)	None					
Annual Deductible*	**In-Network**	Single $1,000	Family $1,750	**Out-of-Network**	Single $1,750	Family $3,250
Annual Medical Out-of-Pocket Maximum** *(Applies to medical only — separate from the prescription out-of-pocket maximum.)*	**In-Network**	Single $3,000	Family $5,750	**Out-of-Network**	Single $5,750	Family $11,250
Co-insurance	**In-Network**	Plan: 75%	Member: 25%	**Out-of-Network**	Plan: 50%	Member: 50%
Doctor's Office Visits	**In-Network**	Co-pay:* $25 PCP, $50 Specialist		**Out-of-Network**	Deductible, then 50%	
Annual Prescription Drug Out-of-Pocket Maximum** *(Applies to prescriptions and separate from medical.)*	**In-Network**	**Single $2,500**	**Family $5,000**	**Out-of-Network**	**Single $5,000**	**Family $10,000**
30-Day Supply of Prescriptions***						
Tier 1 — Generic	**In-Network**	$20		**Out-of-Network**	$40	
Tier 2 — Formulary	**In-Network**	$40		**Out-of-Network**	$80	
90-Day Supply of Prescriptions *(Retail or Mail Order)****						
Tier 1 — Generic	**In-Network**	$40		**Out-of-Network**	Not Covered	
Tier 2 — Formulary	**In-Network**	$80		**Out-of-Network**	Not Covered	
(Zero cost share for specialty drugs for those enrolled in the PrudentRx specialty program. A 30% co-insurance for specialty drugs applies for those not enrolled.)						
Physician Care *(Inpatient/Outpatient/Other)*	**In-Network**	Deductible, then 25%		**Out-of-Network**	Deductible, then 50%	
Diagnostic Tests**** in Doctor's Office	**In-Network**	Office Visit co-pay*		**Out-of-Network**	Deductible, then 50%	
Other Laboratory	**In-Network**	Deductible, then 25%		**Out-of-Network**	Deductible, then 50%	
Inpatient Hospital *(Semi-Private Room)*	**In-Network**	Deductible, then 25%		**Out-of-Network**	Deductible, then 50%	
Outpatient Hospital/Surgery	**In-Network**	Deductible, then 25%		**Out-of-Network**	Deductible, then 50%	
Outpatient/Ambulatory Surgery Center	**In-Network**	Deductible, then 25%		**Out-of-Network**	Deductible, then 50%	

LivingWell PPO Benefits Grid

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

Notes: You can refer to the Summary of Benefits and Coverage (SBC) for more information. KEHP has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. If an error has occurred, the benefits outlined in the 2022 Summary Plan Descriptions (SPDs) and Medical Benefit Booklets will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations, and exclusions set forth in the SPDs.

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

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

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

**** Claims are processed based on provider billing type, which may include separate charges from a lab performing services outside of the doctor's office visit.

LivingWell Basic CDHP

A basic health plan with even lower premiums, and an HRA to help reduce your deductible

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

How the LivingWell Basic CDHP works

Before any expenses are paid by the LivingWell Basic CDHP (except preventive services, which are paid at 100%), you must meet your deductible amount (except for specific prescriptions, see **pages 26 and 27**). You can use your HRA to help pay for or reduce your deductible amount.

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

Both your medical and prescription costs apply to the out-of-pocket maximum.

You can add additional pre-tax funds to your VISA healthcare card by enrolling in a Healthcare Flexible Spending Account. See page 32 to learn more.

Use the HRA to help meet your deductible

- You will receive a HealthEquity debit VISA Healthcare Card that is pre-funded with $250 if you have single coverage or $500 if you have couple, parent-plus, or family coverage.
- Use the HRA to pay for your co-insurance, which reduces your deductible.
- Use this card at your doctor's office, hospital, or pharmacy. Simply swipe the card to pay for your eligible expenses, which will be deducted from your card balance.
- You can also use this card to pay for eligible vision and dental expenses. These expenses do not reduce your deductible.

LivingWell Basic CDHP Benefits Grid

Lifetime Maximum	**In-Network**	Unlimited		**Out-of-Network**	Unlimited	
Health Reimbursement Arrangement (HRA)	Single $250	Family $500				
Annual Deductible	**In-Network**	Single $2,000	Family $3,750	**Out-of-Network**	Single $3,250	Family $6,250
Annual Medical Out-of-Pocket Maximum* (*Medical and Prescription out-of-pocket is combined.)*	**In-Network**	Single $4,000	Family $7,750	**Out-of-Network**	Single $7,750	Family $11,250
Co-insurance	**In-Network**	Plan: 70%	Member: 30%	**Out-of-Network**	Plan: 50%	Member: 50%
Doctor's Office Visits	**In-Network**	Deductible, then 30%		**Out-of-Network**	Deductible, then 50%	

Annual Prescription Drug Out-of-Pocket Maximum**	**In-Network**	**Combined with Medical**	**Out-of-Network**	**Combined with Medical**
30-Day Supply of Prescriptions**				
Tier 1 — Generic	**In-Network**	Deductible, then 30%	**Out-of-Network**	Deductible, then 50%
Tier 2 — Formulary	**In-Network**	Deductible, then 30%	**Out-of-Network**	Deductible, then 50%
90-Day Supply of Prescriptions *(Retail or Mail Order)***				
Tier 1 — Generic	**In-Network**	Deductible, then 30%	**Out-of-Network**	Not Covered
Tier 2 — Formulary	**In-Network**	Deductible, then 30%	**Out-of-Network**	Not Covered
Physician Care *(Inpatient/Outpatient/Other)*	**In-Network**	Deductible, then 30%	**Out-of-Network**	Deductible, then 50%
Diagnostic Tests*** in Doctor's Office	**In-Network**	Deductible, then 30%	**Out-of-Network**	Deductible, then 50%
Other Laboratory	**In-Network**	Deductible, then 30%	**Out-of-Network**	Deductible, then 50%
Inpatient Hospital *(Semi-Private Room)*	**In-Network**	Deductible, then 30%	**Out-of-Network**	Deductible, then 50%
Outpatient Hospital/Surgery	**In-Network**	Deductible, then 30%	**Out-of-Network**	Deductible, then 50%
Outpatient/Ambulatory Surgery Center	**In-Network**	Deductible, then 30%	**Out-of-Network**	Deductible, then 50%

LivingWell Basic CDHP Benefits Grid

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

Notes: You can refer to the Summary of Benefits and Coverage (SBC) for more information. KEHP has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. If an error has occurred, the benefits outlined in the 2022 Summary Plan Descriptions (SPDs) and Medical Benefit Booklets will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations, and exclusions set forth in the SPDs.

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

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

*** Claims are processed based on provider billing type, which may include separate charges from a lab performing services outside of the doctor's office visit.

LivingWell Limited High Deductible

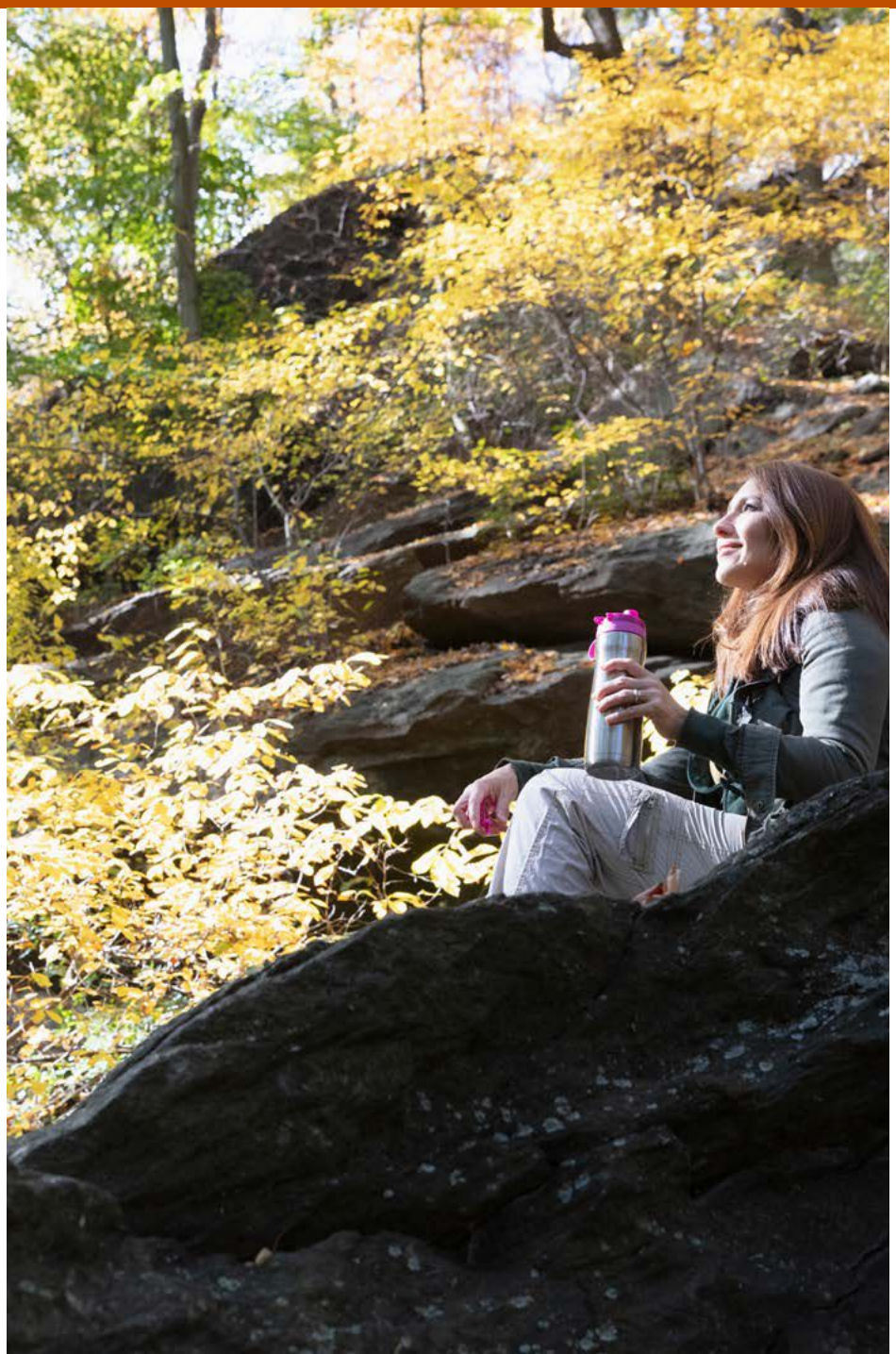
A catastrophic-type plan with limited coverage and the lowest premiums

How the LivingWell Limited High Deductible Plan works

Before any expenses are paid by the LivingWell Limited High Deductible Plan (except preventive services, which are paid at 100%), you must meet your deductible amount (except for specific prescriptions, see pages 26 and 27).

The plan will pay 50% of covered medical and prescription expenses, and you will pay a 50% co-insurance.

Both your medical and prescription costs apply to the out-of-pocket maximum.



