



2019-20 **YOUR RETIREE BENEFITS**

www.uky.edu/hr/benefits



► Dear UK Retiree:

We are pleased to provide you with this 2019-20 University of Kentucky Retiree Benefits booklet. Benefits Open Enrollment takes place April 24 through May 10, 2019. This is your once a year opportunity to add, drop or change levels of coverage for any reason.

The Open Enrollment period is when we communicate benefit plan changes on the dental and vision plans, as well as health plans offered to retirees and/or spouses who are under age 65. We are pleased to continue the same coverage available through UK health plans for retirees who are under age 65, and we will still incur only a small increase. UK Dental plans will also see a small increase, and there are no rate increases for any of the Delta Dental or EyeMed vision plans.

Please be reminded to check your beneficiaries you have listed with your retirement carriers and to set up a power of attorney with them, if needed. This is a free service provided by TIAA and Fidelity – their phone numbers are on the back cover of this booklet.

On behalf of UK Human Resources, we wish you the best in your retirement. If you are in the Lexington area on Sept. 27, 2019, please stop by the UK Retiree Resource fair at The Thoroughbred Center. This event has grown each year and offers information on the many resources available to UK retirees. Watch for more information this fall.



Sincerely,



Gail Carbol
Benefits Manager

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UK retirees and health plans

As a retiree from the University of Kentucky, you have several options for health insurance coverage. These options depend on your age and date of retirement. Health plan rates for retirees under 65 (early retirees) and those age 65 and over are calculated separately to more accurately account for differences in premium costs for each group.

Retirees and spouses under age 65

UK's health and prescription benefit plans remain the main, or primary, source of health insurance coverage for retirees under the age of 65, who may select from the health plans listed on pages 4-13. Consider the major factors on each of these pages — including how they may relate to your health plan needs — as you review your benefits.

Retirees who return to work at the University on a temporary or part-time basis may also qualify for the University's active employee premium and health credit toward the cost of coverage. View rates at www.uky.edu/hr/retiree-rates.

Many retirees under age 65 have options for health insurance coverage through another employer or through a spouse's employer plan. If this is your situation, you can “defer” your UK benefit. Once your health plan coverage has been deferred, it can be reactivated only one time.

Retirees and spouses age 65 and over

For retirees age 65 and over, the UK Medicare Advantage plan is your main source of health insurance coverage provided by UK. Please see pages 2 and 3 for details on coverage of many of your health care expenses.

Making changes throughout the year: Qualifying events

The choices you make during Open Enrollment, or as a new retiree, remain in place from July 1, 2019, through June 30, 2020. You cannot change coverage until the next Open Enrollment in April/May 2020 (for the plan year beginning July 1, 2020) unless you have a change in family status or experience another “qualifying event.”

The following events would allow you to make changes to your current benefits during the plan year, within 30 days of the qualifying event: birth or adoption, marriage, divorce, turning 65 or obtaining alternate health coverage.

Dependent eligibility

Children may be covered up to age 26. Sponsored dependents and children of sponsored dependents may be eligible for coverage. Visit UK Benefits online at www.uky.edu/hr/benefits for details.

DISCLAIMER: The comparison of benefits is not a contract. It is intended only to highlight principal benefits of the plans available. The detailed provisions of each plan are covered by the respective contracts. Every effort has been made to be as accurate as possible; however, should there be a difference between the comparison and the individual plan contract, the plan contract governs. It is the responsibility of each employee to read the plan material provided by each plan administrator in order to fully understand the provisions of the plan chosen. Retirees should contact the plan administrators to understand and clarify questions concerning coverage.

Medicare Advantage

UK retirees age 65 and over are eligible for the Medicare Advantage plan.

Health and prescription plan for retirees age 65 and over

The Medicare Advantage plan for retirees age 65 and over automatically includes prescription benefit coverage. As a result, you should not apply for a separate Medicare Part D plan.

Health plan for Medicare-eligible retirees age 65 and over

UK offers the Medicare Advantage plan for retirees age 65 and over. The Medicare Advantage plan, administered by UnitedHealthcare, features a different “plan year” from other UK benefit plans. The Medicare Advantage plan year begins on January 1 and ends on December 31. You will be mailed any changes and information for the Medicare Advantage plan in November before enrollment begins.

Enrolling in the Medicare Advantage plan

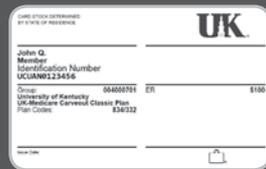
Retirees enrolled in other UK health plans should enroll for Medicare Part B **and** the Medicare Advantage plan at least 30 days prior to their 65th birthday. This coverage will automatically renew each year. To get a copy of the Medicare Advantage enrollment form, call **859-257-9519, option 3.**

2019 rates for retirees age 65 and over

Rates are 10 percent of the total Medicare Advantage monthly premium (\$18 in 2019) for all eligible retirees age 65 and over hired prior to Jan. 1, 2006.

| Benefits Structure | Coverage Level | Monthly Rate | UK Credit | Monthly Cost to Retiree |
|-----------------------|---|--------------|-----------|-------------------------|
| UK Medicare Advantage | Retiree (eligible for credit) | \$180 | \$162 | \$18 |
| | Retiree + spouse (eligible for credit) | \$360 | \$162 | \$198 |
| | Retiree or spouse (not eligible for credit) | \$180 | \$0 | \$180 |
| | Surviving spouse (eligible for credit) | \$180 | \$81 | \$99 |
| | Retiree + spouse (not eligible for credit) | \$360 | \$0 | \$360 |

Health and Prescription ID cards for retirees age 65 and over



You should only present your UK Medicare Advantage card for health coverage. For Medicare Parts A and B, you receive a card when you become eligible for Medicare. You will not be issued a new card each year.

| Retiree 2019-20 | Medicare Advantage Plan Benefits | Benefits for Covered Services Provided at Participating Providers |
|--|--|--|
| Out-of-Pocket Amount | Annual deductible | \$185/member |
| | Medical out-of-pocket maximum | \$3,000/member; \$6,000/family |
| | Prescription out-of-pocket maximum | N/A |
| Preventive Care | Routine mammogram and Pap smears, PSA, screening colonoscopy and sigmoidoscopy* Routine child care and immunizations (through age 18) Routine adult physical exam (19 years and above, one per plan year) | 100% |
| Physician Services | Routine outpatient laboratory tests and X-rays Office visits (excludes certain diagnostic lab tests and X-ray) Lab tests and X-rays Allergy injections Inpatient services Outpatient surgery and diagnostic tests | 96% after deductible |
| Hospital Services | Inpatient care (semi-private room and board, nursing care, ICU) Physician visits to emergency room Outpatient surgery, outpatient nonsurgical care Outpatient tests, lab and X-ray Ancillary services Organ transplants | 96% after deductible |
| Other Medical Services | Emergency room | \$100 co-pay (waived if admitted within 24 hours for same condition) |
| | Urgent care | \$65 co-pay (waived if admitted within 24 hours for same condition) |
| | Home health care Hospice services | 100% |
| | Skilled nursing facility (up to 100 days per plan year) Ambulance services Durable medical equipment Physical, speech, hydrotherapy, occupational and acupuncture therapy (limited to 45 visits per plan year, combined) | 96% after deductible |
| Mental Health and Substance Abuse | Inpatient mental health or substance abuse Outpatient mental health or substance abuse | 96% after deductible |



UK-HMO (Health Maintenance Organization) offers networks of quality providers you must use to receive benefits (exceptions made for life- or limb-threatening emergencies).

