

**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.

**View a previously recorded Turning 65 webinar at
<https://trs.ky.gov/retired-members/turning-65/>**

or

**register for a live webinar hosted on the first Wednesday of
each month at <https://trs.ky.gov/home/seminars-workshops/>**

479 Versailles Road
Frankfort, Kentucky 40601-3800
800-618-1687
Monday – Friday
8 a.m. – 5 p.m. ET
<https://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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Quick Step Guide to MEHP Enrollment

RETIREE GUIDE TO ENROLLING IN THE TRS MEHP

Step 1	<p>Contact or visit your local Social Security office. Some offices may require an appointment to enroll in Medicare. Also, some people may be able to apply online at ssa.gov/medicare.</p> <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	<p>Use your Medicare number obtained from either your Medicare card or from your <i>my</i> Social Security account at www.ssa.gov to complete your MEHP enrollment form.</p>
Step 3	<p>MEHP enrollment must be received by TRS no later than the last day of the month before your birth month*. Include a copy of your Medicare card if available. Paper applications are accepted but paperless enrollment is recommended through the Pathway member self-service portal at https://mss.trs.ky.gov/.</p>
Step 4	<p>If you're currently covering dependents, you must complete a Kentucky Employees' Health Plan (KEHP) retiree enrollment form to continue or to waive coverage for remaining dependents. When doing this through Pathway, the MEHP enrollment must be completed first.</p>

SPOUSE GUIDE TO ENROLLING IN THE TRS MEHP

Step 1	<p>Contact or visit your local Social Security office. Some offices may require an appointment to enroll in Medicare. Also, some people may be able to apply online at ssa.gov/medicare.</p> <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	<p>Use your Medicare number obtained from either your Medicare card or from your <i>my</i> Social Security account at www.ssa.gov to complete your MEHP enrollment form.</p>
Step 3	<p>MEHP enrollment must be received by TRS no later than the last day of the month before your birth month*. Include a copy of your Medicare card if available. Paper applications are accepted but paperless enrollment is recommended through the Pathway member self-service portal at https://mss.trs.ky.gov/. The TRS retiree must be registered through Pathway to enroll the spouse in the MEHP online.</p>

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

Birthdays on the first of the month get Medicare a month early and are eligible for the TRS MEHP one month early.

TRS spouses that waive this coverage will NOT be permitted to enroll in the future unless they 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 on the previous page for an overview of enrolling in Medicare and the TRS MEHP. You must enroll in Medicare to be eligible to enroll in the MEHP. Paperless enrollment is recommended for enrolling in the MEHP. See section on paperless MEHP enrollment.

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 your local Social Security office, online at ssa.gov/medicare, Medicare at 800-633-4227, or www.medicare.gov on the web.

What Are the Consequences of Not Enrolling in Medicare, the MEHP 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. If you are a retiree who does not enroll in the MEHP within 30 days of turning 65, you can enroll during open enrollment or within 30 days of experiencing a qualifying event. See below section regarding spouses of retirees.

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 2021 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 \$178
5-9.99	\$133.50	\$160.20	Not Eligible	
10-14.99	\$89	\$133.50	Not Eligible	
15-19.99	\$44.50	\$97.90	\$97.90	
20-24.99	\$0	\$62.30	\$62.30	
25-25.99	\$0	\$17.80	\$17.80	
26-26.99	\$0	\$8.90	\$8.90	
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 any other Kentucky public pension plan 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 need specific information regarding a prescription cost and/or restriction, 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. For example, if you began teaching April 1986 or later and taught for 10 years, you paid Medicare taxes that would qualify you for Part A free. **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. 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. **Spouses** are required to have Part A to enroll in the TRS MEHP.

Part B – *Everyone* must enroll in Part B and pay a monthly premium to Social Security. Contact Social Security to determine your 2021 Part B monthly premium, which was \$144.60 for the standard premium in 2020. 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 regarding higher income people). If you get Social Security, Railroad Retirement Board or Civil Service benefits, your Part B premium will be deducted from that 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.** 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.

