



# Employee Benefits Guide 2024

# Employee Benefits Guide 2024

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Welcome to Jefferson County Public Schools (JCPS)! We are delighted that you have made JCPS your employer of choice. Through our employee benefits program, we seek to provide a range of affordable options. We understand that employee benefits are very important and that individual needs may change from year to year. Please carefully review the information in this guide so that you make the best benefits decisions for you and your family.

## The benefits offered to eligible JCPS employees include the following:

- Medical, Dental, and Vision Insurance
- Health Reimbursement Arrangements (HRAs)
- Flexible Spending Accounts (FSAs)
- Short-Term Disability
- Long-Term Disability
- Employee Assistance Program (EAP)
- Cancer Insurance
- Accident Policies
- Auto/Home Insurance
- Prepaid Legal Services
- Term Life Insurance
- Whole Life Insurance

Employees are also automatically enrolled in defined benefit retirement plans and have various 401k, 457, and Tax-Sheltered Annuity (TSA) (403b) programs available for financial investments.

This guide is meant to serve as a general resource to assist employees in understanding the benefits available to eligible JCPS employees. Actual benefits will depend on employment status and employment date. This guide in no way constitutes a contract, written or implied, of employment or a guarantee of current or future benefits.

Disclaimer: The *Employee Benefits Guide* was developed to provide you with the information you will need to understand the extensive benefits offered to you as a JCPS employee. This guide is not to be interpreted as a complete disclosure of plans, nor is it intended to indicate entitlement to any of the benefits described. JCPS reserves the right to adjust, amend, and revise benefit plans. Every effort has been made to provide complete and accurate information within this guide. In the event of a discrepancy between this guide, JCPS policy, federal or state regulation, actual plan documents, or union/association contracts, those documents will govern and not the *Employee Benefits Guide*. In all cases of specific plan interpretations, receipt of benefits, or entitlements, the actual plan document/summary plan description shall rule.

If you have any questions regarding the information contained in this summary, please contact the JCPS Benefits Department at **(502) 485-3436**.



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## New Employee Instructions for Required Benefit Forms

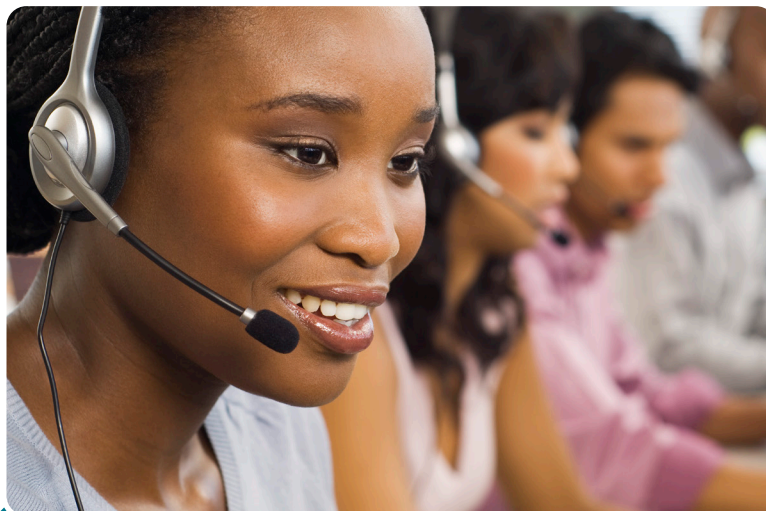
The following forms are required by all benefit-eligible employees. Please complete each form and return to the Benefits Department **within 35 days of your full-time hire date**.

<b>KEHP Health Insurance Benefits Enrollment/Waiver Form</b> All eligible employees must return a completed Benefits Enrollment/Waiver Form. If an employee does not actively enroll or formally waive coverage within 35 days from their full-time hire date, they will be automatically enrolled in the LivingWell Basic CDHP Plan, which has an employee premium payroll deduction. <b>If defaulted, the employee will not receive employer-funded HRA funds.</b>	Required Form
<b>Dearborn Life Insurance Beneficiary Form</b>	Required Form
<b>MetLife Life Insurance Enrollment and Beneficiary Form</b>	Required Form
<b>JCPS Voluntary Benefits Enrollment Form</b>	Required Form
<b>Acknowledgment and Receipt (last page of this book)</b>	Required Form

## JCPS Benefits Department Contact List

**Main Benefits Department: (502) 485-3436**

Name	Title	Phone Number
Julia Wright	Benefits Technician	(502) 485-3168
Susan Dobson	Benefits Clerk	(502) 861-7754
Christi Jones Graziano	Employee Benefits Advisor	(502) 485-3435
Lori Stewart	Employee Benefits Advisor	(502) 485-3945
Angela Atherton	Employee Benefits Advisor	(502) 485-6168
		<b>Fax Number</b> (502) 485-6256



# Benefits Vendor Customer Service Directory

For Information or Questions Regarding:	Contact Information
<b>Health Insurance</b>	<b>Note: Contact numbers can also be found on the back of your ID card.</b>
Health Insurance Claims, Plan Design, and/or Coverage	Kentucky Employees' Health Plan (KEHP): <b>1-844-402-KEHP</b>
To Look Up Participating In-Network Providers	<b>www.anthem.com/kehpc</b>
24/7 Nurse Line	<b>1-877-636-3720</b>
Behavioral Health	<b>1-855-873-4931</b>
Health Equity (formerly WageWorks)	<b>1-877-430-5519</b>
Smart Shopper	<b>1-855-869-2133</b>
CVS/Caremark Pharmacy Benefits	<b>1-866-601-6934, www.caremark.com</b>
Qualifying Life Event Changes (e.g., adding or removing dependents)	JCPS Benefits Advisor: <b>(502) 485-3436</b>
Payroll Deductions	JCPS Payroll Department: <b>(502) 485-3245</b>
COBRA Continuation of Coverage	WageWorks: <b>888-678-4881</b>
WebMD	<b>1-866-746-1316</b>
<b>Flexible Spending Accounts—Health Equity</b>	<b>Note: Contact numbers can also be found on the back of your ID card.</b>
Healthcare FSA	<b>1-877-430-5519</b>
Dependent Care FSA	<b>1-877-430-5519</b>
Payroll Deductions	JCPS Benefits Advisor: <b>(502) 485-3436</b>
<b>Dental Insurance</b>	<b>Note: Contact numbers can also be found on the back of your ID card.</b>
Anthem Dental	<b>(844) 402-5347/(502) 564-4774</b>
Qualifying Life Event Changes (e.g., adding or removing dependents)	JCPS Benefits Advisor: <b>(502) 485-3436</b>
<b>Vision Insurance</b>	<b>Note: Contact numbers can also be found on the back of your ID card.</b>
Anthem Vision	<b>(844) 402-5347/(502) 564-4774</b>
Qualifying Life Event Changes (e.g., adding or removing dependents)	JCPS Benefits Advisor: <b>(502) 485-3436</b>
<b>Life Insurance</b>	
Commonwealth of Kentucky-Provided Plan (MetLife)	<b>(502) 564-4774</b>
JCPS-Provided Plan (Dearborn)	JCPS Benefits Advisor: <b>(502) 485-3436</b>
To File a Death Claim	JCPS Benefits Advisor: <b>(502) 485-3436</b>
Conversion or Portability Options	JCPS Benefits Advisor: <b>(502) 485-3436</b>
Voluntary Term Life Insurance	Dearborn: <b>(502) 228-8831</b> (Ash Group)
Voluntary Whole Life Insurance	Boston Mutual: <b>(502) 238-7255</b> (Creative Employee Benefits)
Voluntary Accidental Death and Dismemberment (AD&D)	The Standard: <b>(502) 458-0122</b> (Reisert and Associates, LLC)

# Benefits Vendor Customer Service Directory

<b>Disability Insurance</b>	
JCPS-Provided Long-Term Disability (Voya)	JCPS Benefits Advisor: <b>(502) 485-3436</b>
Voluntary Short-Term Disability	American Fidelity: <b>1-800-934-8030</b> Colonial: <b>(502) 238-7255</b> (Creative Employee Benefits)
<b>Employee Assistance Program</b>	
	Human Development Company: <b>(502) 589-HELP (4357)</b>
<b>Retirement Systems</b>	
Teachers' Retirement System (TRS)	<b>1-800-618-1687</b>
County Employees Retirement System (CERS)	<b>1-800-928-4646</b>
<b>Retirement Savings Programs</b>	
Payroll Deductions	JCPS Benefits Advisor: <b>(502) 485-3436</b>
403b Plan	Various Providers (Refer to the JCPS website for a current list.)
401k Plan	Kentucky Public Employees' Deferred Compensation Authority (Kentucky Deferred Comp): <b>1-800-542-2667</b>
457 Plan	Kentucky Deferred Comp: <b>1-800-542-2667</b>
<b>Additional Voluntary Programs</b>	
Payroll Deductions	JCPS Benefits Advisor: <b>(502) 485-3436</b>
Prepaid Legal Services	MetLife: <b>1-800-821-6400</b>
Auto and Home Insurance	Farmers Insurance: <b>1-800-438-6381</b>
Cancer Insurance Plans	American Fidelity: <b>1-800-934-8030</b> Colonial: <b>(502) 238-7255</b> (Creative Employee Benefits)
Accident Insurance	American Fidelity: <b>1-800-934-8030</b> Colonial: <b>(502) 238-7255</b> (Creative Employee Benefits)
Critical Illness	Colonial: <b>(502) 238-7255</b> (Creative Employee Benefits)
Class Act Federal Credit Union	<b>(502) 964-7575</b>

## Employment Classification and Benefit Eligibility

Eligibility for various benefits described in this guide may depend on employment classification. The employment classifications referred to in this guide are described below. All active full-time employees are eligible for benefits.

