









JCPS™ JEFFERSON COUNTY PUBLIC SCHOOLS

Employee Benefits Guide 2027

Employee Benefits Guide 2027

Welcome to Jefferson County Public Schools (JCPS)! We are delighted that you have made JCPS your employer of choice. Through our employee benefits program, we seek to provide a range of affordable options. We understand that employee benefits are very important and that individual needs may change from year to year. Please carefully review the information in this guide so that you make the best benefits decisions for you and your family.

The benefits offered to eligible JCPS employees include the following:

- Medical, Dental, and Vision Insurance
- Health Reimbursement Arrangements (HRAs)
- Flexible Spending Accounts (FSAs)
- Short-Term Disability
- Long-Term Disability
- Employee Assistance Program (EAP)
- Auto/Home Insurance
- Prepaid Legal Services
- Term Life Insurance



Employees are also automatically enrolled in state retirement plans as a benefit of employment with JCPS. JCPS also offers various 401k, 457, and 403b Tax-Sheltered Annuity (TSA) programs available for financial investments.

This guide is meant to serve as a general resource to assist employees in understanding the benefits available to eligible JCPS employees. Actual benefits will depend on employment status and employment date. This guide in no way constitutes a contract, written or implied, of employment or a guarantee of current or future benefits.

Disclaimer: The *Employee Benefits Guide* was developed to provide you with the information you will need to understand the extensive benefits offered to you as a JCPS employee. This guide is not to be interpreted as a complete disclosure of plans, nor is it intended to indicate entitlement to any of the benefits described. JCPS reserves the right to adjust, amend, and revise benefit plans. Every effort has been made to provide complete and accurate information within this guide. In the event of a discrepancy between this guide, JCPS policy, federal or state regulation, actual plan documents, or union/association contracts, those documents will govern and not the *Employee Benefits Guide*. In all cases of specific plan interpretations, receipt of benefits, or entitlements, the actual plan document/summary plan description shall rule.

If you have any questions regarding the information contained in this summary, please contact the JCPS Benefits Department at **(502) 485-3436**.

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JCPS Benefits Department

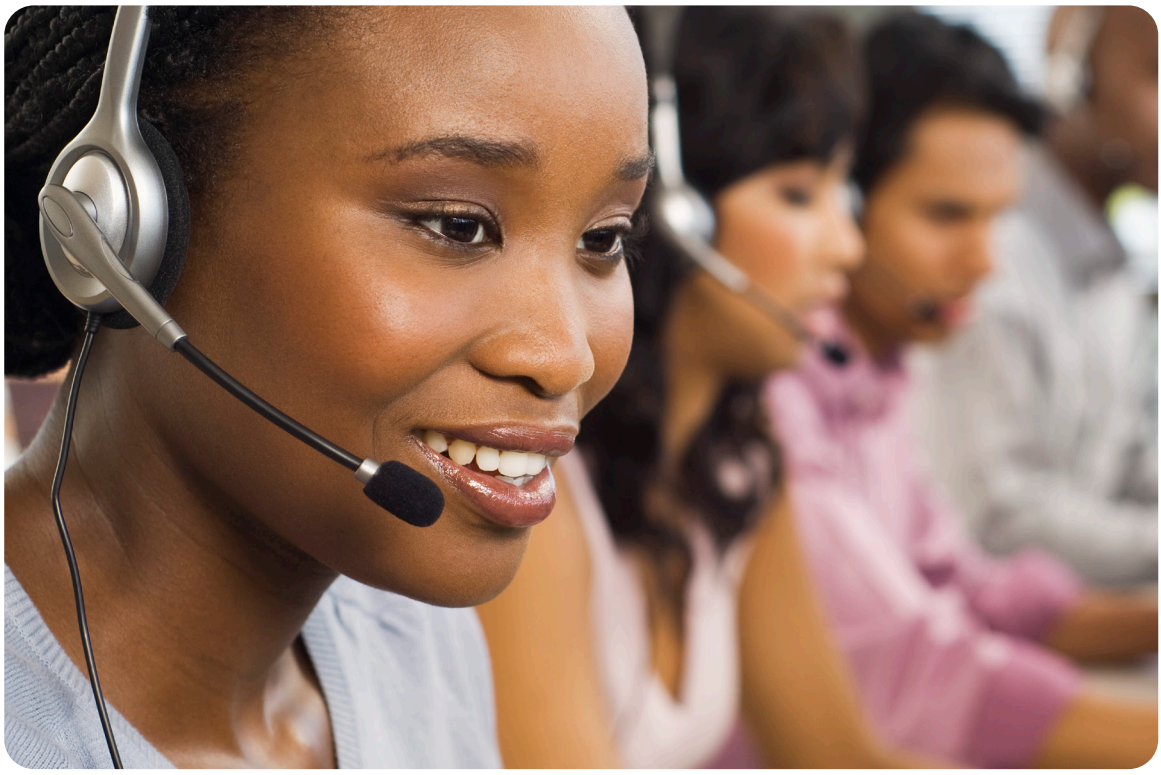
Benefits Department: (502) 485-3436

Email: jcps-benefits@jefferson.kyschools.us

New Employee Instructions for Required Benefit Forms

The following forms are required from all new benefit-eligible employees. Please complete each form and return to the Benefits Department **within 30 days of your full-time hire date**.

