

CHECKLIST FOR OPEN ENROLLMENT/NEW EMPLOYEES

Name:		Social Security#:	
Company Name:		Company #:	
County Residence:		Hire Date:	

Following is a list of your rights and responsibilities regarding the Kentucky Employees' Health Plan (KEHP). Read this Form carefully and make sure you understand each item. You may direct your questions to your Insurance Coordinator/HRG at PVA Admin Support (Donna 502-564-5620) or (Latrese 502-564-6938) or you may contact KEHP at 888-581-8834.

As a full time employee, I understand that: (Please initial)

I have 30 calendar days from my date of employment to make my coverage elections under the Kentucky Employees' Health Plan (KEHP), which includes enrolling in a Health Insurance plan, Flexible Spending Account and/or waiving my health insurance coverage. The 30 days are counted beginning with the day after my hire date. My effective date of coverage is _____. My coverage will begin no earlier than on the first day of the second month following my employment hire date. (example: Hire date anytime in August, then coverage begins October 1).

_____ I understand that if I am 65 or older that I have the same opportunity to enroll in KEHP as any other active Employee.

_____ I understand that if I am a return to work Retiree age 65 or older and/or Medicare eligible that I may not be eligible to continue under a Medicare supplement plan offered by a retirement system. I must call my retirement system and verify whether I will be eligible for a Medicare supplement or whether I should consider enrolling in a KEHP plan.

_____ I understand that if I am Medicare eligible that my KEHP coverage or stand-alone Waiver HRA will pay primary over Medicare for covered expenses, up to the limit of my coverage under the KEHP, before applying to Medicare for payment as the secondary carrier, except in the case where the Dental/Vision is chosen.

_____ I must make my elections in KHRIS (including a waiver of coverage) OR I must complete an Enrollment Application and submit to my Insurance Coordinator/HRG.

_____ If I have chosen one of the KEHP LivingWell plan options, I agree to complete the KEHP LivingWell Promise by (1) completing my online Humana Vitality Health Assessment or VitalityCheck (biometric screening); and (2) keeping my contact information (i.e. mailing address, phone number, and email address) current in KHRIS. I will complete the Health Assessment within 90 days of my coverage effective date.

_____ Once I make my insurance elections, I cannot change those elections for the Plan Year unless I experience a valid Qualifying Event or during the annual Open Enrollment Period.

_____ If I meet all requirements and elect to start a Cross-Reference Payment Option with my Spouse, who is an existing Employee or Retiree of KEHP, and one of us terminates employment, the remaining Employee will be set up with a Parent Plus plan.

_____ If I fail to enroll within the specified deadline, I will be defaulted to the Standard CDHP single coverage level plan.

_____ I have truthfully checked the (Yes or No) box on my enrollment application that accurately reflects the use of tobacco products in the past six months regarding myself and person(s) to be covered as a spouse or dependent child over 18 years old under my insurance plan. I understand that the tobacco-user premium contribution rates will apply beginning January 1, of the plan year. I answered "Yes" to the question on the enrollment application.

_____ Every year there is a defined Open Enrollment Period for KEHP coverage that provides me the opportunity to make ANY applicable change to my KEHP coverage.

NOTE: CHILDREN COVERED BY COURT ORDER OR ADMINISTRATIVE ORDER MAY NOT BE DROPPED FROM KEHP COVERAGE, EVEN DURING OPEN ENROLLMENT, UNLESS THERE IS A SUBSEQUENT COURT OR ADMINISTRATIVE ORDER.

_____ I have been directed to the Summary Plan Descriptions on KEHP's web site (kehp.ky.gov) where I can find all relevant information pertaining to my KEHP coverage.

_____ I have been directed to the Benefits Selection Guide on KEHP's web site where I can find all relevant information pertaining to my options for Health Insurance coverage.

_____ Outside of the annual Open Enrollment Period, I will only be allowed to make changes to my current plan and, in appropriate circumstances, change plans **within 30 calendar days of a Qualifying Event or up to 55 calendar days for newborns and adoptions (see the Benefits Selection Guide, or Summary Plan Descriptions for more information on adding newborns/adoptions and when they will be effective).** A list of Qualifying Events is available from your Insurance Coordinator/HRG or KEHP's web site at kehp.ky.gov.