Higher-Income People

Medicare law requires higher-income persons to pay higher premiums to Social Security for Medicare Part B and Medicare Part D. If your modified adjusted gross income (MAGI) as reported on

your Internal Revenue Service (IRS) tax return from two years ago is above a certain amount, you will pay an extra amount directly to the government (not TRS) for your Medicare Part B and D coverage. If you must pay an extra amount, the Social Security Administration will send you a letter telling you what that extra amount will be and how to pay it. If you are required by law to pay the extra amount and you do not pay it, you will be disenrolled from the TRS Medicare Eligible Health Plan.

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 express-scripts.com.

Paperless Medicare Eligible Health Plan (MEHP) Enrollment

Complete the MEHP application online through the secure Pathway member self-service portal at <https://mss.trs.ky.gov/>. Each person applying for the MEHP must submit an application. Submitting applications online is a quicker process than paper and will automatically be submitted to TRS for review. Depending on the current level of coverage you have, and your specific scenario, you may have to complete two applications.

- If you are a retiree already registered for Pathway, follow the instructions below.
- If you are a retiree who has not registered for Pathway, see *Pathway Registration Instructions* below.
- If you are the spouse of a retiree, you enroll in the MEHP through the retiree's Pathway account. See previous bullet points for guidance.

Instructions for MEHP paperless application

1. Retiree must log into Pathway at <https://mss.trs.ky.gov/> for retiree or spouse MEHP enrollment.
2. Select "Retired Account" to proceed. Select "Retirement Payee Account(s)" from menu on left and then select the Payee Name. If you have more than one retired account, you must choose the account you retired first.
3. Click "Insurance Applications" from the menu on the left.
4. Select the "Turning 65 Application."
5. Under Medicare Eligible Health Plan (MEHP) Applications, select New. (Note: If retiree is the one turning 65, there are additional instructions below regarding continuing coverage for family members currently on KEHP Couple or Family plans.)
6. Select Applicant Relationship for the person turning 65: Retiree, Spouse or Disabled Child.
7. Select if you wish to waive coverage or not. If waiving, give reason.
8. Click "Save & Next."
9. Complete Applicant Information. The applicant is the one enrolling in MEHP coverage. An asterisk (*) indicates required information. We recommend providing all available applicant information.
10. Enter Primary Address Information (this is your mailing address). Click "yes" to use the retiree's primary address that already is in Pathway. Verify that the address is correct.
11. If your Primary Address above is a post office box, you are required to complete Permanent Address Information with a physical street address. Click "yes" to use retiree's permanent address already in Pathway.
12. Click "Save & Next."
13. Enter Medicare Information:
 - Enter your 11-digit Medicare Claim Number obtained from your Medicare card or from your my Social Security account at www.ssa.gov.
 - Enter effective date of Hospital (Part A) coverage. (Required for Spouses, Retiree can leave blank if retiree only has Part B medical coverage.)
 - Enter effective date of Medical (Part B) coverage. (Required for Retirees and Spouses).
 - Answer End Stage Renal Disease question.

1. Click “Save & Next.”
2. Upload or mail copy of your Medicare card or Social Security letter showing Medicare enrollment.
 - a. Choose “Medicare Card” as File Description for uploading card or letter.
 - b. Click “Browse” to attach a copy from your computer, select your document and click “Add.”
If you upload the incorrect document, you must first add it to be able to delete it and retry.
 - c. Or check the box and mail copy of Medicare card or Social Security letter to TRS.
3. Click “Save & Next.”
4. Review the enrollment information on the Review Summary page.
5. If the information is correct, click to check the box indicating you confirm that you have read and agree to the terms of the Authorization Information.
6. Click “Complete this Insurance Application.”

NOTE: If you are currently on a Couple or Family plan through the KEHP, you may need to follow the additional instructions below and complete a KEHP (Pre-MEHP) Qualifying Event application to continue coverage for those members under age 65. See section “Are You Currently Covered by a Family, Couple or Parent Plus Plan?” for different scenarios to determine if you must complete the extra step below in your enrollment process.

