

Your 2027 Benefits Selection Guide from the Personnel Cabinet

Mandatory Open Enrollment is
October 5 - October 26, 2026

This open enrollment is a MANDATORY open enrollment.

LivingWell Promise for 2027:

All planholders must take the Castlight Health Assessment.

This Benefits Selection Guide is published annually, before Open Enrollment, to help you make benefit choices. This guide can be used throughout 2027 for new employees and when there is a Qualifying Event that permits a benefit change.

TEAM KENTUCKY® PERSONNEL CABINET | Kentucky Employees' Health Plan

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Welcome to your 2027 Benefits Selection Guide

This Benefits Selection Guide (BSG) is available to review when making benefit selections for you and your family.

It is published annually, to help you make benefit choices during Open Enrollment. You can also use this guide to select benefits as a new employee or if you experience a Qualifying Event during the year. It is very important that you thoroughly read this guide, so you are aware of the many benefits that are available to you.

Pay close attention to the important information you will need to review while making your benefit elections:

- Health, dental, vision, and life insurance plan options
- Premiums
- Benefit grids
- Flexible Spending Accounts (FSA)
- Waiving health insurance

It's your choice to select the benefits that are best for you. Neither the Kentucky Employees' Health Plan (KEHP) nor your employer can make this decision for you. If you have questions, refer to the Contact Information on **page 32** to find who can best answer your question.

Open Enrollment Highlights

Mandatory Open Enrollment

Everyone must log in to KHRIS or your employer portal and enroll or waive coverage for 2027. If you don't, you will not have coverage or a waiver Health Reimbursement Arrangement (HRA) for 2027.

You **MUST** log in if you want:

- To elect a health insurance plan
- To waive your health insurance coverage by choosing a Waiver General Purpose HRA or a Waiver Limited Purpose HRA (if eligible)
- A Healthcare Flexible Spending Account (FSA)
- A Dependent Care FSA, previously named a Child & Adult Daycare FSA
- Anthem dental or vision insurance
- To change your optional life insurance plans. You must name life insurance beneficiaries and allocate 100% distribution across your selected beneficiaries.

Health Insurance Premiums and Benefits

- There will be a 3% increase in employee health insurance premium contributions for 2027. This is the first time since 2022 that there's been an increase in your health insurance premiums.
- The LivingWell PPO will have an increase in medical and prescription Co-Pays, and will now have a prescription Deductible.
- The LivingWell CDHP and the LivingWell Basic CDHP will now have a separate prescription Deductible and Maximum Out-of-Pocket.

Anthem Dental and Anthem Vision Plans

- There will be a 4% increase in dental premiums, but no increase in vision premiums in 2027.

MetLife Life Insurance

- There will be no changes to optional life insurance premiums in 2027.
- During Open Enrollment, you can add or increase optional life insurance for yourself or your spouse without a Statement of Health.

Although you can make changes to life insurance on your dependent children (under age 26) at any time during the year, Open Enrollment is a good time to evaluate your insurance needs and whether you need to add or increase life insurance on your dependents.

You can also enroll in life insurance if you are a new employee or if you have a life-changing event, such as gaining a new child, getting married, or getting divorced.



Open Enrollment Highlights

Benefit Fairs

You can choose to attend one of the 14 benefit fairs below.

PLEASE NOTE: all vendors may not be present at each fair location.

Scan the QR code to be directed to the Open Enrollment information site.

COUNTY	DATE	TIME	LOCATION
Boyd	Monday 09/28/2026	4:00 p.m. to 6:30 p.m. ET	Boyd County High School 14375 Lions Lane Ashland, KY 41102
Pike	Tuesday 09/29/2026	2:00 p.m. to 6:00 p.m. ET	Pike Co. Central High School Cafeteria 100 Winners Circle Dr. Pikeville, KY 41501
Franklin	Wednesday 09/30/2026	9:00 a.m. to 6:00 p.m. ET	State Office Bldg. Auditorium 501 High Street Frankfort, KY 40601
Hardin	Thursday 10/01/2026	3:30 p.m. to 7:30 p.m. ET	Bluegrass Middle School 170 W A Jenkins Rd. Elizabethtown, KY 42701
McCracken	Monday 10/5/2026	2:00 p.m. to 6:00 p.m. CT	Paducah Innovation Hub 500 South 25th St. Paducah, KY 42003
Hopkins	Tuesday 10/6/2026	2:00 p.m. to 6:00 p.m. CT	Hopkins Career & Tech Center 1775 Patriot Dr. Madisonville, KY 42431
Daviess	Wednesday 10/7/2026	2:00 p.m. to 6:00 p.m. CT	Daviess Co. Public Schools Central Office, Rooms 323, 331, 335 4801 Frederica St. Owensboro, KY 42301

COUNTY	DATE	TIME	LOCATION
Jefferson	Wednesday 10/7/2026	2:00 p.m. to 7:00 p.m. ET	Kentucky Exposition Center East Hall A 937 Phillips Lane Louisville, KY 40209
Pulaski	Thursday 10/8/2026	2:00 p.m. to 6:00 p.m. ET	Somerset Community College Meece Hall Auditorium, Room 120 808 Monticello St. Somerset, KY 42501
Boone	Monday 10/12/2026	2:00 p.m. to 6:00 p.m. ET	Gateway Community & Technical College Convening Center, Room B123 500 Technology Way Florence, KY 41042
Fayette	Tuesday 10/13/2026 & Wednesday 10/14/2026	3:30 p.m. to 7:30 p.m. ET	Steam Academy 1555 Georgetown Rd. Lexington, KY 40511
Warren	Thursday 10/15/2026	2:00 p.m. to 6:00 p.m. CT	Warren County Public Schools Central Office 303 Lovers Lane Bowling Green, KY 42103
Russell	Thursday 10/15/2026	2:00 p.m. to 6:00 p.m. CT	Russell County Complex Auditorium Natatorium 2167 South Hwy 127 Russell Springs, KY 42642

What's New or Changing for 2027

Refer to the Benefits Selection Guide (BSG) at **kehp.ky.gov** for more details.

New Prescription Deductible

LivingWell CDHP

- Old: Combined with Medical Deductible
- New: In-Network
  $500 Single Prescription Deductible
  $900 Family Prescription Deductible

LivingWell PPO

- Old: Co-Pay for all drugs except GLP-1 Weight Loss Drugs (Deductible, then 25% Co-Insurance combined with the Medical Deductible)
- New: In-Network
  Co-Pay for most drugs (see next column for changes)
  $500 Single Prescription Deductible (for Specialty and GLP-1 Weight Loss Drugs)
  $1,000 Family Prescription Deductible (for Specialty and GLP-1 Weight Loss Drugs)

LivingWell Basic CDHP

- Old: Combined with Medical Deductible
- New: In-Network
  $500 Single Prescription Deductible
  $1,000 Family Prescription Deductible

Please carefully review the benefits grid for changes to Out-of-Network Deductibles and Maximum Out-of-Pocket amounts.

