



Employee Benefits Guide 2018

Employee Benefits Guide 2018

Welcome to Jefferson County Public Schools (JCPS)! We are delighted that you have made JCPS your employer of choice. Through our employee benefits program, we seek to provide a range of affordable options. We understand that employee benefits are very important and that individual needs may change from year to year. Please carefully review the information in this guide so that you make the best benefits decisions for you and your family.

The benefits offered to eligible JCPS employees include the following:

- Medical, Dental, and Vision Insurance
- Health Reimbursement Arrangements (HRAs)
- Flexible Spending Accounts (FSAs)
- Short-Term Disability
- Long-Term Disability
- Employee Assistance Program (EAP)
- Cancer Insurance
- Critical Illness Insurance
- Accident Policies
- Auto/Home Insurance
- Prepaid Legal Services
- Term Life Insurance
- Whole Life Insurance

Employees are also automatically enrolled in defined benefit retirement plans and have various 401k, 457, and Tax-Sheltered Annuity (TSA) (403b) programs available for financial investments.

This guide is meant to serve as a general resource and guide to assist employees in understanding the benefits available to eligible JCPS employees. Actual benefits will depend on employment status and employment date. This guide in no way constitutes a contract, written or implied, of employment or a guarantee of current or future benefits.

Disclaimer: The *Employee Benefits Guide* was developed to provide you with the information you will need to understand the extensive benefits offered to you as a JCPS employee. This guide is not to be interpreted as a complete disclosure of plans, nor is it intended to indicate entitlement to any of the benefits described. JCPS reserves the right to adjust, amend, and revise benefit plans. Every effort has been made to provide complete and accurate information within this guide. In the event of a discrepancy between this guide, JCPS policy, federal or state regulation, actual plan documents, or union/association contracts, those documents will govern and not the *Employee Benefits Guide*. In all cases of specific plan interpretations, receipt of benefits, or entitlements, the actual plan document/summary plan description shall rule.

If you have any questions regarding the information contained in this summary, please contact the JCPS Risk Management and Benefits Department at **(502) 485-3436**.



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Instructions for Required Benefit Forms

The following forms are required by all benefit-eligible employees. Please complete each form and return to the Risk Management and Benefits Department **within 30 days of your full-time hire date**.

Health Insurance Application/Waiver Form All eligible employees must return a completed Health Insurance Application or Waiver Form. If an employee does not actively enroll or formally waive coverage within 30 days from his or her full-time hire date, he or she will be automatically enrolled in the Standard PPO, which has an employee premium payroll deduction. Enrollment Form is required to participate in the HRA and/or the FSA (Healthcare and/or Dependent Care).	Required Form
Aetna Life Insurance Beneficiary Form	Required Form
Nationwide Life Insurance Enrollment Form and Nationwide Life Insurance Beneficiary Form	Required Forms
JCPS Benefits Enrollment Change Form for Voluntary Benefits	Required Form

JCPS Risk Management and Benefits Contact List

Name	Title	Phone Number
Kristin Davis	Benefits Manager, Benefits and Risk Management	(502) 485-3436
Jack Baldwin	Benefits Specialist	(502) 485-3436
Madisyn Wilson	Clerk III	(502) 485-3436
Terri McGill	Assistant Benefits Counselor	(502) 485-3435
Lori Stewart	Benefits Counselor	(502) 485-6395
Regina Bradley	Assistant Benefits Counselor	(502) 485-3945
		Fax Number (502) 485-6256



Benefits Vendor Customer Service Directory

For Information or Questions Regarding:	Contact Information
Health Insurance	Note: Contact numbers can also be found on the back of your ID card.
Health Insurance Claims, Plan Design, and/or Coverage	Kentucky Employees' Health Plan (KEHP): 1-844-402-KEHP
To Look Up Participating In-Network Providers	www.anthem.com
24/7 Nurse Line	1-877-636-3720
Behavioral Health	1-855-873-4931
WageWorks	1-877-430-5519
Compass Smart Shopper	1-855-869-2133
CVS/Caremark Pharmacy Benefits	1-866-601-6934, www.caremark.com
Qualifying Life Event Changes (e.g., adding or removing dependents)	JCPS Benefits Counselor: (502) 485-3436
Payroll Deductions	JCPS Payroll Department: (502) 485-3245
COBRA Continuation of Coverage	WageWorks: 1-877-430-5519
Go365	1-855-478-1623
Flexible Spending Accounts—WageWorks	Note: Contact numbers can also be found on the back of your ID card.
Healthcare FSA	1-877-430-5519
Dependent Care FSA	1-877-430-5519
Payroll Deductions	JCPS Benefits Counselor: (502) 485-3436
Dental Insurance	Note: Contact numbers can also be found on the back of your ID card.
Assurant Dental	1-800-443-2995
Delta Dental	1-800-955-2030
Qualifying Life Event Changes (e.g., adding or removing dependents)	JCPS Benefits Counselor: (502) 485-3436
COBRA Continuation of Coverage	Reisert and Associates, LLC: (502) 458-0122
Vision Insurance	Note: Contact numbers can also be found on the back of your ID card.
EyeMed	1-866-289-0614
Qualifying Life Event Changes (e.g., adding or removing dependents)	JCPS Benefits Counselor: (502) 485-3436
COBRA Continuation of Coverage	Reisert and Associates, LLC: (502) 458-0122
Life Insurance	
Commonwealth of Kentucky-Provided Plan (Nationwide)	JCPS Benefits Counselor: (502) 485-3436
JCPS-Provided Plan (Aetna)	JCPS Benefits Counselor: (502) 485-3436
To File a Death Claim	JCPS Benefits Counselor: (502) 485-3436
Conversion or Portability Options	JCPS Benefits Counselor: (502) 485-3436
Voluntary Term Life Insurance	Aetna: (502) 458-0122 (Reisert and Associates, LLC)
Voluntary Whole Life Insurance	Boston Mutual: (502) 238-7255 (Creative Employee Benefits)
Voluntary Accidental Death and Dismemberment (AD&D)	The Standard: (502) 458-0122 (Reisert and Associates, LLC)

Benefits Vendor Customer Service Directory

Disability Insurance	
JCPS-Provided Long-Term Disability	JCPS Benefits Counselor: (502) 485-3436
Voluntary Short-Term Disability	American Fidelity: 1-800-934-8030 Colonial: (502) 238-7255 (Creative Employee Benefits)
Voluntary Supplemental Health Products	Colonial: (502) 238-7255 (Creative Employee Benefits)
EAP	Stuecker and Associates: (502) 452-9227
Retirement Systems	
TRS	1-800-618-1687
CERS	1-800-928-4646
Retirement Savings Programs	
Payroll Deductions	JCPS Benefits Counselor: (502) 485-3436
403b Plan	Various Providers (Refer to the JCPS website for a current list.)
401k Plan	Kentucky Public Employees' Deferred Compensation Authority (Kentucky Deferred Comp): 1-800-542-2667
457 Plan	Kentucky Deferred Comp: 1-800-542-2667
Additional Voluntary Programs	
Payroll Deductions	JCPS Benefits Counselor: (502) 485-3436
Prepaid Legal Services	Hyatt Legal: 1-800-821-6400
Auto and Home Insurance	MetLife: 1-800-438-6388
Cancer Insurance Plans	American Fidelity: 1-800-934-8030 Colonial: (502) 238-7255 (Creative Employee Benefits)
Accident Insurance	American Fidelity: 1-800-934-8030 Colonial: (502) 238-7255 (Creative Employee Benefits)
Critical Illness	Colonial: (502) 238-7255 (Creative Employee Benefits) MetLife: (502) 458-0122 (Reisert and Associates, LLC)
Class Act Federal Credit Union	(502) 964-7575

Employment Classification and Benefit Eligibility

Eligibility for various benefits described in this guide may depend on employment classification. The employment classifications referred to in this guide are described below. All active full-time employees are eligible for benefits.

Classified Employees

Classified JCPS employees are those who are **not** required to have teaching certification for their position.

Full-Time

Classified employees who work 20 or more hours a week and are not in a part-time position are considered **full-time** classified employees. The employee must also be assigned to a full-time working calendar.

Certified Employees

Certified JCPS employees are those who hold certificates for their position.

Full-Time

Certified employees who work a full school term and whose employment requires 70 percent or more of the school day (five hours a day) or month are considered **full-time** certified employees. The employee must also be assigned to a full-time working calendar.

Any employee determined by JCPS to be eligible for health insurance under the Patient Protection and Affordable Care Act (ACA), regardless of their classification, will be offered appropriate coverage in accordance with the regulations set forth in the ACA.

