

EMPLOYEE BENEFITS GUIDE

January 1, 2017 - December 31, 2017

A guide to enrolling in your employee benefit programs.



MEDICAL

DENTAL

VISION

BASIC & VOLUNTARY
LIFE AND AD&D

VOLUNTARY ACCIDENT /
CRITICAL ILLNESS /
CANCER / DISABILITY

EMPLOYEE ASSISTANCE
PROGRAM



HELPING YOU LOVE INSURANCE

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Insurance can be confusing and stressful. Don't let that keep you from having the appropriate coverage for your family & belongings. Let us help take the stress out of it for you. Our staff is equipped with the tools and knowledge to ensure you have the right coverage options.

We offer the following services:

- **Personal Health Benefits**
 - Medicare
 - Individual Health Insurance
 - Dental / Vision
- **Personal Insurance**
 - Home / Renters
 - Auto / Motorcycle / Boat / RV / Aviation

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502-805-EPIC (3742)



EPICINSURANCESOLUTIONS.COM

9700 ORMSBY STATION RD., STE. 200, LOUISVILLE, KY 40223

CONTACTS & ELIGIBILITY

Service Provider Information

MEDICAL INSURANCE

Group #806447
HUMANA
1-888-357-6767
www.humana.com

DENTAL INSURANCE

Group #806447
HUMANA
1-888-357-6767
www.humanadental.com

VISION INSURANCE

Group #806447
HUMANA
1-888-357-6767
www.humanavisioncare.com

BASIC & VOLUNTARY LIFE AND AD&D INSURANCE

Group #806447
HUMANA
1-888-357-6767
www.humana.com

ACCIDENT / CRITICAL ILLNESS / CANCER / DISABILITY INSURANCE

Group #897400
HUMANA
1-888-357-6767
www.humana.com

FLEXIBLE SPENDING ACCOUNT (FSA) / HEALTH REIMBURSEMENT ACCOUNT (HRA)

MCGREGOR & ASSOCIATES
1-859-233-4377
www.mcgregoreba.com

HEALTH SAVINGS ACCOUNT (HSA)

UMB
1-800-281-6778

EMPLOYEE ASSISTANCE PROGRAM (EAP)

1-866-440-6556

EPIC INSURANCE SOLUTIONS

1-502-805-EPIC (3742) - Louisville

JUNE LANHAM - Account Executive
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CLAIMS & ENROLLMENT

SHERRY TRACY - Account Manager
1-502-493-7966
stracy@epicinsurancesolutions.com

Oldham County Fiscal Court knows that our employees have different needs, so we offer employees a wide range of comprehensive benefit plans to let you choose the benefits that best suit your particular situation.

ELIGIBILITY

The eligibility period for enrollment is first of the month following 30 days from date of hire. Employees working thirty (30) hours a week or more are eligible for all benefits outlined in this summary. Eligible employees may elect to cover a spouse and dependents.

Dependents are covered to age 26 on the medical, dental and vision plans.

QUALIFYING EVENTS

Changes to your elections may not be made outside Open Enrollment unless you have a Qualifying Event. Qualifying Events include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, commencement or termination of adoption proceedings, or change in spouse's benefits. If you need to make a change outside Open Enrollment due to a Qualifying Event please contact the Human Resource Department within 30 days of that event. If the request is not received within 30 days of the event then all changes must wait until Open Enrollment.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 44-45.

The following information is a quick overview of the benefits plans currently provided and is not to be interpreted as a complete disclosure of plans entitlement to any of the benefits described. The company reserves the right to adjust, amend and revise benefits plans. In all cases of specific plan interpretations, receipt of benefits or entitlements, the actual plan document shall rule. You can contact your HR Department for the actual plan documents.

MEDICAL INSURANCE



Services	HDHP / CORE	HDHP / BUY-UP	PPO / BUY-UP
HSA Contribution* -Single -Family	\$600 \$1,000	\$1,100 \$2,000	N/A
Post Deductible HRA* -Single -Family	\$2,200 \$4,000	N/A	N/A
Physician Visit*	100%, After Deductible	100%, After Deductible	Primary Care: \$25 Specialist: \$40
Doc on Demand	\$40 Copay	\$40 Copay	\$25 Copay
Deductible* In-Network** -Individual -Family	\$4,000 \$8,000	\$3,000 \$6,000	\$750 \$1,500
Coinsurance* -The Plan Pays	100%, After Deductible	100%, After Deductible	80%, After Deductible
Preventive Care	Covered at 100% (Deductible Waived)	Covered at 100% (Deductible Waived)	Covered at 100% (No Deductible or Copay)
Urgent Care*	100%, After Deductible	100%, After Deductible	\$75 Copay
Emergency Room*	100%, After Deductible	100%, After Deductible	\$150 Copay
Out-of-Pocket Max In-Network** -Individual -Family	\$4,000 \$8,000	\$3,000 \$6,000	\$6,250 \$12,500
Prescription Drug Copays - Tier 1 - Tier 2 - Tier 3 - Tier 4	All covered drugs are covered at 100%, After Deductible	All covered drugs are covered at 100%, After Deductible	\$10 \$30 \$50 25%
*Per ACA guidelines these costs apply to your Out-of-Pocket Limit			
**As noted above these are In-Network benefits. For Out-of-Network benefits please see the complete benefit summary.			

Your Semi-Monthly Premium (24 per year)			
	HDHP / CORE	HDHP / BUY-UP	PPO / BUY-UP
Employee	\$ 0.00	\$ 24.22	\$ 61.96
Employee + Spouse	\$111.21	\$159.65	\$235.14
Employee + Child(ren)	\$100.09	\$146.11	\$217.82
Family	\$244.66	\$322.17	\$442.94

To locate a network provider in your area go to:
www.humana.com
Select Choice Care PPO Network

*This summary is intended only to highlight some of the most commonly used benefits.
 Please refer to your Certificate of Coverage for an exact description of coverage, exclusions and limitations.*

HEALTH SAVINGS ACCOUNT



Oldham County Fiscal Court gives employees funds to help offset the deductible on the High Deductible Health Plans (HDHP). The HSA funds are deposited once the employee and covered spouse have completed their annual physical/bloodwork **and have completed the Health Risk Assessment on the Humana website**. The required forms for the physical must be submitted to Epic Insurance Solutions. These requirements can be met anytime during the plan year to receive the contributions listed below:

	\$3,000 Deductible	\$4,000 Deductible
Employee Only Coverage:	\$91/month or \$1,100 lump sum	\$50/month or \$600 lump sum
Employee & Dependent Coverage:	\$166/month or \$2,000 lump sum	\$83/month or \$1,000 lump sum

NEW FOR 2017

ADDITIONAL CONTRIBUTION TO HEALTH SAVINGS ACCOUNT FOR ACHIEVING SILVER STATUS

Oldham County Fiscal Court will contribute funds to the employee's Health Savings Account if Silver Status in Humana's Go365 wellness program is achieved by 8/1/17 per the chart below:

Coverage Type	Points needed to reach Silver Status	Contribution Amount
Employee Only:	5,000	\$250.00
Employee/Spouse	8,000	\$400.00
Employee/Child(ren) (under 18)	5,000	\$250.00
Family-OR Emp/Child(ren) (over 18)	5,000 + 3,000 for each member 18 years and older (see example below)	\$0.05 per point earned to reach Silver Status

Example: Family with 2 dependents over the age of 18 need 14,000 points to reach Silver Status (5,000 + 3,000 + 3,000 + 3,000).

Contributions for those employee who have reached Silver Status will be made the first payroll of the month after the employee is listed on the eligibility report from Humana.

New hires that reach silver status by 8/1/17 are eligible for the lump sum contribution.

Employees may continue to contribute money to their Health Savings Account as in the past. The limits for 2017 are \$3,400 for single coverage and \$6,750 for family coverage. Persons age 55 or older may contribute an additional \$1,000 annually. Please refer to the following pages for additional information regarding Health Saving Accounts.

Your unused HSA dollars rollover the following year.

*This summary is intended only to highlight some of the most commonly used benefits.
Please refer to your Certificate of Coverage for an exact description of coverage, exclusions and limitations.*

HEALTH SAVINGS ACCOUNT (HSA)



Health Savings Account Eligible Expenses

Which expenses can be reimbursed by an HSA?

The IRS defines qualified medical care expenses as amounts paid for the diagnosis, cure or treatment of a disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate a physical or mental defect or illness.

The products and services below are examples of medical expenses eligible for payment under your HSA, when such services are not covered by your High Deductible Health Plan.

Under a rule that went into effective Jan. 1, 2011, claims for over-the-counter medicine or drug expenses (other than insulin) cannot be reimbursed without a prescription. This rule does not apply to items for medical care that are not medicines or drugs.

This list is not all-inclusive; additional expenses may qualify, and the items listed below are subject to change in accordance with IRS regulations. For more information or clarification on individual list items, refer to Publication 502 or consult a tax professional.

- Acupuncture
- Alcoholism treatment
- Ambulance
- Annual physical examination
- Artificial limb
- Artificial teeth
- Bandages
- Birth control pills
- Body scan
- Braille books and magazines
- Breast pumps and supplies
- Breast reconstruction surgery
- Capital expenses (improvements or special equipment installed to a home, if meant to accommodate a disabled condition)
- Car modifications or special equipment installed for a person with a disability
- Chiropractor
- Christian Science practitioner
- Contact lenses
- Crutches
- Dental treatment (not including teeth whitening)
- Diagnostic devices
- Disabled dependent care expenses
- Drug addiction treatment
- Eye exam
- Eye glasses
- Eye surgery
- Fertility enhancement (in vitro fertilization or surgery)
- Guide dog or other service animal
- Health institute fees (if treatment is prescribed by a physician)
- Intellectually or developmentally disabled care, treatment or special home
- Laboratory fees
- Lactation expenses
- Lead-based paint removal (if a child in the home has lead poisoning)
- Learning disability care or treatment
- Legal fees associated with medical treatment
- Lifetime care, advance payments or "founder's fee"
- Lodging at a hospital or similar institution
- Long-term care
- Medical conference expenses, if the conference concerns a chronic illness of yourself, your spouse or your dependent
- Medical information plan
- Medications, if prescribed
- Nursing home fees
- Nursing services
- Operations
- Optometrist
- Organ donors
- Osteopath
- Oxygen
- Physical examination
- Pregnancy test kit
- Prosthesis
- Psychiatric care
- Psychoanalysis
- Psychologist
- Special education
- Sterilization
- Stop-smoking programs
- Surgery
- Special telephone for hearing-impaired individual
- Television for hearing-impaired individuals
- Therapy received as medical treatment
- Transplants
- Transportation for medical care
- Tuition for special education
- Vasectomy
- Vision correction surgery
- Weight-loss program if it is a treatment for a specific disease
- Wheelchair
- Wig
- X-ray

This summary is intended only to highlight some of the most commonly used benefits. Please refer to your Certificate of Coverage for an exact description of coverage, exclusions and limitations.

