

**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.

Table of Contents

Quick Step Guide	3
Introduction to the TRS MEHP	
What Now?	4
What Are the Consequences of Not Enrolling in Medicare or MEHP?	4
Notice to Spouses.....	4
Monthly Cost of the MEHP	4
Medicare Explained	5
Higher-Income People	6
Description of the TRS MEHP	6
Benefit Booklets and ID Cards	6
Employment and Eligibility for TRS MEHP.....	6
Paperless Enrollment Instructions	7
KEHP (Pre-MEHP) Qualifying Event Paperless Application Instructions	8
Pathway Registration Instructions.....	9
Transitioning from KEHP.....	10
Do You Have Castlight Rewards Remaining?	10
Do You Have HRA Funds Remaining?	10
Are You Currently Covered by a Family, Couple or Parent Plus Plan?.....	10
Wellness Benefits.....	10
Know Your Rx Coalition.....	10
Coriell Life Sciences	10
TRS Personalized Medicine Program.....	11
UnitedHealthcare Benefit Highlights	12
UnitedHealthcare Statements of Understanding	15
Express Scripts Part D Prescription Flier.....	16
Facts About Your Medicare Part D Prescription Drug Coverage.....	18
If You Are Covered by a Family, Couple or Parent Plus Plan.....	20
Retiree Health Insurance Enrollment/Change Form.....	22

Quick Step Guide to MEHP Enrollment

If you are already receiving Social Security benefits, you will automatically be enrolled in Medicare Parts A & B and be sent a Medicare card. You should not have to contact Social Security to enroll in Medicare.

RETIREE GUIDE TO ENROLLING IN THE TRS MEHP

Step 1	<p>If not currently receiving Social Security benefits, contact your local Social Security office to enroll in Medicare. 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 a Part C or Part D plan 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 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 TRS Pathway member self-service 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>If not currently receiving Social Security benefits, contact your local Social Security office to enroll in Medicare. 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 a Part C or Part D plan 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 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 TRS Pathway member self-service at https://mss.trs.ky.gov/. The TRS retiree must be registered through Pathway to enroll the spouse in the MEHP online.</p>

The MEHP is a Medicare Advantage 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 MEHP one month early.**

TRS spouses that waive this coverage will NOT be permitted to enroll in the future unless they experience a valid 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 Original Medicare to be eligible to enroll in the MEHP. Paperless enrollment is recommended for enrolling in the MEHP. See section on paperless MEHP enrollment.

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 will not be enrolled in the TRS MEHP. Once enrolled in Medicare, if you discontinue your Medicare coverage, or your Medicare Part B coverage ends, 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, your next opportunity for enrollment is 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 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 2024 MEHP

Years of Service	TRS 1 (TRS Entry Date Before July 1, 2002)	TRS 2 (TRS Entry Date on or After July 1, 2002)	TRS 3 & 4 (TRS Entry Date on or After July 1, 2008)	Medicare-Eligible Spouses/Children Pay Full Monthly Premium of \$207
5-9.99	\$155.25	\$186.30	Not Eligible	
10-14.99	\$103.50	\$155.25	Not Eligible	
15-19.99	\$51.75	\$113.85	\$113.85	
20-24.99	\$0	\$72.45	\$72.45	
25-25.99	\$0	\$20.70	\$20.70	
26-26.99	\$0	\$10.35	\$10.35	
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. See the following page for ways to pay your Medicare premiums. Reciprocity retirees with service in TRS or any other Kentucky public pension plan should contact TRS to determine their rates.

MEDICARE EXPLAINED

Medicare is federal health insurance for people age 65 and older and for those under 65 who qualify because of a disability. There are two main ways to get your medical coverage when you turn 65 – Original Medicare and purchasing a supplemental plan, or a Medicare Advantage plan that combines Original Medicare and a supplemental plan into one plan. The MEHP is a Medicare Advantage medical plan and a Medicare Part D prescription drug plan. Read below to learn about the parts of Medicare and what is needed to enroll in the MEHP.

What is Original Medicare?

