



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 Irene Erskine
& Carolyn Falin

① MEMBERS 65 AND OLDER

KTRS Medicare Eligible Health Plan (MEHP), Medical coverage administered by Humana

Benefit Period	Calendar Year
Medical Annual Deductible	\$150.00
Inpatient Hospital Care Co-Payment Per Admission	\$250.00
Applicable to each hospital admission; applied once during any 60-day period * 100% coverage after \$250.00 co-payment per admission	
Outpatient Surgery Hospital Care Co-Payment Per Admission . . .	\$125.00
Applicable to each outpatient surgery facility charge; once any 60-day period * 100% coverage after \$125.00 co-payment	
Covered Person Payment Percentage	4% after annual deductible & co-payments for most services

REFER TO YOUR HUMANA GROUP MEDICARE PRIVATE FEE-FOR-SERVICE EVIDENCE OF COVERAGE

Maximum Annual Out-of-Pocket Limit for Covered Expenses
\$1,200 per covered person, per benefit period, including the medical deductible and the inpatient hospital co-payment per admission. The outpatient surgery co-payment per admission is excluded.

Call Humana: 1-866-396-8810 PO Box 14601 Lexington, KY 40512

YOUR COVERAGE IS NOT EFFECTIVE WITHOUT PART B OF MEDICARE

*** You are required to be enrolled in Medicare Part B and pay the monthly premium of \$96.40 to Social Security to be enrolled in the KTRS MEHP.**

If you pay your Medicare Part B premium quarterly, contact Social Security to enroll in Medicare Easy Pay to have the premium drafted monthly from your bank account. This ensures no lapse in premium payment and gives you the security that you will not have a lapse in medical coverage.

Medicare: 1-800-MEDICARE (1-800-633-4227)

Social Security: 1-800-772-1213

② PRESCRIPTION DRUG PROGRAM/MEMBERS 65 AND OLDER

*KTRS Medicare Eligible Health Plan (MEHP)
Prescription coverage administered by MEDCO*

Benefit Period	Calendar Year
Mail Delivery Program (Up to a 90-Day Supply)	
Annual Deductible	None
Member Co-Payment	
Generic Prescription	\$10.00
Preferred Brand Name Formulary Prescription	\$20.00
Non-Preferred Brand Name Formulary Prescription and Prescription Non-Sedating Antihistamines	\$35.00
Retail Drug Program (Up to a 30-Day Supply)	
Annual Deductible	\$150.00
Member Payment Percentage	
Generic Prescription	20% after deductible
Preferred Brand Name Formulary Prescription	20% after deductible
Non-Preferred Brand Name Formulary Prescription and Prescription Non-Sedating Antihistamines	35% after deductible

****NOTE:** *If a member chooses a brand drug when a generic is available, the patient is responsible for the applicable co-payment plus the difference in cost between the generic and its brand alternative.*

Call MEDCO: 1-800-551-8060

③ MEDICARE PART D — MEDICARE PRESCRIPTION DRUG COVERAGE

Effective January 1, 2006, Medicare began offering prescription drug coverage to all eligible Medicare beneficiaries. If you have Medicaid and Medicare, or have limited income resources, you should consider the benefits of enrolling in prescription coverage through Medicare Part D. However, if you do not meet the criteria and do not qualify for extra help, your KTRS prescription coverage may continue to be your best financial option. To determine if you qualify for extra help contact the Social Security Administration at 1-800-772-1213. ****Please note:** *If you enroll in a Medicare Part D Prescription Drug Plan, you are ineligible for the KTRS Prescription Drug Plan currently administered by Medco. You must notify KTRS if you determine a Medicare Part D Prescription Drug Plan to be the best choice for you.*

④ SILVER SNEAKERS

Free enrollment at participating fitness centers for age 65 retirees.
www.silversneakers.com



KENTUCKY
RETIRED
TEACHERS
ASSOCIATION

HEALTH CARE BENEFITS GUIDE *under 65*

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, KEHP, and KRTA.

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① HEALTH CARE BENEFITS --UNDERAGE 65

Health care benefits for Kentucky Retired Teachers are provided by the Kentucky Employees Health Plan (KEHP) through the Commonwealth of Kentucky, Personnel Cabinet, Department of Employee Insurance (DEI). The KEHP is a self-insured plan contracted with Humana (for medical) and Express Scripts, Inc. (for pharmacy) to administer all claims.

Benefits and monthly insurance premiums are based on plan choice, level of coverage and retiree's smoking status. The Kentucky Teachers' Retirement System (**KTRS**) may pay a portion of the retiree's premium based on years of retirement service and entry date.

Choice of Plans— Standard
Capitol Choice
Optimum

Levels of Coverage— Single—Covers the retiree
Parent Plus—Covers the retiree plus one or more eligible children (no spouse coverage)
Couple—Covers the retiree and legal spouse
Family—Covers the retiree, legal spouse, and eligible children

② PRESCRIPTION DRUG PLAN—MEMBERS UNDER 65

The amount you pay for a prescription will depend on your choice of plan, level of coverage and whether the drug you receive is on the first, second, or third tier of the formulary.

Retail Drug Plan allows a 30 day supply

Mail Order Plan allows a 90 supply of a maintenance medication for a 2 month co-pay. Can be obtained either through Express Scripts mail order program or obtaining a 90-day supply at a *participating* retail pharmacy. Check with the pharmacies in the area to determine if this benefit is available. You must have filled at least one 30 day supply or one 90 day supply within the last 180 days.

QUESTIONS regarding covered services, providers, or networks should be directed to the TPA/PBA at 877-KYSPIRIT (877-597-7474). All other questions may be directed to :

Kentucky Personnel Cabinet, Department of Employee Insurance PH: 888-581-8834 or 502-564-6534 or <http://kehp.ky.gov>

③ JOURNEY TO WELLNESS

The Journey to Wellness Initiative is offered by the Kentucky Employees Health Plan, Personnel Cabinet, Department of Employee Insurance.

Smoking Cessation Program

1. Cooper Clayton Smoking Cessation Program--contact the local health department for information on classes.
2. Kentucky Tobacco Quit Line (**1-800-QUITNOW**)
3. Nicotine Replacement Therapy (NRT) in conjunction with # 1 or # 2
KEHP/Express Scripts will provide up to 12 weeks of over-the-counter Nicotine Replacement Therapy (NRT) @ \$5.00 co-pay per two-week supply.
4. <http://personnel.ky.gov/dei/wellness/smokecess.htm>

Know Your Numbers/Humana Health Assessment

Kentucky Employees' Wellness Program
Links to health assessment tools
Personal Health Analysis
<http://personnel.ky.gov/dei/wellness>

Virgin Health Miles

<http://personnel.ky.gov/dei/vhm.htm>

For more information call or log on to:

Call: 1-888-581-8834

<http://personnel.ky.gov/dei/wellness> or www.humana.com

HumanaFirst Nurse Advice Line 1-800-622-9529

Registered nurses available 24 hours a day, 7 days a week

If you want to discuss your illness or injury with a nurse before going to urgent care or the emergency room, call the 24-hour, toll free information line at **1-800-622-9529**. The registered nurse will help you determine whether to manage your care at home or see a medical professional. This service is not intended for life-threatening emergencies. In case of an emergency, call 911.