

TEACHERS' RETIREMENT SYSTEM
OF THE STATE OF KENTUCKY



Turning 65? What now?

Inside you will find important details and instructions on the process of turning 65 and continuing TRS insurance coverage as you turn 65. Please keep this booklet for future reference.

479 Versailles Road
Frankfort, Kentucky 40601-3800
800-618-1687
Monday – Friday
8 a.m. – 5 p.m. ET
www.trs.ky.gov

A message from Jane Cheshire Gilbert, Director, Retiree Health Care

Happy 65th birthday and welcome to the Medicare Eligible Health Plan (MEHP) sponsored by the Teachers' Retirement System of the State of Kentucky (TRS). The TRS Insurance Team (me included), is ready to help you as you reach this milestone. We are pleased to be able to offer you or your eligible spouse this valuable benefit with appreciation for your family's commitment to educating Kentucky's children.

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TEACHERS' RETIREMENT SYSTEM OF THE STATE OF KENTUCKY (TRS)

Medicare Eligible Health Plan (MEHP)

Quick Step Guide

RETIREE - GUIDE TO ENROLLING IN THE TRS MEHP

Step 1	Contact Social Security toll free at 800-772-1213 or visit your local office. <ul style="list-style-type: none">• Enroll in Medicare Part B.• Enroll in Medicare Part A only if you qualify and it is free. See additional enclosed information for ways you could qualify.• Do not enroll in Part D because the TRS MEHP provides it.
Step 2	Complete an MEHP enrollment form providing the Medicare claim number obtained from either Social Security or your Medicare card.
Step 3	Mail MEHP enrollment form back to TRS at least two months before your birth month. Include a copy of your Medicare card if it's available, or submit a copy upon receipt.
Step 4	If you're currently covering dependents, complete and return the attached Kentucky Employees' Health Plan (KEHP) qualifying event form to continue or to waive coverage for remaining dependents.

SPOUSE - GUIDE TO ENROLLING IN THE TRS MEHP

Step 1	Contact Social Security toll free at 800-772-1213 or visit your local office. <ul style="list-style-type: none">• Enroll in Medicare Part A <u>and</u> Part B.• Do not enroll in Part D because the TRS MEHP provides it.
Step 2	Complete an MEHP enrollment form providing the Medicare claim number obtained from either Social Security or your Medicare card.
Step 3	Mail MEHP enrollment form back to TRS at least two months before your birth month. Include a copy of your Medicare card if it's available, or submit a copy upon receipt.

POINTS OF INTEREST ...

The TRS MEHP is a Medicare Advantage PPO medical plan and a Medicare Part D prescription drug plan.

If your birthday is the first day of the month, your Medicare begins on the first day of the prior month and you are eligible for the TRS MEHP on that date.

If you are a spouse of a TRS retiree and waive this coverage, you will NOT be permitted to enroll in the future unless you experience a valid TRS qualifying event.

INTRODUCTION TO THE TRS MEHP

If your 65th birthday is approaching, it's time to enroll in Medicare. Teachers' Retirement System (TRS) requires all Medicare Eligible Health Plan (MEHP) participants to enroll in Medicare at age 65.

What Now?

Review the Quick Step Guide for an overview of enrolling in Medicare and the TRS MEHP. You must complete the enclosed blue MEHP Medical & Prescription Drug Enrollment Form to be enrolled in the TRS MEHP.

If you have questions after reviewing the enclosed information, please call the TRS Information Center toll-free at 800-618-1687. You can obtain additional information about enrolling in Medicare by contacting Social Security at 800-772-1213, Medicare at 800-633-4227, or www.medicare.gov on the web.

What Are the Consequences of Not Enrolling in Medicare or Discontinuing Medicare Coverage?

If you are eligible for Medicare but fail to sign up and get enrolled in Medicare by the first day of your birth month, you are not eligible to be enrolled in the TRS MEHP. Once enrolled in Medicare, if you discontinue your Medicare coverage, for example if you or Medicare terminates your Medicare Part B coverage, your TRS MEHP will be terminated. You will also be assessed late enrollment premium penalties by Social Security.

Notice to Spouses

If you are turning 65 and you are the spouse of a TRS retiree who is turning 65 and you waive this coverage, you will not be permitted to enroll in the future unless you experience a valid TRS qualifying event. A list of qualifying events can be found on our website. Spouses are not permitted to enroll during open enrollment unless the retiree has waived TRS insurance coverage and is enrolling.

Monthly Cost of the 2017 MEHP

Years of Service	TRS Entry Date Before July 1, 2002	TRS Entry Date On or After July 1, 2002	TRS Entry Date On or After July 1, 2008	Medicare-Eligible Spouses/Children Pay Full Monthly Premium of \$252
5-9.99	\$189	\$226.80	Not Eligible	
10-14.99	\$126	\$189.00	Not Eligible	
15-19.99	\$63	\$138.60	\$138.60	
20-24.99	\$0	\$88.20	\$88.20	
25-25.99	\$0	\$25.20	\$25.20	
26-26.99	\$0	\$12.60	\$12.60	
27 or more	\$0	\$0	\$0	

You also must continue to pay your Medicare Part B premium and any additional Part B and D income adjusted premiums billed by Social Security. Reciprocity retirees with service in TRS and Kentucky Retirement Systems (KRS), or another state system, should contact TRS to determine their rates.

DESCRIPTION OF THE TRS MEHP

The MEHP **medical** plan is a UnitedHealthcare (UHC) Medicare Advantage (MA) plan. This plan allows the same in- and out-of-network cost share; therefore, you can see any licensed provider who accepts Medicare patients and Medicare assignment and agrees to bill UHC directly. Show providers your new UHC ID card and have them file claims directly with UHC instead of Medicare.

The MEHP **prescription drug** plan is an Express Scripts Medicare Part D prescription drug plan and consists of a retail drug program and a home delivery program. The retail drug program includes a \$150 annual deductible and is designed for initial and short-term prescriptions to be obtained at a retail network pharmacy. The home delivery program does not require a deductible, is for maintenance prescriptions and allows up to a 90-day supply of medication to be obtained through the Express Scripts home delivery pharmacy service. If you are ever denied coverage for your prescriptions, Express Scripts will explain the decision to you, and you have the right to appeal and ask for a review of the denied claims. If you need specific information regarding a prescription cost and/or restrictions, you can call the Know Your Rx Coalition at 855-218-5979. To avoid a possible lapse in your medication, obtain a refill through your current plan on the last day of the month prior to the effective date of the MEHP.