Health Action

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

LivingWell Limited High Deductible Benefits Grid

Lifetime Maximum	**In-Network**	Unlimited		**Out-of-Network**	Unlimited	
Health Reimbursement Arrangement (HRA)	None					
Annual Deductible	**In-Network**	Single $4,250	Family $8,250	**Out-of-Network**	Single $8,250	Family $16,250
Annual Out-of-Pocket Maximum* *(Medical and Prescription out-of-pocket is combined.)*	**In-Network**	Single $5,250	Family $10,250	**Out-of-Network**	Single $10,250	Family $20,250
Co-insurance	**In-Network**	Plan: 50%	Member: 50%	**Out-of-Network**	Plan: 40%	Member: 60%
Doctor's Office Visits	**In-Network**	Deductible, then 50%		**Out-of-Network**	Deductible, then 60%	

Annual Prescription Drug Out-of-Pocket Maximum**	**Combined with Medical**			
30-Day Supply of Prescriptions**				
Tier 1 — Generic	**In-Network**	Deductible, then 50%	**Out-of-Network**	Deductible, then 60%
Tier 2 — Formulary	**In-Network**	Deductible, then 50%	**Out-of-Network**	Deductible, then 60%
90-Day Supply of Prescriptions *(Retail or Mail Order)***				
Tier 1 — Generic	**In-Network**	Deductible, then 50%	**Out-of-Network**	Not Covered
Tier 2 — Formulary	**In-Network**	Deductible, then 50%	**Out-of-Network**	Not Covered
Physician Care *(Inpatient/Outpatient/Other)*	**In-Network**	Deductible, then 50%	**Out-of-Network**	Deductible, then 60%
Diagnostic Tests*** in Doctor's Office	**In-Network**	Deductible, then 50%	**Out-of-Network**	Deductible, then 60%
Other Laboratory	**In-Network**	Deductible, then 50%	**Out-of-Network**	Deductible, then 60%
Inpatient Hospital *(Semi-Private Room)*	**In-Network**	Deductible, then 50%	**Out-of-Network**	Deductible, then 60%
Outpatient Hospital/Surgery	**In-Network**	Deductible, then 50%	**Out-of-Network**	Deductible, then 60%
Outpatient/Ambulatory Surgery Center	**In-Network**	Deductible, then 50%	**Out-of-Network**	Deductible, then 60%

LivingWell Limited High Deductible Benefits Grid

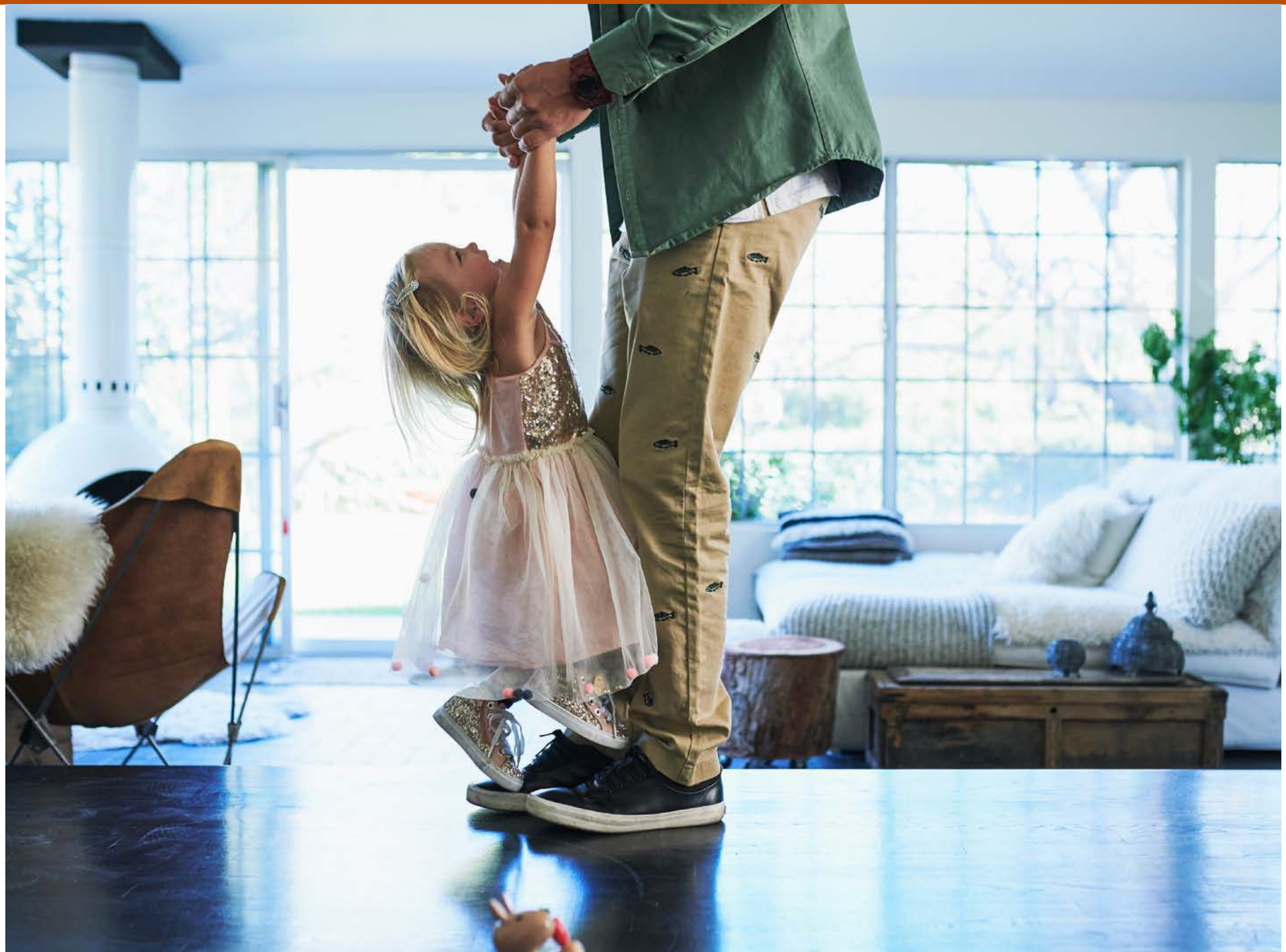
Emergency Room *(Benefit for emergency medical treatment only.)*	**In-Network**	Deductible, then 50%	**Out-of-Network**	Deductible, then 50%
ER Physician Care	**In-Network**	Deductible, then 50%	**Out-of-Network**	Deductible, then 50%
Ambulance	**In-Network**	Deductible, then 50%	**Out-of-Network**	Deductible,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

Notes: You can refer to the Summary of Benefits and Coverage (SBC) for more information. KEHP has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. If an error has occurred, the benefits outlined in the 2022 Summary Plan Descriptions (SPDs) and Medical Benefit Booklets will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations, and exclusions set forth in the SPDs.

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

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

*** Claims are processed based on provider billing type, which may include separate charges from a lab performing services outside of the doctor's office visit.



Benefits Grid Comparison View

Plan Options	LivingWell CDHP		LivingWell PPO		LivingWell Basic CDHP		LivingWell Limited High Deductible	
	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
HRA	Single $500; Family $1,000		Not Applicable		Single $250; Family $500		Not Applicable	
Annual Deductible*	Single $1,500 Family $2,750	Single $2,750 Family $5,250	Single $1,000 Family $1,750	Single $1,750 Family $3,250	Single $2,000 Family $3,750	Single $3,250 Family $6,250	Single $4,250 Family $8,250	Single $8,250 Family $16,250
	Applies to Medical and Pharmacy		Applies to Medical		Applies to Medical and Pharmacy		Applies to Medical and Pharmacy	
Annual Medical Out-of-Pocket Maximum**	Single $3,000 Family $5,750	Single $5,750 Family $11,250	Single $3,000 Family $5,750	Single $5,750 Family $11,250	Single $4,000 Family $7,750	Single $7,750 Family $11,250	Single $5,250 Family $10,250	Single $10,250 Family $20,250
Deductibles and Out-of-Pocket Maximums for In-Network and Out-of-Network providers accumulate separately and do not cross apply.								
Co-insurance	Plan: 80% Member: 20%	Plan: 50% Member: 50%	Plan: 75% Member: 25%	Plan: 50% Member: 50%	Plan: 70% Member: 30%	Plan: 50% Member: 50%	Plan: 50% Member: 50%	Plan: 40% Member: 60%
Doctor's Office Visits	Deductible, then 20%	Deductible, then 50%	Co-pay: $25 PCP $50 Specialist	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 50%	Deductible, then 60%
Annual Prescription Drug Out-of-Pocket Maximum**	Combined with Medical	Combined with Medical	Single $2,500 Family $5,000	Single $5,000 Family $10,000	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
30-Day Supply*** Tier 1 - Generic Tier 2 - Formulary	Deductible, then 20%	Deductible, then 50%	$20 $40	$40 $80	Deductible, then 30%	Deductible, then 50%	Deductible, then 50%	Deductible, then 60%
			Zero cost share for specialty drugs for those enrolled in the PrudentRx specialty program. A 30% co-insurance for specialty drugs applies for those not enrolled.					
90-Day Supply (Retail or Mail Order)*** Tier 1 - Generic Tier 2 - Formulary	Deductible, then 20%	Not Covered	$40 $80	Not Covered	Deductible, then 30%	Not Covered	Deductible, then 50%	Not Covered
			Zero cost share for specialty drugs for those enrolled in the PrudentRx specialty program. A 30% co-insurance for specialty drugs applies for those not enrolled.					
Physician Care (Inpatient/Outpatient/Other)	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 50%	Deductible, then 60%
Diagnostic Tests** In Doctor's Office**	Deductible, then 20%	Deductible, then 50%	Office Visit co-pay	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 50%	Deductible, then 60%
Other Laboratory	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 50%	Deductible, then 60%
Inpatient Hospital (Semi-Private Room)	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 50%	Deductible, then 60%
Outpatient Hospital/Surgery	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 50%	Deductible, then 60%

Benefits Grid Comparison View

Plan Options	LivingWell CDHP		LivingWell PPO		LivingWell Basic CDHP		LivingWell Limited High Deductible	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient/Ambulatory Surgery Center	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 50%	Deductible, then 60%
Emergency Room (Benefit for emergency medical treatment only)	Deductible, then 20%		$150 co-pay then Deductible, then 25%. Co-pay waived if admitted.		Deductible, then 30%		Deductible, then 50%	
ER Physician Care	Deductible, then 20%		Deductible, then 25%		Deductible, then 30%		Deductible, then 50%	
Ambulance	Deductible, then 20%		Deductible, then 25%		Deductible, then 30%		Deductible, then 50%	
Urgent Care Center	Deductible, then 20%		$50 co-pay		Deductible, then 30%		Deductible, then 50%	
Routine Well Child	Covered at 100%	Deductible, then 50%	Covered at 100%	Deductible, then 50%	Covered at 100%	Deductible, then 50%	Covered at 100%	Deductible, then 60%
Routine Well Adult	Covered at 100%	Deductible, then 50%	Covered at 100%	Deductible, then 50%	Covered at 100%	Deductible, then 50%	Covered at 100%	Deductible, then 60%
Mental Health	Treated the same as any other health condition. See specifics related to PCP office visit, inpatient, and outpatient services.							
Autism Services	Treated the same as any other health condition. See specifics related to PCP office visit, inpatient, and outpatient services.							
Allergy Injections	Deductible, then 20%	Deductible, then 50%	$15 co-pay	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 50%	Deductible, then 60%
Allergy Serum	Deductible, then 20%	Deductible, then 50%	$15 co-pay	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 50%	Deductible, then 60%
Maternity Care (See SPD for specifics)	Deductible, then 20%	Deductible, then 50%	$25 co-pay (office visit pregnancy diagnosed) Delivery Charge: Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 50%	Deductible, then 60%
Durable Medical Equipment	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible then 50%	Deductible, then 60%
Therapy Services (Per Visit; Physical, Occupational, Speech – combined limit)	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 50%	Deductible, then 60%
	Maximum of 90 combined therapy visits per calendar year							
Chiropractic Care (Manipulation Therapy)	Deductible, then 20%	Deductible, then 50%	$25 co-pay	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 50%	Deductible, then 60%
	Maximum of 26 visits per calendar year; no more than 1 visit per day							

Notes: The boxed areas of the grid are components of each plan most often used by members when choosing a plan option, but are not all inclusive. You can refer to the Summary of Benefits and Coverage (SBC) for more information. KEHP has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. If an error has occurred, the benefits outlined in the 2022 Summary Plan Descriptions (SPDs) and Medical Benefit Booklets will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations, and exclusions set forth in the SPDs.