Instructions for KEHP (Pre-MEHP) Qualifying Event paperless application (used when retiree is turning 65 and needs to continue KEHP coverage for under age 65 dependents)

1. Retiree must log into Pathway at <https://mss.trs.ky.gov/> to enroll the under 65 spouse and dependents.
2. Select the “Retired Account” to proceed. Select “Retirement Payee Account(s)” from menu on left and then select the Payee Name. If you have more than one retired account, you must choose the account you retired first.
3. Click “Insurance Applications” from the menu on the left.
4. Select the “Qualifying Event Application.”
5. Under Kentucky Employee’s Health Plan (Pre-MEHP) Applications, select New.
6. Date of Qualifying Event can be populated as the first day of the month the retiree turns 65.
7. Enter Applicant Relationship as spouse.
8. Complete purpose of qualifying event application, by clicking “To enroll the applicant in coverage in the Kentucky Employees’ Health Plan (Pre-MEHP).” Choose reason in dropdown box as “Other” and type “retiree gaining Medicare” in box that appears.
9. Click “Save & Next.”
10. Complete all demographic information for the spouse applicant that is continuing KEHP coverage.
11. Click “Save & Next.”
12. Add dependents only if you were on a Family plan and must drop to a Parent Plus plan. Otherwise, click “Save & Next.”
13. Choose Plan Option and Coverage Level from the dropdown boxes, and check box agreeing to LivingWell Promise.
14. Click “Save & Next.”
15. There are no documents needed for this Pre-MEHP application, but to complete the application, check the box that you will mail the required documents.
16. Click “Save & Next.”
17. Review the Summary, check the Authorization box, and click Complete this Insurance Application.

Pathway Registration Instructions

You must have a current email address on file with TRS, and will need your TRS ID to complete registration. (Call TRS to update your email address and obtain your TRS ID if needed.)

- Go to <https://mss.trs.ky.gov/>.
- Click “**Register.**”
- Enter your **TRS ID**, the **last 4 digits** of your Social Security number and click “**Register.**”
- An email with a temporary password is sent to your email address on file with TRS.

- A message saying the password has been sent is shown and, to the right, the phrase “Click here to Login” appears. Click “**Login.**”
- Enter your TRS ID and click “**Continue.**”
- Enter the temporary password from your email and click “**Continue.**”
- Type a **phrase of your choice** and select an **image** for security that will appear upon future logins.
- Select and answer four security questions and then click “**Continue.**”
- Check the agree to terms box and click “**Continue.**”
- Enter the temporary password in the box for current password, enter a new password and confirm the new password by typing it again. Click “**Change Password.**”
- Refer to “Instructions for MEHP paperless application” above to begin the paperless MEHP enrollment process.

TRANSITIONING FROM KEHP (NON-MEDICARE) TO MEDICARE COVERAGE

Do you have STAYWELL /WebMD rewards remaining?

Don't forget you may have unused rewards left with your StayWell/WebMD wellness program. You need to redeem any available StayWell/WebMD rewards before your Kentucky Employees' Health Plan (KEHP) terminates.

Do you have HRA funds remaining?

If you are enrolled in a Consumer Driven Health Plan (CDHP), your Health Reimbursement Arrangement (HRA) funds do not transfer to the MEHP. Contact WageWorks/HealthEquity at 877-430- 5519 to determine if you have HRA funds remaining and how to use them before your KEHP plan terminates.

Are you currently covered by a Family, Couple or Parent Plus Plan?

YES: You might need to complete additional enrollment 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.



You will have access to a personalized medicine benefit through Coriell Life Sciences that provides a genetic test and medication review by the Know Your Rx Coalition pharmacists. If requested, Coriell will send you a saliva collection kit, and upon receipt the Coalition will review the results to determine if the medications you are taking are safe and effective for you. After turning 65, we encourage you to order a kit by contacting Coriell at 888-454-9024 or online at www.coriell.com/trs.

Summary of Benefits 2021

Medicare Advantage Plan

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): Teachers' Retirement System of the State of Kentucky

H2001-817-000

Look inside to take advantage of the health services the plan provides.
Call Customer Service or go online for more information about the plan.



Toll-free **1-844-518-5877**, TTY **711**

8 a.m. - 8 p.m. local time, Monday - Friday



www.UHCRetiree.com/trs



Y0066_SB_H2001_817_000_2021_M

Summary of Benefits

January 1, 2021 - December 31, 2021

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.UHCRetiree.com/trs or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

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

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed below, 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.

TRS has made arrangements with us to offer a Medicare Advantage plan even though you aren't entitled to Part A based on former employment. If now, or in the future, you become eligible for Medicare Part A free due to employment and paying Social Security/Medicare Taxes or through a spouse, please contact Social Security to enroll in Medicare Part A.

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

About providers.

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, and other providers. You can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program.