Board- and State-Sponsored Benefit Plan Summary

Eligibility

All full-time employees are eligible for most benefits on the first day of the second month after their full-time hire date. For example, an employee hired on March 5 will be eligible for benefits on May 1.

Core benefits provided to all full-time JCPS employees include the following:

- Health Insurance Options (A portion of the total premium is paid by the Commonwealth of Kentucky.)
- FSA Options
- HRA Options
- Group Term Life Insurance (provided by JCPS at no cost to employees)
- Group Term Life Insurance (provided by the Commonwealth of Kentucky at no cost to employees)
- Long-Term Disability Insurance (provided by JCPS, eligible after one year of full-time employment)
- EAP (provided by JCPS at no cost to employees)
- CERS (positions where a four-year degree or certification is not required)
- TRS (positions requiring Kentucky teacher certification or the minimum of a four-year degree)
- Unemployment Insurance
- Workers' Compensation Insurance

JCPS- and State-Sponsored Core Benefits

Benefit	Eligibility	Effective Date	Who Pays	Description
Health Insurance	Full-time employees and those employees determined to be eligible under the ACA	First day of the second month after the full-time hire date	The Commonwealth of Kentucky and the employee share the cost.	Choice of a PPO Plan with Rx drug program or a CDHP with a KEHP-funded HRA. Living Well options are available with lower out-of-pocket maximums and coinsurance percentages. Tobacco and Non-Tobacco User rates.
FSAs (Healthcare and Dependent Care)	Full-time employees	First day of the second month after the full-time hire date	Employee	FSA Plan with \$2,600 maximum for unreimbursed medical and \$2,500/\$5,000 for dependent care expenses
HRAs	Full-time employees	First day of the second month after the full-time hire date	Commonwealth of Kentucky and/or Employee	<p>A Waiver General Purpose HRA is available to those who are eligible and waive health insurance (\$2,100 per year on a preloaded HRA).</p> <p>A Waiver Dental/Vision Only HRA is available (\$2,100 per year on a preloaded HRA).</p> <p>Employees who enroll in the CDHP Health Plan will receive \$500 for single/\$1,000 family or \$250 single/\$500 family on an HRA.</p>
Group Term Life (JCPS-Provided)	Full-time employees	First day of the second month after the full-time hire date	JCPS	(1) Times annual earnings up to \$50,000 with a minimum of \$10,000 and a maximum of \$50,000. Includes AD&D.
Group Term Life (State-Provided)	Full-time employees	First day of the second month after the full-time hire date	Commonwealth of Kentucky	\$20,000 death benefit including AD&D coverage. Optional plans are available for employee purchase.
Long-Term Disability	Full-time employees who have completed one year of full-time employment	Following one year of full-time employment	JCPS	The benefit is 66 2/3 percent of base earnings up to a maximum monthly benefit of \$4,000. Benefits continue for up to two years for the employee's own occupation and three additional years for any occupation.
EAP	Full-time and part-time employees and their families	Immediately upon employment	JCPS	Up to three confidential counseling visits an issue a year offered to employees and/or their family members at no cost to the employee

Please note that when electing health insurance or FSAs, the premiums will be deducted from paychecks on a pretax basis in accordance with the Section 125 Cafeteria Plan.

Qualifying Events—Changing or Canceling Your Benefits

Many of the JCPS employee benefits are operated as federally regulated Section 125 Cafeteria Plans, which allows you to pay your premiums with pretax dollars. In exchange, there are only three times when you can add, change, or cancel your benefit elections during the plan year:

- When you first become eligible for benefits
- During the annual open enrollment period
- If you experience a qualifying life event

What is a Qualifying Life Event?

- Marriage
- Having or adopting a child
- Divorce
- Loss of other group insurance
- Gain of other group insurance
- Spouse has a different open enrollment period



When You Have a Qualifying Event

In all cases, any change in your plan option or coverage level must be consistent with the qualifying event. For most events, you must complete a Qualifying Event Form and provide sufficient back-up to the JCPS Benefits Department within 35 calendar days from the event date.

Qualifying events can be complicated and sometimes are difficult to understand. There are restrictions on the types of changes you may make due to federal qualifying event rules. If you do not provide the necessary forms and back-up to the Benefits Department within the 35-calendar-day time period, you will not be permitted to change your benefit elections until the next annual open enrollment period. For more information about qualifying events, you may contact the JCPS Benefits Department at **(502) 485-3436**.

Open Enrollment

All eligible employees are provided the opportunity to enroll, change, or waive health insurance during each annual Open Enrollment period. Employees who elect to transfer from one health insurance plan to a different health insurance plan during an Open Enrollment period may be required to complete a new Health Insurance Enrollment Application before the end of the Open Enrollment period.

Elections for the calendar year will remain in effect for the full plan year unless an employee experiences a qualifying life event.



Health Insurance

JCPS participates in KEHP. Currently, the health insurance options include a choice of a PPO plan or a CDHP. The Commonwealth of Kentucky requires all eligible employees to enroll or formally waive health insurance coverage. If an employee does not wish to enroll in one of the health insurance options, he or she must complete a Waiver of Coverage Form. **If an employee does not actively enroll or formally waive coverage, he or she will be automatically enrolled in the Standard PPO Plan.** This selection will remain in effect until a new application is submitted during the next annual Open Enrollment period or within 35 days of a qualifying event.

Effective Date of Coverage

Any health insurance option selected during an Open Enrollment period will become effective on the first day of the next plan year (January 1) and will remain in effect until the end of that plan year (December 31), as long as the employee remains in active eligible status.

Effective Date for Newly Hired Employees

Newly hired full-time employees must complete the enrollment application within the first 35 days of their full-time hire date. Coverage will become effective on the first day of the second month following the full-time hire date.

Example: If an employee is hired full-time anytime throughout April, his or her health insurance coverage will be effective on June 1.

Current Health Insurance Options

Each year, the KEHP issues a health insurance booklet to provide employees with information regarding the new health insurance options for the next calendar year. Information about the options is provided to newly hired full-time employees and annually at Open Enrollment. The current KEHP booklet and information can be found at <http://personnel.ky.gov/dei/>.

Wellness Program

KEHP provides JCPS employees access to the Go365 Employee Wellness Program. This exciting program is automatically provided to all KEHP health insurance plan members. Employees can take the first step on their path to wellness and rewards by registering online and completing a health assessment. As they make progress toward their unique health goals, employees are rewarded not only with health and happiness but also with perks and rewards. For more information on the Go365 Employee Wellness Program, call **1-888-581-8834** or visit <http://livingwell.ky.gov>.



KEHP 2018 Benefits Grid

Plan Options	LivingWell CDHP		LivingWell PPO		Standard PPO		Standard CDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Health Reimbursement Arrangement (HRA)	Single \$500; Family \$1,000	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Single \$250; Family \$500	
Annual Deductible*	Single \$1,250 Family \$2,500	Single \$2,500 Family \$5,000	Single \$750 Family \$1,500	Single \$1,500 Family \$3,000	Single \$750 Family \$1,500	Single \$1,500 Family \$3,000	Single \$1,750 Family \$3,500	Single \$3,000 Family \$6,000
	Applies to Medical and Pharmacy		Applies to Medical		Applies to Medical		Applies to Medical and Pharmacy	
Annual Medical Out-of-Pocket Maximum**	Single \$2,750 Family \$5,500	Single \$5,500 Family \$11,000	Single \$2,750 Family \$5,500	Single \$5,500 Family \$11,000	Single \$3,750 Family \$7,500	Single \$7,500 Family \$11,000	Single \$3,750 Family \$7,500	Single \$7,500 Family \$11,000
	Deductibles & Out-of-Pocket Maximums for In-Network and Out-of-Network providers accumulate separately and do not cross apply.							
Co-Insurance	Plan: 85% Member: 15%	Plan: 60% Member: 40%	Plan: 80% Member: 20%	Plan: 60% Member: 40%	Plan: 70% Member: 30%	Plan: 50% Member: 50%	Plan: 70% Member: 30%	Plan: 50% Member: 50%
Doctor's Office Visits	Deductible then 15%	Deductible then 40%	Co-Pay: \$25 PCP; \$45 Specialist	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Physician Care (Inpatient/ Outpatient/Other)	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Diagnostic Tests In Doctor's Office****	Deductible then 15%	Deductible then 40%	Office Visit Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Other Laboratory	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Inpatient Hospital (Semi-Private Room)	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Outpatient Hospital/Surgery	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Outpatient/ Ambulatory Surgery Center	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Emergency Room (Benefit for emergency medical treatment only)	Deductible then 15%		\$150 Co-Pay then Deductible then 20% Co-Pay waived if admitted.		\$150 Co-Pay then Deductible then 30% Co-Pay waived if admitted.		Deductible then 30%	
ER Physician Care	Deductible then 15%		Deductible then 20%		Deductible then 30%		Deductible then 30%	
Ambulance	Deductible then 15%		Deductible then 20%		Deductible then 30%		Deductible then 30%	
Urgent Care Center	Deductible then 15%		\$50 Co-Pay		Deductible then 30%		Deductible then 30%	
Routine Well Child	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 50%	Covered at 100%	Deductible then 50%