* Co-pays do **not** accumulate toward the deductible, but they do accumulate toward the applicable out-of-pocket maximum.
** **LivingWell CDHP**, **LivingWell Basic CDHP**, and **LivingWell Limited High Deductible Plan**: all covered expenses apply to the out-of-pocket maximum, except routine well child and routine well adult. **LivingWell PPO**: the out-of-pocket maximum accumulates separately and independently for medical and prescription drug benefits.
*** Certain drugs to treat diabetes, COPD, and asthma are subject to reduced co-pays and co-insurance with no Deductibles. A 90-day supply of maintenance drugs is subject to lower co-pays and co-insurance. Select preventive/maintenance drugs bypass the deductible on the CDHPs and the Limited High Deductible Plan.
**** Claims are processed based on provider billing type, which may include separate charges from a lab performing services outside of the doctor's office visit.

2022 Monthly Premiums and Contributions

Non-Tobacco User Rates: Completing LivingWell Promise Rates

All employee contributions are per employee, per month.

LivingWell CDHP

Single	Total Premium	$750.30	Employer Contribution	$696.84	Employee Contribution	$53.46
Parent-Plus	Total Premium	$1,036.40	Employer Contribution	$899.34	Employee Contribution	$137.06
Couple	Total Premium	$1,453.30	Employer Contribution	$1,113.96	Employee Contribution	$339.34
Family	Total Premium	$1,623.94	Employer Contribution	$1,225.02	Employee Contribution	$398.92
Family Cross-Reference	Total Premium	$866.72	Employer Contribution	$779.82	Employee Contribution	$86.90

LivingWell PPO

Single	Total Premium	$772.16	Employer Contribution	$683.02	Employee Contribution	$89.14
Parent-Plus	Total Premium	$1,101.08	Employer Contribution	$846.98	Employee Contribution	$254.10
Couple	Total Premium	$1,691.64	Employer Contribution	$1,119.88	Employee Contribution	$571.76
Family	Total Premium	$1,883.60	Employer Contribution	$1,166.96	Employee Contribution	$716.64
Family Cross-Reference	Total Premium	$929.70	Employer Contribution	$759.22	Employee Contribution	$170.48

LivingWell Basic CDHP

Single	Total Premium	$721.54	Employer Contribution	$693.20	Employee Contribution	$28.34
Parent-Plus	Total Premium	$994.72	Employer Contribution	$927.20	Employee Contribution	$67.52
Couple	Total Premium	$1,537.72	Employer Contribution	$1,256.30	Employee Contribution	$281.42
Family	Total Premium	$1,713.58	Employer Contribution	$1,375.90	Employee Contribution	$337.68
Family Cross-Reference	Total Premium	$846.38	Employer Contribution	$814.88	Employee Contribution	$31.50

LivingWell Limited High Deductible Plan

Single	Total Premium	$642.02	Employer Contribution	$616.52	Employee Contribution	$25.50
Parent-Plus	Total Premium	$914.78	Employer Contribution	$854.00	Employee Contribution	$60.78
Couple	Total Premium	$1,407.32	Employer Contribution	$1,154.04	Employee Contribution	$253.28
Family	Total Premium	$1,566.78	Employer Contribution	$1,262.86	Employee Contribution	$303.92
Family Cross-Reference	Total Premium	$772.32	Employer Contribution	$743.98	Employee Contribution	$28.34

2022 Monthly Premiums and Contributions

Non-Tobacco User Rates: Not Completing LivingWell Promise Rates

All employee contributions are per employee, per month.

LivingWell CDHP

Single	Total Premium	$750.30	Employer Contribution	$656.84	Employee Contribution	$93.46
Parent-Plus	Total Premium	$1,036.40	Employer Contribution	$859.34	Employee Contribution	$177.06
Couple	Total Premium	$1,453.30	Employer Contribution	$1,073.96	Employee Contribution	$379.34
Family	Total Premium	$1,623.94	Employer Contribution	$1,185.02	Employee Contribution	$438.92
Family Cross-Reference	Total Premium	$866.72	Employer Contribution	$739.82	Employee Contribution	$126.90

LivingWell PPO

Single	Total Premium	$772.16	Employer Contribution	$643.02	Employee Contribution	$129.14
Parent-Plus	Total Premium	$1,101.08	Employer Contribution	$806.98	Employee Contribution	$294.10
Couple	Total Premium	$1,691.64	Employer Contribution	$1,079.88	Employee Contribution	$611.76
Family	Total Premium	$1,883.60	Employer Contribution	$1,126.96	Employee Contribution	$756.64
Family Cross-Reference	Total Premium	$929.70	Employer Contribution	$719.22	Employee Contribution	$210.48

LivingWell Basic CDHP

Single	Total Premium	$721.54	Employer Contribution	$653.20	Employee Contribution	$68.34
Parent-Plus	Total Premium	$994.72	Employer Contribution	$887.20	Employee Contribution	$107.52
Couple	Total Premium	$1,537.72	Employer Contribution	$1,216.30	Employee Contribution	$321.42
Family	Total Premium	$1,713.58	Employer Contribution	$1,335.90	Employee Contribution	$377.68
Family Cross-Reference	Total Premium	$846.38	Employer Contribution	$774.88	Employee Contribution	$71.50

LivingWell Limited High Deductible Plan

Single	Total Premium	$642.02	Employer Contribution	$576.52	Employee Contribution	$65.50
Parent-Plus	Total Premium	$914.78	Employer Contribution	$814.00	Employee Contribution	$100.78
Couple	Total Premium	$1,407.32	Employer Contribution	$1,114.04	Employee Contribution	$293.28
Family	Total Premium	$1,566.78	Employer Contribution	$1,222.86	Employee Contribution	$343.92
Family Cross-Reference	Total Premium	$772.32	Employer Contribution	$703.98	Employee Contribution	$68.34

2022 Monthly Premiums and Contributions

Tobacco User Rates: Completing LivingWell Promise Rates

All employee contributions are per employee, per month.

LivingWell CDHP

Single	Total Premium	$750.30	Employer Contribution	$656.84	Employee Contribution	$93.46
Parent-Plus	Total Premium	$1,036.40	Employer Contribution	$819.34	Employee Contribution	$217.06
Couple	Total Premium	$1,453.30	Employer Contribution	$1,033.96	Employee Contribution	$419.34
Family	Total Premium	$1,623.94	Employer Contribution	$1,145.02	Employee Contribution	$478.92
Family Cross-Reference	Total Premium	$866.72	Employer Contribution	$739.82	Employee Contribution	$126.90

LivingWell PPO

Single	Total Premium	$772.16	Employer Contribution	$643.02	Employee Contribution	$129.14
Parent-Plus	Total Premium	$1,101.08	Employer Contribution	$766.98	Employee Contribution	$334.10
Couple	Total Premium	$1,691.64	Employer Contribution	$1,039.88	Employee Contribution	$651.76
Family	Total Premium	$1,883.60	Employer Contribution	$1,086.96	Employee Contribution	$796.64
Family Cross-Reference	Total Premium	$929.70	Employer Contribution	$719.22	Employee Contribution	$210.48

LivingWell Basic CDHP

Single	Total Premium	$721.54	Employer Contribution	$653.20	Employee Contribution	$68.34
Parent-Plus	Total Premium	$994.72	Employer Contribution	$847.20	Employee Contribution	$147.52
Couple	Total Premium	$1,537.72	Employer Contribution	$1,176.30	Employee Contribution	$361.42
Family	Total Premium	$1,713.58	Employer Contribution	$1,295.90	Employee Contribution	$417.68
Family Cross-Reference	Total Premium	$846.38	Employer Contribution	$774.88	Employee Contribution	$71.50

LivingWell Limited High Deductible Plan

Single	Total Premium	$642.02	Employer Contribution	$576.52	Employee Contribution	$65.50
Parent-Plus	Total Premium	$914.78	Employer Contribution	$774.00	Employee Contribution	$140.78
Couple	Total Premium	$1,407.32	Employer Contribution	$1,074.04	Employee Contribution	$333.28
Family	Total Premium	$1,566.78	Employer Contribution	$1,182.86	Employee Contribution	$383.92
Family Cross-Reference	Total Premium	$772.32	Employer Contribution	$703.98	Employee Contribution	$68.34

2022 Monthly Premiums and Contributions

Tobacco User Rates: Not Completing LivingWell Promise Rates

All employee contributions are per employee, per month.

LivingWell CDHP

Single	Total Premium	$750.30	Employer Contribution	$616.84	Employee Contribution	$133.46
Parent-Plus	Total Premium	$1,036.40	Employer Contribution	$779.34	Employee Contribution	$257.06
Couple	Total Premium	$1,453.30	Employer Contribution	$993.96	Employee Contribution	$459.34
Family	Total Premium	$1,623.94	Employer Contribution	$1,105.02	Employee Contribution	$518.92
Family Cross-Reference	Total Premium	$866.72	Employer Contribution	$699.82	Employee Contribution	$166.90

LivingWell PPO

Single	Total Premium	$772.16	Employer Contribution	$603.02	Employee Contribution	$169.14
Parent-Plus	Total Premium	$1,101.08	Employer Contribution	$726.98	Employee Contribution	$374.10
Couple	Total Premium	$1,691.64	Employer Contribution	$999.88	Employee Contribution	$691.76
Family	Total Premium	$1,883.60	Employer Contribution	$1,046.96	Employee Contribution	$836.64
Family Cross-Reference	Total Premium	$929.70	Employer Contribution	$679.22	Employee Contribution	$250.48

LivingWell Basic CDHP

Single	Total Premium	$721.54	Employer Contribution	$613.20	Employee Contribution	$108.34
Parent-Plus	Total Premium	$994.72	Employer Contribution	$807.20	Employee Contribution	$187.52
Couple	Total Premium	$1,537.72	Employer Contribution	$1,136.30	Employee Contribution	$401.42
Family	Total Premium	$1,713.58	Employer Contribution	$1,255.90	Employee Contribution	$457.68
Family Cross-Reference	Total Premium	$846.38	Employer Contribution	$734.88	Employee Contribution	$111.50

LivingWell Limited High Deductible Plan

Single	Total Premium	$642.02	Employer Contribution	$536.52	Employee Contribution	$105.50
Parent-Plus	Total Premium	$914.78	Employer Contribution	$734.00	Employee Contribution	$180.78
Couple	Total Premium	$1,407.32	Employer Contribution	$1,034.04	Employee Contribution	$373.28
Family	Total Premium	$1,566.78	Employer Contribution	$1,142.86	Employee Contribution	$423.92
Family Cross-Reference	Total Premium	$772.32	Employer Contribution	$663.98	Employee Contribution	$108.34

Prescription Drug Coverage

Prescription Drug Coverage

As in the past, all health plan options have prescription drug coverage. CVS/Caremark manages the prescription benefits for KEHP, but you do not have to use a CVS pharmacy. Go to any in-network pharmacy that you choose and get a 30-day or 90-day supply of drugs! If you prefer to have your prescriptions delivered to your door, use the CVS/Caremark retail mail order program. Sign up at **caremark.com**.