New Prescription Maximum Out-of-Pocket

LivingWell CDHP

- Old: Combined with Medical Maximum Out-of-Pocket
- New: In-Network
  $1,000 Single Prescription Maximum Out-of-Pocket
  $2,000 Family Prescription Maximum Out-of-Pocket

LivingWell Basic CDHP

- Old: Combined with Medical Maximum Out-of-Pocket
- New: In-Network
  $1,000 Single Prescription Maximum Out-of-Pocket
  $2,000 Family Prescription Maximum Out-of-Pocket

Please carefully review the benefits grid for changes to Out-of-Network Deductibles and Maximum Out-of-Pocket amounts.

Changes to Co-Pay Amounts

LivingWell PPO

- Old: Medical Co-Pay
  $25 Co-Pay PCP
  $50 Specialist
- New: Medical Co-Pay
  $30 Co-Pay PCP
  $55 Specialist
- Old: Prescription Co-Pay
  Generics: $20 for 30-day; $40 for 90-day
  Formulary: $40 for 30-day; $80 for 90-day
- New: Prescription Co-Pay
  Generics: $30 for 30-day; $50 for 90-day
  Formulary: $50 for 30-day; $100 for 90-day
  Specialty: Deductible, then 30%

Other Changes

The amount you contribute to a Healthcare FSA and the carryover maximum has increased. The maximum contributions for a Dependent Care FSA are unchanged for 2027.

- Old:
  Maximum contribution is $3,300 per year
  Maximum carryover from 2026 to 2027 is $660
- New:
  Maximum contribution is $3,400 per year
  Maximum carryover from 2027 to 2028 is $680

The **Child & Adult Daycare Flexible Spending Account (FSA)** will now be called a **Dependent Care FSA**.

The **Value Benefit for Diabetes, COPD, Asthma, and Hypertension** (see **page 14**).

Reminder: Each member is responsible for confirming that only legitimate claims are processed in their FSA and HRA accounts. You must notify KEHP or HealthEquity within 60 days of any suspected fraudulent activity posted on your HealthEquity account.

Health Insurance

The Kentucky Employees' Health Plan (KEHP) offers four health insurance plan options. Review the details below to see which plan option is best for you and your family. There are more plan specifics in this guide and in the Medical Benefit Booklet for each plan.

LivingWell CDHP

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

- It's the best value of the plans offered by KEHP.
- It is recommended for those who have a little or a lot of healthcare expenses.
- All Covered Services, except for certain items like preventive care and a few specific prescriptions, are subject to the Deductible.
- For most services, once you meet the Deductible, the plan will pay 80% of covered expenses and you will pay a 20% Co-Insurance.
- This plan has two Deductibles and Maximum Out-of-Pocket amounts — one for medical expenses and the other for prescription expenses. They accumulate separately.
- Your medical expenses apply to the Medical Deductible and the Medical Maximum Out-of-Pocket.
- Once your Maximum Medical Out-of-Pocket is met, your covered medical claims will be paid at 100%.
- Your prescription expenses apply to the Prescription Deductible and the Prescription Maximum Out-of-Pocket.
- Once your Maximum Prescription Out-of-Pocket is met, your covered prescription claims will be paid at 100%.

You will receive HRA funds through a HealthEquity debit VISA Healthcare Card.

- The card is pre-funded with $500 if you have single coverage or $1,000 if you have couple, parent-plus, or family coverage levels.
- Use the HRA funds to help pay for your Co-Insurance which offsets your Deductible.
- Use this card at your doctor's office, hospital, or pharmacy. Simply swipe the card to help pay for your eligible expenses, which will be deducted from your card balance.
- You can also use this card to pay for eligible dental and vision expenses. These expenses do not reduce your Deductible.
- Your HRA funds may carry over to a subsequent year, up to a maximum of $7,500.

LivingWell PPO

Are you willing to pay more in premiums to limit your out-of-pocket costs to a Co-Payment for certain services? The LivingWell PPO may be the plan for you.

- Co-Pays apply to doctor's office visits, allergy serum, allergy shots, urgent care centers, and prescriptions.
- Your Co-Pays will not apply to your Deductible.
- Your Co-Pays will apply to your Maximum Out-of-Pocket. Once your Out-of-Pocket is met, no other Co-Pays apply.
- This plan has two Deductibles and Maximum Out-of-Pocket amounts — one for medical expenses and the other for prescription expenses. They accumulate separately.
- Most expenses are subject to the Deductible and then covered at 75%.
- Your medical expenses apply to the Medical Deductible and the Medical Maximum Out-of-Pocket.
- Your prescription expenses apply to the Prescription Deductible and the Prescription Maximum Out-of-Pocket.

LivingWell Basic CDHP

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

- This is basic coverage for a lower premium.
- You will pay 30% for Covered Services after you meet your Deductible.
- Your medical expenses apply to the Medical Deductible and the Medical Maximum Out-of-Pocket.
- Once your Medical Maximum Out-of-Pocket is met, your covered medical claims will be paid at 100%.
- Your prescription expenses apply to the Prescription Deductible and the Prescription Maximum Out-of-Pocket.
- Once your Maximum Prescription Out-of-Pocket is met, your covered Prescription claims will be paid at 100%.

Health Insurance

You will receive HRA funds through a HealthEquity debit VISA Healthcare Card.

- The card is pre-funded with $250 if you have single coverage or $500 if you have couple, parent-plus, or family coverage levels.
- Use the HRA to help pay for your Co-Insurance, which offsets your Deductible.
- Use this card at your doctor's office, hospital, or pharmacy. Simply swipe the card to help pay for your eligible expenses, which will be deducted from your card balance.
- You can also use this card to pay for eligible dental and vision expenses. These expenses do not reduce your Deductible.
- Your HRA funds may carry over to a subsequent year, up to a maximum of $7,500.

LivingWell High Deductible Health Plan (HDHP)

Do you want to pay lower premiums in exchange for higher out-of-pocket costs? The LivingWell HDHP may be the plan for you.

- This is a catastrophic-type of health plan, with higher Deductibles and lower premiums.
- It is recommended for those who expect to have lower overall healthcare expenses and only need preventive care.
- If you have a Health Savings Account (HSA), you can use it with this plan. HSAs are not available through KEHP.
- You don't have to have an HSA to elect this plan.
- All Covered Services, except for qualified preventive care, are subject to the Deductible.
- Unlike other KEHP plan offerings, the HDHP does not have separate single and family Deductibles accumulating simultaneously; only one Deductible will apply ("single" if single-only coverage or the higher "family" Deductible if any other option is elected).
- Once you meet the Deductible, the plan will pay 70% of covered expenses and you will pay a 30% Co-Insurance.
- Both your medical and prescription expenses apply to the Deductible and the Maximum Out-of-Pocket.
- Once your Maximum Out-of-Pocket is met, your covered medical and prescription claims will be paid at 100%.