Please note: If you enroll in another MA or Part D plan outside of TRS, including KRS, your UHC and Express Scripts coverage will be terminated immediately. If you are the spouse of a TRS retiree, you will not be eligible for future re-enrollment unless you experience a valid TRS qualifying event.

What is Medicare?

Part A - Most people automatically receive premium-free Part A coverage from Social Security because they, or a spouse, paid Medicare taxes while working. **Retirees** who do not receive no-cost Part A automatically are not required to purchase Part A; instead the TRS plan will pay Part A expenses as Medicare would have, excluding the MEHP deductibles and copayments. **Spouses** are required to have Part A to enroll in the TRS MEHP. When you contact Social Security to enroll in Medicare, please make sure they check to see if you qualify for free Part A, not only through your Social Security and/or Medicare tax payments but also through your spouse's. You could qualify through a current spouse, an ex-spouse or a deceased spouse.

Part B - Everyone must enroll in Part B and pay a monthly premium to Social Security. Contact Social Security to determine your Part B monthly premium, which could be as high as \$149 for the standard premium in 2017. In some cases, your Part B premium could be higher if you fail to enroll when you first become eligible or you fall into a high income category. (See section on next page regarding higher income people). If you get Social Security, Railroad Retirement Board or Civil Service benefits, your Part B premium will be deducted from your benefit payment. Otherwise (as is the case for many retired teachers), you'll get a quarterly bill called a "Notice of Medicare Premium Payment Due." Follow the instructions and pay the total amount prior to the due date. You can pay by check, money order or credit card, or sign up for Medicare Easy Pay, a free service that automatically deducts your premiums from your bank account each month. Call Medicare to request an Easy Pay form. **If you fail to enroll in Part B, you will not be enrolled in the TRS MEHP. If at any time while enrolled in the MEHP, your Medicare coverage lapses due to non-payment or any other reason, you will be terminated from the TRS MEHP and you will be responsible for the actual cost of any claims.** Upon termination, you may be ineligible for future re-enrollment.

Part D - Medicare Part D is prescription drug coverage available to anyone who is enrolled in Medicare Part A and/or Part B. Express Scripts Medicare®(PDP) for TRS is the Medicare Part D prescription drug coverage through the MEHP. **If you enroll in another Medicare Part D plan outside of TRS or you are a high income person and don't pay the Part D premium owed to Social Security, your MEHP will be terminated immediately.** Upon termination, you may be ineligible for future re-enrollment. Just like Medicare Part B, Medicare Part D requires monthly income-adjusted premium payments to Social Security.

See section (below) on higher income people and contact Social Security to determine your Part D income-adjusted premium (if any).

Higher Income People

Medicare law requires higher income persons to pay higher premiums to Social Security for Medicare Part B and Medicare Part D. This generally affects individuals with incomes higher than \$85,000 and couples with incomes higher than \$170,000, based on tax return information the IRS gives Social Security.

Benefit Booklets and ID Cards

After your coverage begins you will receive an Evidence of Coverage booklet from UHC and Express Scripts. If your MEHP enrollment form is submitted to TRS in a timely manner and Medicare approves your enrollment, you should receive ID cards before your coverage is effective. On the effective date of coverage, if UHC and Express Scripts have processed your enrollment, you can access a letter of medical coverage or print a temporary ID card by registering at www.UHCRetiree.com/trs and www.Express-Scripts.com.

TRANSITIONING FROM KEHP (NON-MEDICARE) TO MEDICARE COVERAGE

Do you have  bucks remaining?

Don't forget you may have unspent bucks left with your go365 wellness program (formerly Humana Vitality). You need to spend all your bucks in the mall before your Kentucky Employees' Health Plan (KEHP) terminates.

Are you currently covered by a family, couple or parent plus plan?

YES: You might need to complete additional forms. Review all material in this booklet to determine how to continue coverage for your dependents who are not Medicare-eligible.

NO: No need to review the information regarding continuing coverage for dependents.

ADDITIONAL TRS SERVICES

The Know Your Rx Coalition pharmacists counsel and help TRS retirees manage their prescription costs and make the most of their TRS prescription benefits. Contact them at:

855-218-5979





2017 Summary of BENEFITS

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): Teachers' Retirement System of the State of Kentucky
Group Numbers: 13800, 13801


H2001-817, H2001-820

Our service area includes the 50 United States, the District of Columbia and all US territories.

This is a summary of health services provided by
UnitedHealthcare® Group Medicare Advantage (PPO)

January 1, 2017 – December 31, 2017

For more information, please contact Customer Service at:

 Toll-Free **1-844-518-5877**, TTY **711**
8 a.m. – 8 p.m., local time, Monday – Friday

 **www.UHCRetiree.com/trs**



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Summary of Benefits

January 1, 2017 – December 31, 2017

We're dedicated to providing clear and simple information about your plan so you always stay fully informed. The following information is a breakdown of what we cover and what you pay. This is called "cost-sharing" or "out-of-pocket" costs. Cost-sharing includes co-pays, co-insurance and deductibles. This will help you control your health care costs throughout the plan year.

Keep in mind that this isn't a full list of benefits we cover, it's just an overview. To get a complete list, visit our website at www.UHCRetiree.com/trs to see the "Evidence of Coverage" or call customer service with any questions.

About this plan.

UnitedHealthcare® Group Medicare Advantage (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

To join UnitedHealthcare® Group Medicare Advantage (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed on the cover, be a United States citizen or lawfully present in the United States, and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

If you are not entitled to Medicare Part A, please refer to your plan sponsor's enrollment materials, or contact your plan sponsor directly to determine if you are eligible to enroll in our plan. Some plan sponsors have made arrangements with us to offer a Medicare Advantage plan even though you aren't entitled to Part A based on former employment.

What's inside?

Plan Premiums and Benefits

See plan costs including information about the monthly plan premium, deductible and maximum out-of-pocket limit.

