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

PATHWAY https://mss.trs.ky.gov **KyTeachersRS** **facebook.com/KyTeachersRS**

2027

A message from Teachers' Retirement System

Happy 65th birthday and welcome to the Medicare Eligible Health Plan (MEHP) sponsored by the Teachers' Retirement System of the State of Kentucky (TRS). TRS 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

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	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. • 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	Use your Medicare number obtained from either your Medicare card or from your *my* Social Security account at ssa.gov to complete your MEHP enrollment form.
Step 3	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/.
Step 4	If you're currently covering dependents, you must complete a Kentucky Employees' Health Plan (KEHP) retiree enrollment form to continue coverage for remaining dependents. When doing this through Pathway, the MEHP enrollment must be completed first.

SPOUSE GUIDE TO ENROLLING IN THE TRS MEHP	
Step 1	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. • Enroll in Medicare Part A and Part B. • Do not enroll in a Part C or Part D plan because the TRS MEHP provides it.
Step 2	Use your Medicare number obtained from either your Medicare card or from your *my* Social Security account at ssa.gov to complete your MEHP enrollment form.
Step 3	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.

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 2027 MEHP

Years of Service	TRS 1 (TRS Entry Date Before July 1, 2002)	TRS 2 (TRS Entry Date on or Between July 1, 2002 and June 30, 2008)	TRS 3 & TRS 4 (TRS Entry Date on or After July 1, 2008)	Medicare-Eligible Spouses and Children Pay Full Monthly Premium of $200
5-9.99	$150.00	$180.00	Not Eligible	
10-14.99	$100.00	$150.00	Not Eligible	
15-19.99	$50.00	$110.00	$110.00	
20-24.99	$0	$70.00	$70.00	
25-25.99	$0	$20.00	$20.00	
26-26.99	$0	$10.00	$10.00	
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 2027 Part B monthly premium, which was $202.90 for the standard premium in 2026. 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. Humana 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 Teachers' Retirement System of the State of Kentucky (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 Humana 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 Humana directly. Like all Medicare health plans, this Humana 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 Humana ID card and have them file claims directly with Humana 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 Humana 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.

Welcome Kits and ID Cards

After your coverage begins you will receive welcome kits from Humana 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 Humana and Express Scripts have processed your enrollment, you can access a letter of medical coverage or print a temporary ID card by registering at your.Humana.com/trsky and express-scripts.com.

Employment and Eligibility for TRS MEHP

Retirees and spouses working and eligible for health insurance through an employer that participates in one of the Kentucky state retirement systems are not eligible for health insurance through TRS.

Paperless Enrollment Instructions

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 on the following page.
- 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.

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 next 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.*

Paperless Medicare Eligible Health Plan (MEHP) Enrollment

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 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 "Choose Files" 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. (Note: Click "yes" if needing to complete an additional insurance application to continue coverage for family members currently on KEHP Couple or Family plans and follow the instructions on the following page.)
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.) Must be completed directly following MEHP application.

1. Under Kentucky Employees' Health Plan (Pre-MEHP) Applications, select New.
2. 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).
3. Enter Applicant Relationship as spouse, unless already auto populated.
4. 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.
5. Click "Save & Next."
6. Complete all demographic information for the spouse applicant that is continuing KEHP coverage.
7. Click "Save & Next."
8. Add dependents only if you were on a Family plan and must drop to a Parent Plus plan. Otherwise, click "Save & Next."
9. Choose Plan Option and Coverage Level from the dropdown boxes, and check box agreeing to LivingWell Promise.
10. Click "Save & Next."
11. 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.
12. Click "Save & Next."
13. Review the Summary, check the Authorization box, and click Complete this Insurance Application.

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

KNOW YOUR Rx COALITION

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.