UK-HMO Factors to Consider

- Consists of UK HealthCare facilities and UK HealthCare physicians
- No referrals are required for specialty care services provided within the network
- No deductibles to meet
- No lifetime maximum benefit
- No coverage for out-of-network services unless it is a true emergency

County Availability

UK-HMO Lexington Service Area (LSA) is available in the following counties: Anderson, Bourbon, Clark, Fayette, Franklin, Jessamine, Madison, Mercer, Scott and Woodford.

To view a list of urgent care options for UK-HMO members, please visit www.uky.edu/hr/benefits/urgent.



Rate information for retirees under age 65

Monthly premium for employees retired or eligible to retire **as of July 1, 2007**

| Coverage Level | Monthly Rate* | UK Credit** | Monthly Cost to Retiree |
|---------------------------|---------------|-------------|-------------------------|
| Retiree only; spouse only | \$836 | \$752 | \$84 |
| Retiree + children | \$1,252 | \$752 | \$500 |
| Retiree + spouse | \$1,671 | \$752 | \$919 |
| Retiree + family | \$2,086 | \$752 | \$1,334 |

Monthly premium for employees **under age 65 hired before Jan. 1, 2006**

Eligible to retire **AFTER July 1, 2007**

| Age at Retirement | Years of Service | | |
|------------------------------|-----------------------------|-----------------------------|------------|
| | 15 or more but less than 20 | 20 or more but less than 25 | 25 or more |
| Less than 60 | \$669 | \$502 | \$334 |
| 60 or older but less than 61 | \$627 | \$460 | \$293 |
| 61 or older but less than 62 | \$585 | \$418 | \$251 |
| 62 or older but less than 63 | \$543 | \$376 | \$209 |
| 63 or older but less than 64 | \$502 | \$334 | \$167 |
| 64 or older but less than 65 | \$460 | \$293 | \$125 |

Retirees **under age 65 and hired on or after Jan. 1, 2006**, pay \$836 per month.

| If you wish to add a spouse who is under 65 years old or children, these additional rates apply: | |
|--|-------------------|
| Children | Add \$416/month |
| Spouse | Add \$835/month |
| Spouse + children | Add \$1,250/month |
| At age 65 or older, retirees pay the lower Medicare Advantage rate. | |

* Spouse Only coverage offered at the full monthly rate (no UK credit).

** The UK credit toward the cost of plan coverage is available to employees hired prior to Jan. 1, 2006.

| Retiree 2019-20 | UK-HMO Major Plan Benefits | Benefits for Covered Services Provided at Participating Providers |
|---|---|--|
| Lifetime Maximum Benefit | Unlimited | Unlimited |
| Out-of-Pocket Amount | Medical out-of-pocket maximum | \$3,000/member; \$6,000/family |
| | Prescription out-of-pocket maximum | \$4,800/member; \$9,600/family |
| Preventive Care *Coverage under preventive care category depends on age, symptoms and diagnosis | Routine Pap smears, mammograms, PSA, screening colonoscopy and sigmoidoscopy* Routine child care and immunizations (through age 18) Routine adult physical exam (19 years and above, one per plan year) | 100% |
| Physician Services | Office visits (excludes certain diagnostic lab and X-ray) | 100% after \$10 co-pay for primary care physician, 100% after \$30 co-pay for specialist |
| | Lab tests, X-rays and diagnostic tests | 100% |
| | Allergy injections | 100% after \$10 co-pay |
| Hospital Services | Inpatient services Outpatient surgery and diagnostics Physician visits to emergency room | 100% |
| | Inpatient care (semi-private room and board, nursing care, ICU) | 100% after \$200 co-pay per admission |
| | Hospital observation stay | 100% after \$100 co-pay |
| | Organ transplants | 100% |
| | Outpatient nonsurgical care Outpatient tests, lab, X-ray and other diagnostic tests Ancillary services | 100% |
| | Outpatient surgery Outpatient diagnostic testing (high costs - MRI, MRA, CT and PET scans) | 100% after \$75 co-pay |
| Emergent/Urgent Services | Emergency room | 100% after \$100 co-pay (waived if admitted) |
| | UK Urgent treatment center | 100% after \$25 co-pay |
| | UK Children's Twilight Clinic | 100% after \$15 co-pay |
| Other Medical Services | Ambulance | 100% after \$75 co-pay |
| | Skilled nursing facility (up to 30 days per plan year) and hospice services | 100% |
| | Home health care (up to 60 visits per plan year) | 80% |
| | Durable medical equipment, orthotics and prosthetics | 80% maximum member responsibility of \$500/plan year |
| | Hearing aids | 80% for children under 18 |
| Mental Health and Substance Abuse | Speech, music, physical, occupational, manipulative, hydrotherapy, acupuncture, pulmonary rehab, and cardiac rehab therapy (limited to 45 visits per plan year, combined) | 100% after \$15 co-pay per visit for all therapies |
| | Inpatient mental health or substance abuse | 100% after \$200 co-pay per admission |
| | Outpatient mental health/substance abuse | 100% after \$30 co-pay for specialist |

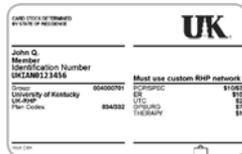
UK-RHP (Regional Health Plan) offers networks of quality providers who must be used to receive benefits for retirees who live in one of the participating Kentucky counties.

UK-RHP Factors to Consider

- Local network providers may be utilized in your region. In areas where primary or specialty care may not be available in your area, these services must be provided by UK HealthCare providers in Lexington.
- No referrals are required for specialty care services provided within the network
- No deductibles to meet
- No lifetime maximum benefit
- No coverage for out-of-network services unless it is a true emergency

County Availability

UK-RHP is available across all of Kentucky but is NOT available in the following counties: Anderson, Bourbon, Clark, Fayette, Franklin, Jessamine, Madison, Mercer, Scott and Woodford.



