

FAQs on Health Insurance & Voluntary Benefits

What makes me eligible for benefits? If you are a classified employee working 4 hours or more per day or certified .7 or above, you are benefit eligible.

Who is our health insurance carrier? Anthem Blue Cross Blue Shield health insurance is provided through the Kentucky Employees Health Plan (Department for Employee Insurance). State insurance also offers dental and vision through Anthem and additional life/dependent life insurance with MetLife. Healthcare flexible spending accounts (FSA) and adult/dependent care flexible spending accounts also available through the state. All state products are pre-tax except for the optional and dependent optional life insurance. Voluntary benefit options are provided through American Fidelity, Houchens, and Legal Shield.

I'm a new employee, when does my insurance become effective? Your insurance becomes effective the first day of the second month after your first day of work. For example, if you are hired in the month of January, benefits begin March 1.

I am a new employee and do not want or need benefits. Do I have to do anything? Yes. Even if you do not want/need benefits, as a benefit eligible employee in the district, you receive \$50,000 of free life insurance. You must sign up for this and waive health insurance if you do not wish to choose a plan. Failure to do so within 30 days of hire date can result in a defaulted healthcare plan with a payroll deduction. Employees must also meet with American Fidelity and Houchens and waive benefits if preferred.

I am a new hire. How long do I have to submit benefit paperwork? You have 30 days to submit new hire paperwork. **If paperwork is late or turned in at Day 30, this can create a delay in benefit deductions beginning and can cause arrears owed for premiums.**

What if I turn my paperwork in past the deadline? If paperwork is submitted past the deadline, you must file an exception request with the application. Determination is made by the state. If not approved, you will remain in the default healthcare plan unless you have a qualifying event or until Open Enrollment when plan changes are permitted.

I am a transfer. Will my benefits stop? If you are transferring to FCPS from another entity covered under the Kentucky Employees health plan, you must transfer to FCPS within 11 days from previous employer. Eleven days or less between job transfers results in a transfer of benefits. You may experience a small, half break in services, depending on last day worked at previous employer and when you start with FCPS. More than an 11-day break between employers means you are treated as a new hire vs. transfer.

I am coming out of retirement. Do I have to take FCPS insurance? If you are coming out of the TRS system, you must drop/waive insurance with TRS and elect FCPS insurance. If you are coming from KPPA system, you can waive FCPS insurance and remain on insurance with KPPA. Age and other factors could change this, so please contact the Benefits office or your retirement system for specifics.

I am Medicaid/Medicare eligible. Can I have FCPS insurance too? Yes. FCPS would be the primary carrier, and Medicare/Medicaid would be secondary.

There is extra money deducted from my paycheck for benefits deductions. Why? If you notice an irregular deduction, please check your FCPS email for an email from the Benefits staff regarding why extra money was deducted for benefit premiums. If you do not see an email, please contact the Benefits office. This could be due to a qualifying event, starting insurance, transfer, timing/processing issues, exceptions due to late paperwork, or another cause. **Employees should regularly monitor paystubs and notify the Benefits office immediately for concerns to avoid an interruption in service or arrears being owed: (859) 422-0328.**

There is a refund on my paycheck for benefits deductions. Why? If you notice a refund on your paycheck for benefit deductions, please check your FCPS email for an email from the Benefits office regarding why a refund was issued for benefit premiums. If you do not see an email, please call (859) 422-0328.

Why did I receive a letter from the Department for Employee insurance stating I owe arrears for my benefits when they are automatically deducted from my paycheck? The Department for Employee Insurance generates and mails letters to employees who owe arrears for state benefits at 30- and 60-days delinquent. This can be caused by a qualifying event, being a new hire, transfers, or any other event where deductions start/stop/change. Please contact the Benefits office to discuss in detail if you receive a letter: (859) 422-0328.

My doctor's office/pharmacy said my insurance card was cancelled, what do I do? Contact KEHP at (888) 581-8834 or contact the Benefits office at (859) 422-0328.

What doctor will take my insurance? Go to the [Anthem website](#) to search for providers.

Can I pick up, drop, or change my insurance? Yes, if you have experienced a qualifying event, or life-changing, event. Other than new hire, qualifying event, or open enrollment, benefit elections cannot be changed.

How do I add someone to my insurance? Complete a qualifying event form. Supporting documentation is needed. Please contact Benefits at (859) 422-0317 for assistance for changes with state benefits. **Note: Timing when submitting a change plus processing time can cause delays in deduction changes and can result in arrears/refunds being owed to an employee.**

How do I remove someone to my insurance? Complete a qualifying event form. Supporting documentation is needed. Please contact Benefits at (859) 422-0317 for assistance for changes with state benefits. **Note: Timing when submitting a change plus processing time can cause delays in deduction changes and can result in arrears/refunds being owed to an employee.**

When is open enrollment? Open enrollment takes place every fall (end of August or start of September through middle of November for voluntary benefits, and two or three weeks in October for state benefits) where elections can be changed to take effect Jan. 1.

Why have my insurance deductions changed on my check? Deductions may have changed due to a qualifying event, an approved or denied exception, failure to comply with the Alight Dependent audit, or in rare cases due to non-pay. Please refer to benefit elections and paystubs for further guidance or contact the Benefits office.

What is the Alight dependent Audit? Alight is a third party that the Department for Employee Insurance uses to verify that spouse and/or dependents listed on your state health insurance are legal. Failure to comply with audit requests will result in spouse and/or dependents being dropped from your state insurance elections.

I resigned, was pink slipped, or retired, so when does my insurance end? This will depend on your contracted position. Case by case situation. Human Resources will send a letter each year to those who are not returning with benefit end date information or employees can contact the Benefit's office for assistance. In most cases, if your employment terms the 1st-15th, coverage ends on the 15th. 16th- end of month, coverage ends last day of month.

I want to change my tax shelter, what do I do? Contact your tax shelter agent. Once they process, FCPS will receive the information and promptly make change.

I want to retire, what do I do first? Call retirement system to request an application and then call Sharon Bullard at (859) 422-0614 to schedule a retirement meeting.

What is the Living Well Promise? All employees that have a health plan through the Kentucky Employees Health Plan (KEHP through Department for Employee Insurance) must complete the Living Well Promise each year to avoid paying a higher health premium. The promise must be completed between January and July. New hires hired after July 1 do not fulfill the promise until the next January. Employees must take a health care assessment online to fulfill the promise.

I've lost my state insurance card, what do I do? Contact Anthem at (844) 402-5347 for health insurance, state dental, or state vision insurance cards.

I've lost my Delta Dental and/or Delta Vision insurance card, what do I do? Contact Houchens at (859) 263-2653.

I've lost my Health Equity/Wage Works card, what do I do? Contact Health Equity/Wage Works at (877) 430-5519.

What is the contact number for the Kentucky Employees Health Plan (Department for Employee Insurance)? (888) 581-8834