InformedDNA® Genetics, Decoded

Free personalized medicine program for MEHP enrollees

Medications do not work in the same way for everyone. The results of your DNA test from InformedDNA 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 them at 888-454-9024 or at enroll.dnaimpact.com/trsky 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 InformedDNA 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

KNOW YOUR Rx COALITION

InformedDNA® Genetics, Decoded

After turning 65, contact InformedDNA at **888-454-9024** or at **enroll.dnaimpact.com/trsky** to request a free DNA kit.

TEACHERS' Retirement System TRS KENTUCKY

Humana. | TRS KENTUCKY

2027 Humana Group Medicare Plan Highlights

Medical benefits at-a-glance[1]	**Humana Group Medicare Advantage PPO plan** In- and Out-of-Network Copay/Coinsurance (This is the amount you'll pay)
Annual deductible	$150 (combined in- and out-of-network)
Annual maximum out-of-pocket	$1,200 (combined in- and out-of-network)
Hospital & Skilled Nursing Care	
Acute inpatient hospital care	$200 per admit
Skilled nursing facility (SNF)	• $0 copay per day for days 1-20 • $80 copay per day for days 21-100
Doctor Office Visits	
Primary care provider (PCP)	4% of the cost
Primary care provider (PCP-Telehealth)[2]	$0 copay
Specialists	4% of the cost
Preventive Care	
Preventive Care	Covered at no cost
Annual Wellness Visit, flu vaccine, Medicare-covered screenings	Covered at no cost
Emergency Care	
Emergency room	$120 copay for Medicare-covered emergency room visit(s)
Urgently needed services at Urgent Care Center	$25 copay
Ambulance	4% of the cost
Diagnostic Services, Labs & Imaging	
Advanced imaging services (MRI, MRA, PET and CT Scan)	4% of the cost
Diagnostic procedures and tests[3]	4% of the cost
Outpatient x-rays[3]	4% of the cost
Radiation therapy	4% of the cost
Lab services	0% of the cost
Diabetes Services and Supplies	
Diabetes monitoring supplies	0% of the cost
Diabetic shoes and inserts	4% of the cost
Rehabilitation	
Occupational, Physical or Speech therapy	4% of the cost

Medical benefits at-a-glance[1]	**Humana Group Medicare Advantage PPO plan** In- and Out-of-Network Copay/Coinsurance (This is the amount you'll pay)
Mental Health Services	
Outpatient group and individual therapy visits at Primary care provider (PCP) or Specialist's office	4% of the cost
Other Benefits	
Routine hearing[4]	• $0 copay for routine hearing exams up to 1 per year (includes hearing aid fitting). • $0 copay for follow-up provider visits up to 3 per year. • $500 maximum benefit coverage amount for each hearing aid(s) (all types) up to 1 per ear every 3 years. Note: Includes 3 years of batteries per non-rechargeable aid (up to 60 cells per ear, per year) and 3 year warranty. • Three follow-up provider visits during first year following hearing aid purchase, with the original provider.
Routine foot care (Podiatry)	• $0 copay for routine podiatry visits up to 6 combined in- and out-of-network visit(s) per year. • Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
Routine vision[5] EyeMed is the In-Network provider for the routine vision benefit. Contact Customer Care to locate a provider.	$0 copay for routine exam (includes refraction) up to 1 per year

Medical benefits at-a-glance[1]	**Humana Group Medicare Advantage PPO plan** In- and Out-of-Network Copay/Coinsurance (This is the amount you'll pay)

Post-Discharge Services[4]	• $0 copay per discharge event following each inpatient or skilled nursing facility stay:
	  • Assistance from a qualified aid to help perform activities of daily living within the home. Minimum of 4 hours per day, up to a maximum of 8 hours. Types of assistance include bathing, dressing, toileting, walking, eating and preparing meals.
	  • 2 meals per day for 14 days, up to 28 meals delivered to your door.
	  • Transportation up to 12 one-way trips to plan approved locations by rideshare services, car, van or wheelchair accessible vehicle.
	• In-network services must be scheduled by approved vendors, scheduled within 30 days of discharge event and utilized within 60 days of discharge.