### Classified Employees

Classified JCPS employees are those who are **not** required to have teaching certification for their position.

### Full-Time

Classified employees who work 20 or more hours a week and are not in a part-time position are considered **full-time** classified employees. The employee must also be assigned to a full-time working calendar.

### Eligibility

All full-time employees are eligible for most benefits on the first day of the second month after their full-time hire date. For example, an employee hired on August 5 will be eligible for benefits on October 1.

### Certified Employees

Certified JCPS employees are those who hold certificates for their position.

### Full-Time

Certified employees who work a full school term and whose employment requires 70 percent or more of the school day (five hours a day) or month are considered **full-time** certified employees. The employee must also be assigned to a full-time working calendar.

Any employee determined by JCPS to be eligible for health insurance under the Patient Protection and Affordable Care Act (ACA), regardless of their classification, will be offered appropriate coverage in accordance with the regulations set forth in the ACA.



## JCPS- and State-Sponsored Core Benefits

Benefit	Eligibility	Effective Date	Who Pays	Description
Health Insurance	Full-time employees and those employees determined to be eligible under the ACA	First day of the second month after the full-time hire date	The Commonwealth of Kentucky and the employee share the cost.	Choice of a PPO Plan with Rx drug program or two CDHP options with a KEHP-funded HRA. Tobacco and Non-Tobacco User rates. LivingWell and Non-Living Well rates.
FSAs (Healthcare and Dependent Care)	Full-time employees	First day of the second month after the full-time hire date	Employee	FSA Plan with \$3,050 maximum for unreimbursed medical and \$2,500/\$5,000 for dependent care expenses depending on tax filing status
HRAs	Full-time employees	First day of the second month after the full-time hire date	Commonwealth of Kentucky and/or employee	<p>A Waiver General Purpose HRA is available to those who are eligible and waive health insurance (\$2,100 per year on a preloaded HRA).</p> <p>A Wavier Limited Purpose HRA is available (\$2,100 per year on a preloaded HRA).</p> <p>Employees who enroll in the CDHP Health Plan will receive \$500 for single/\$1,000 family or \$250 single/\$500 family on an HRA.</p>
Group Term Life (JCPS-Provided)	Full-time employees	First day of the second month after the full-time hire date	JCPS	(1) Times annual earnings up to \$50,000 with a minimum of \$10,000 and a maximum of \$50,000. Includes AD&D.
Group Term Life (State-Provided)	Full-time employees	First day of the second month after the full-time hire date	Commonwealth of Kentucky	\$20,000 death benefit including AD&D coverage. Optional plans are available for employee purchase.
Long-Term Disability	Full-time employees who have completed one year of full-time employment	Following one year of full-time employment	JCPS	The benefit is 66 2/3 percent of base earnings up to a maximum monthly benefit of \$4,000. Benefits continue for up to two years for the employee's own occupation and three additional years for any occupation.
EAP	Full-time and part-time employees and their families	Immediately upon employment	JCPS	Up to three confidential counseling visits an issue a year offered to employees and/or their family members at no cost to the employee

**Please note that when electing health insurance or FSAs, the premiums will be deducted from paychecks on a pretax basis in accordance with the Section 125 Cafeteria Plan.**



## Qualifying Events—Changing or Canceling Your Benefits

Many of the JCPS employee benefits are operated as federally regulated Section 125 Cafeteria Plans, which allows you to pay your premiums with pretax dollars. In exchange, there are only three times when you can add, change, or cancel your benefit elections during the plan year:

- When you first become eligible for benefits
- During the annual open enrollment period
- If you experience a qualifying life event

### What Is a Qualifying Life Event?

- Marriage
- Having or adopting a child
- Divorce
- Loss of other group insurance
- Gain of other group insurance
- Spouse has a different open enrollment period



### When You Have a Qualifying Event

In all cases, any change in your plan option or coverage level must be consistent with the qualifying event. For most events, you must complete a Qualifying Event Form and provide sufficient back-up to the JCPS Benefits Department within 35 calendar days from the event date.

Qualifying events can be complicated and sometimes are difficult to understand. There are restrictions on the types of changes you may make due to federal qualifying event rules. If you do not provide the necessary forms and back-up to the Benefits Department within the 35-calendar-day time period, you will not be permitted to change your benefit elections until the next annual open enrollment period. For more information about qualifying events, you may contact the JCPS Benefits Department at **(502) 485-3436**.

### Open Enrollment

All eligible employees are provided the opportunity to enroll, change, or waive health insurance during each annual open enrollment period. Employees who elect to transfer from one health insurance plan to a different health insurance plan during an open enrollment period may be required to complete a new Health Insurance Enrollment Application before the end of the open enrollment period.

Elections for the calendar year will remain in effect for the full plan year unless an employee experiences a qualifying life event.



## Health Insurance

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JCPS participates in KEHP. Currently, the health insurance options include a choice of a PPO plan or two CDHP plans. The Commonwealth of Kentucky requires all eligible employees to enroll or formally waive health insurance coverage. If an employee does not wish to enroll in one of the health insurance options, they must complete a Waiver of Coverage Form. **If an employee does not actively enroll or formally waive coverage, they will be automatically enrolled in the LivingWell Basic CDHP. If defaulted, the employee will not receive employer-funded HRA funds.** This selection will remain in effect until a new application is submitted during the next annual open enrollment period or within 35 days of a qualifying event.

## Wellness Program

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KEHP provides JCPS employees access to the Castlight Employee Wellness Program. This exciting program is automatically provided to all KEHP health insurance plan members. Employees can take the first step on their path to wellness and rewards by registering online and completing a health assessment. As they make progress toward their unique health goals, employees are rewarded not only with health and happiness but also with perks and rewards. For more information on the Castlight Employee Wellness Program, visit [livingwell.ky.gov](http://livingwell.ky.gov) or [mycastlight.com/mybenefits](http://mycastlight.com/mybenefits).

## Value-Added Services and Programs Provided by KEHP

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**LiveHealth Online**—LiveHealth Online lets you talk face to face with a doctor through your mobile device, tablet, or a computer with a webcam. You can video chat with board-certified doctors and therapists for free. This service is available with no co-pay for KEHP members.

**Smart Shopper**—With Smart Shopper, health insurance members can shop and compare prices for common medical services and earn cash rewards for doing so.

**Building Healthy Families**—The **Building Healthy Families** program is available to expectant mothers at no cost. **Building Healthy Families** supports mothers in having a healthy pregnancy. With **Building Healthy Families**, employees receive 24/7 phone access to a nurse coach, a pregnancy week-by-week book, and useful tools to track pregnancy and spot possible risks. To access these free resources, call (844) 402-5347.

## Mental and Behavioral Health Value-Added Programs

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**LiveHealth Online Behavioral Health**—Employees can have fast and easy virtual behavioral health visits whenever needed. There is no additional cost to the employee for LiveHealth Online Behavioral Health. LiveHealth Online lets employees have a video visit with a board-certified psychiatrist or therapist from a computer, tablet, or smartphone. Common conditions treated with LiveHealth Online Behavioral Health include anxiety, depression, grief, panic attacks, and medication for those 18 and older. For a LiveHealth Online Behavioral Health appointment, schedule online or call (888) 548-3432.

**RethinkCare**—Through RethinkCare, employees can gain 24/7 access to virtual consultations with a dedicated behavioral expert and unlimited use of the website filled with step-by-step videos, resources, and digital training, tips, articles, and exercises developed to help families raise more resilient children. Visit [connect.rethinkcare.com/sponsor/kehps](http://connect.rethinkcare.com/sponsor/kehps), and use code KEHP. Email [support@rethinkcare.com](mailto:support@rethinkcare.com) for assistance.

**Learn to Live**—Built on proven principles of cognitive behavioral therapy (CBT), Anthem provides digital tools that are available anytime, anywhere. These tools can help employees identify thoughts and behavior patterns that affect emotional well-being and work through those thoughts and patterns. Employees will learn effective ways to manage stress, depression, anxiety, substance abuse, and sleep issues. Log on to [www.anthem.com](http://www.anthem.com), go to **My Health Dashboard**, choose **Programs**, and select **Emotional Well-being Resources**. For a full listing of additional value-added programs, visit [kehps.ky.gov](http://kehps.ky.gov).



