



KENTUCKY STATE UNIVERSITY  
IN ALL THINGS EXCELLENCE

# Employee BENEFIT GUIDE

PLAN YEAR

July 1, 2022- June 30, 2023

# WELCOME TO YOUR EMPLOYEE BENEFIT GUIDE!

We are proud of our diverse workforce and recognize that with benefits, one size does not fit all. We offer a range of benefit plan options to fit your unique needs. As a KSU employee, you can take advantage of benefits and opportunities which will enhance the quality of your life, provide protection for a variety of circumstance, and help you maintain balance in your work and family life. We hope you'll use this guide as a resource to navigate your benefits. Consider your benefits needs and use the tools and resources provided to learn more about your coverage options, so you can make the best benefits decisions for you and your family..

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# OPEN ENROLLMENT & BENEFIT HIGHLIGHTS

	<b>Medical Plan</b>	<ul style="list-style-type: none"> <li>Anthem Bluecross BlueShield remains the medical plan administrator</li> <li>No Plan design changes</li> <li>Employee premiums will not increase for 2022-2023</li> <li>Deductible is reset for 2022-2023 Fiscal Year</li> </ul>
	<b>Dental Plan</b>	<ul style="list-style-type: none"> <li>Delta Dental remains dental carrier</li> <li>Slight increase in employee premium</li> <li>No plan design changes</li> </ul>
	<b>Vision Plan</b>	<ul style="list-style-type: none"> <li>Anthem remains vision carrier</li> <li>No employee premium changes</li> <li>Anthem uses the EyeMed Network</li> </ul>

## BENEFITS CONTACT INFORMATION

QUESTIONS	COMPANY	TELEPHONE	URL/EMAIL
General Information	Kentucky State University	<b>HR Office</b> (502) 597-6667	<a href="mailto:human.resources@kysu.edu">human.resources@kysu.edu</a>
Medical Information	Anthem BlueCross BlueShield	1 (833) 578-4443	<a href="http://www.anthem.com">www.anthem.com</a>
Pharmacy Information	Know Your Rx Express Scripts	1 (855) 218-5979	<a href="http://www.kyrx.org">www.kyrx.org</a> <a href="mailto:kyrx@uky.edu">kyrx@uky.edu</a>
Dental Information	Delta Dental	(800) 955-2030	<a href="http://deltadentalky.com">deltadentalky.com</a>
Vision Information	Anthem Blue View Vision	(866) 723-0515	<a href="http://www.anthem.com">www.anthem.com</a>
Flexible Spending Accounts	McGriff Flexible Benefits Services	(800) 768-4873	<a href="mailto:flexclaims@mcgriff.com">flexclaims@mcgriff.com</a>
Life AD&D/Disability Information	The Hartford	(800) 523-2233	<a href="http://www.thehartford.com/employee-benefits">www.thehartford.com/employee-benefits</a>
Health Savings Account	UMB Health Services	<b>Ruste Pontenberg</b> (855)-664-4160	<a href="mailto:HSA.administration@UMB.com">HSA.administration@UMB.com</a>
Escalated Service Issues	McGriff Insurance Services	<b>Tish Harris</b> (859) 422-3776	<a href="mailto:tish.harris@mcgriff.com">tish.harris@mcgriff.com</a>
Retirement	Kentucky Teachers' Retirement System	<b>Shauna Nesselrode</b> (502) 848-8500	<a href="http://Trs.ky.gov">Trs.ky.gov</a> <a href="mailto:Shauna.nesselrode@trs.ky.gov">Shauna.nesselrode@trs.ky.gov</a>
	Kentucky Employees Retirement Systems	(800) 928-4646	<a href="http://www.Kyret.ky.gov">www.Kyret.ky.gov</a>
	TIAA	<b>Chad Seabaugh</b>	<a href="http://www.Tiaa.org">www.Tiaa.org</a> <a href="mailto:cseabaugh@tiaa.org">cseabaugh@tiaa.org</a>
	AIG	<b>Mark Spinosa</b> (800) 448-2542	<a href="http://www.AIG.com">www.AIG.com</a> <a href="mailto:Mark.Spinosa@aig.com">Mark.Spinosa@aig.com</a>
	Kentucky Deferred Comp	<b>Amy LeRoy</b> (800) 542-2667	<a href="http://www.kentuckyplans.com">www.kentuckyplans.com</a> <a href="mailto:Amy.leroy@ky.gov">Amy.leroy@ky.gov</a>

# HELPFUL DEFINITIONS

**AD&D** - Accidental Death and Dismemberment

**COB** - Coordination of Benefits

**COBRA** - Consolidated Omnibus Budget Reconciliation Act

**Coinsurance** - The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met, and can vary based on the plan design.

**Copayment** - The flat fee that you pay toward the cost of covered medical services.

**Deductible** - Before benefits are available through a health plan, this is the specific amount you must pay out of pocket.