You can go to www.UHCRetiree.com/trs to search for a network provider using the online directory.

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	\$150 per year for some in-network and out-of-network services. (See Additional Information About UnitedHealthcare Group Medicare Advantage (PPO) for more information on your plan year deductible)	
Maximum Out-of-Pocket Amount	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,200 each plan year. (The amounts you pay for deductibles, copays and coinsurance 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.)	
	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.	
	Please note that you will still need to pay your monthly premiums, if applicable.	

UnitedHealthcare® Group Medicare Advantage (PPO)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital¹		\$200 copay per stay	\$200 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital¹ Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)	4% coinsurance	4% coinsurance
	Outpatient surgery	4% coinsurance	4% coinsurance
	Outpatient hospital services, including observation	4% coinsurance	4% coinsurance
Doctor Visits	Primary Care Provider	4% coinsurance	4% coinsurance
	Specialists ¹	4% coinsurance	4% coinsurance
	Virtual Doctor Visits	\$0 copay	\$0 copay
Preventive Care	Medicare-covered	\$0 copay	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual "Wellness" visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Diabetes – Self-Management training Dialysis training Glaucoma screening Hepatitis C screening HIV screening	

Benefits

		In-Network	Out-of-Network
		Kidney disease education Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including flu shots, hepatitis B shots, pneumococcal shots “Welcome to Medicare” preventive visit (one-time)	
		Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.	
	Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Emergency Care		\$120 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs. Your benefit includes Non-emergency world-wide care for 20% coinsurance up to a maximum benefit of \$5,000 per year. Non-emergency world-wide care does not apply to your out-of-pocket maximum. A medical emergency is when you, or any other prudent layperson with an average knowledge of health and medicine, believe that you have medical symptoms that require immediate medical attention to prevent loss of life, loss of a limb, or loss of function of a limb. The medical symptoms may be an illness, injury, severe pain, or a medical condition that is quickly getting worse.	

Benefits

		In-Network	Out-of-Network
Urgently Needed Services		\$25 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Urgently Needed Services copay. See the “Inpatient Hospital” section of this booklet for other costs.	
Diagnostic Tests, Lab and Radiology Services, and X-Rays (Cost for services may be different if received in an outpatient surgery setting)	Diagnostic radiology services (e.g. MRI) ¹	4% coinsurance	4% coinsurance
	Lab services ¹	\$0 copay	\$0 copay
	Diagnostic tests and procedures ¹	4% coinsurance	4% coinsurance
	Therapeutic Radiology ¹	4% coinsurance	4% coinsurance
	Outpatient x-rays ¹	4% coinsurance	4% coinsurance
Hearing Services	Exam to diagnose and treat hearing and balance issues ¹	4% coinsurance	4% coinsurance
	Routine hearing exam	\$0 copay (1 exam every plan year)*	\$0 copay (1 exam every plan year)*
	Hearing Aids	The plan pays up to a \$500 allowance for hearing aid(s) every 3 plan years*.	The plan pays up to a \$500 allowance for hearing aid(s) every 3 plan years*.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ¹	4% coinsurance	4% coinsurance
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Yearly glaucoma screening	\$0 copay	\$0 copay

Benefits

		In-Network	Out-of-Network
	Routine eye exams	\$0 copay (1 exam every plan year)*	\$0 copay (1 exam every plan year)*
Mental Health	Inpatient visit ¹	\$200 copay per stay	\$200 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
	Outpatient group therapy visit ¹	4% coinsurance	4% coinsurance
	Outpatient individual therapy visit ¹	4% coinsurance	4% coinsurance
	Virtual Behavioral Visits	4% coinsurance	4% coinsurance
Skilled Nursing Facility (SNF)¹		\$0 copay per day: days 1-20 \$80 copay per day: days 21-100	\$0 copay per day: days 1-20 \$80 copay per day: days 21-100
		Our plan covers up to 100 days in a SNF per benefit period (see the Evidence of Coverage for details on benefit periods).	
Physical Therapy and Speech and Language Therapy Visit¹		4% coinsurance	4% coinsurance
Ambulance²		4% coinsurance	4% coinsurance
Routine Transportation		Not covered	
Medicare Part B Drugs	Chemotherapy drugs ¹	4% coinsurance	4% coinsurance
	Other Part B drugs ¹	4% coinsurance We cover Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs.	4% coinsurance We cover Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs.