KEHP 2018 Benefits Grid

Plan Options	LivingWell CDHP		LivingWell PPO		Standard PPO		Standard CDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Routine Well Adult	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 50%	Covered at 100%	Deductible then 50%
Mental Health	Treated the same as any other health condition. See specifics related to PCP office visit, inpatient and outpatient services.							
Autism Services	Treated the same as any other health condition. See specifics related to PCP office visit, inpatient and outpatient services.							
Allergy Injections	Deductible then 15%	Deductible then 40%	\$15 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Allergy Serum	Deductible then 15%	Deductible then 40%	\$15 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Maternity Care (See SPD for Specifics)	Deductible then 15%	Deductible then 40%	\$25 Co-Pay (office visit pregnancy diagnosed) Delivery Charge: Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Durable Medical Equipment	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Therapy Services (Per Visit; Physical, Occupational, Speech)	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Chiropractic Care (Manipulation Therapy)	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
	Maximum of 30 visits per calendar year, per therapy service type		Maximum of 30 visits per calendar year, per therapy service type		Maximum of 30 visits per calendar year, per therapy service type		Maximum of 30 visits per calendar year, per therapy service type	
	Deductible then 15%	Deductible then 40%	\$25 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
	Maximum of 26 visits per calendar year; no more than 1 visit per day		Maximum of 26 visits per calendar year; no more than 1 visit per day		Maximum of 26 visits per calendar year; no more than 1 visit per day		Maximum of 26 visits per calendar year; no more than 1 visit per day	

Prescription Drugs – Administered by CVS/Caremark

Annual Rx Out-of-Pocket Maximum	Combined with Medical	Combined with Medical	Single \$2,500 Family \$5,000	Not Applicable	Single \$2,500 Family \$5,000	Not Applicable	Combined with Medical
30-Day Supply*** Tier 1 - Generic Tier 2 - Formulary Brand Tier 3 - Non-Formulary Brand	Deductible then 15%	Deductible then 40%	\$10 \$35 \$55	Not Covered	30% Min \$10–Max \$25 Min \$20–Max \$50 Min \$60–Max \$100	Not Covered	Deductible then 50%
90-Day Supply (Retail or Mail Order)*** Tier 1 - Generic Tier 2 - Formulary Brand Tier 3 - Non-Formulary Brand	Deductible then 15%	Not Applicable	\$20 \$70 \$110	Not Covered	30% Min \$20–Max \$50 Min \$40–Max \$100 Min \$120–Max \$200	Not Covered	Not Covered

Notes: The boxed areas of the grid are components of each plan most often used by members when choosing a plan option, but are not all inclusive. **You can refer to the Summary of Benefits and Coverage (SBC) for more information.** KEHP has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. However, if an error has occurred, the benefits outlined in the 2018 Summary Plan Descriptions (SPDs) and Medical Benefit Booklets will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations and exclusions set forth in the SPDs.

*Co-pays do **not** accumulate toward the deductible, but they do accumulate toward the applicable out-of-pocket maximum.

For the **LivingWell CDHP and the **Standard CDHP**, all covered expenses apply to the out-of-pocket maximum. For the **LivingWell PPO** and the **Standard PPO** plans, the out-of-pocket maximum accumulates separately and independently for medical and prescription drug benefits.

*** Certain diabetic drugs are subject to reduced co-pays and co-insurance with no deductibles. A 90-day supply of maintenance drugs is subject to lower co-pays and co-insurance. Select preventive/maintenance drugs bypass the deductible on both CDHPs.

**** Claims are processed based on provider billing type, which may include separate charges from a lab performing services outside of the doctor's office visit.

Flexible Spending Accounts

KEHP offers two FSAs, which can save employees money on their out-of-pocket expenses. Both the Healthcare FSA and the Dependent Care FSA allow eligible employees to contribute pretax monies through payroll deduction. During the year, employees have access to this account for reimbursement of certain medical, dental, vision, Rx, or dependent care expenses. By using tax-free dollars to pay for these expenses, employees can experience substantial tax savings.

Note: Employees should be careful when selecting the amount they wish to have payroll-deducted. If an employee has a Healthcare FSA, he or she is permitted to carry over a minimum of \$50 and a maximum of \$500 of unused funds into the next calendar year; however, anything in excess of \$500 will be forfeited.

The current KEHP booklet includes information on FSAs and can be found at <http://personnel.ky.gov/dei/>.

For a complete list of eligible FSA expenses, visit www.irs.gov or www.WageWorks.com.

Health Reimbursement Arrangements



KEHP offers a waiver general purpose HRA, a waiver Dental/Vision Only HRA, or a preloaded HRA to those employees who enroll in a CDHP health insurance option.

If eligible, active full-time employees who choose to waive health insurance coverage will have \$2,100 a year contributed into their HRA account. This balance can be used to pay for qualified expenses only. Eligible employees who choose to elect the Dental/Vision Only HRA will have \$2,100 annually contributed into their HRA account to pay for qualified dental and vision expenses. Any balance remaining at the end of the calendar year will carry over to the next calendar year as long as health insurance continues to be waived and the employee selects the

HRA for the following calendar year.

Employees who enroll in one of the CDHPs will receive \$500 for single coverage/\$1,000 for any level of family coverage **or** \$250 for single coverage/\$500 for any level of family coverage on a preloaded HRA card. The actual amount loaded to the HRA card will depend on the specific health insurance plan the employee is enrolled in.

The current KEHP booklet, including information on HRAs, can be found at <http://personnel.ky.gov/dei/>.

Group Term Life Insurance

(Paid in full by JCPS)

JCPS is proud to provide eligible employees a group term life insurance policy at no cost to employees to help protect them and their families. For specific details, please refer to the policy certificate located at www.jefferson.ky.schools.us.

Coverage: This policy provides a death benefit of (1) times an employee's annual earnings. The minimum amount of coverage is \$10,000, and the maximum amount of coverage is \$50,000.

Accidental Death and Personal Loss Coverage: This policy includes AD&D coverage at no cost to employees. A benefit is payable for losses while involved in an accident or bodily injury resulting from an accident.



Eligibility/Effective Date: Eligible full-time employees are automatically enrolled in this coverage and will complete a beneficiary designation upon hire. Employees are eligible on the first day of the second month after the full-time hire date.

Living Benefit: A Living Benefit (also called an Accelerated Death Benefit) is available to employees under this policy. When an employee is diagnosed with a terminal illness (has 12 months or less to live), he or she may withdraw up to 75 percent of his or her life insurance coverage. The Accelerated Death Benefit is also available to covered employees who are diagnosed with Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease); end-stage heart, kidney, liver, and/or pancreatic organ failure; a medical condition requiring artificial life support; or a permanent neurological deficit resulting from a cerebral vascular accident (stroke) or a traumatic brain injury that is expected to result in lifelong confinement in a hospital or long-term care facility. The death benefit will be reduced by the amount taken as a Living Benefit. See the plan certificate for specific details.

Termination of Coverage: Coverage for this policy will end when employment ends or the employee no longer meets the eligibility requirements, the plan is discontinued, or for other reasons that are described in the policy certificate.

Conversion or Portability: If an employee separates employment or becomes ineligible for this coverage, he or she has the option to convert or port all or part of the amount of life insurance in force on the date of termination without Evidence of Insurability. Conversion elections must be made within 31 days of loss of eligibility.

Value Added Services and Programs (free with coverage on the JCPS-sponsored life insurance policy)

Aetna Life Essentials Program: Get more out of your life insurance by taking advantage of the expert financial advice, access to legal services, and tools for healthy living. Aetna Life Essentials (www.aetnalifeessentials.com) provides tools to help employees and their families care for end-of-life needs and provides free support for beneficiaries.

Legal Reference Program: The Legal Reference Program allows employees and their spouses to easily and affordably complete several essential estate-planning documents. Simply visit www.iChooseLegal.com or call **1-(888) 257-2934** for free documents, including a simple will, living will, and healthcare and/or financial power of attorney.

Travel Assistance: Employees and their families have direct access to free round-the-clock support while traveling more than 100 miles from home. AXA Assistance USA, Inc., provides immediate solutions for unexpected situations and everyday needs.