Medicare, also known as Original Medicare or traditional Medicare, refers to two parts of Medicare, Part A and Part B. You must enroll in Original Medicare to be eligible to enroll in the TRS MEHP. The details of enrolling in Part A & B are explained below.

Part A – Hospital Coverage - 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 – Doctor and Outpatient Services - *Everyone* must enroll in Part B and pay a monthly premium to Social Security. Contact Social Security to determine your 2024 Part B monthly premium, which was \$164.90 for the standard premium in 2023. In some cases, your Part B premium could be higher if you fail to enroll when you first become eligible or 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 or scan the QR Code to find out about the 4 ways to pay your Medicare Part B premium.



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.

What are the other parts of Medicare?

The other parts of Medicare that were introduced after Part A and B, known as Part C and Part D, are not considered Original Medicare. See the explanations below to understand how they factor into the TRS MEHP.

Part C – Medicare Advantage – A Medicare approved plan that is run by a private company that contracts with Medicare to provide all Part A and Part B benefits. You must sign up for Original Medicare to enroll in a Medicare Advantage plan. UnitedHealthcare (UHC) for TRS is the Medicare Advantage plan provider for health care coverage through the MEHP. When you enroll in Medicare A, B & get C through TRS, you do not have to get a supplemental plan.

Part D – Prescription Drug Coverage - Drug coverage available to anyone who is enrolled in at least one part of Original Medicare. Express Scripts Medicare[®](PDP) for TRS is the Medicare Part D prescription drug coverage through the MEHP.

If you enroll in another Medicare Advantage plan or another Medicare Part D plan outside of TRS, your MEHP will be terminated. Upon termination, you may be ineligible for future re-enrollment.

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.

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. Like all Medicare health plans, this UHC MA plan covers everything Original Medicare covers. This plan has an annual medical deductible of \$150, an annual out-of-pocket maximum of \$1,200, and all Medicare preventive services are covered at 100%. 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, call the Know Your Rx Coalition at 855-218- 5979 to speak to a pharmacist. 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.

Reminders: You must enroll in Original Medicare to be eligible to enroll in the TRS MEHP. And, after your MEHP enrollment, if you enroll in another MA or Part D plan outside of TRS, 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.

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 retiree.uhc.com/trs and express-scripts.com.

Employment and Eligibility for TRS MEHP

Retirees and/or spouses eligible for employer health insurance coverage are **not** eligible for TRS coverage and cannot enroll until employer insurance is no longer available.

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*.
- 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.

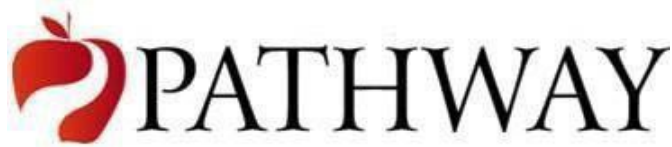
Instructions for MEHP paperless application

1. Retiree must log into Pathway at <https://mss.trs.ky.gov/> for retiree or spouse MEHP enrollment.
2. If the option is given, select "Retired Account" to proceed.
3. Click "View Your Medical Insurance."
4. Click "Create New Insurance Applications."
5. Select the "Turning 65 Application."
6. 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.)
7. Select Applicant Relationship for the person turning 65: Retiree, Spouse or Disabled Child.
8. Select if you wish to waive coverage or not. If waiving, give reason.
9. Click "Save & Next."
10. Complete Applicant Information. The applicant is the one enrolling in MEHP coverage. An asterisk (*) indicates required information (disregard "Suffix" if not applicable). We recommend providing all available applicant information to keep your account updated.
11. 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.
12. 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.
13. Click "Save & Next."
14. Enter Medicare Information:
 - Enter your 11-digit Medicare Claim Number obtained from your Medicare card or from your my Social Security account at ssa.gov.
 - Enter effective date of Hospital (Part A) coverage. (Required for Spouses, Retirees 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 any additional questions as prompted.
15. Click "Save & Next."
16. Upload or mail copy of your Medicare card or Social Security letter showing Medicare enrollment if you have it.
 - 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.
17. Click "Save & Next."
18. Review the enrollment information on the Review Summary page.
19. If the information is correct, check the box indicating you confirm that you have read and agree to the terms of the Authorization Information.
20. Answer any additional questions as prompted.
21. 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.) If completing immediately after MEHP application, skip to No. 6.