Additional Benefits

		In-Network	Out-of-Network
Acupuncture	Medicare-covered acupuncture	4% coinsurance	4% coinsurance
Cardiac Rehabilitation		4% coinsurance	4% coinsurance
Chiropractic Care	Manual manipulation of the spine to correct subluxation ¹	4% coinsurance	4% coinsurance
Diabetes Management	Diabetes monitoring supplies ¹	\$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan.	
	Medicare covered Therapeutic Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay	\$0 copay
	Diabetes Self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts ¹	4% coinsurance	4% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	4% coinsurance	4% coinsurance

Additional Benefits

		In-Network	Out-of-Network
	Prosthetics (e.g., braces, artificial limbs) ¹	4% coinsurance	4% coinsurance
Fitness program through SilverSneakers®		<p>You have access to SilverSneakers®, a Medicare fitness program. SilverSneakers includes a \$0 membership fee for a standard, monthly membership at a participating fitness center.</p> <p>To get your SilverSneakers ID number or learn more about this benefit, visit SilverSneakers.com or call 1-888-423-4632, TTY 711, 8 a.m. – 8 p.m. ET, Monday – Friday.</p>	
Foot Care (podiatry services)	Foot exams and treatment ¹	4% coinsurance	4% coinsurance
	Routine foot care	\$0 copay for each visit (Up to 6 visits per plan year)*	\$0 copay for each visit (Up to 6 visits per plan year)*
Home Health Care¹		\$0 copay	\$0 copay
Hospice		<p>If you are entitled to Medicare Part A, 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. Hospice is covered by Original Medicare, outside of our plan.</p> <p>If you are not entitled to Medicare Part A, all care related to the terminal illness must be provided by a Medicare-certified Hospice, which is billed directly to the plan. Please refer to the Evidence of Coverage.</p>	

Additional Benefits

		In-Network	Out-of-Network
Post-Discharge Meals		<p>\$0 copay; Coverage for up to 84 home-delivered meals immediately following one inpatient hospitalization or skilled nursing facility stay when referred by a UnitedHealthcare Clinical Advocate. Benefit is offered one time per year through the provider Mom's Meals. Restrictions apply. Contact Mom's Meals for additional details if you have been referred into the program. 1-855-428-6667 Hours of Operation: Monday - Friday from 7am to 6pm Central Time Or if you have been recently discharged from the hospital or a skilled nursing facility and would like to learn more, call the phone number located on the back of your UnitedHealthcare member ID card.</p>	
NurseLine		<p>Speak with a registered nurse (RN) 24 hours a day, 7 days a week.</p>	
Occupational Therapy Visit¹		4% coinsurance	4% coinsurance
Opioid Treatment Program Services¹		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ¹	4% coinsurance	4% coinsurance
	Outpatient individual therapy visit ¹	4% coinsurance	4% coinsurance
Quit For Life® Tobacco Cessation Program		<p>\$0 copay; With the Quit for Life® Tobacco Cessation Program you will have 24/7 access to tools and resources to help you quit all types of tobacco use. To access the benefit please call 1-866-QUIT-4-LIFE, TTY 711, 24 hours a day 7 days a week, or visit www.quitnow.net</p>	

Additional Benefits

	In-Network	Out-of-Network
Real Appeal Weight Management Program	\$0 copay; Start living a healthier and happier life with help from Real Appeal®, an online weight loss program available at no additional cost. Get started today at uhctrs.realappeal.com or call 1-844-924-7325, 8 a.m. – 9 p.m. CT, Monday – Friday, & 10 a.m. – 6 p.m. CT, Saturday and Sunday * Real Appeal is available at no additional cost to members with a BMI of 19 and higher. If you are pregnant, please speak with your primary care physician before joining the program.	
Renal Dialysis¹	4% coinsurance	4% coinsurance

¹ These services require in-network providers to submit an authorization. This is not a referral and you will not be negatively impacted or prevented from receiving services if your provider fails to meet this requirement.

² Authorization is required for Non-emergency Medicare-covered ambulance ground and air transportation. Emergency Ambulance does not require authorization.

* Benefits are 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 copayment or coinsurance amount) for the rest of the plan year.

The deductible applies to the following services:

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

The deductible does not apply to the following services:

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

Required 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.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY: 711)。

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

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

Benefits, premium and/or copayments/coinsurance may change each plan year.

