



# KPPA

Kentucky Public Pensions Authority

## Frequently Asked Questions

Dollar Contribution Reimbursement Plan for Medical Insurance

**Q:** Am I eligible for dollar contribution reimbursement from KPPA?

**A:** Beginning January 1, 2023, eligible recipients for the dollar contribution medical insurance benefit may participate in the dollar contribution reimbursement plan pursuant to [KRS 61.702\(6\)](#) and [78.5536\(6\)](#) if the recipient chooses to purchase a hospital and medical insurance plan not provided by the systems (CERS, KERS, SPRS). Eligible recipients include members with a hire date on or after July 1, 2003 and some beneficiaries of a deceased member's account based on the member's hire date on or after July 1, 2003.

**Q:** How do I determine the amount reimbursable to me under the dollar contribution reimbursement plan?

**A:** Recipients eligible to participate in the dollar contribution reimbursement plan will be **reimbursed up to** their individual, applicable monthly contribution rate for premiums paid for hospital and medical insurance coverage less any premiums paid by a member's, or a member's spouse's, employer or other state-administered retirement system.

**Nonhazardous Example:** John Doe began participating September 1, 2003 and retired with 18 years of nonhazardous service. The nonhazardous, monthly dollar contribution is \$14.20 (2023) for each year of service, per month. The Dollar Contribution will increase 1.5% on July 1 each year.

$$18 \text{ years of service} \times \$14.20 = \$255.60 \text{ per month}$$



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Nonhazardous Scenario 1		Reimbursement Calculations	
Total Cost of Insurance	\$500	Monthly Contribution Rate	\$255.60
Portion Paid by Employer	\$200	Less Employer Paid:	-\$200.00
Monthly Contribution Rate	\$255.60	Reimbursed	\$55.60
Nonhazardous Scenario 2		Reimbursement Calculations	
Total Cost of Insurance	\$250	Monthly Contribution Rate	\$255.60
Portion Paid by Employer	N/A	Less Employer Paid:	-\$0.00
Monthly Contribution Rate	\$255.60	Reimbursed	\$250.00*

\*Cost of insurance was less than monthly contribution rate.

**Hazardous Example:** Jane Doe began participating September 1, 2003 and retired with 16 years of hazardous service. The hazardous, monthly dollar contribution is \$21.30 (2023) for each year of service, per month. The Dollar Contribution will increase 1.5% on July 1 each year.

$$16 \text{ years of service} \times \$21.30 = \$340.80 \text{ per month}$$

Hazardous Scenario 1		Reimbursement Calculations	
Total Cost of Insurance	\$500	Monthly Contribution Rate	\$340.80
Portion Paid by Employer	\$100	Less Employer Paid:	-\$100.00
Monthly Contribution Rate	\$340.80	Reimbursed	\$240.80
Hazardous Scenario 2		Reimbursement Calculations	
Total Cost of Insurance	\$300	Monthly Contribution Rate	\$340.80
Portion Paid by Employer	N/A	Less Employer Paid:	-\$0.00
Monthly Contribution Rate	\$340.80	Reimbursed	\$300.00*

\*Cost of insurance was less than monthly contribution rate.



**Q:** Can I be reimbursed for premiums paid for hospital and medical insurance coverage prior to January 1, 2023?

**A:** No. [Senate Bill 209 \(2022 Regular Session\)](#) states that the dollar contribution reimbursement plan is available to eligible recipients on or after January 1, 2023. Therefore, premiums paid for hospital and medical insurance coverage prior to January 1, 2023, are **not** eligible for reimbursement through the dollar contribution reimbursement plan.

**Q:** I previously retired from another state-administered retirement plan and did **not** retire with reciprocity with the systems administered by the KPPA (CERS, KERS, and SPRS). I have since retired from the systems and am now an eligible recipient for the dollar contribution medical insurance benefit. If I elect hospital and medical insurance coverage through the other state-administered retirement plan, am I eligible for reimbursement through the dollar contribution reimbursement plan?

**A:** KRS 61.702(6)(a)2. and 78.5536(6)(a)2. allow a recipient eligible for the dollar contribution reimbursement plan to elect reimbursement for up to his or her applicable monthly contribution rate from the systems administered by the KPPA (CERS, KERS, and SPRS) for health insurance premiums the member pays for coverage through another state-administered retirement plan, less any amount contributed toward the cost of health insurance premiums by the other state-administered retirement plan.



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**Q:** I retired from the systems administered by the KPPA (CERS, KERS, and SPRS) and another state-administered retirement plan with reciprocity. I elected to take hospital and medical insurance coverage through the other state-administered retirement plan and waive my medical coverage with KPPA. Am I eligible for reimbursement through the dollar contribution reimbursement plan?

**A:** No. If a member who is eligible for the dollar contribution reimbursement plan retires with reciprocity and chooses hospital and medical insurance coverage through another state-administered retirement system, the KPPA is required to pay the other state-administered retirement system directly for its share of the cost for hospital and medical insurance premiums.

