

NEW RETIREE ENROLLMENT

PLAN YEAR 2023

Health Insurance Materials for Retirees



This is a summary of information for Plan Year 2023.
Detailed information can be found on our website at KYRET.KY.GOV

HAZ

NOTICE

Living >> **Well**

YEARLY REQUIREMENT

Hazardous duty retirees must submit Form 6256 in order for an eligible spouse and dependents to receive health insurance contribution.

LIVING WELL PROMISE

All plans include the Promise for 2023.
All planholders **MUST** take the Health Assessment or complete a biometric screening.



**Kentucky Public
Pensions Authority**



CERS
County Employees Retirement System



KERS
Kentucky Employees Retirement System



SPRS
State Police Retirement System

COUNSELING AVAILABLE BY APPOINTMENT

Call KPPA at 1-800-928-4646 to schedule an appointment or speak to a counselor.

New Retiree Enrollment

Submission Deadlines for Newly Retired Members

KPPA offers group medical insurance for retired members. Participation in the insurance program may be waived at the time of retirement or during open enrollment. KPPA provides access to group health insurance coverage through the Kentucky Employees Health Plan (KEHP) for recipients until they become eligible for Medicare. After a recipient becomes eligible for Medicare, coverage is available through a Medicare eligible plan offered by KPPA. Please see the Medicare notice below for additional information.

In order to cover a spouse or dependent on a plan, you must also be enrolled and covered by a KPPA plan. If you waive coverage, your spouse and/or eligible dependents cannot be enrolled in the health insurance plans offered by KPPA.

FORM 6200 HEALTH INSURANCE ENROLLMENT FORM

For insurance coverage to begin the same month as your retirement payment, you must file a Form 6200 with our office by the last day of the month prior to the month you retire. If you miss the deadline, you will be placed on the default plan. New retirees are allowed to change their health insurance plan coverage within the first month of their retirement.

For example:

Retirement Date	Form 6200 Due By	Insurance Effective Date
May 1	April 30	May 1

If you miss the above deadline, you can still submit a Form 6200. Your Form 6200 must be filed with our office by the last day of the month in which you retire.

Retirement Date	Form 6200 Due By	Insurance Effective Date
May 1	May 30	June 1

If you miss both deadlines you will remain in the default health insurance single plan and are ineligible to select a new health insurance plan until the next open enrollment period, unless you experience a qualifying event.



PLEASE REMEMBER:

- If you do not return a health insurance application **either waiving coverage or selecting a plan**, you will be defaulted into a single health insurance plan.
- Your retirement can be effective without insurance coverage.
- You are responsible for filing your insurance application by the due date.
- Documentation for health insurance dependents/spouse is required.
- Waiting until the last minute to file an application will cause delays in receiving your insurance card and accessing benefits.

MEDICARE ELIGIBLE NOTICE

If you or your eligible dependents become eligible for Medicare, you should contact the retirement office for information concerning health insurance options. Please visit our website for additional information.

Please be advised that under the Medicare Secondary Payer Act (MSPA), in certain circumstances, a Medicare eligible retiree's reemployment with an employer that participates in the systems operated by KPPA will prevent KPPA from offering enrollment in the KPPA Medicare Advantage Plan. However, Medicare-eligible retirees who are not able to enroll in the KPPA Medicare Advantage Plan may be eligible for enrollment in a plan for retirees affected by the MSPA. If you have any questions about the health insurance options offered for retired members who are reemployed full-time with a participating employer, you may submit your questions in writing via email at KPPAMedicareSecondaryPayer@kyret.ky.gov. For all other questions about health insurance coverage offered through KPPA, you may contact our office at 1-800-928-4646.

New Retiree Enrollment

What You Need to Know

2023 LIVINGWELL PROMISE

All three plan options require completion of the LivingWell Promise. All plan holders who are 18 or older are required to fulfill the LivingWell Promise:

- You must take the Health Assessment OR get a biometric screening;
- You are required to complete the LivingWell Promise between January 1, 2023 and July 1, 2023 or you will be responsible for paying an additional \$40 LivingWell fee every month in 2024.

You do not have to complete both the Health Assessment and biometric screening.