You can view both the condensed and detailed versions of the Value Formulary at **kehp.ky.gov** or at **caremark.com**. For specific questions about your prescriptions, contact CVS/Caremark at **866-601-6934**. You may want to share the formulary listing with your primary care physician or other provider.

CVS/Caremark has a "Check Drug and Cost Coverage" tool that is helpful in comparing the cost of drugs at nearby pharmacies. The lower the cost of the drug, the less you will pay in co-insurance (except for the LivingWell PPO plan, which offers a fixed co-pay for prescription drugs). Sign in at **caremark.com**, then click on "Plan & Benefits" and look at "Check Drug and Cost Coverage."

Preventive Therapy Drug Benefit — Bypass Your Deductible

If you have the LivingWell CDHP, the LivingWell Basic CDHP, or the LivingWell Limited High Deductible plan, you only have to pay for the co-insurance amount for medications on the Preventive Therapy Drug Benefit list. This list includes medications you need on a regular basis to prevent conditions such as high blood pressure or high cholesterol. You can see the Preventive Therapy Drug Benefit list at **kehp.ky.gov**.

PrudentRx

If you have the LivingWell PPO plan, you may be able to save money on your specialty prescriptions. PrudentRx has collaborated with CVS Caremark® to offer a third-party (manufacturer) co-pay assistance program that may help save you money when you fill your prescription through CVS Specialty®. CVS/Caremark and PrudentRx will work with you to obtain third-party co-pay assistance for your medication, if available. Once you're enrolled, you'll pay nothing out-of-pocket — that's right, $0! — for medications on your plan's specialty drug list dispensed by CVS Specialty.

Your enrollment in the program will be started automatically, but some additional steps may be required, such as signing up for a manufacturer's co-pay assistance program. You can choose to opt out at any time, but if you do opt out, a 30% co-insurance will apply to your specialty medications. Look for more information coming directly to you via mail after open enrollment.

Health Action

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

Value Benefits for Diabetes, COPD, and Asthma

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

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

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

You will pay a reduced co-pay and/or co-insurance, and you won't have a deductible. See the chart below for the cost that you will pay. The maximum you will pay for a 30-day supply of insulin is $30.

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

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

Diabetes Benefits

The KEHP offers several programs to help with the prevention of and treatment for diabetes.

LARK

The Kentucky Employees' Health Plan, through its medical vendor, Anthem, has partnered with Lark to offer a type 2 diabetes prevention program at no extra cost to you. After a brief survey, if you are determined to be at risk for diabetes and enroll in the Lark program, you will receive:

- Access to a customized program through a convenient mobile app.
- 24/7 coaching to help develop habits to lose weight, manage stress, eat healthier, sleep better, and increase activity.
- Personalized feedback and daily check-ins.
- Educational information about prediabetes and preventing type 2 diabetes.
- Tips for managing everyday stress.

Receive a free smart scale upon enrollment and a free Fitbit after reaching certain milestones. See if you qualify at **lark.com/anthem**.

DSMES

Diabetes Self-Management Education and Support (DSMES) is available to you if you have already been diagnosed with type 1 diabetes. No deductible, no co-insurance, no cost to you! DSMES is an educational program for diabetes self-care, as developed through evidence-based practices. This is for members who have been diagnosed with type 1 diabetes by their health care provider. DSMES can be taught in a group or an individual setting, and can be offered in person or online. Services are typically provided by a registered dietitian or a certified diabetes educator. The DSMES program format includes weekly classes that focus on learning to eat healthier, being physically active, monitoring blood sugar levels, coping with the emotional side of diabetes, problem solving, reducing the risk for other health problems, and many other related topics. Ask your physician about how to find a DSMES provider near you.

Transform Diabetes Care (TDC)

TDC is a customized approach to diabetes and comorbidity management that provides the right amount of guidance and support based on your health needs. And it's covered at no cost to you through CVS.

With this program, you will receive:

- Timely notices about refills.
- Reminders to ask your provider about regular health checkups and screenings.
- Nutrition plans based on your needs and preferences.

You can also download the CVS Health Tracker app, which will provide valuable tools to:

- Monitor your glucose levels and track calories.
- Message with a health coach.
- Access personalized support from a Certified Diabetes Care Nurse.

Waiver General Purpose HRA

If you don't need health insurance, you may be eligible for the Waiver General Purpose Health Reimbursement Arrangement (HRA). YOU **MUST MAKE** an election for your Waiver General Purpose HRA or you will **NOT** receive $2,100.

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

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

The balance remaining in your Waiver General Purpose HRA (up to $2,100) at the end of 2022 will carry over to 2023 as long as you continue to waive your health insurance coverage and elect the Waiver General Purpose HRA.

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

- Medical and prescription expenses, including over-the-counter (OTC) medications, feminine products, and certain protective equipment, such as face masks and hand sanitizer.
- Co-payments and co-insurance.
- Certain dental fees, such as fees for cleanings, fillings, and crowns.
- Orthodontic treatment.
- Vision fees, including fees for contacts, eyeglasses, and laser vision correction.
- Medical supplies, such as wheelchairs, crutches, and walkers.

Who Is Eligible to Waive Coverage and Receive the Waiver General Purpose HRA

- Any active employee of a state agency, school board, or certain quasi-governmental agencies, who is eligible for state-sponsored health insurance coverage.
- A retiree who has returned to work.

Who Is Not Eligible

- An employee of an agency that does not participate in KEHP's FSA/HRA program with HealthEquity.
- A retiree under age 65 who has gone back to work and elected coverage under the retirement system.
- An employee who does not have employer-sponsored group health insurance coverage.
- An employee who has individual health insurance coverage through the Marketplace.
- An employee whose only other insurance is Medicare, Tricare, Medicaid, Veterans' Benefits, or other governmental-sponsored health insurance.
- An employee who is contributing or whose spouse is contributing to a Health Savings Account (HSA).

The HealthEquity debit VISA Healthcare Card can only be used for services rendered in 2022. You must file a Pay-Me-Back or Pay-My-Provider claim with HealthEquity for any services rendered in 2021.

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

Waiver Limited Purpose HRA

Don't Need Health Insurance?

If you have a Waiver Limited Purpose HRA in 2021 and wish to keep it, you do not have to make an election during open enrollment. Otherwise, you must make an election to waive your health insurance coverage and choose the Waiver Limited Purpose 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 Limited Purpose HRA. This HRA only covers dental and vision expenses. You can use this HRA for you and your dependents.

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

The balance remaining in your Waiver Limited Purpose HRA (up to $2,100) at the end of 2022 will carry over to 2023 as long as you continue to waive your health insurance coverage and elect the Waiver Limited Purpose HRA.

Note: The Waiver Limited Purpose HRA is not dental or vision insurance, but it may be used to pay for or reimburse you for dental and vision expenses. Examples of expenses that may be reimbursed from your Waiver Limited Purpose HRA include:

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

Who Is Eligible for the Waiver Limited Purpose HRA

- Any active employee of a state agency, school board, or certain quasi-governmental agencies, who is eligible for state-sponsored health insurance coverage.
- A retiree who has returned to work.
- Members who are not eligible for the Waiver General Purpose HRA because they have an individual or government-sponsored health insurance plan.

Who Is Not Eligible

- An employee of an agency that does not participate in KEHP's FSA/HRA program with HealthEquity.
- A retiree under age 65 who has gone back to work and elected coverage under the retirement system.

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

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

Healthcare FSA

Healthcare Flexible Spending Account (FSA)

Consider enrolling in an FSA for 2022 and save on a variety of expenses by paying for them on a pre-tax basis. If you're not currently enrolled, you are paying more in taxes.

If you already have a Healthcare FSA, and you want it again for 2022, you must re-enroll.

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

The money you elect to contribute for the entire year is available to you on a pre-funded Healthcare VISA card on January 1.

Reasons to Select a Healthcare FSA

- Contribute up to a maximum of **$2,750 per year before taxes**.
- Carry over a minimum of $50 and a maximum of $550 from one calendar year to the next — there's low risk in losing your hard-earned money; carryover funds do not count toward the annual contribution maximum of $2,750.
- You have a 90-day run-out period until March 31, 2023, to request reimbursement for eligible FSA expenses that occurred between January 1, 2022 and December 31, 2022. Any of your funds that are in excess of $550 that are not used before the run-out period will be forfeited.
- Use your FSA to pay for eligible medical expenses for family members who are considered a tax dependent, even if they are not enrolled in your health plan.

If you do not use your Healthcare FSA for two years and there is no activity, then the Healthcare FSA will close, and you will lose any carryover balance. This new rule is effective 2021 going forward.

Covered Expenses

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

For a full list of covered expenses, go to **healthequity.com**.

Who Is Eligible

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

Contact your Insurance Coordinator for details.

Who Is Not Eligible

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

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

Do not use your VISA debit card in 2022 to pay for 2021 expenses.

Child and Adult Daycare FSA

Child and Adult Daycare FSA
Cut your child and adult daycare costs

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

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

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

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

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

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

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

Who Is Eligible

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

Contact your Insurance Coordinator for details.

Who Is Not Eligible

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

Living Well Promise

All planholders are required to complete the Promise between January 1, 2022, and July 1, 2022. All you have to do is either:

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

Note: You will not get credit for completing the Promise if you do it during Open Enrollment.

You will earn up to a $480 premium incentive ($40 a month) for plan year 2023. You can also earn up to $200 a year in additional rewards for engaging in health and wellness activities. Through WebMD you can earn gift cards for activities like getting a preventive dental visit, completing education sessions, participating in health coaching, or completing step goals.

- Covered spouses are eligible to participate in WebMD to earn rewards for engaging in activities.
- If you are a cross-reference member, both spouses must fulfill the Promise.

Note: Members who waive health insurance coverage are no longer eligible to participate in WebMD.

WebMD

Your Well-Being Journey Awaits at KEHPLivingWell.com

The LivingWell program can help you enjoy the little moments that add up to greater well-being. Whether you'd like to begin a walking routine, find healthy meal tips, or work toward another goal — we offer tools and resources that can help, and you can earn rewards along the way.

LivingWell Engagement Rewards

After you have completed the LivingWell Promise, you can earn additional points and up to $200 a year in gift cards and merchandise for taking part in healthy activities from the chart below. For a full list of activities, login to your account and click the "Rewards" tab. Earn and redeem Engagement rewards by December 31, 2022. Each point you earn is worth $1. Reward points don't roll over, so be sure to spend them.