KEHP Health Insurance Benefits Enrollment/Waiver Form All eligible employees must return a completed Benefits Enrollment/Waiver Form. If an employee does not enroll or waive coverage within 30 days from their full-time hire date, they will be automatically placed on the waiver without HRA funds.	Required Form
MetLife Life Insurance Beneficiary Form (JCPS-Provided Life Insurance)	Required Form
MetLife Life Insurance Enrollment and Beneficiary Form (State-Provided Life Insurance)	Required Form
JCPS Optional Benefits Enrollment Form	Required Form



Benefits Vendor Customer Service Directory

For Information or Questions Regarding:	Contact Information
Medical Insurance	**Note: Contact numbers can also be found on the back of your ID card.**
Medical Insurance Claims, Plan Design, and/or Coverage	Kentucky Employees' Health Plan (KEHP): **1-844-402-KEHP**
To Look Up Participating In-Network Providers	**www.anthem.com/kehp**
24/7 Nurse Line	**1-877-636-3720**
Behavioral Health	**1-855-873-4931**
Health Equity (formerly WageWorks)	**1-877-430-5519**
Smart Shopper	**1-855-869-2133**
CVS/Caremark Pharmacy Benefits	**1-866-601-6934**, **www.caremark.com**
COBRA Continuation of Coverage	Health Equity: **1-888-678-4881**
Castlight Wellness Program	**1-800-681-6758**
Flexible Spending Accounts—Health Equity	**Note: Contact numbers can also be found on the back of your ID card.**
Healthcare and Dependent Care FSA	**1-877-430-5519**
Dental Insurance	**Note: Contact numbers can also be found on the back of your ID card.**
Anthem Dental	**1-844-402-5347/(502) 564-4774**
Vision Insurance	**Note: Contact numbers can also be found on the back of your ID card.**
Anthem Vision	**1-844-402-5347/(502) 564-4774**
Life Insurance	
Commonwealth of Kentucky-Provided Plan (MetLife)	**(502) 564-4774**
JCPS-Provided Plan (MetLife)	JCPS Benefits Advisor: **(502) 485-3436**
Disability Insurance	
Long-Term Disability (Voya)	JCPS Benefits Advisor: **(502) 485-3436**
Short-Term Disability (The Standard)	JCPS Benefits Advisor **(502) 485-3436**
Employee Assistance Program	
Wayne Corporation	**(502) 451-8262**
Retirement Systems	
Teachers' Retirement System (TRS)	**1-800-618-1687**
County Employees Retirement System (CERS)	**1-800-928-4646**
Retirement Savings Programs	
403b Plan	Various Providers (Refer to the JCPS website for a current list.)
401k and 457 Plan	Kentucky Public Employees' Deferred Compensation Authority (Kentucky Deferred Comp): **1-800-542-2667**
Additional Optional Benefit Programs	
Prepaid Legal Services	MetLife: **1-800-821-6400**
Auto and Home Insurance	Farmers Insurance: **1-800-438-6381**
Class Act Federal Credit Union	**(502) 964-7575**

Employment Classification and Benefit Eligibility

Eligibility for various benefits described in this guide may depend on employment classification. The employment classifications referred to in this guide are described below. All active full-time employees are eligible for benefits.

Classified Employees

Classified JCPS employees are those who are **not** required to have teaching certification for their position.

Full-Time

Classified employees who work 20 or more hours a week and are not in a part-time position are considered **full-time** classified employees. The employee must also be assigned to a full-time working calendar.

Certified Employees

Certified JCPS employees are those who hold certificates for their position.

Full-Time

Certified employees who work a full school term and whose employment requires 70 percent or more of the school day (five hours a day) or month are considered **full-time** certified employees. The employee must also be assigned to a full- time working calendar.

Any employee determined by JCPS to be eligible for health insurance under the Affordable Care Act (ACA), regardless of their employment classification, will be offered appropriate coverage in accordance with the regulations set forth in the ACA.

Effective Date of Insurance

All new full-time employees are eligible for most benefits on the first day of the second month after their full-time hire date. For example, an employee hired on August 5 will have insurance effective on October 1.



Benefit Package at a Glance

Benefit	Eligibility	Effective Date	Who Pays	Description
Medical Insurance	Full-time employees and those employees determined to be eligible under the ACA	First day of the second month after the full-time hire date	The Commonwealth of Kentucky and the employee share the cost.	Choice of a PPO Plan with Rx drug program, two CDHP options with a KEHP-funded HRA, or an HDHP. Tobacco and Non-Tobacco rates. LivingWell and Non-Living Well rates.
Dental Insurance	Full-Time	First day of the second month after the full-time hire date	Employee	Choice of a Gold, Silver, or Bronze Plan
Vision Insurance	Full-Time	First day of the second month after the full-time hire date	Employee	Choice of a Gold, Silver, or Bronze Plan
FSAs (Healthcare and Dependent Care)	Full-time employees	First day of the second month after the full-time hire date	Employee	HealthCare FSA with $3,400 annual maximum and/or $3,750/$7,500 for dependent care expenses depending on tax filing status.
HRAs	Full-time employees	First day of the second month after the full-time hire date	Commonwealth of Kentucky	A Waiver General Purpose HRA is available to those who are eligible and waive medical insurance ($2,100 per year on a preloaded HRA card). A Wavier Limited Purpose HRA is available ($2,100 per year on a preloaded HRA card). Employees who enroll in the CDHP Health Plan will receive $500 for single/$1,000 family or $250 single/$500 family on an HRA card.
Life Insurance (JCPS-Provided)	Full-time employees	First day of the second month after the full-time hire date	JCPS	(1) Times annual earnings up to $50,000 with a minimum of $10,000 and a maximum of $50,000. Includes AD&D. Supplemental life insurance available for employee purchase.
Life Insurance (State-Provided)	Full-time employees	First day of the second month after the full-time hire date	Commonwealth of Kentucky	$20,000 death benefit including AD&D coverage.
Short-Term Disability	Full-Time Employees	First day of the second month following the full-time hire date	Employee	66 2/3 percent of weekly earnings up to 45 days when LTD benefits begin.
Long-Term Disability	Full-time employees who have completed one year of full-time employment	Following one year of full-time employment	JCPS	After 45-days, the benefit is 66 2/3 percent of base earnings up to a maximum monthly benefit of $4,000. Benefits continue for up to two years for the employee's own occupation and three additional years for any occupation.
EAP	Full-time and part-time employees and their families	Immediately upon employment	JCPS	Up to three confidential counseling visits an issue a year offered to employees and/or their family members at no cost to the employee.