Some complementary benefits offered under the other three health plan options are not covered under the HDHP, including:

- Carrum Health
- LivingWell Health Clinics
- UK Acupuncture

However, some of the above services may be available to you once your Deductible for the plan year is met.



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.

Prescription Drug Coverage

All health plan options have prescription drug coverage. CVS/Caremark manages the prescription benefits for KEHP, but you do not have to use a CVS pharmacy. Go to any In-Network pharmacy that you choose and get a 30-day or 90-day supply of drugs! However, a 90-day supply is required to receive the Value Benefit as described on the next page. If you prefer to have your prescriptions delivered to your door, use any In-Network retail mail-order pharmacy.

Your drug coverage is limited to drugs on the Value Formulary. You can view both the condensed and detailed versions of the Value Formulary at **kehp.ky.gov** or **Caremark.com**. Some drugs are subject to prior authorization. An appeals process is available for drugs not covered under the Value Formulary or for drugs prescribed by a physician where usage or dosage is contrary to FDA approval. For specific questions about your prescriptions, contact CVS/Caremark at **866-601-6934**.

You may want to share the Formulary listing with your primary care physician or other providers.

Preventive Therapy Drug Benefit — Bypass Your Deductible (LivingWell CDHP, LivingWell Basic CDHP and the LivingWell HDHP only)

If you have the LivingWell CDHP, LivingWell Basic CDHP, or the LivingWell HDHP you only have to pay for the Co-Insurance amount for medications on the Preventive Therapy Drug list without having to first meet your Deductible. This list includes medications you need on a regular basis to prevent conditions, such as high blood pressure or high cholesterol. You can see the Preventive Therapy Drug list at **kehp.ky.gov**.

Register at Caremark.com

When you register at **Caremark.com**, you'll get access to tools and resources that make managing your pharmacy benefits easier and more convenient.

There are three easy ways to register:

- Go to **Caremark.com**, click the Register button and follow the instructions to sign up.
- Download the CVS/Caremark mobile app from Google Play or the App Store to register your account.
- Call **866-601-6934** and a representative will get you started with a personalized registration email or text.

HEALTH ACTION

CVS/Caremark has a Check **Drug and Cost Coverage** tool that is helpful in comparing the cost of drugs at nearby pharmacies. The lower the cost of the drug, the less you will pay in Co-Insurance (except for the LivingWell PPO plan, which offers a fixed Co-Pay for most prescription drugs). Sign in at **Caremark.com**, select Plan & Benefits, and choose **Check Drug and Cost Coverage**.



Prescription Drug Coverage

Value Benefit for Diabetes, COPD, Asthma, and Hypertension

As costs of prescription drugs continue to rise, KEHP wants to help you by reducing what you have to pay! For several years, KEHP has offered Value Benefits, and we now know that you are being more compliant in taking your medications — because they cost you less! This is effective in improving your health, saving you money, and reducing plan costs. It's a win-win for all!

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

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

You will pay a reduced Co-Pay and/or Co-Insurance, and you won't have a Deductible.

Most supplies and durable medical equipment related to diabetes, COPD, asthma, and hypertension are covered with reduced cost share and NO DEDUCTIBLE.

You must receive a 90-day supply to qualify for the reduced cost of the Value Benefit due to an increase in dispensing fees required by Kentucky law. If you receive less than a 90-day supply, you will not receive the reduction in your Co-Pay and/or Deductible. Insulin does not apply to this requirement.

See the chart below for the cost that you will pay. The maximum you will pay for a 30-day supply of insulin is $30.



Value Benefit Design	LivingWell CDHP	LivingWell PPO	LivingWell Basic CDHP	LivingWell HDHP
90-Day Supply	(No Deductible)		(No Deductible)	(No Deductible)
Tier 1 — Generic	5%	$10	5%	5%
Tier 2 — Formulary	10%	$60	25%	25%

Waiver General Purpose HRA

If you don't need health insurance, you may be eligible for the Waiver General Purpose Health Reimbursement Arrangement (HRA). The HRA covers medical, dental, and vision services that your health insurance plan doesn't cover, such as the Deductible and other out-of-pocket costs.

You will be eligible for a Waiver General Purpose HRA only if you have **other** employer-sponsored health insurance. You can use this HRA for you and your dependents as long as you can attest that all persons covered under the Waiver General Purpose HRA have other employer-sponsored group health insurance coverage, which includes being covered as a dependent under a parent's health insurance plan.

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

You have a 90-day run-out period until March 31, 2028, to request reimbursement for eligible expenses that occurred between January 1, 2027, and December 31, 2027.

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

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

The balance remaining in your Waiver General Purpose HRA (up to $2,100) at the end of 2027 will carry over to 2028, as long as you continue to waive your health insurance coverage and elect the Waiver General Purpose HRA.

HEALTH ACTION

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

- Any active employee of a state agency, school board, or certain quasi-governmental agencies, who is eligible for state-sponsored health insurance coverage, and who has other employer-sponsored health insurance. This includes those who are a dependent under a parent's health insurance plan.
- A retiree who has returned to work who has other group health insurance (not with KPPA or TRS).

Who Is Not Eligible

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

The HealthEquity debit VISA Healthcare Card can only be used for services rendered in 2027. You must file a Pay-Me Back or Pay-My-Provider claim with HealthEquity for any services rendered in 2026.



HealthEquity


EZ Receipts

Reminder: Each member is responsible for confirming that only legitimate claims are processed in their FSA and HRA accounts. You must notify KEHP or HealthEquity within 60 days of any suspected fraudulent activity posted on your HealthEquity account.

Waiver Limited Purpose HRA

The Waiver Limited Purpose HRA is available to those who have individual or government-sponsored health insurance, such as Medicare, Medicaid, or TRICARE, and don't need a health plan. This HRA only covers dental and vision expenses incurred by you and your dependents.

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

You have a 90-day run-out period until March 31, 2028, to request reimbursement for eligible HRA expenses that occurred between January 1, 2027, and December 31, 2027.

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

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

The balance remaining in your Waiver Limited Purpose HRA (up to $2,100) at the end of 2027 will carry over to 2028, as long as you continue to waive your health insurance coverage and elect the Waiver Limited Purpose HRA.

HEALTH ACTION

Who Is Eligible for the Waiver Limited Purpose HRA

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

Who Is Not Eligible

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

The HealthEquity debit VISA Healthcare Card can only be used for services rendered in 2027. You must file a Pay-Me Back or Pay-My-Provider claim with HealthEquity for any services rendered in 2026.



HealthEquity


EZ Receipts

Reminder: Each member is responsible for confirming that only legitimate claims are processed in their FSA and HRA accounts. You must notify KEHP or HealthEquity within 60 days of any suspected fraudulent activity posted on your HealthEquity account.

Healthcare Flexible Spending Account (FSA)

Consider enrolling in an FSA for 2027 and save on a variety of expenses by paying for them on a pre-tax basis. If you're not currently enrolled, you are paying more in taxes for out-of-pocket healthcare expenses.

