Benefits Grid

Plan Options	LivingWell CDHP		LivingWell PPO		LivingWell Basic CDHP		LivingWell HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum	Unlimited							
Health Reimbursement Arrangement (HRA)	Single $500; Family $1,000		Not Applicable		Single $250; Family $500		No HRA. Can use a non-KEHP HSA with this plan.	
Deductible/Maximum Out-Of-Pocket Type	Embedded		Embedded		Embedded		Family/Embedded	
Annual Medical Deductible	Single $1,550 Family $2,900	Single $2,900 Family $5,550	Single $1,050 Family $1,850	Single $1,850 Family $3,450	Single $2,100 Family $3,950	Single $3,450 Family $6,650	Single $2,100* Family $4,200*	Single $4,200 Family $8,450
Out-of-Pocket Medical Maximum	Single $3,150 Family $6,050	Single $6,050 Family $11,900	Single $3,150 Family $6,050	Single $6,050 Family $11,900	Single $4,200 Family $8,200	Single $8,200 Family $11,900	Single $8,300 Family $16,650	Single $16,650 Family $33,300
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: 70% Member: 30%	Plan: 50% Member: 50%
Doctor's Office Visit	Deductible, then 20%	Deductible, then 50%	Co-Pay: $30 PCP, $55 Specialist	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Annual Prescription Deductible	Single $500 Family $900	Single $1,000 Family $1,800	Single $500 Family $1,000	Single $1,000 Family $2,000	Single $500 Family $1,000	Single $1,000 Family $2,000	Combined with Medical	
Annual Prescription Out-of-Pocket Maximum	Single $1,000 Family $2,000	Single $2,000 Family $4,000	Single $2,500 Family $5,000	Single $5,000 Family $10,000	Single $1,000 Family $2,000	Single $2,000 Family $4,000	Combined with Medical	
30-Day Supply **Tier 1 – Generic** **Tier 2 – Formulary** **Tier 3 – Specialty**	Deductible, then 20%	Deductible, then 50%	$30 $50 Deductible, then 30%	$50 $100 Deductible, then 30%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
90-Day Supply (Retail or Mail Order) **Tier 1 – Generic** **Tier 2 – Formulary** **Tier 3 – Specialty**	Deductible, then 20%	Not Covered	$50 $100 Deductible, then 30%	Not Covered Not Covered Deductible, then 30%	Deductible, then 30%	Not Covered	Deductible, then 30%	Not Covered
GLP-1 Weight Loss Drugs	Deductible, then 25%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%

Covered Services								
Preventive Care Office Visits								
Well-baby, well-child visits, as recommended	100%	Deductible, then 50%	100%	Deductible, then 50%	100%	Deductible, then 50%	100%	Deductible, then 50%
Adult annual physical exam	100%	Deductible, then 50%	100%	Deductible, then 50%	100%	Deductible, then 50%	100%	Deductible, then 50%
Immunizations, as recommended	100%	Deductible, then 50%	100%	Deductible, then 50%	100%	Deductible, then 50%	100%	Deductible, then 50%
Screenings including Pap smears, and labs, as part of the preventive office visit	100%	Deductible, then 50%	100%	Deductible, then 50%	100%	Deductible, then 50%	100%	Deductible, then 50%
Outpatient Services								
Primary Care and Specialist Office Visits	Deductible, then 20%	Deductible, then 50%	Co-Pay: $30 PCP, $55 Specialist	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
LiveHealth Online telehealth for Medical and Behavioral Health	100%	N/A	100%	N/A	100%	N/A	100%	N/A
Telehealth with provider other than LiveHealth Online	Deductible, then 20%	Deductible, then 50%	Co-Pay: $30 PCP, $55 Specialist	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%

