

# 2024-25 YOUR RETIREE BENEFITS

hr.uky.edu/retiree



### Dear UK Retiree:

We are pleased to provide you with this 2024-25 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,



Sail Carlos

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, 2024 through June 30, 2025. You cannot change coverage until the next Open Enrollment in April/May 2025 (for the plan year beginning July 1, 2025) 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** 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 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.

### Health plan for Medicareeligible retirees <u>age 65</u> <u>and over</u>

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.** 

### 2024 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
	Retiree (eligible for credit)	\$186	\$167	\$19
	Retiree + spouse (eligible for credit)	\$372	\$167	\$205
UK Medicare Advantage	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 2024-25	Medicare Advantage Plan Benefits	Benefits for Covered Services Provided at Participating Providers
	Annual deductible	\$185/member
Out-of-Pocket Amount	Medical out-of-pocket maximum	\$3,000/member; \$6,000/family
	Prescription out-of-pocket maximum	N/A
Preventive Care *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%
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   Organ transplants		96% after deductible
	Emergency room	\$100 co-pay (waived if admitted within 24 hours for same condition)
	Urgent care	\$45 co-pay (waived if admitted within 24 hours for same condition)
Other Medical Services	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

**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	\$1,195	\$1,076	\$119
Retiree + children	\$1,763	\$1,076	\$687
Retiree + spouse	\$2,314	\$1,076	\$1,238
Retiree + family	\$2,868	\$1,076	\$1,792

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

	Years of Service			
Age at Retirement	15 or more but less than 20	20 or more but less than 25	25 or more	
Less than 60	\$956	\$717	\$478	
60 or older but less than 61	\$896	\$657	\$418	
61 or older but less than 62	\$837	\$598	\$359	
62 or older but less than 63	\$777	\$538	\$299	
63 or older but less than 64	\$717	\$478	\$239	
64 or older but less than 65	\$657	\$418	\$179	

Retirees under age 65 and hired on or after Jan. 1, 2006, pay \$1,195 per month.

If you wish to add a spouse who is under 65 years old or children, these additional rates apply:			
Children Add \$568/month			
Spouse Add \$1,119/month			
Spouse + children Add \$1,673/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).

Retiree 2024-25	UK-HMO Major Plan Benefits	Benefits for Covered Services Provided at Participating Providers
Lifetime Maximum Benefit	Unlimited	Unlimited
Out-of-Pocket	Medical out-of-pocket maximum	\$3,000/member; \$6,000/family
Amount	Prescription out-of-pocket maximum	\$5,000/member; \$10,000/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%
	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
Physician Services	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%
	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%
Hospital Services	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
	Emergency room	90% after \$100 co-pay (waived if admitted)
Emergent/Urgent	UK Urgent treatment center	100% after \$25 co-pay
Services	UK Children's Twilight Clinic	100% after \$15 co-pay
	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%
Other Medical	Durable medical equipment, orthotics and prosthetics	80% maximum member responsibility of \$500/plan year
Services	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
Mental Health and	Inpatient mental health or substance abuse	100% after \$200 co-pay per admission
Substance Abuse	Outpatient mental health/substance abuse	100% after \$30 co-pay for specialist

# UK-RHP

**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	\$1,300	\$1,076	\$224
Retiree + children	\$1,935	\$1,076	\$859
Retiree + spouse	\$2,555	\$1,076	\$1,479
Retiree + family	\$3,203	\$1,076	\$2,127

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

	Years of Service			
Age at Retirement	15 or more but less than 20	20 or more but less than 25	25 or more	
Less than 60	\$1,040	\$780	\$520	
60 or older but less than 61	\$975	\$715	\$455	
61 or older but less than 62	\$910	\$650	\$390	
62 or older but less than 63	\$845	\$585	\$325	
63 or older but less than 64	\$780	\$520	\$260	
64 or older but less than 65	\$715	\$455	\$195	

#### Retirees under age 65 and hired on or

after Jan. 1, 2006, pay \$1,300 per month.