IF YOU HAVE THE CROSS-REFERENCE OPTION:

- You and your spouse must both fulfill the LivingWell Promise;
- If you both fulfill the Promise, you and your spouse will not be responsible for paying an additional \$40 LivingWell fee every month in 2024;
- If only one of you fulfills the Promise, then the other person will be responsible for paying an additional \$40 LivingWell fee every month in 2024;
- You and your spouse can each choose separately how you fulfill the LivingWell Promise, with either the biometric screening or Health Assessment.

SUBMIT YOUR FORMS ONLINE AT KYRET.KY.GOV

Submit your enrollment form from your computer, phone, or tablet with Self Service. Go to KYRET.KY.GOV and click LOGIN. Forms may be uploaded using the Documents feature in Self Service, or can be faxed or mailed to KPPA.

ANNUAL HAZARDOUS DUTY REQUIREMENT

Hazardous members with insurance dependents have to complete a Form 6256 every year. Please refer to our website for details.

YOUR COST FOR COVERAGE

In order to determine your cost for coverage in 2023, please refer to the guides on pages 6-9. Recipients eligible for the dollar contribution benefit who do not elect coverage through KPPA may be eligible to have premiums, for insurance coverage not with KPPA, reimbursed beginning in 2023. Visit our website for additional information and examples.

ENROLL WITH ONE RETIREMENT SYSTEM

Retirees may only enroll with one retirement system (Judicial, Legislators, Teachers or the systems operated by KPPA).

ONLINE RESOURCES AT KYRET.KY.GOV

2023 Plan Information: See pages 4-5. Visit our website for additional information.

Forms: Go to Publications & Forms and select Forms, then Insurance Forms.

Self Service: Click LOGIN to access your account and submit your enrollment form.

Videos: Go to Retirees > Retiree Outreach > Videos.

Vendors: Visit our website for a complete list of vendors and contact information.

KEHP Tobacco User Fee, Disclosures & Legal

Declarations: To view these documents online, use your mobile phone camera to scan the QR code or from our homepage go to Retirees and select Insurance, then Non-Medicare Plan Year 2023.

Changing or Canceling Your Benefits: Read more about qualifying events on our website. Go to Retirees and select Insurance, then Qualifying Events.

Employment after Retirement: Go to Retirees and select Reemployment after Retirement and refer to the information included with your retirement paperwork.



SCAN ME



Benefits Grid

	LivingWell CDHP		LivingWell PPO		LivingWell Basic CDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum	Unlimited					
HRA	Single \$500; Family \$1,000		No HRA		Single \$250; Family \$500	
Annual Deductible	Single \$1,500 Family \$2,750	Single \$2,750 Family \$5,250	Single \$1,000 Family \$1,750	Single \$1,750 Family \$3,250	Single \$2,000 Family \$3,750	Single \$3,250 Family \$6,250
Annual Maximum Out-of-Pocket	Applies to Medical and Pharmacy Single \$3,000 Family \$5,750		Applies to Medical Single \$3,000 Family \$5,750		Applies to Medical and Pharmacy Single \$4,000 Family \$7,750	

Deductibles and Maximum Out-of-Pocket for In-Network and Out-of-Network providers accumulate separately and do not cross-apply

Co-Insurance	Plan: 80% Member: 20%	Plan: 50% Member: 50%	Plan: 75% Member: 25%	Plan: 50% Member: 50%	Plan: 70% Member: 30%	Plan: 50% Member: 50%
Doctor's Office Visit	Deductible, then 20%	Deductible, then 50%	Co-pay: \$25 PCP \$50 Specialist	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Annual Prescription Drug Maximum Out-of-Pocket	Combined with Medical		Single \$2,500 Family \$5,000	Single \$5,000 Family \$10,000	Combined with Medical	
30-Day Supply						
Tier 1 – Generic Tier 2 – Formulary	Deductible, then 20%	Deductible, then 50%	\$20 \$40	\$40 \$80	Deductible, then 30%	Deductible, then 50%
			Zero cost-share for specialty drugs for those enrolled in the PrudentRx specialty program. A 30% co-insurance for specialty drugs applies for those not enrolled.			
90-Day Supply (Retail or Mail Order)	Deductible, then 20%	Not Covered	\$40 \$80	Not Covered	Deductible, then 30%	Not Covered