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

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2018. All rights reserved.

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/or 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. To be eligible for this plan, I must live in the plan's service area and be a United States citizen or be lawfully present in the U.S.

- ✓ **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 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 (TRS), 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 TRS 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 TRS, I may have to pay a late enrollment penalty if I enroll in other Medicare prescription coverage in the future.

- ✓ **I will receive information on how to get 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.



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:

- Access to a Know Your Rx Coalition Pharmacist at 855-218-5979
- A national network of over 65,000 pharmacies
- Home delivery for your medications through Express Scripts Pharmacy®
- Accredo Pharmacy for your specialty medications
- A 24-hour, 365-day-a-year Patient Care Contact Center

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. 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 Express Scripts Pharmacy home delivery program for your maintenance medications. The Express Scripts Pharmacy home delivery program does not have a deductible, like retail does. **To begin Express Scripts Pharmacy 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 Express Scripts Pharmacy home delivery form in the self-addressed envelope you receive in your welcome package. The 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 [express-scripts.com](https://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 2021 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 \$6,550.	Tier 1: Generic Drugs	20% of drug cost	\$10 copay
	Tier 2: Preferred Brand Drugs	20% of drug cost	\$20 copay
	Tier 3: Non-Preferred Drugs	50% of drug cost	50% of drug cost
	Specialty 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 \$4,130, 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 \$6,550.		
Stage 4: Catastrophic Coverage Stage After your total out-of-pocket costs exceed \$6,550 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 home delivery.	Tier 1: Generic Drugs	5% of drug cost with \$3.70 min	5% of drug cost with \$3.70 min and \$10 max
	Tier 2: Preferred Brand Drugs	5% of drug cost with \$9.20 min	5% of drug cost with \$9.20 min and \$20 max
	Tier 3: Non-Preferred Drugs	5% of drug cost with \$9.20 min	5% of drug cost with \$9.20 min
	Specialty 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 and Medco Containment Insurance Company of New York (for members located in New York State only).", 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 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week, for assistance with selecting another Part D plan. TTY users should call 1.877.486.2048.

Plan Rules and Limitations

Express Scripts Medicare has formed a network of pharmacies. You may get your drugs at network retail pharmacies or a network 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 the *Evidence of Coverage*. A copy of the *Evidence of Coverage* is located on our website at [express-scripts.com](https://www.express-scripts.com) or you may call Customer Service to request a copy.

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 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

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 1.800.772.1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1.800.325.0778.

Release of Information

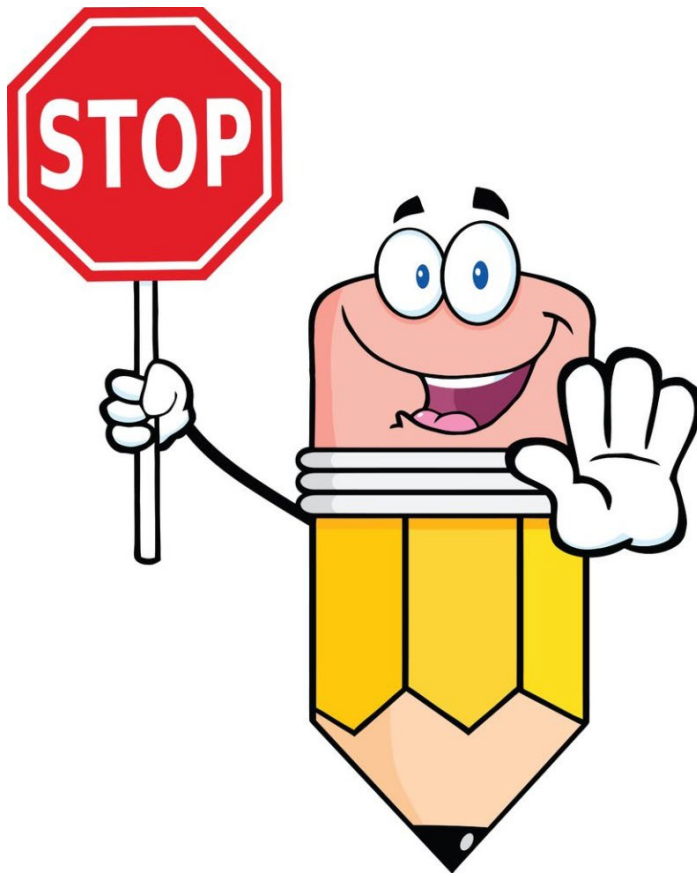
By joining this Medicare prescription drug plan, you acknowledge that Express Scripts Medicare will release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. You also acknowledge that Express Scripts Medicare will release your information, 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 and that 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 1.877.866.5834, 24 hours a day, 7 days a week. TTY users should call 1.800.716.3231.