If you wish to add a spouse who is under 65 years old or children, these additional rates apply:			
Children Add \$635/month			
Spouse	Spouse Add \$1,255/month		
Spouse + children Add \$1,903/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).

Out-of-Pocket Amount     Medical out-of-pocket maximum     \$4,000/member; \$8,000/family       Preventive Care     Routine Pag smears, mamograms, PSA, screening colonoscopy and sigmoidoscopy*     \$5,000/member; \$10,000/family       "Coverage under preventive care category depends diagnosis     Routine Pag smears, mamograms, PSA, screening colonoscopy and sigmoidoscopy*     100%       Physician Services     Office visits (excludes certain diagnostic (lab and X-ray) (lab et s) (lab et s)	Retiree 2024-25	UK-RHP Major Plan Benefits	Benefits for Covered Services Provided at Participating Providers
Out-of-backet Amount     Prescription out-of-pocket maximum     \$5,000/member; \$10,000/family       Preventive Care     Routine Pap smears, mammograms, PSA, screening colonoscopy and sigmidoscopy*     100%       *Coverage under preventive care category depends on age, symptoms and diagnosis     Routine child care and immunizations (through age 18) Routine child physical exam (19 years and above, one per plan year)     100% after \$10 co-pay for primary care physician, 100% after \$10 co-pay for primary care physician, 100% after \$10 co-pay for specialist       Physician Services     Allergy injections     100% after \$10 co-pay for primary care physician is to emergency room       Inpatient services     0utpatient surgery and diagnostic tests     100% after \$10 co-pay       Inpatient services     100% after \$10 co-pay     100% after \$200 co-pay per admission       Inpatient care (semi-private room and board, nursing care, ICU)     100% after \$100 co-pay     100%       Hospital Observation stay     100% after \$100 co-pay     100%       Outpatient nonsurgical care     100%     100%       Outpatient diagnostic testing (high costs - MRI, MRA, CT and PET scans)     100% after \$75 co-pay     100% after \$75 co-pay       Emergent/Urgent Services     Skilled nursing facility (up to 30 days per plan year)     80% maximum member responsibility of \$500/ plan year       Other Medical Services	Lifetime Maximum Benefit	Unlimited	Unlimited
Presentive Care     \$5,000/member; \$10,000/family       "Coverage under preventive care category depends in age, symptoms and diagnosis     Routine Pay somears, mammograms, PSA, screening colonoscopy and sigmoidoscopy"     100%       Physician Services     Office visits (excludes certain diagnostic (lab and X-ray) (lapticitions)     100% after \$10 co-pay for primary care physician, 100% after \$10 co-pay for primary care physician, 100% after \$10 co-pay for specialist       Lab tests, X-rays and diagnostic tests     100% after \$10 co-pay for specialist       Inpatient services     Inpatient care (semi-private room and board, nursing care, ICU)     100% after \$200 co-pay per admission       Hospital Services     Inpatient care (semi-private room and board, nursing care, ICU)     100% after \$200 co-pay er admission       Hospital observation stay     100% after \$10 co-pay     00% after \$100 co-pay       Organ transplants     100%     100% after \$200 co-pay per admission       Outpatient nonsurgical care     100%     100% after \$100 co-pay       Outpatient diagnostic testing (high costs - MRI, MRA, ACT and PET scans)     100% after \$100 co-pay (waived if admitted)       UK Urgent treatment center     100% after \$10 co-pay (waived if admitted)     100% after \$10 co-pay       UK Urgent treatment center     100% after \$10 co-pay     100% after \$10 co-pay       Ukt Urgent tes	Out of Docket Amount	Medical out-of-pocket maximum	\$4,000/member; \$8,000/family
"Coverage under preventive care category depends on age, symptoms and diagnosis   colonoscopy and sigmoidoscopy*   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     Physician Services   Lab tests, X-rays and diagnostic tests   100% after \$10 co-pay     Inpatient services   100% after \$200 co-pay for specialist     Outpatient surgery and diagnostics   100% after \$200 co-pay     Physician visits to emergency room   100% after \$200 co-pay per admission     Inpatient surgery and diagnostic tests   100%     Outpatient surgery and diagnostic tests   100%     Outpatient surgery and diagnostics   100%     Physician visits to emergency room   100% after \$200 co-pay per admission     Grag transplants   100%     Outpatient surgery   100%     Outpatient tests, lab, X-ray and other diagnostic tests   100%     Ancillary services   100%     Outpatient surgery   100% after \$10 co-pay     Outpatient nonsurgical care   00tpatient services     Outpatient surgery   100% after \$15 co-pay     UK Chidren's twilght Clinic   100% after \$15 co-pay     UK Chidren's Twilght Clinic </td <td>Out-of-Pocket Amount</td> <td>Prescription out-of-pocket maximum</td> <td>\$5,000/member; \$10,000/family</td>	Out-of-Pocket Amount	Prescription out-of-pocket maximum	\$5,000/member; \$10,000/family