Please note that when electing medical, dental, vision, and/or FSAs, the premiums will be deducted from paychecks on a pretax basis in accordance with the Section 125 Cafeteria Plan.

Qualifying Events—Changing or Canceling Your Benefits

Many of the JCPS employee benefits are operated as federally regulated Section 125 Cafeteria Plans, which allows you to pay your premiums with pretax dollars. In exchange, there are only three times when you can add, change, or cancel your benefit elections during the plan year:

- When you first become eligible for benefits
- During the annual open enrollment period
- If you experience a qualifying life event



What Is a Qualifying Life Event?

Some examples include the following:

- Marriage
- Having or adopting a child
- Divorce
- Loss of other group insurance
- Gain of other group insurance
- Spouse has a different open enrollment period

When You Have a Qualifying Event

In all cases, any change in your plan option or coverage level must be consistent with the qualifying event. For most events, you must complete a Qualifying Event Form and provide sufficient back-up to the JCPS Benefits Department within 30 calendar days from the event date.

Qualifying events can be complicated and sometimes are difficult to understand. There are restrictions on the types of changes you may make due to federal qualifying event rules. If you do not provide the necessary forms and back-up to the Benefits Department within the 30-calendar-day time period, you will not be permitted to change your benefit elections until the next annual open enrollment period. For more information about qualifying events, you may contact the JCPS Benefits Department at **(502) 485-3436**.

Open Enrollment

All eligible employees are provided the opportunity to enroll, change, or waive insurance options during each annual open enrollment period. Open enrollment is completed online each October with all selections effective January 1 of the next calendar year.

Elections for the calendar year will remain in effect for the full plan year unless an employee experiences a qualifying life event.



Medical Insurance

JCPS participates in KEHP. Currently, the medical insurance options include a choice of a PPO plan, two CDHP plans, or an HDHP. The Commonwealth of Kentucky requires all eligible employees to enroll in or waive health insurance coverage. If an employee does not wish to enroll in one of the medical insurance options, they must complete a Waiver of Coverage Form. **If an employee does not enroll or waive coverage, they will be automatically placed on the waiver without any HRA funds.** This waiver will remain in effect until a new application is submitted during the next annual open enrollment period or within 30 days of a qualifying event.

Wellness Program

KEHP provides JCPS employees access to the Castlight Employee Wellness Program. This exciting program is automatically provided to all KEHP health insurance plan members. Employees can take the first step on their path to wellness and rewards by registering online and completing a health assessment. As they make progress toward their unique health goals, employees are rewarded not only with health and happiness but also with perks and rewards. For more information on the Castlight Employee Wellness Program, visit **livingwell.ky.gov** or **mycastlight.com/mybenefits**.

Programs Provided by KEHP

LiveHealth Online—LiveHealth Online lets you talk face to face with a doctor through your mobile device, tablet, or a computer with a webcam. You can video chat with board-certified doctors and therapists for free. This service is available with no co-pay for KEHP members.

Smart Shopper—With Smart Shopper, health insurance members can shop and compare prices for common medical services and earn cash rewards for doing so.

Building Healthy Families—The **Building Healthy Families** program is available to expectant mothers at no cost. **Building Healthy Families** supports mothers in having a healthy pregnancy. With **Building Healthy Families**, employees receive 24/7 phone access to a nurse coach, a pregnancy week-by-week book, and useful tools to track pregnancy and spot possible risks. To access these free resources, call **1-844-402-5347**.



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

You may choose optional employer-sponsored, employee-paid, 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.[1] 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 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 up to 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]			

1 Harvard Health Publishing, *Gum disease and heart disease: The common thread* (accessed July 2023): **health.harvard.edu**.
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.

Monthly Dental Rates

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**

Anthem Optional Vision Insurance

No rate **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.

- 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[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 Internal data, 2021.
3 In-network rates for each tier, out-of-network reimbursement limitations may apply.

Flexible Spending Accounts

KEHP offers two FSAs, which can save employees money on their out-of-pocket expenses. Both the Healthcare FSA and the Dependent Care FSA allow eligible employees to contribute pretax monies through payroll deduction. During the year, employees have access to this account for reimbursement of certain medical, dental, vision, Rx, or dependent care expenses. By using tax-free dollars to pay for these expenses, employees can experience substantial tax savings.

Note: Employees should be careful when selecting the amount they wish to have payroll-deducted. If an employee has a Healthcare FSA, they are permitted to carry over a minimum of $50 and a maximum of $680 of unused funds from 2027 to 2028; however, anything in excess of $680 will be forfeited. Dependent Care FSA does not have a carry over provision, so any unused funds will be forfeited.

The current KEHP booklet includes information on FSAs and can be found at **kehp.ky.gov**.

For a complete list of eligible FSA expenses, visit **healthequity.com**.

Health Reimbursement Arrangements



KEHP offers a waiver general purpose HRA, a Waiver Limited Purpose HRA, or a preloaded HRA card to those employees who enroll in a CDHP health insurance option.

If eligible, active full-time employees who choose to waive health insurance coverage will have $2,100 a year contributed into their HRA account. This balance can be used to pay for qualified expenses only. Eligible employees who choose to elect the Waiver Limited Purpose HRA will have $2,100 annually contributed into their HRA account to pay for qualified dental and vision expenses. Any balance remaining at the end of the calendar year will carry over to the next calendar year as long as health insurance continues to be waived and the employee selects the HRA for the following calendar year.

Employees who enroll in one of the CDHPs will receive $500 for single coverage/$1,000 for any level of family coverage **or** $250 for single coverage/$500 for any level of family coverage on a preloaded HRA card. The actual amount loaded to the HRA card will depend on the specific health insurance plan the employee is enrolled in.