# 2024 Health Insurance Options

	LivingWell CDHP		LivingWell PPO		LivingWell Basic CDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Lifetime Maximum</b>	Unlimited					
<b>HRA</b>	Single \$500; Family \$1,000		No HRA		Single \$250; Family \$500	
<b>Annual Deductible</b>	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
<b>Annual Maximum Out-of-Pocket</b>	Applies to Medical and Pharmacy		Applies to Medical		Applies to Medical and Pharmacy	
	Single \$3,000 Family \$5,750	Single \$5,750 Family \$11,250	Single \$3,000 Family \$5,750	Single \$5,750 Family \$11,250	Single \$4,000 Family \$7,750	Single \$7,750 Family \$11,250

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

<b>Co-Insurance</b>	Plan: 80% Member: 20%	Plan: 50% Member: 50%	Plan: 75% Member: 25%	Plan: 50% Member: 50%	Plan: 70% Member: 30%	Plan: 50% Member: 50%
<b>Doctor's Office Visit</b>	Deductible, then 20%	Deductible, then 50%	Co-pay: \$25 PCP \$50 Specialist	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%

<b>Annual Prescription Drug Maximum Out-of-Pocket</b>	Combined with Medical		Single \$2,500 Family \$5,000	Single \$5,000 Family \$10,000	Combined with Medical	
<b>30-Day Supply</b>						
Tier 1 - Generic	Deductible, then 20%	Deductible, then 50%	\$20	\$40	Deductible, then 30%	Deductible, then 50%
Tier 2 - Formulary			\$40	\$80		
	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.					

<b>90-Day Supply (Retail or Mail Order)</b>	Deductible, then 20%	Not Covered	\$40 \$80	Not Covered	Deductible, then 30%	Not Covered
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## 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%

# 2024 Health Insurance Options

	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%
<b>Emergency Services</b>						
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%	
<b>Other Services</b>						
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.

# 2024 Monthly Premium Contributions for Non-Tobacco Users

Who completed the LivingWell Promise in 2023 for 2024			
LivingWell CDHP	Total Premium	Employer Contribution	Employee Contribution
Single	\$930.76	\$877.30	\$53.46
Parent-Plus	\$1,269.28	\$1,132.22	\$137.06
Couple	\$1,866.24	\$1,526.90	\$339.34
Family	\$2,078.08	\$1,679.16	\$398.92
Family Cross-Reference	\$1,068.66	\$981.76	\$86.90
LivingWell PPO	Total Premium	Employer Contribution	Employee Contribution
Single	\$949.04	\$859.90	\$89.14
Parent-Plus	\$1,320.40	\$1,066.30	\$254.10
Couple	\$1,981.62	\$1,409.86	\$571.76
Family	\$2,185.78	\$1,469.14	\$716.64
Family Cross-Reference	\$1,126.28	\$955.80	\$170.48
LivingWell Basic CDHP	Total Premium	Employer Contribution	Employee Contribution
Single	\$901.04	\$872.70	\$28.34
Parent-Plus	\$1,234.80	\$1,167.28	\$67.52
Couple	\$1,863.04	\$1,581.62	\$281.42
Family	\$2,069.88	\$1,732.20	\$337.68
Family Cross-Reference	\$1,057.40	\$1,025.90	\$31.50

Who did NOT complete the LivingWell Promise in 2023 for 2024			
LivingWell CDHP	Total Premium	Employer Contribution	Employee Contribution
Single	\$930.76	\$837.30	\$93.46
Parent-Plus	\$1,269.28	\$1,092.22	\$177.06
Couple	\$1,866.24	\$1,486.90	\$379.34
Family	\$2,078.08	\$1,639.16	\$438.92
Family Cross-Reference	\$1,068.66	\$941.76	\$126.90
LivingWell PPO	Total Premium	Employer Contribution	Employee Contribution
Single	\$949.04	\$819.90	\$129.14
Parent-Plus	\$1,320.40	\$1,026.30	\$294.10
Couple	\$1,981.62	\$1,369.86	\$611.76
Family	\$2,185.78	\$1,429.14	\$756.64
Family Cross-Reference	\$1,126.28	\$915.80	\$210.48
LivingWell Basic CDHP	Total Premium	Employer Contribution	Employee Contribution
Single	\$901.04	\$832.70	\$68.34
Parent-Plus	\$1,234.80	\$1,127.28	\$107.52
Couple	\$1,863.04	\$1,541.62	\$321.42
Family	\$2,069.88	\$1,692.20	\$377.68
Family Cross-Reference	\$1,057.40	\$985.90	\$71.50

All employee premium contributions are per employee, per month.

## 2024 Monthly Premium Contributions for Tobacco Users

Who completed the LivingWell Promise in 2023 for 2024			
LivingWell CDHP	Total Premium	Employer Contribution	Employee Contribution
Single	\$930.76	\$837.30	\$93.46
Parent-Plus	\$1,269.28	\$1,052.22	\$217.06
Couple	\$1,866.24	\$1,446.90	\$419.34
Family	\$2,078.08	\$1,599.16	\$478.92
Family Cross-Reference	\$1,068.66	\$941.76	\$126.90
LivingWell PPO	Total Premium	Employer Contribution	Employee Contribution
Single	\$949.04	\$819.90	\$129.14
Parent-Plus	\$1,320.40	\$986.30	\$334.10
Couple	\$1,981.62	\$1,329.86	\$651.76
Family	\$2,185.78	\$1,389.14	\$796.64
Family Cross-Reference	\$1,126.28	\$915.80	\$210.48
LivingWell Basic CDHP	Total Premium	Employer Contribution	Employee Contribution
Single	\$901.04	\$832.70	\$68.34
Parent-Plus	\$1,234.80	\$1,087.28	\$147.52
Couple	\$1,863.04	\$1,501.62	\$361.42
Family	\$2,069.88	\$1,652.20	\$417.68
Family Cross-Reference	\$1,057.40	\$985.90	\$71.50

Who did NOT complete the LivingWell Promise in 2023 for 2024			
LivingWell CDHP	Total Premium	Employer Contribution	Employee Contribution
Single	\$930.76	\$797.30	\$133.46
Parent-Plus	\$1,269.28	\$1,012.22	\$257.06
Couple	\$1,866.24	\$1,406.90	\$459.34
Family	\$2,078.08	\$1,559.16	\$518.92
Family Cross-Reference	\$1,068.66	\$901.76	\$166.90
LivingWell PPO	Total Premium	Employer Contribution	Employee Contribution
Single	\$949.04	\$779.90	\$169.14
Parent-Plus	\$1,320.40	\$946.30	\$374.10
Couple	\$1,981.62	\$1,289.86	\$691.76
Family	\$2,185.78	\$1,349.14	\$836.64
Family Cross-Reference	\$1,126.28	\$875.80	\$250.48
LivingWell Basic CDHP	Total Premium	Employer Contribution	Employee Contribution
Single	\$901.04	\$792.70	\$108.34
Parent-Plus	\$1,234.80	\$1,047.28	\$187.52
Couple	\$1,863.04	\$1,461.62	\$401.42
Family	\$2,069.88	\$1,612.20	\$457.68
Family Cross-Reference	\$1,057.40	\$945.90	\$111.50

All employee premium contributions are per employee, per month.

# Anthem Optional Dental Insurance

**No rate changes for 2024**

You may choose optional employer-sponsored, employee-paid, dental insurance administered by Anthem. Dental benefits not only protect your teeth but also can support overall health. Some conditions, like heart disease, can have warning signs in the mouth and gums.<sup>1</sup> Our dental plan gives you all the benefits you need for a healthy mouth and more.

Your dental plan includes:

- Access to a large number of dentists in the plan.
- An extra cleaning if you're pregnant, have diabetes, or another qualifying condition.
- A benefit for a brush biopsy that can help diagnose oral cancer.
- No out-of-pocket costs for most preventive and diagnostic services, including regular cleanings and X-rays, when you see a dentist in the plan's network.
- Easy-to-use online tools, including a Dental Health Assessment, Dental Cost Estimator, and Ask a Dental Hygienist.
- Teledentistry, 24 hours a day, 7 days a week, 365 days a year. Using technology and telecommunications, employees can get dental care remotely, without the need to go to a dentist's office.
- Orthodontic benefits now include at-home clear aligners – Ortho@Home – providing a simple, more budget-friendly option in the Gold plan for children up to age 18.

	Bronze <sup>2</sup>	Silver <sup>2</sup>	Gold <sup>2</sup>
Your Dental Plan at a Glance	In/Out-of-Network <sup>3</sup>	In/Out-of-Network <sup>3</sup>	In/Out-of-Network <sup>3</sup>
Annual Benefit Maximum <sup>4</sup>	\$750	\$1,000	\$1,500
Annual Deductible	\$50	\$50	\$50
Orthodontia (only for children up to 18)	Not covered	Not covered	\$1,500
Diagnostic and Preventive Services	100%/100% of allowable amount <sup>3</sup>	100%/100% of allowable amount <sup>3</sup>	100%/100% of allowable amount <sup>3</sup>
Basic Services	50%/50% of allowable amount <sup>3</sup>	80%/80% of allowable amount <sup>3</sup>	80%/80% of allowable amount <sup>3</sup>
Oral Surgery (Simple)	50%/50% of allowable amount <sup>3</sup>	80%/80% of allowable amount <sup>3</sup>	80%/80% of allowable amount <sup>3</sup>
Major Services <sup>5</sup> (including Complex Oral Surgery, Porcelain Crowns, and Implants)	Not covered	50%/50% of allowable amount <sup>3</sup>	50%/50% of allowable amount <sup>3</sup>
Annual Maximum Carryover	Not covered	Not covered	Covered

No waiting periods for basic or major services. Up to 24-month waiting period missing tooth clause.<sup>5</sup>

<sup>1</sup> Harvard Health Publishing, *Gum disease and heart disease: The common thread* (accessed July 2023); [health.harvard.edu](https://www.health.harvard.edu).