You must re-enroll in the Healthcare FSA if you want to elect new contributions into this account for 2027.

A Healthcare FSA lets you put pre-tax money into an account to use for out-of-pocket expenses, such as Deductibles, Co-Payments, and Co-Insurance for medical claims, as well as prescriptions and some OTC medications and supplies. You can also use a Healthcare FSA to cover dental and vision costs.

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

Reasons to Select a Healthcare FSA

- Contribute up to a maximum of **$3,400 per year before taxes**. The minimum you can contribute is $120 per year.
- Carry over a minimum of $50 and a maximum of $660 from 2026 to 2027, and a maximum of $680 from 2027 to 2028. Carryover funds do not count toward the annual contribution maximum of $3,400.
- You have a 90-day run-out period until March 31, 2028, to request reimbursement for eligible FSA expenses that occurred between January 1, 2027, and December 31, 2027. Any of your funds that are in excess of $680 that are not used before the run-out period will be forfeited.
- Use your FSA to pay for eligible medical expenses for family members who are considered a tax dependent, even if they are not enrolled in your health plan.

Covered Expenses

- Medical and prescription Co-Payments.
- Qualified medical and prescription expenses, including OTC medications, feminine products, and certain protective equipment, such as face masks and hand sanitizer.
- Certain dental fees.
- Orthodontic treatment.
- Vision fees, including eyeglasses.
- Co-Insurance.
- Wheelchairs, crutches, and walkers.

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

Who Is Eligible

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

Contact your Insurance Coordinator for details.

Who Is Not Eligible

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

HEALTH ACTION

- If you have not actively elected a Healthcare FSA contribution for two years, your Healthcare FSA will terminate and you will lose any carryover balance.
- Funds from a HealthEquity Healthcare FSA will be used before funds from an HRA.
- Do not use your VISA debit card in 2027 to pay for 2026 expenses.
- You can use the EZ Receipts app to submit reimbursement or to have HealthEquity pay your provider directly using the Pay-My-Provider option.



HealthEquity


EZ Receipts

Reminder: Each member is responsible for confirming that only legitimate claims are processed in their FSA and HRA accounts. You must notify KEHP or HealthEquity within 60 days of any suspected fraudulent activity posted on your HealthEquity account.

Dependent Care FSA

Cut Your Dependent Care Costs

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

With a Dependent Care FSA, you elect an amount to be deducted pre-tax from your paycheck to use to pay eligible expenses below:

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

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

- Married, filing a joint return — $7,500
- Single or Head-of-household — $7,500
- Married, filing separate returns — $3,750

You can arrange for convenient direct payments to your provider using the Pay-My-Provider option on the EZ Receipts app, or you can pay child and adult daycare expenses yourself and request reimbursement. You have a 90-day run-out period, until March 31, 2028, to request reimbursement for eligible Dependent Care FSA expenses that occurred between January 1, 2027, and December 31, 2027. Funds do not roll over. Any unclaimed funds will be forfeited.

Who Is Eligible

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

Contact your Insurance Coordinator for details.

Who Is Not Eligible

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



LivingWell Promise

You are required to complete the LivingWell Promise between January 1, 2027, and July 1, 2027, if you want a health insurance premium discount in 2028.

To complete the Promise, all you have to do is take the Castlight Health Assessment at **mycastlight.com/mybenefits**. The Health Assessment only takes about 10 minutes to complete and asks various health and lifestyle questions.

By completing the Promise, you earn up to a $480 premium discount ($40 a month) for plan year 2028.

Note that you will not get credit for completing the Promise if you do it during Open Enrollment. The Promise must be completed between January 1, 2027, and July 1, 2027.

New employees hired on January 1, 2027 do not have to complete the LivingWell Promise but will still receive the premium discount for 2027 and 2028.

HEALTH ACTION

If you have the cross-reference payment option, both spouses must fulfill the Promise.



Benefit Programs

Additional benefits at no extra cost to you!

Surgical Care and Support

Carrum Health*

Better care begins here! Whether you need cancer care, or knee, hip, shoulder, spine, heart, or weight loss surgery and more, you can receive most if not all care at no extra cost to you. Carrum works with the top cancer specialists and surgeons in the country — those who have better outcomes and outstanding bedside manner.

- Better care
- No surprise bills
- Dedicated support

Planholders and their covered dependents 18 and older are eligible for this benefit.

Ready to get started?
Visit: **carrum.me/kehp**, or
Call: 888-855-7806
Mon.–Fri. 9 a.m. to 8 p.m. ET

Telehealth and Phone Support

Telehealth through LiveHealth Online Medical

If you're not feeling well or have a health question, LiveHealth Online brings the doctor to you — virtually. Because you don't have to leave your home or office, you'll never have to worry about driving to the doctor's office or sitting in a waiting room. There is no additional cost to you when you use LiveHealth Online.

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

Use LiveHealth Online for common health matters, such as:

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

Sign up for LiveHealth Online today so you're prepared for video visits in the future. Go to **livehealthonline.com** or download the app at no cost, and register on your phone or tablet. Call **888-548-3432** for 24/7 support. See LiveHealth Online Behavioral Health on **page 23**.

LivingWell Health Clinics*

All full-time, active Commonwealth employees who are eligible to participate in the Kentucky Employees' Health Plan are allowed to use the LivingWell Health Clinics. IN-PERSON visits and TELEHEALTH are included with this benefit. *Retirees, spouses, and dependents are not eligible to receive services through these clinics.*

Some of the available services include:

- Annual physicals
- Allergy shots
- Chronic condition management
- Women's health
- Biometrics
- Immunizations
- Lab services

Schedule a virtual or in-person visit through **mypremisehealth.com** or visit one of the following locations:

LivingWell Health Clinics

300 Building 300 Sower Blvd. Frankfort, KY 502-564-3444	Capitol Annex 702 Capital Avenue Frankfort, KY 502-564-3333	CHFS 275 East Main Street Frankfort, KY 502-564-5555	Mayo-Underwood Building 500 Mero Street Frankfort, KY 502-564-4444

Note: Clinic hours and availability are subject to change. Please visit the website for up-to-date availability and to schedule a visit.

Telehealth through the LivingWell Health Clinics

See above details for the clinics.

*No coverage for this benefit under the LivingWell HDHP.

Telehealth through providers other than as mentioned previously

Telehealth is also a covered benefit with any Network Provider that offers telehealth. You will be responsible for any Cost-Share, including your Deductible, Co-Payment, and Co-Insurance, if you use a telehealth service other than a LivingWell Health Clinic or LiveHealth Online.

24/7 NurseLine

Health issues pop up at the most inconvenient times and places — even in the middle of the night or when you're out of town on vacation. 24/7 NurseLine allows you to talk to a nurse day or night, year-round, from anywhere in the U.S. Call **877-636-3720** anytime to get the answers you need.

