



KPPA

Kentucky Public Pensions Authority



GO PAPERLESS

COMING IN 2024

- ✓ Log in at MyRetirement.ky.gov
- ✓ Verify your contact information

We'll tell you more about this new service when it's available and explain how it works.

NEW RETIREE ENROLLMENT

Health Insurance Materials for Retirees not eligible for Medicare



Hazardous Notice

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



LivingWell Promise Required

All planholders must take the [online Health Assessment](https://mycastlight.com/mybenefits) at mycastlight.com/mybenefits between January 1, 2024 - July 1, 2024.

PLAN YEAR 2024

KYRET.KY.GOV

This is a summary of information for Plan Year 2024. Visit our website at KYRET.KY.GOV for details.



502-696-8800
1-800-928-4646



KYRET.KY.GOV
MYRETIREMENT.KY.GOV

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 on page 15 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.

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:

If you miss both deadlines you will remain in the default health insurance single plan and will not be eligible 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 enrollment form will cause delays in receiving your insurance card and accessing benefits.

ALIGHT DEPENDENT ELIGIBILITY VERIFICATION AUDIT

The Kentucky Employees' Health Plan (KEHP) conducts routine dependent eligibility verification. Alight, the company completing the audit, may send you a letter requesting documentation such as a marriage certificate, federal tax form, or birth certificates. This verification is not required by KPPA. You will need to communicate directly with Alight in order to comply with this audit. If you have questions, please call Alight at 1-800-725-5810.

What You Need to Know

LIVINGWELL PROMISE

All plans require completion of the LivingWell Promise. To fulfill the LivingWell Promise, all planholders must take the online Health Assessment at mycastlight.com/mybenefits by July 1, 2024 or you will be responsible for paying an additional \$40 LivingWell fee every month in 2025.



All plan holders who are 18 or older are required to fulfill the LivingWell Promise between January 1, 2024 - July 1, 2024 to earn premium discounts in 2025.

SUBMIT YOUR FORMS ONLINE

Submit your enrollment form using 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.

HAZARDOUS YEARLY REQUIREMENT

Hazardous members with insurance dependents have to complete a Form 6256 every year. Please refer to our website for details. Form 6256 can be submitted with your online enrollment, uploaded using the Documents feature in Self Service, or can be faxed or mailed to KPPA.

YOUR COST FOR COVERAGE

In order to determine your cost for coverage, please refer to the guides on pages 11-14. Recipients eligible for the dollar contribution benefit who do not elect coverage through KPPA may be eligible to have premiums reimbursed for insurance coverage not with KPPA. Visit our website for additional information and examples.

CROSS REFERENCE

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 2025;
- 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 2025.

ENROLL WITH ONE RETIREMENT SYSTEM

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

RESOURCES AT KYRET.KY.GOV

2024 Plan Information: See pages 4-5. Visit our website for additional information.

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

Videos: Go to Retirees > Retiree Outreach > Videos

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

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

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 2024.

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

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



If you currently have coverage with Anthem through the Kentucky Employees' Health Plan:

Benefits Grid

- You need to spend all of your **LivingWell Promise Points** before your health plan terminates.
- If you have a **HealthEquity Flexible Spending Account (FSA) benefit**, you must use these funds prior to retirement or you will lose them.

	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 20%	Deductible, then 25%	Deductible, then 25%	Deductible, then 30%	Deductible, then 30%
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 2024 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, asthma, and hypertension 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. Weight loss medications are no longer on the Preventive Therapy Drug list for 2024.
- 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.

Your Self Service 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.

CONNECT TO YOUR ACCOUNT

Go to KYRET.KY.GOV and click LOGIN or use your mobile phone camera to scan the QR code. Click Register and complete the required steps or log in with your User ID and Password.



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.

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.

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.

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.