<sup>2</sup> In-network rates for each tier, out-of-network reimbursement limitations may apply.

<sup>3</sup> Difference in charged amount and out-of-network allowable amount can result in balance billing.

<sup>4</sup> Dental services exceeding annual benefit maximum(s) are not Covered Services in compliance with applicable state law(s) and participating provider discounts may not apply. Please contact your dentist to determine available discounts prior to obtaining services. For complete coverage details, please refer to your plan certificate or contact member services.

<sup>5</sup> For replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

## Monthly Dental Rates for 2024

Monthly Rates	Bronze	Silver	Gold
Employee only	\$14.08	\$21.40	\$28.40
Employee + spouse	\$25.68	\$40.62	\$54.90
Employee + child(ren)	\$33.40	\$45.92	\$70.00
Family	\$49.28	\$68.26	\$102.10

# Anthem Optional Vision Insurance

No rate changes for 2024

You may choose optional employer-sponsored, employee-paid, vision insurance administered by Anthem. Routine eye checkups are about more than making sure you can see clearly. They're also important to overall health, safety, and learning. Even if you can see well, regular eye exams are important to help keep your eyes healthy – and catch other health problems early.<sup>1</sup>

With Blue View Vision<sup>SM</sup>, you have access to one of the country's largest networks of eye doctors and eye-care retailers. This makes it easy to get eye care at the best time for you.

- 39,000 eye doctors in the Insight Network<sup>2</sup>
- 28,000 locations<sup>2</sup>
- Online shopping at Glasses.com, ContactsDirect.com, Lenscrafters.com, Targetoptical.com, ray-ban.com/insurance, and 1-800 CONTACTS<sup>®</sup>
- National network of optical retail stores like LensCrafters<sup>®</sup>, Target Optical<sup>®</sup>, and most Pearle Vision<sup>®</sup> stores

Your vision benefits cover:

- Adult routine eye exam
- Frames and either eyeglass lenses or contact lenses for adults
- Pediatric routine eye exams
- Frames and either eyeglass lenses or contact lenses for covered children up to age 26. For children up to age 19, Transitions<sup>®</sup> lenses are included to protect their eyes from harmful UV rays and polycarbonate lenses at no extra cost

	Bronze <sup>3</sup>	Silver <sup>3</sup>	Gold <sup>3</sup>
Exam with dilation as necessary	\$10 co-pay	\$10 co-pay	\$10 co-pay
Frames	\$125 allowance and 20% off any remaining balance	\$150 allowance and 20% off any remaining balance	\$150 allowance and 20% off any remaining balance
Eyeglass lenses: single vision, bifocal, trifocal, lenticular	\$25 co-pay	\$10 co-pay	\$10 co-pay
Standard progressive lens	Standard fixed price/discount	Standard fixed price/discount	\$20 co-pay
<b>Contact lenses</b>			
Conventional	\$150 allowance, 15% off balance over \$150	\$150 allowance, 15% off balance over \$150	\$175 allowance, 15% off balance over \$175
Disposable	\$150 allowance	\$150 allowance	\$175 allowance
Medically necessary	Covered in full	Covered in full	Covered in full
<b>Frequency</b>			
Examination	Once every calendar year	Once every calendar year	Once every calendar year
Lenses or contact lenses	Once every calendar year	Once every calendar year	Once every calendar year
Frame	Once every two calendar years	Once every two calendar years	Once every calendar year
<b>Monthly Rates</b>			
	<b>Bronze</b>	<b>Silver</b>	<b>Gold</b>
Employee only	\$5.52	\$6.46	\$13.12
Employee + spouse	\$10.94	\$12.80	\$26.14
Employee + child(ren)	\$11.22	\$13.12	\$26.80
Family	\$16.64	\$19.48	\$39.82

<sup>1</sup> American Optometric Association, *Evidence-Based Clinical Practice Guideline, Comprehensive Adult Eye and Vision Examination 2015* (accessed July 2023): [aoa.org](http://aoa.org).

<sup>2</sup> Internal data, 2021.

<sup>3</sup> In-network rates for each tier, out-of-network reimbursement limitations may apply.



## Flexible Spending Accounts

KEHP offers two FSAs, which can save employees money on their out-of-pocket expenses. Both the Healthcare FSA and the Dependent Care FSA allow eligible employees to contribute pretax monies through payroll deduction. During the year, employees have access to this account for reimbursement of certain medical, dental, vision, Rx, or dependent care expenses. By using tax-free dollars to pay for these expenses, employees can experience substantial tax savings.

**Note:** Employees should be careful when selecting the amount they wish to have payroll-deducted. If an employee has a Healthcare FSA, they are permitted to carry over a minimum of \$50 and a maximum of \$610 of unused funds from 2024 to 2025; however, anything in excess of \$610 will be forfeited.

The current KEHP booklet includes information on FSAs and can be found at [kehp.ky.gov](http://kehp.ky.gov).

For a complete list of eligible FSA expenses, visit [healthequity.com](http://healthequity.com).

## Health Reimbursement Arrangements



KEHP offers a waiver general purpose HRA, a Waiver Limited Purpose HRA, or a preloaded HRA to those employees who enroll in a CDHP health insurance option.

If eligible, active full-time employees who choose to waive health insurance coverage will have \$2,100 a year contributed into their HRA account. This balance can be used to pay for qualified expenses only. Eligible employees who choose to elect the Waiver Limited Purpose HRA will have \$2,100 annually contributed into their HRA account to pay for qualified dental and vision expenses. Any balance remaining at the end of the calendar year will carry over to the next calendar year as long as health insurance continues to be waived and the employee selects the HRA for the following calendar year.

Employees who enroll in one of the CDHPs will receive \$500 for single coverage/\$1,000 for any level of family coverage **or** \$250 for single coverage/\$500 for any level of family coverage on a preloaded HRA card. The actual amount loaded to the HRA card will depend on the specific health insurance plan the employee is enrolled in.

The current KEHP booklet, including information on HRAs, can be found at [kehp.ky.gov](http://kehp.ky.gov).

## Group Term Life Insurance

**(Paid in full by JCPS)**

JCPS is proud to provide eligible employees a group term life insurance policy at no cost to employees to help protect them and their families. For specific details, please refer to the policy certificate located at [www.jefferson.ky.schools.us](http://www.jefferson.ky.schools.us).

**Coverage:** This policy provides a death benefit of (1) times an employee's annual earnings. The minimum amount of coverage is \$10,000, and the maximum amount of coverage is \$50,000.

**Accidental Death and Personal Loss Coverage:** This policy includes AD&D coverage at no cost to employees. A benefit is payable for losses while involved in an accident or bodily injury resulting from an accident.



**Eligibility/Effective Date:** Eligible full-time employees are automatically enrolled in this coverage and will complete a beneficiary designation upon hire. Employees are eligible on the first day of the second month after the full-time hire date.

**Living Benefit:** A Living Benefit (also called an Accelerated Death Benefit) is available to employees under this policy. When an employee is diagnosed with a terminal illness (has 12 months or less to live), they may withdraw up to 80 percent of their life insurance coverage. The death benefit will be reduced by the amount taken as a Living Benefit. See the plan certificate for specific details.

**Termination of Coverage:** Coverage for this policy will end when employment ends or the employee no longer meets the eligibility requirements, the plan is discontinued, or for other reasons that are described in the policy certificate.

**Conversion or Portability:** If an employee separates employment or becomes ineligible for this coverage, they have the option to convert or port all or part of the amount of life insurance in force on the date of termination without Evidence of Insurability. Conversion elections must be made within 31 days of loss of eligibility.

## Value-Added Services and Programs (free with coverage on the JCPS-sponsored life insurance policy)

### Beneficiary Resource Services

When a loved one dies, families often face complex issues ranging from estate planning, legal questions, funeral planning, and coping with grief and financial uncertainties. That's why we offer Beneficiary Resource Services, a program that combines family wellness and security at the most difficult of times. Services include grief and financial counseling, funeral planning, legal support, and online will preparation. **To access these valuable resources, call 800-769-9187 or visit BeneficiaryResource.com. (Username: beneficiary)**

### Travel Assistance and ID Theft Protection Services:

Employees and their families have direct access to free round-the-clock support while traveling more than 100 miles from home. This service provides immediate solutions for unexpected situations and everyday needs.

Call **800-872-1414. (Reference # 01-AA-TRS-12201)**

**SimpliCollege:** As part of your employee benefits package, Dearborn Group provides you and your family with access to SimpliCollege, an online resource dedicated to helping people plan for, pay for, and reduce the cost of college. Whether you've already started planning for college or you're just starting out, SimpliCollege provides easy access to virtually everything you need to be financially prepared. To access SimpliCollege, go to **SimpliCollege.com/DL**.

**Office Depot Discount:** As a Dearborn Group insurance customer, Office Depot offers you a special 10 percent discount on most of your office supplies. Visit the JCPS website to print your card.

**Store Purchasing Program Account #: 8012 819 4252  
Coupon Code: 82677141**

For more information, please visit **www.jefferson.kyschools.us** or contact a JCPS benefits advisor.



