KPPA
Kentucky Public Pensions Authority

CERS County Employees Retirement Syste
KERS Kentucky Employees Retirement Syster
SPRS State Police Retirement System

PLAN YEAR 2027

New Retiree Enrollment

Retirees not eligible for Medicare

HAZ NOTICE

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

LIVINGWELL PROMISE REQUIRED
All planholders must take the online Health Assessment at mycastlight.com/mybenefits between January 1 - July 1, 2027 to earn premium discounts for 2028.

This is summary information.
Visit our website for details.

KYRET.KY.GOV
MYRETIREMENT.KY.GOV

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

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. 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 not be eligible to enroll in health insurance coverage until the next open enrollment period, unless you experience a qualifying event.

PLEASE REMEMBER:

- If you do not submit an enrollment form selecting a plan, you will not have coverage in 2027.
- Your retirement can be effective without insurance coverage.
- You are responsible for filing your insurance enrollment form by the due date.
- Retirees may only enroll with one retirement system (Judicial, Legislators, Teachers, or KPPA).
- 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.

PREMIUMS AND BENEFITS

2027 Plan Information:

Review the benefits grid and details for each of the four plans online. To view these documents, use your phone camera to scan the QR code or go to KYRET.KY.GOV > Retirees > Insurance > Non-Medicare Plan Year 2027.



Resources for Newly Retired Members

YOUR COST FOR COVERAGE

In order to determine your cost for coverage, please refer to the worksheets 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.

LIVINGWELL PROMISE REQUIRED

All planholders who are 18 or older must fulfill the LivingWell Promise between January 1, 2027 - July 1 2027 to earn premium discounts in 2028.

To fulfill the LivingWell Promise, all planholders must take the online Health Assessment at mycastlight.com/mybenefits by July 1, 2027 or you will be responsible for paying an additional $40 LivingWell fee every month in 2028.

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.



CROSS REFERENCE

The cross-reference payment option is not available for new retirees who are not currently on a cross-reference plan.

If you currently 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 2028;
- 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 2028.

PERSONAL IDENTIFICATION NUMBER (PIN)

You will need your PIN to submit your enrollment form. You can request a new PIN in Self Service. If you have an email address on file with KPPA, your PIN may be emailed to you, otherwise it will be mailed to the address on file with KPPA.

EMPLOYMENT AFTER RETIREMENT

Go to KYRET.KY.GOV > Retirees > Reemployment after Retirement. Refer to the information included with your retirement paperwork.

CHANGING OR CANCELING YOUR BENEFITS

Read more about qualifying events on our website. Go to KYRET.KY.GOV > Retirees > Insurance > Qualifying Events.

FORMS

Go to KYRET.KY.GOV > Publications & Forms > Forms > Insurance Forms.

VIDEOS

Go to KYRET.KY.GOV > Retirees > Retiree Outreach > Videos.

KEHP TOBACCO USER FEE, DISCLOSURES & LEGAL DECLARATIONS

To view these documents online, use your mobile phone camera to scan the QR code or go to KYRET.KY.GOV > Retirees > Insurance > Non Medicare Plan Year 2027.



SUBMITTING DOCUMENTS

Members have three options for submitting documents to our office:

- Use the upload feature in Self Service at MyRetirement.ky.gov
- Mail to 1260 Louisville Road, Frankfort, KY 40601
- Fax to 502-696-8822