Rate information for retirees **under age 65**

Monthly premium for employees retired or eligible to retire **as of July 1, 2007**

| Coverage Level | Monthly Rate* | UK Credit** | Monthly Cost to Retiree |
|---------------------------|---------------|-------------|-------------------------|
| Retiree only; spouse only | \$843 | \$752 | \$91 |
| Retiree + children | \$1,287 | \$752 | \$535 |
| Retiree + spouse | \$1,725 | \$752 | \$973 |
| Retiree + family | \$2,157 | \$752 | \$1,405 |

Monthly premium for employees **under age 65 hired before Jan. 1, 2006**
Eligible to retire **AFTER July 1, 2007**

| Age at Retirement | Years of Service | | |
|------------------------------|-----------------------------|-----------------------------|------------|
| | 15 or more but less than 20 | 20 or more but less than 25 | 25 or more |
| Less than 60 | \$674 | \$506 | \$337 |
| 60 or older but less than 61 | \$632 | \$464 | \$295 |
| 61 or older but less than 62 | \$590 | \$422 | \$253 |
| 62 or older but less than 63 | \$548 | \$379 | \$211 |
| 63 or older but less than 64 | \$506 | \$337 | \$169 |
| 64 or older but less than 65 | \$464 | \$295 | \$126 |

Retirees **under age 65 and hired on or after Jan. 1, 2006**, pay \$843 per month.

| If you wish to add a spouse who is under 65 years old or children, these additional rates apply: | |
|--|-------------------|
| Children | Add \$444/month |
| Spouse | Add \$882/month |
| Spouse + children | Add \$1,314/month |
| At age 65 or older, retirees pay the lower Medicare Advantage rate. | |

* Spouse Only coverage offered at the full monthly rate (no UK credit).

** The UK credit toward the cost of plan coverage is available to employees hired prior to Jan. 1, 2006.

| Retiree 2019-20 | UK-RHP Major Plan Benefits | Benefits for Covered Services Provided at Participating Providers |
|--|---|--|
| Lifetime Maximum Benefit | Unlimited | Unlimited |
| Out-of-Pocket Amount | Medical out-of-pocket maximum | \$3,000/member; \$6,000/family |
| | Prescription out-of-pocket maximum | \$4,800/member; \$9,600/family |
| Preventive Care | Routine Pap smears, mammograms, PSA, screening colonoscopy and sigmoidoscopy* Routine child care and immunizations (through age 18) Routine adult physical exam (19 years and above, one per plan year) | 100% |
| Physician Services | Office visits (excludes certain diagnostic lab and X-ray) | 100% after \$10 co-pay for primary care physician, 100% after \$30 co-pay for specialist |
| | Lab tests, X-rays and diagnostic tests | 100% |
| | Allergy injections | 100% after \$10 co-pay |
| | Inpatient services Outpatient surgery and diagnostics Physician visits to emergency room | 100% |
| Hospital Services | Inpatient care (semi-private room and board, nursing care, ICU) | 100% after \$200 co-pay per admission |
| | Hospital observation stay | 100% after \$100 co-pay |
| | Organ transplants | 100% |
| | Outpatient nonsurgical care Outpatient tests, lab, X-ray and other diagnostic tests Ancillary services | 100% |
| | Outpatient surgery | 100% after \$75 co-pay |
| Emergent/Urgent Services | Outpatient diagnostic testing (high costs - MRI, MRA, CT and PET scans) | 100% after \$75 co-pay |
| | Emergency room | 100% after \$100 co-pay (waived if admitted) |
| | UK Urgent treatment center | 100% after \$25 co-pay |
| | UK Children's Twilight Clinic | 100% after \$15 co-pay |
| Other Medical Services | Ambulance | 100% after \$75 co-pay |
| | Skilled nursing facility (up to 30 days per plan year) and hospice services | 100% |
| | Home health care (up to 60 visits per plan year) | 80% |
| | Durable medical equipment, orthotics and prosthetics | 80% maximum member responsibility of \$500/plan year |
| | Hearing aids | 80% for children under 18 |
| Mental Health and Substance Abuse | Speech, music, physical, occupational, manipulative, hydrotherapy, acupuncture, pulmonary rehab, and cardiac rehab therapy (limited to 45 visits per plan year, combined) | 100% after \$15 co-pay per visit for all therapies |
| | Inpatient mental health or substance abuse | 100% after \$200 co-pay per admission |
| | Outpatient mental health/substance abuse | 100% after \$30 co-pay for specialist |

Please note: It is your responsibility to make sure the providers you see are participating providers in your provider network. This includes RHP providers and facilities located in your region and the University of Kentucky. To find out if a provider is a participating provider, visit UK's website at www.uky.edu/hr/benefits.



UK-PPO (Preferred Provider Organization) offers a large selection of network providers, including UK HealthCare physicians and the national Anthem Blue Cross and Blue Shield network.

UK-PPO Factors to Consider:

- Low premium, same as UK-HMO and UK-RHP
- Lower co-pays when using UK HealthCare providers (versus other providers) for certain procedures
- Providers available in all 50 states
- 80 percent benefit after meeting your deductible (when applicable) when using an in-network provider
- 50 percent benefit after meeting your deductible when using an out-of-network provider
- Deductible does not apply to in-network preventive services
- No lifetime maximum benefit

Health Plan Availability

UK-EPO and UK-PPO plans are available in every Kentucky county and within all 50 states (with some exceptions in rural areas).



Rate information for retirees under age 65

Monthly premium for employees retired or eligible to retire as of July 1, 2007

| Coverage Level | Monthly Rate* | UK Credit** | Monthly Cost to Retiree |
|---------------------------|---------------|-------------|-------------------------|
| Retiree only; spouse only | \$836 | \$752 | \$84 |
| Retiree + children | \$1,252 | \$752 | \$500 |
| Retiree + spouse | \$1,671 | \$752 | \$919 |
| Retiree + family | \$2,086 | \$752 | \$1,334 |

Monthly premium for employees under age 65 hired before Jan. 1, 2006

Eligible to retire AFTER July 1, 2007

| Age at Retirement | Years of Service | | |
|------------------------------|-----------------------------|-----------------------------|------------|
| | 15 or more but less than 20 | 20 or more but less than 25 | 25 or more |
| Less than 60 | \$669 | \$502 | \$334 |
| 60 or older but less than 61 | \$627 | \$460 | \$293 |
| 61 or older but less than 62 | \$585 | \$418 | \$251 |
| 62 or older but less than 63 | \$543 | \$376 | \$209 |
| 63 or older but less than 64 | \$502 | \$334 | \$167 |
| 64 or older but less than 65 | \$460 | \$293 | \$125 |

Retirees under age 65 and hired on or after Jan. 1, 2006, pay \$836 per month.

| If you wish to add a spouse who is under 65 years old or child(ren), these additional rates apply: | |
|--|-------------------|
| Children | Add \$416/month |
| Spouse | Add \$835/month |
| Spouse + children | Add \$1,250/month |
| At age 65 or older, retirees pay the lower Medicare Advantage rate. | |

* Spouse Only coverage offered at the full monthly rate (no UK credit).