## Group Term Life Insurance (Paid in full by the Commonwealth of Kentucky)

The Commonwealth of Kentucky provides eligible employees an additional group term life insurance policy at no cost to employees. This policy provides a death benefit of \$20,000. This coverage also includes AD&D. Eligible employees will complete an enrollment form and beneficiary designation forms upon hire.

## General Life Insurance Information

**Beneficiaries:** Upon full-time employment, eligible employees will receive beneficiary designation forms to complete and return to their JCPS benefits advisor. An employee should designate a beneficiary (or beneficiaries) to receive the proceeds of these coverages in the event of the employee's death. Employees may designate anyone of their choosing as a beneficiary but should pay close attention to the instructions on each beneficiary form especially in regard to minors. Employees may change their beneficiary designations at any time by completing a beneficiary change form and submitting it to their JCPS benefits advisor. Employees will be required to visit the JCPS Benefits Department and show a valid picture ID to change

their beneficiary. Employees should notify the JCPS Benefits Department of any name changes. Failure to designate a beneficiary will result in the proceeds of coverage being distributed according to the policy certificate guidelines.

**Duration of Life Insurance Coverage:** The life insurance coverages described on pages 16 and 17 will remain in effect for 24 hours a day, 365 days a year, as long as the employee remains in an eligible status and a premium is paid on the employee's behalf.

**Termination of Employment:** When an employee separates from full-time employment, the coverage will end the last day of the month in which the employment ended regardless of the actual termination date.

**Conversion Periods:** Employees will have 31 days from their termination date of insurance to convert their coverage to an individual policy. For conversion information for the JCPS-paid policy, contact the JCPS Benefits Department. For conversion rates and information for the Commonwealth of Kentucky-provided policy, contact the Commonwealth of Kentucky Optional Insurance Department at **(502) 564-4774**.

## Life Insurance Claims Processing and Payment

In the event of a claim under the group life insurance policies, the beneficiary should immediately contact the JCPS Benefits Department and follow up by sending the following information:

- Beneficiary date of birth and Social Security number
- Two certified copies of your Death Certificate

This information should be sent to:

**Benefits Department**  
**Jefferson County Public Schools**  
**P.O. Box 34020**  
**Louisville, KY 40232-4020**

After receiving the above information, the Benefits Department will file a Proof of Death Claim with the insurance company.



## Long-Term Disability (Paid in full by JCPS)

JCPS is proud to provide eligible employees a long-term disability policy at no cost to employees to help protect an employee's income in the event of a disability. For specific details, please refer to the policy certificate located at [www.jefferson.kyschools.us](http://www.jefferson.kyschools.us).

**Eligibility:** Long-term disability is provided for all full-time employees of JCPS on the first day of the month following the date they complete one full year of active employment as an eligible employee.

**Benefit Amount:** The long-term disability plan replaces a portion of an employee's basic monthly earnings during periods of total disability. The benefit amount under this plan is  $66 \frac{2}{3}$  percent of basic monthly earnings.

**Coordination of Benefits:** The plan is not coordinated with other income for the first six months from the date of disability. However, after six months, it will be coordinated with any monthly income received from the following:

- Social Security benefits (actual or estimated)
- Retirement program
- Any disability program sponsored by another employer
- Employment while partially disabled
- Other areas listed in the policy certificate

**Minimum and Maximum Long-Term Disability Benefits:**

The minimum benefit payable from this plan is \$100 a month or 10 percent of the monthly benefit, whichever is greater. The maximum benefit payable from this plan is \$4,000 a month less the total income an employee is receiving from all other sources.

**When Benefits Begin:** Long-term disability benefits will begin when an employee has satisfied the elimination period of 45 days or when they have exhausted all accrued paid sick leave days, whichever is greater.

**Duration of Benefits:** Eligible employees may receive benefits for up to 24 months (2 years) as long as they are disabled from performing their own occupation. Benefits may continue for a total of 60 months (5 years) if the employee is disabled from any occupation. Benefits will not exceed five years or age 70, whichever occurs first. Other maximums will apply for disabilities due to substance abuse or mental and nervous disorders.

**Claims Information and Processing:** To apply for benefits under the long-term disability plan, employees should contact the Benefits Department to request an application. The employee and their doctor must complete the application and return it to the Benefits Department for processing.

All claims must be filed within 180 days of the date the employee would become eligible for the benefit. For more information, visit [www.jefferson.kyschools.us](http://www.jefferson.kyschools.us) or contact a JCPS benefits advisor.

## Employee Assistance Program

**(Paid in full by JCPS)**

JCPS recognizes that all employees' mental and emotional health is as important to their job performance as physical health. To provide support for employees, JCPS has contracted with an EAP for our employees and their family members at no cost to the employee. The EAP is a confidential counseling program offering short-term, traditional, face-to-face, or telephonic counseling services with a licensed therapist. The EAP can provide assistance with grief, depression, anxiety, phobias, relationships, substance abuse problems, legal and financial problems, child and elder care resources, and much more. The EAP provides three sessions a person at no cost to the employee. This benefit is paid entirely by JCPS. To schedule an appointment, call **Human Development Company at (502) 589-HELP (4357)**. Please also see **KEHP Behavioral Health Resources on page 9**.

## Voluntary Benefit Plans

**Payroll deductions for all benefits are paid the current month (24 deductions). For full details of each voluntary benefit plan offered, please visit [www.jefferson.kyschools.us](http://www.jefferson.kyschools.us).**

### Dental Insurance

Dental insurance through payroll deduction is offered to eligible employees and their dependents. Employees have the choice of three traditional PPO dental plan options. Dental plans cover diagnostic and preventive services, minor services, and major dental services. Refer to page 14 or the JCPS website and optional benefit materials for current carrier information as well as specific plan details and premium rates.

### Vision Insurance

Vision insurance through payroll deduction is offered to eligible employees and their dependents. Employees have three plan choices.

Please refer to page 15 or the JCPS website and optional benefit materials for current carrier information as well as specific plan details and premium rates.



## Short-Term Disability

Short-term disability provides protection for an employee's income should they become disabled and unable to work. Most Americans purchase insurance for their homes, vehicles, and health. Short-term disability provides insurance for an employee's income to bridge the gap between their last day worked and the 45 days before long-term disability will begin payments. Preexisting condition exclusions may apply, so review the plan details carefully. Evidence of insurability may also apply, so refer to the JCPS website and optional benefit materials to compare carriers and plans. Specific plans and salary/age-banded premium rates are included in the optional benefit materials.

## Supplemental Term Life Insurance and Whole Life Insurance

Some employees may wish to purchase additional term life or whole life insurance above the amounts furnished by JCPS and the Commonwealth of Kentucky. Additional term life insurance is offered for employees and their dependents through Dearborn. Whole life insurance is offered through Boston Mutual. Evidence of insurability may apply, so refer to the JCPS website and optional benefit materials to compare carriers and plans. Age-banded premium rates are included in the optional benefit materials.

## Hospital Confinement Indemnity Insurance

Hospital confinement insurance will pay a benefit when a covered person is confined in a hospital or in an observation unit for a set number of hours. There may also be a rehabilitation benefit, waiver of premium benefit, and wellness benefit available under this plan. Exclusions and limitations may apply, so refer to the JCPS website and optional benefit materials for more information.

## Cancer Insurance

Cancer coverage can offer the protection employees need for screenings, cancer-fighting treatments, surgical procedures, and some other services where health insurance may not fully cover the cost. Cancer insurance can help fill the gap. Exclusions and limitations may apply, so refer to the JCPS website and optional benefit materials to compare carriers, plans, and costs.

## Critical Illness Insurance

Critical illness plans provide a flat lump sum benefit that can help cover the costs associated with deductibles, co-pays, co-insurance, rehabilitation, and other out-of-pocket expenses due to a specific disease that is covered by the critical illness plan. Evidence of insurability may apply, so please refer to the JCPS website and optional benefit materials to compare carriers and plans.



## Accident Policies

Employees may be healthy but still experience unexpected accidents and injuries, such as fractures, dislocations, concussions, or burns. Accident insurance is designed to help fill in the gaps by providing a flat lump sum benefit that can help cover the costs associated with the specific accident that is covered by the plan. Exclusions and limitations may apply, so refer to the JCPS website and optional benefit materials to compare carriers, plans, and costs.

## AD&D

Employees have an opportunity to help protect their loved ones through the convenient purchase of AD&D coverage via payroll deduction. With voluntary AD&D coverage, employees and/or their beneficiaries may receive an insurance benefit in the event of death or dismemberment as the result of a covered accident. AD&D coverage may be purchased for the employee only or the employee and their family. Exclusions and limitations may apply, so refer to the JCPS website and optional benefit materials to review the plan details and premium rates.

## Automobile/Home Insurance

Through the auto/home payroll deduction option, employees are provided convenient access to a comprehensive range of protection that goes beyond traditional offerings. By selecting to purchase protection for their valuable assets through this program, employees have access to group discounts on their policies. Rates are determined by individual quotes. Refer to the JCPS website for contact information.

## Prepaid Legal Services

The comprehensive group legal plan is a prepaid legal services plan that provides legal representation for an employee, their spouse, and/or their dependents. Employees who purchase this plan can receive legal advice and fully covered legal services for court appearances, document review and preparation, debt collections defense, real estate matters, and much more. The comprehensive group legal plan is provided to eligible employees through payroll deduction. Please refer to the JCPS website for contact information.