Benefits Grid

Plan Options	LivingWell CDHP		LivingWell PPO		LivingWell Basic CDHP		LivingWell HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
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 30%	Deductible, then 50%
Surgery in Office Setting	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Behavioral Health and Substance Use	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Autism Services	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Allergy Injection without Office Visit	Deductible, then 20%	Deductible, then 50%	$15 Co-Pay	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Allergy Serum	Deductible, then 20%	Deductible, then 50%	$15 Co-Pay	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Chiropractic Care (manipulation therapy) (maximum of 26 visits per year, no more than one visit a day)	Deductible, then 20%	Deductible, then 50%	$30 Co-Pay	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Therapy Services (per visit: physical, occupational, speech – maximum combined limit of 90 visits per year)	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Emergency Services								
Urgent Care Center	Deductible, then 20%		$55 Co-Pay		Deductible, then 30%		Deductible, then 30%	
Emergency Room (emergency medical treatment only)	$250 Co-Pay, then Deductible, then 25%. Co-Pay waived if admitted.		$250 Co-Pay, then Deductible, then 25%. Co-Pay waived if admitted.		$250 Co-Pay, then Deductible, then 30%. Waived if admitted.		Deductible, then 30%	
Emergency Room Physician	Deductible, then 20%		Deductible, then 25%		Deductible, then 30%		Deductible, then 30%	
Ambulance	Deductible, then 20%		Deductible, then 25%		Deductible, then 30%		Deductible, then 30%	
Other Services								
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 30%	Deductible, then 50%
Outpatient Hospital/Surgery	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Outpatient/Ambulatory Surgery Center	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Maternity Care	Deductible, then 20%	Deductible, then 50%	$30 Co-Pay (office visit pregnancy diagnosed) Delivery Charge: Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Durable Medical Equipment and Supplies	Deductible, then 20%	Deductible, then 20%	Deductible, then 25%	Deductible, then 25%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%
Home Health Care	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
X-ray, Lab, and Diagnostics including MRI, CT, and PET scans	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%

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 2027 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 Maximum Medical Out-of-Pocket. Once your Maximum Out-of-Pocket is met, you do not have to pay any more Medical Co-Pays. Once your Prescription Out-of-Pocket Maximum is met, you do not have to pay any more Prescription Co-Pays.
- Certain drugs to treat diabetes, COPD, asthma, and hypertension are subject to reduced Co-Pays and Co-Insurance with no Deductibles. A 90-day supply of drugs are available at a reduced Co-Pay or Co-Insurance under the Value Benefit. See the Value Benefit section for more info. Select preventive/maintenance drugs bypass the Deductible on the CDHPs.
- 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.

* The HDHP has a non-embedded Deductible, which means all family members share a Deductible Maximum Out-of-Pocket (MOOP), regardless of the number of family members. The entire Deductible must be met before any one family member receives benefits. The entire OOP must be met before the family has satisfied the Maximum Out-of-Pocket.

2027 Monthly Premium Contributions for Non-Tobacco Users

Who completed the LivingWell Promise in 2026 for 2027			
LivingWell CDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,180.16	$1,125.10	$55.06
Parent-Plus	$1,593.22	$1,452.04	$141.18
Couple	$2,307.72	$1,958.20	$349.52
Family	$2,564.34	$2,153.46	$410.88
Family Cross-Reference*	$1,348.58	$1,259.08	$89.50
LivingWell PPO	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,194.62	$1,102.80	$91.82
Parent-Plus	$1,629.22	$1,367.50	$261.72
Couple	$2,397.02	$1,808.10	$588.92
Family	$2,622.26	$1,884.12	$738.14
Family Cross-Reference*	$1,401.38	$1,225.78	$175.60
LivingWell Basic CDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,148.42	$1,119.22	$29.20
Parent-Plus	$1,566.54	$1,497.00	$69.54
Couple	$2,318.24	$2,028.38	$289.86
Family	$2,569.32	$2,221.50	$347.82
Family Cross-Reference*	$1,348.14	$1,315.70	$32.44
LivingWell HDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,066.12	$1,044.62	$21.50
Parent-Plus	$1,454.08	$1,396.30	$57.78
Couple	$2,152.06	$1,894.08	$257.98
Family	$2,385.16	$2,074.82	$310.34
Family Cross-Reference*	$1,249.94	$1,219.86	$30.08