The current KEHP booklet, including information on HRAs, can be found at **kehp.ky.gov**.

Life Insurance

(Paid in full by JCPS)

JCPS is proud to provide eligible employees a group term life insurance policy at no cost to employees to help protect them and their families. For specific details, please refer to the policy certificate located at **www.jefferson.ky.schools.us**.

Coverage: This policy provides a death benefit of (1) times an employee's annual earnings. The minimum amount of coverage is $10,000, and the maximum amount of coverage is $50,000.

Accidental Death and Personal Loss Coverage: This policy includes AD&D coverage at no cost to employees. A benefit is payable for losses while involved in an accident or bodily injury resulting from an accident.



Eligibility/Effective Date: Eligible full-time employees are automatically enrolled in this coverage and will complete a beneficiary designation upon hire. Employees are eligible on the first day of the second month after the full-time hire date.

Living Benefit: A Living Benefit (also called an Accelerated Death Benefit) is available to employees under this policy. When an employee is diagnosed with a terminal illness (has 12 months or less to live), they may withdraw up to 80 percent of their life insurance coverage. The death benefit will be reduced by the amount taken as a Living Benefit. See the plan certificate for specific details.

Termination of Coverage: Coverage for this policy will end when employment ends or the employee no longer meets the eligibility requirements, the plan is discontinued, or for other reasons that are described in the policy certificate.

Conversion or Portability: If an employee separates employment or becomes ineligible for this coverage, they have the option to convert or port all or part of the amount of life insurance in force on the date of termination without Evidence of Insurability. Conversion elections must be made within 31 days of loss of eligibility.





Value-Added Services and Programs (Automatically provided at no cost to employees)

Beneficiary Resource Services

When a loved one dies, families often face complex issues ranging from estate planning, legal questions, funeral planning, and coping with grief and financial uncertainties. That's why we offer Beneficiary Resource Services, a program that combines family wellness and security at the most difficult of times. Services include grief and financial counseling, funeral planning, legal support, and online will preparation. **To access these valuable resources, call 888-319-7819 or visit one.telushealth.com. (Username: metlifeassist. Password: support.)**

For more information, please visit **www.jefferson .kyschools.us** or contact a JCPS benefits advisor.

Life Insurance **(Paid in full by the Commonwealth of Kentucky)**

The Commonwealth of Kentucky provides eligible employees an additional group term life insurance policy at no cost to employees. This policy provides a death benefit of $20,000. This coverage also includes AD&D. Eligible employees will complete an enrollment form and beneficiary designation forms upon hire.

General Life Insurance Information

Beneficiaries: Upon full-time employment, eligible employees will receive beneficiary designation forms to complete and return to their JCPS benefits advisor. An employee should designate a beneficiary (or beneficiaries) to receive the proceeds of these coverages in the event of the employee's death. Employees may designate anyone of their choosing as a beneficiary but should pay close attention to the instructions on each beneficiary form especially in regard to minors. Employees may change their beneficiary designations at any time by completing a beneficiary change form and submitting it to JCPS Benefits Department at **jcps-benefits@jefferson.kyschools.us**. Employees should notify the JCPS Benefits Department of any name changes. Failure to designate a beneficiary will result in the proceeds of coverage being distributed according to the policy certificate guidelines.



Duration of Life Insurance Coverage: The life insurance coverages described on pages 15 through 17 will remain in effect for 24 hours a day, 365 days a year, as long as the employee remains in an eligible status and a premium is paid on the employee's behalf.

Termination of Employment: When an employee separates from full-time employment, the coverage will end the last day of the month in which the employment ended regardless of the actual termination date.

Conversion Periods: Employees will have 31 days from their termination date of insurance to convert their coverage to an individual policy. Visit **MetLife.com/continuation** or contact MetLife Transitions Solutions at **1-877-275-6387** to discuss portability and conversion of your basic life insurance.

Life Insurance Claims Processing and Payment

In the event of a claim under the life insurance policies, the beneficiary should immediately contact the JCPS Benefits Department at **(502) 485-3436**.



Short-Term Disability

Short-term disability provides protection for an employee's income should they become disabled and unable to work. Receiving Short-Term Disability income benefits does not replace the requirement to be on an approved medical leave through your employer. Most Americans purchase insurance for their homes, vehicles, and health. Short-term disability provides insurance for an employee's income to bridge the gap between their last day worked and the 45 days before long-term disability will begin payments. The maximum benefit payable under this policy is $1,500 per week. Preexisting condition exclusions may apply, so review the plan details carefully. Specific plans and salary/age-banded premium rates are included in the optional benefit materials and on the JCPS website.

Short Term Disability Insurance

What Your Benefit Provides This is the benefit you'd receive if you suffer a qualifying disability. Eligible earnings are your weekly insured predisability earnings, as defined by the group policy. Your benefit amount will be reduced by deductible income; see the Important Details section for a list of deductible income sources.	66 2/3% of your eligible earnings, up to a maximum benefit of $1,500 per week. Plan minimum $15 per week.
Benefit Waiting Period If you suffer a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you can begin receiving your weekly benefit.	• 14 days for accidental injury • 14 days for physical disease, pregnancy or mental disorder
Extended Benefit Waiting Period This applies if you do not apply for this coverage within 31 days of becoming eligible, were eligible for coverage under a prior plan for more than 31 days but were not insured, or if your insurance ends because you failed to pay your premium and is later reinstated.	60 days for any qualifying disability caused by physical disease, pregnancy or mental disorder occurring during the first 12 months of coverage.
How Long Your Benefits Last This is the maximum length of time you could be eligible to receive a weekly disability benefit.	• **Class 1** 90 days • **Class 2** 45 days
Class Definition Your class definition, as defined in the group policy.	• **Class 1** All eligible employees with less than one year of service • **Class 2** All eligible employees with one or more years of service

How Much Your Coverage Costs

Because this insurance is offered through Jefferson County Public Schools, you'll have access to competitive group rates that may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck.