** The UK credit toward the cost of plan coverage is available to employees hired prior to Jan. 1, 2006.

| Retiree 2019-20 | UK-PPO Major Plan Benefits | UK HealthCare Providers | Anthem Providers | Out-of-Network Providers |
|--|--|---|---|---|
| Lifetime Maximum Benefit | Unlimited | Unlimited | Unlimited | Unlimited |
| Out-of-Pocket Amount | Annual deductible | \$250/member; \$500/family | \$500 /member; \$1,000/family | \$1,500/member; \$3,000/family |
| | Medical out-of-pocket maximum | \$2,750/member; \$5,500/family | \$3,000/member; \$6,000/family | N/A |
| | Prescription out-of-pocket maximum | \$4,800/member; \$9,600/family | \$\$4,800/member; \$9,600/family | \$4,800/member; \$9,600/family |
| Preventive Care (Coverage under preventive care category depends on age, symptoms and diagnosis) | Routine immunizations (through age 18) Routine mammogram and Pap smears Routine child care (through age 18) Routine adult physical exam (19 years and above) Routine outpatient lab tests and X-rays | 100% | 100% | 50% after deductible |
| Physician Services | Office visits (excludes diagnostic lab and X-ray) | 100% after \$15 co-pay per primary care visit or \$40 co-pay per specialist visit | 100% after \$25 co-pay per primary care visit or \$50 -pay per specialist visit | 50% after deductible |
| | Lab tests and X-rays | 100% after office visit co-pay | 100% after office visit co-pay | 50% after deductible |
| | Allergy injections | 100% after \$10 co-pay per visit | 100% after \$10 co-pay per visit | 50% after deductible |
| | Inpatient services | 90% after deductible | 80% after deductible | 50% after deductible |
| | Diagnostic tests | \$75 co-pay | 80% after deductible | 50% after deductible |
| Hospital Services | Physician visits to emergency room | 80% | 80% | 50% after deductible |
| | Inpatient care (semi-private room and board, nursing care, ICU) | \$300 co-pay | 80% after deductible | 50% after deductible |
| | Outpatient surgery | \$100 co-pay | 80% after deductible | 50% after deductible |
| | Outpatient nonsurgical care Outpatient tests, lab and X-ray Ancillary services Organ transplants | 90% after deductible | 80% after deductible | 50% after deductible |
| | Emergency room | 80% after \$100 co-pay per visit (waived if admitted) | 80% after \$100 co-pay per visit (waived if admitted) | 80% after \$100 co-pay per visit (waived if admitted) |
| | Urgent treatment center | N/A | 100% after \$50 co-pay per visit | 50% after deductible |
| | Skilled nursing facility (up to 100 days/plan year) | 80% after deductible | 80% after deductible | 50% after deductible |
| Other Medical Services | Home health care (up to 100 visits/plan year) and hospice services | 80% after deductible | 80% after deductible | 50% after deductible |
| | Durable medical equipment | 80% after deductible | 80% after deductible | 50% after deductible |
| | Ambulance | 80% after deductible | 80% after deductible | 80% after deductible |
| | Chiropractic care*, physical, speech, music, hydrotherapy, occupational and acupuncture therapy (limited to 45 visits per plan year, combined) *Maximum 20 visits for chiropractic care | 100% after \$20 co-pay/visit | 100% after \$30 co-pay/visit | 50% after deductible |
| | Mental Health and Substance Abuse | Inpatient | 90% after deductible | 80% after deductible |
| | Outpatient | 100% after \$40 co-pay/visit | 100% after \$50 co-pay/visit | 50% after deductible |



UK-EPO (Exclusive Provider Organization) offers a network of quality providers who must be used to receive benefits. The plan features UK HealthCare providers, as part of the broader national Anthem Blue Cross and Blue Shield provider network.

UK-EPO Factors to Consider:

- Large selection of network providers, including UK HealthCare facilities, UK HealthCare physicians and the Anthem Blue Cross and Blue Shield network
- No referrals required for specialty care services
- Providers available in all 50 states
- No coverage for out-of-network services, unless it is a life- or limb-threatening emergency
- No deductibles to meet
- No lifetime maximum benefit

Health Plan Availability

UK-EPO and UK-PPO plans are available in every Kentucky county and within all 50 states (with some exceptions in rural areas).



Rate information for retirees under age 65

Monthly premium for employees retired or eligible to retire **as of July 1, 2007**

| Coverage Level | Monthly Rate* | UK Credit** | Monthly Cost to Retiree |
|--------------------------|---------------|-------------|-------------------------|
| Retiree only/spouse only | \$1,127 | \$752 | \$375 |
| Retiree + children | \$1,646 | \$752 | \$894 |
| Retiree + spouse | \$2,221 | \$752 | \$1,469 |
| Retiree + family | \$2,779 | \$752 | \$2,027 |

Monthly premium for employees **under age 65 hired before Jan. 1, 2006**

Eligible to retire **AFTER July 1, 2007**

| Age at Retirement | Years of Service | | |
|------------------------------|-----------------------------|-----------------------------|------------|
| | 15 or more but less than 20 | 20 or more but less than 25 | 25 or more |
| Less than 60 | \$902 | \$676 | \$451 |
| 60 or older but less than 61 | \$845 | \$620 | \$394 |
| 61 or older but less than 62 | \$789 | \$564 | \$338 |
| 62 or older but less than 63 | \$733 | \$507 | \$282 |
| 63 or older but less than 64 | \$676 | \$451 | \$225 |
| 64 or older but less than 65 | \$620 | \$394 | \$169 |

Retirees **under age 65 and hired on or after Jan. 1, 2006**, pay \$1,127 per month.

| If you wish to add a spouse who is under 65 years old or child(ren), these additional rates apply: | |
|--|-------------------|
| Children | Add \$519/month |
| Spouse | Add \$1,094/month |
| Spouse + children | Add \$1,652/month |
| At age 65 or older, retirees pay the lower Medicare Advantage rate. | |

* Spouse Only coverage offered at the full monthly rate (no UK credit).