Who did NOT complete the LivingWell Promise in 2026 for 2027			
LivingWell CDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,180.16	$1,085.10	$95.06
Parent-Plus	$1,593.22	$1,412.04	$181.18
Couple	$2,307.72	$1,918.20	$389.52
Family	$2,564.34	$2,113.46	$450.88
Family Cross-Reference*	$1,348.58	$1,219.08	$129.50
LivingWell PPO	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,194.62	$1,062.80	$131.82
Parent-Plus	$1,629.22	$1,327.50	$301.72
Couple	$2,397.02	$1,768.10	$628.92
Family	$2,622.26	$1,844.12	$778.14
Family Cross-Reference*	$1,401.38	$1,185.78	$215.60
LivingWell Basic CDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,148.42	$1,079.22	$69.20
Parent-Plus	$1,566.54	$1,457.00	$109.54
Couple	$2,318.24	$1,988.38	$329.86
Family	$2,569.32	$2,181.50	$387.82
Family Cross-Reference*	$1,348.14	$1,275.70	$72.44
LivingWell HDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,066.12	$1,004.62	$61.50
Parent-Plus	$1,454.08	$1,356.30	$97.78
Couple	$2,152.06	$1,854.08	$297.98
Family	$2,385.16	$2,034.82	$350.34
Family Cross-Reference*	$1,249.94	$1,179.86	$70.08

All employee premium contributions are per employee, per month.

*Family Cross-Reference is not an available payment option if you are hired on January 1, 2025 or after.

2027 Monthly Premium Contributions for Tobacco Users

Who completed the LivingWell Promise in 2026 for 2027			
LivingWell CDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,180.16	$1,085.10	$95.06
Parent-Plus	$1,593.22	$1,372.04	$221.18
Couple	$2,307.72	$1,878.20	$429.52
Family	$2,564.34	$2,073.46	$490.88
Family Cross-Reference*	$1,348.58	$1,219.08	$129.50
LivingWell PPO	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,194.62	$1,062.80	$131.82
Parent-Plus	$1,629.22	$1,287.50	$341.72
Couple	$2,397.02	$1,728.10	$668.92
Family	$2,622.26	$1,804.12	$818.14
Family Cross-Reference*	$1,401.38	$1,185.78	$215.60
LivingWell Basic CDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,148.42	$1,079.22	$69.20
Parent-Plus	$1,566.54	$1,417.00	$149.54
Couple	$2,318.24	$1,948.38	$369.86
Family	$2,569.32	$2,141.50	$427.82
Family Cross-Reference*	$1,348.14	$1,275.70	$72.44
LivingWell HDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,066.12	$1,004.62	$61.50
Parent-Plus	$1,454.08	$1,316.30	$137.78
Couple	$2,152.06	$1,814.08	$337.98
Family	$2,385.16	$1,994.82	$390.34
Family Cross-Reference*	$1,249.94	$1,179.86	$70.08

Who did NOT complete the LivingWell Promise in 2026 for 2027			
LivingWell CDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,180.16	$1,045.10	$135.06
Parent-Plus	$1,593.22	$1,332.04	$261.18
Couple	$2,307.72	$1,838.20	$469.52
Family	$2,564.34	$2,033.46	$530.88
Family Cross-Reference*	$1,348.58	$1,179.08	$169.50
LivingWell PPO	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,194.62	$1,022.80	$171.82
Parent-Plus	$1,629.22	$1,247.50	$381.72
Couple	$2,397.02	$1,688.10	$708.92
Family	$2,622.26	$1,764.12	$858.14
Family Cross-Reference*	$1,401.38	$1,145.78	$255.60
LivingWell Basic CDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,148.42	$1,039.22	$109.20
Parent-Plus	$1,566.54	$1,377.00	$189.54
Couple	$2,318.24	$1,908.38	$409.86
Family	$2,569.32	$2,101.50	$467.82
Family Cross-Reference*	$1,348.14	$1,235.70	$112.44
LivingWell HDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,066.12	$964.62	$101.50
Parent-Plus	$1,454.08	$1,276.30	$177.78
Couple	$2,152.06	$1,774.08	$377.98
Family	$2,385.16	$1,954.82	$430.34
Family Cross-Reference*	$1,249.94	$1,139.86	$110.08

All employee premium contributions are per employee, per month.