1. Retiree must log into Pathway at <https://mss.trs.ky.gov/> to enroll the under 65 spouse and dependents.
2. If the option is given, select the “Retired Account” to proceed.
3. Click “View Your Medical Insurance.”
4. Click “Create New Insurance Applications.”
5. Select the “Qualifying Event Application.”
6. Under Kentucky Employees’ Health Plan (Pre-MEHP) Applications, select New.
7. Date of Qualifying Event can be populated as the first day of the month the retiree turns 65 (or first day of month prior to retiree’s birth month if birthday is on the first day of a month).
8. Enter Applicant Relationship as spouse, unless already auto populated.
9. 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 “Turning Age 65 (Retiree)”, unless already auto populated.
10. Click “Save & Next.”
11. Complete all demographic information for the spouse applicant that is continuing KEHP coverage.
12. Click “Save & Next.”
13. Add dependents only if you were on a Family plan and must drop to a Parent Plus plan. Otherwise, click “Save & Next.”
14. Choose Plan Option and Coverage Level from the dropdown boxes, and check box agreeing to LivingWell Promise.
15. Click “Save & Next.”
16. 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, if box is present.
17. Click “Save & Next.”
18. Review the Summary, check the Authorization box, and click Complete this Insurance Application.



Registration Instructions

You'll need	Your current email (which must be on file at TRS)
	Your TRS ID (on statements, correspondence)

1. Go to Pathway at <https://mss.trs.ky.gov/>
2. To begin registration – Click “**Register**”
3. Enter your TRS ID (keep it handy as you will need to type this again later) and last four digits of Social Security number – Click “**Register**”
4. An email with a **temporary password** has been sent to the email address you have on file with TRS. Open the email and copy the password. You may click the link in the email to return to Pathway.
5. Click “**Login**”
6. Type your **TRS ID** (omitting dashes) – Click “**Next**”
7. Paste or enter **temporary password** – Click “**Verify**”
8. You’re told the temporary password has expired and are asked to enter a **new password** – Enter and reenter a new password and click “**Change Password**”
9. Click to select how you want to verify your identity, by email or phone. (If phone, then select voice call or text.) Then click the next link shown to be sent a verification code (codes expire in five minutes)
10. This step depends on the option chosen:
 - If you selected email, open the email and either
 - click the link in the email **or**
 - copy verification code and then, where Pathway is open, click “enter a verification code instead,” paste or enter the code and click “**verify**”
 - If you selected phone, enter the security code in the box and click “**Verify**”
11. Check the “**I agree to the above terms of use**” – Click “**Continue**”

You have completed registration for Pathway and can refer to “Instructions for MEHP paperless application” on previous page to begin the paperless MEHP enrollment process.

For future access after registering, log in by entering your TRS ID, password and steps 9 and 10.

- *If you previously registered for Pathway, the process has changed to improve security. Previous users need to reregister once using the steps above.*
- *Can't find your TRS ID? Call 800-618-1687 during business hours.*

TRANSITIONING FROM KEHP (NON-MEDICARE) TO MEDICARE COVERAGE

Do you have Castlight rewards remaining?

Don't forget you may have unused rewards left with your Castlight wellness program. Contact Castlight at 800-681-6758 to see if you need to redeem any rewards before your Kentucky Employees' Health Plan (KEHP) terminates. You can also download the Castlight app or visit mycastlight.com/mybenefits to check your rewards.

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 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.

WELLNESS BENEFITS



The Know Your Rx Coalition pharmacists provide personalized support to help TRS retirees manage prescription costs and make the most of their TRS prescription benefits.

Contact them at 855-218-5979 with questions about prescriptions, including drug or food interactions, side effects, potential cost-saving strategies and options that may make refilling prescriptions easier and more convenient.