HEALTH REIMBURSEMENT ACCOUNT (HRA)

For those enrolled in the \$4,000 deductible plan the County will make available through a Health Reimbursement Account an additional \$2,200 for single and \$3,000 for family deductible.

The total deductible required prior to receiving the reimbursement is \$1,800 for single coverage and \$2,600 for family coverage. Below is an example of how the HRA works.

*Please note that any unused HRA dollars do **NOT** rollover.*

Employees are responsible to file claim form and EOB with McGregor independently for HRA. Please see Human Resources Department for claim form.

Employee Only Coverage				
Expenses	Employee %	Employee Pays	HRA %	HRA Pays
\$1,600	100%	\$1,800	0%	\$ 0.00
\$2,200	0%	\$ 0.00	100%	\$2,200
\$4,000		\$1,800		\$2,200
ALL REIMBURSEMENTS WILL BE PROCESSED BY DIRECT DEPOSIT TO THE MAIN PAYROLL ACCOUNT ON FILE				

Employee & Dependent Coverage				
Family Member #1				
Expenses	Employee %	Employee Pays	HRA %	HRA Pays
\$2,600	100%	\$2,600	0%	\$ 0.00
\$1,400	0%	\$ 0.00	100%	\$1,400
\$4,000		\$2,600		\$1,400
Family Member #2 (or combination of all other family members)				
Expenses	Employee %	Employee Pays	HRA %	HRA Pays
\$1,400	100%	\$1,400	0%	\$ 0.00
\$2,600	0%	\$ 0.00	100%	\$2,600
\$4,000		\$1,600		\$2,600
ALL REIMBURSEMENTS WILL BE PROCESSED BY DIRECT DEPOSIT TO THE MAIN PAYROLL ACCOUNT ON FILE				

This summary is intended only to highlight some of the most commonly used benefits. Please refer to your Certificate of Coverage for an exact description of coverage, exclusions and limitations.

FLEXIBLE SPENDING ACCOUNT (FSA)



Flexible Spending Accounts provide you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars. You can save approximately 25% of each dollar spent on these expenses when you participate in an FSA. McGregor & Associates is our FSA vendor.

There are two types of plans permitted under Section 125:

Healthcare Reimbursement *(not eligible if enrolled on HSA)*

A Healthcare FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. Typically, these include deductibles, prescription copays, doctor visit copays, dental care, braces, eyeglasses, etc.

Dependent Daycare Assistance Plan *(not required to be enrolled on medical plan)*

A Dependent Care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work. This can be a licensed daycare provider or an individual who provides a social security number per IRS guidelines.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses for the plan period. If you do not use the money you contributed it will not be refunded to you or carried forward to a future plan year. This is the use-it-or-lost-it rule.

The maximum that you can contribute to the Health Care Flexible Spending account is \$2,000.

The maximum that you can contribute to the Dependent Care Flexible Spending Account is \$5,000 if you are a single employee or married filing jointly, or \$2,500 if you are married filing separately.

For more information on the Flexible Spending Account including a listing of eligible expenses visit www.mcgregoreba.com or call 1-866-233-4377.

****ALL REIMBURSEMENTS WILL BE PROCESSED BY DIRECT DEPOSIT TO THE MAIN PAYROLL ACCOUNT ON FILE.**

**Only employees enrolled in the PPO plan are eligible for Healthcare FSA.
Dependent Care FSA is available to eligible employees regardless of medical plan.**



On-demand access to affordable, quality healthcare. Anytime. Anywhere.

With virtual medical care, you can visit with a doctor from your home, office or on the go. Our network of US Board Certified doctors is available 24/7 by secure video to assist with non-emergency medical conditions.

Activate your account now so you'll be ready when you need care and can't get to your doctor. It's easy!

↓ Download the Doctor On Demand mobile app from the App Store® or Google Play™. Internet access required. Data fees may apply.

📄 Or visit doctorondemand.com/humana
If using your computer, Chrome, Safari or Firefox is required. Associates can download Chrome on their Humana issued laptop by visiting [go/css](#) > Service Catalog > Humana App Shop/Software.

Doctor visits are easier than ever with Doctor On Demand. Now you connect to a doctor using your iPhone, iPad, Android or web browser!

When should I contact Doctor On Demand?

- If your PCP is not available for a non-emergency issue, instead of going to the ER or an urgent care center
- During or after normal business hours, nights, weekends and even holidays
- If you're traveling and in need of medical care

You'll even have the option to share your visit with your primary care doctor.

Who are our doctors?

Humana has teamed up with Doctor On Demand, a national network of doctors for telehealth services. The doctors at Doctor On Demand are among the leading U.S. board-certified doctors in the country providing telemedicine. They go through rigorous screening, training and ongoing quality assurance. Doctor on Demand doctors are available to visit with you anytime, anywhere.

Remember: When you have a life-threatening injury or major trauma, call 911.

What can be treated with virtual medical care?

- Allergies
- Sinus Infections
- Sore throat
- Cold & Flu
- UTI
- Vomiting
- Fever
- Skin conditions
- and more

Why should I use Doctor On Demand?

- No driving to the doctor's office or sitting in the waiting room
- Talk with a doctor from the comfort of your home or while traveling 24/7, 365 days a year, no appointment needed
- If you're on the company medical plan, video visit with a doctor for **\$40** or less
- Prescriptions sent to your preferred pharmacy, if medically necessary

How much does it cost?

Registration is free! And if you're on the company medical plan, the cost is \$40 or less for each consultation depending on your benefit plan and coinsurance.

Doctor On Demand accepts most major credit, debit, and prepaid credit cards as well as spending account cards.

Humana®

Dr DOCTOR
ON DEMAND

www.doctorondemand.com/humana

Preventive services guide

Humana makes it easier than ever to get the preventive services you need to maintain your overall health. As part of healthcare reform—and depending on your Humana health plan—a range of preventive services will be available to you at no cost.

The services listed here will be covered **100 percent** when they're provided for preventive care. This means no copayments, coinsurance or deductibles when services are performed by providers in the Humana network.

NOTE: You may need to pay all or part of the costs when services are completed to diagnose, monitor, or treat an illness or injury, not as preventive care.

Remember, preventive care keeps you healthy, prevents illness, and detects diseases in the early stages when they're easier to treat.

Adult preventive services

Preventive office visits are covered, as well as the screenings, immunizations, and counseling listed below.

Screenings	
Abdominal aortic aneurysm	one time screening for men of specified ages who have ever smoked
Alcohol misuse	screening for all adults
Blood pressure	screening and counseling
Cholesterol	screening for adults of certain ages or at higher risk
Colorectal cancer	screening for adults over 50
Depression	screening for adults
Type 2 diabetes	screening for adults with high blood pressure
HIV	screening for all adults at higher risk ¹
Obesity	screening and counseling for all adults
Syphilis	screening for all adults at higher risk
Tobacco use	screening for all adults and cessation interventions for tobacco users
Counseling	
Diet	counseling for adults at higher risk ¹ for chronic disease
Sexually transmitted infection (STI)	prevention counseling for adults at higher risk
Other	
Aspirin	use of aspirin to prevent cardiovascular disease for women and men at specified ages.

Women preventive services (includes pregnant women)

Preventive office visits are covered, as well as the screenings, and counseling listed below.

Screenings	
Anemia	screening on a routine basis for pregnant women
Bacteriuria	urinary tract or other infection screening for pregnant women
Breast cancer mammography	screenings every 1 to 2 years for women over 40
Cervical cancer	screening for women with a cervix, regardless of sexual history and at specified ages and intervals.
Chlamydia infection	screening for younger women and other women at higher risk ¹
Gestational diabetes	screening for women 24-28 weeks pregnant and those at high risk of developing gestational diabetes
Gonorrhea	screening for all women at higher risk ¹
Hepatitis B	screening for pregnant women at their first prenatal visit
HPV-DNA Test	high risk testing every 3 years for women with normal cytology results who are age 30 or older
Osteoporosis	screening for women age 65 and over and women at higher risk
Rh incompatibility	screening for all pregnant women and follow-up testing for women at higher risk

Immunizations

(vaccines for adults – doses, recommended ages, and recommended populations vary)

Hepatitis A
Hepatitis B
Herpes zoster
Human papillomavirus (HPV)
Influenza
Measles, mumps, rubella
Meningococcal
Pneumococcal
Tetanus, diphtheria, pertussis
Varicella

Counseling

BRCA
genetic counseling for women at higher risk
Breast cancer chemoprevention counseling for women at higher risk ¹ for breast cancer
Domestic and interpersonal violence screening and counseling for all women

Other Services²

Breast feeding equipment and counseling to promote breastfeeding in the post-partum period.
Contraceptive methods and counseling

Women preventive services (includes pregnant women)

Preventive office visits are covered, as well as the screenings, and counseling listed below.

Screenings

Syphilis	screening for all pregnant women or other women at higher risk
Tobacco use	screening and interventions for all women, and expanded counseling for pregnant tobacco users
Folic acid	screening for appropriate use of folic acid supplements for women who may become pregnant

Child preventive services

Preventive office visits are covered, as well as the screenings, immunizations, counseling, and supplements listed below.

Screenings

Alcohol and drug use	assessments for adolescents
Autism	screening for children at 18 and 24 months
Behavioral	assessments for children of all ages
Congenital hypothyroidism	screening for newborns
Depression	screening for adolescents
Developmental	screening for children under age 3, and surveillance throughout childhood
Dyslipidemia	screening for children at higher risk ¹ of lipid disorders
Gonorrhea	preventive medication for the eyes of all newborns
Hearing	screening for all newborns
Height, weight and body mass index	measurements for children
Hematocrit or Hemoglobin	screening for children
Hemoglobinopathies	sickle cell screening for newborns
HIV	screening for adolescents at higher risk ¹
Lead	screening for children at risk of exposure
Medical history	for all children throughout development
Obesity	screening and counseling for children age 6 or older
Oral health	risk assessment for young children
Phenylketonuria (PKU)	screening for this genetic disorder in newborns
Sexually transmitted infection	screening for adolescents at higher risk
Tuberculin	testing for children at higher risk ¹ of tuberculosis
Vision	screening for all children

¹ For more information on the definition of "higher risk" and age recommendations, please go to the US Preventive Guidelines at: <http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm>

² On Aug. 1, 2011, the U.S. Department of Health and Human Services released new guidelines regarding coverage of preventive health services for women. The new guidelines state that non-grandfathered insurance plans with plan years beginning on or after Aug. 1, 2012, must include these services without cost sharing.

³ Women 21-65: with cytology (Pap smear) every three years; women 30-65: wanting to lengthen the screening interval. This document is designed to provide a general overview of the health reform law. It does NOT attempt to cover all of the law's provisions and should NOT be used as legal advice for implementation activities. We encourage you to seek any professional advice, including legal counsel, regarding how the new requirements will affect your specific plan. For complete details, refer to your plan's Certificate of Coverage.