Plan Year 2024 RETIREE HEALTH INSURANCE ENROLLMENT/CHANGE FORM

Section 1: To Be Completed by Insurance Coordinator

KHRIS Personnel Number	Hazardous Duty <input type="checkbox"/>	Date of Retirement	Qualifying Event Date	Coverage Effective Date	
<input type="checkbox"/> KPPA 80000 10006416	<input type="checkbox"/> TRS 85000 10006418	<input type="checkbox"/> KCTCRS 81000 10006417	<input type="checkbox"/> JRP 86000 10006419	<input type="checkbox"/> LRP 87000 10006420	<input type="checkbox"/> KPPA RTW 80100 10006464
KPPA Only:	<input type="checkbox"/> KPPA-KERS	<input type="checkbox"/> CERS - Oth.Ag	<input type="checkbox"/> KPPA-SPRS		
Reason(s) for Application:	Qualifying Event:			Termination:	
<input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Retiree <input type="checkbox"/> Returning Retiree <input type="checkbox"/> Applicant becomes the PH <input type="checkbox"/> Qualifying Event <input type="checkbox"/> Exception <input type="checkbox"/> Demographic Change <input type="checkbox"/> Termination	<input type="checkbox"/> Marriage <input type="checkbox"/> Birth/Adoption/Placement <input type="checkbox"/> Court Order for Child <input type="checkbox"/> Divorce <input type="checkbox"/> Death - Date: _____ <input type="checkbox"/> Loss of Individual Health <input type="checkbox"/> Loss of Group Health <input type="checkbox"/> Spouse turned 65			<input type="checkbox"/> Begin Medicare/Medicaid <input type="checkbox"/> End Medicare/Medicaid <input type="checkbox"/> Loss of KCHIP <input type="checkbox"/> Spouse/Dependent Starting Employment <input type="checkbox"/> Spouse/Dependent Terminating Employment <input type="checkbox"/> Special Enrollment <input type="checkbox"/> Other: _____	Coverage End Date

Section 2: Demographic Information - Changes or Current (Circle one)

Retiree's SSN	Retiree's Name (Last, First, MI)	Retiree's Date of Birth
Applicant's SSN	Applicant's Name (Last, First, MI) <i>If plan holder is not the Retiree</i>	Applicant's Date of Birth
Mailing Address	Primary Phone #	Secondary Phone #
City, State, ZIP	Home County	Home Email Address
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Section 3: Spouse Information - Skip to Section 5 if electing single coverage - Changes or Current (Circle one)

Spouse's SSN	Spouse's Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
***Required information for processing. Is Spouse Medicare eligible due to Social Security disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> I wish to utilize the Cross-reference payment option (two KEHP members, married with children - no LRP or JRP).			
KPPA Only:	<input type="checkbox"/> KPPA-KERS	<input type="checkbox"/> CERS - Oth.Ag	<input type="checkbox"/> KPPA-SPRS
Spouse's Date of Hire/Retirement	Spouse's Organizational Unit #	Spouse's Company #	
Spouse's Home Email Address		Spouse Work Email Address	

Section 4: Dependent Information - Changes or Current (Circle one)

Section 4: Dependent Information - Changes or Current (Circle one)		***Required information for processing: Are any dependents Medicare eligible due to Social Security disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who?	
Child #1 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain
Child #2 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain
Child #3 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain
Child #4 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain

Retiree's SSN: _____

Applicant's SSN: _____

Child #5 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural	<input type="checkbox"/> Foster	Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Add
		<input type="checkbox"/> Adopted	<input type="checkbox"/> Step		<input type="checkbox"/> Female	<input type="checkbox"/> Drop
		<input type="checkbox"/> Court Ordered	<input type="checkbox"/> Disabled			<input type="checkbox"/> Remain

Section 5: Tobacco Use Declaration Rules governing the Tobacco Use Declaration can be found in your Benefits Selection Guide or at kehpn.ky.gov. You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

Planholder: Within the past 6 months, have you used tobacco regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your spouse, if covered under this plan, used tobacco regularly within the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have any children covered under this plan age 18 or older used tobacco regularly within the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____
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Section 6: Coverage Level - Verification documents may be required; check with your Insurance Coordinator or HR office.
Note: If adding newly covered dependents you may be required to provide verification documents to Alight, the dependent audit vendor. Alight will contact you if verification documents are required.

<input type="checkbox"/> Single (self only)	<input type="checkbox"/> Parent Plus (self and child(ren))	<input type="checkbox"/> Couple (self and spouse)	<input type="checkbox"/> Family (self, spouse and child(ren))
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Section 7: Plan Options - All plans require the LivingWell Promise to receive the monthly premium discount for the next plan year. Instructions on fulfilling your Promise can be found at webmdhealth.com/kehpn.

