**BENEFITS INFORMATION PACKET**

**Summary for New Employees**

The following is a list of your rights and responsibilities regarding enrollment in the benefits offered by the Department of Employee Insurance (DEI). Read this form carefully and make sure you understand each item. You may direct your questions to your Benefits Coordinator at (502)839-3406 or you may contact DEI at 888-581-8834.

As a new Employee, I understand that:

* **I have 35 calendar days from my date of hire to make my coverage elections with KEHP, which includes enrolling in a Health Insurance plan, Flexible Spending Account and/or waiving Health Insurance coverage, Life Insurance Plan, Dental Insurance plan or Vision Insurance plan.**
* My Effective Date of coverage is the first day of the second month after my hire date.
* I must make my health insurance elections online at khris.ky.gov or complete a Health Insurance Enrollment/Change Application and submit to my Benefits Coordinator.
* I have been directed to the Summary Plan Descriptions, the Summary of Benefits and Coverage and the 2023 Benefits Selection Guide at [www.kehp.ky.gov](http://www.kehp.ky.gov), where I can find all relevant information pertaining to my coverage.
* Health Insurance coverage options for Plan Year 2023 include(See Pages 5-23):
  + - LivingWell CDHP
    - LivingWell PPO
    - LivingWell Basic CDHP
    - Waiver (General Purpose) HRA – with $2,100
    - Waiver Dental/Vision HRA – with $2,100
    - Waiver without HRA – no $ (funds)

*NOTE: If I fail to enroll for health insurance coverage within the specified deadline, I will be automatically enrolled in the Single Coverage Level of the LivingWell Basic CDHP Plan, which has an Employee contribution.*

Optional Insurance information below:

* Dental Insurance coverage options for Plan Year 2023 include:
  + Anthem State Dental (See Page 24)
    - * Bronze Dental
      * Silver Dental
      * Gold Dental
* Delta Dental (coverage through the Board)
  + Subscriber Only
  + Subscriber + Spouse
  + Subscriber + Children
  + Subscriber + Spouse + Children
* Vision Insurance Coverage Options for Plan Year 2023 include:
  + Anthem State Vision (See Page 25)
    - Bronze Vision
    - Silver Vision
    - Gold Vision
* Avesis (coverage through the Board)
  + Employee Only
  + Employee Plus One
  + Family
* Life Insurance coverage options for Plan Year 2023 include:
* MetLife (See Page 26)
  + $20,000 Basic provided by the State- not cost to the employee
  + Optional Life and Accidental Death and Dismemberment (AD&D)
  + Dependent Life Insurance
* Colonial
  + $15,000 Basic provided by the Board- not cost to the employee
* American Fidelity coverage options for Plan Year 2023 include:
* Disability Income Insurance
* Accident Only Insurance
* Cancer Insurance
* Life Insurance

*(An American Fidelity Representative will contact you within 90 days to discuss your options.)*

* If my Spouse is also an eligible KEHP Employee or Retiree and we have at least one Dependent, we can elect the Cross-Reference Payment Option.
* If later, one of us terminates employment, the remaining Employee/Retiree will default to a Parent Plus Coverage Level.
* If I enroll with a LivingWell plan, I must complete the LivingWell promise by either the online health assessment or a biometric screening between January 1st and July 1st to be eligible to earn $480 a year in premium discounts for the following plan year. The online health assessment can be completed at [www.kehplivingwell.com](http://www.kehplivingwell.com).
* I may enroll in a Flexible Spending Account (FSA) program online in KHRIS ESS – OR I can complete an Employee Benefits Enrollment Change Form and submit to my Benefits Coordinator.
* I have been directed to the appropriate Healthcare and/or Child and Adult Daycare FSA Summary Plan Descriptions and the Benefits Selection Guides on KEHP’s website at [www.kehp.ky.gov](http://www.kehp.ky.gov) .
* Once I make my elections, I cannot change those elections during the Plan Year unless I experience a valid Qualifying Event or during the next Open Enrollment Period.
* A list of Qualifying Events is available on KEHP’s website at kehp.ky.gov under the Enrolling or Changing Coverage link.
* Retirees who return to work- please read this information carefully:
* If I am 65 or older, I have the same opportunity to enroll in insurance coverage as any other active Employee.
* If I am a KRS/TRS/Judicial Return to Work Retiree age 65 or older and/or Medicare eligible, I am not eligible to continue a Medicare supplement plan offered by one of Kentucky’s retirement systems. I must call my retirement system to notify them that I have returned to work.
* If I have Medicare, I am not eligible to waive KEHP coverage and elect the Waiver General Purpose HRA unless I have other Group Health Plan Coverage (sponsored by an employer or an employer organization) that provides minimum value. I may choose a KEHP Health Insurance plan or waive coverage and elect the waiver Limited Purpose HRA.
* KEHP operates as a Section 125 Cafeteria Plan that allows me to pay my portion of the Health, Dental and Vision Insurance premiums with pre-tax dollars. I understand that I will automatically be enrolled in the program by virtue of enrolling in Health Insurance. *(Life insurance premiums are post-tax.)*

Have you worked for any other company participating in any plans offered by the Department of Employee Insurance within the last 11 days?

Yes No If yes, please give name of company and date terminated or transferred.

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date terminated or transferred: \_\_\_\_\_\_\_\_\_\_\_\_\_

Are you retired from a state-sponsored retirement system?

Yes No If yes, please specify which retirement system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If I experience a COBRA Qualifying Event, such as, but not limited to, termination of employment, I have the right to continue my Health, Dental or Vision Insurance at my own expense under COBRA.

I acknowledge that I have received copies of the following:

* Employee Benefits Enrollment/Change Application for Health, Dental, Vision and FSA information or KHRIS ESS online enrollment instructions
* Life Insurance Enrollment Application and the Life Insurance Beneficiary Designation Form
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employee Signature Date

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Agency Representative Date