This document is designed to provide a general overview of the federal health reform law (Affordable Care Act). It does NOT attempt to cover all of the law's provisions and should NOT be used as legal advice for implementation activities. We encourage you to seek any professional advice, including legal counsel, regarding how the new requirements will affect your specific plan. For complete details, refer to your plan's Certificate of Coverage.

Immunizations

(vaccines for children from birth to age 18—doses, ages, and populations vary)

Diphtheria, tetanus, pertussis

Haemophilus influenzae type b

Hepatitis A

Hepatitis B

Human papillomavirus (HPV)

Inactivated poliovirus

Influenza

Measles, mumps, rubella

Meningococcal

Pneumococcal

Rotavirus

Varicella

Counseling

Sexually transmitted infection (STI) prevention counseling for adolescents at higher risk¹.

Supplements

Fluoride chemoprevention supplements for children without fluoride in their water sources

Iron supplements for children ages 6 to 12 months at risk for anemia

Say hello to Go365.

It's your personalized wellness and rewards program.

Getting healthier is easier – and lots more fun – with Go365™. When it comes to health and wellness, you have your own approach. One that works for you. Go365 makes it easier to get moving along your path with more ways to start, more Activities to unlock, and more ways to rack up rewards.



Unlock Activities.

Go365 is all about you. You'll receive Activities personalized to help you reach your health goals, no matter where you are on your journey to better health. Just unlock your Activities and earn Points for higher Status.



Stay inspired.

Getting healthier can be hard. Go365 makes it easier by connecting you to all the tools and resources you need to get there. Tracking your activity is a breeze – just connect your compatible apps or fitness devices and earn Points for all your healthy activities.



Earn rewards.

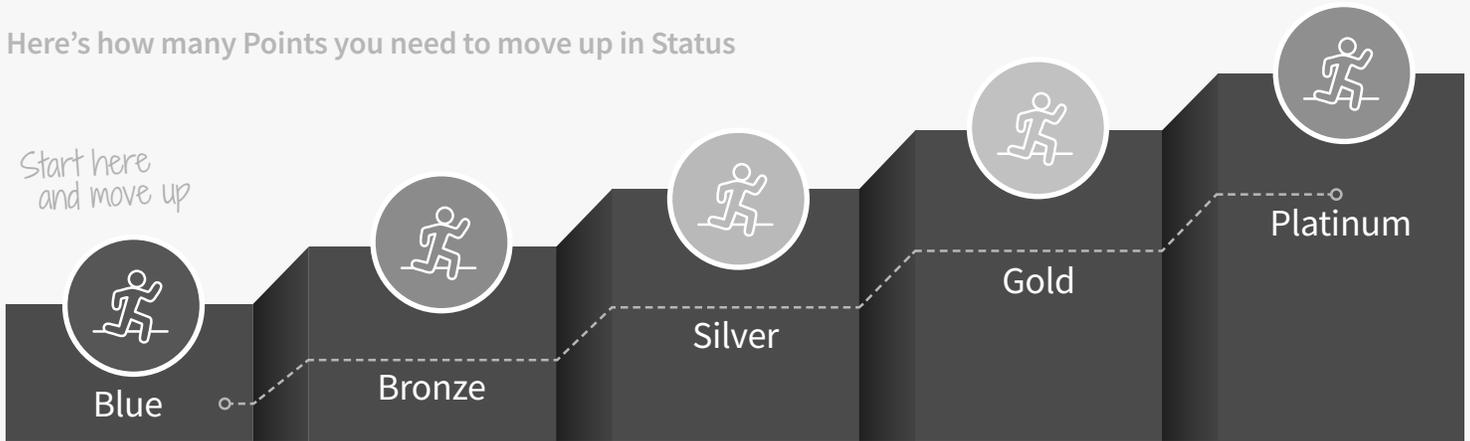
Making healthier choices is a lot more fun with Go365. The more you move up in Status, the more Bucks you can earn and spend on great items in the Go365 Mall. Plus, Bonus Bucks, surprise rewards, and monthly Jackpot drawings make getting healthy more fun!



More Points. Higher Status.

Earning Points pays off big with higher Status levels. Get your spouse and kids involved too and see how fast you can move up in Status.

Here's how many Points you need to move up in Status



3 ways to get to Bronze

1. Complete at least one Health Assessment section online or on the Go365 App
2. Get a Biometric Screening
3. Log a verified workout

5,000
One adult per policy

8,000
combined two adults
per policy

+3,000
for each member
18 years and older
per policy

8,000
One adult per policy

12,000
combined two adults
per policy

+4,000
for each member
18 years and older
per policy

10,000
One adult per policy

15,000
combined two adults
per policy

+5,000
for each member
18 years and older
per policy



Go365.com

Adult children can only move a family to Bronze Status by completing a verified workout.

Go365 Activities Summary.



Education

Activity	Points	
Health Assessment full completion	500	per program year
OR Earn 50 Points for each section you complete. Bonus Points when you complete all six sections.		
First Step Health Assessment Bonus	500	once/lifetime
90 Day Health Assessment Bonus	250	for completion within the first 90 days of program year
Weekly Log	10	
Sleep Diary	25	
Daily Health Quiz	2	
Health Coaching		
Enrolling	200	once/lifetime
Three phone interactions or three online chats	50	up to 600/program year
Six email interactions or six progress note entries	50	up to 600/program year
Calculator(s)	75	up to 300/program year
CPR certification	125	
First aid certification	125	
Update/confirm your contact information	50	
Monthly Go365.com visit or Go365 App sign in	10	up to 120/program year
First time Go365 App sign in	50	
Accept online statements	50	

Fitness

Activity	Points	
Daily Points		up to 50/day maximum
Steps	1	per 1,000 steps
Heart Rate	15	for every 15 minutes above 60% of maximum heart rate
Calories	5	per 100 calories if burn rate exceeds 200 calories/hr.
Participating Fitness Facility	10	once/day
Fitness Habit	25	monthly
First verified lifetime workout	500	once/lifetime
First verified workout each new program year	750	once/program year
Sports league	350	
Challenges up to 100/month maximum		
Create a Challenge	50	
Join a Challenge	50	
Join a team	50	
Athletic events up to 1,400/program year		
Level 1	250	
Level 2	350	
Level 3	500	
Kids sports league	100	
Kids athletic events	50	

Prevention

Activity	Points	
Health screening*	400	per eligible screening
Dental exam	200	up to 400/program year
Vision exam	200	
Flu shot	200	
Nicotine test	400	
Kids preventive care visit	200	
Kids dental exam	100	up to 200/program year
Kids vision exam	100	
Kids immunizations	100	
Kids flu shot	100	
Biometric Screening completion:		
Body mass index (BMI)	800	
Blood pressure	400	
Blood glucose	400	
Total cholesterol	400	
* Subject to certain requirements and will appear on your Points statement if they are applicable to you.		

Healthy Living

Activity	Points	
Blood donation	50	up to 300/program year
Nicotine test healthy in-range results	400	
 <p>If your Biometric Screening is in healthy range, you double your Points.</p>		
2x Biometric Screening in-healthy range Points:		
Body mass index (BMI)	800	
Blood pressure	400	
Blood glucose	400	
Total cholesterol	400	
See page 9 for Biometric Screening healthy ranges.		

We are committed to helping you achieve your best health. Rewards for participating in Go365 are available to all members. If you think you might be unable to meet a standard for a Go365 reward, you might qualify for an opportunity to earn the same reward by different means. Sign in to your Go365.com account and visit the Communication center to send us a secure message and we will work with you (and, if you wish, with your healthcare practitioner) to develop another way to qualify for the reward. Online statements not available for all Go365 members. Go365 Kids is not available to all Go365 programs. Check with your Employer or Benefits Administrator to check your eligibility. Adult children are not eligible to earn Points for Health Assessment, Biometric Screening completion or for having in healthy range results.

WELLNESS DISCLAIMER

NOTICE REGARDING WELLNESS PROGRAM

Humana Go365 is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including 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 risk assessment or "Health Risk Assessment" 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 will also be asked to complete a biometric screening, which will include a blood test for cholesterol, glucose, and triglycerides. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of Deposit in HSA for biometric screening and silver status with Go365. Although you are not required to complete the biometric screening and reach silver status, only employees who do so will receive HSA deposit. The information from your Health Assessment and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program may use aggregate information it collects to design a program based on identified health risks in the workplace, Humana Go365 will never disclose any of your personal information either publicly or to the 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, and 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 individual who will receive your personally identifiable health information is your doctor 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, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Tina Schaaf at tschaaf@oldhamcountyky.gov.

*This summary is intended only to highlight some of the most commonly used benefits.
Please refer to your Certificate of Coverage for an exact description of coverage, exclusions and limitations.*

DENTAL INSURANCE



	CORE	BUY-UP
Deductible (Single/Family)		
In-Network*	\$50 / \$150	\$50 / \$150
Out-of-Network	\$50 / \$150	\$50 / \$150
Annual Maximum	\$1,000	\$1,000
Preventive Services		
In-Network*	100%, Deductible Waived	100%, Deductible Waived
Out-of-Network	80%, Deductible Waived	100%, Deductible Waived
Basic Services		
In-Network*	80%, After Deductible	80%, After Deductible
Out-of-Network	60%, After Deductible	80%, After Deductible
Major Services		
In-Network*	50%, After Deductible	50%, After Deductible
Out-of-Network	50%, After Deductible	50%, After Deductible
Out-of-Network Fee Schedule	Same as In-Network	90 th Percentile of UCR
<p><i>*As noted above these are In-Network benefits. For Out-of-Network benefits please see the complete benefit summary. **Please note when seeing an Out-of-Network dentist you may be billed the full amount at the time of service and then have to wait to be reimbursed.</i></p>		

Your Semi-Monthly Premium (24 per year)		
	CORE	BUY-UP
Employee	\$ 5.05	\$ 8.47
Employee + Spouse	\$18.58	\$26.01
Employee + Child(ren)	\$20.51	\$29.46
Family	\$35.71	\$46.47

**To locate a network provider in your area go to:
www.humanadental.com**

*This summary is intended only to highlight some of the most commonly used benefits.
Please refer to your Certificate of Coverage for an exact description of coverage, exclusions and limitations.*

VISION INSURANCE



Vision Care Services	In-Network	Out-of-Network*
Routine Eye Exam Once every 12 months	\$10 / \$15	N/A
Eyeglass Frames Once every 24 months	\$50 Wholesale Frame Allowance	\$59 Retail Allowance
Eyeglass Lenses Once every 12 months Single Bifocal Trifocal	100%, After Copay 100%, After Copay 100%, After Copay	\$26 Allowance \$40 Allowance \$60 Allowance
Contact Lenses Elective (conventional and disposable) Medically Necessary	\$150 Allowance Covered at 100%	\$150 Allowance \$300 Allowance
Frequency (based on date of service) Examinations Lenses or Contact Lenses Frames	Once every 12 months Once every 12 months Once every 24 months	Once every 12 months Once every 12 months Once every 24 months
<small>*Please note when seeing an Out-of-Network physician you will need to pay in full at the time of service and obtain an itemized receipt, and file a claim for reimbursement.</small>		

Your Semi-Monthly Premium (24 per year)

Employee	\$ 3.96
Employee + Spouse	\$ 7.92
Employee + Child(ren)	\$ 7.52
Family	\$11.82

**To locate a network provider in your area go to:
www.humanavision.com**

This summary is intended only to highlight some of the most commonly used benefits.
Please refer to your Certificate of Coverage for an exact description of coverage, exclusions and limitations.