<input type="checkbox"/> LivingWell CDHP	<input type="checkbox"/> LivingWell PPO	<input type="checkbox"/> LivingWell Basic CDHP	<input type="checkbox"/> Default LivingWell Basic CDHP (no HRA funds) - INSURANCE COORDINATOR USE ONLY	<input type="checkbox"/> Waive Coverage, No HRA - without \$	Reason for Waiving: _____
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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 kehpn.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 Systems 479 Versailles Road Frankfort, KY 40601	Judicial Retirement Plan Legislators Retirement Plan 305 Ann Street, Suite 302 Frankfort, KY 40601
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Designation of Spouse and/or Dependent Child for Health Insurance Contributions

Only dependents who meet the definition of a Dependent Child as defined by KRS 16.505(17) and 78.510(49) are eligible to receive health insurance contributions.

The Form 6256 DOES NOT enroll you or your dependents in a health insurance plan. The Form 6256 DOES NOT remove you or your dependents from a health insurance plan. This form ONLY establishes health insurance contribution for Spouse and Dependent Children.

Complete this form if you are a General Assembly Retiree, Hazardous Duty Retiree, Surviving Spouse Beneficiary receiving General Assembly, Hazardous Duty, or duty related benefits under the Fred Capps Memorial Act and electing to cover a spouse and/or dependent child on health insurance.

If you are a recipient as outlined above, you must complete and submit Form 6256 Designation of Spouse and/or Dependent Child for Health Insurance Contributions to the Kentucky Public Pensions Authority (KPPA):

- During the annual open enrollment period prior to January 1 each year.
- Upon your health insurance dependent child obtaining 18 years of age.
- Upon initial enrollment of your health insurance dependent(s).
- When requesting reimbursement or premiums paid for a spouse and/or dependent child under a qualifying reimbursement plan.

You are required to notify KPPA when your health insurance dependent has a change in marital or full-time student status.

Member Information Please provide your Member ID or Social Security Number in the Member ID box below

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Is this a new address? <input type="radio"/> Yes <input type="radio"/> No			
Phone (select type) <input type="radio"/> Mobile <input type="radio"/> Home <input type="radio"/> Work		Email:	

Spouse Information

Spouse Name:	Social Security Number:	Spouse Date of Birth:
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Only dependents who meet the definition of a Dependent Child as defined by KRS 16.505(17) and 78.510(49) are eligible to receive health insurance contributions. KRS 16.505(17) and 78.510(49) states "Dependent Child" means a child in the womb and a natural or legally adopted child of the member who has neither attained age eighteen (18) nor married or who is an unmarried full-time student who has not attained age twenty-two (22). Solely in the case of a member who dies or becomes totally and permanently disabled as a direct result of an act in line of duty or as a result of a duty-related injury and is eligible for the benefits provided by KRS 61.621(5)(a), "Dependent Child" also means a naturally or legally adopted disabled child regardless of age, to the member if the child has been determined to be eligible for federal Social Security disability benefits or is being claimed as a qualifying child for tax purposes due to the child's total and permanent disability. **Note: Stepchildren and Grandchildren must be legally adopted in order to qualify as Dependent Child per this statute.**

Dependent Child Information (Age 18-22 Dependent Information Only)

Dependent Child Name:	Social Security Number:	Dependent Child Date of Birth:	
Address:	City:	State:	Zip Code:

Relationship to Member: Natural Child Adopted Child

Is this dependent child married or has this dependent child been married previously? Yes No

Is this dependent child age 18 or older? Yes No

Is this dependent child a full-time student? Yes No

Dependent Child Information (Age 18-22 Dependent Information Only)

Dependent Child Name:		Social Security Number:		Dependent Child Date of Birth:	
Address:		City:		State:	Zip Code:

Relationship to Member: Natural Child Adopted Child

Is this dependent child married or has this dependent child been married previously? Yes No

Is this dependent child age 18 or older? Yes No

Is this dependent child a full-time student? Yes No

Dependent Child Information (Age 18-22 Dependent Information Only)

Dependent Child Name:		Social Security Number:		Dependent Child Date of Birth:	
Address:		City:		State:	Zip Code:

Relationship to Member: Natural Child Adopted Child

Is this dependent child married or has this dependent child been married previously? Yes No