**Dependent** - Individuals who meet eligibility requirements under a health plan and are enrolled in the plan as a qualified receiver of medical benefits.

**EOB** - Explanation of Benefits

**GI** - Guaranteed Insurability Benefit

**High Deductible Health Plan (HDHP)** - A qualified health plan that gives you more control over your health care spending by offering lower monthly premiums in exchange for higher deductibles and out-of-pocket limits. These plans are often coupled with an HSA and do not have copays on any services.

**In-Network** - Care received from your primary care physician or from a specialist within an outlined list of health care practitioners. Visit [www.anthem.com](http://www.anthem.com) to view providers that are in-network.

**OTC Drug** - Over-the-Counter Drug

**Out-of-Network** - Care you receive without a physician referral or services received by a non-network service provider. Out-of-network health care and plan payments are subject to deductibles and copayments. In-network and out-of-network claims satisfy different deductibles and do not accumulate toward each other.

**Out-of-Pocket Maximum** - Once your eligible out-of-pocket expenses reach the maximum, the plan pays 100% of covered expenses for the rest of the plan year. The annual out-of-pocket is the accumulation of both the deductible, the coinsurance and the copays.

**Preferred Provider Organization (PPO)** - A health plan that offers both in-network and out-of-network benefits. Members must choose one of the in-network providers or facilities to receive the highest level of benefits.

**Premium** - The amount you pay for a health plan in exchange for coverage. Health plans with higher deductibles typically have lower premiums.

**Primary Care Physician (PCP)** - The doctor that you select to coordinate your care under your health plan.

**SPD** - Summary Plan Description

**SSNRA** - Social Security Normal Retirement Age

**Plan Compliance Notifications** - Federal required Notices including but not limited to the HIPAA Privacy and Security Certificate of Creditable Coverage for Medicare and Market "Exchange" Notices. Health Care Reform Notices are available online on the human resources internet site or via paper free of charge, upon request. Please contact human resources with questions.

# ADP ONLINE OPEN ENROLLMENT INSTRUCTIONS



1. Navigate to [www.workforcenow.adp.com](http://www.workforcenow.adp.com)
2. Click user log in > **enter ID** and **password** > click **log in**
3. Once you log in to the portal, a pop-up message will appear. Select **start this enrollment**. Or navigate to **myself > benefits > enrollments > open enrollment**
4. Review dependents and beneficiaries, if you need to add a new dependent or beneficiary select **ADD** and enter their information.
5. Start your enrollment by selecting either **Walk me through my benefit options** OR **I know what I want to change**.
6. If you select **I know what I want to change**, you can select the benefit options you plan on changing and hit continue. If you select **Walk me through my benefit options**, select the plans on the left-hand side one by one.
7. To enroll in a plan, click **enroll in this plan** for each benefit plan you want to enroll in.
8. Choose a coverage level for the selected plan (e.g., employee, family, etc.).
9. Choose **Enroll** next to the dependent's name you want to enroll (if applicable).
10. Once you are finished with the enrollment for the plan, select Enroll at the bottom of the screen. (Follow these instructions for each plan you want to enroll in: medical, dental, vision, etc.)
11. After reviewing all plans and making selections, click **review and complete**. (You cannot click this until all plans have been reviewed.)
12. Review your benefit elections. (Select a waive reason for each plan type you are waiving if applicable.)
13. After reviewing your benefit selections, do one of the following:
  - a. Click **return** to choose plan to make changes now.
  - b. Click **complete enrollment** to finish your enrollment.

# BENEFITS ELIGIBILITY

You are eligible to participate in the KSU Benefits Program if you are an active, full-time regular employee working 100 hours per month.

Eligible employees may elect to cover their spouse and/or dependent child(ren) up to the age limitations specified in each insurance plan. New employees are eligible on the first of the month following 30 days.

## Your eligible dependents include:

- Your legally married spouse.
- Dependent child(ren), including stepchildren, legally adopted children, and children placed with you for adoption. The maximum age for dependents is based on the specific benefit and is summarized below.
  - Medical, dental, and vision plans: Up to the end of the month in which they reach age 26 (regardless of student or marital status), or up to any age if physically or mentally incapable of self-support.
  - Voluntary Life and AD&D plan: From birth to the end of the month in which they reach age 26; up to any age if physically or mentally incapable of self-support prior to age 26.
  - Dependent care FSA: Up to age 13 or up to any age if disabled (must be a tax-code dependent).
  - Tuition Waiver: Dependent child(ren) up through the end of the term in which they turn age 25.