Funeral Planning Services: Everest funeral planning services are available to employees at no cost. Everest gives employees the information they need to make the best choices about funeral issues. They offer both pre-planning and at-need services at or near the time of need. Online planning tools can help employees prepare for the future. At-need services include family support services and pricing assistance (www.everestfuneral.com/aetna).

1-800-913-8318

For more information, please visit www.jefferson.kyschools.us or contact a JCPS benefits counselor.



Group Term Life Insurance (Paid in full by the Commonwealth of Kentucky)

The Commonwealth of Kentucky provides eligible employees an additional group term life insurance policy at no cost to employees. This policy provides a death benefit of \$20,000. This coverage also includes AD&D. Eligible employees will complete an enrollment form and beneficiary designation forms upon hire.

General Life Insurance Information

Beneficiaries: Upon full-time employment, eligible employees will receive beneficiary designation forms to complete and return to their JCPS benefits counselor. An employee should designate a beneficiary (or beneficiaries) to receive the proceeds of these coverages in the event of the employee's death. Employees may designate anyone of their choosing as a beneficiary but should pay close attention to the instructions on each beneficiary form especially in regard to minors. Employees may

change their beneficiary designations at any time by completing a beneficiary change form and submitting it to their JCPS benefits counselor. Employees will be required to visit the JCPS Risk Management and Benefits Department and show a valid picture ID to change their beneficiary. Employees should notify the JCPS Risk Management and Benefits Department of any name changes. Failure to designate a beneficiary will result in the proceeds of coverage being distributed according to the policy certificate guidelines.

Duration of Life Insurance Coverage: The life insurance coverages described on page 12 will remain in effect for 24 hours a day, 365 days a year, as long as the employee remains in an eligible status and a premium is paid on the employee's behalf.

Termination of Employment: When an employee separates from full-time employment, the coverage will end the last day of the month in which the employment ended regardless of the actual termination date.

Conversion Periods: Employees will have 31 days from their termination date of insurance to convert their coverage to an individual policy. For conversion information for the JCPS-paid policy, contact the JCPS Risk Management and Benefits Department. For conversion rates and information for the Commonwealth of Kentucky-provided policy, contact the Commonwealth of Kentucky Group Life Insurance Department at **1-800-267-8352**.

Life Insurance Claims Processing and Payment

In the event of a claim under the group life insurance policies, the beneficiary should immediately contact the JCPS Risk Management and Benefits Department and follow up by sending the following information:

- Beneficiary date of birth and Social Security number
- Two certified copies of your Death Certificate

This information should be sent to:

Risk Management and Benefits Department
Jefferson County Public Schools
P.O. Box 34020
Louisville, KY 40232-4020

After receiving the above information, the Risk Management and Benefits Department will file a Proof of Death Claim with the insurance company.



Long-Term Disability (Paid in full by JCPS)

JCPS is proud to provide eligible employees a long-term disability policy at no cost to employees to help protect an employee's income in the event of a disability. For specific details, please refer to the policy certificate located at www.jefferson.kyschools.us.

Eligibility: Long-term disability is provided for all full-time employees of JCPS on the first day of the month following the date they complete one full year of active employment as an eligible employee.

Benefit Amount: The long-term disability plan replaces a portion of an employee's basic monthly earnings during periods of total disability. The benefit amount under this plan is 66 2/3 percent of basic monthly earnings.

Coordination of Benefits: The plan is not coordinated with other income for the first six months from the date of disability. However, after six months, it will be coordinated with any monthly income received from the following:

- Social Security benefits
- Retirement program
- Any disability program sponsored by another employer
- Employment while partially disabled
- Other areas listed in the policy certificate

Minimum and Maximum Long-Term Disability Benefits:

The minimum benefit payable from this plan is \$100 a month or 10 percent of the monthly benefit, whichever is greater. The maximum benefit payable from this plan is

\$4,000 a month less the total income an employee is receiving from all other sources.

When Benefits Begin: Long-term disability benefits will begin when an employee has satisfied the elimination period of 45 days or when he or she has exhausted all accrued paid sick leave days, whichever is greater.

Duration of Benefits: Eligible employees may receive benefits for up to 24 months (2 years) as long as they are disabled from performing their own occupation. Benefits may continue for a total of 60 months (5 years) if the employee is disabled from any occupation. Benefits will not exceed five years or age 70, whichever occurs first. Other maximums will apply for disabilities due to substance abuse or mental and nervous disorders.

Claims Information and Processing: To apply for benefits under the long-term disability plan, employees should contact the Risk Management and Benefits Department to request an application. The employee and his or her doctor must complete the application and return it to the Risk Management and Benefits Department for processing.

All claims must be filed within 180 days of the date the employee would become eligible for the benefit. For more information, visit www.jefferson.kyschools.us or contact a JCPS benefits counselor.

Employee Assistance Program (Paid in full by JCPS)

JCPS recognizes that all employees' mental and emotional health is as important to their job performance as physical health. To provide support for employees, JCPS has contracted with an EAP for our employees and their family members at no cost to the employee. The EAP is a confidential counseling program offering short-term, traditional, face-to-face, or telephonic counseling services with a licensed therapist. The EAP can provide assistance with grief, depression, anxiety, phobias, relationships, substance abuse problems, legal and financial problems, child and elder care resources, and much more. The EAP provides three sessions a person at no cost to the employee. This benefit is paid entirely by JCPS. To schedule an appointment, call (502) 452-9227.

County Employees' Retirement System (CERS) (Classified Employees' Defined Benefit Pension Plan)

Cost: Shared by plan members, JCPS, and the Commonwealth of Kentucky

Benefits: Distributions are made at retirement, disability, death, or separation of employment.

Eligibility and Enrollment

All classified employees who work 20 or more hours a week are considered to be full-time employees and are required to become contributing members of CERS. To be eligible for participation and benefits, employees must average at least 80 hours a month.

Benefits Provided by CERS

CERS membership provides employees with the following:

- Income at early or normal retirement
- Income at disability retirement
- Optional retiree healthcare coverage
- Death and survivor benefits

If employees permanently separate employment for reasons other than retirement or death, they are always entitled to a refund of the contributions they have made to their CERS account. However, when a refund is made, they will forfeit the service credits earned at that time and will not be entitled to future benefits. The refund will also be subject to federal and state taxes.

CERS benefit details are fully explained in the *Summary Plan Description*. Employees may obtain a copy by calling CERS at (502) 564-4646 or 1-800-928-4646. A copy is also available on the KRS website.

Contributions to CERS

Contributions—Required contributions by the employee are based on the tier:

	Required contribution
Tier 1	5%
Tier 2	5% + 1% for insurance
Tier 3	5% + 1% for insurance

CERS Accounts

Once an eligible employee's membership begins, an individual account is set up in his or her name under CERS. Contributions—plus interest—are credited to this account.

Information about an employee's account is **confidential**. For this reason, employees must contact the CERS Retirement Office (in person or in writing) to obtain information about their account. All written inquiries must include name, Social Security number, signature, and current address and should be mailed to:

**CERS Retirement Office
Kentucky Retirement Systems
Perimeter Park West
1260 Louisville Road
Frankfort, KY 40601**

Annual Statement

Enrolled employees will receive an annual statement of their account showing their total service credit with CERS after the close of each fiscal year (June 30). This statement will show the balance in the account at the beginning of the year, the amount the employee contributed during the year (plus interest earned), and the balance in the account at the close of the year.

Service Credits

Employees must accumulate 60 months (5 years) of service credits to qualify for most of the benefits payable from CERS (except a refund of the account).

Because service credits play an important role in determining eligibility for benefits and the amount payable, CERS will permit employees to purchase service credits for certain periods of employment not already credited under other pension plans. Employees should contact CERS to determine if prior employment or military service may be eligible for purchase and the cost associated with the purchase.

Teachers' Retirement System (TRS) (Certified Employees' Defined Benefit Pension Plan)

Cost: Shared by plan members, JCPS, and the Commonwealth of Kentucky

Benefits: Distributions are made at retirement, disability, death, or severance of employment.

Eligibility and Enrollment

Membership in TRS is mandatory for all employees whose position requires a teaching certificate or a minimum of a four-year bachelor's degree. Effective July 1, 2002, substitute teachers and part-time teachers will be included in TRS.

In order to establish an account, the JCPS Risk Management and Benefits Department will collect the TRS enrollment form, along with a copy of the employee's Social Security card, upon hire.