VENDORS

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

Benefits Grid

Plan Options	LivingWell CDHP		LivingWell PPO		LivingWell Basic CDHP		LivingWell HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum	Unlimited							
Health Reimbursement Arrangement (HRA)	Single $500; Family $1,000		Not Applicable		Single $250; Family $500		No HRA. Can use a non-KEHP HSA with this plan.	
Deductible/Maximum Out-Of-Pocket Type	Embedded		Embedded		Embedded		Family/Embedded	
Annual Medical Deductible	Single $1,550 Family $2,900	Single $2,900 Family $5,550	Single $1,050 Family $1,850	Single $1,850 Family $3,450	Single $2,100 Family $3,950	Single $3,450 Family $6,650	Single $2,100* Family $4,200*	Single $4,200 Family $8,450
Out-of-Pocket Medical Maximum	Single $3,150 Family $6,050	Single $6,050 Family $11,900	Single $3,150 Family $6,050	Single $6,050 Family $11,900	Single $4,200 Family $8,200	Single $8,200 Family $11,900	Single $8,300 Family $16,650	Single $16,650 Family $33,300
Deductibles and Out-of-Pocket Maximums 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%	Plan: 70% Member: 30%	Plan: 50% Member: 50%
Doctor's Office Visit	Deductible, then 20%	Deductible, then 50%	Co-Pay: $30 PCP, $55 Specialist	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Annual Prescription Deductible	Single $500 Family $900	Single $1,000 Family $1,800	Single $500 Family $1,000	Single $1,000 Family $2,000	Single $500 Family $1,000	Single $1,000 Family $2,000	Combined with Medical	
Annual Prescription Out-of-Pocket Maximum	Single $1,000 Family $2,000	Single $2,000 Family $4,000	Single $2,500 Family $5,000	Single $5,000 Family $10,000	Single $1,000 Family $2,000	Single $2,000 Family $4,000	Combined with Medical	
30-Day Supply **Tier 1 – Generic** **Tier 2 – Formulary** **Tier 3 – Specialty**	Deductible, then 20%	Deductible, then 50%	 $30 $50 Deductible, then 30%	 $50 $100 Deductible, then 30%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
90-Day Supply (Retail or Mail Order) **Tier 1 – Generic** **Tier 2 – Formulary** **Tier 3 – Specialty**	Deductible, then 20%	Not Covered	 $50 $100 Deductible, then 30%	 Not Covered Not Covered Deductible, then 30%	Deductible, then 30%	Not Covered	Deductible, then 30%	Not Covered
GLP-1 Weight Loss Drugs	Deductible, then 25%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%

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%	100%	Deductible, then 50%
Adult annual physical exam	100%	Deductible, then 50%	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%	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%	100%	Deductible, then 50%
Outpatient Services								
Primary Care and Specialist Office Visits	Deductible, then 20%	Deductible, then 50%	Co-Pay: $30 PCP, $55 Specialist	Deductible, then 50%	Deductible, then 30%	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	100%	N/A
Telehealth with provider other than LiveHealth Online	Deductible, then 20%	Deductible, then 50%	Co-Pay: $30 PCP, $55 Specialist	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%

Benefits Grid

Plan Options	LivingWell CDHP		LivingWell PPO		LivingWell Basic CDHP		LivingWell HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
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%	Deductible, then 30%	Deductible, then 50%
Surgery in Office Setting	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Behavioral Health and Substance Use	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	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%	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%	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%	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%	$30 Co-Pay	Deductible, then 50%	Deductible, then 30%	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%	Deductible, then 30%	Deductible, then 50%
Emergency Services								
Urgent Care Center	Deductible, then 20%		$55 Co-Pay		Deductible, then 30%		Deductible, then 30%	
Emergency Room (emergency medical treatment only)	$250 Co-Pay, then Deductible, then 25%. Co-Pay waived if admitted.		$250 Co-Pay, then Deductible, then 25%. Co-Pay waived if admitted.		$250 Co-Pay, then Deductible, then 30%. Waived if admitted.		Deductible, then 30%	
Emergency Room Physician	Deductible, then 20%		Deductible, then 25%		Deductible, then 30%		Deductible, then 30%	
Ambulance	Deductible, then 20%		Deductible, then 25%		Deductible, then 30%		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%	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%	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%	Deductible, then 30%	Deductible, then 50%
Maternity Care	Deductible, then 20%	Deductible, then 50%	$30 Co-Pay (office visit pregnancy diagnosed) Delivery Charge: Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	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%	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%	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%	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 2027 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 Medical Out-of-Pocket. Once your Maximum Out-of-Pocket is met, you do not have to pay any more Medical Co-Pays. Once your Prescription Out-of-Pocket Maximum is met, you do not have to pay any more Prescription 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 drugs are available at a reduced Co-Pay or Co-Insurance under the Value Benefit. See the Value Benefit section for more info. 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.

* The HDHP has a non-embedded Deductible, which means all family members share a Deductible Maximum Out-of-Pocket (MOOP), regardless of the number of family members. The entire Deductible must be met before any one family member receives benefits. The entire OOP must be met before the family has satisfied the Maximum Out-of-Pocket.

Your Self Service Account

CONNECT TO YOUR ACCOUNT

KPPA's Retiree Self Service is a convenient way to take care of your retirement benefits anytime. It's designed to make your life easier by giving you quick access to the information you need, whenever you need it, from your computer, smartphone, or tablet.