Registered nurses:

- Can offer bilingual help, language lines, and hearing impaired services.
- Help you find the right level of care, such as an urgent care center instead of an emergency room.
- Help you find doctors, hospitals, and specialists in your area.
- Give you a referral to LiveHealth Online, an option for care that allows you to have a video visit with a board-certified doctor.
- Recommend health management programs for certain health issues.
- Remind you about scheduling important screenings and exams.
- Provide guidance during natural catastrophes and health outbreaks.
- Offer links to health-related educational videos or audio topics.

Tobacco Cessation

Over-the-Counter and Prescription Medications

You can get over-the-counter nicotine replacement therapies, without a prescription, at no cost if you meet all the following requirements:

- You are a member of KEHP;
- You are a tobacco user (planholder and/or dependent), 18 years old or older, and listed as a tobacco user on the KEHP health insurance form.

Call **888-581-8834** for more information about over-the-counter therapies. You can get prescription medications to help you with quitting tobacco as well! You need a prescription from your doctor and the medication needs to be on the preventive services list that you can find by visiting **https://extranet.personnel.ky.gov/KEHP/ACA%20Preventive%20Services%20List.pdf**.

To take the first step and get more information about the programs available, visit **https://www.anthem.com/content/dam/digital/docs/microsites/kehp/113025KYMENABS.pdf** or call **844-402-5347**.

Freedom From Smoking

The American Lung Association has helped hundreds of thousands of people quit smoking through Freedom From Smoking®. Available in small group clinics or online, Freedom From Smoking helps you develop a plan of action leading to a quit day and provides the support you need to remain smoke free. Based on current addiction and behavior change models, the program addresses the difficulties of quitting in a sensitive, supportive style and is backed by certified tobacco cessation counselors.

Support is available in person, by phone, or through online chat. Visit **lung.org/ffs** or call **800-LUNGUSA (800-586-4872)**.

Quit Now Kentucky

This phone-based service provides one-on-one help from a trained tobacco cessation counselor. To learn more, call 800-Quit-Now (800-784-8669).

In addition to choosing one of the approved programs, these online tools and resources can help you live a tobacco-free life:

- The Centers for Disease Control and Prevention offers cessation tips, tools, and research on their How to Quit website at **cdc.gov/tobacco/campaign/tips/quit-smoking**.
- Visit **smokefree.gov**, a website dedicated to helping smokers quit. You can access helpful articles, tips, and apps, and build your own plan to quit.

For more information about these programs and resources to help you stop smoking, call **844-402-5347**, Monday through Friday, 8 a.m. to 8 p.m. ET.

Diabetes Benefits

Diabetes Prevention Program

Anthem's Diabetes Prevention Program (DPP) powered by Teladoc, beginning January 1, 2027, offers access to a digital coach who is available 24/7 for personalized, digital-based coaching through the Teladoc DPP app. You can check in whenever it's convenient for you, right from your smartphone. As part of the program, you will also receive a wireless scale that uploads your information to the app automatically so you can easily track your progress and share it with your coach.

Diabetes Self-Management Education and Support (DSMES)

DSMES is available to you if you have already been diagnosed with type 1 or type 2 diabetes by your health care provider. No Deductible, no Co-Insurance, and no additional cost to you! DSMES is an educational program for diabetes self-care, as developed through evidence-based practices. DSMES can be taught in a group or an individual setting and can be offered in person or online. Services are typically provided by a registered dietitian or a certified diabetes educator.

The DSMES program format includes weekly classes that focus on learning to eat healthier, being physically active, monitoring blood sugar levels, coping with the emotional side of diabetes, problem solving, reducing the risk for other health problems, and many other related topics.

Ask your physician about how to find a DSMES provider near you or search the **Diabetes Prevention and Control Program at the Cabinet for Health and Family Services website (chfs.ky.gov)**.

Maternity Care

Building Healthy Families

Anthem's all-in-one program can help your family grow strong whether you're trying to conceive, expecting a child, or in the thick of raising young children.

Building Healthy Families offers personalized, digital support through the Sydney Health app or on **anthem.com** at no extra cost to you. This convenient hub offers an extensive collection of tools and information to help you navigate your family's unique journey.

When you enroll in Building Healthy Families, you can count on personalized support at every stage, from family planning and pregnancy through the toddler years.

Depending on your situation, you'll have unlimited access to:

Tools to help you stay organized:

- Log newborn feedings, diaper changes, growth, vaccinations, and your child's developmental milestones.
- Monitor prenatal health risks, such as blood pressure and weight.

Health and wellness expertise for you and your family:

- Explore a library with thousands of educational articles and videos on everything from family planning to parenting tips.
- Connect with a maternity nurse and access virtual lactation support, if needed.

Personalized pregnancy support:

- Chat with a Family Care Coach during pregnancy for help navigating your Building Healthy Families experience.
- Receive updates on your pregnancy progress, like development of your baby and body changes.

A nurse will be available by phone throughout your pregnancy and postpartum.

Enroll today:

1. Log in to Sydney Health.
2. Find Featured Programs at the bottom of the homepage.
3. Select the **Building Healthy Families** tile.

Lactation Support through LiveHealth Online

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

Joint and Back Pain

Hinge Health

Hinge Health is a virtual physical therapy program designed to address back, knee, hip, neck, or shoulder pain, migraine therapy, and pelvic health. It's convenient and fits your schedule — it can be done anywhere, at any time.

The Hinge Health program is available at no additional cost to you or your eligible dependents who are 18 or older and enrolled in a KEHP medical plan. Visit **HingeHealth.com/KEHP** or call **855-902-2777** for more information.

Apply

- Visit **hingehealth.com/kehp**.
- Fill out the questionnaire.
- Expect a follow-up email within 24–48 hours.

Program Acceptance

- Receive a welcome text from your coach.
- Wait for your kit to arrive within 1–2 weeks.

Receive Kit

- Log in to the app and begin the Hinge Health program.
- Schedule your initial call with your Health Coach.

UK Healthcare Acupuncture*

UK Healthcare Integrative Medicine and KEHP are piloting an acupuncture program at no cost to KEHP members! Services must be provided at UK for acupuncture to be covered. Members can receive up to a maximum of 20 visits, based on the member's treatment plan. No physician referral is required.

Just call UK Healthcare Integrative Medicine at **859-323-HEAL (4325)**.

Mental and Behavioral Health

RethinkCare

Counsel and Support for Child Caregivers

RethinkCare provides parents and caregivers with the resources and guidance they need to raise their kids. Whether you're looking to solve a particular parenting challenge, or you just want tips and ideas, RethinkCare can help with 24/7/365 support tailored to your family's unique needs. This program is suitable for all families caring for children and provides specialized support for those raising children with learning, social, or behavioral challenges, or developmental disabilities.

Get confidential, one-on-one virtual consultations with a dedicated Parenting Expert, available to answer your questions, brainstorm solutions, and help find additional resources for you and your child. Learn helpful tips, coping skills, and parenting techniques for a wide variety of challenges that cover all ages and stages of your child's development. Go deeper and take on-demand training courses to help you address your child's behavior, social and emotional growth, attention and focus, academics, and much more.