_____ KEHP offers a Premium Conversion program that allows me to pay my portion of the Health Insurance premium with pre-tax dollars. I understand that I will automatically be enrolled in the program by virtue of enrolling in Health Insurance, unless I sign the Post-Tax Form.

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

_____ If I decide that I do not want the state-sponsored KEHP coverage at this time. I can waive (decline) coverage when I enroll either online or by submitting an Enrollment Application. **Check with your Spouse's health plan before waiving coverage. Some companies will not cover you if you are eligible for health benefits through your own employer.**

_____ I may have the opportunity to enroll in the Flexible Spending Account (FSA) program, if applicable, no later than 30 calendar days from my date of employment. I have obtained the appropriate FSA information and application and have been given a chance to ask questions pertaining to the coverage by my Insurance Coordinator/HRG.

_____ I may contribute my own money into either the Healthcare FSA or Dependent Care FSA. Once I have directed money into the Healthcare FSA, changes are permitted for a HIPAA Special Enrollment Right or a Change in Status (Qualifying Event) if the change is requested no later than 35 calendar days of the date of the event. Changes are allowed to the Dependent Care FSA with an approved Change in Status. Refer to the Qualifying Event Charts.

Have you worked for any other company participating in the Kentucky Employees' Health Plan 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 system:

- _____ Judicial Retirement Plan
- _____ Legislators Retirement Plan
- _____ Kentucky Community and Technical College System (403 (b) Plan)
- _____ Kentucky Retirement Systems
- _____ Kentucky Teachers' Retirement System

I acknowledge that I have received copies of the following:

- _____ Flexible Spending Account Information, if applicable
- _____ Memorandum regarding Notice of Special Enrollment Rights and Women's Health and Cancer Right Act
- _____ Other _____

I certify that I have had my Health Insurance and Flexible Spending Account benefits explained and that I understand the benefits and my entitlements and responsibilities.

Employee Signature

Date

PVA Admin Support Representative (IC/HRG)

Date

KENTUCKY EMPLOYEES' HEALTH PLAN LEGAL NOTICES

As a member of the Kentucky Employees' Health Plan (KEHP), you have certain legal rights. Several of those rights are summarized below. Please read these provisions carefully. To find out more information, you may contact the Department of Employee Insurance, Member Services Branch at (888) 581-8834 or (502) 564-6534 or visit kehk.ky.gov.

A. NOTICE ABOUT SPECIAL ENROLLMENT RIGHTS

Under the Health Insurance Portability and Accountability Act (HIPAA), you have "special enrollment" rights if you have a loss of other coverage or you gain a new dependent. In addition, you may qualify for a special enrollment in KEHP under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA).

1. HIPAA Special Enrollment Provision - Loss of Other Coverage.

If you decline enrollment for yourself or your eligible dependent(s) (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 35 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

2. HIPAA Special Enrollment Provision - New Dependent as a Result of Marriage, Birth, Adoption, or Placement for Adoption.

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependent(s). However, you must request enrollment within 35 days after the marriage and within 60 days after birth, adoption, or placement for adoption.

3. CHIPRA Special Enrollment Provision - Premium Assistance Eligibility.

If you or your children are eligible for Medicaid or the Children's Health Insurance Program (CHIP) and you're eligible for health coverage from your employer, Kentucky may have a premium assistance program that can help pay for coverage, using funds from the state's Medicaid or CHIP programs. If you or your dependent(s) are eligible for premium assistance under Medicaid or CHIP, as well as eligible for health insurance coverage through KEHP, your employer must allow you to enroll in KEHP if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. In addition, you may enroll in KEHP if you or your dependent's Medicaid or CHIP coverage is terminated as a result of loss of eligibility. An employee must request this special enrollment within 60 days of the loss of coverage. More information and the required CHIP Notice may be found at kehk.ky.gov.