## DEPENDENT VERIFICATION OF ELIGIBILITY

When you first enroll, or if you change coverage mid-year due to a qualified IRS family status change, you are required to provide documentation substantiation of the eligibility of your dependent(s) within 31 days of the change or enrollment.

If documentation is not received within 30 days, a letter will be mailed to you requesting the documentation within a given deadline.

## ELECTIONS

Annual Open Enrollment is your opportunity to review benefits and make changes for the next year. You are encouraged to review this information carefully. If you do not make changes during this open enrollment period, your next opportunity to enroll or make changes will be open enrollment for the 2023 plan year.



# MAKING A MID-YEAR BENEFITS CHANGE



The University allows you to pay your portion of the medical, dental, and vision plan costs, and fund the flexible spending accounts, on a pre-tax basis. Thus, due to IRS regulations, once you have made your elections for the 2022 plan year, you cannot change your benefits until the next annual enrollment period. The only enrollment exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

## **QUALIFYING LIFE EVENTS**

- Marriage, divorce, or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Spouse's open enrollment that affects your coverage
- Change in your spouse's work status that affects his or her benefits
- Change in your child's eligibility for benefits
- Qualified Medical Child Support Order

**This is not an all-inclusive list. If you experience a qualifying life event, contact HR.**

Remember, you may only make enrollment changes during the plan year if you experience a qualifying life event.

**To request an election change, you must submit the appropriate forms to HR within 30 days of the date of the life event.** Documentation will be required (e.g., birth certificate, marriage license, divorce paperwork, adoption certificate, proof of new coverage, etc.).

**NOTE:** You can change your Health Savings Account election on a monthly basis regardless of whether or not you experience a qualifying life event.

# MEDICAL BENEFITS



## Review your coverage options and determine what is best for your family.

Here are some things to consider:

- What matters most to me – keeping more of my paycheck or paying less when I receive services?
- How often do I anticipate needing medical services during the upcoming year?
- Am I considering a planned surgery or service that may cause me to reach my out-of-pocket maximum?
- Should I cover a spouse or other dependents under my plan, or do my dependents have access to other coverage options that our family should consider?

SERVICES	PPO \$1,500 PLAN	PPO \$2,500 PLAN	HDHP \$2,800 PLAN
<b>Annual Deductible (Plan Year)</b>	\$1,500 Individual \$3,000 Family	\$2,500 Individual \$5,000 Family	\$2,800 Individual \$5,600 Family
<b>Coinsurance</b>	80%	80%	80%
<b>Maximum Out-of-pocket</b>	\$4,000 Individual 8,000 Family	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family

COVERED SERVICES	MEMBER COST SHARE		
<b>Primary Care Office Visit</b>	\$25 copay	\$25 copay	Deductible + 20%
<b>Specialist Office Visit</b>	\$40 copay	\$40 copay	Deductible + 20%
<b>Preventive Care</b>	Covered in Full	Covered in Full	Covered in Full
<b>Emergency Room</b>	\$150 copay	\$150 copay	Deductible + 20%
<b>Urgent Care</b>	Deductible + 20%	Deductible + 20%	Deductible + 20%
<b>Hospital Services</b>	Deductible + 20%	Deductible + 20%	Deductible + 20%
<b>Outpatient Services</b>	Deductible + 20%	Deductible + 20%	Deductible + 20%
<b>Prescription Services</b>	\$10 / \$30 / \$60	\$10 / \$30 / \$60	Ded then \$10 / \$35 / \$60



# PHARMACY BENEFITS



## Prescription Medications

Kentucky State University is a member of the Know Your Rx Coalition. Know Your Rx is a governmental purchasing coalition to help reduce costs. Through the coalition, we join other state and regional universities that are also interested in reducing costs, while increasing the level of service to employees.

Members enrolled in Kentucky State University's health plans are automatically covered under the prescription drug plan and will have access to the services provided by Know Your Rx.

- Personalized support available
- Cost-saving strategies offered

## Prescription Benefit Resources

Know Your Rx provides personalized support to assist you in making the most of your prescription benefit. The experts at Know Your Rx work together with Kentucky State University and Express Scripts, your pharmacy benefits administrator, to ensure the best possible experience for you and your family. With Know Your Rx, you have access to a dedicated team of pharmacists who can assist you in answering questions regarding prescriptions.

The reference table below reflects the resources available through Kentucky State University's prescription benefit.