# Financial Security—Saving for Retirement and Other Savings Opportunities

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## Credit Union

Membership with the credit union allows employees access to full-service checking accounts, savings accounts, low-interest-rate loans, and certificates. Employees have the opportunity to make convenient deposits through payroll deduction into their personal savings and checking accounts.

## Tax-Deferred (401k, 457, 403b) Retirement Plans

Employees may elect to contribute to a variety of retirement plan options. Employees control how much they wish to contribute and have a variety of investment options available, all within the IRS guidelines. JCPS does not contribute or match employees' contributions in these retirement plans.

Although the plans are designed for long-term savings, under certain circumstances, employees may gain access to their funds while still employed (only as permitted by IRS guidelines). For a current listing of available Deferred Compensation and TSA vendors, visit the JCPS website and review the optional benefit materials.

**The following benefit plans have payroll deductions on a pretax basis within the Section 125 Cafeteria Plan. (Enrollment and/or plan changes are permitted only in accordance with IRS guidelines.)**

- Health Insurance
- Dental Insurance
- Vision Insurance
- FSA
- Accident Insurance
- Cancer Insurance
- AD&D
- Retirement Savings Plans (401k, 403b, 457) (available to **all** employees)

**The following voluntary benefit plans are payroll-deducted post-tax:**

- Automobile and Homeowners' Insurance
- Credit Union
- Prepaid Legal Insurance
- Supplemental Group Term Life Insurance
- Whole Life Insurance
- Short-Term Disability
- Critical Illness Insurance



# County Employees Retirement System (Classified Employees' Defined Benefit Pension Plan)

Cost: Shared by plan members, JCPS, and the Commonwealth of Kentucky Benefits: Distributions are made at retirement, disability, death, or separation of employment.

## Eligibility and Enrollment

All classified employees who work 20 or more hours a week are considered to be full-time employees and are required to become contributing members of County Employees Retirement System (CERS). To be eligible for participation and benefits, employees must average at least 80 hours a month.

## Benefits Provided by CERS

CERS membership provides employees with the following:

- Income at early or normal retirement
- Income at disability retirement
- Optional retiree healthcare coverage
- Death and survivor benefits

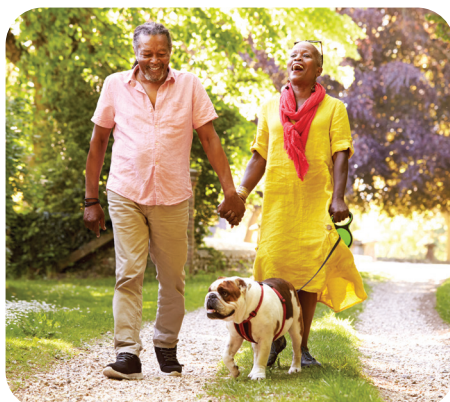
If employees permanently separate employment for reasons other than retirement or death, they are always entitled to a refund of the contributions they have made to their CERS account. However, when a refund is made, they will forfeit the service credits earned at that time and will not be entitled to future benefits. The refund will also be subject to federal and state taxes.

CERS benefit details are fully explained in the *Summary Plan Description*. Employees may obtain a copy by calling CERS at **(502) 564-4646** or **1-800-928-4646**. A copy is also available on the Kentucky Public Pension Authority website.

## Contributions to CERS

Contributions—Required contributions by the employee are based on the tier:

	Required Contribution
<b>Tier 1</b>	5%
<b>Tier 2</b>	5% + 1% for insurance
<b>Tier 3</b>	5% + 1% for insurance



## CERS Accounts

Once an eligible employee's membership begins, an individual account is set up in their name under CERS. Contributions—plus interest—are credited to this account.

Information about an employee's account is **confidential**. For this reason, employees must contact the CERS Retirement Office (in person or in writing) to obtain information about their account. All written inquiries must include name, Social Security number, signature, and current address and should be mailed to:

**CERS Retirement Office**  
**Kentucky Public Pension Authority**  
**Perimeter Park West**  
**1260 Louisville Road**  
**Frankfort, KY 40601**

## Annual Statement

Enrolled employees will receive an annual statement of their account showing their total service credit with CERS after the close of each fiscal year (June 30). This statement will show the balance in the account at the beginning of the year, the amount the employee contributed during the year (plus interest earned), and the balance in the account at the close of the year.

## Service Credits

Employees must accumulate 60 months (5 years) of service credits to qualify for most of the benefits payable from CERS (except a refund of the account).

Because service credits play an important role in determining eligibility for benefits and the amount payable, CERS will permit employees to purchase service credits for certain periods of employment not already credited under other pension plans. Employees should contact CERS to determine if prior employment or military service may be eligible for purchase and the cost associated with the purchase.

# Teachers' Retirement System (Certified Employees' Defined Benefit Pension Plan)

**Cost:** Shared by plan members, JCPS, and the Commonwealth of Kentucky

**Benefits:** Distributions are made at retirement, disability, death, or severance of employment.

## Eligibility and Enrollment

Membership in Teachers' Retirement System (TRS) is mandatory for all employees whose position requires a teaching certificate or a minimum of a four-year bachelor's degree. Effective July 1, 2002, substitute teachers and part-time teachers will be included in TRS.

In order to establish an account, the JCPS Benefits Department will collect the TRS enrollment form, along with a copy of the employee's Social Security card, upon hire.

## Benefits Provided by TRS

TRS membership provides members with the following:

- Income at early or normal retirement
- Income at disability retirement
- Medical insurance coverage at retirement
- Death and survivor benefits

Employees who permanently separate employment for any reason other than retirement or death are always entitled to a refund of the value of their TRS account less Survivor Death Medical Fund (SDMF) deductions. However, when a refund is made, they will forfeit the service credits earned at that time and will not be entitled to future benefits. TRS benefits and the conditions required to receive them are fully explained in the *Summary Plan Description for Active Members of the Teachers' Retirement System*. To obtain a copy, call **1-(800)-618-1687** or visit the TRS website at <https://trs.ky.gov>.

## Contributions to TRS

Contribution rates are established by KRS. New members who enter the teacher's retirement system after December 31, 2021, will have a mandatory employee contribution rate of 14.75 percent. Employees who entered the teacher's retirement system prior to January 1, 2022, will have a mandatory employee contribution rate of 12.855 percent. If an employee leaves covered employment before accumulating five years of credited service, accumulated employee pension contributions plus interest are refunded to the employee upon the member's request.



## TRS Accounts

When membership begins, an individual account will be set up in the employee's name under TRS. The employee's retirement contributions are credited to this account.

Information about an employee's account is **confidential**. For this reason, employees must write or call TRS at the address and telephone number shown below to obtain information about an account:

**Teachers' Retirement System**  
**479 Versailles Road**  
**Frankfort, KY 40601-3868**  
**(502) 573-3266 or 1-800-618-1687**

## Annual Statement

Employees will receive an annual statement of their account after the close of each fiscal year (June 30). This statement will show the salary and service credits earned for the year, the retirement contributions made during the year, and the balance in the account at the end of the year. The statement will also show the total service credits with TRS at the end of the fiscal year.

## Service Credits

Employees must accumulate five years of service credit to qualify for most of the benefits payable from TRS (except a refund of the account). Because service credits play an important role in determining eligibility for benefits and the amount payable, TRS will permit the purchase of service credits for certain periods of employment not already credited under other pension plans. Employees should contact TRS for determination if any prior employment or military service may be eligible for purchase and the cost associated with the purchase.

## Important Retirement Checklist

The following documents must be on file with TRS prior to retirement:

- A completed TRS Application for Service Retirement
- A completed TRS Medical Health Insurance Application
- A photocopy of the employee's official, certified birth certificate from Vital Statistics
- A photocopy of the employee's Social Security card issued by the Social Security Administration and bearing its seal and the employee's signature
- A photocopy of the employee's official, certified marriage license
- A photocopy of the employee's beneficiary's official, certified birth certificate from Vital Statistics



## Paid Time-Off Benefits

**Eligibility:** Available to all full-time JCPS employees (Accrued during 90-workday probationary period but not eligible for payout until after the probationary period is completed)



## Vacation Days

### Eligibility

JCPS employees are eligible to earn paid vacation days if they are full-time, 12-month (260-day, or 208-/209-day—4 days a week/10 hours a day) employees.

Paid vacation days are not available to less-than-260-day employees (except for 208-/209-day full-time employees—4 days a week/10 hours a day), part-time, seasonal, substitute, temporary, probationary, and summer employees.

### Maximum Earned Vacation Days

Based on years of continuous employment with JCPS, 260-day employees can earn the following maximum number of vacation days a year:

Years of Continuous Employment	Days Earned a Month	Maximum Earned Vacation Days	Maximum Days Eligible to Accrue
Zero up to 1 year	.8334	10 days a year	20 days
After 1 and up to 10 years	1.2500	15 days a year	30 days
After 10 or more years	1.6667	20 days a year	40 days

A 208-/209-day (4 days a week, 10 hours a day) full-time employee can earn the following maximum number of vacation days a year:

Years of Continuous Employment	Days Earned a Month	Maximum Earned Vacation Days	Maximum Days Eligible to Accrue
Zero up to 1 year	.6667	8 days a year	16 days
After 1 and up to 10 years	1.0000	12 days a year	24 days
After 10 or more years	1.3333	16 days a year	32 days

Vacation earned is updated on the last pay date of the month. Employees will earn vacation if the employee works more than one half of the total contract days in the pay periods that have been processed since the last monthly vacation update was administered. Vacation days earned will be reflected in the accumulated vacation balance on the first pay stub of the month following the update period.