*Family Cross-Reference is not an available payment option if you are hired on January 1, 2025 or after.

Anthem Optional Dental Insurance

4% premium increase

You may choose optional employer-sponsored, employee-paid, dental insurance administered by Anthem. Dental benefits make it easier and more affordable to care for your mouth — and smile. Regular dental checkups help your dentist keep your teeth and gums healthy and catch potential issues earlier, when they're easier to treat. Good oral health can also help improve overall health and reduce the risk of diabetes, heart disease, and other serious health conditions.[1]

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 most preventive and diagnostic services, including regular cleanings and X-rays, when you see a dentist in the plan's network.
- Easy-to-use online tools, including a Dental Health Assessment, Dental Cost Estimator, and Ask a Dental Hygienist.
- Teledentistry, 24 hours a day, 7 days a week, 365 days a year. Using technology and telecommunications, employees can get dental care remotely, without the need to go to a dentist's office.

	Bronze[2]	Silver[2]	Gold[2]
Your Dental Plan at a Glance	**In/Out-of-Network[3]**	**In/Out-of-Network[3]**	**In/Out-of-Network[3]**
Annual Benefit Maximum[4]	$750	$1,000	$1,500
Annual Deductible	$50	$50	$50
Orthodontia (only for children through the age of 18)	Not covered	Not covered	$1,500
Diagnostic and Preventive Services	100%/100% of allowable amount[3]	100%/100% of allowable amount[3]	100%/100% of allowable amount[3]
Basic Services	50%/50% of allowable amount[3]	80%/80% of allowable amount[3]	80%/80% of allowable amount[3]
Oral Surgery (Simple)	50%/50% of allowable amount[3]	80%/80% of allowable amount[3]	80%/80% of allowable amount[3]
Major Services[5] (including Complex Oral Surgery, Porcelain Crowns, and Implants)	Not covered	50%/50% of allowable amount[3]	50%/50% of allowable amount[3]
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.[5]

Monthly Rates	Bronze	Silver	Gold
Employee only	$14.64	$22.25	$29.53
Employee + spouse	$26.70	$42.24	$57.09
Employee + child(ren)	$34.73	$47.75	$72.80
Family	$51.25	$70.99	$106.18

1 Oral Health Foundation. The importance of a healthy smile (accessed October 2021): **dentalhealth.org**.
2 In-network rates for each tier, out-of-network reimbursement limitations may apply.
3 Difference in charged amount and out-of-network allowable amount can result in balance billing.
4 Dental services exceeding annual benefit maximum(s) are not Covered Services in compliance with applicable state law(s) and participating provider discounts may not apply. Please contact your dentist to determine available discounts prior to obtaining services. For complete coverage details, please refer to your plan certificate or contact member services.
5 For replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

Anthem Optional Vision Insurance

No premium changes for 2027!

You may choose optional employer-sponsored, employee-paid, 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.

- 43,000 eye doctors in the Insight Network.[2]
- 31,000 locations.[2]
- National network of optical online shopping and retail stores like Glasses.com®, ContactsDirect®, 1-800 CONTACTS®, Ray-Ban®, LensCrafters®, Pearle Vision®, and Target Optical®.

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 21, UV-blocking Transitions® lenses are included to protect their eyes from harmful UV rays and impact-resistant polycarbonate lenses at no extra cost.
- Factory scratch coating on standard eyeglass lenses.