KPPA uses ID.me to provide secure access to the Self Service website. ID.me offers a simple log in and is a trusted digital identity platform used by federal and state agencies nationwide.

ID.me

To get started, use your mobile phone camera to scan the QR code or visit myretirement.ky.gov to complete the ID.me verification steps. Once your setup is finished, you are ready to manage your retirement account online through Self Service.

Everything is organized in one place, making it easy to stay informed.



With Self Service, you can check your monthly retirement payments, including past deposits. If you ever need to update your direct deposit information, you can do it right in Self Service—no paper forms or office visits required.

Keeping your personal information current is simple. You can update your mailing address, phone number, or email at any time.

If you receive health insurance through KPPA, you can review your coverage, see your dependents, and view your premium amounts.

During tax season, you can quickly download your 1099-R form through Self Service. You can also change your federal tax withholding anytime. Many retirees find this especially helpful when preparing taxes or working with a tax professional.

Self Service also allows you to securely upload documents, saving you time and reducing the need for mail or in-person visits.



Also available in Self Service:

- Access secure message center
- Request income verification
- Register for seminars
- Update retirement account beneficiary and payment option, if eligible.

AFTER RETIREMENT

After retirement, you can access your account through Retiree Self Service using the same login you created for Member Self Service.

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

TEAM KENTUCKY PERSONNEL CABINET | Kentucky Employees' Health Plan

Form 6200
Revised 09/26

Plan Year 2027 RETIREE HEALTH INSURANCE ENROLLMENT/CHANGE FORM

Section 1: To Be Completed by Insurance Coordinator

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

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

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

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

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

Termination:
Coverage End Date

Section 2: Demographic Information - Changes or Current (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) **If plan holder is not the Retiree**	Applicant's Date of Birth

KPPA will update contact information for your retirement account based on the details provided below.

Mailing Address	Primary Phone #	Secondary Phone #

City, State, ZIP	Home County	Home Email Address

Sex: ☐ Male ☐ Female Married: ☐ Yes ☐ No

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

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

☐ Hispanic or Latino ☐ White (Non-Hispanic or Latino) ☐ Asian (Non-Hispanic or Latino) ☐ Black or African American (Non-Hispanic or Latino)
☐ Native Hawaiian or Other Pacific Islander (Non-Hispanic or Latino) ☐ American Indian or Alaska Native (Non-Hispanic or Latino) ☐ Two or more races
☐ I choose not to answer

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

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

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

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

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

Spouse's Date of Hire/Retirement	Spouse's Organizational Unit #	Spouse's Company #

Spouse's Home Email Address	Spouse Work Email Address

Section 4: Dependent Information Changes or Current

***Required information for processing: Are any dependents Medicare eligible due to Social Security disability? ☐ Yes ☐ No

If yes, who?

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

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

Retiree's SSN: _____ Applicant's SSN: _____

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

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

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

Section 6: Coverage Level

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

☐ Single (self only)	☐ Parent Plus (self and child(ren))	☐ Couple (self and spouse)	☐ Family (self, spouse and child(ren))

Section 7: Plan Options - All plans require the LivingWell Promise to receive the monthly premium discount for the next plan year. Instructions on fulfilling your Promise can be found at kehp.ky.gov in the Benefits Selection Guide.

- ☐ LivingWell CDHP
- ☐ LivingWell PPO
- ☐ LivingWell Basic CDHP
- ☐ LivingWell High Deductible Health Plan
- ☐ Default LivingWell Basic CDHP (no HRA funds) - INSURANCE COORDINATOR USE ONLY
- ☐ Waive Coverage, No HRA - without $ Reason for Waiving: _____

Section 8: Signatures - Please submit this application to your retirement agency Insurance Coordinator - ADDRESS BELOW By signing this application, I certify that the information provided in this application is true and correct to the best of my knowledge. I also certify that I have read, understand and agree to the Terms and Conditions of participation in the KEHP, the KEHP Legal Notices, and the Tobacco Use Declaration. These documents can be found in your benefits Selection Guide or online at kehp.ky.gov.

By typing my name in the space provided below, I am signing this application electronically and am agreeing to conduct this transaction by electronic means.