An employee's monthly accumulated total cannot exceed more than two times the earned annual rate. For example, an employee who earns 15 vacation days annually cannot have an accumulated balance of more than 30 vacation days in any month. Employees will receive one year of credit for each year of employment determined by their hire date.

The vacation update program was revised in January 2010 to include accruals for 4-days/week employees.

### Transfers (Effect on Accrued Vacation)

If an employee transfers from one department or division to another **without** losing their status as an eligible employee, their continuous employment and right to accrue vacation credits will not be interrupted.

### Approved Vacations

Please refer to Board Policies 03.1212 and 03.222, corresponding procedures, and collective bargaining agreements.

## Change in Employment Status

If an employee is no longer eligible to receive vacation days because of a change in employment status, the employee may receive a cash payment for the accumulated vacation days. This cash payment will be based on the rate of pay immediately before the change in employment status.

## Termination of Employment

If an employee separates employment, they may request a cash payment for accrued vacation days. This cash payment will be made at the rate of pay immediately before the retirement date or the effective date of termination.

## Sick Leave Days

### Sick Leave Day Accrual

The number of sick leave days available is based on employment classification as shown below:

Employment Classification	Annual Sick-Day Accrual
Full-time, <b>certified</b> and <b>classified</b>	10 to 12 days a year depending on the work-year calendar
Part-time teachers assigned to a contract work year of at least 90 days	5 to 10 days a year depending on the work-year calendar

### Approved Use of Sick Leave Days

Employees may be paid for sick leave days if:

- They present a personal affidavit or a certificate from a reputable physician stating that they or a member of their "immediate family"<sup>1</sup> was ill on the day or days absent, **and**
- They have not exhausted their current sick leave day accumulated balance.

Please refer to Board Policies 03.1232 and 03.2232, corresponding procedures, and collective bargaining agreements.

### Accumulation of Unused Sick Leave Days

Unused sick leave days will accumulate from year to year. This includes any unused personal leave days, which are converted to sick leave days at the end of each fiscal year. The Board shall compensate certified employees only upon initial retirement from the District for each unused sick

## Death

If an employee should die while actively employed, a cash payment for vacation days accrued will be made to the employee's estate. This cash payment will be based on the rate of pay immediately before death.



day at the rate of 30 percent (30%) of the daily salary. An employee hired before July 1, 2008, shall be compensated for all unused sick days. This calculation shall be based on the employee's last annual salary. For an employee who began employment on or after July 1, 2008, unused sick leave days to be recognized in calculating reimbursement under KRS 161.155 shall not exceed three hundred (300) days.

Employees are not entitled to receive pay for any sick leave accrual at severance of employment for any reason, other than retirement. If an employee has a change in employment status to a position that does not qualify for sick leave days, they will forfeit any accrued sick leave days and their eligibility to accrue while in that position.

## Other Benefits

When an employee is sick or disabled, they may qualify for benefits from other programs described in this guide:

- The long-term disability insurance plan, which is paid in full by JCPS
- The optional supplemental health insurance plans, which are paid in full by employees who elect this coverage

## Voluntary Sick Leave Bank/Donation Program

A Sick Leave Bank/Donation Program is available to employees. Teachers should contact the Jefferson County Teachers Association (JCTA) at **(502) 454-3400** for information. All other employees wanting information should contact the chief of Human Resources at **(502) 485-6226**.

(KRS161.155) <sup>1</sup> "Immediate Family" shall mean the teacher's or employee's spouse, children including stepchildren and foster children, grandchildren, daughters-in-law and sons-in-law, brothers and sisters, parents and spouse's parents, and grandparents and spouse's grandparents, without reference to the location or residence of said relative, and any other blood relative who resides in the teacher's or employee's home.

## Personal Leave Days

### Personal Leave Days

Eligible employees will be credited with three days of personal leave each year. Personal leave days do not accumulate from year to year. Any personal leave days not used at the end of the fiscal year will be converted to sick leave days.

### Approved Personal Leave Days

Personal leave days may be taken at the employee's discretion if approved by the immediate supervisor or appropriate administrator, on the basis that the absence will not interrupt or impede the work program.

### Applying for Personal Leave Days

Application forms for personal leave days are available in the office of the principal or cost center head. Please refer to Board Policies 03.1231 and 03.2231, corresponding procedures, and collective bargaining agreements.

Employment Classification	Annual Personal Day Accrual
Full-time, <b>certified</b> and <b>classified</b>	3 days
Part-time teachers 187 calendar 3.5 hours per day	2 days
Job share teachers working 7 hours per day. Must work 50% of full-time teacher work year.	1 day each person
Part-time retired teachers	0 days



## Emergency Leave Days

### Emergency Leave Days

Eligible full-time employees will be credited with two days of paid emergency leave days each year. Emergency leave days are not accumulated from year to year.

### Approved Emergency Leave Days

Emergency leave days will be granted only for absences due to the following:

- The death or funeral of a blood relative or a relative by marriage
- Emergency situations resulting from natural disasters (e.g., a tornado or flood)
- Please refer to Board Policies 03.1236 and 03.2236, corresponding procedures, and collective bargaining agreements.

### Applying for Emergency Leave Days

Application forms for emergency leave days are available in the office of the principal or cost center head. If an employee is requesting emergency leave days due to the death of a relative, the employee should state their relationship to that person. If requesting emergency leave days for a situation resulting from a natural disaster, employees will need to briefly describe the situation. Any emergency leave days taken as a result of a natural disaster are required to have the approval of the director of Human Resources.





## Holidays

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Employees who work less than 260 calendar days a year will have 4 paid holidays. These holidays include Labor Day, Thanksgiving Day, Christmas Day, and Martin Luther King Jr. Day.

Employees who work 260/261/262 calendar days a year will have 10 paid holidays. These holidays include the Fourth of July, Labor Day, Thanksgiving, the day after Thanksgiving, Christmas, New Year's Day, Martin Luther King Jr. Day, Memorial Day, Juneteenth, and a flexible holiday. (The Presidential Election Day replaces the flexible holiday every four years.)

Employees who work 208/209/210 days (4 days a week/10 hours a day) will have 8 paid holidays. The fixed and flexible holidays will vary each year due to the fact that 208-/209-day employees do not work on Fridays.

## Jury Duty

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Any employee who serves on a jury in any duly constituted local, state, or federal court shall be granted jury duty leave with full compensation less any compensation received as jury pay for the period of actual jury service.



## Military Leave

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Any employee who is a member of the National Guard or of any Reserve component of the Armed Forces of the United States shall be entitled to a leave of absence from their respective duties, without loss of time, pay, regular leave, impairment of efficiency rating, or of any other rights or benefits to which they are entitled, while in the performance of duty or training in the service of this state or of the United States under competent orders. An employee while on leave shall be paid their salary or compensation for a period or periods not exceeding 21 calendar days or 15 working days if the employee's position is based upon a 5-day work week (KRS61.394).

## Other Leaves

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Additional leaves, including leave under the Family and Medical Leave Act (FMLA), may be available. Refer to Union/Association Contracts, or contact the JCPS Leave Center at **(502) 485-3436**.



# Workers' Compensation Insurance (Paid in full by JCPS)

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## Eligibility for Coverage

As required by state law, all JCPS employees are covered by workers' compensation insurance. This coverage protects employees against loss of income and helps pay medical expenses associated with work-related injuries.

## Reporting a Workers' Compensation Claim

Any on-the-job injury or accident should immediately be reported to an employee's supervisor or a representative in the school office. The supervisor or office representative will report the incident to the Risk Management and Benefits Department.

## Reporting Time Off the Job

If an employee is off work for any days due to a work-related injury, they must report that time to the following:

- The JCPS Benefits Department
- The person responsible for payroll time reporting at each work location
- The employee's immediate supervisor

If an employee has exhausted all of their sick leave in conjunction with a workers' compensation injury or leave, they will have to contact the JCPS Payroll Department at **(502) 485-3248** to make arrangements to continue any payroll deductions that would otherwise be canceled, including but not limited to health insurance and retirement service purchase. Employees are responsible for any payroll deductions missed.

## Returning to Work

When the employee returns to work, their supervisor or school office representative must notify the JCPS Benefits Department. If lost time from work exceeds 14 calendar days, employees are required to make an appointment with the JCPS workers' compensation counselor for a return-to-work conference before returning to work.

Additional workers' compensation instructions are listed on the JCPS Benefits website.



## **NOTICE: New Health Insurance Marketplace Coverage Options and Your Health Coverage**

### **PART A: General Information**

When key parts of the health care law took effect in 2014, a new way to buy health insurance became available: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

### **What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins November 1, 2023, and ends January 15, 2024. To get coverage starting on January 1, 2024, you will need to select a marketplace plan by December 15, 2023.