The program has no age restriction, requires no diagnosis, and is completely confidential. Get started anytime. Visit **connect.rethinkcare.com/sponsor/kehp** and use enrollment code "KEHP". Email **support@rethinkcare.com** for assistance in signing up or if you have questions.

LiveHealth Online Behavioral Health

You have access to resources to support your mental health and well-being. If you feel stressed or worried, or are going through a challenging time, you can schedule a private video visit with a psychiatrist, licensed psychologist, or therapist through LiveHealth Online Behavioral Health.

LiveHealth Online makes it more convenient to access care. In most cases, you can see a therapist within four days or less, or a psychiatrist within two weeks.

Receive online support from mental health professionals for:

- Grief
- Stress
- Anxiety
- Depression
- Panic attacks
- Family or relationship issues
- Stress from coping with an illness

LiveHealth Online gives you access to board-certified behavioral health professionals. Psychologists and therapists using LiveHealth Online do not prescribe medication. Psychiatrists using LiveHealth Online can prescribe medication if they feel it's needed and if local laws permit.

There are no long waits to see a provider. Plus, as a KEHP member, your visits are $0.

*No coverage for this benefit under the LivingWell HDHP.

Your mental health is as important as your physical health. To sign up for LiveHealth Online and schedule video visits, go to **livehealthonline.com** or download the app. If you have questions, call **888-548-3432** for 24/7 support.

See **page 20** for LiveHealth Online - Medical.

Learn to Live

Anthem provides digital tools based on the proven principles of cognitive behavioral therapy (CBT) that are available anywhere, anytime. These tools can help you identify thoughts and behavior patterns that affect your emotional well-being – and work through them. You'll learn effective ways to manage stress, depression, anxiety, substance use, and sleep issues.

Personalized, one-on-one coaching: Team up with an experienced coach who can provide support and encouragement by email, text, or phone.

Build a support team: Add friends or family members as teammates. They can help you stay motivated and accountable while you work through programs.

Practice mindfulness on the go: Receive weekly text messages filled with positivity, tips, and exercises to improve your mood.

Live and on-demand webinars: Learn how to improve mental well-being with useful tips and advice from experts.

Take an assessment to find the program that's right for you. To access our Emotional Well-being Resources, log in to **anthem.com** or the Sydney Health app.

Behavioral Health Resource Center and Substance Abuse Disorder Resource Line

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

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

Behavioral health specialists are here to help you with mental health issues such as depression, eating disorders, or substance use. They take a whole-health approach to your care that includes mind and body. The Resource Center gives you access to qualified staff and licensed clinicians, 24/7.

Earn Cash and Premium Discounts!

SmartShopper

EARN CASH by shopping around for your healthcare. Save money on medical care depending on where you go. Prices are not the same across In-Network Providers for medical tests and procedures and costs can vary from hundreds to thousands of dollars — all based on where you go for the service.

SmartShopper earns you cash incentives (from $25 to $750) for getting care at lower-cost locations for MRIs, surgeries, colonoscopies, and more! And now, there are even more locations available for you to save money. SmartShopper has done all of the legwork for you. All you have to do is shop online or call a Personal Assistant for guidance and scheduling assistance. Call **855-869-2133** for details or go online at **smartshopper.com** for more information about earning cash and using this program.

Wellness Rewards

Castlight is the Plan's wellness partner!

You can earn up to $480 in premium discounts when you complete the LivingWell Promise by July 1. All you have to do is complete a Health Assessment to complete the Promise. You can also earn up to $200 and your spouse can earn up to $100 in LivingWell engagement rewards for activities like getting your annual preventive examination, getting other preventive examinations like a colonoscopy or a mammography, completing a dental screening, or participating in step challenges.

The LivingWell program makes it easier to enjoy the little moments that add up to greater health. Tools are available to help you find providers to complete your examinations or connect you to programs that will earn rewards!

Download the Castlight app to register in seconds or visit **mycastlight.com/mybenefits**.

Terms You Should Know

Co-Insurance
Means your share of the cost for Covered Services that is a percentage of the Maximum Allowed Amount that you must pay. You pay the Co-Insurance after you meet your Deductible.

Example: Your plan has a 20% Co-Insurance on an office visit amount of $100. In this case, your Co-Insurance Cost-Share of the Maximum Allowed Amount would be $20, after you have met your Deductible. The plan would then cover the remaining 80% of the Maximum Allowed Amount, or $80.

Co-Payment or Co-Pays
Means a fixed-dollar amount that is your share of the cost for certain Covered Services. Co-Payments do not apply to a Deductible but do apply to the Maximum Out-of-Pocket. Only the LivingWell PPO plan utilizes Co-Payments.

Cost-Share
Means that portion of payment for Covered Services that is your responsibility. Depending on the plan you choose, Cost-Share includes your Deductible, Co-Payments, and Co-Insurance. Your Cost-Share may vary depending on whether you receive Covered Services from a Network or an Out-of-Network Provider.

Covered Services
Means medically necessary medical care and prescription drugs that are covered under your health plan. Please see the Medical Benefit Booklet and Summary Plan Description for your plan for more information.

Deductible
Means the amount you must pay for Covered Services before your plan will begin to pay. After you have met your plan's Deductible, you will only be responsible for your Co-Insurance and any applicable Co-Payment. Some Covered Services, such as preventive care, may be covered by your plan at 100%, without regard to the Deductible.

Formulary
Means a list of prescription drugs covered by a plan offering prescription drug benefits.

Maximum Allowed Amount
Means the maximum dollar amount that the plan will pay for Covered Services provided by a Network or Out-of-Network Provider. The Maximum Allowed Amount may be established by a contract between Anthem or CVS/Caremark with a Network Provider or by the plan's coverage rules as outlined in the Medical Benefit Booklets or the Summary Plan Descriptions.

Maximum Out-of-Pocket
Means the maximum amount that you will pay out of pocket for Covered Services under your plan during a given calendar year. When the Maximum Out-of-Pocket is reached, the plan will pay 100% of the Maximum Allowed Amount for Covered Services, and you are no longer responsible for any Cost-Share.

In-Network Provider
Means a physician, health professional, hospital, pharmacy, or other individual, organization, and/or facility that has entered into a contract, either directly or indirectly, with Anthem or CVS/Caremark, to provide Covered Services through negotiated reimbursement arrangements.

Out-of-Network Provider
Means a physician, health professional, hospital, pharmacy, or other health care provider that has not entered into a contract, either directly or indirectly, with Anthem or CVS/Caremark, to provide Covered Services at the time such Covered Services are rendered.

Qualifying Event
Means a life event, such as marriage or birth of a child that, upon occurrence, will enable an employee to enroll in, change, or terminate health, life, dental, or vision insurance coverage outside the open enrollment period or the enrollment period for newly hired employees.