BASIC LIFE AND AD&D INSURANCE



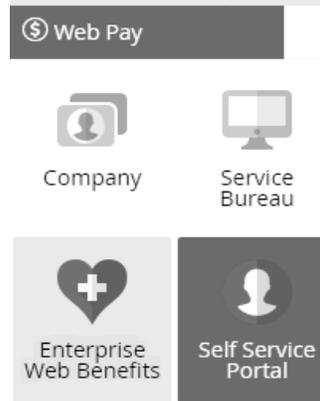
Life Benefit	
Amount	\$20,000
AD&D Benefit	
Amount	\$20,000
Additional Benefits	
Accelerated Benefit	Terminal illness with a life-expectancy of 24 months or less. You must have continuous coverage a minimum of six months in order to qualify. Amount payable is 50 percent to a maximum benefit of \$250,000. Life insurance benefit at time of death will be reduced by the advanced amount. (This may vary because it is subject to state regulations.)
Seat belt -airbag - helmet benefit	Death as the result of an auto accident while properly using a seat belt, or wearing a properly fitted and fastened motorcycle helmet in a motorcycle accident. Amount of your accidental death benefit increases by 10 percent, but not less than \$1,000 or more than \$10,000. In addition, we will increase you accidental death benefit by 5 percent, to a maximum of \$5,000 but no less than \$500, for properly functioning airbag.
Education benefit	Death as the result of an accident. Actual expense to a maximum of \$5,000 or 5 percent of accidental death benefit. Payable up to four years for employee's dependent children or until age 25. Dependent must be a full-time student beyond 12th grade at a college, university or vocational school on the date of the employee's death or within 265 days after the death.
Childcare benefit	Death as the result of an accident. Actual expenses to a maximum of \$5,000 or 5 percent of accidental death benefit. For a dependent in a licensed childcare center up to four consecutive years after the employee's death, or until the child's 13th birthday.
Spouse training benefit	Death as the result of an accident. Actual expense to a maximum of \$5,000 or 5 percent of accidental death benefit for one year after the employee's death. Survivor must be enrolled as a student in an accredited school on the date of the employee's death or within 365 days after the death.
Coma benefit	Employee is in a coma caused by a body injury, the coma begins within 365 days after the accident; and the person remains in a coma for more than 31 consecutive days. One time payment of 5 percent of the employee's accidental death benefit, subject to a maximum of \$5,000.
Repatriation benefit	Death as the result of an accident. Actual expenses to a maximum of \$5,000 if employee dies as a result of an accidental death at least 150 miles from his/her principal place of resident, and there are expenses for preparing and transporting the employee's body to a mortuary.
Global emergency services Provided by Assist America	Provides medical emergency travel assistance to people traveling 100 miles or more away from home 24-hours per day, 7 days per week, including (but not limited to): medical consultation & referral, medical monitoring, prescription assistance, and hospital admission guarantee.

100% Paid for by Oldham County Fiscal Court!

*This summary is intended only to highlight some of the most commonly used benefits.
Please refer to your Certificate of Coverage for an exact description of coverage, exclusions and limitations.*

Oldham County Fiscal Court Enrollment Guide

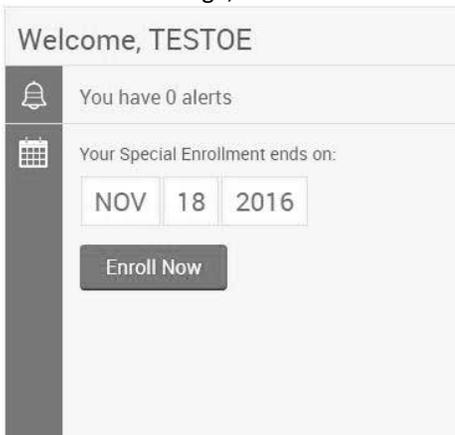
To access the system, log into WebPay as you would to view your payroll information. On the top left corner, click on the Applications bar and then Enterprise Web Benefits, this will take you to your Web Benefits home page.



This site supports the following browsers: Microsoft Internet Explorer, version 6.0 and up, Mozilla Firefox version 2.0.0.4 and up, Google Chrome and Safari version 4.0.1 and up. We encourage you to keep your browser updated.

****For successful navigation of the site, do NOT use the "back" button in your internet browser, as this will automatically log you out of the site. To navigate through the site, use the navigation bar located on the left hand side of the screen.**

From the Home Page, click on **ENROLL NOW**.



Annual enrollment is broken down into the following 4 steps/tabs. You will be taken through each tab to make changes or confirm your information on file and choose your benefits for the new plan year.

1. Employee (Personal Information)
2. Family (Family Information)
3. Enroll
4. Confirm

Verify your Personal Associate Information

- Before beginning your enrollment, please verify the accuracy of all of your personal information (e.g., address, DOB, etc.)
- If you need to make any changes, you will need to make those in WebPay (or Payroll) and that change will be reflected here within 48 hours
- When done, check "I agree" at the bottom of the page and click "Continue"

Please Note: Any field that has an asterisk next to it is required.

Employee Information

Sometime before beginning enrollment, all of your personal and family information must be complete. Please complete any required fields below, or, if the information has already been entered, please make sure it is accurate. You'll need to agree to the information and then click Continue .

Demographics

First Name TESTOE

Middle Initial

Last Name Full Time Employees

Social Security Number 000-00-0001

Date of Birth 7/17/1982

Gender Male

* Tobacco User

- 1 Your Info
 - 2 Your Benefits
 - 3 Enroll
 - 4 Complete
- Employee Information
- Family Info

Continue

Verify your Family Information

- You will want to add all dependents that you wish to cover under your benefits in this tab before proceeding to the next section
- Click on the [Add dependents](#) link to add dependents, when all of your family information is accurate, check "I agree" and click "Continue."

Family Information

Please enter all family information before beginning your enrollment regardless of whether the family members are to be covered by your benefits or not. To do so, click Add Dependent. To verify or edit the information of a family member who has already been entered, click on the person's name. If you do not have any family members, click Continue.

TESTOE Full Time Employees

Male Employee
34 years old (7/17/1982)
SSN: 000-00-0001

Edit >

Spouse Test

Female Spouse
37 years old (5/1/1979)
SSN: 123-11-1111

Edit >

Child Test

Male Child
9 years old (3/10/2007)
SSN: 123-11-1113

Edit >



Add Dependents

- 1 Your Info
 - 2 Your Benefits
 - 3 Enroll
 - 4 Complete
- Employee Information
- Family Info

Continue

I agree that the above information is accurate.

I agree

Enrolling into Benefits

- Start your enrollment by clicking on the “Enroll” tab, this will take you to your first incomplete benefit
- Any benefits that are auto enrolled and do not require beneficiary designations will already have a green check mark, you can click the plan name to learn more about this benefit



Medical

\$217.82
Your Cost per pay period

PLAN 3) PPO / Humana / [View plan details](#)

COVERAGE Employee + Child(ren)

TESTOE Full Time Employees	Employee	<input checked="" type="checkbox"/> Cover
Spouse Test	Spouse	<input checked="" type="checkbox"/> Waive
Child Test	Child	<input checked="" type="checkbox"/> Cover

Completed I don't want this benefit (waive) View Plan Options

Medical, Dental and Vision

- You can choose to elect the benefit or waive out
- To elect the benefit, please select the dependent(s) to cover and then the plan you wish to enroll in
- Coverage level will be determined based on the dependents you cover and once you click next you can review this and all cost associated with the plan you have selected

Who will be covered by this plan?

TESTOE Full Time Employees Employee Spouse Test Spouse Child Test Child [+ Add Dependents](#)

[Back](#) Continue

1) HDHP Core Humana View plan details	Your Cost per pay period: \$100.09 <input type="checkbox"/> Tier: Employee + Child(ren) Select
2) HDHP Buy Up Humana View plan details	Your Cost per pay period: \$146.11 <input type="checkbox"/> Tier: Employee + Child(ren) Select
CURRENT PLAN	
3) PPO Humana View plan details	Your Cost per pay period: \$217.82 <input type="checkbox"/> Tier: Employee + Child(ren) <input checked="" type="checkbox"/> Selected Keep Selection

Click Save and Continue enrollment to go on to the next benefit plan. Medical will now show as complete with a green checkmark, and the next benefit plan will appear



Medical

\$217.82
Your Cost per pay period

PLAN 3) PPO / Humana / [View plan details](#)

COVERAGE Employee + Child(ren)

TESTOE Full Time Employees	Employee	<input checked="" type="checkbox"/> Cover
Spouse Test	Spouse	<input checked="" type="checkbox"/> Waive
Child Test	Child	<input checked="" type="checkbox"/> Cover

Completed

PLEASE NOTE – IF YOU DO NOT WISH TO CONTRIBUTE TO AN HSA, BUT DO WANT TO RECEIVE THE EMPLOYER CONTRIBUTION: SELECT THE PLAN AND ENTER 0 IN THE EMPLOYEE CONTRIBUTION AMOUNT BOX.

Basic Life Plan

- You will be automatically enrolled into these two plans.
- For basic life you will be asked to make your beneficiary assignments. Your dependents on file will automatically be listed as beneficiaries. Enter your assignments to total 100 %. When done, click 'Continue.' If you would like to add another beneficiary, click on the 'Add Beneficiary' box to be taken to the Beneficiary Maintenance page.

Basic Employee Life

1 Plan Selection

2 Beneficiaries

Basic Employee Life and AD&D \$20,000.00 \$0.00

Primary Beneficiaries **REQUIRED** Secondary Beneficiaries (optional)

"Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any benefits due after death of the employee/retiree. "Contingent Beneficiary" represents the person or persons named to receive benefits if the Primary Beneficiary is not alive. Please review the options below and make changes as needed. You must choose a Primary Beneficiary; Secondary Beneficiaries are optional.

Beneficiary	Percentage
My Estate (Employee)	<input type="text"/> %
Jane Doe (Spouse)	<input type="text"/> %
<input type="button" value="+ Add New Beneficiary"/>	

Total: 0% (must equal 100%)

- If at any time, you want to review, change your elections, or find more information about the plan, click on the plan name on the left.
- Once you have completed the enrollment for each benefit plan you will be taken to the final review step

Almost Finished!