Employee/Retiree Signature	Date
Applicant Signature - if plan holder is not the retiree	Date
Spouse Signature - REQUIRED if electing the cross-reference payment option	Date
IC/HRG Signature	Date
IC/HRG Printed Name	IC/HRG Phone Number
Spouse's IC/HRG Signature - REQUIRED if electing the cross-reference payment option	Date
Spouse's IC/HRG Printed Name	Spouse's IC/HRG Phone Number

Kentucky Public Pensions Authority 1260 Louisville Road Frankfort, KY 40601	Teachers' Retirement Systems 479 Versailles Road Frankfort, KY 40601	Judicial Retirement Plan Legislators Retirement Plan 305 Ann Street, Suite 302 Frankfort, KY 40601

KENTUCKY PUBLIC PENSIONS AUTHORITY
1260 Louisville Road • Frankfort, KY 40601
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov

Form 6256
Revised 09/2026

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:

KPPA will update contact information for your retirement account based on the details provided below.

Address:	City:	State:	Zip Code:

Is this a new address? ◯Yes ◯No

Phone (select type) ◯ Mobile ◯ Home ◯ Work	Email:

Spouse Information

Spouse Name:	Social Security Number:	Spouse Date of Birth:

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, _____ , do hereby certify that the person(s) designated above is the retiree's
(Member Name)

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 1:511
**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.

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, 2027.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref*
LivingWell CDHP	$1,180.16	$1,593.22	$2,307.72	$2,564.34	$1,348.58
LivingWell PPO	$1,194.62	$1,629.22	$2,397.02	$2,622.26	$1,401.38
LivingWell Basic CDHP	$1,148.42	$1,566.54	$2,318.24	$2,569.32	$1,348.14
LivingWell HDHP	$1,066.12	$1,454.08	$2,152.06	$2,385.16	$1,249.94

*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	$1,194.62
180 - 239 months	$895.97
120 - 179 months	$597.31
48 - 119 months	$298.66
0 - 47 months	$0.00

Box 2

PLEASE READ THE HAZARDOUS NOTICE BELOW BEFORE CONTINUING TO BOX 3

HAZ NOTICE — 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 a premium contribution. You will be responsible for paying the additional cost for coverage.

UPLOAD

MYRETIREMENT.KY.GOV

Members have three options for submitting documents to our office:

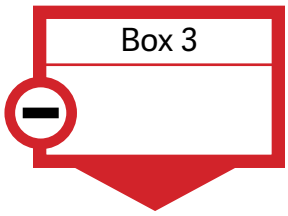
1. Use the upload feature in Self Service
2. Mail to 1260 Louisville Road, Frankfort, KY 40601
3. Fax to 502-696-8822

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	$434.60	$1,202.40	$1,427.64	$1,608.14
180 - 239 months	$325.95	$901.80	$1,070.73	$1,206.11
120 - 179 months	$217.30	$601.20	$713.82	$804.07
48 - 119 months	$108.65	$300.60	$356.91	$402.04
0 - 47 months	$0.00	$0.00	$0.00	$0.00



Your Subtotal
Box 1 subtract Box 2 and Box 3

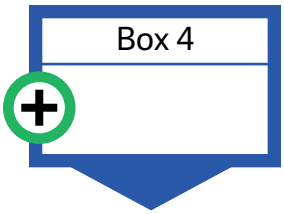


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4. Tobacco Status

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.

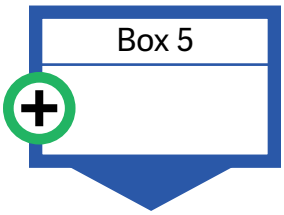
Non-tobacco user	+$0.00
Retiree or beneficiary uses tobacco selecting Single coverage	+$40.00
Retiree or beneficiary uses tobacco selecting Family, Parent Plus, or Couple coverage	+$80.00



5. LivingWell Promise

Select one. If you did not fulfill the LivingWell Promise for Plan Year 2026, you will be required to pay the amount in Box 5 in 2027.

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



Castlight | TEAM KENTUCKY PERSONNEL CABINET | MyBENEFITS

LIVINGWELL PROMISE REQUIRED
All planholders who are 18 or older must fulfill the LivingWell Promise between January 1, 2027 - July 1, 2027 to earn premium discounts in 2028. Go to mycastlight.com/mybenefits to complete the online Health Assessment.

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, 2027.