COVERED SERVICES

Preventive Care Office Visits

Well-baby, well-child visits, as recommended	100%	Deductible, then 50%	100%	Deductible, then 50%	100%	Deductible, then 50%
Adult annual physical exam	100%	Deductible, then 50%	100%	Deductible, then 50%	100%	Deductible, then 50%
Immunizations, as recommended	100%	Deductible, then 50%	100%	Deductible, then 50%	100%	Deductible, then 50%
Screenings including Pap smears, and labs, as part of the preventive office visit	100%	Deductible, then 50%	100%	Deductible, then 50%	100%	Deductible, then 50%

Outpatient Services

Primary Care and Specialist Office Visits	Deductible, then 20%	Deductible, then 50%	Co-pay \$25 PCP \$50 Specialist	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
LiveHealth Online telehealth for Medical and Behavioral Health	100%	N/A	100%	N/A	100%	N/A
Telehealth with provider other than LiveHealth Online	Deductible, then 20%	Deductible, then 50%	Co-pay \$25 PCP \$50 Specialist	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Diagnostic tests in doctor's office	Deductible, then 20%	Deductible, then 50%	Office Visit Co-pay	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%

	LivingWell CDHP		LivingWell PPO		LivingWell Basic CDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Surgery in Office Setting	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Behavioral Health and Substance Abuse Use	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Autism Services	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Allergy Injection without Office Visit	Deductible, then 20%	Deductible, then 50%	\$15 Co-pay	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Allergy Serum	Deductible, then 20%	Deductible, then 50%	\$15 Co-pay	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Chiropractic Care (manipulation therapy) (maximum of 26 visits per year, no more than one visit a day)	Deductible, then 20%	Deductible, then 50%	\$25 Co-pay	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Therapy Services (per visit: physical, occupational, speech – maximum combined limit of 90 visits per year)	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Emergency Services						
Urgent Care Center	Deductible, then 20%		\$50 Co-pay		Deductible, then 30%	
Emergency Room (emergency medical treatment only)	Deductible, then 20%		\$150 Co-pay, then Deductible, then 25%. Co-pay waived if admitted.		Deductible, then 30%	
Emergency Room Physician	Deductible, then 20%		Deductible, then 25%		Deductible, then 30%	
Ambulance	Deductible, then 20%		Deductible, then 25%		Deductible, then 30%	
Other Services						
Inpatient Hospital (Semi-private room)	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Outpatient Hospital/Surgery	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Outpatient/Ambulatory Surgery Center	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Maternity Care	Deductible, then 20%	Deductible, then 50%	\$25 Co-pay (office visit pregnancy diagnosed) Delivery Charge: Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Durable Medical Equipment and Supplies	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Home Health Care	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
X-ray, Lab, and Diagnostics including MRI, CT, and PET scans	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%

Notes: The boxed areas of the grid are components of each plan most often used by members when choosing a plan option, but are not all inclusive. You can refer to the Summary of Benefits and Coverage (SBC) for more information. KEHP has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. If an error has occurred, the benefits outlined in the 2023 Summary Plan Descriptions (SPDs) and Medical Benefit Booklets will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations, and exclusions set forth in the SPDs.

- Co-pays do not accumulate toward the deductible, but they do accumulate toward the applicable maximum out-of-pocket. Once your maximum out-of-pocket is met, you do not have to pay any more co-pays.
- Certain drugs to treat diabetes, COPD, and asthma are subject to reduced co-pays and co-insurance with no Deductibles. A 90-day supply of maintenance drugs may be subject to lower co-pays and co-insurance. Select preventive/maintenance drugs bypass the deductible on the CDHPs.
- Claims are processed based on provider billing type, which may include separate charges from a lab performing services outside of the doctor's office visit.

HAZARDOUS Percentage Contribution Premium Calculation Worksheet

Use this Health Insurance worksheet if you meet all of the following:

- You have hazardous service, or combined hazardous and nonhazardous service.
- You are a retiree or a beneficiary receiving benefits.
- Your participation date with KPPA was PRIOR to July 1, 2003.

1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2023.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref*
LivingWell CDHP	\$813.02	\$1,117.34	\$1,608.24	\$1,794.34	\$936.90
LivingWell PPO	\$833.64	\$1,177.30	\$1,792.42	\$1,988.62	\$998.02
LivingWell Basic CDHP	\$783.92	\$1,078.16	\$1,650.78	\$1,837.42	\$919.72

* Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KPPA. If Cross-Reference option is selected and the retiree has a surplus of contribution to cover the retiree's portion of the premium, it will be applied to the spouse's portion of the premium.