- Review all of your benefit elections and covered dependents
- Once you've completed your review, check the **I agree** and **I am finished with my enrollment** box at the bottom of the page and click the "Save My Enrollment!" button at the bottom of this page

Once You've Reviewed All Your Selections:

Participation

I understand that the choices I've made are in effect for one full benefit plan year and cannot be changed until the next enrollment period unless I have a qualified status change. If I do have a qualified family status change, I have 30 days from the date of the life event to make changes to my benefit plans, and that I may be required to furnish proof of the event and/or be asked to furnish evidence of insurability for my eligible dependents or myself. Finally, I authorize payroll deductions, if required, for my contributions in the cost of the coverage I have selected.

I agree, and I'm finished with my enrollment.

Save My Enrollment!

Confirmation

It is highly recommended that you send yourself an e-mail confirmation of your elections. To do so, click on the envelope icon on the top right side. If you don't have an e-mail address in the system, please print out the confirmation page before you leave the site by clicking on printer icon also on the top right side. You will be also prompted to save your confirmation statement as well if you would like to save a copy.



Your enrollment is complete!



You may make changes to your elections until: **November 18, 2016**

You have completed your enrollment. Click the picture of a printer to printer friendly copy of your Confirmation Statement for your records or email yourself a copy of the Statement. If you would like to make changes to your enrollment, click on the Enrollment Complete button.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.



VIEW



EMAIL



PRINT

VOLUNTARY PRODUCTS



Worksite Benefits	
Voluntary Employee Life and Voluntary Dependent Life	Please see Human Resources for Enrollment Form.
Voluntary Accident	
Voluntary Critical Illness	
Voluntary Cancer	
Voluntary Disability Income Plus	

Plan Summary and Rates are on the following pages.

*This summary is intended only to highlight some of the most commonly used benefits.
Please refer to your Certificate of Coverage for an exact description of coverage, exclusions and limitations.*

VOLUNTARY LIFE INSURANCE



	Employee	Spouse	Dependent
Life Benefit - Sold Increments of \$10,000			
Minimum Amount	\$10,000	\$5,000	\$2,000
Maximum Amount	\$150,000	The lesser of 50% of employee amount or \$50,000	\$10,000
Guarantee Issue Amount	Up to \$100,000	Up to \$20,000	\$10,000
<i>Note: Subject to any reductions shown below, Guarantee Issue means the amount of insurance applied for which does not require evidence of insurability. Guarantee Issue is available to New Hires only. For New Hires, coverage amounts over the Guarantee Issue Amount will require a health application/evidence of insurability. For Late Entrants, all coverage amounts will require a health application/evidence of insurability.</i>			
Additional Benefits			
Accelerated benefit	Terminal illness with a life-expectancy of 24 months or less. You must have continuous coverage a minimum of six months in order to qualify. Amount payable is 50% to a maximum benefit of \$250,000. Life insurance benefit at time of death will be reduced by the advanced amount. (This may vary because it is subject to state regulations.)		
Waiver of premium	If you are totally disabled for at least six consecutive months prior to age 60, you can continue life insurance coverage and waive the premium.		
Dependent insurance	Death of spouse - You will receive the coverage amount selected, available in increments of \$5,000 to a maximum of \$50,000, not to exceed 50% of the employee benefits. Death of dependent child - You will receive the coverage amount selected, available in increments of \$2,000, \$4,000, \$6,000, \$8,000 and \$10,000.		
Portability	Termination of employment. Continue coverage by paying premiums directly to Humana. You must apply for this within 31 days of the last day you were employed.		
Conversion	If you leave your job – for any reason – you may be able to change your group life coverage to a whole life policy. You must apply for this policy within 31 days of the last day you were employed.		
Benefit Reduction	Benefits reduce as follows: 65% at age 65; 40% at age 70; 25% at age 75; 15% at age 80.		
<i>*Exclusions and limitations are listed in detail in the certificate, policy or trust agreement that applies to this product.</i>			

For premium rates please refer to the chart on the following page.

See HR for Voluntary Life Enrollment Form.

This summary is intended only to highlight some of the most commonly used benefits. Please refer to your Certificate of Coverage for an exact description of coverage, exclusions and limitations.

VOLUNTARY LIFE INSURANCE RATES



Voluntary Employee and Spouse Life Rates - Spouse rates based on the Employee's age*			
AGE	Monthly Rate per \$1,000 of coverage	AGE	Monthly Rate per \$1,000 of coverage
<25	\$0.08	50-54	\$0.37
25-29	\$0.07	55-59	\$0.58
30-34	\$0.08	60-64	\$0.89
35-39	\$0.10	65-69	\$1.47
40-44	\$0.15	70-74	\$2.86
45-49	\$0.23	75+	\$5.53
Child optional group term life rates – Monthly Rate per \$1,000 of coverage: \$.21			
*Employee rates are based on Employee's age as of January 1, 2017, regardless of date of hire.			

How to calculate your premium

In the above rate chart, you will see monthly rates per \$1,000 of coverage. Find your age band (spouse rates are based on the employee's age) and note the rate, then complete the information below to find your monthly premium.

Employee Age: _____

Employee Monthly Rate per \$1,000 of Coverage: _____ (A)

Spouse Monthly Rate per \$1,000 of Coverage: _____ (B) *Spouse rate is based on the employee age.

Child Monthly Rate per \$1,000 of Coverage: _____ (C)

_____ of coverage X _____ (A) / 1,000 = _____ Monthly Premium for Employee (D)

_____ of coverage X _____ (B) / 1,000 = _____ Monthly Premium for Spouse (E)

_____ of coverage X _____ (C) / 1,000 = _____ Monthly Premium for Child (F)

TOTAL MONTHLY PREMIUM (D) + (E) + (F) = _____ (G)

Important Reminder: If you do not enroll for voluntary life when you are first eligible for coverage, you will have to complete an Evidence of Insurability form for any amount of coverage.

See HR for Voluntary Life enrollment form.

This summary is intended only to highlight some of the most commonly used benefits. Please refer to your Certificate of Coverage for an exact description of coverage, exclusions and limitations.

Humana Accident



Accident coverage can protect your whole family

A voluntary accident plan offers coverage for accidents, injuries, ambulance services, and accidental death in addition to your primary medical insurance. It's also available to your spouse and children – a plan that can protect your whole family.

Why do I need accident coverage?

Here are a few facts to consider from the National Center for Health Statistics:

- Nearly 40 percent of self-reported episodes of injury leading to hospitalization occurred during sports or leisure activities, and 44 percent occurred in or around the home
- Where the external cause of nonfatal injuries is specified, falls are the leading cause of inpatient and outpatient care in emergency rooms, outpatient clinics and doctors' offices
- Injuries due to motor vehicle traffic accidents, overexertion and strenuous movements, and striking against or being struck accidentally by objects also make up a large portion of injuries

What does accident coverage do?

Accident insurance provides you with valuable primary benefits as well as any optional benefits selected by your employer. Features include:

- **Accident Medical Expense:** pays actual charges, up to the amount selected, for physician's treatment or other emergency treatment
- **Ambulance Benefit:** pays actual charges, up to policy amount, for ground ambulance service and emergency air transportation in 100-mile radius
- **Hospital Confinement:** pays a daily benefit for hospital room charge for a maximum of 30 days, up to the amount selected, when the injury is a result of a covered accident
- **Optional riders** offered by your employer may include 24-hour coverage, coverage for spouse and children, and bone fracture and dislocation

Nearly 40 percent of self-reported episodes of injury leading to hospitalization occurred during sports or leisure activities, and 44 percent occurred in or around the home.

- National Center for Health Statistics

Protect your financial security

Payroll deduction makes it easy for you to pay for accident coverage. You'll feel good knowing benefits are paid up to the amount selected for each accident, and is in addition to any other coverage you may have. Coverage starts at "zero" with each new accident. There's no calendar-year maximum.

Humana Accident

Individual product base

Kentucky

Oldham County Fiscal Court

Accident coverage offers supplemental coverage for accidents, injuries, ambulance services, and accidental death. This is a plan that protects the whole family, including your spouse and children. Choose from four benefit levels, which are paid up to the benefit amount, in addition to any other coverage you have. You can further enhance your coverage with options, such as benefits for fractures and dislocations, providing even more flexibility.

Product base	Individual			
Coverage type	Accident Insurance provides off-the-job coverage for accidental injuries, hospital care, and accidental death benefits. There is no coverage for sickness. Four benefit levels available. Coverage is available to the insured, spouse, and children, and is guaranteed renewable to age 70.			
Benefit amount	<input type="checkbox"/> Level One	<input type="checkbox"/> Level Two	<input type="checkbox"/> Level Three	<input type="checkbox"/> Level Four
<ul style="list-style-type: none"> Accident medical expense: Pays the actual expenses up to the amount selected for diagnosis or treatment by a physician or in an emergency room. ER subject to a \$50 deductible. Ambulance: Pays actual expenses up to the amount selected if injury requires ground or air ambulance transportation. Hospital indemnity: Pays a benefit equal to the amount selected if an injury requires inpatient hospital confinement, including a room charge, that starts within 30 days after the accident. The benefit is limited to 30 days per accident. Accidental death, dismemberment and loss of sight (AD&D): <ul style="list-style-type: none"> Loss of life Any combination of two or more hands, feet, or eyes Loss of single hand, foot or eye Multiple fingers and/or toes Single finger or toe 	\$ 500	\$ 1,000	\$ 1,500	\$ 2,000
	\$ 250	\$ 500	\$ 750	\$ 1,000
	\$ 75	\$ 150	\$ 225	\$ 300
	\$ 5,000	\$ 10,000	\$ 15,000	\$ 20,000
	\$ 5,000	\$ 10,000	\$ 15,000	\$ 20,000
	\$ 2,500	\$ 5,000	\$ 7,500	\$ 10,000
	\$ 500	\$ 1,000	\$ 1,500	\$ 2,000
	\$ 250	\$ 500	\$ 750	\$ 1,000

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS.

Underwritten by Kanawha Insurance Company, a Humana company.



Additional included benefits

Total disability premium waiver: If the insured becomes disabled before age 60 and as the result of injuries suffered in an accident, premiums will be waived after six months of total and continuous disability.

- Fracture and dislocation:** Pays a benefit when a covered person suffers one of the fractures or dislocations listed. The benefit payable will equal the percentage shown, of the unit selected, for the injury. Pays 150% of the larger loss of two or more covered losses.
 - \$1,500

Fractures	Dislocations
• Hip bone (pelvis) or femur	• Hip
• Vertebra	• Knee (does not include
• Skull (depressed or ping-pong fracture)	• dislocation of the patella)
• Leg (tibia or fibula)	• Foot (does not include
• Bones of the foot, ankle, kneecap, hand, wrist or forearm (radius or ulna)	• dislocation of the toes), ankle or shoulder
• Lower jaw, shoulder blade, collar bone	• Hand (does not include
• Upper arm, upper jaw, skull (simple, non-depressed fracture)	• dislocation of fingers), lower jaw, wrist or elbow
• Facial bones (or nose)	• Finger, toe
• Finger, toe, rib, coccyx	

Portability	Yes
Eligibility	Employee issue ages 18-67. Employee Actively at Work Full-time, benefit eligible employees working at least 20 hours per week. Spouse issue ages 18-67; Ineligible if employee is denied. Child issue ages 0-25; Ineligible if employee is denied.
Additional plan information	Spouse includes domestic partners where allowed by state and employer.