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, and other providers. You can see any provider (in-network or out-of-network) that participates in Medicare and accepts the plan at the same cost share. Your co-pays or co-insurance will be the same.

You can search for a network provider in the online directory at www.UHCRetiree.com/trs.

Drug Coverage

We cover Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs.

UnitedHealthcare® Group Medicare Advantage (PPO)

Premiums and Benefits	In-Network	Out-of-Network
Monthly Plan Premium	Contact your group plan sponsor to determine your actual premium amount, if applicable.	
Annual Medical Deductible	<p>This plan has deductibles for some medical services. \$150 per year for some in-network and out-of-network services.</p> <p>(See Additional Information About UnitedHealthcare Group Medicare Advantage (PPO) for more information on your plan year deductible)</p>	
Maximum Out-of-Pocket Amount	<p>\$1,200 annually for services you receive from any provider.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable.</p> <p>(The amounts you pay for deductibles, co-pays and co-insurance for covered services count toward this combined maximum in-network and out-of-network out-of-pocket limit. Expenses for non-emergency care while in a foreign country do not apply toward this limit.)</p>	

UnitedHealthcare® Group Medicare Advantage (PPO)

Benefits		In-Network	Out-of-Network
Inpatient Hospital Coverage		\$200 co-pay per admit	\$200 co-pay per admit
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Doctor Visits	Primary Care Provider	4% of the cost	4% of the cost
	Specialists	4% of the cost	4% of the cost
Preventive Care	Medicare-covered	\$0 co-pay	
	Routine physical	\$0 co-pay; 1 per plan year*	
Emergency Care		<p>\$50 co-pay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital co-pay instead of the Emergency co-pay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>Your benefit includes Non-emergency world-wide care for 20% co-insurance up to a maximum benefit of \$5,000 per year.</p> <p>Non-emergency world-wide care does not apply to your out-of-pocket maximum.</p>	
Urgently Needed Services		<p>\$35 co-pay (worldwide)</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital co-pay instead of the Urgently-Needed Services co-pay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>	
Diagnostic Tests, Lab and Radiology Services, and X-rays (Costs for services may be different if received in an outpatient surgery setting)	Diagnostic radiology services (e.g., MRI)	4% of the cost	4% of the cost
	Lab services	\$0 co-pay	\$0 co-pay
	Diagnostic tests and procedures	4% of the cost	4% of the cost
	Therapeutic radiology	4% of the cost	4% of the cost
	Outpatient x-rays	4% of the cost	4% of the cost

Benefits		In-Network	Out-of-Network
Hearing Services	Exam to diagnose and treat hearing and balance issues	4% of the cost	4% of the cost
	Routine hearing exam	\$0 co-pay (1 exam every plan year)*	\$0 co-pay (1 exam every plan year)*
	Hearing aids	Plan pays up to \$500 (every 3 years)*	Plan pays up to \$500 (every 3 years)*
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	4% of the cost	4% of the cost
	Eyewear after cataract surgery	\$0 co-pay	\$0 co-pay
	Yearly glaucoma screening	\$0 co-pay	\$0 co-pay
	Routine eye exam	\$0 co-pay (1 exam every 12 months)*	\$0 co-pay (1 exam every 12 months)*
Mental Health Care	Inpatient visit	\$200 co-pay per admit	\$200 co-pay per admit
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
	Outpatient group therapy visit	4% of the cost	4% of the cost
	Outpatient individual therapy visit	4% of the cost	4% of the cost
Skilled Nursing Facility (SNF)		\$0 co-pay: for days 1–20 \$30 co-pay: for days 21–100	\$0 co-pay: for days 1–20 \$30 co-pay: for days 21–100
		Our plan covers up to 100 days in a SNF.	

Benefits		In-Network	Out-of-Network
Rehabilitation Services	Occupational therapy visit	4% of the cost	4% of the cost
	Physical therapy and speech and language therapy visit	4% of the cost	4% of the cost
	Cardiac rehabilitation	4% of the cost	4% of the cost
Ambulance		4% of the cost	4% of the cost
Foot Care (podiatry services)	Foot exams and treatment	4% of the cost	4% of the cost
	Routine foot care	\$0 co-pay (up to 6 visits per plan year)*	\$0 co-pay (up to 6 visits per plan year)*
Medical Equipment/Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	4% of the cost	4% of the cost
	Prosthetics (e.g., braces, artificial limbs)	4% of the cost	4% of the cost
Wellness Programs	Fitness program through SilverSneakers®	\$0 membership fee. Monthly basic membership for SilverSneakers® Fitness Program through network fitness centers. If you live 15 miles or more from a SilverSneakers fitness center you may participate in the SilverSneakers Steps Program and select one of four kits that best fits your lifestyle and fitness level – general fitness, strength, walking or yoga.	
Medicare Part B Drugs	Chemotherapy drugs	4% of the cost	4% of the cost
	Other Part B drugs	4% of the cost	4% of the cost

Additional Benefits		In-Network	Out-of-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation	4% of the cost	4% of the cost
Diabetes Management	Diabetes monitoring supplies	\$0 co-pay	\$0 co-pay
		<p>We only cover blood glucose monitors and test strips from the following brands:</p> <p>OneTouch Ultra® 2 System, OneTouch UltraMini®, OneTouch Verio® Sync, OneTouch Verio® IQ, OneTouch Verio® Flex System Kit, ACCU-CHEK® Nano SmartView, and ACCU-CHEK® Aviva Plus.</p>	
	Diabetes Self-management training	\$0 co-pay	\$0 co-pay
	Therapeutic shoes or inserts	4% of the cost	4% of the cost
Home Health Care		\$0 co-pay Restrictions apply	\$0 co-pay Restrictions apply
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care.	
NurseLineSM		Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	
Outpatient Surgery	Ambulatory surgical center	4% of the cost	4% of the cost
	Outpatient hospital	4% of the cost	4% of the cost

Additional Benefits		In-Network	Out-of-Network
Outpatient Substance Abuse	Group therapy visit	4% of the cost	4% of the cost
	Individual therapy visit	4% of the cost	4% of the cost
Renal Dialysis		4% of the cost	4% of the cost
Virtual Doctor Visits		Speak to specific doctors using your computer or mobile device. Find participating doctors online at www.UHCRetiree.com/trs	

* Benefit is combined in and out-of-network.