Benefits Provided by TRS

TRS membership provides members with the following:

- Income at early or normal retirement
- Income at disability retirement
- Medical insurance coverage at retirement
- Death and survivor benefits

Employees who permanently separate employment for any reason other than retirement or death are always entitled to a refund of the value of their TRS account less Survivor Death Medical Fund (SDMF) deductions. However, when a refund is made, they will forfeit the service credits earned at that time and will not be entitled to future benefits. TRS

benefits and the conditions required to receive them are fully explained in the *Summary Plan Description for Active Members of the Teachers' Retirement System*. To obtain a copy, call **1-(800)-618-1687** or visit the TRS website at **www.TRS.org**.

Contributions to TRS

Contribution rates are established by KRS. Employees are required to contribute 12.855 percent of their salaries to the system. The State of Kentucky, as a nonemployer contributing entity, pays matching contributions at the rate of 13.105 percent of salaries for local school district and regional cooperative employees hired before July 1, 2008, and 14.105 percent for those hired after July 1, 2008. For local school district and regional cooperative employees whose salaries are federally funded, the employer contributes 16.105 percent of salaries. If an employee leaves covered employment before accumulating five years of credited service, accumulated employee pension contributions plus interest are refunded to the employee upon the member's request.

TRS Accounts

When membership begins, an individual account will be set up in the employee's name under TRS. The employee's retirement contributions are credited to this account.

Information about an employee's account is **confidential**. For this reason, employees must write or call TRS at the address and telephone number shown below to obtain information about an account:

Teachers' Retirement System
479 Versailles Road
Frankfort, KY 40601-3868
(502) 573-3266 or 1-800-618-1687

Annual Statement

Employees will receive an annual statement of their account after the close of each fiscal year (June 30). This statement will show the salary and service credits earned for the year, the retirement contributions made during the year, and the balance in the account at the end of the year. The statement will also show the total service credits with TRS at the end of the fiscal year.

Service Credits

Employees must accumulate five years of service credit to qualify for most of the benefits payable from TRS (except a refund of the account). Because service credits play an important role in determining eligibility for benefits and the amount payable, TRS will permit the purchase of service credits for certain periods of employment not already credited under other pension plans. Employees should contact TRS for determination if any prior employment or military service may be eligible for purchase and the cost associated with the purchase.



Important Retirement Checklist

The following documents must be on file with TRS prior to retirement:

- A completed TRS Application for Service Retirement
- A completed TRS Medical Health Insurance Application
- A photocopy of the employee's official, certified birth certificate from Vital Statistics
- A photocopy of the employee's Social Security card issued by the Social Security Administration and bearing its seal and the employee's signature
- A photocopy of the employee's official, certified marriage license
- A photocopy of the employee's beneficiary's official, certified birth certificate from Vital Statistics



Voluntary Benefit Plans

Payroll deductions for most voluntary benefits are paid the month in advance (24 deductions). Payroll deductions for health insurance and FSA are paid the current month. Upon hire, employees will receive a detailed optional benefit packet with information about all of the voluntary benefit plans offered, including current premium rates.

Dental Insurance

Dental insurance through payroll deduction is offered to eligible employees and their dependents. Employees have the choice of a dental HMO plan with a set out-of-pocket amount for services or three traditional PPO dental plan options. Dental plans cover diagnostic and preventive services, minor services, and major dental services. Refer to the JCPS website and optional benefit materials for current carrier information as well as specific plan details and premium rates.

Vision Insurance

Vision insurance through payroll deduction is offered to eligible employees and their dependents. Employees have two plan choices:

- A high plan, which provides coverage for a comprehensive annual eye examination as well as frames, lenses or contacts, and a Lasik vision correction discount
- A low plan, which provides for an annual comprehensive eye examination only

Please refer to the JCPS website and optional benefit materials for current carrier information as well as specific plan details and premium rates.

Short-Term Disability

Short-term disability provides protection for an employee's income should he or she become disabled and unable to work. Most Americans purchase insurance for their homes, vehicles, and health—short-term disability provides insurance for an employee's income to bridge the gap between their last day worked and the 45 days before long-term disability will begin payments. Preexisting condition exclusions may apply, so review the plan details carefully. Evidence of insurability may also apply, so refer to the JCPS website and optional benefit materials to compare carriers and plans. Specific plans and salary/age-banded premium rates are included in the optional benefit materials.

Supplemental Term Life Insurance and Whole Life Insurance

Some employees may wish to purchase additional term life or whole life insurance above the amounts furnished by the JCPS and the Commonwealth of Kentucky. Additional term life insurance is offered for employees and their dependents through multiple carriers. Whole life insurance is offered through one carrier. Evidence of insurability may apply, so refer to the JCPS website and optional benefit materials to compare carriers and plans. Age-banded premium rates are included in the optional benefit materials.

Hospital Confinement Indemnity Insurance

Hospital confinement insurance will pay a benefit when a covered person is confined in a hospital or in an observation unit for a set number of hours. There may also be a reha-

bilitation benefit, waiver of premium benefit, and wellness benefit available under this plan. Exclusions and limitations may apply, so refer to the JCPS website and optional benefit materials for more information.

Cancer Insurance

Cancer coverage can offer the protection employees need for screenings, cancer-fighting treatments, surgical procedures, and some other services where health insurance may not fully cover the cost. Cancer insurance can help fill the gap. Exclusions and limitations may apply, so refer to the JCPS website and optional benefit materials to compare carriers, plans, and costs.

Critical Illness Insurance

Critical illness plans provide a flat lump sum benefit that can help cover the costs associated with deductibles, co-pays, co-insurance, rehabilitation, and other out-of-pocket expenses due to a specific disease that is covered by the critical illness plan. Evidence of insurability may apply, so please refer to the JCPS website and optional benefit materials to compare carriers and plans.

Accident Policies

Employees may be healthy but still experience unexpected accidents and injuries, such as fractures, dislocations, concussions, or burns. Accident insurance is designed to help fill in the gaps by providing a flat lump sum benefit that can help cover the costs associated with the specific accident that is covered by the plan. Exclusions and limitations may apply, so refer to the JCPS website and optional benefit materials to compare carriers, plans, and costs.

AD&D

Employees have an opportunity to help protect their loved ones through the convenient purchase of AD&D coverage via payroll deduction. With voluntary AD&D coverage, employees and/or their beneficiaries may receive an insurance benefit in the event of death or dismemberment as the result of a covered accident. AD&D coverage may be purchased for the employee only or the employee and his or her family. Exclusions and limitations may apply, so refer to the JCPS website and optional benefit materials to review the plan details and premium rates.



Automobile/Home Insurance

Through the auto/home payroll deduction option, employees are provided convenient access to a comprehensive range of protection that goes beyond traditional offerings. By selecting to purchase protection for their valuable assets through this program, employees have access to group discounts on their policies. Rates are determined by individual quotes. Refer to the JCPS website for contact information.

Prepaid Legal Services

The comprehensive group legal plan is a prepaid legal services plan that provides legal representation for an employee, his or her spouse, and/or his or her dependents. Employees who purchase this plan can receive legal advice and fully covered legal services for court appearances, document review and preparation, debt collections defense, real estate matters, and much more. The comprehensive group legal plan is provided to eligible employees through payroll deduction. Please refer to the JCPS website for contact information.

Financial Security—Saving for Retirement and Other Savings Opportunities

Credit Union

Membership with the credit union allows employees access to full-service checking accounts, savings accounts, low-interest-rate loans, and certificates. Employees have the opportunity to make convenient deposits through payroll deduction into their personal savings and checking accounts.

Tax-Deferred (401k, 457, 403b) Retirement Plans

Employees may elect to contribute to a variety of retirement plan options. Employees control how much they wish to contribute and have a variety of investment options available, all within the IRS guidelines. JCPS does not contribute or match employees' contributions in these retirement plans.

Although the plans are designed for long-term savings, under certain circumstances, employees may gain access to their funds while still employed (only as permitted by IRS guidelines). For a current listing of available Deferred Compensation and TSA vendors, visit the JCPS website and review the optional benefit materials.

The following benefit plans have payroll deductions on a pretax basis within the Section 125 Cafeteria Plan. (Enrollment and/or plan changes are permitted only in accordance with IRS guidelines.)



- Health Insurance
- Dental Insurance
- Vision Insurance
- FSA
- Supplemental Health Products*
- Cancer Insurance
- AD&D
- Retirement Savings Plans (401k, 403b, 457) (available to all employees)

The following voluntary benefit plans are payroll-deducted post-tax:

- Automobile and Homeowners' Insurance
- Credit Union
- Prepaid Legal Insurance
- Supplemental Group Term Life Insurance
- Whole Life Insurance
- Short-Term Disability
- Critical Illness Insurance
- Accident Insurance
- Supplemental Health Products*

*Will depend upon the specific plan selection

Paid Time Off Benefits

Eligibility: Available to all full-time JCPS employees (Accrued during 90-workday probationary period but not eligible for payout until after the probationary period is completed)

Vacation Days

Eligibility

JCPS employees are eligible to earn paid vacation days if they are full-time, 12-month (260-day, or 208-/209-day—4 days a week/10 hours a day) employees.

