



# 2023-24 YOUR RETIREE BENEFITS

[hr.uky.edu/retiree](https://hr.uky.edu/retiree)



## ► Dear UK Retiree:

We are pleased to provide you with this 2023-24 University of Kentucky Retiree Benefits booklet. 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. There are no rate increases for any of the UK Dental, 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.

Sincerely,



A handwritten signature in black ink that reads "Gail Carbol".

Gail Carbol  
Benefits Manager

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# ▶ What You Need to Know

**Everything you need to know** about plan eligibility and making changes throughout the year

## UK retirees and health plans

As a retiree from the University of Kentucky, you may have several options for health insurance coverage. These options depend on your age, years of service, 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 <https://hr.uky.edu/retirees#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, 2023 through June 30, 2024. You cannot change coverage until the next Open Enrollment in April/May 2024 (for the plan year beginning July 1, 2024) 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 [hr.uky.edu/benefits](https://hr.uky.edu/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.

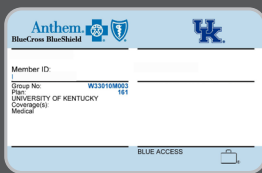
## Health plan for Medicare-eligible retirees age 65 and over

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**.

## 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.

## 2023 rates for retirees age 65 and over

Rates are 10 percent of the total Medicare Advantage monthly premium (\$19 in 2023) 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)	\$186	\$167	\$19
	Retiree + spouse (eligible for credit)	\$372	\$167	\$205
	Retiree or spouse (not eligible for credit)	\$186	\$0	\$186
	Surviving spouse (eligible for credit)	\$186	\$84	\$102
	Retiree + spouse (not eligible for credit)	\$372	\$0	\$372

Retiree 2023-24	Medicare Advantage Plan Benefits	Benefits for Covered Services Provided at Participating Providers
<b>Out-of-Pocket Amount</b>	Annual deductible	\$185/member
	Medical out-of-pocket maximum	\$3,000/member; \$6,000/family
	Prescription out-of-pocket maximum	N/A
<b>Preventive Care</b> *Coverage under preventive care category depends on age, symptoms and diagnosis	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%
<b>Physician Services</b>	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
<b>Hospital Services</b>	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
<b>Other Medical Services</b>	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
<b>Mental Health and Substance Abuse</b>	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).

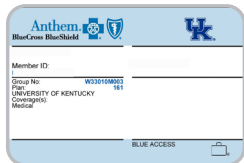
## UK-HMO Factors to Consider

- 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](http://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	\$1,001	\$901	\$100
Retiree + children	\$1,500	\$901	\$599
Retiree + spouse	\$1,985	\$901	\$1,084
Retiree + family	\$2,471	\$901	\$1,570

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	\$801	\$601	\$400
60 or older but less than 61	\$751	\$551	\$350
61 or older but less than 62	\$701	\$501	\$300
62 or older but less than 63	\$651	\$450	\$250
63 or older but less than 64	\$601	\$400	\$200
64 or older but less than 65	\$551	\$350	\$150

Retirees **under age 65 and hired on or after Jan. 1, 2006**, pay \$1,001 per month.

If you wish to add a spouse who is under 65 years old or children, these additional rates apply:

Children	Add \$499/month
Spouse	Add \$984/month
Spouse + children	Add \$1,470/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 2023-24	UK-HMO Major Plan Benefits	Benefits for Covered Services Provided at Participating Providers
<b>Lifetime Maximum Benefit</b>	Unlimited	Unlimited
<b>Out-of-Pocket Amount</b>	Medical out-of-pocket maximum	\$3,000/member; \$6,000/family
	Prescription out-of-pocket maximum	\$5,000/member; \$10,000/family
<b>Preventive Care</b> *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%
<b>Physician Services</b>	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%
<b>Hospital Services</b>	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
	Outpatient diagnostic testing (high costs - MRI, MRA, CT and PET scans)	100% after \$75 co-pay
<b>Emergent/Urgent Services</b>	Emergency room	90% 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
	Ambulance	100% after \$75 co-pay
<b>Other Medical Services</b>	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
	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
<b>Mental Health and Substance Abuse</b>	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

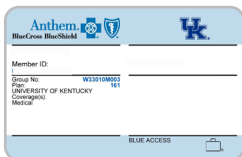
**UK-RHP (Regional Health Plan)** offers networks of quality providers who must be used to receive benefits for retirees who live in one of the participating Kentucky counties.

## 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	\$1,059	\$901	\$158
Retiree + children	\$1,579	\$901	\$678
Retiree + spouse	\$2,103	\$901	\$1,202
Retiree + family	\$2,631	\$901	\$1,730

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	\$847	\$635	\$424
60 or older but less than 61	\$794	\$582	\$371
61 or older but less than 62	\$741	\$530	\$318
62 or older but less than 63	\$688	\$477	\$265
63 or older but less than 64	\$535	\$424	\$212
64 or older but less than 65	\$582	\$371	\$159

Retirees under age 65 and hired on or after Jan. 1, 2006, pay \$1,059 per month.