** The UK credit toward the cost of plan coverage is available to employees

| Retiree 2019-20 | UK-EPO Major Plan Benefits | UK HealthCare Providers | Benefits for Covered Services Provided at Anthem Providers |
|--|--|---|---|
| Lifetime Maximum Benefit | Unlimited | Unlimited | Unlimited |
| Out-of-Pocket Amount | Medical out-of-pocket maximum | \$3,000/member; \$6,000/family | \$3,000/member; \$6,000/family |
| | Prescription out-of-pocket maximum | \$4,800/member; \$9,600/family | \$4,800/member; \$9,600/family |
| Preventive Care (Coverage under preventive care category depends on age, symptoms and diagnosis) | Routine immunizations (through age 18) Routine mammogram and Pap smears Routine child care (through age 18) Routine adult physical exam (19 years and above, one per plan year) | 100% | 100% |
| Physician Services | Office visits (excludes certain diagnostic lab tests and X-ray) | 100% after \$15 co-pay per primary care visit or \$40 co-pay per specialist visit | 100% after \$25 co-pay per primary care visit or \$50 co-pay per specialist visit |
| | Lab tests and X-rays Diagnostic tests | 100% after office visit co-pay | 100% after office visit co-pay |
| | Allergy injections | 100% after \$10 co-pay per visit | 100% after \$10 co-pay per visit |
| | Inpatient services Outpatient surgery and diagnostics Physician visits to emergency room | 100% | 100% |
| Hospital Services | Inpatient care (semi-private room and board, nursing care, ICU) | 100% after \$300 co-pay per admission (limited to two co-pays per plan year) | 100% after \$500 co-pay per admission (limited to two co-pays per plan year) |
| | Outpatient surgery | 100% after \$100 co-pay per procedure | 100% after \$150 co-pay per procedure |
| | Outpatient diagnostic testing (high costs - MRI, MRA, CT, PET scans) | 100% after \$75 co-pay per test | 100% after \$100 co-pay per test |
| | Outpatient nonsurgical care Outpatient tests, lab and X-ray Ancillary services Organ transplant | 100% | 100% |
| Emergent/ Urgent Services | Emergency room | 100% after \$100 co-pay (waived if admitted) | 100% after \$100 co-pay (waived if admitted) |
| | Urgent Treatment Center | N/A | 100% after \$50 co-pay per primary care visit |
| | Ambulance services | 100% after \$100 co-pay | 100% after \$100 co-pay |
| Other Medical Services | Skilled nursing facility (up to 100 days per plan year) Home health care (up to 100 visits per plan year) Hospice services | 100% | 100% |
| | Durable medical equipment | 80% up to \$500 member cost per year | 80% up to \$500 member cost per year |
| | Chiropractic care*, physical, speech, music, hydrotherapy, occupational and acupuncture therapy (limited to 45 visits per plan year, combined) *Maximum 20 visits for chiropractic care | 100% after \$20 co-pay per visit | 100% after \$30 co-pay per visit |
| | Mental Health and Substance Abuse | Inpatient Outpatient | 100% after \$300 co-pay per admission 100% after \$40 co-pay per visit |

UK Indemnity

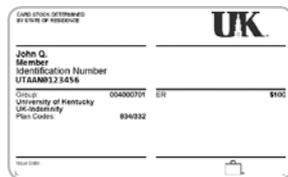
UK Indemnity provides coverage for participants traveling out of the country for extended periods and for those in rural areas where UK HealthCare has no providers. This plan offers coverage for care from any physician for covered benefits.

UK Indemnity Factors to Consider:

- Complete freedom to receive services from any provider
- If you will be out of the UK-HMO, UK-RHP, UK-PPO or UK-EPO plan service areas for more than 120 consecutive days in the plan year, you must enroll in the UK Indemnity plan.
- Covered transplants include kidney, liver, pancreas, kidney/pancreas, heart, lung, heart/lung, bone marrow and cornea transplants

Health Plan Availability

UK Indemnity is only available to those participants who live in or travel for extended periods of time to areas where UK HealthCare plans have no providers (rural areas and out of country).



Rate information for retirees under age 65

Monthly premium for employees retired or eligible to retire **as of July 1, 2007**

| Coverage Level | Monthly Rate* | UK Credit** | Monthly Cost to Retiree |
|---------------------------|---------------|-------------|-------------------------|
| Retiree only; spouse only | \$836 | \$752 | \$84 |
| Retiree + children | \$1,252 | \$752 | \$500 |
| Retiree + spouse | \$1,671 | \$752 | \$919 |
| Retiree + family | \$2,086 | \$752 | \$1,334 |

Monthly premium for employees **under age 65 hired before Jan. 1, 2006**

Eligible to retire **AFTER July 1, 2007**

| Age at Retirement | Years of Service | | |
|------------------------------|-----------------------------|-----------------------------|------------|
| | 15 or more but less than 20 | 20 or more but less than 25 | 25 or more |
| Less than 60 | \$669 | \$502 | \$334 |
| 60 or older but less than 61 | \$627 | \$460 | \$293 |
| 61 or older but less than 62 | \$585 | \$418 | \$251 |
| 62 or older but less than 63 | \$543 | \$376 | \$209 |
| 63 or older but less than 64 | \$502 | \$334 | \$167 |
| 64 or older but less than 65 | \$460 | \$293 | \$125 |

Retirees **under age 65 and hired on or after Jan. 1, 2006**, pay \$836 per month.

| If you wish to add a spouse who is under 65 years old or child(ren), these additional rates apply: | |
|--|-------------------|
| Children | Add \$416/month |
| Spouse | Add \$835/month |
| Spouse + children | Add \$1,250/month |
| At age 65 or older, retirees pay the lower Medicare Advantage rate. | |

* Spouse Only coverage offered at the full monthly rate (no UK credit).

** The UK credit toward the cost of plan coverage is available to employees hired prior to Jan. 1, 2006.

| Retiree 2019-20 | UK Indemnity Major Plan Benefits | Benefits for Covered Services Provided at Anthem Providers |
|--|---|--|
| Out-of-Pocket Amount | Annual deductible | \$500/member; \$1,000/family |
| | Medical out-of-pocket maximum | \$3,000/member; \$6,000/family |
| | Prescription out-of-pocket maximum | \$4,800/member; \$9,600/family |
| Preventive Care (Coverage under preventive care category depends on age, symptoms and diagnosis) | Routine mammogram and Pap smears Routine child care and immunizations (through age 18) Routine adult physical exam (19 years and above, one per plan year) | 100% |
| Physician Services | Routine outpatient laboratory tests and X-rays Office visits (excludes certain diagnostic lab tests and X-ray) Lab tests and X-rays Allergy injections Inpatient services Outpatient surgery and diagnostic tests | 80% after deductible |
| Hospital Services | Inpatient care (semi-private room and board, nursing care, ICU) Physician visits to emergency room Outpatient surgery, outpatient nonsurgical care Outpatient tests, lab and X-ray Ancillary services Organ transplants | 80% after deductible |
| Other Medical Services | Emergency room | 80% after \$100 co-pay (waived if admitted) |
| | Urgent treatment center Skilled nursing facility (up to 100 days per plan year) Home health care (up to 100 visits per plan year) Ambulance services Hospice services Durable medical equipment Physical, speech, hydrotherapy, occupational, music, and acupuncture therapy (limited to 45 visits per plan year, combined) | 80% after deductible |
| Mental Health and Substance Abuse | Inpatient mental health or substance abuse Outpatient mental health or substance abuse | 80% after deductible |

UK Prescription Benefit

There is one universal prescription benefit administered directly by the University for all UK health plans. Enroll in any UK health plan and receive this benefit automatically.