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Outpatient diagnostic testing (high costs - MRI, MRA, CT and PET scans)     100% after \$75 co-pay       Emergent/Urgent Services     Emergency room     80% after \$100 co-pay (waived if admitted)       UK Urgent treatment center     100% after \$25 co-pay     UK Urgent treatment center       UK Children's Twilight Clinic     100% after \$15 co-pay     Mabulance       Ambulance     100% after \$75 co-pay     100%       Skilled nursing facility (up to 30 days per plan year) and hospice services     100%     100%       Home health care (up to 60 visits per plan year)     80%     80% maximum member responsibility of \$500/plan year       Outable medical equipment, orthotics and prosthetics     80% for children under 18     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       Mental Health and     Inpatient mental health or substance abuse     100% after \$200 co-pay per admission	Hospital Services	Outpatient tests, lab, X-ray and other diagnostic tests	100%
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Emergent/Urgent Services     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       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       Mental Health and     Inpatient mental health or substance abuse     100% after \$200 co-pay per admission			100% after \$75 co-pay
Emergent/Urgent Services   UK Children's Twilight Clinic   100% after \$15 co-pay     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     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     Mental Health and   Inpatient mental health or substance abuse   100% after \$200 co-pay per admission		Emergency room	80% after \$100 co-pay (waived if admitted)
Emergent/Urgent Services   UK Children's Twilight Clinic   100% after \$15 co-pay     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     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     Mental Health and   Inpatient mental health or substance abuse   100% after \$200 co-pay per admission		UK Urgent treatment center	100% after \$25 co-pay
Ambulance100% after \$75 co-paySkilled nursing facility (up to 30 days per plan year) and hospice services100%Home health care (up to 60 visits per plan year)80%Durable medical equipment, orthotics and prosthetics80% maximum member responsibility of \$500/ plan yearHearing aids80% for children under 18Speech, 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 therapiesMental Health andInpatient mental health or substance abuse100% after \$200 co-pay per admission	Emergent/Urgent Services	UK Children's Twilight Clinic	100% after \$15 co-pay
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     Mental Health and   Inpatient mental health or substance abuse   100% after \$200 co-pay per admission		Ambulance	100% after \$75 co-pay
Other Medical Services   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     Mental Health and   Inpatient mental health or substance abuse   100% after \$200 co-pay per admission			100%
Other Medical Services   Durable medical equipment, orthotics and prostnetics   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     Mental Health and   Inpatient mental health or substance abuse   100% after \$200 co-pay per admission		Home health care (up to 60 visits per plan year)	80%
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     Mental Health and   Inpatient mental health or substance abuse   100% after \$200 co-pay per admission		Durable medical equipment, orthotics and prosthetics	
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 therapiesMental Health andInpatient mental health or substance abuse100% after \$200 co-pay per admission	Other Medical Services	Hearing aids	
		hydrotherapy, acupuncture, pulmonary rehab, and cardiac rehab therapy (limited to 45 visits per plan year,	100% after \$15 co-pay per visit for all therapies
	Mental Health and	Inpatient mental health or substance abuse	100% after \$200 co-pay per admission
	Substance Abuse	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.** 

