



*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

## ① MEDICAL PROGRAM / MEMBERS 65 AND OLDER

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

<b>Benefit Period</b> . . . . .	<b>Calendar Year</b>
<b>Medical Annual Deductible</b> . . . . .	<b>\$150.00</b>
<b>Inpatient Hospital Copayment Per Admission</b> . . . . .	<b>\$250.00</b>
Applicable to each hospital admission; applied once during any 60-day period 100% coverage for inpatient services after \$250.00 copayment per admission	
<b>Outpatient Surgery Hospital Copayment Per Admission</b> . . . . .	<b>\$125.00</b>
Applicable to each outpatient surgery facility charge; once during any 60-day period. 100% coverage after \$125.00 copayment	
<b>Covered Person Payment Percentage</b> . . . . .	4% after annual deductible & copayments for most services

**BENEFITS APPLY TO MEDICARE-COVERED SERVICES ONLY. PLEASE REFER TO YOUR HUMANA MEDICARE EVIDENCE OF COVERAGE OR SUMMARY PLAN DESCRIPTION FOR A COMPLETE LIST OF COVERED BENEFITS.**

**Maximum Annual Out-of-Pocket Limit for Covered Expenses**  
**\$1,200 per covered person, per calendar year,** including deductibles, copayments and coinsurance.

**Call Humana: 1-866-307-2494 - 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 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 Express Scripts*

**The MEHP prescription program is a Medicare Part D plan and you will not need to enroll in a Medicare Part D plan outside of KTRS. If you enroll in another Medicare Part D plan, your KTRS MEHP coverage will be terminated.**

<b>Benefit Period</b>	<b>Calendar Year</b>
<b>Mail Delivery Program (Up to a 90-Day Supply)</b>	
Annual Deductible	<b>None</b>
Member Copayment	
<b>Generic Prescription</b>	<b>\$10.00</b>
<b>Formulary Prescription</b>	<b>\$20.00</b>
<b>Non-Formulary Prescription</b>	<b>\$35.00</b>
<b>Retail Drug Program (Up to a 90-Day Supply)</b>	
Annual Deductible . . . . .	<b>\$150.00</b>
Member Payment Percentage	
<b>Generic Prescription</b>	<b>20% after deductible</b>
<b>Formulary Prescription</b>	<b>20% after deductible</b>
<b>Non-Formulary Prescription</b>	<b>35% after deductible</b>

**Call Express Scripts : 1-877-866-5834**

## ③ SILVER SNEAKERS

Free enrollment at participating fitness centers for members 65 and older.  
[www.silversneakers.com](http://www.silversneakers.com)

*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.*