Working retirees or retirees under age 65 prescription benefit

| Co-pays for each type of retail 30-day prescription at your local participating pharmacy, including the UK Retail Pharmacies or Express Scripts Mail Service | | |
|--|-------------------------------|-------------------------------|
| Generic | 20% or minimum of \$8 | Max of \$50 per prescription |
| Formulary Brand | 40% or minimum of \$20 | Max of \$60 per prescription |
| Non-Formulary Brand | 50% or minimum of \$40 | No maximum |
| Specialty Generic | 20% or minimum of \$8 | Max of \$50 per prescription |
| Specialty Brand | \$200 per 30-day prescription | |
| Co-pays for each type of 90-day prescription only at UK Retail Pharmacies or Express Scripts Mail Service are: | | |
| Generic | 10% or minimum of \$24 | Max of \$100 per prescription |
| Formulary Brand | 30% or minimum of \$60 | Max of \$120 per prescription |
| Non-Formulary Brand | 40% or minimum of \$120 | No maximum |
| Specialty Generic | N/A (limited to 30 days) | |
| Specialty Brand | N/A (limited to 30 days) | |

Medicare Part D prescription drug plan

| Medicare Part D Prescription Drug Plan | Retail Pharmacy (per 30-day supply) | Express Scripts Mail Order Pharmacy (90-day supply) |
|--|--|---|
| Generic | 20% co-insurance, \$50 maximum | 10% co-insurance, \$100 maximum |
| Preferred Brand | 40% co-insurance, \$20 minimum, \$60 maximum | 30% co-insurance, \$60 minimum, \$120 maximum |
| Non-Preferred Brand (excludes some generics) | 50% co-insurance, \$40 minimum | 40% co-insurance, \$120 minimum |
| Non-Formulary Drug | Not covered | Not covered |
| Specialty Drug | As above, limit to 30-day supply | As above, limit to 30-day supply |

Prescription Coverage: The 2019-20 UK Formulary is available on the UK Benefits web site, www.uky.edu/hr/benefits.

Health and prescription ID cards for retirees age 65 and over



You should only present your UK Medicare Advantage card for health coverage. For Medicare Parts A and B, you receive a card when you become eligible for Medicare. You will not be issued a new card each year.

The Prescription Benefit section of your health summary plan description or certificate of coverage has details on covered services, exclusions and benefit limitations.

How to save money on your prescriptions

To use your UK prescription benefit, present your Express Scripts prescription benefit ID card at your local pharmacy.

Many pharmacies offer a 30-day supply of selected generic prescriptions for \$4 or a 90-day supply for \$10-\$15. Prescriptions ordered by UK HealthCare providers and filled at a UK Retail Pharmacy (list at ukhealthcare.uky.edu/pharmacy-services) are eligible for a 50 percent discount up to a maximum of \$60 per prescription (does not apply to Medicare part D). Ask your pharmacist if discounts are available.

Call Know Your Rx Coalition for personalized advice from our pharmacist team

As a UK health plan member, you can take advantage of a **free prescription counseling service known as PharmAssist** provided by the Know Your Rx Coalition. You may phone or email a UK pharmacist for:

- Help with questions or concerns regarding prescription and over-the-counter medications.
- Advice on how you **may save money on your prescriptions.**

If needed, you will receive a complete medication evaluation for effectiveness, appropriateness, duplications and possible drug interactions.

Know Your Rx Coalition: Know Your Rx Coalition pharmacists are here to help you find potential money-saving alternatives to your current medications and answer any prescription-related questions. To contact Know Your Rx Coalition, call between 8 a.m. - 6 p.m. Eastern at **859-218-5979, 1-855-218-5979 (toll free)** or email KYRx@uky.edu.

How to fill your prescription

At your local participating pharmacy: Present your Express Scripts ID card to your pharmacist to get your immediate need (30-day supply) prescriptions filled at any one of over 40,000 chain and independent retail pharmacies participating in the Express Scripts national network.

Through Express Scripts mail service: You are able to receive by mail up to a 90-day supply of your medications. Your medications will be delivered free of shipping costs within two weeks (extra charge for faster shipping). Order forms for the mail service prescription drug program are available from Express Scripts (877-242-1864) or online at www.express-scripts.com or UK Pharmacy Benefits office at 859-218-5979.

Through UK HealthCare retail pharmacies: Patients may have both 30- and 90-day prescriptions filled at any of the UK retail pharmacies (including Kentucky Clinic Pharmacy, Chandler Retail Pharmacy, Good Samaritan Retail Pharmacy, Turfland Retail Pharmacy and University Health Services Retail Pharmacy).

Express Scripts (Prescription Benefits)
Customer Service Call Center and Website

Toll-free Number: 877-242-1864
TDD Number: 800-899-2114
Express Scripts Member Website: www.express-scripts.com

Dental Plans

There are four dental plans offered through two carriers: UK Dental Care and Delta Dental Program.

UK Dental Care

UK Dental Care members must receive services at a UK Dentistry clinic. Members may elect to be seen by faculty, residents or dental students. Dental services provided at non-UK Dentistry clinics are not covered under UK Dental Care. Both plans come with no annual deductible.