**Base Copays/Coinsurances** (unchanged from prior year)

	KSU 1500 PPO PLAN	KSU 2500 PPO PLAN	HDHP 2800 PLAN
RETAIL PHARMACIES	IN-NETWORK (up to a 30-Day Supply)		
Generic	\$10.00 Copay	\$10.00 Copay	\$10.00 Copay (post-Ded)
Formulary Brand	\$30.00 Copay	\$30.00 Copay	\$35.00 Copay (post-Ded)
Non-Formulary Brand	\$60.00 Copay	\$60.00 Copay	\$60.00 Copay (post-Ded)
EXPRESS SCRIPTS HOME DELIVERY	IN-NETWORK (up to a 30-Day Supply)		
Generic	\$25.00 Copay	\$25.00 Copay	\$25.00 Copay (post-Ded)
Formulary Brand	\$75.00 Copay	\$75.00 Copay	\$88.00 Copay (post-Ded)
Non-Formulary Brand	\$150.00 Copay	\$150.00 Copay	\$150.00 Copay (post-Ded)

# PHARMACY BENEFITS

If you take medications regularly, prescriptions can add up to a significant part of your overall health care expenses. Knowing how the prescription drug program works and what to do to manage costs can help you make good buying decisions.

## The prescription drug program features:

- Convenient **mail order** program to help you save money on maintenance prescriptions.
- Easy-to-use **retail pharmacy** program with a broad network of Express Scripts pharmacies, including major pharmacy chains and independent stores.
- Four basic coverage tiers:
  1. **Generic Formulary (Tier 1)** – prescription drug with the same active ingredients and effectiveness as its brand name counterpart, but less expensive.
  2. **Brand Formulary (Tier 2)** – brand-name drug that generally does not have a generic version of the drug available.
  3. **Generic/Brand Non-Formulary (Tier 3)** – brand-name drug that generally either has equally effective and less costly generic equivalents and/or one or more brand formulary alternatives.
  4. **Specialty (Tier 4)** – usually newly approved pharmaceutical drugs, including specialty medications.

## Home Delivery Pharmacies are a Great Way to Save Money

Regardless of which medical plan you are enrolled in, you will have the opportunity to use a home delivery pharmacy service. These programs allow you to receive a 90-day supply of your maintenance medication shipped to your home. On the PPO plan, not only will you have the convenience of skipping the drug store, but you will also receive three (3) months' worth of your medication for what you would normally pay for two (2) months. This saves you one (1) copay or coinsurance amount four (4) times a year and a lot of precious time.

The HDHP plans do not offer the 3 months for the cost of 1 month option, but there may be cost savings based on mail ordering pricing.



## Contact Know Your Rx to:

Get answers to questions about your pharmacy benefit and/or copayments, as well as address any concerns with new or existing prescriptions, such as potential side effects or interactions.

- Receive expert guidance on cost-saving strategies, including new generic prescription drug options and/or opportunities to make your prescription refills more cost-effective and more convenient.

**Know Your Rx**  
(855) 218-5979  
[KYRX@uky.edu](mailto:KYRX@uky.edu)

## Contact Express Scripts to:

- Order a replacement prescription benefit ID card.
- Set up automatic mail order prescription refills.





Access an exclusive online resource featuring detailed information on prescription medications, as well as other health and well-being resources.





**Express Scripts**  
(877) 647-1519  
[www.express-scripts.com](http://www.express-scripts.com)





# MEDICAL CONTRIBUTIONS



## MEDICAL PLAN COSTS

	PPO \$1,500 PLAN			
	EMPLOYEE 	EMPLOYEE + SPOUSE 	EMPLOYEE + CHILD(REN) 	FAMILY 
Monthly Premium	\$650.33	\$1,268.14	\$1,170.59	\$1,703.86
Monthly Employer Cost	\$501.27	\$753.56	\$732.85	\$884.58
Monthly Employee Cost	\$149.06	\$514.58	\$437.74	\$819.28
Bi-Weekly Employee Cost	\$74.53	\$257.29	\$218.87	\$409.64

	PPO \$2,500 PLAN			
	EMPLOYEE 	EMPLOYEE + SPOUSE 	EMPLOYEE + CHILD(REN) 	FAMILY 
Monthly Premium	\$615.21	\$1,199.66	\$1,107.38	\$1,611.85
Monthly Employer Cost	\$494.43	\$740.22	\$721.24	\$866.67
Monthly Employee Cost	\$120.78	\$459.44	\$386.14	\$745.18
Bi-Weekly Employee Cost	\$60.39	\$229.72	\$193.07	\$372.59

	HDHP \$2,800 PLAN			
	EMPLOYEE 	EMPLOYEE + SPOUSE 	EMPLOYEE + CHILD(REN) 	FAMILY 
Monthly Premium	\$474.09	\$924.48	\$853.36	\$1,242.12
Monthly Employer Cost	\$469.09	\$689.82	\$675.22	\$800.30
Monthly Employee Cost	\$5.00	\$234.66	\$178.14	\$441.82
Bi-Weekly Employee Cost	\$2.50	\$117.33	\$89.07	\$220.91

**NOTES:** Above referenced benefits are for in-network only; for out-of-network benefits refer to the full benefit summary. Member deductible is first dollar unless the service is copayment eligible. Members must meet the deductible for HDHP \$2,800 Plan before coinsurance or copayments apply.