Additional Information about UnitedHealthcare Group Medicare Advantage (PPO)

Your Plan Year Deductible

Your combined in-network and out-of-network deductible is \$150. This is the amount you have to pay out-of-pocket before we will pay our share for your covered medical services.

Until you have paid the deductible amount, you must pay the full cost for most of your covered services. Once you have paid your deductible, we will begin to pay our share of the costs for covered medical services and you will pay your share (your co-payment or co-insurance amount) for the rest of the plan year.

The deductible applies to the following services:

- Outpatient Surgery
- Outpatient Hospital Services
- Occupational Therapy
- Physical Therapy and Speech/Language Therapy
- Cardiac Rehabilitation Services
- Kidney Dialysis
- Ambulance Services
- Part B Drugs
- Durable Medical Equipment
- Orthotics and Prosthetics
- Medical Supplies
- Diagnostic Procedure/Test
- Outpatient X-ray Services
- Diagnostic Radiology Services
- Therapeutic Radiology Service
- Primary Care Physician Office Visit
- Specialist Office Visit
- Outpatient Mental Health/Substance Abuse
- Podiatry Visit (Medicare-covered)
- Eye Exam (Medicare-covered)
- Hearing Exam (Medicare-covered)

The deductible does not apply to the following services:

- Chiropractic Services (Medicare-covered)
- Diabetes Monitoring Supplies
- Diabetes Self-Management Training
- Clinical Lab Services
- Emergency Care
- Home Health Care
- Urgently Needed Services
- Medicare-covered eye wear after cataract surgery
- All Medicare Preventive Services
- Hospice Services
- Inpatient Hospital Care
- Inpatient Mental Health Care
- Skilled Nursing Facility
- Routine Eye Exam
- Routine Foot Care
- Routine Hearing Exam
- Virtual Doctor Visits

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-pay, and restrictions may apply.

The provider network may change at any time. You will receive notice when necessary.

Benefits, premium and/or co-pay/coinsurance may change at the beginning of each plan year.

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-844-518-5877.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-518-5877. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-518-5877. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-518-5877。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 「對我們的健康或藥物保險可能存有疑問，」此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-518-5877。我們講中文的人員將樂意「提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-518-5877. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-518-5877. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-518-5877 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-518-5877. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-518-5877 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-518-5877. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 7785-815-448-1 سيقوم شخص بمساعدتك. هذه خدمة مجانية ما يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-518-5877 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-518-5877. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-518-5877. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-518-5877. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-518-5877. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-518-5877 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。



Statements of UNDERSTANDING

By enrolling in this plan, I agree to the following:



This is a Medicare Advantage plan and has a contract with the federal government. This is not a Medicare Supplement plan.

I need to keep my Medicare Part A, if entitled or required by TRS as a condition of eligibility for enrollment, and Part B, and I must continue to pay my Medicare Part B premium and, if applicable, Part A premiums if they are not paid by a third party.



I can only have one Medicare Advantage or Prescription Drug plan at a time.

- Enrolling in this plan, which is sponsored by my former employer, union or trust group (Plan Sponsor), will automatically disenroll me from any other Medicare health plan. If I disenroll from this plan, I will be automatically transferred to Original Medicare. If I enroll in a different Medicare Advantage plan, I will be automatically disenrolled from this plan.
- If I have prescription drug coverage or if I get prescription drug coverage from somewhere other than this plan, I will inform UnitedHealthcare.
- Enrollment in this plan is for the entire plan year, however, I may leave the plan at any time of the year by sending a written request to my Plan Sponsor at 479 Versailles Rd., Frankfort KY, 40601. I may also fax this request to 1-502-573-0199.



If I do not have prescription drug coverage, I may have to pay a late enrollment penalty.

I understand that if I do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's) such as the Prescription Drug Plan I have through my plan sponsor, I may have to pay a late enrollment penalty if I enroll in other Medicare prescription coverage in the future.



The service area includes the 50 United States, the District of Columbia and all U.S. territories.

I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S. I am covered for emergency or urgently needed care.



I will get a Plan Details book that includes an Evidence of Coverage (EOC).

- The EOC will have more information about services covered by this plan. If a service is not listed, it will not be paid for by Medicare or this plan without authorization.
- I have the right to appeal plan decisions about payment or services if I do not agree.



My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.

Medicare may also release my information for research and other purposes that follow all applicable Federal statutes and regulations.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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Teachers' Retirement System of the State of Kentucky (TRS) has chosen the Know Your Rx Coalition to manage your Medicare (Part D) prescription benefit plan, **Express Scripts Medicare®(PDP)**, through the TRS Medicare Eligible Health Plan (MEHP).

This includes:

- A 24-hour, 365-day-a-year Patient Care Contact Center
- A national network of over 68,000 pharmacies
- Home delivery for your medications through the Express Scripts PharmacySM
- Accredo Pharmacy for your specialty medications
- Access to a Know Your Rx Coalition Pharmacist at 855-218-5979

How to Get Prescriptions from a Participating Retail Pharmacy

Before your coverage begins, you will receive a welcome package that contains, among other things, an ID card and a listing of the pharmacies closest to you. You will need to show this ID card to your pharmacist each time you fill a prescription. The retail pharmacy program includes a deductible stage. See reverse side.

How to Get Prescriptions from Express Scripts Home Delivery

Take advantage of savings and convenience by using the home delivery program for your maintenance medications. The home delivery program does not have a deductible, like retail does. **To begin home delivery (even if you already use home delivery through the KEHP), first ensure you have a 30-day supply of your medication(s) on hand** because you must wait until your MEHP effective date before you can send in **new** prescriptions. You can mail your prescription written for a 90-day supply (including refills) along with your completed home delivery form in the self-addressed envelope you receive in your welcome package. The home delivery form is only required the FIRST time you send in a new prescription. Usually a home delivery pharmacy order will get to you in no more than 10 days. However, sometimes your home delivery may be delayed. Make sure you have at least a 14-day supply of medication on hand. To refill your home delivery medication, contact Express Scripts by visiting www.Express-Scripts.com to create a member account, or by calling 877-866-5834.