Statement of Health
Means a questionnaire that documents the overall health of an employee or an employee's spouse who is seeking to increase their optional life insurance coverage limits. The Statement of Health, sometimes referred to as an Evidence of Insurability questionnaire, is a form provided by MetLife and is used by MetLife to evaluate the life insurance application when you elect coverage at a time other than an applicable open enrollment or as a new hire.

Summary Plan Descriptions
Means a document, may also be referred to as a Medical Benefit booklet, that explains the health benefits offered by KEHP, including medical and pharmacy coverages, as well as the rights and responsibilities of members of the health plan, including but not limited to, Deductibles, Co-Insurance, Co-Payments, preauthorization requirements, coverage exclusions, and claim denial appeal procedures. A Summary Plan Description is also available for Healthcare Flexible Spending Accounts, Dependent Care Flexible Spending Accounts, and Health Reimbursement Arrangements.

New Employee Deadlines

As a new full-time employee, you have 30 days from your date of hire to elect health, FSA, life, dental, and vision insurance. You also have 30 days to waive your health insurance coverage and elect either the Waiver General Purpose HRA or the Waiver Limited Purpose HRA.

If you fail to make a health insurance election within the 30 days, you will be enrolled in a Waiver without an HRA. You will also be enrolled in Basic Life Insurance coverage if your employer participates in the Commonwealth's life insurance program.

Dental and Vision coverage are not automatically assigned.



Qualifying Events

KEHP is a federally-regulated, Section 125 Cafeteria Plan, which enables you to pay your health, dental, and vision insurance premiums and your Flexible Spending Account contributions with pre-tax dollars. Under Cafeteria Plan rules, there are only three times you can change or cancel your benefit elections during the plan year:

- During the enrollment period when you first become eligible for benefits (see New Employee Deadlines);
- During the annual Open Enrollment period; or
- If you experience a life event, referred to as a Qualifying Event.

What is a Qualifying Event?

A Qualifying Event is a life-changing event or a change in status such as:

- Marriage
- Having or adopting a child
- Divorce
- Loss of other group health insurance
- Court order requiring coverage
- Spouse has a different Open Enrollment period

Other less common Qualifying Events may apply. If you are unsure whether you have experienced a Qualifying Event that will allow you to change your insurance benefits, contact your Insurance Coordinator or Human Resource Generalist for additional information.

What You Need to Know About Qualifying Events

Qualifying Events can be complicated, and at times, difficult to understand. There are restrictions on the types of changes you can make due to federal Qualifying Event rules. For instance, a change in a life event or status may not entitle you to change the amount you contribute to a Flexible Spending Account. For that reason, it is very important that you be aware of the following rules and contact your Insurance Coordinator or Human Resource Generalist as quickly as possible after experiencing a Qualifying Event:

1. Any change in your plan option or coverage level **must be consistent** with the Qualifying Event you have experienced. For example, you cannot request to remove a dependent from your plan due to birth or adoption.

> *Sign the Employee Benefits Enrollment Change Form while you are waiting on your supporting documentation.*

2. Qualifying Events have strict deadlines. In most cases, you must complete the Employee Benefits Enrollment Change Form and submit it to your Insurance Coordinator or Human Resource Generalist within 30 calendar days of the qualifying event date.
3. All Qualifying Events (except death) require supporting documentation. The supporting documentation required for a Qualifying Event will depend on the type of Qualifying Event. Supporting documentation must be submitted together with the Employee Benefits Enrollment Change Form.
4. If you do not sign and date the required Employee Benefits Enrollment Change Form within the deadline, you will not be permitted to make the requested change until the next Open Enrollment period.

Contact your Insurance Coordinator or Human Resource Generalist for questions, assistance, and additional information about Qualifying Events.

Qualifying Events and Other Insurance Benefits

In general, a Qualifying Event that permits a change in health insurance will also permit a change in dental and vision insurance. Likewise, a Qualifying Event that permits a change in health insurance will, in most instances, permit a change in life insurance including making a change to or adding optional insurance coverage.

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**

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, your state 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 or at **https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/chipra/model-notice.pdf**.)

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.

J. NOTIFICATION OF SUSPECTED FRAUDULENT ACTIVITY

Each employee is responsible for confirming that only legitimate claims are processed in their Flexible Spending (FSA) and HRA accounts. The employee must notify KEHP or HealthEquity within 60 days of any suspected fraudulent activity posted on the employee's HealthEquity account.

KEHP Tobacco Use Declaration

The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. As part of KEHP's LivingWell wellness program, KEHP offers a monthly discount in health insurance premium contribution rates for non-tobacco users. You are eligible for the non-tobacco-user premium contribution rates provided you certify, during the health insurance enrollment process, that you or any other person over the age of 18 to be covered under your plan has not regularly used tobacco within the past six months. "Regularly" means tobacco has been used four or more times per week on average excluding religious or ceremonial uses. "Tobacco" means all tobacco products including, but not limited to, cigarettes, pipes, chewing tobacco, snuff, dip, cigars, and any other tobacco products regardless of the method of use. "KEHP Health Insurance Enrollment Application" refers to any method of enrolling in KEHP health insurance coverage including submitting a paper application, completing and submitting an application online, or enrolling in KEHP health insurance coverage through an online enrollment system such as KHRIS.

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

1. I have truthfully answered all questions in my KEHP Health Insurance Enrollment Application regarding tobacco use by me, my spouse, and my dependents 18 years of age and over. My KEHP Health Insurance Enrollment Application accurately reflects the use of tobacco products in the past six months regarding myself and persons to be covered as a spouse or dependent under my insurance plan.
2. If I am completing my KEHP Health Insurance Enrollment Application during open enrollment, I understand that the tobacco-user premium contribution rates will apply beginning January 1, 2027, if I answered "Yes" to the tobacco use question.
3. If I am completing my KEHP Health Insurance Enrollment Application as a newly hired employee, I understand that the tobacco-user premium contribution rates will apply beginning on the first day of the second month after my hire date, if I answered "Yes" to the tobacco use question for non-commonwealth paid employees and up to the first day of hire for commonwealth paid employees.
4. I understand that it is my responsibility to notify KEHP of any changes in my tobacco use or that of my spouse or a dependent covered under my insurance plan, including notification to KEHP if all tobacco users become ineligible for coverage or are otherwise terminated during the Plan Year. Notification shall be made by completing a Tobacco Use Change Form.
5. I understand that if I or a spouse or dependent to be covered under my insurance plan currently use tobacco products and stop using tobacco products during the Plan Year, I will be eligible for the discount non-tobacco premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form certifying that neither I nor my spouse/dependent(s) regularly used tobacco products during the six months prior to completion of the Tobacco Use Change Form. Both cross-reference planholders must sign the Tobacco Use Change Form.
6. I understand that if I answered "No" to the tobacco use question, and either I or a spouse or dependent covered under my insurance plan becomes a regular tobacco user at any time, I must notify KEHP and my contribution rates will be adjusted to the tobacco-user premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form.
7. I understand that the tobacco use question is a part of my KEHP application for health insurance coverage. Any person who knowingly, and with the intent to defraud, files an application for insurance containing any materially false information, or who conceals, for the purpose of misleading, information concerning any fact material to the application, commits a fraudulent insurance act which is a crime.
8. I understand that if I fail to answer the tobacco use questions truthfully, KEHP may adjust my contribution rates retroactively to apply the applicable higher tobacco-user premium contribution rates. Upon written notification, I will pay to KEHP the difference between the tobacco- user and the non-tobacco user premium contribution rates for the period for which I falsely certified eligibility for the non-tobacco user premium contribution rates.
9. The KEHP offers monthly discounted premium contribution rates to non-tobacco users as a part of its LivingWell wellness program. Each KEHP member has at least one opportunity per Plan Year to qualify for the discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at **(888) 581-8834** or **(502) 564-6534** and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Terms and Conditions