# DENTAL BENEFITS



DENTAL BENEFITS	PPO + PREMIER	PPO
Annual Deductible	–	–
Individual	\$25 Individual	\$25 Individual
Family	\$25 Family (per person)	\$75 Family
Annual Maximum Benefit	\$1,000	\$1,000
Orthodontia Lifetime Maximum Benefit	\$1,000	No coverage

COVERED SERVICES	PPO + PREMIER	PPO
Preventive/Diagnostic	100%	100%
Basic Restorative	80%	80%
Endodontics	80%	80%
Oral Surgery	50%	80%
Periodontics	50%	80%
Crowns/Bridges/Implants	50%	50%
Orthodontics (end of month of age 19)	50%	No coverage

DENTAL RATES	PPO + PREMIER		PPO	
	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY
Employee	\$28.64	\$14.32	\$23.23	\$11.62
Employee + Spouse	\$50.17	\$25.09	\$44.46	\$22.23
Employee + Child(ren)	\$62.13	\$31.07	\$50.93	\$25.47
Family	\$91.91	\$45.96	\$65.35	\$32.68





**PLEASE NOTE:** If you choose an out-of-network provider, you could be balance billed for any amount over and above Delta Dental's payment.

Staying healthy includes obtaining quality dental care for you and your family. Kentucky State University dental plan is provided through Delta Dental which includes an extensive network of providers and offers flexibility based upon where you choose to access care. You may visit the Delta Dental website at [www.deltadentalky.com](http://www.deltadentalky.com), or call (800) 955-2030 to locate a provider. Orthodontic benefits are available to dependents up to age 19.

# VISION BENEFITS



ANTHEM VISION BENEFITS	IN-NETWORK BENEFITS
Exams	\$20 copay
Standard Lenses	\$20 copay
Frames	\$0 copay
Contacts	\$0 copay
<b>SERVICE FREQUENCY</b>	
Exams	Every 12 months
Exams	Every 12 months
Frames	Every 24 months
Contacts	Every 12 months
<b>LENS COVERAGE</b>	
Single Vision Lens	Paid in full (after copay)
Bifocal Lenses	Paid in full (after copay)
Trifocal Lenses	Paid in full (after copay)
Frames	\$130 allowance +20% off balance over \$130
<b>CONTACT LENSES (IN LIEU OF GLASSES)</b>	
Elective	\$130 allowance +15% off balance over \$130
Medically Necessary	Covered in full

VISION RATES			
EMPLOYEE 	EMPLOYEE + SPOUSE 	EMPLOYEE + CHILD(REN) 	FAMILY 
<b>MONTHLY</b>			
\$6.12	\$11.46	\$11.90	\$18.78
<b>BI-WEEKLY</b>			
\$3.06	\$5.73	\$5.99	\$9.39

Kentucky State University is pleased to provide access to a comprehensive vision care program through Anthem. The amount you pay or vision services depends upon whether you visit a network or non-network provider. Network providers can be found by visiting [www.anthem.com](http://www.anthem.com), or by calling (888) 650-4047.

Above referenced benefits are for in-network only; for out-of-network benefits refer to the full benefit summary.

# FLEXIBLE SPENDING ACCOUNT (FSA)

With a flexible spending account (FSA), you can set aside pre-tax dollars to pay for certain qualified expenses. You can choose to contribute to a health care FSA, a dependent care FSA or both.



## **HEALTH CARE FSA**

**Contribute up to \$2,750 annually per employee.**

This benefit allows you to be reimbursed for qualified medical expenses.



## **DEPENDENT CARE FSA**

**Contribute up to \$5,000 annually per household. If you are married and filing separately, you may contribute up to \$2,500 each.**

This benefit allows you to be reimbursed for eligible child and adult-dependent care expenses.