Release of Information

By joining this Medicare prescription drug plan, you acknowledge that TRS will release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. You also acknowledge that TRS will release your information, including prescription drug event data to Medicare, which may release it for research and other purposes that follow all applicable Federal statutes and regulations.

Extra Help

Medicare beneficiaries with low or limited income and resources may be able to get Extra Help to pay for prescription drug premiums as well as get help with other Medicare costs. To see if you qualify for Extra Help, call 800-MEDICARE (800-633-4227). TTY users call 877-486-2048, 24 hours a day/7 days a week.

Your 2017 Prescription Program			
STAGE	TIER	IN-NETWORK RETAIL PHARMACY (0-90 DAY SUPPLY)	EXPRESS SCRIPTS HOME DELIVERY (90-DAY SUPPLY)
Stage 1: Yearly Deductible Stage You begin this payment stage when you fill your first prescription of the calendar year. You stay in this stage until you have paid \$150 for your drugs at retail.		\$150	\$0
Stage 2: Initial Coverage Stage You pay a copayment or coinsurance for your Part D drugs until your total out-of-pocket costs reach \$4,950.	Tier 1: Generic Drugs	20% of drug cost	\$10 copay
	Tier 2: Preferred Brands	20% of drug cost	\$20 copay
	Tier 3: Non-Preferred Drugs (Generics & Brands)	50% of drug cost	50% of drug cost
	Tier 4: Specialty Drugs (Generics & Brands)	20% of drug cost	\$20 copay
	All Tiers: Drugs Purchased from Accredo (limited to a one-month supply) Generics \$3.33 copay Brands \$6.66 copay		
Stage 3: Coverage Gap Stage	After your total yearly drug costs reach \$3,700, you will generally pay the same cost-sharing amount as in the Initial Coverage Stage (above) until your yearly out-of-pocket drug costs reach \$4,950.		
Stage 4: Catastrophic Coverage Stage After your total out-of-pocket costs exceed \$4,950 you pay the greater of the copayments or coinsurance noted in the columns to the right, with a max not to exceed the standard cost-sharing amount during the Initial Coverage Stage at mail.	Tier 1: Generic Drugs	5% of drug cost with \$3.30 min	5% of drug cost with \$3.30 min and \$10 max
	Tier 2: Preferred Brands	5% of drug cost with \$8.25 min	5% of drug cost with \$8.25 min and \$20 max
	Tier 3: Non-Preferred Drugs (Generics & Brands)	5% of drug cost with \$8.25 min	5% of drug cost with \$8.25 min
	Tier 4: Specialty Drugs (Generics & Brands)	5% of drug cost with \$3.30 min for Generics and \$8.25 min for Brands	5% of drug cost with \$3.30 min/ \$20 max for Generics and \$8.25 min/ \$20 max for Brands
	All Tiers: Drugs Purchased from Accredo (limited to a one-month supply) Generics \$3.33 copay Brands \$6.66 copay		

Facts about your Medicare Part D Prescription Drug Coverage

Express Scripts Medicare® (PDP) for Teachers' Retirement System of the State of Kentucky (TRS) is offered by Medco Containment Life Insurance Company, which contracts with the Federal government. This coverage is Medicare Part D coverage and is in addition to your coverage under Medicare Parts A and B. You must keep your Medicare Parts A and/or B coverage in order to qualify for this plan. You must inform your former employer of any other prescription drug coverage you may have.

Enrollment Requirements

You can only be in one Medicare prescription drug plan at a time. If you are currently enrolled in a Medicare prescription drug plan, a Medicare Advantage Plan with prescription drug coverage or an individual Medicare Advantage Plan, your enrollment in Express Scripts Medicare will end that coverage.

You must live within the 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands or American Samoa, and be a U.S. citizen or lawfully present in the United States to participate in this plan. It is your responsibility to inform your former employer of any address changes.

Generally, Medicare limits when you can make changes to your coverage. You can join a new Medicare prescription drug plan only during the Annual Enrollment Period (October 15 to December 7), unless you qualify for certain special circumstances. Your former employer may have an annual enrollment period that differs from the Medicare time frame.

If you leave this plan and don't get other creditable prescription drug coverage (coverage that is at least as good as Medicare's coverage) for 63 or more days, you may have to pay a late enrollment penalty in addition to your premium for Medicare prescription drug coverage in the future.

If you decide not to participate in this coverage, you can contact Medicare at 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week, for assistance with selecting another Part D plan. TTY users should call 877-486-2048.

Plan Rules and Limitations

Express Scripts Medicare has formed a network of pharmacies. You may get your drugs at network retail pharmacies and our home delivery pharmacy. Network pharmacies must generally be used except in cases of an emergency.

As a Medicare beneficiary, you have the right to file a grievance or appeal plan decisions about payment or services if you disagree. For more information about these processes, call Express Scripts Medicare Customer Service at the number on the back of your member ID card or review your *Evidence of Coverage*.

The Centers for Medicare & Medicaid Services must approve Express Scripts' plan each year. You can continue to get Medicare coverage as a member of this plan only as long as both Express Scripts and your former employer choose to continue to offer this plan, and CMS renews its approval of the Express Scripts plan.

Extra Help Program

Medicare beneficiaries with low or limited income and resources may be able to get Extra Help to pay for prescription drug premiums and costs, as well as get help with other Medicare costs. To see if you qualify for Extra Help, call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