- Invitational Challenge
  - Sync a fitness device and track your activity during a five-week challenge in the spring.
- Daily Habits
  - More than 15 plans covering a variety of well-being goals.
  - Track a Daily Habits Plan on the wellness portal.
  - 25 each (max 50).
- KEHP Benefit Learning Sessions
  - Take advantage of other programs offered through and in connection with the Kentucky Employees' Health Plan.
  - 5 each (max 25).
- Prevention activities
  - Complete an annual physical exam, a mammogram, a Pap test, a colonoscopy, a dental exam, a vision exam, or a skin cancer screening.
  - 10 each (max 50).
- Health coaching session
  - Complete a coaching session via phone call or secure messaging. Get help with weight management, nutrition, stress management, and tobacco cessation.
  - 10 per session (max 30).

Returning Members

If you registered in 2021, there is no need to re-register, go to **KEHPLivingWell.com** and use your current log in.

You can also access your account through the WebMD app, Wellness at Your Side™. Download and open the app, then enter Connection Code: KEHP, and sign in.

New to KEHP?

If this is your first visit, you will need to create a WebMD account to participate in the 2022 LivingWell program. Follow the steps on the screen to enter a Registration ID and create a Username and Password. You'll answer a few questions about your background and health, as well as your current interests and priorities.

For assistance, call WebMD Customer Service at **866-746-1316**.

New for 2022

- Covered dependent spouses who are not in a cross-reference payment option, can now earn up to $100 in engagement rewards after completing the health assessment or biometric screening.
- Members who waive health insurance coverage are no longer eligible to participate in WebMD.

LiveHealth Online

LiveHealth Online

Healthcare at home or on the go. Get fast, easy doctor and therapist visits whenever you need them. All with **no cost share.**

LiveHealth Online lets you have a video visit with a board-certified medical doctor, psychiatrist, or therapist from your computer with a camera, tablet, or smartphone.

Feeling under the weather? Have a health question? With LiveHealth Online, the doctor comes to you. In some cases, no appointments are needed. No traveling to a doctor's office and no sitting in the waiting room.

See some common conditions that can be treated using LiveHealth Online

Use LiveHealth Online Medical

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

Use LiveHealth Online Behavioral Health

- Anxiety
- Depression
- Grief
- Panic attacks
- Medication to help manage a mental health condition*

* 18 years or older

New for 2022
LiveHealth Online, in conjunction with Future Moms, now provides lactation support.
See page 38.

Get Started Today

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

Rethink and SmartShopper

Benefits at no extra cost to you

Rethink

A no cost share benefit for you!

Raising kids is tough. Rethink provides family support when you need it.

Through Rethink, you gain 24/7 access to consultations with a dedicated behavior expert and unlimited use of the website filled with step-by-step videos, resources, and exclusive content developed to help families raising children with learning, social or behavioral challenges, or developmental disabilities. The program has no age restriction, requires no diagnosis, and is completely confidential.

Enrolling in the program gives you instant access to the portal, including these features:

- **Easily Communicate with Your Behavior Expert**
  Schedule up to 14 hours per year of virtual appointments, access notes from your dedicated behavior expert, and send messages to communicate updates and ask questions.
- **Save Your Favorites**
  The online library includes thousands of step-by-step videos and downloadable, printable tools and research-based resources based on the most requested social, learning, and behavioral topics.
- **Search by Age and Ability**
  The library of more than 2,000 lessons are searchable by topic, and our Social and Emotional Lessons allow you to search by age or ability, with supports for parents of young children to young adults.

It takes only a few minutes to enroll and begin. Visit **rethinkbenefits.com/kehp** and use enrollment code "KEHP."

Call **800-714-9285** for assistance in signing up or if you have questions, or text **EZCONSULT** to **797979** to schedule your no-cost consult with an expert.

SmartShopper

EARN CASH by shopping for your healthcare. Save money on medical care depending on where you go. Prices are not the same for medical tests, and procedures can vary from hundreds to thousands of dollars — all based on where you go for the service. And now, there are even more locations available for you to save money.

Your **SmartShopper program now includes surgery decision support and second opinions**! You already know prices can vary by thousands of dollars for medical care (MRIs, surgeries, colonoscopies, etc.) based on where you go — SmartShopper earns you cash incentives (from $25 to $850) for seeking care at lower-cost locations. All you have to do is shop online or call a Personal Assistant for guidance and scheduling assistance.

Now you can earn an additional $400 in cash incentives. *SmartShopper Clinical Guidance* provides support for seeking non-surgical or less invasive care for knee, hip, back, hysterectomy, and bariatric surgeries. Work with a Nurse Ally to learn about care alternatives or a Personal Assistant to find the highest quality, in-network provider. Also new is the *SmartShopper Second Opinion* service where you can receive a second opinion for any medical condition from elite specialists across the country, either in person or virtually. Clinical guidance and second opinion services are powered by ConsumerMedical.

Call **855-869-2133** for details or go online at **smartshopper.com**.

Future Moms

The Future Moms program is available to expectant mothers at no additional cost share! Future Moms:

- Helps expectant mothers focus on early prenatal interventions, risk assessments, and education.
- Includes special management emphasis for expectant mothers at the highest risk for premature birth or other serious maternal issues.
- Gives access to nurse coaches supported by pharmacists, registered dietitians, social workers, and medical directors.

New for 2022:

- Provides lactation support through LiveHealth Online. You'll have a live health visit with a lactation consultant or registered dietitian for personalized postpartum nutrition and lactation support. Contact LiveHealth Online for lactation and nutrition support at **888-548-3432**.

Future Moms supports mothers in having a healthy pregnancy, and provides guidance to help you to make the best decisions for you. Sign up as soon as you know you're pregnant. Call us toll free at **844-402-5347**. One of Anthem's registered nurses will help you begin. You'll receive:

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

Be sure to add your baby to your health insurance plan within 35 days of birth so your baby will get all the care they need.

Additional FREE Plan Benefits

Tobacco Cessation

Are you ready to quit tobacco? KEHP has many resources available, including nicotine replacement therapies with no cost share! You can also get prescription medications to help you quit.

Over the Counter

You can get over-the-counter nicotine replacement therapies at no cost if you meet all of the following requirements:

- You are a member of KEHP.
- You are a tobacco user (Planholder and/or dependent), 18 years old or older, and listed as a tobacco user on the KEHP health insurance form.
- You attend all regularly scheduled sessions from an approved program to quit tobacco.

To take the first step and get more information about the programs available, visit **here** or call **844-402-5347**.

Prescription Medications

You can get prescription medications to help you with quitting tobacco as well! You need a prescription from you doctor and the medication needs to be on the preventive services list that you can find by visiting **here**. Tobacco cessation prescriptions on the preventive services list are available at no cost to you.

Between June 2019 and June 2020, Kentucky experienced a **27% increase in deaths** due to drug overdose.

Substance Use Disorder Telephone Support

If you or someone you know is a KEHP member with a substance use concern, call **855-873-4931**. A staff member will connect you with a clinical expert trained in substance use disorder treatment. You can talk with these experts confidentially about:

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

The support line is open 24/7 – so help is available, day or night.

More to Offer

Why Weight Kentucky

A weight management program that pairs members with an Anthem clinician who will help you reach your weight-loss goals. If you participate in the program, you will receive access to the tools and one-on-one support needed to lose weight safely and improve your health and quality of life. The program also provides coverage for several prescription weight-loss medicines. Call **Anthem** at **844-402-5347** or **CVS** at **866-601-6934** for details on this program.

Hinge Health

Introducing Hinge Health, a one-stop-shop Digital Musculoskeletal Clinic that provides care for everybody and every body part, including necks, shoulders, elbows, backs, hips, knees, hands, feet, and more. Hinge Health provides a digital alternative to pain management and in-person physical therapy. Watch for more details coming in early 2022.

24/7 NurseLine

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

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

MetLife Optional Life Insurance

Life Insurance with MetLife

It's Open Enrollment for life insurance too! Beginning January 1, 2022, the new life insurance carrier will be MetLife.

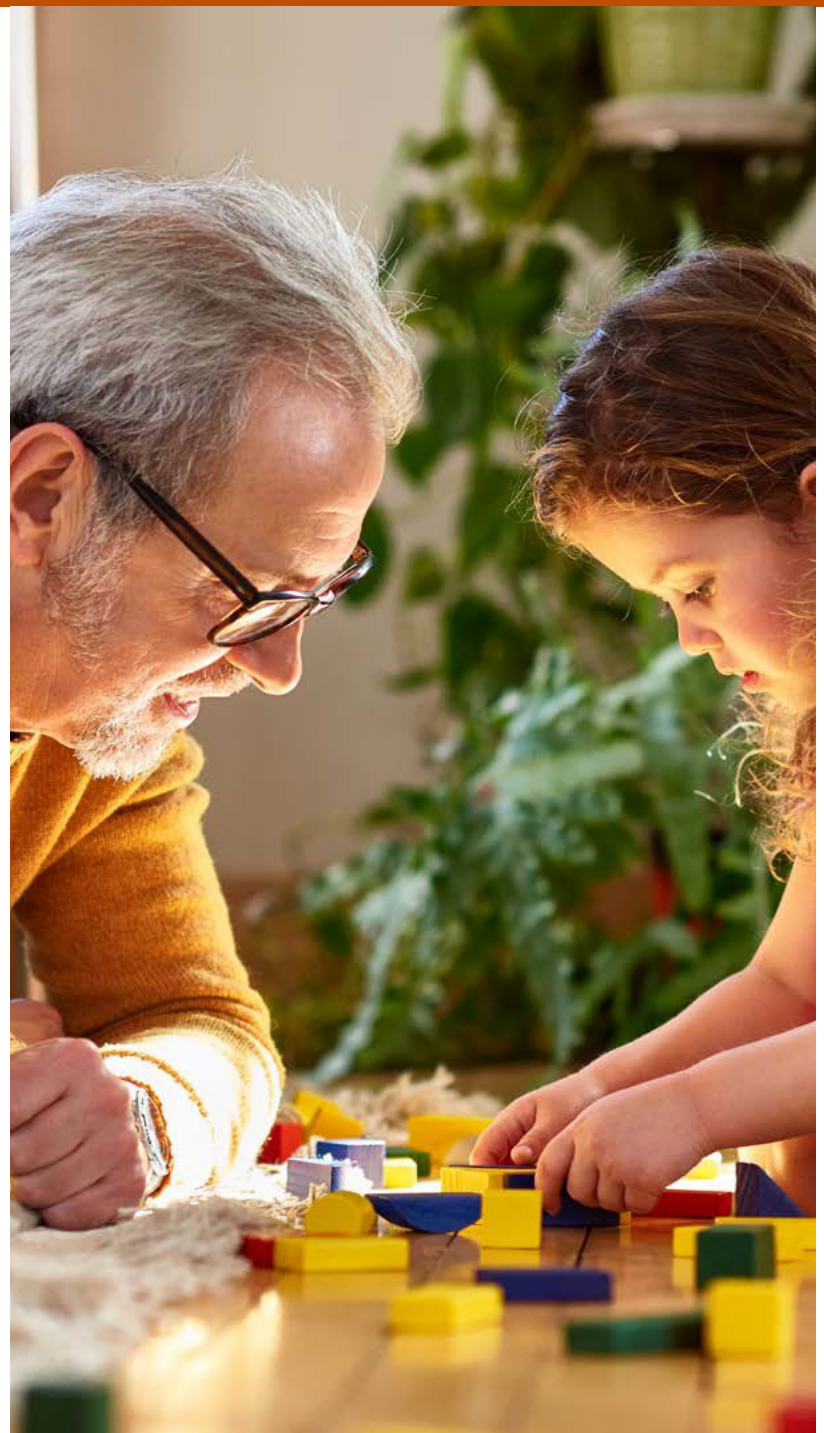
As a Commonwealth of Kentucky public employee, your participating employer provides $20,000 of basic life insurance coverage to eligible employees at no cost to you. In addition to the free $20,000 of life coverage, you have the option to purchase additional life insurance for you and your eligible dependents.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

Open Enrollment is your chance to elect or change your optional life insurance plan. Check out the new available plans and lower premiums below. **You can enroll or increase your coverage throughout the year, but you will be required to submit evidence of insurability.** You can also enroll in life insurance if you are a new hire or if you have a life-changing event such as gaining a new child, getting married, or getting a divorce.