Box 1

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref**
LivingWell CDHP	$1,180.16	$1,593.22	$2,307.72	$2,564.34	$1,348.58
LivingWell PPO	$1,194.62	$1,629.22	$2,397.02	$2,622.26	$1,401.38
LivingWell Basic CDHP	$1,148.42	$1,566.54	$2,318.24	$2,569.32	$1,348.14
LivingWell HDHP	$1,066.12	$1,454.08	$2,152.06	$2,385.16	$1,249.94

**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.

2. Service Credit

Subtract the following based upon your months of service.

Box 2

Applicant's Months of Service		
240+ months Contribution amount is based on the plan selected. If you elect Parent Plus, Couple, Family or Family Cross Reference coverage, this amount is the maximum contribution for each plan (single premium for that plan).	LivingWell CDHP	$1,180.16
	LivingWell PPO	$1,194.62
	LivingWell Basic CDHP	$1,148.42
	LivingWell HDHP	$1,066.12
180 - 239 months	75%	$895.97
120 - 179 months	50%	$597.31
48 - 119 months	25%	$298.66
0 - 47 months	0%	$0.00

*KPPA does not pay a contribution for coverage on behalf of a beneficiary. Beneficiaries 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.

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.

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

4. LivingWell Promise

Select one. If you did not fulfill the LivingWell Promise for Plan Year 2026, you will be required to pay the amount in Box 4 in 2027.

Box 4

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

Total Monthly Premium
Subtotal (Box 1 - Box 2) + Box 3 + Box 4 = 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 have a participation date with KPPA between July 1, 2003, and August 31, 2008, and minimum of 120 months of service, OR
- You have a participation date with KPPA on or AFTER September 1, 2008, and a minimum of 180 months of service.

If you have hazardous and nonhazardous service, you will receive a 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, 2027.

Box 1

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref**
LivingWell CDHP	$1,180.16	$1,593.22	$2,307.72	$2,564.34	$1,348.58
LivingWell PPO	$1,194.62	$1,629.22	$2,397.02	$2,622.26	$1,401.38
LivingWell Basic CDHP	$1,148.42	$1,566.54	$2,318.24	$2,569.32	$1,348.14
LivingWell HDHP	$1,066.12	$1,454.08	$2,152.06	$2,385.16	$1,249.94

** 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.

2. Nonhazardous Service Credit

Subtract the following, based on the calculation of Dollar Contribution Amount multiplied by the years of nonhazardous service.

Box 2

Dollar Contribution Amount	X	FULL Years of Nonhazardous Service	=	BOX 2 TOTAL
$15.07	X		=	

*KPPA does not pay a contribution for coverage on behalf of a beneficiary. Beneficiaries 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. Hazardous Service Credit

Subtract the following, based on the calculation of Dollar Contribution Amount multiplied by the years of hazardous service.

Box 3

Dollar Contribution Amount	X	FULL Years of Hazardous Service	=	BOX 3 TOTAL
$22.60	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 1 subtract Box 2 and/or subtract Box 3***

Your Subtotal***

***ADDITIONAL AMOUNTS

Refer to items on pages 12 and 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.

Senate Bill 10 - 2025 Legislative Changes

Senate Bill 10 increases the CERS monthly contribution amount paid toward non-Medicare insurance coverage through KPPA if all career threshold requirements are met. Learn more at KYRET.KY.GOV>Retirees>Insurance.

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 Retirees > Retiree Outreach > Videos.

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:

- Click Retirees
- Click Insurance
- Click Medicare Plan Year 2027

MEDICARE ELIGIBLE NOTICE

Medicare eligible retirees reemployed full-time by a participating employer may not qualify for a KPPA Medicare Advantage Plan due to federal law but could be eligible for an alternative health plan.

If you have questions about your health insurance options, visit our website, email kppa.mail@KYRET.KY.GOV, or call our office at 1-800-928-4646.



KPPA
Kentucky Public Pensions Authority

1260 Louisville Road
Frankfort, KY 40601

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

KEHP kehp.ky.gov 888-581-8834	Castlight mycastlight.com/mybenefits 800-681-6758
Anthem Health insurance anthem.com/kehp 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

OFFICE HOURS
Monday - Friday 8:00am - 4:30pm ET
502-696-8800 or 1-800-928-4646
Fax 502-696-8822

KYRET.KY.GOV **@KYretire** **@KYretirement** **@kentucky-public-pensions-authority**

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10/2026