Annual Income and Extra Part D amount

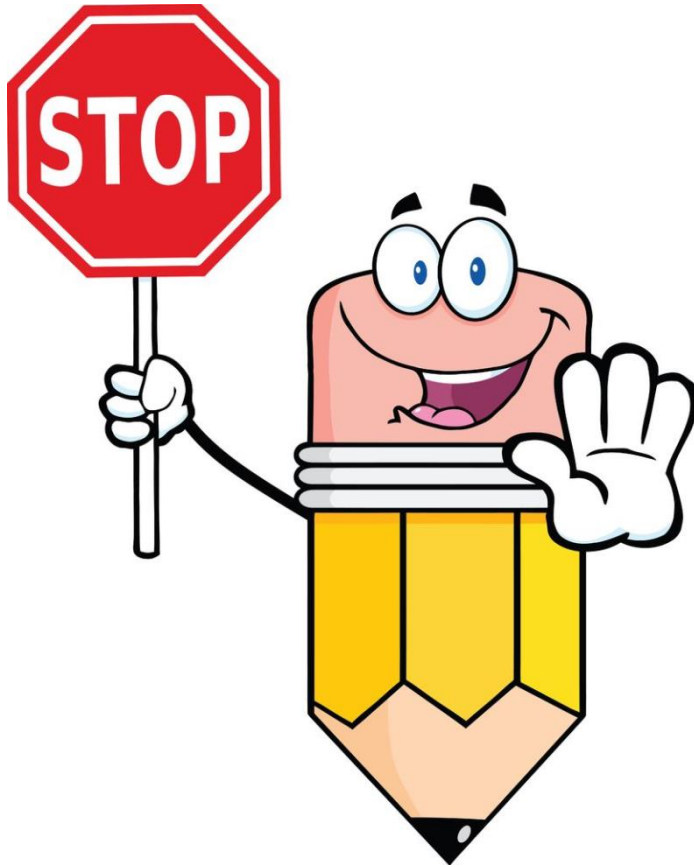
Some people may have to pay an extra amount for this coverage because of their yearly income. If you have to pay an extra amount, the Social Security Administration – not your Medicare plan – will send you a letter telling you what that extra amount will be and how to pay it. If you have any questions about this extra amount, contact the Social Security Administration at 800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 800-325-0778.

Release of Information

By joining this Medicare prescription drug plan, you acknowledge that Express Scripts Medicare will release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. You also acknowledge that Express Scripts Medicare will release your information, including your prescription drug event data, to Medicare, who may release it for research and other purposes that follow all applicable Federal statutes and regulations. The information on the enclosed enrollment form is correct to the best of your knowledge. If you intentionally provide false information as part of your enrollment, you may be disenrolled from the plan.

This information is not a complete description of benefits. For more information about this plan, contact Express Scripts Medicare Customer Service at 877-866-5834, 24 hours a day, 7 days a week. TTY users should call 800-716-3231. Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. The pharmacy network may change at any time. You will receive notice when necessary.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.
Enrollment in Express Scripts Medicare depends on contract renewal.



**Proceed ONLY if you are
currently covered by a:**

FAMILY PLAN,

COUPLE PLAN

or

PARENT PLUS PLAN

The following information is **only** for those who are currently covered under a Family, Couple or Parent Plus plan. Please review the different scenarios listed below to ensure that you have completed all the appropriate forms (if any). If you currently have a Parent Plus plan, see 1 below. If you currently have a Family or Couple plan, see 2a & 2b below. If you are currently cross-referenced, see 3 – 6 below.

1. If you are currently covering dependents under a **PARENT PLUS PLAN**, you will receive a separate COBRA packet for them from WageWorks a month before the termination date. If your child is disabled and has Medicare Parts A & B, you can enroll them in the TRS MEHP by obtaining an enrollment form from TRS and paying the monthly premium. **You may disregard the remaining information below because it does not pertain to your situation.**
2. If you are currently covered by a **FAMILY OR COUPLE** plan, please review the information below in 2a and 2b that pertains to your situation:
 - a. **If you are the TRS retiree turning 65**, your under 65 spouse must complete and return the attached Kentucky Employees' Health Plan qualifying event form the month before you turn 65 (2 months before if your birthday is on the first of the month). **NON-COMPLETION OF THIS FORM WILL RESULT IN A LOSS OF COVERAGE.**

TRS does not contribute to spouse health insurance.
These monthly amounts represent full premium:

	SPOUSE SINGLE	SPOUSE PARENT PLUS
LivingWell CDHP	\$709.24	\$974.32
LivingWell PPO	\$728.28	\$1,030.18
Standard PPO	\$685.36	\$971.72
Standard CDHP	\$670.94	\$938.08

- b. **If you are the spouse turning 65**, the retiree coverage will automatically be changed to a Single or Parent Plus plan and a qualifying event form will not be necessary. Retirees should utilize the enclosed Calculation Chart to determine the monthly cost of Single or Parent Plus coverage.
3. If you are **CROSS-REFERENCED** with a TRS retiree, your spouse's coverage automatically will be changed to Parent Plus, and a qualifying event form will not be necessary. If you wish to change to Single coverage, you must complete the attached qualifying event form. Retirees (under 65) should utilize the enclosed Calculation Chart to determine the monthly Parent Plus cost. **You may disregard the remaining information below because it does not pertain to your situation.**
4. If you are **CROSS-REFERENCED** and your spouse is under 65 and not a TRS or Kentucky Retirement Systems (KRS) retiree, your spouse must contact his/her active insurance coordinator to complete an enrollment application to enroll in a Parent Plus or Single plan. **You may disregard the remaining information below because it does not pertain to your situation.**
5. If you are **CROSS-REFERENCED** and your spouse is under 65 and retired through KRS, your spouse must contact KRS to complete an enrollment application to enroll in a Parent Plus or Single plan. **You may disregard the remaining information below because it does not pertain to your situation.**
6. If you are **CROSS-REFERENCED** and you are retired from KRS and turning 65, you will need to contact KRS at 800-928-4646 for an enrollment application to enroll in a Medicare plan through KRS. The TRS retiree's coverage will automatically be changed to a Parent Plus plan and a qualifying event form will not be necessary. If you wish to change to Single coverage, you must complete the enclosed qualifying event form. Retirees (under 65) should utilize the enclosed Calculation Chart to determine the monthly Parent Plus cost. **You may disregard the remaining information below because it does not pertain to your situation.**

TRS will deduct insurance premiums from your monthly annuity unless the cost exceeds your annuity. In that case, TRS will withhold your net annuity (if any) and withdraw the remaining balance owed from your bank account on file with TRS.

2017 KEHP Rates

(Under Age 65 and NOT Medicare-Eligible)

Reciprocity retirees with service in another state sponsored system (i.e., KRS) should contact TRS for their rates.