How much your premium costs depends on your age and your benefit amount. Use the table below to determine your premium payment. Find your annual earnings in the first column, then your age. The row that corresponds with both shows your premium payment per check.

		Premium Payment Per Check*										
Annual Earnings	Weekly Benefit	<25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70+
$26,000	$333.35	$7.28	$10.42	$10.83	$7.50	$7.70	$5.42	$5.83	$7.50	$7.70	$8.75	$9.58
$31,200	$400.02	$8.74	$12.50	$13.00	$9.00	$9.24	$6.50	$7.00	$9.00	$9.24	$10.50	$11.50
$36,400	$466.69	$10.20	$14.58	$15.17	$10.50	$10.78	$7.58	$8.17	$10.50	$10.78	$12.25	$13.42
$41,600	$533.36	$11.65	$16.67	$17.33	$12.00	$12.32	$8.67	$9.33	$12.00	$12.32	$14.00	$15.33
$46,800	$600.03	$13.11	$18.75	$19.50	$13.50	$13.86	$9.75	$10.50	$13.50	$13.86	$15.75	$17.25
$52,000	$666.70	$14.57	$20.83	$21.67	$15.00	$15.40	$10.83	$11.67	$15.00	$15.40	$17.50	$19.17
$57,200	$733.37	$16.02	$22.92	$23.83	$16.50	$16.94	$11.92	$12.83	$16.50	$16.94	$19.25	$21.08
$62,400	$800.04	$17.48	$25.00	$26.00	$18.00	$18.48	$13.00	$14.00	$18.00	$18.48	$21.00	$23.00
$67,600	$866.71	$18.94	$27.08	$28.17	$19.50	$20.02	$14.08	$15.17	$19.50	$20.02	$22.75	$24.92
$72,800	$933.38	$20.39	$29.17	$30.33	$21.00	$21.56	$15.17	$16.33	$21.00	$21.56	$24.50	$26.83
$78,000	$1,000.05	$21.85	$31.25	$32.50	$22.50	$23.10	$16.25	$17.50	$22.50	$23.10	$26.25	$28.75
$83,200	$1,066.72	$23.31	$33.34	$34.67	$24.00	$24.64	$17.33	$18.67	$24.00	$24.64	$28.00	$30.67
$88,400	$1,133.39	$24.76	$35.42	$36.84	$25.50	$26.18	$18.42	$19.83	$25.50	$26.18	$29.75	$32.58
$93,600	$1,200.06	$26.22	$37.50	$39.00	$27.00	$27.72	$19.50	$21.00	$27.00	$27.72	$31.50	$34.50
$98,800	$1,266.73	$27.68	$39.59	$41.17	$28.50	$29.26	$20.58	$22.17	$28.50	$29.26	$33.25	$36.42
$104,000	$1,333.40	$29.13	$41.67	$43.34	$30.00	$30.80	$21.67	$23.33	$30.00	$30.80	$35.00	$38.34
$109,200	$1,400.07	$30.59	$43.75	$45.50	$31.50	$32.34	$22.75	$24.50	$31.50	$32.34	$36.75	$40.25
$114,400	$1,466.74	$32.05	$45.84	$47.67	$33.00	$33.88	$23.83	$25.67	$33.00	$33.88	$38.50	$42.17

Long-Term Disability (Paid in full by JCPS)

JCPS is proud to provide eligible employees a long-term disability policy at no cost to employees to help protect an employee's income in the event of a disability. For specific details, please refer to the policy certificate located at **www.jefferson.kyschools.us**.

Eligibility: Long-term disability is provided for all full-time employees of JCPS on the first day of the month following the date they complete one full year of active employment as an eligible employee.

Benefit Amount: The long-term disability plan replaces a portion of an employee's basic monthly earnings during periods of total disability. The benefit amount under this plan is 66 2/3 percent of basic monthly earnings.

Coordination of Benefits: The plan is not coordinated with other income for the first six months from the date of disability. However, after six months, it will be coordinated with any monthly income received from the following:

- Social Security benefits (actual or estimated)
- Retirement program
- Any disability program sponsored by another employer
- Employment while partially disabled
- Other areas listed in the policy certificate

Minimum and Maximum Long-Term Disability Benefits: The minimum benefit payable from this plan is $100 a month or 10 percent of the monthly benefit, whichever is greater. The maximum benefit payable from this plan is $4,000 a month less the total income an employee is receiving from all other sources.

When Benefits Begin: Long-term disability benefits will begin when an employee has satisfied the elimination period of 45 days or when they have exhausted all accrued paid sick leave days, whichever is greater.

Duration of Benefits: Eligible employees may receive benefits for up to 24 months (2 years) as long as they are disabled from performing their own occupation. Benefits may continue for a total of 60 months (5 years) if the employee is disabled from any occupation. Benefits will not exceed five years or age 70, whichever occurs first. Other maximums will apply for disabilities due to substance abuse or mental and nervous disorders.

Claims Information and Processing: To apply for benefits under the long-term disability plan, employees should contact the Benefits Department to request an application. The employee and their doctor must complete the application and return it to the Benefits Department for processing.

All claims must be filed within 180 days of the date the employee would become eligible for the benefit. For more information, visit **www.jefferson.kyschools.us** or contact a JCPS benefits advisor.

Other Optional Benefit Plans

Automobile/Home Insurance

Through the auto/home payroll deduction option, employees are provided convenient access to a comprehensive range of protection that goes beyond traditional offerings. By selecting to purchase protection for their valuable assets through this program, employees have access to group discounts on their policies. Rates are determined by individual quotes. Refer to the JCPS website for contact information.

Prepaid Legal Services

The comprehensive group legal plan is a prepaid legal services plan that provides legal representation for an employee, their spouse, and/or their dependents. Employees who purchase this plan can receive legal advice and fully covered legal services for court appearances, document review and preparation, debt collections defense, real estate matters, and much more. The comprehensive group legal plan is provided to eligible employees through payroll deduction. Please refer to the JCPS website for contact information.