## **IMPORTANT THINGS TO KNOW ABOUT FSA'S**

- Funds must be used for qualified expenses incurred between July 1, 2022-June 30, 2023.
- You may file for reimbursement at any time during the year but no later than September 30, 2023.
- FSAs are “use it or lose it” accounts. This means you forfeit any money remaining in your account after the September 30, 2023 deadline.
- Be sure to estimate your expenses carefully, as changes cannot be made unless you have a qualifying event.
- Requests for reimbursement can be submitted via downloading the McGriff Insurance Services Benefit Access App for Android or iPhone





# HEALTH SAVINGS ACCOUNT (HSA)



A tax-free<sup>1</sup>, individually owned savings account you can use to pay for qualified medical expenses.

## Eligibility:

All benefits-eligible faculty, staff and employees who elect the High Deductible Health Plan and who are Exempt, Non-Exempt, who elect the High Deductible Health Plan and who are:

- NOT enrolled in Medicare, Medicaid or any other type of health insurance that is not a qualified HDHP.
- NOT being claimed as a dependent on another person's tax return.
- NOT eligible to receive medical expense reimbursement under a general-purpose health care FSA of a spouse or a parent.

## Key benefits of an HSA:

- You can increase or decrease your annual contribution amount any time during the plan year.
- You never pay taxes on your HSA contributions – the account even earns tax-free interest.
- Tax reporting is minimal.
- When you use the account, your HSA dollars will count toward your annual deductible and out-of-pocket maximums.
- You can take your HSA with you when you leave the plan, change jobs or retire.
- Administration is easier with no stressful submission or substantial deadlines.
- KSU will make a \$60 monthly contribution to your HSA.

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## Other Considerations:

- Payments are not automatic. You decide when and how to use the money in your HSA. Spend it during the year, save it or open an investment account.
- Consider consulting a tax professional when contributing to an HSA.
- If you will be Medicare eligible in 2022, please contact UMB Health Services for guidance.

1. HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. A few states do not allow pre-tax contributions and earnings. Contact your tax advisor for details on your specific location.

# HEALTH SAVINGS ACCOUNT (HSA)

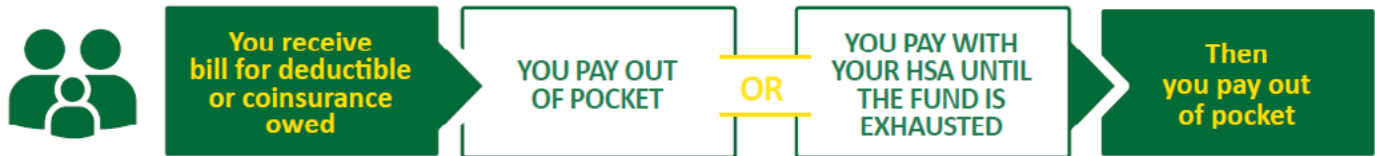
Which medical plan must I elect to participate?	HDHP with HSA
Who can contribute to the account?	You, KSU, or a third party on your behalf
What is the annual KSU contribution?	\$720 for participants
What is the maximum I can contribute?	HSA maximum contribution limits are \$3,650 for individuals and \$7,300 for families, which includes KSU contribution of \$720 – plus an extra \$1,000 if you are age 55 and over.
How are contributions taxed?	Your contributions are tax deductible. KSU contributions are excluded from your gross income.
Can funds be carried over from one year to the next?	Yes



For more information, visit <https://hsa.umb.com/>

## SAMPLE OF HOW YOUR HSA WORKS

You or a dependent incurs an eligible health care expense.



# EMPLOYEE ASSISTANCE PROGRAM (EAP) THE HARTFORD



Life presents complex challenges. If the unexpected happens, you should have simple solutions to help cope with the stress and life changes that may result. That's why The Hartford's Ability Assist® Counseling Services, offered by ComPsych®, can play such an important role. Our straightforward approach takes the complexity out of benefits when life throws you a curve.

For that reason, we provide an employee assistance program (EAP) through The Hartford at no cost to you. This service connects you with the best mental health and counseling services. All provided services are confidential, outcomes will not be shared, and the plan includes a total of three face-to-face or virtual visits with a mental health provider.

## **EXTRAS THAT SUPPORT AND ASSIST**

For access over the phone, call toll-free **1-800-96-HELPS (1-800-964-3577)**.

Visit [www.guidanceresources.com](http://www.guidanceresources.com) to access hundreds of personal health topics and resources for child care, elder care, attorneys or financial planners.

**If you're a first time user, click on the Register tab.**

1. In the Organization Web ID field, enter: **HLF902**
2. In the company Name field at the bottom of personalization page enter: **ABILI**
3. After selecting "Ability Assist program", create your confidential user name and password.



# EMPLOYER PAID BENEFITS



## EMPLOYER PAID LIFE / AD&D

### **Who is Eligible:**

All full-time employees working 30 hours per week.