Product restrictions

If applying for the disability rider, the benefit will be reduced to a combined maximum of 60 percent of income when the applicant is applying for or has another disability-based benefit in force with Kanawha Insurance Company or another company. Local, state, or federal disability benefits are considered to be other in force coverage when determining the maximum issue amount of accident disability benefits available when applying for the Accident Total Disability rider.



Kentucky

Humana Accident rates

Displaying semi-monthly payroll deductions based on monthly premium calculation including \$1,500.00 Bone Fracture and Dislocation.

Benefit:	Level One Benefit			
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
18-50	\$6.00	\$12.00	\$13.75	\$19.75
51-67	\$6.95	\$13.90	\$14.70	\$21.65

Benefit:	Level Two Benefit			
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
18-50	\$7.23	\$14.45	\$16.68	\$23.90
51-67	\$8.18	\$16.35	\$17.63	\$25.80

Benefit:	Level Three Benefit			
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
18-50	\$8.30	\$16.60	\$19.95	\$28.25
51-67	\$9.25	\$18.50	\$20.90	\$30.15

Benefit:	Level Four Benefit			
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
18-50	\$9.25	\$18.50	\$22.50	\$31.75
51-67	\$10.20	\$20.40	\$23.45	\$33.65

Employee rates are based on Employee's age as of their effective date.

**Guarantee Issue: Employee - \$10,000
Spouse - \$5,000
Child - \$5,000**

See HR for Accident Enrollment Form



Humana Voluntary Disability



Protect your financial well-being with voluntary disability

Humana's disability plan will help with day-to-day expenses – housing, food, car payments, even additional medical costs – if an illness or accidents disables you away from the workplace. You won't have to worry about using your savings or incurring additional debt to cover these costs and care for your family.

Why do I need disability coverage?

Most people can't afford to be disabled, even for a short time. Almost 90 percent of disabling accidents and illnesses are not work related, so you can't count on Workers Compensation to be there for you and your loved ones (National Safety Council, Injury Facts 2008 Ed.). Here are more reasons to take a closer look at short-term disability protection:

- 71% of American employees live from paycheck to paycheck.
 - American Payroll Association, "Getting Paid in America" Survey, 2008
- Unexpected illnesses and injuries cause 350,000 personal bankruptcies each year.
 - "Illness and Injury as Contributors to Bankruptcy," Health Affairs, Feb. 2, 2005

In the United States, disabling injury occurs every second.

- National Safety Council, Injury Facts 2008 Ed.

Why choose a Humana plan?

Benefits from your Humana plan are paid in addition to any disability coverage you already have. Your monthly coverage, elimination period, benefit period and any optional benefits will depend on the plan design your employer selects. You'll find the plan to be easy and economical - your premiums are conveniently paid through payroll deduction. Here are more reasons you'll feel good about a Humana plan:

- Benefits are paid in addition to any disability coverage you already have
- Your premium is waived if you're totally disabled for more than 90 days or the elimination period, whichever is longer
- Work-life support services are included with every disability plan

Act now

Because you can't know when a disabling illness or injury will impact your ability to bring home a paycheck, you can enroll disability coverage from Humana to help you and your family deal with the unexpected. You'll be able to concentrate on your recovery after a sickness or accident, and return to your job.

Disability Income Plus

Kentucky

Oldham County Fiscal Court

Disability Income Plus provides a monthly disability income benefit as a result of a non-occupational "off-the-job" accident or sickness. If you're totally disabled by an accident or illness, Disability Income Plus can be there to help, helping pay the bills that won't go away just because you can't work: housing costs, food, car payments, and additional medical costs. You can focus on a full recovery and successful return to the workplace.

Coverage type	Disability Income Plus is a group disability income insurance policy that provides a monthly disability income benefit due to an off-the-job accident or injury.
Benefit amount	Minimum benefit of \$300 and maximum benefit of \$5,000 per month, not to exceed 60% of base monthly income.
Plan design	Accident & Sickness: Provides coverage for disabilities caused by either an accidental injury or sickness.
Benefit period	Three months
Elimination period	Provides off-the-job coverage for injuries after 14 days and off-the-job sicknesses after 14 days of total disability. The number of continuous days, beginning with the first day of a total disability, before any monthly benefit amount is payable. Separate elimination periods apply to injury and illness.
Definition of disability	<p>Total disability: for the first 24 months of a disability that the employee/member is unable to perform the substantial and material duties of his or her regular occupation, not working in any other occupation, and under the care of a physician for the disability.</p> <p>After 24 months of total disability, totally disabled means that the employee/member is unable to perform the duties of any occupation, and under the care of a physician for the disability.</p> <p>Partial disability: because of a covered sickness or injury, the employee/member is working more than 20% but not more than 80% of the normal pre-disability schedule, and under the regular care of a physician.</p> <p>The normal pre-disability schedule is as defined by the employee/member's employer but does not include overtime.</p>

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at [Disclosure.Humana.com](https://www.humana.com/disclosure). Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS.

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1-800-584-4214 | [Humana.com](https://www.humana.com)



Disability Income Plus

Kentucky

Oldham County Fiscal Court

Definition of disability	Recurrent disability: total and/or partial disability that is due to the same or related causes as a prior period of disability, follows a prior period for which a monthly benefit was paid, and occurs within 180 days after the end of a prior period for which a monthly benefit was paid.
Additional included benefits	Partial disability: Pays 50 percent of the total benefit when employee cannot perform 20 percent to 80 percent of his or her normal work schedule for up to six consecutive months. Recurrent disability: If employee becomes disabled again within 180 days of returning to work, the elimination period is waived and benefits are immediately available for up to the remaining benefit from the previous disability. Waiver of premium: Premium is waived if the employee is totally disabled for more than 90 days or the elimination period, whichever is longer.
Pre-existing provision	12/12
Pregnancy	Treated as any other illness.
Product restrictions	Employers with employees working in HI, NJ, & RI refer to Risk Management. Not available for sale with Accident if the Accident Total Disability Benefits Rider is included. Riders not available for sale with Health Care Plus.

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Disability Income Plus rates

Oldham County Fiscal Court
897400

Kentucky

Disability Income Plus rates

Standard Industry Classification Code: Preferred

Non-tobacco coverage, semi-monthly payroll deductions based on monthly premium calculation.

Age	Benefit Amount									
BENEFIT:	\$300	\$500	\$700	\$900	\$1,100	\$1,300	\$1,500	\$1,700	\$1,900	\$2,100
18-35	\$4.02	\$5.95	\$7.88	\$9.81	\$11.74	\$13.67	\$15.60	\$17.53	\$19.46	\$21.39
36-45	\$4.23	\$6.30	\$8.37	\$10.44	\$12.51	\$14.58	\$16.65	\$18.72	\$20.79	\$22.86
46-55	\$4.49	\$6.73	\$8.97	\$11.21	\$13.45	\$15.69	\$17.93	\$20.17	\$22.41	\$24.65
56-65	\$4.89	\$7.40	\$9.91	\$12.42	\$14.93	\$17.44	\$19.95	\$22.46	\$24.97	\$27.48
66+	\$6.05	\$9.33	\$12.61	\$15.89	\$19.17	\$22.45	\$25.73	\$29.01	\$32.29	\$35.57

Tobacco coverage, semi-monthly payroll deductions based on monthly premium calculation.

Age	Benefit Amount									
BENEFIT:	\$300	\$500	\$700	\$900	\$1,100	\$1,300	\$1,500	\$1,700	\$1,900	\$2,100
18-35	\$4.74	\$7.15	\$9.56	\$11.97	\$14.38	\$16.79	\$19.20	\$21.61	\$24.02	\$26.43
36-45	\$5.01	\$7.60	\$10.19	\$12.78	\$15.37	\$17.96	\$20.55	\$23.14	\$25.73	\$28.32
46-55	\$5.33	\$8.13	\$10.93	\$13.73	\$16.53	\$19.33	\$22.13	\$24.93	\$27.73	\$30.53
56-65	\$5.84	\$8.98	\$12.12	\$15.26	\$18.40	\$21.54	\$24.68	\$27.82	\$30.96	\$34.10
66+	\$7.29	\$11.40	\$15.51	\$19.62	\$23.73	\$27.84	\$31.95	\$36.06	\$40.17	\$44.28

Employee rates are based on Employee's age as of their effective date.

See HR for Disability Enrollment Form



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Humana Critical Illness/Cancer



Critical illness/cancer voluntary coverages pay benefits however you want

With our critical illness and cancer plans, you'll receive a benefit after a serious illness or a condition such as a heart attack, stroke, coronary artery disease, or cancer is diagnosed. During your recovery, you and your loved ones can rest a little easier knowing you won't have to deplete your bank accounts or take on additional debt to cover day-to-day living expenses.

Why do I need critical illness and cancer coverages?

These plans can assist you with a variety of expenses so you can focus on getting better. You can spend the benefits however you want, on direct or indirect costs associated with the illness:

- Make your mortgage payments
- Hire extra help for around the house, such as in-home caregivers
- Help cover medical bills as well as therapy and training
- Pay for travel to treatment facilities away from home – and for family visits

In addition to the physical and emotional effects, people who are diagnosed with a serious condition may see a costly impact on their expenses. You may need additional help to absorb the expense of paying for drugs and other direct and indirect costs associated with these diseases.

Here's how it works

All benefit payments are made directly to you in most cases, placing you in control at a time when you may feel that your options are limited. Some or all of the benefit is available to you after your initial diagnosis, so it's there when you need it most. You'll save on your premiums because coverage through your employer typically is less expensive than purchasing on your own. And you can pay premiums through automatic payroll deduction. You can continue the coverage even if you change employers.

Act now

You've probably taken some steps to protect your assets and future financial stability with a health plan, life insurance, savings, etc. Take an additional step to round out your coverage and help you and your loved ones in the event of an unexpected critical illness or cancer.

U.S. men have slightly less than a 1 in 2 risk of developing cancer; for women, the risk is a little more than 1 in 3.

- American Cancer Society

Humana Critical Illness and Cancer

Kentucky

Oldham County Fiscal Court

Consider coverage that helps protect you, your family, and your assets in the event of a critical illness. It offers specialized benefits to supplement other health insurance when you and your family may be most vulnerable: during the working years. Benefit payments can assist in covering a variety of expenses associated with a critical illness: out-of-pocket medical care costs, home healthcare, travel to and from treatment facilities, rehabilitation, and other expenses.