Employee Mental Health Resources

Employee Assistance Program (Provided by JCPS)

JCPS recognizes that all employees' mental and emotional health is as important to their job performance as physical health. To provide support for employees, JCPS has contracted with an EAP for our employees and their family members at no cost to the employee. The EAP is a confidential counseling program offering short-term, traditional, face-to-face, or telephonic counseling services with a licensed therapist. The EAP can provide assistance with grief, depression, anxiety, phobias, relationships, substance abuse problems, legal and financial problems, child and elder care resources, and much more. The EAP provides three sessions a person at no cost to the employee. This benefit is paid entirely by JCPS. To schedule an appointment, call **Wayne Corporation at (502) 451-8262**.

Behavioral Health Programs (Provided through KEHP)

LiveHealth Online Behavioral Health—Employees can have fast and easy virtual behavioral health visits whenever needed. There is no additional cost to the employee for LiveHealth Online Behavioral Health. LiveHealth Online lets employees have a video visit with a board-certified psychiatrist or therapist from a computer, tablet, or smartphone. Common conditions treated with LiveHealth Online Behavioral Health include anxiety, depression, grief, panic attacks, and medication for those 18 and older. For a LiveHealth Online Behavioral Health appointment, schedule online or call **1-888-548-3432**.

RethinkCare—Through RethinkCare, employees can gain 24/7 access to virtual consultations with a dedicated behavioral expert and unlimited use of the website filled with step-by-step videos, resources, and digital training, tips, articles, and exercises developed to help families raise more resilient children.
Visit **connect.rethinkcare.com/sponsor/kehp**, and use code **KEHP**. Email **support@rethinkcare.com** for assistance.

Learn to Live—Built on proven principles of cognitive behavioral therapy (CBT), Anthem provides digital tools that are available anytime, anywhere. These tools can help employees identify thoughts and behavior patterns that affect emotional well-being and work through those thoughts and patterns. Employees will learn effective ways to manage stress, depression, anxiety, substance abuse, and sleep issues. Log on to **www.anthem.com**, go to **My Health Dashboard**, choose **Programs**, and select **Emotional Well-being Resources**. For a full listing of additional value-added programs, visit **kehp.ky.gov**.

Retirement Savings Opportunities

Credit Union

Membership with the credit union allows employees access to full-service checking accounts, savings accounts, low-interest-rate loans, and certificates. Employees have the opportunity to make convenient deposits through payroll deduction into their personal savings and checking accounts.

Tax-Deferred (401k, 457, 403b) Retirement Plans

Employees may elect to contribute to a variety of retirement plan options. Employees control how much they wish to contribute and have a variety of investment options available, all within the IRS guidelines. JCPS does not contribute or match employees' contributions in these retirement plans.

Although the plans are designed for long-term savings, under certain circumstances, employees may gain access to their funds while still employed (only as permitted by IRS guidelines). For a current listing of available Deferred Compensation and TSA vendors, visit the JCPS website and review the optional benefit materials.



County Employees Retirement System

Cost: Shared by plan members, JCPS, and the Commonwealth of Kentucky
Benefits: Distributions are made at retirement, disability, death, or separation of employment.

Eligibility and Enrollment

All classified employees who work 20 or more hours a week are considered to be full-time employees and are required to become contributing members of County Employees Retirement System (CERS). To be eligible for participation and benefits, employees must average at least 80 hours a month.

Benefits Provided by CERS

CERS membership provides employees with the following:

- Income at early or normal retirement
- Income at disability retirement
- Optional retiree healthcare coverage
- Death and survivor benefits

If employees permanently separate employment for reasons other than retirement or death, they are always entitled to a refund of the contributions they have made to their CERS account. However, when a refund is made, they will forfeit the service credits earned at that time and will not be entitled to future benefits. The refund will also be subject to federal and state taxes.

CERS benefit details are fully explained in the *Summary Plan Description*. Employees may obtain a copy by calling CERS at **(502) 564-4646** or **1-800-928-4646**. A copy is also available on the Kentucky Public Pension Authority website.

Contributions to CERS

Contributions—Required contributions by the employee are based on the tier:

	Required Contribution
Tier 1	5%
Tier 2	5% + 1% for insurance
Tier 3	5% + 1% for insurance



CERS Accounts

Once an eligible employee's membership begins, an individual account is set up in their name under CERS. Contributions—plus interest—are credited to this account.

Information about an employee's account is **confidential**. For this reason, employees must contact the CERS Retirement Office (in person or in writing) to obtain information about their account. All written inquiries must include name, Social Security number, signature, and current address and should be mailed to:

CERS Retirement Office
Kentucky Public Pension Authority
Perimeter Park West
1260 Louisville Road
Frankfort, KY 40601

Annual Statement

Enrolled employees will receive an annual statement of their account showing their total service credit with CERS after the close of each fiscal year (June 30). This statement will show the balance in the account at the beginning of the year, the amount the employee contributed during the year (plus interest earned), and the balance in the account at the close of the year.

Service Credits

Employees must accumulate 60 months (5 years) of service credits to qualify for most of the benefits payable from CERS (except a refund of the account).

Because service credits play an important role in determining eligibility for benefits and the amount payable, CERS will permit employees to purchase service credits for certain periods of employment not already credited under other pension plans. Employees should contact CERS to determine if prior employment or military service may be eligible for purchase and the cost associated with the purchase.

Teachers' Retirement System

Cost: Shared by plan members, JCPS, and the Commonwealth of Kentucky
Benefits: Distributions are made at retirement, disability, death, or severance of employment.

Eligibility and Enrollment

Membership in Teachers' Retirement System (TRS) is mandatory for all employees whose position requires a teaching certificate or a minimum of a four-year bachelor's degree. Effective July 1, 2002, substitute teachers and part-time teachers will be included in TRS.