### **How much your coverage will cost:**

This benefit is 100% paid for by Kentucky State University.

### **Coverage Amounts:**

- Employee Life Amount: \$50,000
- AD&D Amount: \$50,000

**AD&D:** While insured under the policy, if the employee has an accident that results in a loss of life or limb, The Hartford will pay a specified amount for such loss. Please refer to your certificate of coverage for more information.

\*Benefit reductions apply starting at age 65 by 35%, and at age 70 by 50%

## LONG-TERM DISABILITY

### **Who is eligible:**

All full-time hourly employees working 30 hours per week.

### **How much your coverage will cost:**

This benefit is 100% paid for by KSU.

### **Coverage:**

If you become disabled due to illness or injury, you will be able to receive 60% of your basic monthly income to a maximum of \$10,000 per month. This benefit becomes payable after you have been disabled for 90 days.

\*LTD Coverage extends to Social Security Normal Retirement Age

## DID YOU KNOW?

Men have a **43%** chance of becoming disabled during their working years; women have a **54%** chance.

According to the American Council of Life Insurers, **30%** of all Americans between the ages of 35 and 65 will become disabled for more than 90 days.

# VOLUNTARY BENEFITS



## **VOLUNTARY SHORT-TERM DISABILITY**

### **Who is Eligible:**

All full-time employees working 30 hours per week, first of the month after 30 days.

### **How much your coverage will cost:**

This is a 100% employee paid **VOLUNTARY** benefit. Please contact the OHR for the monthly premium cost.

### **Coverage:**

Employees may elect a flat weekly benefit amount from \$100 to \$1,500 in increments of \$100. The employee may not elect an incremental benefit amount that exceeds 60% of their weekly earnings for a 13-week duration. Benefits will begin on the 30th day of an accident or illness.

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## **SHARED SICK LEAVE POLICY**

An employee must enroll in the program during the annual benefits open enrollment period and again in January, if necessary due to the depletion of the leave pool as defined below.

**Purpose:** Kentucky State University has established a shared leave pool (SLP) to provide a source of additional paid sick leave for employees who have exhausted all available sick and vacation leave as a result of a catastrophic illness or injury. Shared leave pool benefits are made available through voluntary donations of sick leave hours from current employees.

**Applicability:** Full-time eligible faculty and staff with three (3) months of continuous service and is unable to perform regular work duties, and have exhausted or will have exhausted all forms of paid leave at the time shared leave is granted. If the employee is eligible for FMLA, the employee must have applied for and been approved for FMLA coverage for the same condition to qualify for shared leave.

Please see the Shared Sick Leave Policy in its entirety at:

<https://www.kysu.edu/president/human-resources/policies.php>

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## **VOLUNTARY LIFE**

### **Who is Eligible:**

All full-time employees working 30 hours per week.

### **Coverage Amounts:**

- Employee: \$10,000 increments up to 5 times annual salary to a maximum of \$500,000.
- Your Spouse: You may purchase up to 100% of employee amount in \$5,000 increments to a maximum of \$500,000.

# VOLUNTARY BENEFITS (Continued)

## **VOLUNTARY AD&D**

### **Who is Eligible:**

All full-time employees working 30 hours per week.

### **Coverage Amounts:**

- Employee: \$10,000 increments up to \$500,000.
- Your Spouse: You may purchase up to 100% of employee amount in \$5,000 increments.
- Your Child(ren): You may purchase a flat amount of \$10,000.

### **New Hire Guarantee Issue Amounts:**

- Employee: \$150,000
- Your Spouse: \$25,000
- Your Child(ren): \$10,000
- Elections above Guarantee Issue Amounts require evidence of insurability

## **VOLUNTARY CRITICAL ILLNESS/ACCIDENT**

Critical Illness insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition. You can elect a \$10,000, \$20,000, or \$30,000 benefit amount. CI includes cancer, heart attack, stroke, kidney failure, or coronary artery bypass. After your coverage has been in effect for 30 days, The Hartford will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures.

### **(See HR for complete list.)**

In the event of a covered off-the-job accident, the Accident Insurance plan pays cash benefits fast to help with the costs associated with out-of-pocket expenses and bills. There is also a health screening wellness benefit of \$50 payable 1x per calendar year.

## **NATIONWIDE PET INSURANCE**

Nationwide pet insurance provides coverage for veterinary expenses related to accidents and illnesses. Policies are available for dogs, cats, birds, reptiles and other exotic pets.

Optional wellness coverage is also available for dogs and cats, providing reimbursement for the preventive care necessary to keep them healthy year after year.