Coverage type

Voluntary Critical Illness insurance is a group policy form that includes coverage for heart/stroke, cancer, and other critical illnesses.

Benefit amount

Benefit amounts are available at various levels. You can choose:

- \$5,000 to \$50,000 for employees

You can also add coverage for your dependents:

- Spouse: \$2,500 to \$25,000. Spouse coverage benefit is equal to exactly half of the employee's coverage
- Child: \$2,500 to \$5,000 for each eligible child. Child coverage benefit is equal to exactly half of the employee's coverage to a maximum of \$5,000.

Coverage for vascular conditions

Percent of benefit amount paid at initial diagnosis:

- Heart attack 100%
- Transplant as a result of heart failure 100%
- Stroke 100%
- Coronary artery bypass surgery as a result of coronary artery disease 25%

Coverage for cancer conditions

30 day waiting period

Percent of benefit amount paid at initial diagnosis:

- First diagnosis of internal cancer or malignant melanoma 100%
- Carcinoma in situ 25%

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Humana Critical Illness and Cancer

Kentucky

Oldham County Fiscal Court

Coverage for other critical illnesses	Percent of benefit amount paid at initial diagnosis: <ul style="list-style-type: none">• Transplant, other than heart 100%• End-stage renal failure 100%• Loss of sight, speech, or hearing 100%• Coma 100%• Severe burns 100%• Permanent paralysis due to an accident 100%• Occupational HIV 100%
Additional included benefits	<p>Waiver of premium for disability: This waives an employee's premium if he or she becomes totally disabled for at least 180 days after the effective date of coverage. For employees ages 18-55.</p> <p><input type="checkbox"/> Benefit recurrence: This provides an additional benefit for the same condition if a covered participant is treatment-free for at least 12 months.</p> <p><input type="checkbox"/> Health screening: Benefit pays per calendar year for covered health screenings. There are 18 covered tests including mammograms, colonoscopies, and stress tests.</p> <ul style="list-style-type: none">• Indemnity based and payable once per calendar year per insured• Employer selects this optional benefit and the benefit amount; Employee may decline the benefit if he/she chooses• Coverage is same for all insureds on the certificate <p><input type="checkbox"/> \$150</p>
Portability	Portable after six months of continuous coverage if group master policy remains in force and the insured is less than age 70. Participants may continue coverage by paying premiums on a direct billing method. <ul style="list-style-type: none">• All ported certificates will be subject to any rate increases on the Employer's Master Policy.
Pre-existing provision	12/12

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at [Disclosure.Humana.com](https://www.humana.com/disclosure). Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS.

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Humana Critical Illness and Cancer rates

Kentucky

Employee rates

Displaying semi-monthly payroll deductions based on monthly premium calculation including Benefit Recurrence and \$150 Health Screening Benefit.

Age	Employee NTU			Employee TU		
	BENEFIT: \$5,000	\$10,000	\$15,000	\$5,000	\$10,000	\$15,000
18-29	\$3.85	\$5.12	\$6.40	\$4.52	\$6.47	\$8.42
30-39	\$5.02	\$7.47	\$9.92	\$6.65	\$10.72	\$14.80
40-49	\$6.62	\$10.67	\$14.72	\$9.65	\$16.72	\$23.80
50-55	\$9.02	\$15.47	\$21.92	\$14.10	\$25.62	\$37.15
56-59	\$9.02	\$15.47	\$21.92	\$14.10	\$25.62	\$37.15
60-64	\$10.72	\$18.87	\$27.02	\$17.32	\$32.07	\$46.82
65-69	\$11.45	\$20.32	\$29.20	\$17.72	\$32.87	\$48.02

Spouse rates

Monthly premiums with semi-monthly deductions including Benefit Recurrence and \$150 Health Screening Benefit.

Age	Spouse NTU			Spouse TU		
	BENEFIT: \$2,500	\$5,000	\$7,500	\$2,500	\$5,000	\$7,500
18-29	\$2.20	\$2.90	\$3.60	\$2.58	\$3.65	\$4.73
30-39	\$2.84	\$4.18	\$5.52	\$3.74	\$5.98	\$8.22
40-49	\$3.73	\$5.95	\$8.18	\$5.39	\$9.28	\$13.17
50-55	\$5.04	\$8.58	\$12.12	\$7.83	\$14.15	\$20.48
56-59	\$5.04	\$8.58	\$12.12	\$7.83	\$14.15	\$20.48
60-64	\$5.99	\$10.48	\$14.97	\$9.62	\$17.73	\$25.84
65-69	\$6.39	\$11.28	\$16.17	\$9.84	\$18.18	\$26.52

NTU: Non-tobacco user; TU; Tobacco user

Children rates

Displaying semi-monthly payroll deductions based on monthly premium calculation including Benefit Recurrence and \$150 Health Screening Benefit.

Age	Children	
	\$2,500	\$5,000
0-24	\$1.42	\$2.08

Employee rates are based on Employee's age as of their effective date.

Guarantee Issue: Employee - \$10,000

Spouse - \$5,000

Child - \$5,000

See HR for Critical Illness & Cancer Enrollment Form

Humana

1-800-327-9728 | HumanaVoluntaryBenefits.com



Policy: 8011

Underwritten by Kanawha Insurance Company, a Humana company.

Humana Critical Illness and Cancer rates

Kentucky

Employee rates

Displaying semi-monthly payroll deductions based on monthly premium calculation including Benefit Recurrence and \$150 Health Screening Benefit.

Age	Employee NTU			Employee TU		
	BENEFIT: \$20,000	\$25,000	\$30,000	\$20,000	\$25,000	\$30,000
18-29	\$7.67	\$8.95	\$10.22	\$10.37	\$12.32	\$14.27
30-39	\$12.37	\$14.82	\$17.27	\$18.87	\$22.95	\$27.02
40-49	\$18.77	\$22.82	\$26.87	\$30.87	\$37.95	\$45.02
50-55	\$28.37	\$34.82	\$41.27	\$48.67	\$60.20	\$71.72
56-59	\$28.37	\$34.82	\$41.27	\$48.67	\$60.20	\$71.72
60-64	\$35.17	\$43.32	\$51.47	\$61.57	\$76.32	\$91.07
65-69	\$38.07	\$46.95	\$55.82	\$63.17	\$78.32	\$93.47

Spouse rates

Monthly premiums with semi-monthly deductions including Benefit Recurrence and \$150 Health Screening Benefit.

Age	Spouse NTU			Spouse TU		
	BENEFIT: \$10,000	\$12,500	\$15,000	\$10,000	\$12,500	\$15,000
18-29	\$4.30	\$5.00	\$5.70	\$5.80	\$6.88	\$7.95
30-39	\$6.85	\$8.19	\$9.53	\$10.45	\$12.69	\$14.93
40-49	\$10.40	\$12.63	\$14.85	\$17.05	\$20.94	\$24.83
50-55	\$15.65	\$19.19	\$22.73	\$26.80	\$33.13	\$39.45
56-59	\$15.65	\$19.19	\$22.73	\$26.80	\$33.13	\$39.45
60-64	\$19.45	\$23.94	\$28.43	\$33.95	\$42.07	\$50.18
65-69	\$21.05	\$25.94	\$30.83	\$34.85	\$43.19	\$51.53

NTU: Non-tobacco user; TU; Tobacco user

Children rates

Displaying semi-monthly payroll deductions based on monthly premium calculation including Benefit Recurrence and \$150 Health Screening Benefit.

Age	Children
BENEFIT:	\$5,000
0-24	\$2.08

Employee rates are based on Employee's age as of their effective date.

Guarantee Issue: Employee - \$10,000

Spouse - \$5,000

Child - \$5,000

See HR for Critical Illness & Cancer Enrollment Form

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Humana Critical Illness and Cancer rates

Kentucky

Employee rates

Displaying semi-monthly payroll deductions based on monthly premium calculation including Benefit Recurrence and \$150 Health Screening Benefit.

Age	Employee NTU			Employee TU		
	BENEFIT: \$35,000	\$40,000	\$45,000	\$35,000	\$40,000	\$45,000
18-29	\$11.50	\$12.77	\$14.05	\$16.22	\$18.17	\$20.12
30-39	\$19.72	\$22.17	\$24.62	\$31.10	\$35.17	\$39.25
40-49	\$30.92	\$34.97	\$39.02	\$52.10	\$59.17	\$66.25
50-55	\$47.72	\$54.17	\$60.62	\$83.25	\$94.77	\$106.30
56-59	\$47.72	\$54.17	\$60.62	\$83.25	\$94.77	\$106.30
60-64	\$59.62	\$67.77	\$75.92	\$105.82	\$120.57	\$135.32
65-69	\$64.70	\$73.57	\$82.45	\$108.62	\$123.77	\$138.92

Spouse rates

Monthly premiums with semi-monthly deductions including Benefit Recurrence and \$150 Health Screening Benefit.

Age	Spouse NTU			Spouse TU		
	BENEFIT: \$17,500	\$20,000	\$22,500	\$17,500	\$20,000	\$22,500
18-29	\$6.40	\$7.10	\$7.80	\$9.03	\$10.10	\$11.18
30-39	\$10.87	\$12.20	\$13.54	\$17.17	\$19.40	\$21.64
40-49	\$17.08	\$19.30	\$21.53	\$28.72	\$32.60	\$36.49
50-55	\$26.27	\$29.80	\$33.34	\$45.78	\$52.10	\$58.43
56-59	\$26.27	\$29.80	\$33.34	\$45.78	\$52.10	\$58.43
60-64	\$32.92	\$37.40	\$41.89	\$58.29	\$66.40	\$74.52
65-69	\$35.72	\$40.60	\$45.49	\$59.87	\$68.20	\$76.54

NTU: Non-tobacco user; TU; Tobacco user

Children rates

Displaying semi-monthly payroll deductions based on monthly premium calculation including Benefit Recurrence and \$150 Health Screening Benefit.

Age	Children
BENEFIT:	\$5,000
0-24	\$2.08

Employee rates are based on Employee's age as of their effective date.

Guarantee Issue: Employee - \$10,000

Spouse - \$5,000

Child - \$5,000

See HR for Critical Illness & Cancer Enrollment Form

Humana

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Policy: 8011

Underwritten by Kanawha Insurance Company, a Humana company.

Humana Critical Illness and Cancer rates

Kentucky

Employee rates

Displaying semi-monthly payroll deductions based on monthly premium calculation including Benefit Recurrence and \$150 Health Screening Benefit.

Age	Employee NTU	Employee TU
BENEFIT:	\$50,000	\$50,000
18-29	\$15.32	\$22.07
30-39	\$27.07	\$43.32
40-49	\$43.07	\$73.32
50-55	\$67.07	\$117.82
56-59	\$67.07	\$117.82
60-64	\$84.07	\$150.07
65-69	\$91.32	\$154.07

Spouse rates

Monthly premiums with semi-monthly deductions including Benefit Recurrence and \$150 Health Screening Benefit.