### **Can I Save Money on my Health Insurance Premiums in the Marketplace?**

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### **Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family – known as a *Single Plan*) is more than 8.39% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### **How Can I Get More Information?**

Part B of this Notice contains information about health coverage offered by your employer. Part B can be viewed at [kehpn.ky.gov](http://kehpn.ky.gov) under Resources/Docs, Forms and Legal Notices. For more information about the coverage offered by your employer, please check the Medical Benefit Booklet, sometimes referred to as a Summary Plan Description, or contact your agency's/employer's Insurance Coordinator or Human Resource Generalist. Or, you may contact the Member Services Branch of the Department of Employee Insurance at 888-581-8834 or 502-564-6534.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [Healthcare.gov](http://Healthcare.gov) or the Kentucky Health Benefit Exchange at [Healthbenefitexchange.ky.gov](http://Healthbenefitexchange.ky.gov) for more information, including accessing an online application or locating a kynector (agent) for in-person help in applying for health insurance coverage.

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<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

# 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 [kehp.ky.gov](http://kehp.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 (regardless of whether the coverage was obtained inside or outside of a Marketplace), 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, 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 because of loss of eligibility. An employee must request this special enrollment within 60 days of the loss of coverage. You can find more information and the required CHIP notice at [kehp.ky.gov](http://kehp.ky.gov) (Resources/Docs, Forms, and Legal Notices link).

## B. WELLNESS PROGRAM DISCLOSURE AND NOTICE

LivingWell is KEHP's voluntary wellness program available to all persons who enroll in a KEHP health insurance plan and their enrolled spouse. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease. Those federal rules include the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary health assessment (or "HA") that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the HA. However, employees who choose to participate in the LivingWell wellness program will receive an incentive in the form of discounted employee premium contributions for the employee's health insurance coverage. Although you are not required to complete the HA, only employees who do so will receive the discounted health insurance premiums.

Additional incentives in the form of gift cards, consumer goods, and other prizes may be available for employees who participate in certain health-related activities such as walking challenges or quitting smoking. In addition, 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. Incentives for participating in KEHP's LivingWell wellness program are available to all persons who enroll in a KEHP health insurance plan and their enrolled spouse. If you are unable to participate in any of the health-related activities, or you think you might be unable to meet a standard to earn an incentive under the LivingWell wellness program, you may request a reasonable accommodation or an alternative standard. Contact the Department of Employee Insurance, Member Services Branch 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 incentive that is right for you in light of your health status.

**Protections from Disclosure of Medical Information:** KEHP is required by law to maintain the privacy and security of your personally identifiable health information. KEHP does not collect or retain personal health or medical information through its LivingWell wellness program unless it is part of an audit, compliance, or customer service review; however, KEHP may receive and use aggregate information that does not identify any individual in order to design programs based on health risks identified in the workplace and that are aimed at improving the health of KEHP members. KEHP will never disclose any of your personal information either publicly or to your employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program. You will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who may receive your personally identifiable health information are persons employed by Castlight (KEHP's wellness administrator) and Anthem (KEHP's third-party medical administrator). This may include nurses in Anthem's disease management program or health coaches. Disclosure of your personally identifiable health information to these persons is necessary in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records; information stored electronically will be encrypted; and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach. In the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you as soon as it is feasible after discovery of the breach.

## 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, 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 has 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 HealthEquity. To learn more about COBRA and your rights under COBRA, please refer to the Medical Benefit Booklet, or go to [kehp.ky.gov](http://kehp.ky.gov) (Resources/Docs, Forms, and Legal Notices link).

## 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 stages 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 Medical Benefit Booklet, or go to [kehp.ky.gov](http://kehp.ky.gov) (Resources/Docs, Forms, and Legal Notices link).

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

Under federal law, group health plans generally may not restrict benefits for a hospital 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, health insurance plans may not 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 privacy and security regulations. 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 [kehp.ky.gov](http://kehp.ky.gov) (Resources/Docs, Forms, and Legal Notices link).

#### **G. 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/retirement package. Those benefits also provide important protection for you and your family in the case of illness or injury. KEHP offers a variety of health coverage options, and choosing the option that is right for you and your family is an important decision. To help you make an informed health coverage choice, KEHP publishes a Summary of Benefits and Coverage (SBC). For easier comparison, the SBC summarizes important information about your health coverage options in a standard format. The SBCs are only a summary. You should consult KEHP's Summary Plan Descriptions and Medical Benefit Booklets to determine the governing contractual provisions of the coverage. KEHP's SBCs are available on KEHP's website at [kehp.ky.gov](http://kehp.ky.gov) (Health Insurance/Docs, Forms, and Legal Notices). 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)**

If an employer participates in the Waiver Health Reimbursement Arrangement (HRA) program through KEHP, an employee may elect to waive KEHP health insurance coverage and choose a Waiver HRA that is funded by the employer, up to \$2,100 a year. There are two Waiver HRA options: the Waiver General Purpose HRA and the Waiver Limited Purpose HRA (formerly called the Waiver Dental/Vision Only HRA). An employee is eligible for the Waiver General Purpose HRA only if the employee, and the employee's spouse and dependents, if applicable, have other group health plan coverage. An employee that elects a Waiver General Purpose HRA must attest that the employee and, if applicable, the employee's spouse and dependents are 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 the Marketplace or governmental plans such as TRICARE, Veteran's Benefits, 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 Limited Purpose 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.





## ACKNOWLEDGMENT AND RECEIPT OF JCPS BENEFIT MATERIALS

(For New Hires or Newly Eligible Employees)

<b>Name:</b>		<b>Munis ID or JCPS ID:</b>	
<b>Company Name:</b>	Jefferson County Public Schools	<b>Company Number:</b>	00275

**By signing below, I acknowledge that I have received the JCPS *Employee Benefits Guide* and that it is my responsibility to review the additional materials mentioned throughout this guide. I acknowledge my understanding of the following:**

- This benefit guide is a summary of the benefits available to JCPS employees. I understand that complete descriptions are contained in the respective plan documents for each benefit plan.
- I have had the opportunity to ask questions with regard to the benefit plans and programs, and if I need further clarification, I should contact my JCPS benefits advisor at **(502) 485-3436**.
- I understand that as a newly hired or newly eligible employee, it is my responsibility to complete the appropriate paperwork within the prescribed timeframe to enroll in the plan(s) prior to the effective date. I understand that if I do not enroll during the prescribed timeframe that I will need to apply during the annual open enrollment period, subject to the provisions of each individual plan. **If I fail to enroll in health insurance through KEHP within the required timeframe, I will be automatically enrolled in the single coverage LivingWell Basic CDHP Plan, which has an employee contribution, and no employer-funded HRA funds will be provided.**
- I understand that once I make my elections for the plan year, I cannot change those elections until the next annual open enrollment period, subject to the provisions of each individual plan.
- I have 35 calendar days from the date of hire to make my coverage elections under KEHP, which includes enrolling in a health insurance plan, FSA, and/or waiving health insurance coverage. The 35 days will be counted beginning with the day after my hire date.
- I may enroll in an FSA program (if my agency participates) online in KHRIS ESS—or I can complete an FSA Enrollment Application and submit it to my insurance coordinator.
- I have been directed to the appropriate healthcare and/or Dependent Care FSA Summary Plan Descriptions and the Benefits Selection Guides on KEHP’s website at **kehp.ky.gov**.
- If my spouse is also an eligible KEHP employee or retiree and we have at least one dependent, we can elect a Cross-Reference Payment Option.
- If later one of us terminates employment, the remaining employee/retiree will default to a Parent Plus plan.
- KEHP operates as a Section 125 Cafeteria Plan that allows me to pay my portion of the health insurance premium with pretax dollars. I understand that I will automatically be enrolled in the health insurance premium with pretax 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 am 65 years of age or older, I have the same opportunity to enroll in KEHP as other active employees. If I am a return-to-work retiree age 65 or older and/or Medicare-eligible, I may not be eligible to continue under a Medicare supplement plan offered by a retirement system. I must contact my retirement system and verify whether I will be eligible for a Medicare supplement or whether I should consider enrolling in a KEHP health insurance plan. I must inform them I have returned to work.
- If I am a return-to-work retiree and age 65 or older and I have Medicare, I am not eligible to waive KEHP health coverage and elect the Waiver General Purpose HRA unless I have other group health plan coverage that provides minimum value as defined by the ACA. I may enroll in the KEHP health coverage and elect a Waiver Limited Purpose HRA.
- Every year, there is a defined open enrollment period that allows me an opportunity to make any changes to my coverages, if applicable. 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 35 calendar days of a qualifying event or up to 60 days for newborns and adoptions. (See Summary Plan Descriptions for more information.) A list of qualifying events is available from your JCPS benefits advisor or the KEHP website at **kehp.ky.gov**.
- I have been directed to the Summary Plan Descriptions, the Summary of Benefits and Coverages, and the Benefits Selections Guides for KEHP, where I can find all relevant information pertaining to my health insurance coverage (**kehp.ky.gov**).
- 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 and other COBRA-eligible benefits at my own expense.
- I understand that as an eligible employee of JCPS, I am permitted to participate in a 403(b) tax-deferred retirement plan.
- I understand that benefit information, open enrollment information, and ACA information may be communicated to me electronically via the JCPS email system.

**I certify that I have had my benefits explained and I understand my benefits and my responsibilities.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Benefits Advisor: \_\_\_\_\_

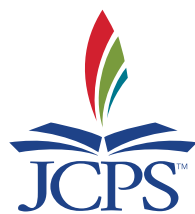
Date: \_\_\_\_\_











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