Plan Option Cost	+	Tobacco Usage	+	LivingWell Promise	+	Time-specific adjustments (see below)	=	Your 2017 monthly premium cost
<p>Enter the cost from Chart A (see reverse) for the coverage chosen. Proceed to tobacco usage column.</p> <p>Or</p> <p>If only the spouse is applying for this coverage, select your cost from Chart B (see reverse). Put this amount in final column on the right. This is your monthly cost.</p>	+	<p>If any person covered has used tobacco in the last 6 months and is selecting Parent Plus, Couple or Family: Enter \$80</p> <p>Or</p> <p>If any person covered has used tobacco in the last 6 months and is selecting Single or Family Cross-Reference: Enter \$40</p> <p>Or</p> <p>If you or any person covered has not used tobacco in the last 6 months: Enter \$0</p>	+	<p>If you selected a LivingWell plan in 2016, you did not complete the LivingWell Promise and you're selecting a LivingWell plan for 2017: Enter \$40</p> <p>Or</p> <p>Everyone else: Enter \$0</p>	+	<p>Entry date, retirement date and years of service determine rate: If you retired prior to July 1, 2010, enter the amount from Chart C (see reverse) for the coverage chosen.</p> <p>Or</p> <p>If you retired on or after July 1, 2010, and began teaching in a TRS-covered position prior to July 1, 2002, enter the amount from Chart D (see reverse) for the coverage chosen.</p> <p>Or</p> <p>If you retired on or after July 1, 2010, and began teaching in a TRS-covered position on or after July 1, 2002, enter the amount from Chart E (see reverse) for the coverage chosen.</p>	=	
<div>\$</div>	+	<div>\$</div>	+	<div>\$</div>	+	<div>\$</div>	=	<div>\$</div>

Plan Option Cost					
Chart A (Member Plan Option Cost)					
	Single	Parent Plus	Couple	Family	Family Cross-Reference
LivingWell CDHP†	47.98	122.98	287.98	337.98	77.98*
LivingWell PPO†	79.98	227.98	512.98	642.98	152.98*
Standard PPO	48.46	124.20	290.86	341.36	78.76*
Standard CDHP	13.10	60.58	252.48	302.98	28.26*

† You must agree to the LivingWell Promise

*Per employee/retiree

Chart B (Spouse Plan Option Cost)		
	Single	Parent Plus
LivingWell CDHP	709.24	974.32
LivingWell PPO	728.28	1,030.18
Standard PPO	685.36	971.72
Standard CDHP	670.94	938.08

TRS does not contribute to spouse-applicant health insurance. These amounts represent full KEHP cost.

Abbreviations for Time-specific adjustment charts:

LW CDHP = LivingWell CDHP

LW PPP = Livingwell PPO

ST PPO = Standard PPO

ST CDHP = Standard CDHP

DISCLAIMER/NOTE: Some amounts on this chart are estimated because the TRS contribution for members requires approval by the Board of Trustees, which meets next on Sept. 19. Also, the Shared Responsibility amount is estimated at \$149, but could change when the federal government announces the Medicare Part B Premium, which is expected in November. An updated rate chart will be available on the TRS website when these numbers are finalized.

Information about your account regarding years of service, entry date and retirement date are available on the Pathway member self-service portal, mss.ktrs.ky.gov.

Time-specific adjustments						
Chart C (Retired prior to July 1, 2010)						
	Years of Service	Single	Parent Plus	Couple	Family	Family Cross-Reference
LW CDHP	5-9.99	527.84	717.92	888.48	989.68	605.74
	10-14.99	401.56	591.64	762.20	863.40	479.46
	15-19.99	275.28	465.36	635.92	737.12	353.18
	20 or more	149.00	339.08	509.64	610.84	226.90
LW PPO	5-9.99	518.12	668.78	924.94	969.14	586.38
	10-14.99	395.08	542.50	798.66	842.86	460.10
	15-19.99	272.04	416.22	672.38	716.58	333.82
	20 or more	149.00	289.94	546.10	590.30	207.54
ST PPO	5-9.99	509.57	714.10	1,060.58	1,176.58	610.46
	10-14.99	389.38	587.82	934.30	1,050.30	484.18
	15-19.99	269.19	461.54	808.02	924.02	357.90
	20 or more	149.00	335.26	681.74	797.74	231.62
ST CDHP	5-9.99	525.28	744.08	1,053.00	1,165.26	638.64
	10-14.99	399.85	617.80	926.72	1,038.98	512.36
	15-19.99	274.43	491.52	800.44	912.70	386.08
	20 or more	149.00	365.24	674.16	786.42	259.80

Chart D (Retired on/after July 1, 2010 & employed before July 1, 2002)						
	Years of Service	Single	Parent Plus	Couple	Family	Family Cross-Reference
LW CDHP	5-9.99	527.84	670.40	798.32	874.22	586.26
	10-14.99	401.56	496.60	581.88	632.48	440.51
	15-19.99	275.28	322.80	365.44	390.74	294.75
	20 or more	149.00	149.00	149.00	149.00	149.00
LW PPO	5-9.99	518.12	633.54	825.66	858.81	571.74
	10-14.99	395.08	472.03	600.11	622.21	430.83
	15-19.99	272.04	310.51	374.55	385.60	289.91
	20 or more	149.00	149.00	149.00	149.00	149.00
ST PPO	5-9.99	509.57	667.53	927.39	1,014.39	589.80
	10-14.99	389.38	494.69	667.93	725.93	442.87
	15-19.99	269.19	321.84	408.46	437.46	295.93
	20 or more	149.00	149.00	149.00	149.00	149.00
ST CDHP	5-9.99	525.28	690.02	921.71	1,005.90	610.94
	10-14.99	399.85	509.68	664.14	720.27	456.96
	15-19.99	274.43	329.34	406.57	434.63	302.98
	20 or more	149.00	149.00	149.00	149.00	149.00