Age	Spouse NTU	Spouse TU
BENEFIT:	\$25,000	\$25,000
18-29	\$8.50	\$12.25
30-39	\$14.88	\$23.88
40-49	\$23.75	\$40.38
50-55	\$36.88	\$64.75
56-59	\$36.88	\$64.75
60-64	\$46.38	\$82.63
65-69	\$50.38	\$84.88

NTU: Non-tobacco user; TU; Tobacco user

Children rates

Displaying semi-monthly payroll deductions based on monthly premium calculation including Benefit Recurrence and \$150 Health Screening Benefit.

Age	Children
BENEFIT:	\$5,000
0-24	\$2.08

Employee rates are based on Employee's age as of their effective date.

Guarantee Issue: Employee - \$10,000

Spouse - \$5,000

Child - \$5,000

See HR for Critical Illness & Cancer Enrollment Form

Humana

1-800-327-9728 | HumanaVoluntaryBenefits.com



Policy: 8011

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EAP and Work-Life Services



Your company understands that job satisfaction and higher productivity are best achieved when employees' personal needs are being met, and when their work and personal lives are in balance. That's why your company offers you EAP and Work-Life – to help you meet your unique personal needs and life events.

What is an EAP?

An Employee Assistance Program (EAP) offers short-term counseling up to three visits per issue per year to help you and members of your household manage everyday life issues. EAP professionals are available to assist you with:

- Everyday needs and life events
- Weight control
- Emotional issues
- Relationship concerns
- Family relationships
- Coping with a serious illness
- Sleeping difficulties
- Loss of a loved one
- Eating disorders
- Workplace concerns
- Smoking cessation

What is Work-Life?

Work-Life offers extensive assistance, information, and support to help you achieve a better balance between work, life, and family to help make your life easier. You can access information and self-search locators to find resources and providers that can help you with:

- Convenience services
- Housing options
- Child care
- Financing college
- Home ownership
- Caregiving from a distance
- Moving and relocation
- Finding colleges and universities
- Services and education for children with special needs
- Adoption, pregnancy and infertility
- Adjusting to retirement
- Locating services and care for older adults
- Pet care
- Finding schools
- Tutors and test prep
- Child development
- Recreational activities
- Consumer education

What is the Legal and Financial Program?

As part of the EAP, you also have access to a free 30-minute consultation with a local attorney or financial professional on issues such as real estate, retirement planning, divorce and separation, budgeting/debt reconstruction, and trusts and estates. Further legal and tax preparation services are discounted 25 percent.

What if I'm just looking for information?

You can access many useful articles, tip sheets, and checklists by calling or signing in to the EAP and Work-Life website. Many helpful topics are available, including relationships, communication, life in the workplace, and emotional well-being.

What else does the website offer?

It includes dozens of locators that allow you to search for health and wellness information, child care providers, adoption services, schools and colleges, daily living needs, older adult care, and much more. The site also offers calculators that can help you with everything from mortgage payment calculations to how much to save for your children's college education.

Who can use EAP and Work-Life?

All employees as well as household family members.

Who pays for these services?

Your company pays all costs when you and members of your household use the program. If additional assistance or services are needed, you will receive referrals that consider your preferences, medical plan, and financial circumstances. Please refer to your insurance plan booklet or your human resources department for specific information about your medical plan.

How do I access these services?

EAP and Work-Life are convenient, confidential and provided at no cost to you and members of your household. We're here 24 hours a day, seven days a week, so call anytime.

Life made easier.



For free and confidential assistance, call **1-866-440-6556** or visit us at **[Humana.com/eap](https://www.humana.com/eap)**

Username: eap3

Password: eap3

Personal information about participants remains confidential according to all applicable state and federal laws, unless disclosure is required by such laws. Services provided by Humana EAP and Work-Life Services.



EXCHANGE NOTICE



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

PART A: General Information

Beginning in 2014, there is a new way to buy health insurance: the **Health Insurance Marketplace**. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

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 private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

The 2016 open enrollment period for health insurance coverage through the Marketplace ran from Nov. 1, 2015, through Jan. 31, 2016. After Jan. 31, 2016, you can get coverage through the Marketplace for 2016 only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP). The 2017 open enrollment period for health insurance coverage through the Marketplace runs from Nov. 1, 2016, through Jan. 31, 2017.

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) is more than 9.5% of your household income for the year (9.66% for 2016), 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.¹

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?

For more information about your coverage offered by your employer, please check your summary plan description or contact **Tina SchAAF**.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ 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.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name OLDHAM COUNTY FISCAL COURT		4. Employer Identification Number (EIN) 61-6013124	
5. Employer Address 100 WEST JEFFERSON STREET, SUITE 4		6. Employer Phone Number 502-222-9357	
7. City LAGRANGE	8. State KY	9. Zip Code 40031	
10. Who can we contact about employee health coverage at this job? TINA SCHAAF			
11. Phone Number (if different from above) 502-222-9357		12. Email Address TSCHAAF@OLDHAMCOUNTYKY.GOV	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process.

MEDICAID AND THE CHILDREN S HEALTH INSURANCE PROGRAM

OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan 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**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility.

KENTUCKY – Medicaid	INDIANA – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S Department of Labor
 Employee Benefits Security Administration
www.dol.gov/ebsa
 1-866-444-EBSA (3272)

U.S Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2017)



FEDERAL REQUIREMENT NOTICES

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 is a federal law that requires all health plans which provide medical and surgical benefits for a mastectomy shall also provide coverage for:

1. Reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. External breast prostheses (breast forms that fit into a bra) that are needed before or during the reconstruction; and
4. Treatment of physical complications in all stages of Mastectomy, including lymphedemas.

Breast reconstruction surgery benefits may be subject to an annual deductible or coinsurance provision if it is consistent with the cost-sharing measures imposed on other similar benefits under the plan.

Women's Preventive Care

The Affordable Care Act requires insurance companies to cover additional preventive health benefits for women. Health plans must cover the guidelines on women's preventive services with no cost sharing in plan years starting on or after August 1, 2012. The eight additional services for women that will be covered are:

- Annual Well-Woman Preventive Care Visit
- Gestational Diabetes Screening
- High-Risk Human Papillomavirus DNA Testing
- Sexually Transmitted Infections Counseling
- HIV Screening and Counseling
- Contraception and Contraceptive Counseling
- Breastfeeding Support, Supplies and Counseling
- Interpersonal and Domestic Violence Screening and Counseling

The Newborns' and Mothers' Health Protection Act of 1996

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

Your Rights Under the Uniformed Services Employment and Reemployment Act (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.

Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

Continuation of Coverage

Your individual coverage terminates when your employment terminates, when you are no longer eligible, when the group policy(ies) terminates, or when you fail to make the required contribution, if any, except to the extent required by the Consolidated Omnibus Reconciliation Act of 1985 ("COBRA") (see, e.g., Code §4980B). If medical or dental coverage for an employee or his or her eligible family members ceases because of certain "qualifying events" specified in COBRA (such as termination of employment, reduction in hours, divorce, death or a child's ceasing to meet the definition of dependent), then the employee and his or her eligible family members may have the right to purchase continuation coverage for a temporary period of time.

A copy of the COBRA Continuation Notice is available to you upon request and at no cost through the office of the Plan Administrator. If you or your dependents' insured benefits end because you cease active work due to injury, sickness, layoff or leave of absence; or you or your dependents cease to be eligible for some other reason, a notice outlining your rights to continue insured coverage through COBRA will be mailed to you. Continuation and reinstatement rights may also be available if an employee is absent from employment due to service in the uniformed services pursuant to the Uniformed Services Employment and Re-employment Rights Act of 1994.

Qualified Medical Support Order (QMCSO)

Federal law requires that medical coverage be provided to an Alternate Recipient in accordance with the requirements of a QMCSO. You are responsible for making sure that any medical child support order relating to your child meets the requirements of a QMCSO. The written requirements and procedures governing QMCSOs may be obtained from the Plan Administrator upon request at no charge.

The Health Insurance Portability and Accountability Act of 1996 HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was signed into law on August 21, 1996. The focus of this law was to facilitate the portability of health coverage when employees move from one job to another. HIPAA addresses portability, access and renewability of health coverage and affects all group health plan sponsors. The Act also addresses significant benefit areas including long term care, medical savings accounts and COBRA. The following information focuses on the portability, access and renewability provisions of HIPAA.

A major feature of HIPAA is that it limits the length of pre-existing condition exclusions for coverage to 12 months after enrollment (or 18 months for a late enrollee) for conditions for which medical advice, diagnosis, care or treatment was recommended or received within the 6 month period ending on the enrollment date in any new health plan. If an individual had a medical condition in the past, but has not received any medical advice, diagnosis, care or treatment within 6 months prior to enrolling in the plan, the old condition is not a "pre-existing condition" for which an exclusion can be applied.

Pre-existing condition exclusions cannot be applied to pregnancy, regardless of whether the individual had previous coverage. In addition, a pre-existing condition exclusion cannot be applied to a newborn or adopted child under age 18 as long as the child became 21 covered under the health plan within 30 days of birth or adoption, provided the individual does not incur a subsequent 63 day or longer break in coverage. To prove creditable coverage to offset the exclusion period, each participant is entitled to receive a certificate indicating the period of creditable coverage. Coverage under a health plan that occurs before a 63 consecutive day break in coverage is not counted, unless the state insurance laws require otherwise.

The certification of creditable coverage must be in writing and must specify the period of creditable coverage under the group health plan, including periods of COBRA continuation coverage. Group health plans must provide the written certification: 1) at the time a participant's coverage under the plan ends; 2) at the time COBRA continuation coverage ends; and 3) upon request of the individual within two years after coverage ceases.

FEDERAL REQUIREMENT NOTICES

Important Notice from Oldham County Fiscal Court About Your Creditable Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Oldham County Fiscal Court and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Oldham County Fiscal Court has determined that the prescription drug coverage offered by the PPO Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays 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.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will not be affected. You can keep this coverage if you elect Part D and the plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Oldham County Fiscal Court coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the Entity/Sender listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Oldham County Fiscal Court changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

FEDERAL REQUIREMENT NOTICES

Important Notice from Oldham County Fiscal Court About Your Non-Creditable Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Oldham County Fiscal Court and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Oldham County Fiscal Court has determined that the prescription drug coverage offered by the HDHP Buy-Up \$3,000 and HDHP Core \$4,000 is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the HDHP Buy-Up \$3,000. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage from Oldham County Fiscal Court / HDHP Buy-Up \$3,000 and HDHP Core \$4,000. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

Since you are losing creditable prescription drug coverage under the HDHP Buy-Up Plan, you are also eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

Since the coverage under HDHP Buy-Up \$3,000, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Oldham County Fiscal Court coverage will [be affected. You can keep this coverage if you elect Part D and the plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Oldham County Fiscal Court coverage, be aware that you and your dependents may not be able to get this coverage back.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the Entity/Sender listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through Oldham County Fiscal Court changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Non-Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).



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