UK Retiree Classic Plan Features

- Fully covers two oral exams, X-rays and cleanings per year
- Offers benefits for restorative, simple extractions, dentures and more
- Includes discounted fees on many services
- No annual deductible

UK Retiree Ultra Plan Features

- Includes all Classic Plan benefits
- Offers benefits for oral surgery, root canals and more
- Orthodontic coverage for children and adults

Dental Plan ID Cards (all retirees)

Depending on the dental plan you pick, an ID card may or may not be required:

- UK Dental plans **do not** require a plan ID card.
- Delta Dental plans **do** provide a new ID card for members who enroll for the first time.

| Summary of Benefits | UK Dental Retiree Classic - plan pays | UK Dental Retiree Ultra - plan pays |
|---|---|-------------------------------------|
| Choosing a dentist | Faculty, residents or students at a UK Dentistry clinic | |
| Annual plan maximum | \$600 | \$1,200 |
| Diagnostic and preventive: 2 exams and cleanings per year | 100% | 100% |
| Simple restorative (filling) | 50% | 100% |
| Major restorative (crown/bridge) | Not covered | 20%/30% |
| Dentures (complete & partial, fixed & removable) | 50% | 50% |
| Repairs (certain types) | 50% | 50% |
| Endodontics (root canal) | Not covered | 30% |
| Periodontics (scaling and root planning and perio evaluation) | 50% | 50% |
| Periodontics (surgical) | Not covered | 30% |
| Periodontics: 2 maintenance visits per year | 100% | 100% |
| Simple extractions | 50% | 100% |
| Oral surgery | Not covered | 30% |
| Anesthesia (certain types) | 50% | 30% |
| Orthodontics (no age limits) | Not covered | 20% up to \$1,000 lifetime maximum |
| Emergency treatment (with UK Dentistry provider) | 50% | 100% |

| Benefits Structure | Coverage Level | Monthly Rate |
|---------------------------|---------------------------|--------------|
| UK Dental Retiree Classic | Retiree only; spouse only | \$17.98 |
| | Retiree + children | \$37.82 |
| | Retiree + spouse | \$37.82 |
| | Retiree + family | \$59.87 |
| UK Dental Retiree Ultra | Retiree only; spouse only | \$40.03 |
| | Retiree + children | \$82.36 |
| | Retiree + spouse | \$82.36 |
| | Retiree + family | \$127.24 |

Delta Dental

Delta Dental Basic and Delta Dental Enhanced

both offer choice and flexibility. Both the Delta Dental PPO and Delta Dental Premier networks are available when covered by the Delta Dental Basic and Enhanced plans. Here's how the two networks differ:

Delta Dental PPO in-network providers

offer services at a lower negotiated fee schedule, resulting in lower member co-pays. There is also no balance billing when utilizing a PPO dentist.

Delta Dental Premier in-network or out-of-network dentists

are paid at a higher negotiated fee schedule, but with a Premier network dentist, there will never be billing for the balance of the bill above the Usual, Customary and Reasonable (UCR) rates.

Dental Plan ID Cards (all retirees)

Depending on the dental plan you pick, an ID card may or may not be required:

- UK Dental plans do not require a plan ID card.
- Delta Dental plans do provide a new ID card for members who enroll for the first time.

| Summary of Benefits | Delta Dental Basic | Delta Dental Enhanced |
|---|--|--|
| Choosing a dentist | Based on Delta Dental PPO & Premier in-network | Based on Delta Dental PPO & Premier in-network |
| Annual deductible | \$25/person; \$75/family | \$25/person; \$75/family |
| Annual plan maximum | \$1,500 | \$1,500 |
| Routine oral exams | 100% | 100% |
| Preventive: two cleanings/routine office visits per year* | 100% | 100% |
| Restorative fillings | 80% | 80% |
| Simple extractions | 80% | 80% |
| Periodontic services | 80% | 80% |
| Crown, bridge & dental implants | Not covered | 50% |
| Endodontics (root canal) | 80% | 80% |
| Oral surgery | 80% | 80% |
| Complete/partial dentures | Not covered | 50% |
| Orthodontics (up to age 19 on Enhanced plan) | Not covered | 50% up to a \$1,000 lifetime maximum |
| Space maintainers | Not covered | Not covered |

* Four cleanings for patients with certain medical conditions

| Dental Plan | Coverage Level | Monthly Rate |
|----------------------------|---------------------------|--------------|
| Delta Dental Basic Plan | Retiree only; spouse only | \$24.40 |
| | Retiree + child(ren) | \$46.30 |
| | Retiree + spouse | \$51.90 |
| | Retiree + family | \$76.30 |
| Delta Dental Enhanced Plan | Retiree only; spouse only | \$33.00 |
| | Retiree + child(ren) | \$69.80 |
| | Retiree + spouse | \$72.80 |
| | Retiree + family | \$113.50 |

Vision Plans

There are two vision plans offered through EyeMed: the Essential Vision Plan and the Enhanced Vision Plan.

The UK vision plan through EyeMed offers savings on eye examinations, contact lenses, lens options and accessories, as well as LASIK and PRK laser vision correction procedures.

For a complete list of providers near you, use EyeMed's provider locator at www.eyemedvisioncare.com.



UK's EyeMed vision plan

UK offers two tiers of vision coverage through EyeMed: an Essential Vision Plan and an Enhanced Vision Plan. This allows your family to choose between plans that best fit your needs.

The EyeMed network includes the University of Kentucky, private practice opticians, optometrists, ophthalmologists and all LensCrafters store locations nationwide. In addition, the network includes Pearle Vision, JC Penney, Sears and Target Vision Centers. For a complete list of providers near you, use EyeMed's provider locator at www.eyemedvisioncare.com.

| Benefits Structure | Coverage Level | Monthly Rate |
|--------------------|---------------------------|--------------|
| EyeMed Essential | Retiree only; spouse only | \$8.50 |
| | Retiree + children | \$15.20 |
| | Retiree + spouse | \$16.00 |
| | Retiree + family | \$21.40 |
| EyeMed Enhanced | Retiree only; spouse only | \$21.40 |
| | Retiree + children | \$38.00 |
| | Retiree + spouse | \$40.00 |
| | Retiree + family | \$53.60 |