Personal Emergency Response System (PERS)[4]	• $0 copay for either an On the Go Mobile personal help button or an On the Go Mobility personal help button. Both function in and out of the home. • On the Go uses two way voice communication & five location seeking technologies to send help quickly to wherever the member is located. • On the Go mobile device offers fall detection remotely activated/deactivated, up to 5 days of battery life, location services, and wandering. • Accommodation for Pacemakers and Implanted Devices when worn at the waist with free leather pouch and auto fall detection deactivated.
Extra Benefits	
Fitness and Wellness[4] Live a healthier, more active life through fitness and social connection at participating SilverSneakers® locations and online.	$0 copay
Health Education Services[4] Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.	$0 copay

[1]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. For a complete list of services we cover, refer to the "Evidence of Coverage."

[2]You have the option of getting these services either through an in-person visit or by telehealth. If you choose to get one of these services by telehealth, you must use a network provider who offers the service via telehealth.

[3]$25 copay at urgent care center

[4]Out-of-Network: Other/Extra benefits are either 95% coinsurance or not covered.

[5] Out-of-Network: $0 copay for routine exam (includes refraction) up to 1 per year. $175 combined maximum benefit coverage amount per year for routine exam (includes refraction). Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: **Humana.com/PAL**.

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **866-307-2494 (TTY: 711)** for more information.

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

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your Evidence of Coverage for additional details on what your plan may cover or other rules that may apply.

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EVERNORTH HEALTH SERVICES

Express Scripts® Medicare (PDP)

TEACHERS' Retirement System TRS KENTUCKY

KNOW YOUR Rx COALITION

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 – Call to speak to a pharmacist to discuss the cost of your medications on the TRS MEHP.
- A national network of over 60,000 pharmacies
- Home delivery for your medications through Express Scripts Pharmacy®
- Accredo Pharmacy for your specialty medications

How to Get Prescriptions from Express Scripts

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 retail pharmacist each time you fill a prescription at a retail pharmacy. The retail pharmacy program includes a deductible of $150. To avoid the $150 deductible, use the home delivery program to save you time and money. The home delivery program does not have a deductible, like retail does. You can obtain up to a 90-day supply of medication for a flat copayment, with no deductible. See reverse side for details.

Home Delivery through Express Scripts Pharmacy®: Call a Know Your Rx Coalition pharmacist at 855-218-5979 to discuss getting set up on the home delivery program and/or managing prescription refills. The fastest way to get a new prescription is to have your doctor submit it electronically. Or you may submit a written prescription from your doctor, along with a completed home delivery form from the Express Scripts website. To place a refill of your home delivery medication, contact Express Scripts by visiting express- scripts.com to create a member account, or by calling 877-866-5834. Ensure you have at least a 10-day supply of medication on hand when moving from your current plan to the MEHP.

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 2027 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.		**$150 deductible at retail** You are responsible for 100% of the drug cost until it reaches $150 then you enter Stage 2 below.	**$0 deductible at home delivery** There is no deductible stage at mail order. Your drug costs are shown in Stage 2 below.
Stage 2: Initial Coverage Stage You pay a copayment or coinsurance for your Part D drugs until your total out-of-pocket costs reach $2,100.	**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 30-day supply) **Generics** $3.33 copay **Brands** $6.66 copay		
Stage 3: Catastrophic Coverage Stage	After your total out-of-pocket costs exceed $2,400 you pay zero for covered Part D medications.		