Paid vacation days are not available to less-than-260-day employees (except for 208-/209-day full-time employees—4 days a week/10 hours a day); part-time, seasonal, substitute, temporary, probationary, and summer employees.

Maximum Earned Vacation Days

Based on years of continuous employment with JCPS, 260-day employees can earn the following maximum number of vacation days a year:

Years of Continuous Employment	Days Earned a Month	Maximum Earned Vacation Days	Maximum Days Eligible to Accrue
Zero up to 1 year	.8334	10 days a year	20 days
After 1 and up to 10 years	1.2500	15 days a year	30 days
After 10 or more years	1.6667	20 days a year	40 days

A 208-/209-day (4 days a week, 10 hours a day) full-time employee can earn the following maximum number of vacation days a year:

Years of Continuous Employment	Days Earned a Month	Maximum Earned Vacation Days	Maximum Days Eligible to Accrue
Zero up to 1 year	.6667	8 days a year	16 days
After 1 and up to 10 years	1.0000	12 days a year	24 days
After 10 or more years	1.3333	16 days a year	32 days

Vacation earned is updated on the last pay date of the month. Employees will earn vacation if the employee works more than one half of the total contract days in the pay periods which have been processed since the last monthly vacation update was administered. Vacation days earned will be reflected in the accumulated vacation balance on the first pay stub of the month following the update period.

An employee's monthly accumulated total cannot exceed more than two times the earned annual rate. For example, an employee who earns 15 vacation days annually cannot have an accumulated balance of more than 30 vacation days in any month. Employees will receive one year of credit for each year of employment determined by their hire date.

The vacation update program was revised in January 2010 to include accruals for 4-day employees.



Transfers (Effect on Accrued Vacation)

If an employee transfers from one department or division to another **without** losing his or her status as an eligible employee, his or her continuous employment and right to accrue vacation credits will not be interrupted.

Approved Vacations

Subject to approval by the immediate supervisor, employees may take up to a maximum of 25 consecutive days of accumulated vacation.

To request vacation days, employees must complete a Vacation Request Form, which can be obtained in the office of the principal or cost center head. This form must be completed and returned to the office at least ten working days (or within the period stipulated in any association agreement that may apply to you) before the start of vacation. When a

request is approved, a copy of the completed form will be returned to the employee.

Change in Employment Status

If an employee is no longer eligible to receive vacation days because of a change in employment status, the employee may receive a cash payment for the accumulated vacation days. This cash payment will be based on the rate of pay immediately before the change in employment status.

Termination of Employment

If an employee separates employment, he or she may request a cash payment for accrued vacation days. This cash payment will be made at the rate of pay immediately before the retirement date or the effective date of termination.

Sick Leave Days

Sick Leave Day Accrual

The amount of sick leave days available is based on employment classification as shown below:

Employment Classification	Annual Sick-Day Accrual
Full-time, certified and classified	Ten to twelve days a year depending on work-year calendar
Part-time teachers assigned to a contract work year of at least 90 days	Five to ten days a year depending on the work year calendar

Approved Use of Sick Leave Days

Employees may be paid for sick leave days if:

- They present a personal affidavit or a certificate from a reputable physician stating that they or a member of their "immediate family"¹ was ill on the day or days absent, **and**
- They have not exhausted their current sick leave day accumulated balance.

Accumulation of Unused Sick Leave Days

Unused sick leave days will accumulate from year to year. This includes any unused personal leave days, which are converted to sick leave days at the end of each fiscal year.

Upon retirement, employees will receive 30 percent of their unused accumulated sick leave days (calculated on the last day of employment) as a cash payment (less appropriate deductions) up to the number of days accumulated on the thirtieth year of service in their retirement system. The cash

Death

If an employee should die while actively employed, a cash payment for vacation days accrued will be made to the employee's estate. This cash payment will be based on the rate of pay immediately before death.



payment shall be calculated using the daily rate of the employee's last year of service.

Should an employee's balance of unused sick leave days fall below the number reached at the thirtieth year of service, employees can continue to accrue sick leave days and will be paid up to a maximum of that reached in the thirtieth year. Employees are not entitled to receive pay for any Sick Leave accrual at severance of employment for any reason, other than retirement. If an employee has a change in employment status to a position that does not qualify for sick leave days, they will forfeit any accrued sick leave days and their eligibility to accrue while in that position.

Other Benefits

When an employee is sick or disabled, he or she may qualify for benefits from other programs described in this guide:

- The long-term disability insurance plan, which is paid in full by JCPS
- The optional supplemental health insurance plans, which are paid in full by employees who elect this coverage

Voluntary Sick Leave Bank/Donation Program

A Sick Leave Bank/Donation Program is available to employees. Teachers should contact the Jefferson County Teachers Association (JCTA) at **(502) 454-3400** for information. All other employees wanting information should contact the director of Human Resources at **(502) 485-6226**.

(KRS161.155) ¹ "Immediate Family" shall mean the teacher's or employee's spouse, children including stepchildren and foster children, grandchildren, daughters-in-law and sons-in-law, brothers and sisters, parents and spouse's parents, and grandparents and spouse's grandparents, without reference to the location or residence of said relative, and any other blood relative who resides in the teacher's or employee's home.

Personal Leave Days

Personal Leave Days

Eligible employees will be credited with three days of personal leave each year. Personal leave days do not accumulate from year to year. Any personal leave days not used at the end of the fiscal year will be converted to sick leave days.

Approved Personal Leave Days

Personal leave days may be taken at the employee's discretion if approved by the immediate supervisor or appropriate administrator, on the basis that the absence will not interrupt or impede the work program.

Applying for Personal Leave Days

Application forms for personal leave days are available in the office of the principal or cost center head.

Employment Classification	Annual Personal Day Accrual
Full-time, certified and classified	Three days
Part-time teachers 187 calendar 3.5 hours per day	Two days
Job share teachers working 7 hours per day. Must work 50% of full-time teacher work year	One day each person
Part-time retired teachers	Zero days



Emergency Leave Days

Emergency Leave Days

Eligible full time employees will be credited with two days of paid emergency leave days each year. Emergency leave days are not accumulated from year to year.

Approved Emergency Leave Days

Emergency leave days will be granted only for absences due to the following:

- The death or funeral of a blood relative or a relative by marriage
- Emergency situations resulting from natural disasters (e.g., a tornado or flood)

Applying for Emergency Leave Days

Application forms for emergency leave days are available in the office of the principal or cost center head. If an employee is requesting emergency leave days due to the death of a relative, the employee should state his or her relationship to that person. If requesting emergency leave days for a situation resulting from a natural disaster, employees will need to briefly describe the situation. Any emergency leave days taken as a result of a natural disaster are required to have the approval of the director of Human Resources.



Holidays



Employees who work less than 260 calendar days a year will have 4 paid holidays. These holidays include Labor Day, Thanksgiving Day, Christmas Day, and Martin Luther King Jr. Day.

Employees who work 260 calendar days a year will have 9 paid holidays. These holidays include the Fourth of July, Labor Day, Thanksgiving, the day after Thanksgiving, Christmas, New Year's Day, Martin Luther King Jr. Day, Memorial Day, and a flexible holiday. (The Presidential Election Day replaces the flexible holiday every four years.)

Employees who work 208/209 days (4 days a week/10 hours a day) will have 7 paid holidays. The fixed and flexible holidays will vary each year due to the fact that 208-/209-day employees do not work on Fridays.

Jury Duty

Any employee who serves on a jury in any duly constituted local, state, or federal court shall be granted jury duty leave with full compensation less any compensation received as jury pay for the period of actual jury service.



Military Leave

Any employee who is a member of the National Guard or of any Reserve component of the Armed Forces of the United States shall be entitled to a leave of absence from his or her respective duties, without loss of time, pay, regular leave, impairment of efficiency rating, or of any other rights or benefits to which he or she is entitled, while in the performance of duty or training in the service of this state or of the United States under competent orders. An employee while on leave shall be paid his or her salary or compensation for a period or periods not exceeding 21 calendar days or 15 working days if the employee's position is based upon a 5-day work week (KRS61.394).

Other Leaves

Additional leaves, including Leave under the Family and Medical Leave Act (FMLA), may be available. Refer to Union/Association Contracts, or contact the JCPS Leave Center at **(502) 485-7368**.

