

# 2020-21 BENEFITS

**OPEN ENROLLMENT: APRIL 29 - MAY 15**

As a retiree under age 65 or a working retiree, this is your annual opportunity to add or change:

- Health insurance
- Dental insurance
- Vision insurance

The insurance changes you make during open enrollment take effect July 1, 2020 and run through June 30, 2021.

If you take no action? No problem! You'll keep the same insurances.

Access forms online: [www.uky.edu/hr/retirees/oe](http://www.uky.edu/hr/retirees/oe)

## Life changes coming up?

Qualifying events = major changes like marriage or divorce that grant you the option to make insurance changes at that time.



## HAVE QUESTIONS? GET ANSWERS!

### Health insurance

UK-HMO 1-800-955-8547  
[www.mc.uky.edu/ukhmo](http://www.mc.uky.edu/ukhmo)

UK-RHP, UK-PPO, UK-EPO, UK Health Saver, UK Indemnity 1-855-634-3383  
[www.anthem.com](http://www.anthem.com)

### Prescription

Express Scripts 1-877-242-1864  
[www.express-scripts.com](http://www.express-scripts.com)

Know Your Rx 859-218-5979 or 1-855-218-5979  
[www.uky.edu/hr/benefits/pharmacy](http://www.uky.edu/hr/benefits/pharmacy)

### More coverage

UK Dental 859-323-8566  
[dentistry.uky.edu/patient-care/plan](http://dentistry.uky.edu/patient-care/plan)

Delta Dental 1-800-955-2030  
[www.deltadentalky.com](http://www.deltadentalky.com)

EyeMed Vision Care 1-866-723-0596  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

Home, auto and pet insurance  
1-800-438-6388  
[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

Disability, disease, accident, life, legal and more insurance 1-859-223-4973 or 1-888-388-1676  
[www.thempmgroupllc.com](http://www.thempmgroupllc.com)

### Retirement savings

TIAA 1-800-842-2776 or 859-224-6900 for appointments [www.tiaa.org](http://www.tiaa.org)

Fidelity 1-800-343-0860 or 1800-642-7131 for appointments  
[www.fidelity.com](http://www.fidelity.com)

### Well-being benefits

Discounts [www.uky.edu/edp](http://www.uky.edu/edp)

Elder care 859-323-4600 or 1-800-873-8532  
[www.uky.edu/hr/eldercare](http://www.uky.edu/hr/eldercare)

Fitness 859-257-9355  
[www.uky.edu/hr/wellness/move](http://www.uky.edu/hr/wellness/move)

Health coaching 859-257-9355  
[www.uky.edu/hr/wellness/be](http://www.uky.edu/hr/wellness/be)

Mental health therapy 859-257-9433  
[www.uky.edu/wlc](http://www.uky.edu/wlc)

Nutrition 859-257-9355  
[www.uky.edu/hr/wellness/eat](http://www.uky.edu/hr/wellness/eat)

Personal finance 859-218-1589  
[www.uky.edu/hr/financial-well-being](http://www.uky.edu/hr/financial-well-being)

**Email us at [benefits@email.uky.edu](mailto: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.**

# SAME GREAT HEALTH INSURANCE OPTIONS FOR 2020-21

The costs of our health insurance plans will increase for some in the year ahead, reflecting the continued rise in health care costs nationally. For you, as a retiree under 65, the amount of increase you'll see depends on your plan, if you're working, your original hire date and when you became eligible to retire.

## Your monthly cost = premium

These rates are set for July 1, 2020 to June 30, 2021.

### If you're a working retiree

Coverage	HMO, PPO, Indemnity	EPO	RHP
Retiree or spouse only	\$33	\$237	\$37
Retiree + children	\$320	\$599	\$343
Retiree + spouse	\$608	\$995	\$643
Retiree + family	\$895	\$1,384	\$942

### If you were eligible to retire as of July 1, 2007

Coverage	HMO, PPO, Indemnity	EPO	RHP
Retiree or spouse only	\$88	\$379	\$95
Retiree + children	\$500	\$894	\$535
Retiree + spouse	\$919	\$1,469	\$973
Retiree + family	\$1,334	\$2,027	\$1,405

### If you were hired on or after January 1, 2006

Coverage	HMO, PPO, Indemnity	EPO	RHP
Retiree or spouse only	\$880	\$1,171	\$887

### Additional costs for more people:

Retiree + children	+\$439	+\$542	+\$467
Retiree + spouse	+\$880	+\$1,139	+\$927
Retiree + family	+\$1,321	+\$1,723	+\$1,385

Add these amounts to your single coverage if you were hired:

- On or after January 1, 2006
- Before January 1, 2006 and you became eligible to retire after July 1, 2007

See all news: [www.uky.edu/hr/retirees/oe](http://www.uky.edu/hr/retirees/oe)

**If you were hired before January 1, 2006 and you became eligible to retire after July 1, 2007  
And if you retired with 15 to 20 years of service**