Other pharmacies are available in our network.

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

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**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 enrollment 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. Paper Kentucky Employees' Health Plan (KEHP) forms are accepted but we recommend paperless enrollment through the Pathway member self-service portal at <https://mss.trs.ky.gov/>. See section on paperless enrollment.

1. If you are currently covering dependents under a **PARENT PLUS PLAN**, you will receive a separate COBRA packet for them from WageWorks/HealthEquity 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 a KEHP form the month before you turn 65 (2 months before if your birthday is on the first day of the month). **FAILURE TO COMPLETE THIS ENROLLMENT WILL RESULT IN A LOSS OF COVERAGE.** See section on paperless enrollment for instructions.

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

	SPOUSE SINGLE	SPOUSE PARENT PLUS
LivingWell CDHP	\$740.26	\$1,019.78
LivingWell PPO	\$761.76	\$1,083.44
LivingWell Basic CDHP	\$712.08	\$978.78
LivingWell Limited High Deductible	\$634.48	\$900.76

- b. **If you are the spouse turning 65**, the retiree coverage will automatically be changed to a Single or Parent Plus plan and an enrollment 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 an enrollment form will not be necessary. 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 retired from TRS or another Kentucky public pension plan, your spouse must contact his/her active insurance coordinator to complete an enrollment form 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 from another Kentucky public pension plan, your spouse must contact that retirement system to complete an enrollment form 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**, turning 65 and retired from another Kentucky public pension plan, you will need to contact that retirement system for a form to enroll in its Medicare plan. The TRS retiree's coverage will automatically be changed to a Parent Plus plan and an enrollment form will not be necessary. Retirees (under 65) should utilize the enclosed Calculation Chart to determine the monthly Parent Plus cost.

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.

2021 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	=	Your 2021 monthly premium cost
Enter the cost from Chart A (see reverse) for the coverage chosen. Proceed to tobacco usage column. Or 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.	+	If any person covered has used tobacco in the last six months and is selecting Parent Plus, Couple or Family: <u>Enter \$80</u> Or If any person covered has used tobacco in the last six months and is selecting Single or Family Cross-Reference: <u>Enter \$40</u> Or If you or any person covered has not used tobacco in the last six months: <u>Enter \$0</u>	+	If you did not complete the LivingWell Promise in 2020: <u>Enter \$40</u> Or Everyone else: <u>Enter \$0</u>	+	Entry date and years of service determine rate: If you began teaching in a TRS-covered position prior to July 1, 2002, enter the amount from Chart C (see reverse) for the coverage chosen. Or If you began teaching in a TRS-covered position on or after July 1, 2002, enter the amount from Chart D (see reverse) for the coverage chosen. Or If you began teaching in a TRS-covered position on or after July 1, 2008, enter the amount from Chart D (see reverse) for the coverage chosen. You must have at least 15 years of service to be eligible for coverage.	=	<div style="border: 1px solid black; width: 100px; height: 40px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; align-items: center;"> \$ + <div style="border: 1px solid black; width: 100px; height: 40px;"></div> + <div style="border: 1px solid black; width: 100px; height: 40px;"></div> = <div style="border: 1px solid black; width: 100px; height: 40px; text-align: center;">\$</div> </div>

Revised October 28, 2020

Plan Option Cost							Chart B (Spouse Plan Option Cost)		
Chart A (Member Plan Option Cost)									
	Single	Parent Plus	Couple	Family	Family Cross-Reference			Single	Parent Plus
LivingWell CDHP†	52.42	134.38	323.18	379.92	85.20*		LivingWell CDHP	740.26	1,019.78
LivingWell PPO†	87.40	249.12	560.54	702.58	167.14*		LivingWell PPO	761.76	1,083.44
LivingWell Basic CDHP†	27.78	66.20	275.90	331.06	30.88*		LivingWell Basic CDHP	712.08	978.78
LivingWell Limited HDHP†	25.00	59.58	248.32	297.96	27.78*		LivingWell Limited HDHP	634.48	900.76
† You must agree to the LivingWell Promise									