	Bronze[3]	Silver[3]	Gold[3]
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, Evidence-Based Clinical Practice Guideline, Comprehensive Adult Eye and Vision Examination 2015 (accessed July 2023): aoa.org.
2 Zelis Network360® data, January 2023.
3 In-network rates for each tier, out-of-network reimbursement limitations may apply.

Life Insurance with MetLife

No premium changes for 2027!

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 events.

During Open Enrollment, you can add or make changes to your optional employee and dependent life insurance plan(s) without a Statement of Health.

Outside of Open Enrollment, you can add or increase optional life insurance. A Statement of Health will be required for optional life insurance for the employee or spouse if outside of Open Enrollment.

Dependents over the age of 26 are not eligible for dependent coverage.

Check with your employer to see if they participate in the Commonwealth's life insurance program.

Remember to keep your life insurance beneficiary information updated in KHRIS ESS.

Optional Life Insurance for Employees

As an employee, if you desire to purchase additional life insurance in addition to the free $20,000, 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

Optional Life Insurance for Dependents

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	Dependent Option 3	Dependent Option 4	Dependent Option 5	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

Build a more secure retirement by supplementing your pension

KENTUCKY DEFERRED COMPENSATION PLAN OVERVIEW

Put this benefit to work for you.

What is Kentucky Deferred Compensation?

Kentucky Public Employees' Deferred Compensation Authority (KDC) is authorized under the Kentucky Revised Statutes (18A.230 – 18A.275) to provide administration of tax-deferred supplemental retirement plans for all state, public school and university employees, and employees of local political subdivisions that have elected to participate. It is an agency attached to the Personnel Cabinet of the Commonwealth of Kentucky for administrative purposes only.

We offer retirement plans for employees like you to save from each paycheck and invest toward retirement. These plans can help bridge the gap between what you have in your pension and Social Security (if applicable) and how much you will need in retirement.

KDC makes it easy to take charge of your retirement.

Consider these benefits:

- Easy contributing — Enroll for as little as $30 per month by using payroll deduction
- Tax advantages — Pay no federal or state income taxes on:
  - Pretax contributions and any investment earnings until the money is paid to you
  - Withdrawals from Roth accounts, subject to certain conditions
- Low costs
  - Pay minimal administrative costs
  - Pay lower-than-retail investment costs
- Personal service — Retirement Specialists are available by phone call and virtual or in-person meetings
- Easy enrollment — In just minutes, you can be working toward a more financially secure retirement
- Financial Planning Program — Take control of your current and long-term finances by meeting with a Certified Financial Planner®

Contribute tax-deferred, after-tax or both

Our plans include:

- 457(b) Plan — Tax-deferred
  - Roth 457(b) after-tax option
- 401(k) Plan — Tax-deferred, which includes 3 after-tax options:
  - Roth 401(k)
  - Deemed Traditional IRA
  - Deemed Roth IRA

Resources and people at your service.

Make informed decisions every step of the way.

- Robust content and resources can be found online at **kentuckydcp.ky.gov**.
- KDC Retirement Specialists are dedicated to serving your needs.

Enroll today. Let us help.

1.800.542.2667 or **502.573.7925**
kentuckydcp.ky.gov

3 ways to invest with KDC

1. **Help me do it**
   Select the Vanguard target date fund closest to the year in which you expect to retire or take a distribution.
2. **Do it myself**
   Using KDC tools and resources, you define your investment goals and strategy.
3. **Do it for me**
   Enroll in Nationwide ProAccount® to have professionals select and manage your investments based on your age and risk tolerance.

This material is not a recommendation to buy or sell a financial product or to adopt an investment strategy. Investors should discuss their specific situation with their financial professional.

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

Please consider the fund's investment objectives, risks, charges and expenses carefully before investing. The fund prospectus contains this and other important information about the investment company. Prospectuses are available by calling 1-800-542-2667. Read the prospectus carefully before investing.