Name	Job Title	Phone Number
Toni Kelman	Leave Center Specialist	(502) 485-6160
Susan Enyard	Clerk II	(502) 485-7368
Monica Graves	Leave Center Counselor	(502) 485-3104
Ron Hogan	Leave Center Counselor	(502) 485-3512
Tiffany Sherrod	Leave Center Counselor	(502) 485-3137



Unemployment Insurance

(Paid in full by JCPS, as required by state law under the Kentucky State Unemployment Program)

Eligibility/Qualifying for Unemployment Benefits

As required by state law, employees of JCPS are covered by the Kentucky State Unemployment Program. To qualify for unemployment benefits, employees must meet all of the conditions required by law. Among these conditions is the requirement that the employee must have lost his or her job or suffered a loss of wages through no fault of his or her own. This means that unemployment benefits are not typically payable if an employee voluntarily terminates his or her employment.

In addition to having sufficient earnings during a base period, employees must meet the following requirements for every week of benefits claimed:

- The employee must be physically and mentally able to work.
- The employee must be either totally unemployed or working less than full time and earning less than one and one-fourth of weekly benefit amounts.
- If the employee works less than full time and is earning less than one and one-fourth times the weekly benefit amount, he or she may qualify for partial benefits. Eighty percent of gross earnings is deducted from the employee's weekly benefit amount.
- The employee must be available for suitable work and must be making a reasonable effort to find employment.
- The employee must register for work with the Department for Employment Services.
- The employee must file a claim for any week for which benefits are sought.

Unemployment compensation is not typically paid for time off during an established and customary vacation period or holiday recess.



Claims Information and Processing

All claims for unemployment benefits must be filed with the local state unemployment office. Question may be referred to the JCPS Department of Labor Management and Employee Relations.

Workers' Compensation Insurance (Paid in full by JCPS)

Eligibility for Coverage

As required by state law, all JCPS employees are covered by workers' compensation insurance. This coverage protects employees against loss of income and helps pay medical expenses associated with work-related injuries.

Reporting a Workers' Compensation Claim

Any on-the-job injury or accident should immediately be reported to an employee's supervisor or a representative in the school office. The supervisor or office representative will report the incident to the Risk Management and Benefits Department.

Reporting Time Off the Job

If an employee is off work for any days due to a work-related injury, he or she must report that time to the following:

- The JCPS Risk Management and Benefits Department
- The person responsible for payroll time reporting at each work location

- The employee's immediate supervisor

If an employee has exhausted all of his or her sick leave in conjunction with a workers' compensation injury or leave, he or she will have to contact the JCPS Payroll Department at **(502) 485-3248** to make arrangements to continue any payroll deductions that would otherwise be canceled, including but not limited to health insurance and retirement service purchase. Employees are responsible for any payroll deductions missed.

Returning to Work

When the employee returns to work, his or her supervisor or school office representative must notify the JCPS Risk Management and Benefits Department. If lost time from work exceeds 14 calendar days, employees are required to make an appointment with the JCPS workers' compensation counselor for a return-to-work conference before returning to work.

Additional workers' compensation instructions are listed on the JCPS Risk Management and Benefits website.

APPENDIX A-1

NOTICE: New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law took effect in 2014, a new way to buy health insurance became available: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

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 health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins November 1, 2016, for coverage starting January 1, 2017. Open enrollment at the Marketplace ends January 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 – known as a *Single Plan*) is more than 9.5% of your household income for the year, 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?

Part B of this Notice contains information about health coverage offered by your employer. Part B can be viewed at kehp.ky.gov under Legal Notices. For more information about the coverage offered by your employer, please check the Medical Benefit Booklet, sometimes referred to as a Summary Plan Description, or contact your agency's/employer's Insurance Coordinator or Human Resource Generalist. Or, you may contact the Member Services Branch of the Department of Employee Insurance at 888-581-8834 or 502-564-6534.

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.

APPENDIX A-2

KEHP LEGAL NOTICES

As a member of the Kentucky Employees' Health Plan (KEHP), you have certain legal rights. Several of those rights are summarized below. Please read these provisions carefully. To find out more information, you may contact the Department of Employee Insurance, Member Services Branch at (888) 581-8834 or (502) 564-6534 or visit kehpr.ky.gov.

A. NOTICE ABOUT SPECIAL ENROLLMENT RIGHTS

Under the Health Insurance Portability and Accountability Act (HIPAA), you have "special enrollment" rights if you have a loss of other coverage or you gain a new dependent. In addition, you may qualify for a special enrollment in KEHP under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA).

1. HIPAA Special Enrollment Provision - Loss of Other Coverage

If you decline enrollment for yourself or your eligible dependent(s) (including your spouse) because of other health insurance or group health plan coverage (regardless of whether the coverage was obtained inside or outside of a Marketplace), you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 35 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

2. HIPAA Special Enrollment Provision - New Dependent as a Result of Marriage, Birth, Adoption, or Placement for Adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependent(s). However, you must request enrollment within 35 days after the marriage and within 60 days after birth, adoption, or placement for adoption.

3. CHIPRA Special Enrollment Provision - Premium Assistance Eligibility

If you or your children are eligible for Medicaid or the Children's Health Insurance Program (CHIP) and you're eligible for health coverage from your employer, Kentucky may have a premium assistance program that can help pay for coverage using funds from the state's Medicaid or CHIP programs. If you or your dependent(s) are eligible for premium assistance under Medicaid or CHIP, as well as eligible for health insurance coverage through KEHP, your employer must allow you to enroll in KEHP 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**. In addition, you may enroll in KEHP if you or your dependent's Medicaid or CHIP coverage is terminated because of loss of eligibility. An employee must request this special enrollment within 60 days of the loss of coverage. You can find more information and the required CHIP notice at kehpr.ky.gov.

B. WELLNESS PROGRAM DISCLOSURE AND NOTICE

LivingWell is KEHP's voluntary wellness program available to all KEHP members. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease. Those federal rules include 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 assessment or "HA" 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). In lieu of completing an HA, you may complete a biometric screening, which will include a blood test to check your cholesterol and blood glucose levels. You are not required to complete the HA or to participate in the biometric screening or any other medical examination. However, employees who choose to participate in the LivingWell wellness program will receive an incentive in the form of discounted employee premium contributions for your health insurance coverage. Although you are not required to complete the HA or participate in the biometric screening, only employees who do so will receive the discounted health insurance premiums.

Additional incentives in the form of gift cards, consumer goods, and other prizes may be available for employees who participate in certain health-related activities such as walking challenges or quitting smoking. In addition, KEHP offers discounted, monthly employee premium contribution rates to non-tobacco users. Each KEHP member has at least one opportunity per Plan Year to qualify for the monthly premium contribution discount.

KEHP is committed to helping you achieve your best health. Incentives for participating in KEHP's LivingWell wellness program are available to all employees and KEHP members. If you are unable to participate in any of the health-related activities, or you think you might be unable to meet a standard to earn an incentive under the LivingWell wellness program, you may request a reasonable accommodation or an alternative standard. Contact the Department of Employee Insurance, Member Services Branch at (888) 581-8834 or (502) 564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same incentive that is right for you in light of your health status.

Protections from Disclosure of Medical Information: KEHP is required by law to maintain the privacy and security of your personally identifiable health information. KEHP does not collect or retain personal health or medical information through its LivingWell wellness program; however, KEHP may receive and use aggregate information that does not identify any individual in order to design programs based on health risks identified in the workplace and that are aimed at improving the health of KEHP members. KEHP will never disclose any of your personal information either publicly or to your 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. 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 individuals who may receive your personally identifiable health information are persons employed by Go365 (KEHP's wellness administrator) and Anthem (KEHP's third-party medical administrator). This may include nurses in Anthem's disease management program and health coaches in Go365's health coaching program. Disclosure of your personally identifiable health information to these persons is necessary 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. In the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you as soon as it is feasible after discovery of the breach.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the LivingWell 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 the Department of Employee Insurance, Member Services Branch at (888) 581-8834 or (502) 564-6534.

C. THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1986 (COBRA)

COBRA continuation coverage is a continuation of KEHP coverage when it would otherwise end because of a life event, also called a "qualifying event." After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." Qualified beneficiaries may elect to continue their coverage under the plan for a prescribed period of time on a self-pay basis. **Each qualified beneficiary has 60 days to choose whether or not to elect COBRA coverage, beginning from the later of the date the election notice is provided, or the date on which the qualified beneficiary would otherwise lose coverage under KEHP due to a qualifying event.** The KEHP's third-party COBRA administrator is WageWorks. To learn more about COBRA and your rights under COBRA, please refer to your Summary Plan Description or go to kehp.ky.gov.

D. THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

Your plan, as required by WHCRA, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. For more information regarding this coverage, please refer to your Summary Plan Description or go to kehp.ky.gov.

E. NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NEWBORNS' ACT)

Under federal law, group health plans generally may not restrict benefits for a hospital 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 (or 96, as applicable) hours. In any case, health insurance plans may not require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 (or 96) hours.

F. HIPAA PRIVACY NOTICE

KEHP gathers and collects demographic information about its members such as name, address, and social security numbers. This information is referred to as individually identifiable health information and is protected by HIPAA and related privacy and security regulations. HIPAA requires KEHP to maintain the privacy of your protected health information (PHI) and notify you following a breach of unsecured PHI. In addition, KEHP is required to provide to its members a copy of its Notice of Privacy Practices (NPP) outlining how KEHP may use and disclose your PHI to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. The NPP also informs members about their rights regarding their PHI and how to file a complaint if a member believes their rights have been violated. KEHP's Notice of Privacy Practices and associated forms may be obtained by visiting kehp.ky.gov.

G. PLAN YEAR 2018 KEHP PRESCRIPTION DRUG COVERAGE AND MEDICARE-NOTICE OF CREDITABLE COVERAGE

KEHP has determined that KEHP's prescription drug coverage is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage 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.

H. NOTICE OF AVAILABILITY OF SUMMARY OF BENEFITS AND COVERAGE (SBC)

As an employee or retiree, the health benefits available to you represent a significant component of your compensation package. Those benefits also provide important protection for you and your family in the case of illness or injury. KEHP offers a variety of health coverage options, and choosing the option that is right for you and your family is an important decision. To help you make an informed health coverage choice, KEHP publishes a Summary of Benefits and Coverage (SBC). For easier comparison, the SBC summarizes important information about your health coverage options in a standard format. The SBCs are only a summary. You should consult KEHP's Summary Plan Descriptions and/or Medical Benefit Booklet to determine the governing contractual provisions of the coverage. KEHP's SBCs are available on KEHP's website at kehp.ky.gov. A paper copy is also available, free of charge, by contacting the Department of Employee Insurance, Member Services Branch at (888) 581-8834 or (502) 564-6534.

I. WAIVER HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

If an employer participates in the Waiver Health Reimbursement Arrangement (HRA) program through KEHP, an employee may elect to waive KEHP health insurance coverage and choose a Waiver HRA that is funded by the employer, up to \$2,100 a year. There are two Waiver HRA options: the Waiver General Purpose HRA and the Waiver Dental/Vision ONLY HRA. An employee is eligible for the Waiver General Purpose HRA only if the employee, and the employee's spouse and dependents, if applicable, have other group health plan coverage. An employee that elects a Waiver General Purpose HRA must attest that the employee and, if applicable, the employee's spouse and dependents are enrolled in another group health plan that provides minimum value. A "group health plan" refers to coverage provided by an employer, an employer organization, or a union. A "group health plan" does not include individual policies purchased through the Marketplace or governmental plans such as TRICARE, Medicare, or Medicaid. A group health plan that provides "minimum value" means the plan pays at least 60% of the total allowed cost of covered benefits/services and participants or members in the plan are required to pay no more than 40% of the total allowed cost of covered benefits/services. An employee that elects a Waiver General Purpose HRA and that ceases to be covered under another group health plan that provides minimum value is required to notify KEHP within 35 days of the date that the other group health plan coverage ceased. In this event, coverage under the Waiver General Purpose HRA will be terminated, and the employee may elect a KEHP health insurance plan option or the Waiver Dental/Vision Only HRA. Each employee is permitted to permanently opt out of and waive future reimbursements from the Waiver General Purpose HRA at least annually during open enrollment.

J. MARKETPLACE COVERAGE OPTIONS

When key parts of the health care law took effect in 2014, a new way to buy health insurance became available: the Health Insurance Marketplace. 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. 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) for employer-offered coverage. In addition, the employer contribution to employer-offered coverage, as well as your employee contribution to employer-offered coverage, is often excluded from federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. 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.

ACKNOWLEDGMENT AND RECEIPT OF JCPS BENEFIT MATERIALS

(For New Hires or Newly Eligible Employees)

Name:		Social Security Number or JCPS ID:	
Company Name:	Jefferson County Public Schools	Company Number:	00275

By signing below, I acknowledge that I have received the JCPS Employee Benefits Guide and that it is my responsibility to review the additional materials mentioned throughout this guide. I acknowledge my understanding of the following:

- This benefit guide is a summary of the benefits available to JCPS employees. I understand that complete descriptions are contained in the respective plan documents for each benefit plan.
- I have had the opportunity to ask questions with regard to the benefit plans and programs, and if I need further clarification, I should contact my JCPS benefits counselor at **(502) 485-3436**.
- I understand that as a newly hired or newly eligible employee, it is my responsibility to complete the appropriate paperwork within the prescribed timeframe to enroll in the plan(s) prior to the effective date. I understand that if I do not enroll during the prescribed timeframe that I will need to apply during the annual open enrollment period, subject to the provisions of each individual plan. **If I fail to enroll in health insurance through the KEHP within the required timeframe, I will be automatically enrolled in the single coverage Standard CDHP, which has an employee contribution.**
- I understand that once I make my elections for the plan year, I cannot change those elections until the next annual open enrollment period, subject to the provisions of each individual plan.
- I have 35 calendar days from the date of hire to make my coverage elections under KEHP, which includes enrolling in a health insurance plan, FSA, and/or waiving health insurance coverage. The 35 days will be counted beginning with the day after my hire date.
- I may enroll in an FSA program (if my agency participates) online in KHRIS ESS—or I can complete an FSA Enrollment Application and submit it to my insurance coordinator.
- I have been directed to the appropriate healthcare and/or Dependent Care FSA Summary Plan Descriptions and the Benefits Selection Guides on KEHP's website at www.kehp.ky.gov.
- If my spouse is also an eligible KEHP employee or retiree and we have at least one dependent, we can elect a Cross-Reference Payment Option.
- If later one of us terminates employment, the remaining employee/retiree will default to a Parent Plus plan.
- KEHP operates as a Section 125 Cafeteria Plan that allows me to pay my portion of the health insurance premium with pre-tax dollars. I understand that I will automatically be enrolled in the health insurance premium with pretax dollars. I understand that I will automatically be enrolled in the program by virtue of enrolling in health insurance, unless I sign the Post-Tax Form.
- If I am 65 years of age or older, I have the same opportunity to enroll in KEHP as other active employees. If I am a return-to-work retiree age 65 or older and/or Medicare-eligible, I may not be eligible to continue under a Medicare supplement plan offered by a retirement system. I must contact my retirement system and verify whether I will be eligible for a Medicare supplement or whether I should consider enrolling in a KEHP health insurance plan. I must inform them I have returned to work.
- If I am a return-to-work retiree and age 65 or older and I have Medicare, I am not eligible to waive KEHP health coverage and elect the Waiver General Purpose HRA unless I have other group health plan coverage that provides minimum value as defined by the ACA. I may enroll in the KEHP health coverage and elect a Waiver Dental/Vision Only HRA.
- Every year, there is a defined open enrollment period that allows me an opportunity to make any changes to my coverages, if applicable. Outside of the annual open enrollment period, I will only be allowed to make changes to my current plan, and in appropriate circumstances, change plans, within 35 calendar days of a qualifying event or up to 60 days for newborns and adoptions. (See Summary Plan Descriptions for more information.) A list of qualifying events is available from your JCPS benefits counselor or the KEHP website at **www.kehp.ky.gov**.
- I have been directed to the Summary Plan Descriptions, the Summary of Benefits and Coverages, and the Benefits Selections Guides for KEHP, where I can find all relevant information pertaining to my health insurance coverage (**www.kehp.ky.gov**).
- If I experience a COBRA qualifying event, such as, but not limited to, termination of employment, I have the right to continue my health insurance and other COBRA-eligible benefits at my own expense.
- I understand that as an eligible employee of JCPS, I am permitted to participate in a 403(b) tax-deferred retirement plan.
- I understand that some benefit information, open enrollment information, and ACA information may be communicated to me electronically via the JCPS email system.

I certify that I have had my benefits explained and I understand my benefits and my responsibilities.

Printed Name: _____

Signature: _____

Benefits Counselor: _____

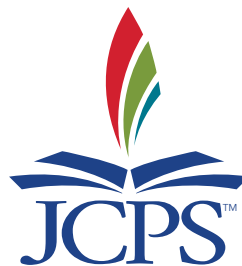
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www.jefferson.kyschools.us

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