In order to establish an account, TRS will mail an enrollment and beneficiary form to the home address on file.

Benefits Provided by TRS

TRS membership provides members with the following:

- Income at early or normal retirement
- Income at disability retirement
- Medical insurance coverage at retirement
- Death and survivor benefits

Your Entry Date is Important

TRS Has Four Account Types Delineated by Entry Date

TRS 1	TRS 2	TRS 3	TRS 4
Entry before July 1, 2002	Entry on or between July 1, 2002, and June 30, 2008	Entry on or between July 1, 2008, and Dec. 31, 2001	Entry on or after Jan. 1, 2022

Contributions to TRS

Contribution rates are established by KRS. New members who enter the teacher's retirement system on or after January 1, 2022, will have a mandatory employee contribution rate of 14.75 percent. Employees who entered the teacher's retirement system prior to January 1, 2022, will have a mandatory employee contribution rate of 12.855 percent. If an employee leaves covered employment before accumulating five years of credited service, accumulated employee pension contributions plus interest are refunded to the employee upon the member's request.



TRS Accounts

When membership begins, an individual account will be set up in the employee's name under TRS. The employee's payroll deducted retirement contributions are credited to this account.

Information about an employee's account is **confidential**. For this reason, employees must contact TRS at the address and telephone number shown below to obtain information about an account:

Teachers' Retirement System
479 Versailles Road
Frankfort, KY 40601-3868
(502) 573-3266 or 1-800-618-1687

Annual Statement

Employees will receive an annual statement of their account after the close of each fiscal year (June 30). This statement will show the salary and service credits earned for the year, the retirement contributions made during the year, and the balance in the account at the end of the year. The statement will also show the total service credits with TRS at the end of the fiscal year.

Service Credits

Employees must accumulate five years of service credit to qualify for most of the benefits payable from TRS (except a refund of the account). Because service credits play an important role in determining eligibility for benefits and the amount payable, TRS will permit the purchase of service credits for certain periods of employment not already credited under other pension plans. Employees should contact TRS for determination if any prior employment or military service may be eligible for purchase and the cost associated with the purchase.

Important Retirement Checklist

The following documents must be on file with TRS prior to retirement:

- A completed TRS Application for Service Retirement
- A completed TRS Medical Health Insurance Application
- A photocopy of the employee's official, certified birth certificate from Vital Statistics
- A photocopy of the employee's Social Security card issued by the Social Security Administration and bearing its seal and the employee's signature
- A photocopy of the employee's official, certified marriage license
- A photocopy of the employee's beneficiary's official, certified birth certificate from Vital Statistics

Paid Time-Off Benefits

Eligibility: Available to all full-time JCPS employees



Vacation Days

Eligibility

JCPS employees are eligible to earn paid vacation days if they are full-time, 12-month (260-day, or 208-/209-day—4 days a week/10 hours a day) employees.

Paid vacation days are not available to less-than-260-day employees (except for 208-/209-day full-time employees—4 days a week/10 hours a day), part-time, seasonal, substitute, temporary, probationary, and summer employees.

Maximum Earned Vacation Days

Based on years of continuous employment with JCPS, 260-day employees can earn the following maximum number of vacation days a year:

Years of Continuous Employment	Days Earned a Month	Maximum Earned Vacation Days	Maximum Days Eligible to Accrue
Zero up to 1 year	.8334	10 days a year	20 days
After 1 and up to 10 years	1.2500	15 days a year	30 days
After 10 or more years	1.6667	20 days a year	40 days

A 208-/209-day (4 days a week, 10 hours a day) full-time employee can earn the following maximum number of vacation days a year:

Years of Continuous Employment	Days Earned a Month	Maximum Earned Vacation Days	Maximum Days Eligible to Accrue
Zero up to 1 year	.6667	8 days a year	16 days
After 1 and up to 10 years	1.0000	12 days a year	24 days
After 10 or more years	1.3333	16 days a year	32 days

Vacation earned is updated on the last pay date of the month. Employees will earn vacation if the employee works more than one half of the total contract days in the pay periods that have been processed since the last monthly vacation update was administered. Vacation days earned will be reflected in the accumulated vacation balance on the first pay stub of the month following the update period.

An employee's monthly accumulated total cannot exceed more than two times the earned annual rate. For example, an employee who earns 15 vacation days annually cannot have an accumulated balance of more than 30 vacation days in any month. Employees will receive one year of credit for each year of employment determined by their hire date.

The vacation update program was revised in January 2010 to include accruals for 4-days/week employees.

Transfers (Effect on Accrued Vacation)

If an employee transfers from one department or division to another **without** losing their status as an eligible employee, their continuous employment and right to accrue vacation credits will not be interrupted.

Approved Vacations

Please refer to Board Policies 03.122 and 03.222, corresponding procedures, and collective bargaining agreements.

Change in Employment Status

If an employee is no longer eligible to receive vacation days because of a change in employment status, the employee may receive a cash payment for the accumulated vacation days. This cash payment will be based on the rate of pay immediately before the change in employment status.

Termination of Employment

If an employee separates employment, they may request a cash payment for accrued vacation days. This cash payment will be made at the rate of pay immediately before the retirement date or the effective date of termination.

Death

If an employee should die while actively employed, a cash payment for vacation days accrued will be made to the employee's estate. This cash payment will be based on the rate of pay immediately before death.



Sick Days

Sick Day Accrual

The number of sick days available is based on employment classification as shown below:

Employment Classification	Annual Sick-Day Accrual
Full-time, **certified** and **classified**	10 to 12 days a year depending on the work-year calendar
Part-time teachers assigned to a contract work year of at least 90 days	5 to 10 days a year depending on the work-year calendar

Approved Use of Sick Days

Employees may be paid for sick days if:

- They present a personal affidavit or a certificate from a reputable physician stating that they or a member of their "immediate family"[1] was ill on the day or days absent, **and**
- They have not exhausted their current sick day accumulated balance.