***All specialty drugs dispensed are limited to a 30-day supply**

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 national or eligible noncitizen 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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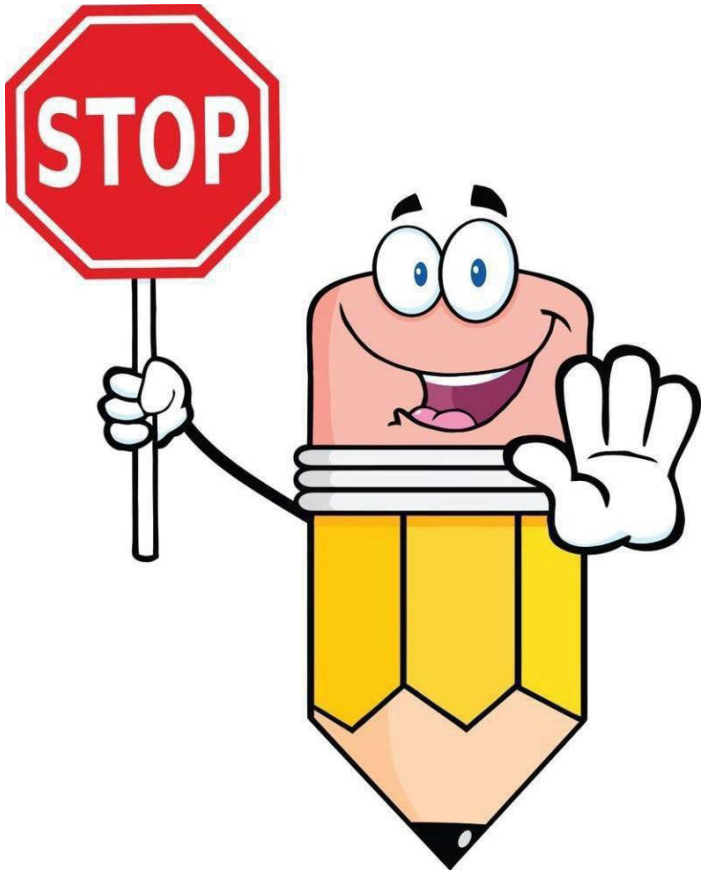

Proceed ONLY if you are currently covered by a:

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	$1,188.36	$1,601.42
LivingWell PPO	$1,202.82	$1,637.42
LivingWell Basic CDHP	$1,156.62	$1,574.74
LivingWell High Deductible HP	$1,074.32	$1,462.28

   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.

Kentucky Employees' Health Plan
Department of Employee Insurance
KPPA 800-928-4646; TRS 800-618-1687; LRP/JRP 502-564-5310

TEAM KENTUCKY PERSONNEL CABINET | Kentucky Employees' Health Plan

PLAN YEAR 2027 RETIREE HEALTH INSURANCE ENROLLMENT/CHANGE FORM

Section 1: To Be Completed by Insurance Coordinator

KHRIS Personnel Number	Hazardous Duty ☐	Date of Retirement	Qualifying Event Date	Coverage Effective Date

☐ KPPA 80000 10006416	☐ TRS 85000 10006418	☐ KCTCRS 81000 10006417	☐ JRP 86000 10006419	☐ LRP 87000 10006420	☐ KPPA RTW 80100 10006464

KPPA Only:	☐ KPPA - KERS	☐ CERS – Oth. Ag	☐ KPPA – SPRS

Reason(s) for Application:
- ☐ Open Enrollment
- ☐ New Retiree
- ☐ Returning Retiree
- ☐ Applicant becomes the PH
- ☐ Qualifying Event
- ☐ Exception
- ☐ Demographic Change
- ☐ Termination

Qualifying Event:
- ☐ Marriage
- ☐ Birth/Adoption/Placement
- ☐ Court Order for Child
- ☐ Divorce
- ☐ Death – Date:
- ☐ Loss of Individual Health
- ☐ Loss of Group Health
- ☐ Spouse turned 65
- ☐ Begin Medicare/Medicaid
- ☐ End Medicare/Medicaid
- ☐ Loss of KCHIP
- ☐ Spouse/Dependent Starting Employment
- ☐ Spouse/Dependent Terminating Employment
- ☐ Special Enrollment
- ☐ Other:

