

2015 KEHP (Under Age 65 and NOT Medicare Eligible) RATE CHART (EFFECTIVE 1/1/2015-12/31/2015)

Reciprocity retirees with service in KTRS and KRS should contact KTRS for computation of their rates.

1. Plan Cost

Select one. This is the full monthly premium rate of your plan before contributions and subsidies are paid.

NOTE: If only the spouse is applying for this coverage, add \$6.58 to the Plan Cost you choose. This is your monthly premium.

	Single	Parent Plus	Couple	Family	Family Cross-Reference
LivingWell CDHP†	\$689.28	\$950.62	\$1,282.84	\$1,432.06	\$795.64*
LivingWell PPO†	\$708.56	\$1,007.46	\$1,543.58	\$1,716.92	\$851.66*
Standard PPO	\$665.40	\$946.88	\$1,451.56	\$1,615.30	\$800.28*
Standard CDHP	\$650.92	\$913.28	\$1,406.14	\$1,566.20	\$777.90*

†You must AGREE to the LivingWell Promise

*Per employee/retiree

ENTER
\$
Plan Cost

2. Shared Responsibility

KEHP enrolled retirees are required to pay the Standard Medicare Part B premium equivalent.

Select the graph that applies to the date you **entered** KTRS (not the date you retired) and your total service at retirement.

If you began working in a KTRS covered position:

PRIOR to 7/1/2002
and you have:

Years of Service	Enter:
5-9.99	\$26.23
10-14.99	\$52.45
15-19.99	\$78.68
20 or more	\$104.90

ON or AFTER 7/1/2002
and you have:

Years of Service	Enter:
5-9.99	\$10.49
10-14.99	\$26.23
15-19.99	\$47.21
20-24.99	\$68.19
25-25.99	\$94.41
26-26.99	\$99.66
27 or more	\$104.90

ON or AFTER 7/1/2008
and you have:

Years of Service	Enter:
Less than 15	Not Eligible
15-19.99	\$47.21
20-24.99	\$68.19
25-25.99	\$94.41
26-26.99	\$99.66
27 or more	\$104.90

ADD
\$
Shared Responsibility

**This amount is an estimate and may change depending on the actual Part B premium, which has not been released at this time.*

3. Service Credit

KTRS provides a contribution for retirees based on the years of service at retirement.

Subtract the amount that applies to the date you **entered** KTRS (not the date you retired), your total years of service at retirement, and the selection you made in Step 1.

If you began working in a KTRS covered position:

PRIOR to 7/1/2002 and you have:

Years of Service	You selected:			
	<u>Single LivingWell CDHP Or ANY Non-Single Plan</u> Enter:	<u>Single LivingWell PPO</u> Enter:	<u>Single Standard PPO</u> Enter:	<u>Single Standard CDHP</u> Enter:
5-9.99	-\$160.33	-\$157.15	-\$154.36	-\$159.49
10-14.99	-\$320.65	-\$314.29	-\$308.71	-\$318.97
15-19.99	-\$480.98	-\$471.44	-\$463.07	-\$478.46
20 or more	-\$641.30	-\$628.58	-\$617.42	-\$637.94

ON or AFTER 7/1/2002 and you have:

Years of Service	You selected:			
	<u>Single LivingWell CDHP Or ANY Non-Single Plan</u> Enter:	<u>Single LivingWell PPO</u> Enter:	<u>Single Standard PPO</u> Enter:	<u>Single Standard CDHP</u> Enter:
5-9.99	-\$64.13	-\$62.86	-\$61.74	-\$63.79
10-14.99	-\$160.33	-\$157.15	-\$154.36	-\$159.49
15-19.99	-\$288.59	-\$282.86	-\$277.84	-\$287.07
20-24.99	-\$416.85	-\$408.58	-\$401.32	-\$414.66
25-25.99	-\$577.17	-\$565.72	-\$555.68	-\$574.15
26-26.99	-\$609.24	-\$597.15	-\$586.55	-\$606.04
27 or more	-\$641.30	-\$628.58	-\$617.42	-\$637.94

SUBTRACT
\$
Service Credit

If you began working in a KTRS covered position **ON or AFTER 7/1/2008**, you must have 15 years of service to qualify for health insurance.

4. Tobacco User

Non-tobacco users receive a discount.

If retiree, spouse, or dependents to be covered have used tobacco regularly in the past 6 months, enter the cost associated with the selection you made in **Step 1**.

If retiree, spouse, and dependents have NOT used tobacco in the past 6 months, enter \$0.00.

	Single	Parent Plus	Couple	Family	Family Cross-Reference
LivingWell CDHP	\$40.00	\$80.00	\$80.00	\$80.00	\$40.00
LivingWell PPO	\$40.00	\$80.00	\$80.00	\$80.00	\$40.00
Standard PPO	\$40.00	\$80.00	\$80.00	\$80.00	\$40.00
Standard CDHP	\$40.00	\$80.00	\$80.00	\$80.00	\$40.00

ADD

\$

Tobacco User

5. Spouse/Dependent Subsidy

The Commonwealth provides a subsidy for KTRS retirees who cover their spouse and/or dependent(s).