If you wish to add a spouse who is under 65 years old or children, these additional rates apply:

Children	Add \$520/month
Spouse	Add \$1,044/month
Spouse + children	Add \$1,572/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 2023-24	UK-RHP Major Plan Benefits	Benefits for Covered Services Provided at Participating Providers
<b>Lifetime Maximum Benefit</b>	Unlimited	Unlimited
Out-of-Pocket Amount	Medical out-of-pocket maximum	\$4,000/member; \$8,000/family
	Prescription out-of-pocket maximum	\$5,000/member; \$10,000/family
<b>Preventive Care</b> *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%
<b>Physician Services</b>	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%
<b>Hospital Services</b>	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
	Outpatient diagnostic testing (high costs - MRI, MRA, CT and PET scans)	100% after \$75 co-pay
<b>Emergent/Urgent Services</b>	Emergency room	80% 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
	Ambulance	100% after \$75 co-pay
<b>Other Medical Services</b>	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
	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
<b>Mental Health and Substance Abuse</b>	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 [hr.uky.edu/benefits](http://hr.uky.edu/benefits).

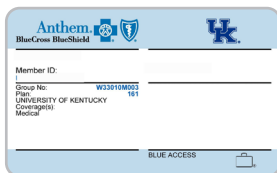
**UK-PPO (Preferred Provider Organization)** offers a large selection of network providers, including UK HealthCare physicians and the national Anthem Blue Cross and Blue Shield network.

## 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	\$1,015	\$901	\$114
Retiree + children	\$1,523	\$901	\$622
Retiree + spouse	\$2,014	\$901	\$1,113
Retiree + family	\$2,504	\$901	\$1,603

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	\$812	\$609	\$406
60 or older but less than 61	\$761	\$558	\$355
61 or older but less than 62	\$711	\$508	\$305
62 or older but less than 63	\$660	\$457	\$254
63 or older but less than 64	\$609	\$406	\$203
64 or older but less than 65	\$558	\$355	\$152

Retirees **under age 65 and hired on or after Jan. 1, 2006**, pay \$1,015 per month.

If you wish to add a spouse who is under 65 years old or child(ren), these additional rates apply:

Children	Add \$508/month
Spouse	Add \$999/month
Spouse + children	Add \$1,489/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 2023-24	UK-PPO Major Plan Benefits	UK HealthCare Providers	Anthem Providers	Out-of-Network Providers
<b>Lifetime Maximum Benefit</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Out-of-Pocket Amount</b>	Annual deductible	\$250/member; \$500/family	\$500 /member; \$1,000/family	\$1,500/member; \$3,000/family
	Medical out-of-pocket maximum	\$3,000/member; \$6,000/family	\$4,000/member; \$8,000/family	N/A
	Prescription out-of-pocket maximum	\$5,000/member; \$10,000/family	\$5,000/member; \$10,000/family	\$5,000/member; \$10,000/family
<b>Preventive Care</b> (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
<b>Physician Services</b>	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
	Physician visits to emergency room	80%	80%	50% after deductible
<b>Hospital Services</b>	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
	<b>Other Medical Services</b>	Skilled nursing facility (up to 100 days/plan year)	80% after deductible	80% after deductible
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
<b>Mental Health and Substance Abuse</b>	Inpatient	90% after deductible	80% after deductible	50% after deductible
	Outpatient	100% after \$40 co-pay/visit	100% after \$50 co-pay/visit	50% after deductible

# UK-EPO

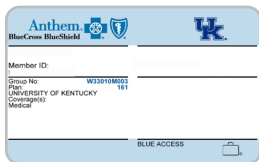
**UK-EPO (Exclusive Provider Organization)** offers a network of quality providers who must be used to receive benefits. The plan features UK HealthCare providers, as part of the broader national Anthem Blue Cross and Blue Shield provider network.

## 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	\$1,377	\$901	\$476
Retiree + children	\$2,033	\$901	\$1,132
Retiree + spouse	\$2,712	\$901	\$1,811
Retiree + family	\$3,390	\$901	\$2,489

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	\$1,102	\$826	\$551
60 or older but less than 61	\$1,033	\$757	\$482
61 or older but less than 62	\$964	\$689	\$413
62 or older but less than 63	\$895	\$620	\$344
63 or older but less than 64	\$826	\$551	\$275

Retirees **under age 65 and hired on or after Jan. 1, 2006**, pay \$1,377 per month.

**If you wish to add a spouse who is under 65 years old or child(ren), these additional rates apply:**

Children	Add \$656/month
Spouse	Add \$1,335/month
Spouse + children	Add \$2,013/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.