### **Plan Features:**

- 90% back on vet bills
- Visit any vet, anywhere
- Exclusive to employees, not available to the general public
- Same price for pets of all ages and breeds
- Best deal: average savings of 30% over similar plans from other pet insurers

### **Using your pet insurance policy is easy:**

Visit any vet. Send us your claim. We'll send you a check!

### **Choose from two easy ways to sign up:**

There are two simple ways for employees to sign up for their pet insurance voluntary benefit:

1. Go directly to the dedicated URL we've created for your company: <https://benefits.petinsurance.com/kysu>
2. **Call 877-738-7874** and state that they are employees of Kentucky State University to receive their voluntary benefit plans and preferred pricing

We have created a virtual education & enrollment experience, which you can view here:

<https://www.petinsurance.com/openenroll507090/>

At this link, employees will find two short videos, plan details & FAQs, as well as being able to get a quote and enroll in the benefit.

# RETIREMENT PLANS

## **RETIREMENT PLANS AT KSU**

Full-time employees of Kentucky State University are required to participate in one of the following retirement plans depending on employment category. Employees may also choose to supplement their retirement savings by contributing to a 403(b), 457, and 401(k) retirement plan on a voluntary basis.

- KPPA (Kentucky Public Pension Authority) - employees in positions that do not require a bachelor's degree.
- Kentucky Employees Retirement System-Hazardous (KERS-Haz.) - police department officers and other qualified employees.

For more information regarding KPPA and KERS-Haz, please visit the website at <https://kyret.ky.gov>

### **Employees in positions requiring a minimum of a bachelor's degree have the following options:**

- **Teachers' Retirement System (TRS)** - full-time faculty and staff who meet the eligibility requirements. For more information regarding TRS, please visit the website at <https://trs.ky.gov>
- **Optional Retirement Plan (ORP)** - this is available to full-time faculty and staff who would otherwise participate in TRS. The ORP vendors are TIAA and AIG. For more information regarding the ORP plan, please visit the KYSU Human Resources' website at <http://kysu.edu>

### **Voluntary Supplemental Retirement - Supplemental 457(b), 401(k), and 403(b) plans**

- For employees wishing to make a voluntary contribution into a supplemental retirement plan. The Supplemental Retirement vendors are TIAA, and AIG. The 457(b) vendors are TIAA, KY Deferred Comp, and AIG. The 401(k) vendor is KY Deferred Comp. The 403(b) vendors are TRS, NLG (National Life Group), TIAA, and AIG. Please contact Human Resources at (502) 597-6667 for the supplemental retirement vendor contact information.

## **Are You Planning Retirement Soon?**

We encourage you to call the Office of Human Resources at (502) 597-6667 to find resources to help you transition smoothly into retirement. Make sure you inform your supervisor, the OHR, and your retirement provider at least 45 days prior to retirement.



# ADDITIONAL EMPLOYEE BENEFITS



## Holidays

You will receive paid holidays in accordance with an approved schedule established each year.

**To see the current holiday schedule, visit:**

<https://www.kysu.edu/president/human-resources/staff-holiday-schedule.php>

## Annual Leave/Vacation Leave

Reference Human Resources Policy and Procedure Manual

## Sick Days

Reference Human Resources Policy and Procedure Manual

## 1095

As part of the Patient Protection and Affordable Care Act (ACA) employers are required to provide information to employees regarding health care coverage. Most employers offer health insurance coverage to full-time employees and their dependents. Due to the new requirements, those employers must send an annual statement, during tax season, to all employees eligible for coverage describing the insurance available to them. The Internal Revenue Service (IRS) created Form 1095-C to serve as that statement.

## Tuition Waiver

Kentucky State University full-time employees or their eligible dependent(s) {current spouse, child, or a person for whom you are the legal guardian} are eligible to receive a tuition waiver for a combined maximum of six (6) credit hours per semester including the intersession and summer session; eligible dependent(s) may only utilize this benefit at Kentucky State University; the Internal Revenue Code definition of dependent status shall apply in all cases (under age 19 at the end of the calendar year, or a full-time student under age 25 at the end of the calendar year, or permanently and totally disabled).

## NOTES

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McGriff



KENTUCKY STATE UNIVERSITY  
IN ALL THINGS EXCELLENCE

This guide is only intended to offer an outline of benefits offered at Kentucky State University. All details and contract obligations of plans are stated in the group contract/insurance documents, including any disclosures (whether regarding “grandfathering” of plans or others) required by the new health reform law, the Patient Protection and Affordable Care Act (PPACA). In the event of

conflict between this guide and the group contract/insurance documents, the group contract/insurance documents will prevail. Please contact the Office of Human Resources for further information.