Box 1

2. Service Credit

Subtract the following, based upon your months of service.

Applicant's Months of Service	Contribution
240+ months	\$833.64
180 - 239 months	\$625.23
120 - 179 months	\$416.82
48 - 119 months	\$208.41
0 - 47 months	\$0.00

Box 2



PLEASE READ THE
HAZ NOTICE BELOW
BEFORE CONTINUING
TO BOX 3



HAZARDOUS DUTY RETIREES WITH HEALTH INSURANCE DEPENDENTS

Please visit our website at KYRET.KY.GOV for more information.

You MUST SUBMIT a FORM 6256 EVERY YEAR.

You must provide eligibility documentation for your dependent(s) if it is not already on file with KPPA.

CHILD: If your dependent child is between the ages of 18 and 22, you MUST complete Form 6256. A birth certificate or other supporting documentation will be required if not on file with KPPA.

SPOUSE: You MUST complete Form 6256. A marriage certificate or other supporting documentation will be required if not on file with KPPA.

Note: If you fail to notify KPPA of changes in your dependent's eligibility (child AND spouse), you will **BE REQUIRED TO REPAY** any insurance benefits paid on behalf of the ineligible person.

Note: You may continue to cover dependents of Hazardous Duty between the ages of 22-26 as they are eligible for coverage but not eligible for the Premium Contribution. The retiree will be responsible for the additional cost for coverage.

3. Spouse & Dependent Coverage


Select one. If you retired **August 1, 1998** or after, your additional contribution toward Parent Plus, Couple or Family coverage is based upon hazardous duty service credit only. Apply your service credit to the table below to determine your additional contribution if selecting Parent Plus, Couple or Family coverage. Please enter this value in Box 3.

If you retired **prior to August 1, 1998**, your additional contribution toward Parent Plus, Couple or Family coverage is based upon total service credit. Apply your total service credit to the table below to determine your additional contribution if selecting Parent Plus, Couple or Family coverage. Please enter this value in Box 3.

Hazardous Service Only ¹	Parent Plus	Couple	Family	Family X-Ref
240+ months	\$343.66	\$958.78	\$1,154.98	\$1,162.40
180 - 239 months	\$257.75	\$719.09	\$866.24	\$871.80
120 - 179 months	\$171.83	\$479.39	\$577.49	\$581.20
48 - 119 months	\$85.92	\$239.70	\$288.75	\$290.60
0 - 47 months	\$0.00	\$0.00	\$0.00	\$0.00

¹ If you retired prior to August 1, 1998, your additional contribution toward Parent Plus, Couple or Family coverage is based upon total service credit.

Box 3




Your Subtotal
Box 1 subtract Box 2 & 3

4. Tobacco Status

Select one, based upon tobacco usage in the past six months. If you are a tobacco user, you will be required to pay the amount in box 4.

Non-tobacco user	+\$0.00
Retiree or beneficiary uses tobacco selecting Single coverage	+\$40.00
Retiree or beneficiary uses tobacco selecting Family, Parent Plus, or Couple coverage	+\$80.00

Box 4




5. LivingWell Promise

Select one. If you did not fulfill the LivingWell Promise for Plan Year 2022, you will be required to pay the amount in Box 5 in 2023.

Promise Completed	+\$0.00
Applicant failed to complete Promise	+\$40.00

Box 5



Total Monthly Premium
Subtotal (Box 1 - Box 2 - Box 3) + Box 4 + Box 5 = Total

NONHAZARDOUS Percentage Contribution Premium Calculation Worksheet

Use this Health Insurance worksheet if you meet all of the following:

- You have nonhazardous service.
- You are a retiree or a beneficiary* receiving benefits.
- Your participation date with KPPA was PRIOR to July 1, 2003.

1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2023.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref**
LivingWell CDHP	\$813.02	\$1,117.34	\$1,608.24	\$1,794.34	\$936.90
LivingWell PPO	\$833.64	\$1,177.30	\$1,792.42	\$1,988.62	\$998.02
LivingWell Basic CDHP	\$783.92	\$1,078.16	\$1,650.78	\$1,837.42	\$919.72

** Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KPPA. You must contact your spouse's insurance coordinator for information for spouse's portion of the premium.