Chart E (Retired on/after July 1, 2010 & employed on/after July 1, 2002)						
	Years of Service	Single	Parent Plus	Couple	Family	Family Cross-Reference
LW CDHP	5-9.99	603.61	774.68	928.19	1,019.27	673.72
	10-14.99	527.84	670.40	798.32	874.22	586.26
	15-19.99	426.82	531.36	625.17	680.83	469.66
	20-24.99	325.79	392.32	452.01	487.43	353.05
	25-25.99	199.51	218.52	235.57	245.69	207.30
	26-26.99	174.26	183.76	192.29	197.35	178.15
	27 or more	149.00	149.00	149.00	149.00	149.00
LW PPO	5-9.99	591.94	730.46	961.00	1,000.78	656.30
	10-14.99	518.12	633.54	825.66	858.81	571.74
	15-19.99	419.69	504.34	645.22	669.53	459.02
	20-24.99	321.26	375.12	464.77	480.24	346.28
	25-25.99	198.22	213.60	239.22	243.64	205.36
	26-26.99	173.61	181.31	194.11	196.32	177.19
	27 or more	149.00	149.00	149.00	149.00	149.00
ST PPO	5-9.99	581.68	771.24	1,083.08	1,187.48	677.97
	10-14.99	509.57	667.53	927.39	1,014.39	589.80
	15-19.99	413.42	529.26	719.83	783.63	472.26
	20-24.99	317.27	390.98	512.25	552.85	354.71
	25-25.99	197.08	218.14	252.78	264.38	207.77
	26-26.99	173.04	183.57	200.90	206.70	178.39
	27 or more	149.00	149.00	149.00	149.00	149.00
ST CDHP	5-9.99	600.53	798.23	1,076.25	1,177.29	703.33
	10-14.99	525.28	690.02	921.71	1,005.90	610.94
	15-19.99	424.94	545.75	715.66	777.40	487.76
	20-24.99	324.60	401.47	509.60	548.89	364.57
	25-25.99	199.17	221.13	252.03	263.25	210.59
	26-26.99	174.09	185.07	200.52	206.13	179.80
	27 or more	149.00	149.00	149.00	149.00	149.00

2017 RETIREE HEALTH INSURANCE QUALIFYING EVENT FORM

Section 1: To Be Completed by Insurance Coordinator

KHRIS Personnel Number		Hazardous Duty <input type="checkbox"/>	Date of Retirement	Qualifying Event Date	Coverage Effective Date
<input type="checkbox"/> KRS 80000 10006416	<input type="checkbox"/> TRS 85000 10006418	<input type="checkbox"/> KCTCRS 81000 10006417	<input type="checkbox"/> JRP 86000 10006419	<input type="checkbox"/> LRP 87000 10006420	
KRS Only:	<input type="checkbox"/> KRS - KERS		<input type="checkbox"/> CERS – Oth.Ag		<input type="checkbox"/> KRS - SPRS
Deletion of Dependent <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Loss of Eligibility <input type="checkbox"/> Gaining Other Coverage <input type="checkbox"/> Gaining Medicare/Medicaid <input type="checkbox"/> Other _____			Addition of Dependent <input type="checkbox"/> Marriage <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Guardianship/Court Order <input type="checkbox"/> Loss of Other Coverage <input type="checkbox"/> Loss of KCHIP/Medicaid <input type="checkbox"/> Re-establishing Eligibility <input type="checkbox"/> Special Enrollment		

Section 2: Demographic Information

Retiree's SSN	Retiree's Name (Last, First, MI)		Retiree's Date of Birth
Applicant's SSN	Applicant's Name (Last, First, MI)		Applicant's Date of Birth
Street Address		Primary Phone #	Secondary Phone #
City, State Zip	County	Home Email Address	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Married: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you Medicare eligible due to Social Security disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 3: Spouse Information – Skip to Section 5 if electing single coverage

Spouse's SSN	Spouse's Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Is Spouse Medicare eligible due to Social Security disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> I wish to utilize the Cross reference payment option (two KEHP members, married with children – no LRP or JRP).			
KRS Only:	<input type="checkbox"/> KRS - KERS	<input type="checkbox"/> CERS – Oth.Ag	<input type="checkbox"/> KRS - SPRS
Spouse's Date of Hire/Retirement	Spouse's Organizational Unit #	Spouse's Company #	
Spouse's Home Email Address		Spouse's Work Email Address	

Section 4: Dependent Information

Are any Dependents Medicare eligible due to Social Security Disability? ☐ Yes ☐ No

If yes, who?

Child #1 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco User
Child #2 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco User
Child #3 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco User
Child #4 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco User

Retiree's SSN:

Applicant's SSN:

Section 5: Tobacco Use Declaration Rules governing the Tobacco Use Declaration can be found in your Benefits Selection Guide or at kehpn.ky.gov. You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

Planholder: Within the past 6 months, have you used tobacco regularly?

☐ Yes ☐ No

Has your spouse, if covered under this plan, used tobacco regularly within the past 6 months? ☐ Yes ☐ No

Have any children covered under this plan age 18 or older used tobacco regularly within the past 6 months?

☐ Yes ☐ No

Section 6: Coverage Level

☐ Single (self only)

☐ Parent Plus (self and child(ren))

☐ Couple (self and spouse)

☐ Family (self, spouse and child(ren))

Section 7: Plan Options

☐ LivingWell CDHP

☐ LivingWell PPO

☐ Standard PPO

☐ Standard CDHP

☐ Default Standard PPO – INSURANCE COORDINATOR USE ONLY

☐ Waive Coverage, No HRA – without \$ Reason for Waiving: _____

Section 8: LivingWell Promise (required for selecting a LivingWell Plan)

☐ I agree to the LivingWell Promise. Electing a LivingWell Promise plan in 2017 means you are required to complete either the Go365 Health Assessment (HA) or biometric screening from January 1, 2017 through July 1, 2017. Instructions on fulfilling your Promise can be found at LivingWell.ky.gov.

Section 9: Signatures – Please submit this application to your Company Insurance Coordinator

By signing this application, I certify that the information provided in this application is true and correct to the best of my knowledge. I also certify that I have read, understand and agree to the Terms and Conditions of participation in the KEHP, the KEHP Legal Notices, and the Tobacco Use Declaration. These documents can be found in your Benefits Selection Guide or online at kehpn.ky.gov.

By typing my name in the space provided below, I am signing this application electronically and am agreeing to conduct this transaction by electronic means.

Employee/Retiree Signature

Date

Applicant Signature

Date

Spouse Signature – REQUIRED if electing the cross-reference payment option

Date

IC/HRG Signature

Date

IC/HRG Printed Name

IC/HRG Phone Number

Spouse's IC/HRG Signature – REQUIRED if electing the cross-reference payment option

Date

Spouse's IC/HRG Printed Name

Spouse's IC/HRG Phone Number