Subtract the amount that applies to the date you **entered** KTRS (not the date you retired), your total service at retirement, and the selection you made in **Step 1**.

If you selected Single coverage, enter \$0.00.

Reciprocity retirees with service in KTRS and KRS should contact KTRS for computation of their rates.

If you began working in a KTRS covered position PRIOR to 7/1/2002 and you have:

Years of Service:	LivingWell CDHP			
	Parent Plus	Couple	Family	Family Cross-Ref
5-9.99	-\$46.59	-\$88.39	-\$113.20	-\$19.09
10-14.99	-\$93.17	-\$176.78	-\$226.39	-\$38.18
15-19.99	-\$139.76	-\$265.17	-\$339.59	-\$57.27
20 or more	-\$186.34	-\$353.56	-\$452.78	-\$76.36

LivingWell PPO			
Parent Plus	Couple	Family	Family Cross-Ref
-\$34.55	-\$97.33	-\$108.16	-\$14.35
-\$69.09	-\$194.65	-\$216.32	-\$28.69
-\$103.64	-\$291.98	-\$324.48	-\$43.04
-\$138.18	-\$389.30	-\$432.64	-\$57.38

Standard PPO			
Parent Plus	Couple	Family	Family Cross-Ref
-\$45.65	-\$130.57	-\$159.01	-\$20.25
-\$91.30	-\$261.14	-\$318.01	-\$40.50
-\$136.95	-\$391.71	-\$477.02	-\$60.75
-\$182.60	-\$522.28	-\$636.02	-\$81.00

Standard CDHP			
Parent Plus	Couple	Family	Family Cross-Ref
-\$53.00	-\$128.72	-\$156.23	-\$27.16
-\$106.00	-\$257.43	-\$312.46	-\$54.31
-\$159.00	-\$386.15	-\$468.69	-\$81.47
-\$212.00	-\$514.86	-\$624.92	-\$108.62

If you began working in a KTRS covered position ON or AFTER 7/1/2002, but BEFORE 7/1/2008 and you have:

Years of Service:	LivingWell CDHP			
	Parent Plus	Couple	Family	Family Cross-Ref
5-9.99	-\$18.63	-\$35.36	-\$45.28	-\$7.64
10-14.99	-\$46.59	-\$88.39	-\$113.20	-\$19.09
15-19.99	-\$83.85	-\$159.10	-\$203.75	-\$34.36
20-24.99	-\$121.12	-\$229.81	-\$294.31	-\$49.63
25-25.99	-\$167.71	-\$318.20	-\$407.50	-\$68.72
26-26.99	-\$177.02	-\$335.88	-\$430.14	-\$72.54
27 or more	-\$186.34	-\$353.56	-\$452.78	-\$76.36

LivingWell PPO			
Parent Plus	Couple	Family	Family Cross-Ref
-\$13.82	-\$38.93	-\$43.26	-\$5.74
-\$34.55	-\$97.33	-\$108.16	-\$14.35
-\$62.18	-\$175.19	-\$194.69	-\$25.82
-\$89.82	-\$253.05	-\$281.22	-\$37.30
-\$124.36	-\$350.37	-\$389.38	-\$51.64
-\$131.27	-\$369.84	-\$411.01	-\$54.51
-\$138.18	-\$389.30	-\$432.64	-\$57.38

Standard PPO			
Parent Plus	Couple	Family	Family Cross-Ref
-\$18.26	-\$52.23	-\$63.60	-\$8.10
-\$45.65	-\$130.57	-\$159.01	-\$20.25
-\$82.17	-\$235.03	-\$286.21	-\$36.45
-\$118.69	-\$339.48	-\$413.41	-\$52.65
-\$164.34	-\$470.05	-\$572.42	-\$72.90
-\$173.47	-\$496.17	-\$604.22	-\$76.95
-\$182.60	-\$522.28	-\$636.02	-\$81.00

Standard CDHP			
Parent Plus	Couple	Family	Family Cross-Ref
-\$21.20	-\$51.49	-\$62.49	-\$10.86
-\$53.00	-\$128.72	-\$156.23	-\$27.16
-\$95.40	-\$231.69	-\$281.21	-\$48.88
-\$137.80	-\$334.66	-\$406.20	-\$70.60
-\$190.80	-\$463.37	-\$562.43	-\$97.76
-\$201.40	-\$489.12	-\$593.67	-\$103.19
-\$212.00	-\$514.86	-\$624.92	-\$108.62

If you began working in a KTRS covered position ON or AFTER 7/1/2008, you must have 15 years of service to qualify for health insurance.

SUBTRACT

\$

Subsidy

6. Monthly Payments

Combine all amounts listed in the boxes above to show your **estimated monthly** share of the Premium Cost for 2015.

\$

Your Estimated 2015
Monthly Premium Cost