Box 1

NOTICE

Nonhazardous Retirees who elect a coverage level of Parent Plus, Couple, Family or Family Cross Reference: The maximum contribution allowed for the LivingWell CDHP is \$813.02, the maximum contribution allowed for the LivingWell PPO is \$833.64 and the maximum contribution allowed for the LivingWell Basic CDHP is \$783.92. Retirees and beneficiaries may also contact the retirement office for assistance in determining insurance costs.

2. Service Credit

Subtract the following, based upon your months of service.

Applicant's months of Service		
240+ months	LivingWell CDHP	\$813.02
	LivingWell PPO	\$833.64
	LivingWell Basic CDHP	\$783.92
Contribution based on Plan selected		
180 - 239 months		\$625.23
120 - 179 months		\$416.82
48 - 119 months		\$208.41
0 - 47 months		\$0.00

Box 2



Your Subtotal
Box 1 subtract
Box 2

3. Tobacco Status

Select one, based upon tobacco usage in the past six months. If you are a tobacco user, you will be required to pay the amount in box 3.

Non-tobacco user	+\$0.00
Retiree or beneficiary uses tobacco selecting Single coverage	+\$40.00
Retiree or beneficiary uses tobacco selecting Family, Parent Plus, or Couple coverage	+\$80.00

Box 3



4. LivingWell Promise

Select one. If you did not fulfill the LivingWell Promise for Plan Year 2022, you will be required to pay the amount in Box 4 in 2023.

Promise Completed	+\$0.00
Applicant failed to complete Promise	+\$40.00

* KPPA does not pay a contribution for coverage on behalf of a beneficiary receiving a monthly retirement benefit. Beneficiaries obtaining coverage should enter "\$0.00" in Box 2. Exception: If you are a spouse beneficiary or a dependent child receiving a monthly benefit under the Fred Capps Memorial Act, contact KPPA.

Box 4



TOTAL
Monthly Premium
Box 1 subtract Box 2
+ Box 3 + Box 4

DOLLAR CONTRIBUTION PREMIUM CALCULATION WORKSHEET

The dollar contribution amounts below will increase by 1.5% on July 1st. Visit our website for contribution examples.

Use this Health Insurance worksheet if you meet all of the following:

- You have hazardous or nonhazardous service.
- You are a retiree or beneficiary* receiving benefits.
- You are Tier 1 with a participation date with KPPA BETWEEN July 1, 2003 and August 31, 2008. You must have a minimum of 120 months of service to be eligible for insurance benefits, OR
- You are Tier 2 with a participation date with KPPA on or AFTER September 1, 2008. You must have a minimum of 180 months of service to be eligible for insurance benefits.

If you have hazardous and nonhazardous service, you will receive contribution based on full years of service for each. If you have partial years of service, please contact KPPA for assistance.

1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2023.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref**
LivingWell CDHP	\$813.02	\$1,117.34	\$1,608.24	\$1,794.34	\$936.90
LivingWell PPO	\$833.64	\$1,177.30	\$1,792.42	\$1,988.62	\$998.02
LivingWell Basic CDHP	\$783.92	\$1,078.16	\$1,650.78	\$1,837.42	\$919.72

** Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KPPA. You must contact your spouse's insurance coordinator for information for spouse's portion of the premium.

Box 1

2. Nonhazardous Service Credit

Subtract the following, based on the calculation of Years of Nonhazardous Service multiplied by the Health Insurance Dollar Contribution Amount.

Dollar Contribution Amount	X	FULL Years of Nonhazardous Service	=	BOX 2 TOTAL
\$14.20	X		=	

Calculate the KPPA Service Credit Dollar Amount by multiplying the Years of Nonhazardous Service by the Health Insurance Dollar Contribution Amount.

* KPPA does not pay a contribution for coverage on behalf of a beneficiary receiving a monthly retirement benefit. Beneficiaries obtaining coverage should enter "\$0.00" in Box 2. Exception: If you are a spouse beneficiary or a dependent child receiving a monthly benefit under the Fred Capps Memorial Act, contact KPPA.

Box 2

3. Hazardous Service Credit

Subtract the following, based on the calculation of Years of Hazardous Service multiplied by the Health Insurance Dollar Contribution Amount.

Dollar Contribution Amount	X	FULL Years of Hazardous Service	=	BOX 3 TOTAL
\$21.30	X		=	

Calculate the KPPA Service Credit Dollar Amount by multiplying the Years of Service by the Health Insurance Dollar Contribution Amount, using the appropriate Hazardous and Nonhazardous service credit.