**Q:** How do I get reimbursed for my hospital and medical insurance premiums through the dollar contribution reimbursement plan?

**A:** An eligible recipient must submit a completed [Form 6280, Application for Dollar Contribution Reimbursement for Medical Insurance](#) and either a completed [Form 6281, Employer Certification of Health Insurance for Dollar Contribution Reimbursement](#) or a completed [Form 6282, Insurance Agency/Company Certification of Health Insurance](#) for the dollar contribution reimbursement plan. These forms in addition to any required documentation should be submitted to KPPA for reimbursement of hospital and medical insurance premiums. These forms can be uploaded through Retiree Self-Service at [myretirement.ky.gov](http://myretirement.ky.gov). You may also return the forms to the KPPA at 1260 Louisville Road, Frankfort, KY 40601. Please see the last FAQ and answer for deadlines to submit these forms.



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**Q:** I am eligible for the dollar contribution medical insurance benefit through the KPPA but choose to waive coverage since my spouse covers our family on her insurance. Am I eligible for reimbursement of premiums through the dollar contribution reimbursement plan?

**A:** Yes. Recipients eligible to participate in the dollar contribution reimbursement plan may be reimbursed up to their individual, applicable monthly contribution rate for premiums paid for the member's portion of hospital and medical coverage, less premiums paid by the employer or another state-administered retirement plan, including premiums paid by a spouse.

**Q:** I am a hazardous duty retiree, eligible for the dollar contribution reimbursement plan. The monthly premium is less than my monthly health insurance contribution amount. Can the excess contributions be applied to spousal and/or dependent coverage?

**A:** Yes. KPPA interprets the statutes to allow any excess health insurance contributions to be applied to spousal and/or dependent coverage.

**Q:** Is a member eligible for the dollar contribution reimbursement plan if they are receiving full premium subsidies due to total and permanent disability or total and permanent disability as a result of an act in line of duty? Is the beneficiary of a member eligible for the dollar contribution plan if they are receiving full premium subsidies because the member was killed by a duty-related injury or act in line of duty?

**A:** No. Neither a member nor the beneficiary of a member in the scenarios described are eligible for the dollar contribution reimbursement plan.

**Q:** How do I file for reimbursement through the dollar contribution reimbursement plan if I receive hospital and medical insurance coverage through an employer?

**A:** If the eligible recipient is receiving hospital and medical insurance coverage through an employer, reimbursement through the dollar contribution reimbursement plan may be requested by submitting a completed [Form 6280, Application for Dollar Contribution Reimbursement for Medical Insurance](#) and either a completed [Form 6281, Employer Certification of Health Insurance for Dollar Contribution Reimbursement](#) or a completed [Form 6282, Insurance Agency/Company Certification of Health Insurance](#) for the dollar contribution reimbursement plan. Other documentation may substitute for a completed Form 6281. Contact the KPPA at 1-800-928-4646 for details on other documentation that may substitute. The Form 6281 and other documentation can be uploaded through Retiree Self-Service at [myretirement.ky.gov](http://myretirement.ky.gov). You may also return the Form 6281 and other documentation to the KPPA at 1260 Louisville Road, Frankfort, KY 40601. Please see the last FAQ and answer for deadlines to submit the Form 6281 and other documentation.

**Q:** How do I file for reimbursement through the dollar contribution reimbursement plan if I have hospital and medical insurance coverage that is **not** through an employer?

**A:** If the eligible recipient has hospital and medical insurance coverage that is **not** through an employer, reimbursement through the dollar contribution reimbursement plan may be requested by submitting a completed [Form 6280, Application for Dollar Contribution Reimbursement for Medical Insurance](#) and either a completed [Form 6281, Employer Certification of Health Insurance for Dollar Contribution Reimbursement](#) or a completed [Form 6282, Insurance Agency/Company Certification of Health Insurance](#) for the dollar contribution reimbursement plan. Other documentation may substitute for a completed Form 6282. Contact the KPPA at 1-800-928-4646 for details on other documentation that may substitute. The Form 6282 and other documentation can be uploaded through Retiree Self-Service at [myretirement.ky.gov](http://myretirement.ky.gov). You may also return the Form 6282 and other documentation to the KPPA at 1260 Louisville Road, Frankfort, KY 40601. Please see the last FAQ and answer for deadlines to submit the Form 6282 and other documentation.

**Q:** When will I be reimbursed for my hospital and medical insurance premiums through the dollar contribution reimbursement plan?

**A:** Eligible recipients who submit the required paperwork and proof of payment for hospital and medical insurance coverage may be reimbursed through the dollar contribution reimbursement plan on a quarterly basis if the required documentation is on file with KPPA by the submission deadlines:





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Submission Deadline:	Reimbursement Issued:
April 20	May
July 20	August
October 20	November
January 20	February

KPPA will not reimburse eligible recipients for any premiums paid in a calendar year if the required paperwork and proof of payment is received at the retirement office after March 20 of the following calendar year.



KENTUCKY PUBLIC PENSIONS AUTHORITY  
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STAY CONNECTED.



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