Termination:
Coverage End date

Section 2: Demographic Information - Changes or Current

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: ☐Male ☐Female Married: ☐Yes ☐No

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

Race/Ethnicity Data: The Commonwealth of Kentucky does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, gender identity or expression, ancestry, age, pregnancy or related medical condition, marital or familial status, disability, veteran status, political affiliation, or genetic information, in accordance with state and federal laws. **Completion of the questions below is OPTIONAL and will NOT affect the terms or conditions of your medical coverage or your eligibility for medical coverage.** The federal government strongly encourages employers and health plans to collect social data about individuals to better identify environmental and personal conditions that affect a wide range of health and quality-of-life outcomes. **This data will be kept private and used only to help the Commonwealth of Kentucky better understand how to provide healthcare services to you.** *Please select the one category with which you identify:*

☐Hispanic or Latino ☐ White (Non-Hispanic or Latino) ☐Black or African American (Non-Hispanic or Latino) ☐Asian (Non-Hispanic or Latino) ☐Native Hawaiian or Other Pacific Islander (Non-Hispanic or Latino) ☐American Indian or Alaska Native (Non-Hispanic or Latino) ☐Two or More Races ☐Prefer Not to Answer

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

Spouse's SSN	Spouse's Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	☐Male ☐Female	☐Add ☐ Drop ☐Remain

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

☐ I wish to utilize the Cross-reference payment option (two members, married with children). ***Not available to new retirees (new to KEHP) after 1/1/2025***

KPPA Only:	☐ KPPA - KERS	☐ CERS – Oth. Ag	☐ 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

*** Required information for processing.
Are any Dependents Medicare eligible due to Social Security Disability? ☐ Yes ☐ No

If yes, who?

Child #1 SSN	Name (Last, First, MI)	☐ Natural ☐ Adopted ☐ Court Ordered ☐ Foster ☐ Step ☐ Disabled	Date of Birth	☐Male ☐Female	☐Add ☐ Drop ☐Remain

Child #2 SSN	Name (Last, First, MI)	☐ Natural ☐ Adopted ☐ Court Ordered ☐ Foster ☐ Step ☐ Disabled	Date of Birth	☐Male ☐Female	☐Add ☐ Drop ☐Remain

Retiree's SSN: **Applicant's SSN:**

Child #3 SSN	Name (Last, First, MI)	☐ Natural ☐ Foster ☐ Adopted ☐ Step ☐ Court Ordered ☐ Disabled	Date of Birth	☐Male ☐Female	☐Add ☐ Drop ☐Remain
Child #4 SSN	Name (Last, First, MI)	☐ Natural ☐ Foster ☐ Adopted ☐ Step ☐ Court Ordered ☐ Disabled	Date of Birth	☐Male ☐Female	☐Add ☐ Drop ☐Remain
Child #5 SSN	Name (Last, First, MI)	☐ Natural ☐ Foster ☐ Adopted ☐ Step ☐ Court Ordered ☐ Disabled	Date of Birth	☐Male ☐Female	☐Add ☐ Drop ☐Remain

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? ☐Yes ☐No	Has your spouse, if covered under this plan, used tobacco regularly within the past 6 months? ☐Yes ☐ No	Have any children covered under this plan age 18 or older used tobacco regularly within the past 6 months? ☐Yes ☐No If yes, who?

Section 6: Coverage Level –

Note: If adding newly covered dependents you will be contacted later to provide dependent verification documents to our dependent eligibility audit vendor.

☐ Single (self only)	☐ Parent Plus (self and child(ren))	☐ Couple (self and spouse)	☐ 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 kehp.ky.gov in the Benefits Selection Guide.

☐ LivingWell CDHP
☐ LivingWell PPO
☐ LivingWell Basic CDHP
☐ LivingWell High Deductible Health Plan
☐ Default Waiver w/o HRA (no HRA funds) – INSURANCE COORDINATOR USE ONLY
☐ Waive Coverage No HRA (no HRA funds) 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