Box 3

Your Subtotal**

Box 1 subtract Box 2 and/or subtract Box 3**

NOTICE

**Please refer to items 3 and 4 on page 6 for details about Tobacco Status and LivingWell Promise costs. If these apply, you must add the additional amounts to your subtotal to determine your total monthly premium.

Transitioning to Medicare

IF YOU ARE TURNING AGE 65 IN THE NEXT 12 MONTHS, YOU MAY BE WONDERING WHAT HAPPENS WHEN I BECOME ELIGIBLE FOR MEDICARE?

The Retiree Health Care Division provides videos for prospective Medicare eligible members on the topic of transitioning to Medicare eligible health insurance coverage.

These videos explain:

- What to expect when transitioning to Medicare,
- How to enroll to ensure a smooth transition, and
- The current Humana Medicare Advantage options available through KPPA.

Access the videos on our website at [KYRET.KY.GOV](https://kyret.ky.gov)

- Click [Retirees](#)
- Click [Insurance](#)
- Click [Qualifying Events](#)

From this page, you can view three helpful videos:

- Part 1 - Transitioning to KPPA Medicare Eligible Insurance Coverage
- Part 2 - Humana Medicare Advantage Benefits
- Humana Medicare Dental Benefits



To learn more about the current Medicare plans available through KPPA, go to [KYRET.KY.GOV](https://kyret.ky.gov):

- Click [Retirees](#)
- Click [Insurance](#)
- Click [Medicare Plan Year 2023](#)

Your Online Account

Online enrollment will be required during the Open Enrollment period. KPPA, and all associated vendors, have telephone, email and website access for any questions you may have. All documents, including forms, are available online. Please refer to our website for a complete list.



SELF SERVICE FAST. SECURE. RELIABLE.



Go to KYRET.KY.GOV and click **LOGIN** or use your mobile phone camera to scan the QR code.

CONNECT TO YOUR ACCOUNT

Click Register and complete the required steps or log in with your User ID and Password. You can watch a short video for step by step registration instructions.



CREATE LOGIN INFORMATION

We will ask you to create a User ID and Password, which you will use each time you log in to your account. For additional security, you will answer a secret question. This answer will be used if you need to reset your User ID or Password.

When the setup steps are complete, you are ready to manage your retirement account online.

REQUEST A PIN

A Personal Identification Number, or PIN, is required to take advantage of some Self Service features. A new PIN can be requested through Self Service and sent to your mailing address or email on file at KPPA.

SECURITY FEATURES

The PIN is void after 3 unsuccessful attempts to log in. If this occurs, KPPA cannot reset the same PIN. A new PIN can be requested through Self Service (see above).

A security timer will begin after you log in. After 15 minutes of inactivity you will be logged out and will need to sign in again.

UPLOAD DOCUMENTS

Use the convenient Documents feature to immediately upload your retirement documents.



AFTER RETIREMENT

After retirement, members can access their account through Retiree Self Service using the same User ID and Password you created for Member Self Service.

RETIREEES can:

- View account details
- Maintain contact information
- View and update tax withholdings
- View and print 1099-Rs
- View and update direct deposit
- Upload documents
- Access secure message center
- View payment history
- Request income verification
- Register for seminars
- Enroll in health insurance during open enrollment
- Update retirement account beneficiary and payment option, if eligible.



KPPA

Kentucky Public Pensions Authority

OFFICE HOURS

Monday - Friday

8:00am - 4:30pm (ET)

(502) 696-8800 or (800) 928-4646

Fax (502) 696-8822

Website
KYRET.KY.GOV

 @KYretirement

 @KYretire

For a complete list of vendors and contact information, visit our website at KYRET.KY.GOV

KEHP kehpy.ky.gov
Open Enrollment Hotline
(888) 581-8834

WebMD Well-being
WebMDHealth.com/KEHP
866-746-1316

Anthem Health insurance
anthem.com/kehpy
(844) 402-5347

SmartShopper - Shop for better pricing
SmartShopper.com
855-869-2133

CVS Caremark - Prescriptions
caremark.com
(866) 601-6934

HealthEquity - HRA and COBRA
healthequity.com HRA (877) 430-5519
COBRA (888) 678-4881

Legal Notice

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