CORIELL LIFE SCIENCES Free personalized medicine program for MEHP enrollees

Medications do not work in the same way for everyone. The results of your DNA test from Coriell Life Sciences (CLS) offer genetic information that will empower you and your doctors to make the right medication decisions for you based on your DNA—from the comfort of your home.

Benefits of DNA testing include

- Reducing adverse drug reactions
- Reducing unwanted side effects
- Improving how you feel everyday

Contact CLS at 888-454-9024 or at www.coriell.com/trs to request a free DNA kit and medication review by the Know Your Rx Coalition pharmacists. Additional program information can be found on the following page.



Personalized Medicine Program for Retired Teachers of Kentucky

MEHP members can enroll in this TRS program for free!

10,000+ of your retired teacher peers have already participated.

Medications do not work in the same way for everyone.

The results of your DNA test from Coriell Life Sciences offer genetic information that will empower you and your doctors to make the right medication decisions for you based on your DNA—from the comfort of your home.

Benefits of DNA testing include:

- Reducing adverse drug reactions
- Reducing unwanted side effects
- Improving how you feel everyday



After turning 65, contact CLS at **888-454-9024** or at **www.coriell.com/trs** to request a free DNA kit.



CORIELL



Benefit Highlights

UnitedHealthcare® Group Medicare Advantage (PPO)

Plan Sponsor: Teachers' Retirement System of the State of Kentucky

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

 retiree.uhc.com/trs

United
Healthcare



This is a short summary of your plan benefits and costs. See your Summary of Benefits for more information. Or review the Evidence of Coverage for a complete description of benefits, limitations, exclusions and restrictions. Benefit limits and restrictions are combined in- and out-of-network.

Plan costs

	In-network and out-of-network
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$150 for this plan year.
Annual out-of-pocket maximum (the most you pay in a plan year for covered medical care)	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,200 for this plan year.
Doctor's office visit	
Primary care provider (PCP)	4% coinsurance
Specialist	4% coinsurance
Virtual visits	\$0 copay
Preventive services Medicare-covered	\$0 copay
Inpatient hospital care	\$200 copay per stay
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$80 copay per day: days 21-100
Outpatient surgery and hospital services	4% coinsurance
Outpatient rehabilitation Physical, occupational, or speech/ language therapy	4% coinsurance
Outpatient mental health	
Group therapy	4% coinsurance
Individual therapy	4% coinsurance
Virtual visits	4% coinsurance
Diagnostic radiology services such as MRIs, CT scans	4% coinsurance
Lab services	\$0 copay
Outpatient X-rays, diagnostic tests and procedures	4% coinsurance
Therapeutic radiology services such as radiation treatment for cancer	4% coinsurance
Ambulance	4% coinsurance
Emergency care	\$120 copay (worldwide)
Urgently needed services	\$25 copay (worldwide)

Additional benefits

	In-network and out-of-network
Routine physical	\$0 copay; 1 per plan year*
Foot care – routine	\$0 copay, 6 visits per plan year*
UnitedHealthcare Healthy at Home post-discharge program	\$0 copay for 28 meals, 12 rides (one-way), and 6 hours of non-medical personal care up to 30 days following all inpatient and SNF discharges. Referral required.
Diabetes support program premium	<p>\$0 copay for the following services if you qualify for the diabetes support program and complete the required health care activities: a choice of either pest control services, 12 hours of non-medical personal care, or 1 housekeeping service</p> <p>*Coverage is offered though a special supplemental benefit. Not all members will qualify.</p>
Hearing – routine exam	\$0 copay, 1 exam per plan year*
Hearing aids	Plan pays up to a \$500 allowance for hearing aids (combined for both ears) every 3 years*.
Vision – routine eye exam	\$0 copay, 1 exam every plan year*
Fitness program Renew Active® by UnitedHealthcare	\$0 copay for a standard gym membership at participating locations
24/7 Nurse Support	Receive access to nurse consultations and additional clinical resources at no additional cost.
Personal emergency response system (PERS) Lifeline	\$0 copay for a personal emergency response system.
Rally Coach™ programs	<p>\$0 copay for the Rally Coach™ Programs: Real Appeal® Weight Management, Real Appeal Diabetes Prevention, Wellness Coaching and a tobacco cessation program.</p> <p>*Refer to your Evidence of Coverage for eligibility requirements.</p>
Steady Together	<p>\$0 copay for the following services if you qualify for the Steady Together program and enroll in the fall prevention exercise program:</p> <ul style="list-style-type: none"> • 8 hours per month of in-home personal care for 6 months following program enrollment • Access to an advanced care planning tool up to 12 months following program enrollment <p>*Coverage is offered through a special supplemental benefit. Not all members will qualify.</p>