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 charge any expenses or fees of their own. Like other funds, Vanguard Target Retirement Funds are subject to market risk and loss. Loss of principal 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.

Investment advice for Nationwide ProAccount is provided to plan participants by Nationwide Investment Advisors LLC (NIA), an SEC-registered investment adviser. NIA has retained Wilshire Associates as the independent financial expert for Nationwide ProAccount. Wilshire Associates is not an affiliate of NIA or KDC.

NIA assesses an annual asset-based fee for its investment advisory services through Nationwide ProAccount.

KDC Retirement Specialists are registered representatives of Nationwide Investment Services Corporation, member FINRA, Columbus, Ohio. Nationwide and its representatives do not give legal or tax advice. An attorney or tax advisor should be consulted for answers to specific questions.

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Contact Information

Support During Open Enrollment

Department of Employee Insurance (DEI) Open Enrollment Hotline
888-581-8834 OR **502-564-6534**.

Extended hours and the five phone options below are only available during Open Enrollment: **October 5 to October 26**.

Open Enrollment Hours for Assistance (Eastern Time)

Monday, Oct. 5 to Friday, Oct. 9, 7:30 a.m. to 4:30 p.m.
Monday, Oct. 12 to Friday, Oct. 16, 7:30 a.m. to 7:00 p.m.
Monday, Oct. 19 to Friday, Oct. 23, 7:30 a.m. to 8:00 p.m.
Monday, Oct 26, 7:30 a.m. to 8:00 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

Website Addresses

KEHP — **kehp.ky.gov**
Dental, Vision, and Life Insurance — **kehp.ky.gov**

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., except Commonwealth holidays



Contact Information

Partners and Programs	Phone Numbers	Websites
24/7 NurseLine	877-636-3720	
Acupuncture @ UK Healthcare Integrative Medicine and Health	859-323-HEAL (4325)	
Anthem - Diabetes Prevention Program powered by Teladoc	844-402-5347	teladochealth.com/anthembcbs
Anthem - Health Insurance	844-402-5347	anthem.com/kehp
Behavioral Health Resource Center and Substance Use Disorder Resource Line	855-873-4931	
Building Healthy Families - Maternity Care	844-402-5347	anthem.com
Carrum	888-855-7806	carrum.me/kehp
Castlight	800-681-6758	mycastlight.com/mybenefits
CVS		
Caremark - Prescriptions	866-601-6934	caremark.com
Dental and Vision Insurance	844-402-5347	anthem.com
HealthEquity		
FSA and HRA	877-430-5519	info.healthequity.com/kehp
COBRA	888-678-4881	
Hinge Health - Digital Alternative to Physical Therapy	855-902-2777	hingehealth.com/kehp
Judicial Retirement Plan	502-564-5310	
Kentucky Community & Technical College System	859-256-3100	
Kentucky Public Pensions Authority	800-928-4646 502-696-8800	kyret.ky.gov
Kentucky Deferred Compensation	800-542-2667	kentuckydcp.ky.gov
Legislative Retirement Plan	502-564-5310	

Contact Information

Partners and Programs	Phone Numbers	Websites
LiveHealth Online Medical and Behavioral Health	888-548-3432	**livehealthonline.com**
LivingWell Health Clinics Note: clinic hours and availability subject to change. Please visit the website for up-to-date availability and to schedule a visit.		**members.premisehealth.com/livingwell**
300 Building, Frankfort	502-564-3444	
Capitol Annex, Frankfort	502-564-3333	
CHFS, Frankfort	502-564-5555	
Mayo-Underwood Building, Frankfort	502-564-4444	
MetLife Life Insurance	502-564-4774	**metlife.pathfactory.com/commonwealth-of-kentucky**
RethinkCare - Family support	800-714-9285	**connect.rethinkcare.com/sponsor/kehp**
SmartShopper – Transparency, shop for better pricing	855-869-2133	**smartshopper.com**
Teachers' Retirement System	800-618-1687 502-848-8500	**trs.ky.gov**