| UK Vision Plans | EyeMed Essential | | EyeMed Enhanced | |
|--|---|-------------|--|-------------|
| | Vision Care Services | Member Cost | Out-of-Network Cost | Member Cost |
| Exam with dilation as necessary | \$10 co-pay | Up to \$40 | \$0 co-pay | Up to \$42 |
| Standard contact lens exam | \$55 | N/A | \$0 co-pay, paid-in-full, fit and two follow-up visits | Up to \$40 |
| Premium contact lens exam | 10% off retail price | N/A | \$0 co-pay, 10% off retail prices, then \$55 allowance | Up to \$40 |
| Frames: any available frame at provider location | \$130 allowance, 20% off balance over \$130 | Up to \$55 | \$160 allowance, 20% off balance over \$160 | Up to \$80 |
| Single vision standard plastic lens | \$10 co-pay | Up to \$40 | \$10 co-pay | Up to \$40 |
| Bifocal standard plastic lens | \$10 co-pay | Up to \$60 | \$10 co-pay | Up to \$60 |
| Trifocal standard plastic lens | \$10 co-pay | Up to \$80 | \$10 co-pay | Up to \$80 |
| Standard progressive lens | \$75 co-pay | Up to \$60 | \$10 co-pay | Up to \$83 |
| Premium progressive lens (Tier 1-3) | \$95-\$120 co-pay | Up to \$60 | \$30-\$55 co-pay | Up to \$83 |
| Premium progressive lens (Tier 4) | \$75 co-pay, 80% of charge less \$120 allowance | Up to \$60 | \$10 co-pay, 80% of charge less \$120 allowance | |
| UV treatment | \$15 | N/A | \$0 co-pay | Up to \$12 |
| Tint (solid and gradient) | \$15 | N/A | \$0 co-pay | Up to \$12 |
| Standard scratch resistance | \$15 | N/A | \$0 co-pay | Up to \$12 |
| Standard polycarbonate (adults) | \$40 | N/A | \$0 co-pay | Up to \$30 |
| Standard polycarbonate (kids under 19) | \$0 co-pay, paid-in-full | Up to \$30 | \$0 co-pay | Up to \$30 |
| Standard anti-reflective coating | \$45 | N/A | \$0 co-pay | Up to \$34 |
| Premium anti-reflective coating (Tier 1&2) | \$57-\$68 | N/A | \$12-\$23 co-pay | N/A |
| Premium anti-reflective coating (Tier 3) | 20% off retail price | N/A | \$45 allowance, then 20% off | N/A |
| Polarization, other add-ons and services | 20% off retail price | N/A | 20% off retail price | N/A |
| Conventional contact lenses | \$0 co-pay, \$130 annual allowance, 15% off balance | Up to \$100 | \$0 co-pay, \$160 annual allowance, 15% off balance | Up to \$128 |
| Disposable contact lenses | \$0 co-pay, \$130 annual allowance | Up to \$100 | \$0 co-pay, \$160 annual allowance | Up to \$128 |
| Medically necessary contact lenses | \$0 co-pay, paid-in-full | Up to \$200 | \$0 co-pay, paid-in-full | Up to \$200 |
| Laser vision correction | 15% off retail price or 5% off promo price | N/A | 15% off retail price or 5% off promo price | N/A |
| Examination frequency | Once every 12 months | | Once every 12 months | |
| Purchase frame | Once every 24 months | | Once every 12 months | |
| Purchase lenses or contacts | Once every 12 months | | Once every 12 months | |

▶ Retiree Resources

The University offers retirees a wide variety of easily accessible resources ranging from elder care to health and wellness services.

Elder Care

859-323-4600 or toll free 800-873-8532

www.uky.edu/hr/work-life/elder-care

This free service assists employees and retirees caring for aging relatives or friends over the age of 60.

Specialists provide confidential consultation and counseling services; referrals to local, state and national resources; guidance on Medicare and Medicaid issues; and more.

Work+Life Connections

859-257-9433

www.uky.edu/hr/wlc

UK employees, retirees, spouses and sponsored dependents are eligible for up to five free, confidential consultations per year.

Osher Lifelong Learning Institute at UK

859-257-2656, toll free 866-602-5862

www.uky.edu/OLLI

OLLI at UK offers educational and enrichment courses, programs and events created for dynamic lifelong learners age 50+ who are continually searching for exciting topics and exploring new opportunities in learning. The OLLI at UK has sites in Lexington and Morehead.

UK Health & Wellness

859-257-9355

www.uky.edu/hr/wellness/

Fitness Facilities & Classes

MoveWell membership is \$7 per month and includes access to two facilities and unlimited group fitness classes.

Wellness Consults

Registered dietitians, health coaches and exercise specialists are available to provide personalized guidance. All one-on-one consults are free and available by phone, email or in person.

Ongoing support

Whether the goal is to quit tobacco, lose weight, thrive more or manage stress better — these classes and coaching sessions help make progress possible. Many programs are free!

LiveWell Rewards

Earn incentives for participating in programs such as the Check In health screening.

Silver Sneakers

www.silversneakers.com

This free fitness program, available to members of the UK Medicare Advantage plan, includes unlimited access to participating gyms and fitness centers.

Sanders-Brown Center on Aging

859-323-6040

www.uky.edu/coa

As a core component of ongoing research, information and resources on Alzheimer's disease and dementia are offered.

Retiree Resource Fair

Join us on Sept. 27, 2019, for our annual Retiree Resource Fair where you can learn more about the many offerings for UK retirees. Watch for more information closer to the event.

Voluntary Benefits through MPM

859-223-4973

www.thempmgrouppllc.com

Long-Term Care

Long-term care insurance provides financial support for services that normally are not covered by health insurance or Medicare.

Voluntary Benefits through MetLife

800-GET-MET8 (800-438-6388)

www.metlife.com/mybenefits

Auto, Home and Pet Insurance

MetLife offers home and auto insurance, as well as veterinary pet insurance. You may enroll in these voluntary plans at any time.

Questions? Contact the appropriate provider listed below.

| Benefit | Phone | Web | Email |
|--|---|--|--|
| Health Medicare Advantage (retirees over age 65) UK-PPO, UK-EPO, UK-RHP, UK Indemnity UK-HMO Employee Benefits Advocate | 1-844-488-3956 1-855-634-3383 1-800-955-8547 859-257-2124 | www.UHCretiree.com/uky www.anthem.com www.mc.uky.edu/ukhmo | ukhmo@uky.edu benefits@email.uky.edu |
| Pharmacy Express Scripts Know Your Rx PharmAssist featuring UK pharmacists (formerly Help with Your Medicine and Co-Pay Counseling) | 1-877-242-1864 (Hearing impaired: 1-800-899-2114) 859-218-5979 Toll free 1-855-218-5979 | www.express-scripts.com www.uky.edu/hr/benefits/pharmacy | KYRx@uky.edu |
| Dental and Vision UK Dental Delta Dental EyeMed Vision Care | 859-323-8566 1-800-955-2030 1-866-723-0596 | dentistry.uky.edu/patient-care/plan www.deltadentalky.com www.enrollwiththeyemed.com/access | |
| Retirement Plans TIAA (to schedule a meeting) TIAA (for telephone counseling) Fidelity Investments (general) Fidelity Investments (to schedule a meeting) | 859-224-6900 1-800-842-2776 1-800-343-0860 1-800-642-7131 | www.tiaa.org www.fidelity.com | |
| Voluntary Benefits Long-term care insurance, universal life insurance (Administered by The MPM Group, LLC) Group home and auto insurance Pet insurance (Administered by MetLife) | 859-223-4973 Toll free 1-888-388-1676 1-800-GET-MET8 (1-800-438-6388) | www.thempmgroupllc.com www.metlife.com/mybenefits | mpmgroup@msn.com |

Have a general question? Contact UK Employee Benefits: Email us at benefits@email.uky.edu. Reach us by phone at 859-257-9519, select option 3 or toll-free 1-800-999-2183, select option 3. Send faxes to 859-323-1095.