Statements of Understanding

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

- ✓ **This is a Medicare Advantage plan contracted 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 continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or 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 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 enroll in a different Medicare Advantage plan, I will be automatically disenrolled from this plan.
- If I disenroll from this plan, I will be automatically transferred to Original Medicare.
- 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 502-573-0199.

- ✓ **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.

- ✓ **For members of the Group Medicare Advantage plan.**

I understand that when my coverage begins, I must get all of my medical benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.

- ✓ **I give consent for all entities under UnitedHealthcare, its affiliates, and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided using an autodialer and/or prerecorded voice.**



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 (excluding Kroger)
- 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 at Express Scripts

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 at least a 14-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 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 2024 Prescription Program

STAGE	TIER	IN-NETWORK RETAIL PHARMACY (0-90 DAY SUPPLY)	EXPRESS SCRIPTS HOME DELIVERY (90-DAY SUPPLY)
<p>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.</p>		\$150	\$0
<p>Stage 2: Initial Coverage Stage You pay a copayment or coinsurance for your Part D drugs until your total out-of-pocket costs reach \$5,030.</p>	Tier 1: Generic Drugs	20% of drug cost	\$10 copay
	Tier 2: Preferred Drugs (includes brand and generic)	20% of drug cost	\$20 copay
	Tier 3: Non-Preferred Drugs (includes brand and generic)	50% of drug cost	50% of drug cost
	Preferred Insulin	20% of drug cost (\$35/month cap)	\$20 copay
	Non-Preferred Insulin	50% of drug cost (\$35/month cap)	50% of drug cost (\$35/month cap)
	Specialty drugs purchased from Accredo (limited to a one-month supply) Generics \$3.33 copay Brands \$6.66 copay		
<p>Stage 3: Coverage Gap Stage</p>	<p>After your total yearly drug costs reach \$5,030, 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 \$8,000.</p>		
<p>Stage 4: Catastrophic Coverage Stage</p>	<p>After your total out-of-pocket costs exceed \$8,000 you pay zero for covered medications.</p>		

Call 855-218-5979 to speak to a Know Your Rx Coalition pharmacist to discuss the cost of your medications on the TRS MEHP.

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 not sponsored by Teachers' Retirement System of the State of Kentucky (TRS), 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 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 8 a.m. and 7 p.m., Monday through Friday to speak with a representative. Automated messages are available 24 hours a day. TTY users should call 1.800.325.0778.