2022 Optional Life Insurance with MetLife

As an employee, if you desire to purchase additional life insurance you can select from the options below.

Employee Coverage Options and Monthly Premiums					
Age	**$10,000**	**$25,000**	**$50,000**	**$100,000**	**$150,000**
16 — 29	$0.92	$2.28	$4.60	$9.18	$13.76
30 — 39	$1.94	$4.86	$9.72	$19.44	$29.16
40 — 59	$4.28	$10.70	$21.40	$42.80	$64.20
Ages 60 and over	$6.98	$17.48	$34.96	$69.90	$104.86



MetLife Optional Life Insurance

2022 Dependent Life Insurance with MetLife

As an employee, you may purchase life insurance on your spouse and dependents. You can select from the available plan options below.

Dependent Coverage Options and Monthly Premiums								
Qualified Dependent	**Dependent Option 1**	**Dependent Option 2**	***NEW* Dependent Option 3**	**Dependent Option 4**	**Dependent Option 5**	***NEW* Dependent Option 6**	**Dependent Option 7**	**Dependent Option 8**
Spouse	$10,000	$20,000	$50,000	$10,000	$20,000	50,000	$0	$0
Child under 6 months	$2,500	$2,500	$2,500	$0	$0	$0	$2,500	$2,500
Child 6 months to age 26	$5,000	$10,000	$10,000	$0	$0	$0	$5,000	$10,000
Premium	$8.18	$16.34	$35.90	$6.54	$13.04	$32.60	$2.70	$5.40

If you would like to elect or make a change to your optional Dependent life insurance plan, go to **KHRIS.ky.gov**, click on **Open Enrollment** and start the process.

If you have questions,
call MetLife at **800-638-6420**.

Anthem Optional Dental Insurance

Dental Benefits

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

Your dental plan includes:

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

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

* Difference in charged amount and out-of-network allowable amount can result in balance billing.
** Harvard Health Publishing website, *Gum disease and heart disease: The common thread* (accessed August 2021): **health.harvard.edu**.
*** For replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

Health Action

KEHP members can find in-network dental providers using the Sydney Health mobile app.

No Increase in Monthly Dental Rates for 2022

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

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

Anthem Optional Vision Insurance

Vision Benefits

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

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

- 39,000 eye doctors in the Insight Network.[2]
- 28,000 locations.[2]
- Online shopping at **Glasses.com**, **ContactsDirect.com**, **Lenscrafters.com**, **Targetoptical.com**, **ray-ban.com/insurance**, and **1-800 CONTACTS®**.
- National network of optical retail stores like LensCrafters®, Target Optical®, and most Pearle Vision® stores.

Your vision benefits cover:

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

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

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

1 American Optometric Association website, *Evidence-Based Clinical Practice Guideline, Comprehensive Adult Eye and Vision Examination 2015* (accessed July 2021): **aoa.org**.
2 Internal data, 2021.

Deferred Compensation

Kentucky Deferred Comp

Kentucky's *official* supplemental retirement plan

Put this benefit to work for you

What is Kentucky Deferred Compensation?

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

Why participate?

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

Benefits

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

Three ways to invest

1 Help me do it[1]

Target Date Retirement Funds from Vanguard

- Invest in the fund that's closest to the year in which you expect to retire or take a distribution.
- The fund is managed, automatically rebalanced, and designed to become gradually more conservative as the selected data approaches.

2 Do it myself

Your own strategy

- Define your investment goals and strategy.
- Select funds from KDC's Investment Guide.
- Use the My Investment Planner℠ tool for free investment recommendations that are right for you.[2]
- Opt for automatic rebalancing to keep investments in line with your goals.
- Spend the time and energy to manage your own investments.

3 Do it for me[2]

Nationwide ProAccount®

- Professional investment managers select funds from KDC's lineup based on your age, risk tolerance, and investment goals.
- These managers actively manage your account according to the information you provide.
- Wilshire, a leading provider of investment products and services, actively manages your account, including periodic rebalancing according to the information you provide.
- Pay for this service through an additional asset management fee deducted from your account balance each quarter.

Employees can enroll anytime. Let us help.
Call **800-542-2667** or **502-573-7925** or
find us online at **kentuckydcp.ky.gov**.

1 The Vanguard Target Retirement Funds Invest in a wide variety of underlying funds to help reduce investment risk. Their expense ratio represents a weighted average of the expense ratios and any fees charged by the underlying mutual funds in which the Vanguard Target Retirement Funds invest. The Vanguard Target Retirement Funds do not change any expenses or fees of their own. Like other funds, Vanguard Target Retirement Funds are subject to market risk and loss. Loss of principle can occur at any time, including before, at or after the target date. There is no guarantee that target date funds will provide enough income for retirement.

2 Investment advice for Nationalwide ProAccount is provided to plan participants by Nationwide Investment Advisors LLC (NIA), an SEC-registered investment advisory. NIA has retained Wilshire Associates as the Independent Financial Expert for Nationwide ProAccount. Wilshire Associates is not an affiliate of NIA or KDC.

3 Nationwide Investment Advisor LLC (NIA) is not affiliated with Wilshire Associates or KDC.

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

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

NRM-17372KY-KY (08/19)

Contact Information

Support during Open Enrollment

Department of Employee Insurance (DEI)
Open Enrollment Hotline

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

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

Extended hours and the five phone options are only available during Open Enrollment: October 11 — October 29

Open Enrollment Hours for Assistance Eastern Time	
Monday, Oct. 11 to Friday, Oct. 15	7:30 a.m. to 4:30 p.m.
Monday, Oct. 18 to Friday, Oct. 22	8 a.m. to 6:30 p.m.
Monday, Oct. 25 to Friday, Oct. 29	8 a.m. to 8 p.m.

You can choose from one of these five options:

Option 1: Kentucky Public Pensions Authority
Option 2: KHRIS User ID and password reset
Option 3: Benefit questions for Anthem (medical, dental, and vision), HealthEquity or CVS Caremark
Option 4: Technical assistance such as browser or compatibility errors
Option 5: Department of Employee Insurance (DEI) for all other inquiries

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

Vendors		
Anthem — Health insurance	844-402-5347	**anthem.com/kehp**
Anthem — Dental and vision insurance	844-402-5347	**anthem.com**
CVS Caremark — Prescriptions	866-601-6934	**caremark.com**
WebMD — Well-being	866-746-1316	**KEHPlivingwell.com**
SmartShopper — Transparency, shop for better pricing	855-869-2133	**SmartShopper.com**
HealthEquity — FSA and HRA — COBRA	877-430-5519 888-678-4881	**healthequity.com**

Contact Information

Other Important Numbers and Websites		
Kentucky Deferred Compensation	800-542-2667	kentuckydcp.ky.gov
Kentucky Optional Insurance Branch — Life, Dental and Vision insurance	502-564-4774 800-267-8352	
MetLife	800-638-6420	
LiveHealth Online Medical and Behavioral Health	888-548-3432	anthem.com/kehp
Rethink	800-714-9285	rethinkbenefits.com
24/7 NurseLine	877-636-3720	
Substance Use Disorder telephone resource line — 24/7	855-873-4931	
Personal Health Consultants	844-402-5347	
Lark - Diabetes Prevention Program	844-402-5347	lark.com/anthem

Retiree Systems' Phone Numbers and Websites		
LRP and JRP	502-564-5310	
KCTCS	859-256-3100	
KPPA	800-928-4646 502-696-8800	kyret.ky.gov
TRS	800-618-1687 502-848-8500	trs.ky.gov

KEHP Legal Notices

*As a member of the Kentucky Employees' Health Plan (KEHP), you have certain legal rights. Several of those rights are summarized below. Please read these provisions carefully. To find out more information, you may contact the Department of Employee Insurance, Member Services Branch at **(888) 581-8834** or **(502) 564-6534**, or visit **kehp.ky.gov**.*

A. NOTICE ABOUT SPECIAL ENROLLMENT RIGHTS

Under the Health Insurance Portability and Accountability Act (HIPAA), you have "special enrollment" rights if you have a loss of other coverage or you gain a new dependent. In addition, you may qualify for a special enrollment in KEHP under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA).

1. HIPAA Special Enrollment Provision - Loss of Other Coverage

If you decline enrollment for yourself or your eligible dependent(s) (including your spouse) because of other health insurance or group health plan coverage (regardless of whether the coverage was obtained inside or outside of a Marketplace), you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 35 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

2. HIPAA Special Enrollment Provision - New Dependent as a Result of Marriage, Birth, Adoption, or Placement for Adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependent(s). However, you must request enrollment within 35 days after the marriage, birth, adoption, or placement for adoption.

3. CHIPRA Special Enrollment Provision – Premium Assistance Eligibility

If you or your children are eligible for Medicaid or the Children's Health Insurance Program (CHIP) and you're eligible for health coverage from your employer, Kentucky may have a premium assistance program that can help pay for coverage using funds from the state's Medicaid or CHIP programs. If you or your dependent(s) are eligible for premium assistance under Medicaid or CHIP, as well as eligible for health insurance coverage through KEHP, your employer must allow you to enroll in KEHP if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. In addition, you may enroll in KEHP if you or your dependent's Medicaid or CHIP coverage is terminated because of loss of eligibility. An employee must request this special enrollment within 60 days of the loss of coverage. You can find more information and the required CHIP notice at **kehp.ky.gov** (Health Insurance/Docs, Forms, and Legal Notices).

B. WELLNESS PROGRAM DISCLOSURE AND NOTICE

LivingWell is KEHP's voluntary wellness program available to all persons who enroll in a KEHP health insurance plan and their enrolled spouse. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease. Those federal rules include the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary health assessment or "HA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). In lieu of completing an HA, you may complete a biometric screening, which will include a blood test to check your cholesterol and blood glucose levels. You are not required to complete the HA or to participate in the biometric screening or any other medical examination. However, employees who choose to participate in the LivingWell wellness program will receive an incentive in the form of discounted employee premium contributions for the employee's health insurance coverage. Although you are not required to complete the HA or participate in the biometric screening, only employees who do so will receive the discounted health insurance premiums.

Additional incentives in the form of gift cards, consumer goods, and other prizes may be available for employees who participate in certain health-related activities such as walking challenges or quitting smoking. In addition, KEHP offers discounted, monthly employee premium contribution rates to non-tobacco users. Each KEHP member has at least one opportunity per Plan Year to qualify for the monthly premium contribution discount.