	Age at retirement	HMO, PPO, Indemnity	EPO	RHP
Retiree or spouse only	Younger than 60	\$704	\$937	\$710
	60 or older but younger than 61	\$660	\$878	\$665
	61 or older but younger than 62	\$616	\$820	\$621
	62 or older but younger than 63	\$572	\$761	\$577
	63 or older but younger than 64	\$528	\$703	\$532
	64 or older but younger than 65	\$484	\$644	\$488

**And if you retired with 20 to 25 years of service**

	Age at retirement	HMO, PPO, Indemnity	EPO	RHP
Retiree or spouse only	Younger than 60	\$528	\$703	\$532
	60 or older but younger than 61	\$484	\$644	\$488
	61 or older but younger than 62	\$440	\$586	\$444
	62 or older but younger than 63	\$396	\$527	\$399
	63 or older but younger than 64	\$352	\$468	\$355
	64 or older but younger than 65	\$308	\$410	\$310

**And if you retired with 25 years of service or more**

	Age at retirement	HMO, PPO, Indemnity	EPO	RHP
Retiree or spouse only	Younger than 60	\$352	\$468	\$355
	60 or older but younger than 61	\$308	\$410	\$310
	61 or older but younger than 62	\$264	\$351	\$266
	62 or older but younger than 63	\$220	\$293	\$222
	63 or older but younger than 64	\$176	\$234	\$177
	64 or older but younger than 65	\$132	\$176	\$133

## Age 65+

What happens with your health insurance at age 65? That's when you're eligible for Medicare from the government and different insurance from us.

**Learn more: [www.uky.edu/hr/retirees](http://www.uky.edu/hr/retirees)**

# DIFFERENT HEALTH INSURANCE FOR DIFFERENT NEEDS

Each insurance plan has a unique design. Take a look at exactly how they differ in how and when you pay. You may notice there’s nothing new about your plan’s features. That’s true for all the plans this year after we’ve spent several years on feature upgrades.

**HMO:** No deductibles and no co-pays for preventive care, and only available if you live in Central Kentucky because you must use UK HealthCare providers.

**RHP:** No deductibles and no co-pays for preventive care, and only available if you live anywhere in the state besides Central Kentucky because you must use Anthem providers in Kentucky.

**PPO:** Greater flexibility to see any doctor, but you pay low deductibles and co-pays for some services.

**EPO:** Greatest flexibility to see any doctor with no deductibles, but you pay a higher monthly cost.

**Indemnity:** Only available to those who live out of state or travel for extended periods

	HMO and RHP		PPO		EPO	
	In-Network	UK HealthCare	In-Network	Out-of-Network	UK HealthCare	In-Network
Deductible (single /family)	\$0 / \$0	\$100 / \$200	\$500 / \$1,000	\$1,500 / \$3,000	\$0 / \$0	\$0 / \$0
Annual out-of-pocket maximum (single / family)	\$3,000 / \$6000	\$3,000 / \$6000	\$3,000 / \$6,000	No Limit	\$3,000 / \$6,000	\$3,000 / \$6,000
Preventive care	\$0 co-pay	\$0 co-pay	\$0 co-pay	50% after deductible	\$0 co-pay	\$0 co-pay
Primary care co-pay	\$10 co-pay	\$15 co-pay	\$25 co-pay	50% after deductible	\$15 co-pay	\$25 co-pay
Specialist co-pay	\$30 co-pay	\$40 co-pay	\$50 co-pay	50% after deductible	\$40 co-pay	\$50 co-pay
Inpatient hospitalization	\$200 co-pay	\$300 co-pay	20% after deductible	50% after deductible	\$300 co-pay	\$500 co-pay
Outpatient surgery	\$75 co-pay	\$100 co-pay	20% after deductible	50% after deductible	\$100 co-pay	\$150 co-pay
Emergency room	\$100 co-pay	20% of the cost after \$100 co-pay	20% of the cost after \$100 co-pay	20% of the cost after \$100 copay	\$100 co-pay	\$100 co-pay
Urgent care	\$25 co-pay	\$50 co-pay	\$50 co-pay	50% after deductible	\$50 co-pay	\$50 co-pay

**See all health plans: : [www.uky.edu/hr/retirees/health](http://www.uky.edu/hr/retirees/health)**

# PRESCRIPTION COVERAGE

You're automatically enrolled in prescription coverage along with your health insurance. Express Scripts manages your prescription coverage.

## Bulk prescription costs

Mail delivery from UK Retail Pharmacies or Express Scripts

	30-day supply	90-day supply
Generic	<b>20% or</b> Minimum of \$8 Maximum of \$50	<b>10% or</b> Minimum of \$24 Maximum of \$100
Specialty generic	<b>20% or</b> Minimum of \$8 Maximum of \$50	–
Formulary brand	<b>40% or</b> Minimum of \$20 Maximum of \$60	<b>30% or</b> Minimum of \$60 Maximum of \$120
Non-formulary brand	<b>50% or</b> Minimum of \$40 No maximum	<b>40% or</b> Minimum of \$120 No maximum
Specialty brand	\$200	–

## Interested in cost-savings? Call our pharmacist team

Know Your Rx could help you save money and learn more about your prescriptions. Call between 8 a.m. to 6 p.m. at **859-218-5979, 1-855-218-5979** (toll free) or email **KYRx@uky.edu**.