Is this dependent child age 18 or older? Yes No

Is this dependent child a full-time student? Yes No

Certification

I, _____ (Member Name) _____, do hereby certify that the person(s) designated above is the retiree's spouse* and/or dependent child** as defined by law as, "a child in the womb and a natural or legally adopted child of the member who has neither attained age eighteen(18) nor married or who is an unmarried full-time student who has not attained age twenty-two (22). Solely in the case of a member who dies or becomes totally and permanently disabled as a direct result of an act in line of duty or as a result of a duty-related injury and is eligible for the benefits provided by KRS 61.621(5)(a), "dependent child" also means a naturally or legally adopted disabled child regardless of age, of the member if the child has been determined to be eligible for federal Social Security disability benefits or is being claimed as a qualifying child for tax purposes due to the child's total and permanent disability. I agree that I will immediately provide written notification to Kentucky Public Pensions Authority as soon as the person(s) designated above no longer qualifies as a spouse* and/or dependent child** as defined by KRS 16.505(17) and 78.510(49). I understand that Kentucky Public Pensions Authority shall immediately cease to pay the portion of the health insurance premium made on behalf of the person designated above when that person no longer qualifies as a spouse* or dependent child** as defined by KRS 16.505(17) and 78.510(49). I understand and agree that I will be responsible for and shall be required to repay any insurance benefits paid on behalf of the person(s) designated above if the said person is not a spouse* or dependent child** as defined by KRS 16.505(17) and 78.510(49) or if I fail to notify Kentucky Public Pensions Authority when a dependent child marries, ceases to be a full-time student, or otherwise ceases to qualify as a dependent child as defined by KRS 16.505(17) and 78.510(49).

*105 KAR 1:411
 **KRS 16.505(17)
 ***KRS 78.510(49)

I hereby certify that the information provided on this Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance Contributions, is true and correct. I further acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to the penalty or perjury in accordance with KRS 523.010, et seq. I further acknowledge that if I knowingly submit or cause to be submitted a false or fraudulent claim for the payment or receipt of benefits, including reimbursements, I may be liable not only to repay the reimbursements I was not entitled to receive, but also liable for civil payments, legal fees, and costs.

Member Signature: _____ Date: _____

You are required to notify KPPA when your health insurance dependent has a change in marital or full-time student status.

Nonhazardous Percentage Contribution Premium Calculation Worksheet

Use this 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, 2024.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref**
LivingWell CDHP	\$930.76	\$1,269.28	\$1,866.24	\$2,078.08	\$1,068.66
LivingWell PPO	\$949.04	\$1,320.40	\$1,981.62	\$2,185.78	\$1,126.28
LivingWell Basic CDHP	\$901.04	\$1,234.80	\$1,863.04	\$2,069.88	\$1,057.40

**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. Service Credit

Subtract the following based upon your months of service.

NOTICE: For nonhazardous retirees who elect Parent Plus, Couple, Family or Family Cross Reference coverage, there is a maximum contribution for each plan:
 LivingWell CDHP is \$930.76
 LivingWell PPO is \$949.04
 LivingWell Basic CDHP is \$901.04

Please contact KPPA for assistance in determining insurance costs.

Applicant's Months of Service			
240+ months	LivingWell CDHP		\$930.76
	LivingWell PPO		\$949.04
	LivingWell Basic CDHP		\$901.04
Contribution based on plan selected			
180 - 239 months			\$711.78
120 - 179 months			\$474.52
48 - 119 months			\$237.26
0 - 47 months			\$0.00

Box 2

-

Your Subtotal
 Box 1 subtract
 Box 2

*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.

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 2023, you will be required to pay the amount in Box 4 in 2024.

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

Box 4

+

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

Hazardous Percentage Contribution Premium Calculation Worksheet

Use this worksheet if you meet all of the following:

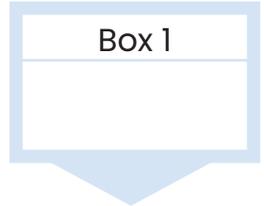
- You have hazardous service, or combined hazardous and nonhazardous service.
- You are a retiree or a beneficiary receiving benefits.
- Your participation date with KPPA was PRIOR to July 1, 2003.

1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2024.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref*
LivingWell CDHP	\$930.76	\$1,269.28	\$1,866.24	\$2,078.08	\$1,068.66
LivingWell PPO	\$949.04	\$1,320.40	\$1,981.62	\$2,185.78	\$1,126.28
LivingWell Basic CDHP	\$901.04	\$1,234.80	\$1,863.04	\$2,069.88	\$1,057.40

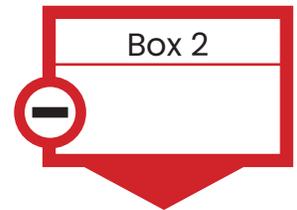
*Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KPPA. If Cross-Reference option is selected and the retiree has a surplus of contribution to cover the retiree's portion of the premium, it will be applied to the spouse's portion of the premium.



2. Service Credit

Subtract the following, based upon your months of service.