Plan Year 2021 RETIREE HEALTH INSURANCE ENROLLMENT/CHANGE 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		
Reason(s) for Application: <input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Retiree <input type="checkbox"/> Returning Retiree <input type="checkbox"/> Return to Work Retiree <input type="checkbox"/> Qualifying Event <input type="checkbox"/> Exception <input type="checkbox"/> Demographic Change		Qualifying Event: <input type="checkbox"/> Marriage <input type="checkbox"/> Birth/Adoption/Placement <input type="checkbox"/> Court Order for Child <input type="checkbox"/> Divorce <input type="checkbox"/> Death – Date: <input type="checkbox"/> Loss of Individual Health <input type="checkbox"/> Loss of Group Health		<input type="checkbox"/> Begin Medicare/Medicaid <input type="checkbox"/> End Medicare/Medicaid <input type="checkbox"/> Loss of KCHIP <input type="checkbox"/> Spouse/Dependent Starting Employment <input type="checkbox"/> Spouse/Dependent Terminating Employment <input type="checkbox"/> Special Enrollment <input type="checkbox"/> Other:	
				Termination: Coverage End date	

Section 2: Demographic Information - Changes or Current (Circle one)

Retiree's SSN	Retiree's Name (Last, First, MI)	Retiree's Date of Birth
Applicant's SSN	Applicant's Name (Last, First, MI) If plan holder is not the Retiree	Applicant's Date of Birth
Mailing Address		Primary Phone #
		Secondary Phone #
City, State Zip	Home County	Home Email Address
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Married: <input type="checkbox"/> Yes <input type="checkbox"/> No

***Required information for processing. Are you Medicare eligible due to Social Security disability? ☐ Yes ☐ No

Section 3: Spouse Information – Skip to Section 5 if electing single coverage - Changes or Current (Circle one)

Spouse's SSN	Spouse's Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
***Required information for processing. 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 - Changes or Current (Circle one)

*** Required information for processing. Are any Dependents Medicare eligible due to Social Security Disability? <input type="checkbox"/> Yes <input type="checkbox"/> 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"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain
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"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain
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"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain
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"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain

Retiree's SSN:		Applicant's SSN:				
Child #5 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"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain
Section 5: Tobacco Use Declaration Rules governing the Tobacco Use Declaration can be found in your Benefits Selection Guide or at kehpnky.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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your spouse, if covered under this plan, used tobacco regularly within the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have any children covered under this plan age 18 or older used tobacco regularly within the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Section 6: Coverage Level – Verification documents may be required; check with your Insurance Coordinator or HR office. Note: If adding newly covered dependents you may be required to provide verification documents to Alight, the dependent audit vendor. Alight will contact you if verification documents are required.						
<input type="checkbox"/> Single (self only)		<input type="checkbox"/> Parent Plus (self and child(ren))		<input type="checkbox"/> Couple (self and spouse)		<input type="checkbox"/> Family (self, spouse and child(ren))
Section 7: Plan Options – All plans require the LivingWell Promise to receive the monthly premium discount for the next plan year. Instructions on fulfilling your Promise can be found at LivingWell.ky.gov.						
<input type="checkbox"/> LivingWell CDHP <input type="checkbox"/> LivingWell PPO <input type="checkbox"/> LivingWell Basic CDHP <input type="checkbox"/> LivingWell Limited High Deductible <input type="checkbox"/> Default LivingWell Limited High Deductible – INSURANCE COORDINATOR USE ONLY <input type="checkbox"/> Waive Coverage, No HRA – without \$ Reason for Waiving: _____						
Section 8: Signatures – Please submit this application to your Company Insurance Coordinator – ADDRESS BELOW 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 kehpnky.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-If plan holder is not the retiree _____				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 _____		
Kentucky Retirement System 1260 Louisville Road Frankfort, KY 40601		Teachers' Retirement System 479 Versailles Road Frankfort, KY 40601		Judicial Retirement Plan Legislators Retirement Plan 305 Ann Street, Suite 302 Frankfort, KY 40601		