**Learn more: [www.uky.edu/hr/rx](http://www.uky.edu/hr/rx)**

# DENTAL INSURANCE

**UK Dental:** If you prefer UK dentists and lower monthly premium costs.

**Delta Dental:** If you prefer dentists outside of UK.

	UK Dental		Delta Dental	
	Classic	Ultra	Basic	Enhanced
<b>Monthly premium</b>				
Retiree or spouse only	\$17.98	\$40.03	\$24.40	\$33.00
Retiree + children	\$37.82	\$82.36	\$46.30	\$69.80
Retiree + spouse	\$37.82	\$82.36	\$51.90	\$72.80
Retiree + family	\$59.87	\$127.24	\$76.30	\$113.50
<b>Services</b>				
Routine office visit	100%	100%	100%	100%
Two cleanings per year	100%	100%	100%	100%
Restorative fillings	50%	100%	80%	80%
Simple extractions	50%	100%	80%	80%
Crown, bridge and dental implants	Not covered	20% / 30%	Not covered	50%
Endodontics (root canal)	Not covered	30%	80%	80%
Oral surgery	Not covered	30%	80%	80%
<b>Dentures</b>				
Complete and partial dentures	50%	50%	Not covered	50%
Fixed and removable dentures	50%	50%		50%
<b>Periodontics</b>				
Two maintenance visits per year	100%	100%		
Scaling, root planning and perio evaluation	50%	50%	80%	80%
Surgical	Not covered	30%	80%	80%
<b>Orthodontics</b>				
Age limit	Not covered	Up to age 19	Not covered	No age limit
Coverage	Not covered	20% up to \$1,000 lifetime maximum	Not covered	50% up to a \$1000 lifetime maximum
<b>Emergency treatment</b>				
	50%	100%		

**Learn more: [www.uky.edu/hr/retirees/dental](http://www.uky.edu/hr/retirees/dental)**

# VISION INSURANCE WITH EYEMED

**Essential:** If you prefer lower monthly premium costs, but higher co-pays.

**Enhanced:** If you prefer lower co-pays but, higher monthly premium costs.

	Essential	Enhanced
<b>Monthly premium</b>		
Retiree or spouse only	\$8.50	\$21.40
Retiree + children	\$15.20	\$38.00
Retiree + spouse	\$16.00	\$40.00
Retiree + family	\$21.40	\$53.60
<b>Services</b>		
Laser vision correction	15% off retail price of 5% off promo price	15% off retail price of 5% off promo code
Examination frequency	Once every 12 months	Once every 12 months
<b>Exams (member cost / out-of-network cost)</b>		
Exam with dilation as necessary	\$10 co-pay / Up to \$40	
Standard contact lens	\$55 / Not covered	\$0 co-pay, pain-in-full, fit and two follow-up visits / Up to \$40
Premium contact lens	\$10% of retail price / Not covered	\$0 co-pay, 10% off retail prices, then \$55 allowance / Up to \$40
<b>Frames</b>		
Purchase frames	Once every 24 months	Once every 12 months
<b>Lens</b>		
Purchase lenses or contacts	Once every 12 months	Once every 12 months
Single vision standard plastic	\$10 co-pay / Up to \$40	\$10 co-pay / Up to \$40
Bifocal standard plastic	\$10 co-pay / Up to \$60	\$10 co-pay / Up to \$60
Trifocal standard plastic	\$10 co-pay / Up to \$80	\$10 co-pay / Up to \$80
Standard progressive	\$75 co-pay / up to \$60	\$10 co-pay / Up to \$83
Premium progressive (tier 1-3)	\$95-\$120 co-pay / Up to \$60	\$30-\$55 co-pay / Up to \$83
Premium progressive (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 / Not covered	\$0 co-pay / Up to \$12
Tint (solid and gradient)	\$15 / Not covered	\$0 co-pay / Up to \$12
Standard scratch resistance	\$15 / Not covered	\$0 co-pay / Up to \$12
Standard polycarbonate for adult	\$40 / Not covered	\$0 co-pay / Up to \$30
Standard polycarbonate for kids under 19	\$0 co-pay, paid-in-full / Up to \$30	\$0 co-pay / Up to \$30
Standard anti-reflective coating	\$45 / Not covered	\$0 co-pay / Up to \$34
Premium anti-reflective coating (tier 1 & 2)	\$57-\$68 / Not covered	\$12-\$23 co-pay / Not covered
Premium anti-reflective coating (tier 3)	20% off retail price / Not covered	\$45 allowance, then 20% off / Not covered
Polarization, other add-ons and services	20% off retail price / Not covered	20% off retail price / Not covered
Conventional contact lens	\$0 co-pay, \$130 annual allowance, 15% off balance / 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

See all health plans: [www.uky.edu/hr/retirees/vision](http://www.uky.edu/hr/retirees/vision)