Release of Information

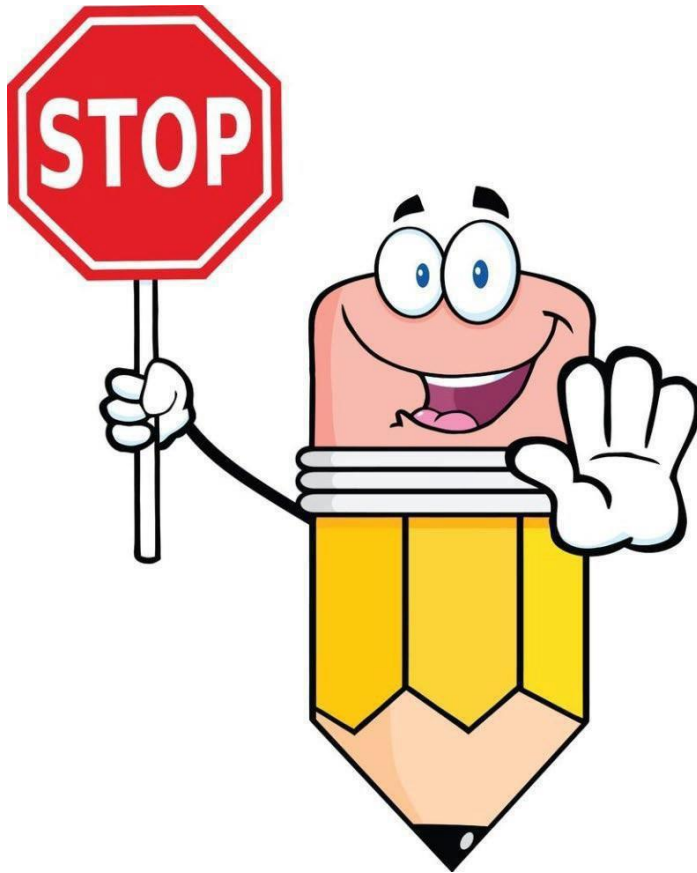
By joining this Medicare prescription drug plan, you acknowledge that Express Scripts Medicare will release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. You also acknowledge that Express Scripts Medicare will release your information, 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 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 TRS Pathway member self-service at <https://mss.trs.ky.gov/>. See section on paperless enrollment and review the KEHP Rate Chart at <https://trs.ky.gov/retired-members/under-age-65/> when necessary.

1. If you are currently covering dependents under a **PARENT PLUS PLAN**, you will receive a separate COBRA packet for them from 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	\$938.76	\$1,277.28
LivingWell PPO	\$957.04	\$1,328.40
LivingWell Basic CDHP	\$909.04	\$1,242.80

- 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 KEHP Rate 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 KEHP Rate 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 KY Public Pensions Authority (KPPA) retiree, 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 through KPPA, your spouse must contact KPPA 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** and you are retired from KPPA and turning 65, you will need to contact KPPA at 800-928-4646 for an enrollment form to enroll in a Medicare plan through KPPA. 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 KEHP Rate 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.

PLAN YEAR 2024 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"/> KPPA 80000 10006416		<input type="checkbox"/> TRS 85000 10006418		<input type="checkbox"/> KTCRS 81000 10006417		<input type="checkbox"/> JRP 86000 10006419		<input type="checkbox"/> LRP 87000 10006420		<input type="checkbox"/> KPPA RTW 80100 10006464					
KPPA Only:		<input type="checkbox"/> KPPA - KERS			<input type="checkbox"/> CERS – Oth. Ag			<input type="checkbox"/> KPPA – SPRS							
Reason(s) for Application:				Qualifying Event:				Termination:							
<input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Retiree <input type="checkbox"/> Returning Retiree <input type="checkbox"/> Applicant becomes the PH <input type="checkbox"/> Qualifying Event <input type="checkbox"/> Exception <input type="checkbox"/> Demographic Change <input type="checkbox"/> Termination				<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"/> Spouse turned 65				<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:				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? <input type="checkbox"/> Yes <input type="checkbox"/> 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).									
KPPA Only:		<input type="checkbox"/> KPPA - KERS			<input type="checkbox"/> CERS – Oth. Ag		<input type="checkbox"/> KPPA - 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 Orderer	<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 Orderer	<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 Orderer	<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 Orderer	<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 #5 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Orderer	<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:

Section 5: Tobacco Use Declaration Rules governing the Tobacco Use Declaration can be found in your Benefits Selection Guide or at kehp.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? <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 If yes, who?
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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))
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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.

LivingWell CDHP
 LivingWell PPO
 LivingWell Basic CDHP
 Default LivingWell Basic CDHP (no HRA funds) – INSURANCE COORDINATOR USE ONLY
 Waive Coverage, No HRA – without \$ Reason for Waiving: _____

Section 8: Signatures – Please submit this application to your retirement agency 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 kehp.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-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 Public Pensions Authority
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