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

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

A. PLAN YEAR. The 2027 Plan Year begins January 1, 2027 and ends at midnight on December 31, 2027.

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

C. PLAN INFORMATION. You have read and understood the 2027 Benefits Selection Guide (BSG). Plan rules and limitations are contained in the KEHP Summary Plan Descriptions (SPD) or Medical Benefit Booklets (MBB) and the Summary of Benefits and Coverage (SBC). Life, dental, and vision insurance rules and limitations are outlined in Certificates of Coverage (CoC). All benefits for your eligible dependents and you will be provided in accordance with the rules and limitations in the SPDs, MBBs, BSG, SBCs, and CoCs. You will abide by all terms and conditions governing participation, membership, and receipt of services from the plan(s) in which you have enrolled and as set forth in the SPD, MBB, and CoC. In the event of a conflict between the terms of coverage stated in the SPDs, the MBBs, the BSG, the SBCs, and the CoCs, the terms of coverage stated in the SPDs or MBBs and CoCs will govern.

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

E. CROSS-REFERENCE. The cross-reference payment option for health insurance may be available to spouses who are both eligible to participate in KEHP and have at least one dependent. If your spouse and you are eligible and elect the cross-reference payment option for health insurance, you are planholders with family coverage. Upon a loss of eligibility by either spouse, the remaining planholder will default to a parent-plus coverage level. The cross-reference payment option ceases upon loss of eligibility or employment by either spouse/planholder. NOTE: Effective 1/1/2025, there will not be new cross-reference plans offered for newly eligible enrollees. Planholders with existing eligibility for cross-reference plans may have such eligibility extended past 1/1/2025.

F. DEPENDENT ELIGIBILITY. You certify that each enrolled dependent meets the dependent eligibility requirements as set forth in the SPDs, MBBs, and CoCs. DEI will require supporting documentation to verify the eligibility of any dependent enrolled or requesting to be enrolled in benefits. Spouses and step-children may be subject to periodic re-verification upon notice to you. Your failure to properly document dependent eligibility will result in the termination of the unverified dependent from your insurance plan(s).

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

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

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

J. DEPENDENT CARE FSA (f/k/a Child and Adult Daycare FSA) ELECTION AND CARRYOVER. If you choose a Dependent Care FSA, you are eligible to seek reimbursement, as authorized by 26 U.S.C. Sections 21 and 129, for dependent care expenses. You may elect to contribute up to $7,500 per household (or $3,750 in the case of an Employee who is married and filing separately) into a Dependent Care FSA for Plan Year 2027. The Dependent Care FSA may only reimburse eligible dependent care expenses that are incurred during the applicable coverage period. Funds in your Dependent Care FSA may only be used to reimburse eligible child and adult daycare expenses and may not be refunded upon termination of the FSA for any reason. Funds contributed into a Dependent Care FSA will not carry over to the next plan year.

K. HEALTHCARE FSA ELECTION AND CARRYOVER. You may elect to contribute up to $3,400 into a Healthcare FSA for Plan Year 2027 to pay for eligible health care expenses not paid for by your health insurance plan. Unused amounts of at least $50 and up to a maximum of $680 remaining in your Healthcare FSA at the end of the Plan Year will carry over to the next Plan Year and may be used to reimburse you for eligible expenses that are incurred during the subsequent Plan Year. You may use the Healthcare FSA carryover amounts whether or not you elect a Healthcare FSA for the subsequent Plan Year. Amounts over $680 remaining in your Healthcare FSA at the end of the Plan Year are forfeited. All funds remaining in a Healthcare FSA account where there have been no new contribution elections for two consecutive Plan Years will be forfeited.

L. HEALTHEQUITY HEALTHCARE CARD. HealthEquity will administer FSAs and HRAs for the 2027 Plan Year and will issue a HealthEquity Healthcare Card to you for the payment of eligible Healthcare FSA and HRA expenses. Your HealthEquity Healthcare Card will be suspended if requested claim verification is not sent to HealthEquity within ninety (90) days after the card swipe. You agree to follow all rules and guidelines established by the Plan concerning the HealthEquity Healthcare Card. The Plan reserves the right to deny access to the card, require repayment, deduct/withhold from your paycheck, and offset your Healthcare FSA or HRA if you fail to verify a claim.

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

N. WAIVER GENERAL PURPOSE HRA RULES. If you elect a Waiver General Purpose HRA, you declare that you and your spouse and dependents, if applicable, are enrolled in another group health plan that provides minimum value. A "group health plan" refers to coverage provided by an employer, an employer organization, or a union. A "group health plan" does not include individual policies purchased through the Marketplace or governmental plans such as TRICARE, Veteran's Benefits, Medicare, or Medicaid. A group health plan that provides "minimum value" means the plan pays at least 60% of the total allowed cost of covered benefits/services and participants or members in the plan are required to pay no more than 40% of the total allowed cost of covered benefits/services. If you elect a Waiver General Purpose HRA and cease to be covered under another group health plan that provides minimum value, you agree to notify KEHP within 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 you may elect a KEHP health insurance plan option

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or the Waiver Limited Purpose HRA. Unused funds remaining in the Waiver General Purpose HRA upon termination are forfeited. You are permitted to permanently opt out of and waive future reimbursements from the Waiver General Purpose HRA at least annually at open enrollment.

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

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

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

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

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

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

U. LIVINGWELL PROMISE. Federal law allows KEHP to reward members who participate in the KEHP's LivingWell wellness program. In 2027, all four KEHP health plans are a part of the KEHP's LivingWell wellness program and require completion of the LivingWell Promise in order to receive premium discounts in Plan Year 2028.

If you fulfilled your LivingWell Promise in 2026, you will receive a monthly premium discount of up to $40.00 in 2027. If you did not fulfill your LivingWell Promise, you will not receive a monthly premium discount in 2027.

If you elect a KEHP health plan in 2027, you must complete a Health Assessment provided by Castlight between January 1, 2027, and July 1, 2027, to receive a premium discount in 2028. If you are a new employee with a hire date after January 1, 2027 and you choose a plan outside of open enrollment, you will not be required to complete the LivingWell Promise to receive the premium discount in 2028.

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

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

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

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

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

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

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