KEHP is committed to helping you achieve your best health. Incentives for participating in KEHP's LivingWell wellness program are available to all persons who enroll in a KEHP health insurance plan and their enrolled spouse. If you are unable to participate in any of the health-related activities, or you think you might be unable to meet a standard to earn an incentive under the LivingWell wellness program, you may request a reasonable accommodation or an alternative standard. Contact the Department of Employee Insurance, Member Services Branch at **(888) 581-8834** or **(502) 564-6534** and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same incentive that is right for you in light of your health status.

Protections from Disclosure of Medical Information: KEHP is required by law to maintain the privacy and security of your personally identifiable health information. KEHP does not collect or retain personal health or medical information through its LivingWell wellness program unless it is part of an audit, compliance, or customer service review; however, KEHP may receive and use aggregate information that does not identify any individual in order to design programs based on health risks identified in the workplace and that are aimed at improving the health of KEHP members. KEHP will never disclose any of your personal information either publicly or to your employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program. You will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who may receive your personally identifiable health information are persons employed by WebMD (KEHP's wellness administrator) and Anthem (KEHP's third-party medical administrator). This may include nurses in Anthem's disease management program and health coaches in WebMD's health coaching program. Disclosure of your personally identifiable health information to these persons is necessary in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records; information stored electronically will be encrypted; and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach. In the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you as soon as it is feasible after discovery of the breach.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the LivingWell wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Department of Employee Insurance, Member Services Branch at ***(888) 581-8834*** *or* ***(502) 564-6534****.*

C. THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1986 (COBRA)

COBRA continuation coverage is a continuation of KEHP coverage when it would otherwise end because of a life event, also called a "qualifying event." After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." Qualified beneficiaries may elect to continue their coverage under the plan for a prescribed period of time on a self-pay basis. Each qualified beneficiary has 60 days to choose whether or not to elect COBRA coverage, beginning from the later of the date the election notice is provided, or the date on which the qualified beneficiary would otherwise lose coverage under KEHP due to a qualifying event. The KEHP's third-party COBRA administrator is HealthEquity. To learn more about COBRA and your rights under COBRA, please refer to the Medical Benefit Booklet, or go to **kehp.ky.gov** (Health Insurance/Docs, Forms, and Legal Notices). **Note:** Extended COBRA election and premium payment deadlines may be applicable due to the declaration of a national emergency based on COVID-19.

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

Your plan, as required by WHCRA, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. For more information regarding this coverage, please refer to your Medical Benefit Booklet, or go to **kehp.ky.gov** (Health Insurance/Docs, Forms, and Legal Notices).

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

Under federal law, group health plans generally may not restrict benefits for a hospital stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 (or 96, as applicable) hours. In any case, health insurance plans may not require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 (or 96) hours.

F. HIPAA PRIVACY NOTICE

KEHP gathers and collects demographic information about its members such as name, address, and social security numbers. This information is referred to as individually identifiable health information and is protected by HIPAA and related privacy and security regulations. HIPAA requires KEHP to maintain the privacy of your protected health information (PHI) and notify you following a breach of unsecured PHI. In addition, KEHP is required to provide to its members a copy of its Notice of Privacy Practices (NPP) outlining how KEHP may use and disclose your PHI to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. The NPP also informs members about their rights regarding their PHI and how to file a complaint if a member believes their rights have been violated. KEHP's Notice of Privacy Practices and associated forms may be obtained by visiting **kehp.ky.gov** (Health Insurance/Docs, Forms, and Legal Notices).

G. KEHP PRESCRIPTION DRUG COVERAGE AND MEDICARE-NOTICE OF CREDITABLE COVERAGE

KEHP has determined that KEHP's prescription drug coverage is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

H. NOTICE OF AVAILABILITY OF SUMMARY OF BENEFITS AND COVERAGE (SBC)

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

I. WAIVER HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

If an employer participates in the Waiver Health Reimbursement Arrangement (HRA) program through KEHP, an employee may elect to waive KEHP health insurance coverage and choose a Waiver HRA that is funded by the employer, up to $2,100 a year. There are two Waiver HRA options: the Waiver General Purpose HRA and the Waiver Limited Purpose HRA (formerly called the Waiver Dental/Vision Only HRA). An employee is eligible for the Waiver General Purpose HRA only if the employee, and the employee's spouse and dependents, if applicable, have other group health plan coverage. An employee that elects a Waiver General Purpose HRA must attest that the employee and, if applicable, the employee's spouse and dependents are enrolled in another group health plan that provides minimum value. A "group health plan" refers to coverage provided by an employer, an employer organization, or a union. A "group health plan" does not include individual policies purchased through the Marketplace or governmental plans such as TRICARE, Veteran's Benefits, Medicare, or Medicaid. A group health plan that provides "minimum value" means the plan pays at least 60% of the total allowed cost of covered benefits/services and participants or members in the plan are required to pay no more than 40% of the total allowed cost of covered benefits/services. An employee that elects a Waiver General Purpose HRA and that ceases to be covered under another group health plan that provides minimum value is required to notify KEHP within 35 days of the date that the other group health plan coverage ceased. In this event, coverage under the Waiver General Purpose HRA will be terminated, and the employee may elect a KEHP health insurance plan option or the Waiver Limited Purpose HRA. Each employee is permitted to permanently opt out of and waive future reimbursements from the Waiver General Purpose HRA at least annually during open enrollment.

KEHP Tobacco Use Declaration

The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. As part of KEHP's LivingWell wellness program, KEHP offers a monthly discount in health insurance 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, cigars, and any other tobacco products regardless of the method of use. "KEHP Health Insurance Enrollment Application" refers to any method of enrolling in KEHP health insurance coverage including submitting a paper application, completing and submitting an application online, or enrolling in KEHP health insurance coverage through an online enrollment system such as KHRIS.

Whether you complete your KEHP health insurance enrollment online or submit a paper application, you are required to certify that all attestations regarding tobacco use are accurate. By completing the enrollment process, you certify the following:

1. I have truthfully answered all questions in my KEHP Health Insurance Enrollment Application regarding tobacco use by me, my spouse, and my dependents 18 years of age and over. My KEHP Health Insurance Enrollment Application accurately reflects the use of tobacco products in the past six months regarding myself and persons to be covered as a spouse or dependent under my insurance plan.
2. If I am completing my KEHP Health Insurance Enrollment Application during open enrollment, I understand that the tobacco-user premium contribution rates will apply beginning January 1, 2022, if I answered "Yes" to the tobacco use question.
3. If I am completing my KEHP Health Insurance Enrollment Application as a newly hired employee, I understand that the tobacco-user premium contribution rates will apply beginning on the first day of the second month after my hire date, if I answered "Yes" to the tobacco use question.
4. I understand that it is my responsibility to notify KEHP of any changes in my tobacco use or that of my spouse or a dependent covered under my insurance plan, including notification to KEHP if all tobacco users become ineligible for coverage or are otherwise terminated during the Plan Year. Notification shall be made by completing a Tobacco Use Change Form.
5. I understand that if I or a spouse or dependent to be covered under my insurance plan currently use tobacco products and stop using tobacco products during the Plan Year, I will be eligible for the discount non-tobacco premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form certifying that neither I nor my spouse/dependent(s) regularly used tobacco products during the six months prior to completion of the Tobacco Use Change Form. Both cross-reference planholders must sign the Tobacco Use Change Form.
6. I understand that if I answered "No" to the tobacco use question and either I or a spouse or dependent covered under my insurance plan becomes a regular tobacco user at any time, I must notify KEHP and my contribution rates will be adjusted to the tobacco-user premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form.
7. I understand that the tobacco use question is a part of my KEHP application for health insurance coverage. Any person who knowingly, and with the intent to defraud, files an application for insurance containing any materially false information, or who conceals, for the purpose of misleading, information concerning any fact material to the application, commits a fraudulent insurance act which is a crime.
8. I understand that if I fail to answer the tobacco use questions truthfully, KEHP may adjust my contribution rates retroactively to apply the applicable higher tobacco-user premium contribution rates. Upon written notification, I will pay to KEHP the difference between the tobacco-user and the non-tobacco user premium contribution rates for the period for which I falsely certified eligibility for the non-tobacco user premium contribution rates.
9. The KEHP offers monthly discounted premium contribution rates to non-tobacco users as a part of its LivingWell wellness program. Each KEHP member has at least one opportunity per Plan Year to qualify for the discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at **(888) 581-8834** or **(502) 564-6534** and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Terms and Conditions

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

An Employee and Retiree (where applicable) may affix a signature to a paper copy of the KEHP Health Insurance Enrollment Application, the Group Life Insurance Application, the Group Dental or Vision Applications, or an electronic version of the applications. By typing your name on an electronic application or by logging in and using your unique KHRIS User ID and enrolling through the Employee Self-Service portal, you are agreeing to conduct enrollment in life, health, dental, and vision insurance coverage by electronic means, thereby creating a legal and binding contract, as well as consenting to receiving any and all records or disclosures in electronic form at the election of DEI or your employer as described in Section AA below. By affixing your signature in either manner, you understand and agree that:

A. PLAN YEAR. The 2022 Plan Year begins January 1, 2022 and ends at midnight on December 31, 2022.

B. EFFECTIVE DATE OF ELECTIONS. If you are electing a health plan, life insurance plan, dental plan, vision plan, or a Flexible Spending Account (FSA) during open enrollment, the coverage will be effective January 1 of the following Plan Year. If you are a new employee or a newly eligible employee electing insurance coverage or an FSA outside of open enrollment, the FSA and your insurance coverage will be effective the first day of the second month after a new employee or newly eligible employee is eligible to enroll. Employees enrolling in life insurance must be actively at work, full time, on the day the employee's insurance is scheduled to begin.

C. PLAN INFORMATION. You have read and understood the 2022 Benefits Selection Guide (BSG). Plan rules and limitations are contained in the KEHP Summary Plan Descriptions (SPD) or Medical Benefit Booklets (MBB) and the Summary of Benefits and Coverage (SBC). Life insurance rules and limitations are outlined in the Certificate of Coverage (CoC). All benefits for your eligible dependents and you will be provided in accordance with the rules and limitations in the SPDs, MBBs, BSG, SBCs, and CoC. You will abide by all terms and conditions governing participation, membership, and receipt of services from the plan(s) in which you have enrolled and as set forth in the SPD, MBB, and CoC. In the event of a conflict between the terms of coverage stated in the SPDs, the MBBs, the BSG, the SBCs, and the CoC, the terms of coverage stated in the SPDs or MBBs and CoC will govern.

D. THIRD PARTY ADMINISTRATORS. DEI uses third parties, including Anthem, CVS/Caremark, HealthEquity, WebMD, SmartShopper, and Metropolitan Life Insurance Company (MetLife) to provide certain administrative functions. DEI may communicate with you directly or through these third parties about your insurance coverage, your benefits, or health-related products or services provided by or included in the Commonwealth's group health, dental/vision, or life insurance plans.

E. CROSS-REFERENCE. If your spouse and you elect the cross-reference payment option for health insurance, you are planholders with family coverage, and upon a loss of eligibility by either spouse, the remaining planholder will default to a parent-plus coverage level. The cross-reference payment option ceases upon loss of eligibility or employment by either spouse/planholder.