Please refer to Board Policies 03.1232 and 03.2232, corresponding procedures, and collective bargaining agreements.

Accumulation of Unused Sick Days

Unused sick leave days will accumulate from year to year. This includes any unused personal days, which are converted to sick days at the end of each fiscal year. The Board shall compensate certified employees only upon initial retirement from the District for each unused sick day at the rate of 30 percent (30%) of the daily salary. An employee hired before July 1, 2008, shall be compensated for all unused sick days. This calculation shall be based on the employee's last annual salary. For an employee who began employment on or after July 1, 2008, unused sick days to be recognized in calculating reimbursement under KRS 161.155 shall not exceed three hundred (300) days.

Employees are not entitled to receive pay for any sick day accrual at severance of employment for any reason, other than retirement. If an employee has a change in employment status to a position that does not qualify for sick days, they will forfeit any accrued sick days and their eligibility to accrue while in that position.

Other Benefits

When an employee is sick or disabled, they may qualify for benefits from other programs described in this guide:

- The long-term disability insurance plan, which is paid in full by JCPS
- The optional short-term disability insurance plan, which is paid in full by employees who elect this coverage through JCPS

Voluntary Sick Day Bank/Donation Program

A Sick Day Bank/Donation Program is available to employees. Teachers should contact the Jefferson County Teachers Association (JCTA) at **(502) 454-3400** for information.

(KRS161.155) [1] *"Immediate Family"* shall mean the teacher's or employee's spouse, children including stepchildren and foster children, grandchildren, daughters-in-law and sons-in-law, brothers and sisters, parents and spouse's parents, and grandparents and spouse's grandparents, without reference to the location or residence of said relative, and any other blood relative who resides in the teacher's or employee's home.

Personal Days

Eligible employees will be credited with three days of personal leave each year. Personal days do not accumulate from year to year. Any personal days not used at the end of the fiscal year will be converted to sick days.

Approved Personal Days

Personal days may be taken at the employee's discretion if approved by the immediate supervisor or appropriate administrator, on the basis that the absence will not interrupt or impede the work program.

Applying for Personal Days

Application forms for personal days are available from your location's timekeeper. Please refer to Board Policies 03.1231 and 03.2231, corresponding procedures, and collective bargaining agreements.

Employment Classification	Annual Personal Day Accrual
Full-time, **certified** and **classified**	3 days
Part-time teachers 187 calendar 3.5 hours per day	2 days
Job share teachers working 7 hours per day. Must work 50% of full-time teacher work year.	1 day each person
Part-time retired teachers	0 days



Emergency Days

Eligible full-time employees will be credited with two days of paid emergency days each year. Emergency days are not accumulated from year to year.

Approved Emergency Days

Emergency days will be granted only for absences due to the following:

- The death or funeral of a blood relative or a relative by marriage
- Emergency situations resulting from natural disasters (e.g., a tornado or flood)
- Please refer to Board Policies 03.1236 and 03.2236, corresponding procedures, and collective bargaining agreements.

Applying for Emergency Days

Application forms for emergency days are available from your location's timekeeper. If an employee is requesting emergency days due to the death of a relative, the employee should state their relationship to that person. If requesting emergency days for a situation resulting from a natural disaster, employees will need to briefly describe the situation.





Holidays

Employees who work less than 260 calendar days a year will have 4 paid holidays. These holidays include Labor Day, Thanksgiving Day, Christmas Day, and Martin Luther King Jr. Day.

Employees who work 260/261/262 calendar days a year will have 10 paid holidays. These holidays include the Fourth of July, Labor Day, Thanksgiving, the day after Thanksgiving, Christmas, New Year's Day, Martin Luther King Jr. Day, Memorial Day, Juneteenth, and a flexible holiday. (The Presidential Election Day replaces the flexible holiday every four years.)

Employees who work 208/209/210 days (4 days a week/10 hours a day) will have 8 paid holidays. The fixed and flexible holidays will vary each year due to the fact that 208-/209-day employees do not work on Fridays.

Jury Duty

Any employee who serves on a jury in any duly constituted local, state, or federal court shall be granted jury duty leave with full compensation less any compensation received as jury pay for the period of actual jury service.



Military Leave

Any employee who is a member of the National Guard or of any Reserve component of the Armed Forces of the United States shall be entitled to a leave of absence from their respective duties, without loss of time, pay, regular leave, impairment of efficiency rating, or of any other rights or benefits to which they are entitled, while in the performance of duty or training in the service of this state or of the United States under competent orders. An employee while on leave shall be paid their salary or compensation for a period or periods not exceeding 21 calendar days or 15 working days if the employee's position is based upon a 5-day work week (KRS61.394).

Other Leave Programs

Additional leave programs, including leave under the Family and Medical Leave Act, are available to those who meet eligibility requirements are available. Contact the JCPS Leave Center at **(502) 485-3436** or **jcps.leavecenter@jefferson.kyschools.us** for more information or to apply for a leave of absence.



- Adoption or foster care leave
- Child-rearing leave
- Education leave
- Medical leave
- Military leave
- Leave to care for a dependent
- Parental leave
- Political leave
- Religious observation leave

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 30 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 30 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 (Resources/Docs, Forms, and Legal Notices link).

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). You are not required to complete the HA. 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, 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, payment, operations, 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 Castlight (KEHP's wellness administrator) and Anthem (KEHP's third-party medical administrator). This may include nurses in Anthem's disease management program or health coaches. 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 (Resources/Docs, Forms, and Legal Notices link).

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 (Resources/Docs, Forms, and Legal Notices link).

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 (Resources/Docs, Forms, and Legal Notices link).

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 (Resources/Docs, Forms, and Legal Notices link). 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. 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 30 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.











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