B. WELLNESS PROGRAM DISCLOSURE

KEHP offers a variety of wellness opportunities and rewards through its LivingWell wellness program. In particular, KEHP offers discounted monthly employee premium contribution rates to non-tobacco users. Each KEHP member has at least one opportunity per plan year to qualify for the monthly premium contribution discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at (888) 581-8834 or (502) 564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

C. THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1986 (COBRA)

COBRA continuation coverage is a continuation of KEHP coverage when it would otherwise end because of a life event. This is also called a "qualifying event." After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." Qualified beneficiaries may elect to continue their coverage under the plan for a prescribed period of time on a self-pay basis. Each qualified beneficiary must be given at least 60 days to choose whether or not to elect COBRA coverage, beginning from the later of the date the election notice is provided, or the date on which the qualified beneficiary would otherwise lose coverage under KEHP due to a qualifying event. The KEHP's third-party COBRA administrator is WageWorks. To learn more about COBRA and your rights under COBRA, please refer to your Summary Plan Description or go to kehk.ky.gov.

D. THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

Your plan, as required by WHCRA, provides benefits for mastectomy-related services including all states of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. For more information regarding this coverage, please refer to your Summary Plan Description or go to kehk.ky.gov.

E. NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NEWBORNS' ACT)

Group health plans generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 (or 96, as applicable) hours. In any case, plans may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 (or 96) hours.

F. HIPAA PRIVACY NOTICE

KEHP gathers and collects demographic information about its members such as name, address, and social security numbers. This information is referred to as individually identifiable health information and is protected by HIPAA and related regulations regarding the privacy and security of such information. HIPAA requires KEHP to maintain the privacy of your protected health information (PHI) and notify you following a breach of unsecured PHI. In addition, KEHP is required to provide to its members a copy of its Notice of Privacy Practices (NPP) outlining how KEHP may use and disclose your PHI to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. The NPP also informs members about their rights regarding their PHI and how to file a complaint if a member believes their rights have been violated. KEHP's Notice of Privacy Practices and associated forms may be obtained by visiting kehk.ky.gov.

G. PLAN YEAR 2015 KEHP PRESCRIPTION DRUG COVERAGE AND MEDICARE-NOTICE OF CREDITABLE COVERAGE

KEHP has determined that KEHP's prescription drug coverage is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

H. NOTICE OF AVAILABILITY OF SUMMARY OF BENEFITS AND COVERAGE (SBC)

As an employee or retiree, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. KEHP offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, KEHP makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about your health coverage options in a standard format, to help you compare across options. The SBCs are only a summary. You should consult KEHP's Summary Plan Descriptions to determine the governing contractual provisions of the coverage. KEHP's SBCs are available on KEHP's website at kehk.ky.gov. A paper copy is also available, free of charge, by contacting the Department of Employee Insurance, Member Services Branch at (888) 581-8834 or (502) 564-6534.

I. WAIVER HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

An employee may elect to waive KEHP health insurance coverage, with or without a Waiver Health Reimbursement Arrangement (HRA). There are two options under the HRA: Waiver General Purpose HRA and the Waiver Dental/Vision ONLY HRA. An employee is eligible for the Waiver General Purpose HRA only if the employee has other group health plan coverage. An employee that elects a Waiver General Purpose HRA must attest that the employee is enrolled in another group health plan that provides minimum value. A "group health plan" refers to coverage provided by an employer, an employer organization, or a union. A "group health plan" does not include individual policies purchased through Kynect or governmental plans such as TRICARE, Medicare, or Medicaid. A group health plan that provides "minimum value" means the plan pays at least 60% of the total allowed cost of covered benefits/services and participants or members in the plan are required to pay no more than 40% of the total allowed cost of covered benefits/services. An employee that elects a Waiver General Purpose HRA and that ceases to be covered under another group health plan that provides minimum value is required to notify KEHP within 35 days of the date that the other group health plan coverage ceased. In this event, coverage under the Waiver General Purpose HRA will be terminated and the employee may elect a KEHP health insurance plan option or the Waiver Dental/Vision Only HRA. Each employee is permitted to permanently opt out of and waive future reimbursements from the Waiver General Purpose HRA at least annually during open enrollment.