F. DEPENDENT ELIGIBILITY. You certify that each enrolled dependent meets the dependent eligibility requirements as set forth in the SPD and MBB (health) and the CoC (life). DEI will require supporting documentation to verify the eligibility of any dependent enrolled or requesting to be enrolled in benefits. Spouses and step children are subject to re-verification every 24 months. Your failure to properly document dependent eligibility will result in the termination of the unverified dependent from your insurance plan(s).

G. CHANGING ELECTIONS. The elections indicated by your KEHP Health Insurance Enrollment Application, Group Dental or Vision Application, Group Life Insurance Application, or online enrollment may not be changed or cancelled during the Plan Year without a permitted Qualifying Event.

H. DEDUCTION FROM EARNINGS. When you enroll in insurance coverage (health, dental, vision, or life) or an FSA, you authorize your employer to deduct from your earnings the amount required to cover your employee contribution to the FSA and insurance coverage you elected, including any arrears you may owe. Deductions for FSA and the employee contributions to health, dental, and vision insurance are made on a pre-tax basis unless you sign a Post-Tax Request Form. Deductions for life insurance premiums are made on a post-tax basis.

I. PRIORITY OF PAYMENTS. Any moneys submitted to DEI that you intend to be used to fund your FSA or pay for insurance premium contributions may first be used to pay other priority debts that may be due and owing, such as taxes and child support.

J. CHILD AND ADULT DAYCARE FSA ELECTION AND CARRYOVER. If you choose a Child and Adult Daycare FSA, you are eligible to seek reimbursement, as authorized by 26 U.S.C. Sections 21 and 129, for dependent care expenses. You may elect to contribute up to $2,500 (or $5,000 in the case of an Employee who is married and filing jointly) into a Child and Adult Daycare FSA for Plan Year 2022. The Child and Adult Daycare FSA may only reimburse eligible dependent care expenses that are incurred during the applicable coverage period. Funds in your Child and Adult Daycare FSA may only be used to reimburse eligible child and adult daycare expenses and may not be refunded upon termination of the FSA for any reason. Funds contributed into a Child and Adult Daycare FSA will not carryover to the next plan year.

K. HEALTHCARE FSA ELECTION AND CARRYOVER. You may elect to contribute up to $2,750 into a Healthcare FSA for Plan Year 2022 to pay for eligible health care expenses not paid for by your health insurance plan. Unused amounts of at least $50 and up to a maximum of $550 remaining in your Healthcare FSA at the end of the Plan Year will carry over to the next Plan Year and may be used to reimburse you for eligible expenses that are incurred during the subsequent Plan Year. You may use the Healthcare FSA carry over amounts whether or not you elect a Healthcare FSA for the subsequent Plan Year. Amounts over $550.00 remaining in your Healthcare FSA at the end of the Plan Year are forfeited. All funds remaining in a FSA account that has been inactive for two consecutive Plan Years are forfeited.

L. HEALTHEQUITY HEALTHCARE CARD. HealthEquity will administer FSAs and HRAs for the 2022 Plan Year and will issue a HealthEquity Healthcare Card to you for the payment of Healthcare FSA and HRA expenses. Your HealthEquity Healthcare Card will be suspended if requested claim verification is not sent to HealthEquity within ninety (90) days after the card swipe. You agree to follow all rules and guidelines established by the Plan concerning the HealthEquity Healthcare Card. The Plan reserves the right to deny access to the card, require repayment, deduct/withhold from your paycheck, and offset your Healthcare FSA or HRA if you fail to verify a claim.

M. WAIVING HEALTH INSURANCE COVERAGE. If you elect to waive KEHP health insurance coverage, with or without a Waiver Health Reimbursement Arrangement (HRA), you are doing so voluntarily. If your employer participates in the Waiver HRA program, there are two options available: the Waiver General Purpose HRA and the Waiver Limited Purpose HRA (formerly called the Waiver Dental/Vision Only HRA). You understand that you will be eligible for the Waiver General Purpose HRA only if you have other group health plan coverage. You further understand that your spouse and eligible dependents, if applicable, cannot be covered under the Waiver General Purpose HRA unless your spouse and dependents also have other group health plan coverage.

Terms and Conditions

N. WAIVER GENERAL PURPOSE HRA RULES. If you elect a Waiver General Purpose HRA, you declare that you and your spouse and dependents, if applicable, are enrolled in another group health plan that provides minimum value. A "group health plan" refers to coverage provided by an employer, an employer organization, or a union. A "group health plan" does not include individual policies purchased through the Marketplace or governmental plans such as TRICARE, Veteran's Benefits, Medicare, or Medicaid. A group health plan that provides "minimum value" means the plan pays at least 60% of the total allowed cost of covered benefits/services and participants or members in the plan are required to pay no more than 40% of the total allowed cost of covered benefits/services. If you elect a Waiver General Purpose HRA and cease to be covered under another group health plan that provides minimum value, you agree to notify KEHP within 35 days of the date that the other group health plan coverage ceased. In this event, coverage under the Waiver General Purpose HRA will be terminated and you may elect a KEHP health insurance plan option or the Waiver Limited Purpose HRA. Unused funds remaining in the Waiver General Purpose HRA upon termination are forfeited. You are permitted to permanently opt out of and waive future reimbursements from the Waiver General Purpose HRA at least annually at open enrollment.

O. HRA CARRYOVER. Waiver HRAs: Unused amounts up to and including $2,100 remaining in your Waiver HRA at the end of the Plan Year may be carried over to the next Plan Year provided you are eligible to elect an HRA. CDHP Integrated HRAs: Unused amounts up to and including $7,500 remaining in your CDHP Integrated HRA at the end of the Plan Year may be carried over to the next Plan Year. You must elect the same type of HRA in a subsequent Plan Year for the funds to carry over.

P. WAIVER HRA/FSA FUNDS AFTER TERMINATION. You may use funds remaining in a Waiver HRA or FSA after termination to reimburse you for eligible expenses incurred during the coverage period and prior to termination of the HRA or FSA. Upon termination of employment, including retirement, the remaining amounts in a Waiver HRA and FSA are forfeited, except that you may be reimbursed for any eligible expenses incurred prior to the last day of the last pay period worked, provided that you file a claim by March 31 following the close of the Plan Year in which the expense was incurred.

Q. HRA AND FSA EXPENSE REIMBURSEMENT. An HRA and/or Healthcare FSA may only reimburse you for medical expenses, as authorized by 26 U.S.C. Sections 105(b) and 213(d), that are incurred during the applicable coverage period. Federal law now permits you to use your HealthEquity card to pay for over-the-counter (OTC) medications, drugs, menstrual care products, and certain personal protective equipment such as face masks, hand sanitizer, and sanitizing wipes. The Waiver Limited Purpose HRA may only reimburse you for eligible dental and vision expenses. If you have an FSA and an HRA, funds for eligible expenses will be reimbursed from your FSA first before being reimbursed from your HRA.

R. HRA AND FSA RUN-OUT PERIOD. You have a 90-day run-out period (until March 31) for reimbursement of eligible FSA and HRA expenses incurred during the period of coverage.

S. MINIMUM ESSENTIAL COVERAGE. KEHP provides plan options that, under the Affordable Care Act, constitute minimum essential coverage that is affordable and provides a minimum value. As such, by receiving an offer of coverage through your employer, neither you, your spouse, nor your dependent(s) are eligible for a health insurance premium tax credit if purchasing insurance through the Marketplace.

T. COORDINATION OF KEHP HEALTH PLANS AND MEDICARE COVERAGE. In general, the four KEHP plan options and the Waiver General Purpose HRA must pay primary to Medicare. The Waiver Limited Purpose HRA pays secondary to Medicare.

U. LIVINGWELL PROMISE. Federal law allows KEHP to reward members who participate in the KEHP's LivingWell wellness program. In 2022, all four KEHP health plans are a part of the KEHP's LivingWell wellness program and require completion of the LivingWell Promise in order to receive premium discounts in Plan Year 2023.

- If you fulfilled your LivingWell Promise in 2021, you will receive a monthly premium discount of $40.00 in 2022. If you did not fulfill your LivingWell Promise, you will not receive a monthly premium discount of $40.00 in 2022.
- If you elect a KEHP health plan in 2022, you must complete (1) an online WebMD Health Assessment; OR (2) a biometric screening between January 1, 2022, and July 1, 2022.
- If you are a new employee and you choose a LivingWell plan option outside of open enrollment, you must complete the Health Assessment OR biometric screening within 90 days of your coverage effective date.

V. INSURANCE DEPENDENT ELECTIONS AND PREMIUM REFUND. It is your responsibility to timely notify DEI that either your dependent or your spouse is no longer eligible for life insurance coverage. (See the eligibility provisions in your SPD, MBB, or CoC for more information on eligibility). "Timely" notice means that you advised DEI that a dependent or spouse is no longer eligible for insurance coverage within 90 days of the loss of eligibility. Upon notice that a dependent or spouse is no longer eligible for insurance coverage, DEI will refund your premium back to the date that eligibility ceased, up to a maximum of 90 days.

W. HIPAA. You have rights under HIPAA regarding the protection of your health information. KEHP will comply with the HIPAA Privacy and Security rules, and uses and disclosures of your protected health information will be in accordance with federal law. KEHP may use and disclose such information to business associates or other third parties only in accordance with KEHP's Notice of Privacy Practices available at kehp.ky.gov (Health Insurance/Docs, Forms, and Legal Notices).

X. FRAUD WARNING. Any person who knowingly, and with the intent to defraud, files an application for insurance containing any materially false information (including a forged signature or incorrect signature date), or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime. You can be held responsible for any fraudulent act that you could have prevented while acting within your duties related to obtaining employer-sponsored health, dental, vision, and life insurance, and it may be used to reduce or deny a claim or to terminate your coverage. Information contained in your life insurance benefit elections, if incorrect or misleading, may void the policy effective as of the date of issuance.

Y. ACKNOWLEDGEMENT. You have fully read these Terms and Conditions, the KEHP Legal Notices, and the KEHP Tobacco Use Declaration. Your signature on the KEHP Health Insurance Enrollment Application, the Group Dental or Vision Applications, the Group Life Insurance Application, or your electronic signature used for online enrollment certifies that all information provided during this enrollment opportunity is correct to the best of your knowledge.

Z. EXCEPTIONS MAY APPLY. Exceptions may apply to employees of certain employers participating in KEHP's health plan and the Commonwealth's group dental, vision, and life insurance benefits. Exceptions may also apply to KTRS, KPPA, KCTCS, LRP, and JRP retirees. Please refer to the participation rules of your employer or retirement system for further information.

AA. CONSENT TO ELECTRONIC DISCLOSURES. You consent to receiving any and all communications, including records, disclosures, or coverage information (or any portion of the same) in electronic form, including by email or through KHRIS, at the election of DEI, Insurance Coordinator/Human Resource Generalist communicating on DEI's behalf, or vendor utilized by DEI or your employer for the administration of your insurance benefits. You may still receive paper documents from time to time, or may be required to complete and sign paper documents. You also acknowledge that you may print or save any electronic communication or agreement for your records and later review. You must have access to a computer and web browser that is sufficiently up to date to access KEHP/KHRIS website and access to an email that accepts external email. You may request that a paper copy of any electronic record or disclosure by contacting your employer's insurance coordinator. A fee may be charged for each paper copy. You may withdraw consent to obtain electronic records and notices by contacting your employer's insurance coordinator with the request and filling out any necessary form.

Notes

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