<b>Retiree 2023-24</b>	<b>UK-EPO Major Plan Benefits</b>	<b>UK HealthCare Providers</b>	<b>Benefits for Covered Services Provided at Anthem Providers</b>
<b>Lifetime Maximum Benefit</b>	Unlimited	Unlimited	Unlimited
<b>Out-of-Pocket Amount</b>	Medical out-of-pocket maximum	\$4,000/member; \$8,000/family	\$4,000/member; \$8,000/family
	Prescription out-of-pocket maximum	\$5,000/member; \$10,000/family	\$5,000/member; \$10,000/family
<b>Preventive Care</b> (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%
<b>Physician Services</b>	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%
<b>Hospital Services</b>	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%
<b>Emergent/ Urgent Services</b>	Emergency room	80% after \$100 co-pay (waived if admitted)	80% 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
<b>Other Medical Services</b>	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
<b>Mental Health and Substance Abuse</b>	Inpatient	100% after \$300 co-pay per admission	100% after \$500 co-pay per admission
	Outpatient	100% after \$40 co-pay per visit	100% after \$50 co-pay per visit

# ▶ UK Indemnity

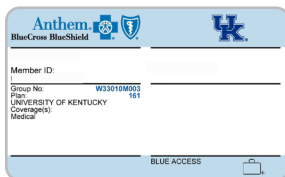
**UK Indemnity** provides coverage for participants traveling out of the country for extended periods and for those in rural areas where UK HealthCare has no providers. This plan offers coverage for care from any physician for covered benefits.

## 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	\$1,015	\$901	\$114
Retiree + children	\$1,523	\$901	\$622
Retiree + spouse	\$2,014	\$901	\$1,113
Retiree + family	\$2,504	\$901	\$1,603

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	\$812	\$609	\$406
60 or older but less than 61	\$761	\$558	\$355
61 or older but less than 62	\$771	\$508	\$305
62 or older but less than 63	\$680	\$457	\$254
63 or older but less than 64	\$609	\$406	\$203
64 or older but less than 65	\$558	\$355	\$152

Retirees **under age 65 and hired on or after Jan. 1, 2006**, pay \$1,015 per

**If you wish to add a spouse who is under 65 years old or child(ren), these additional rates apply:**

Children	Add \$508/month
Spouse	Add \$999/month
Spouse + children	Add \$1,489/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 2023-24	UK Indemnity Major Plan Benefits	Benefits for Covered Services Provided at Anthem Providers
<b>Out-of-Pocket Amount</b>	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
<b>Preventive Care</b>  (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%
<b>Physician Services</b>	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
<b>Hospital Services</b>	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
<b>Other Medical Services</b>	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
<b>Mental Health and Substance Abuse</b>	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

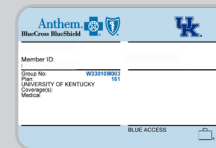
Co-pays for each type of retail 30-day prescription at your local participating pharmacy, including the UK Retail Pharmacies or Express Scripts Mail Service		
Generic	20% or minimum of \$8	Max of \$50 per prescription
Formulary Brand	40% or minimum of \$20	Max of \$60 per prescription
Non-Formulary Brand	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)
Preferred Generics	20% co-insurance, \$50 maximum	10% co-insurance, \$100 maximum
Preferred Drugs (brands and generics)	40% co-insurance, \$20 minimum, \$60 maximum	30% co-insurance, \$60 minimum, \$120 maximum
Non-Preferred Drugs (brands and 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 UK Formulary is available on the UK Benefits web site, [hr.uky.edu/benefits](http://hr.uky.edu/benefits).

## Health and prescription ID cards for retirees age 65 and over



You should only present your UK Medicare Advantage card for health and prescription 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](http://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.

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## 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).

# ▶ 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

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
<i>* Four cleanings for patients with certain medical conditions</i>		

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

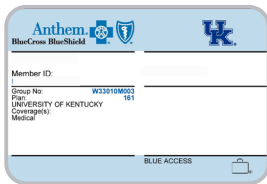
# ▶ Vision Plans

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](http://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](http://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	Out-of-Network 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**

**[hr.uky.edu/eldercare](http://hr.uky.edu/eldercare)**

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.

## **Mental health therapists**

**859-257-9433**

**[hr.uky.edu/mental-health](http://hr.uky.edu/mental-health)**

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](http://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  
[hr.uky.edu/wellness](http://hr.uky.edu/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.

## **United Healthcare Active Renew**

**[www.uhcrenewactive.com](http://www.uhcrenewactive.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  
[medicine.uky.edu/centers/sbcoa](http://medicine.uky.edu/centers/sbcoa)**

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

## **Voluntary Benefits through MPM**

**859-223-4973  
[www.thempmgroupllc.com](http://www.thempmgroupllc.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](http://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.

<b>Health</b> 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
<b>Pharmacy</b> 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
<b>Dental and Vision</b> 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	
<b>Retirement Plans</b> 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	
<b>Voluntary Benefits</b> 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](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. Send faxes to **859-323-1095**.