



*This guide is provided at the request of the KRTA Health and Insurance Committee. It is intended to provide a quick reference for KRTA members concerning basic information related to the various health care benefits available through KTRS, Medicare, and KRTA.*

KRTA HEALTH/INSURANCE/  
WELLNESS COMMITTEE  
Co-Chairs Carolyn Falin  
& Donald Pace

## KTRS MEDICARE ELIGIBLE HEALTH PLAN (MEHP) 65 AND OLDER or MEDICARE ELIGIBLE

### 1. MEDICARE MEDICAL PROGRAM - administered by Humana

Benefit Period.....Calendar Year  
Annual Out-of-Pocket Maximum.....\$1,200 per person  
includes deductible, copayments  
and coinsurance

Annual Deductible.....\$150

Inpatient Hospital Copayment.....\$250  
(semiprivate room, ancillary services) Applied once during any 60 day  
period. Annual deductible does not apply.

Inpatient Physician services..... 4% after \$150 deductible met

Outpatient Hospital Care (surgical) or Ambulatory Surgical Center Care After  
deductible of \$150 and copayment of \$125 applied once per 60 days,  
100% covered.

Member Cost Share Percentage .....4% after deductible & copayments

Emergency Care.....4% (\$50 maximum copayment)

For questions regarding covered services, review your Evidence of  
Coverage, call Humana at  
1-866-307-2494 or  
visit [www.Humana.com](http://www.Humana.com)

**Medicare Easy Pay** - If you currently pay your Medicare premiums  
quarterly, contact Medicare to complete an authorization form to have  
your Medicare premium payments automatically deducted from a savings  
or checking account each month. This ensures no lapse in premium  
payment and gives you the security that you will not have a lapse in your  
KTRS MEHP.

**Medicare: 1-800-MEDICARE (1-800-633-4227)**  
**Social Security: 1-800-772-1213**

### 2. MEDICARE PRESCRIPTION PROGRAM - administered by Express Scripts

Benefit Period.....Calendar Year  
Home Delivery Program (Up to a 90 Day Supply)  
Annual Deductible.....None  
Member Copayment/Coinsurance

Tier 1 - Generic	\$10 copayment
Tier 2 - Preferred Brand	\$20 copayment
Tier 3 - Non-Preferred Brand	50% coinsurance
Tier 4 - Specialty	\$20 copayment

Retail Drug Program (Up to a 90 Day Supply)  
Annual Deductible.....\$150  
Member Payment Percentage

Tier 1 - Generic	20% after deductible
Tier 2 - Preferred Brand	20% after deductible
Tier 3 - Non-Preferred Brand	50% after deductible
Tier 4 - Specialty	20% after deductible

For questions regarding prescriptions, review your  
Evidence of Coverage, call Express Scripts at  
1-877-866-5834 or  
visit [www.Express-Scripts.com](http://www.Express-Scripts.com)

### 3. KYRx COALITION 1-855-218-5979

Pharmacists available to answer questions about medications, identify lower  
cost prescription alternatives, contact your doctor for lower cost alternatives,  
and help obtain prescriptions from doctor to begin home delivery.

### 4. SILVER SNEAKERS 1-888-423-4632

Free enrollment at participating fitness centers for MEHP members.  
[www.silversneakers.com](http://www.silversneakers.com)

**NOTE:** You are required to have Medicare to be eligible for the MEHP.  
Also, if you enroll in any other Medicare Advantage Plan or Medicare  
Part D Prescription Drug Plan outside of KTRS, your MEHP coverage  
will be terminated.