Applicant's Months of Service	Contribution
240+ months	\$949.04
180 - 239 months	\$711.78
120 - 179 months	\$474.52
48 - 119 months	\$237.26
0 - 47 months	\$0.00



PLEASE READ THE
HAZ NOTICE BELOW
BEFORE CONTINUING
TO BOX 3



HAZARDOUS RETIREES WITH HEALTH INSURANCE DEPENDENTS FORM 6256 YEARLY REQUIREMENT

You must submit a Form 6256 every year. You must provide eligibility documentation for your spouse and dependent(s) if not already on file with KPPA:

- If your **dependent child** is between the ages of 18 and 22, you must complete Form 6256. If you cover your **spouse**, you must complete Form 6256.
- A birth certificate, marriage certificate, or other supporting documentation for your spouse and/or dependent(s) must be filed with KPPA.

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.

You may continue to cover dependents between the ages of 22 and 26, however, they are not eligible for premium contribution. You will be responsible for paying the additional cost for coverage.



Members have three options for submitting documents to our office:

1. Use the upload feature in Self Service
2. Mail to 1260 Louisville Road, Frankfort, KY 40601
3. Fax to 502-696-8822

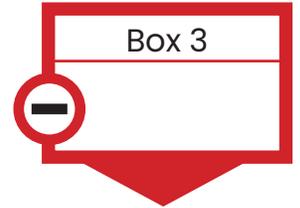
3. Spouse & Dependent Coverage

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	\$371.36	\$1,032.58	\$1,236.74	\$1,303.52
180 - 239 months	\$278.52	\$774.44	\$927.56	\$977.64
120 - 179 months	\$185.68	\$516.29	\$618.37	\$651.76
48 - 119 months	\$92.84	\$258.15	\$309.19	\$325.88
0 - 47 months	\$0.00	\$0.00	\$0.00	\$0.00

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

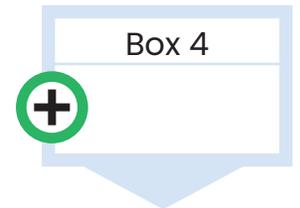


Your Subtotal
Box 1 subtract Box 2 and Box 3

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



5. LivingWell Promise

Select one. If you did not fulfill the LivingWell Promise for Plan Year 2023, you will be required to pay amount in Box 5 in 2024.

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



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

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 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 or Tier 3 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.

1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2024.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref**
LivingWell CDHP	\$930.76	\$1,269.28	\$1,866.24	\$2,078.08	\$1,068.66
LivingWell PPO	\$949.04	\$1,320.40	\$1,981.62	\$2,185.78	\$1,126.28
LivingWell Basic CDHP	\$901.04	\$1,234.80	\$1,863.04	\$2,069.88	\$1,057.40

** 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 Dollar Contribution Amount multiplied by the Years of Nonhazardous Service.

Dollar Contribution Amount	X	FULL Years of Nonhazardous Service	=	BOX 2 TOTAL
\$14.41	X		=	

*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 Dollar Contribution Amount multiplied by the Years of Hazardous Service.

Dollar Contribution Amount	X	FULL Years of Hazardous Service	=	BOX 3 TOTAL
\$21.62	X		=	

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

Box 3

Your Subtotal**

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

**ADDITIONAL AMOUNTS

Refer to items 4 and 5 on page 13 for details about Tobacco Status and LivingWell Promise costs. If these apply, you must add the additional amounts to the subtotal to determine your total monthly premium.

Transitioning to Medicare

WHAT HAPPENS WHEN I TURN AGE 65 AND 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](#)

MEDICARE ELIGIBLE NOTICE

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 kppa.mail@kyret.ky.gov For all other questions about health insurance coverage offered through KPPA, you may contact our office at 1-800-928-4646.



KPPA

Kentucky Public Pensions Authority

OFFICE HOURS
MONDAY – FRIDAY
8:00 AM – 4:30 PM (ET)



502-696-8800
1-800-928-4646



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For a complete list of vendors and contact information, visit our website at [KYRET.KY.GOV](https://www.kyret.ky.gov)

HealthEquity - HRA and COBRA healthequity.com HRA 877-430-5519 COBRA 888-678-4881	
Anthem Health Insurance anthem.com/kehpcaremark 844-402-5347	Castlight mycastlight.com/mybenefits 800-681-6758
CVS Caremark - Prescriptions caremark.com 866-601-6934	SmartShopper - Shop for better pricing SmartShopper.com 855-869-2133