# UK-PPO

**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 innetwork provider
- 50 percent benefit after meeting your deductible when using an out-of-network provider
- Deductible does not apply to innetwork 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	\$1,240	\$1,076	\$164
Retiree + children	\$1,849	\$1,076	\$773
Retiree + spouse	\$2,436	\$1,076	\$1,360
Retiree + family	\$3,023	\$1,076	\$1,947

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

	Years of Service			
Age at Retirement	15 or more but less than 20	20 or more but less than 25	25 or more	
Less than 60	\$992	\$744	\$496	
60 or older but less than 61	\$930	\$682	\$434	
61 or older but less than 62	\$868	\$620	\$372	
62 or older but less than 63	\$806	\$558	\$310	
63 or older but less than 64	\$744	\$496	\$248	
64 or older but less than 65	\$682	\$434	\$186	

Retirees under age 65 and hired on or after Jan. 1, 2006, pay \$1240 per month.

If you wish to add a spouse who is under 65 years old or child(ren), these additional rates apply:		
Children Add \$609/month		
Spouse Add \$1,196/month		
Spouse + children Add \$1,783/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).

Out-of- Pocket Amount     Medical out-of-pocket maximum     \$3,000/member; \$6,000/family     \$4,000/member; \$6,000/family     \$4,000/member; \$5,000/member; \$1,00% \$100% after \$1,00% \$0% after deductible \$0% after deduct	ders Out-of-Network Providers
Out-of- Pocket Amount     Medical out-of-pocket maximum     \$3,000/member; \$6,000/family     \$4,000/member; \$6,000/family     \$4,000/member; \$5,000/member; \$1,00% \$100% after \$20.0-pay	Unlimited
Medical Out-of-pocket maximum     \$6,000/family     \$8,000/family     \$8,000/family     \$8,000/family     \$8,000/family     \$8,000/family     \$5,000/member;     \$5,000/member; <t< td=""><td>; \$1,000/family \$1,500/member; \$3,000/family</td></t<>	; \$1,000/family \$1,500/member; \$3,000/family
Prescription out-07-pocket maximum     \$10,000/family     \$10,000/family       Preventive Care (Coverage und er preventive care category depends on age, symptoms and diagnosis)     Routine immunizations (through age 18) Routine cult physical exam (19 years and above) Routine outpatient lab tests and X-rays     100%     100%       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 \$20 primary care visit or \$40 co-pay per specialist visit     100% after \$10 visit       Physician Services     Allergy injections     100% after office visit co-pay per specialist visit     100% after \$10 visit       Inpatient services     90% after deductible     80% after dedu Physician visits to emergency room     80%     80%       Inpatient care (semi-private room and board, nursing care, ICU)     \$300 co-pay     80% after dedi       Outpatient nonsurgical care Outpatient tests, lab and X-ray Ancillary services     \$00% after deductible     80% after dedi       Outpatient test, lab and X-ray Ancillary services     S0% after deductible     80% after dedi     80% after dedi       Outpatient nonsurgical care Outpatient tests, lab and X-ray Ancillary services     N/A     100% after \$20 visit (waived if admitted)     80% after deductible     80% after dedi       Other Medical Services<	er; N/A
Preventive Care coverage under preventive age asymptoms and diagnosisis     (through age 18) Routine adult physical exam (19 years and above) Routine adult physical exam (19 years and above)     100% after \$15 co-pay per primary care visit or \$40 co-pay per specialist visit     100% after \$22 primary care visit or \$40 co-pay per specialist visit       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 \$22 primary care visit or \$40 co-pay per specialist visit       Physician Services     Allergy injections     100% after office visit co-pay     100% after office visit co-pay       Inpatient services     90% after deductible     80% after dedi 00% after dedi     80% after dedi       Inpatient care (semi-private room and board, nursing care, ICU)     \$100 co-pay     80% after dedi       Outpatient honsurgical care Outpatient tests, lab and X-ray Ancillary services     \$100 co-pay     80% after dedi       Outpatient tests, lab and X-ray Ancillary services     80% after fs100 co-pay per visit (waived if admitted)     80% after dedi       Urgent treatment center     N/A     100% after fs10 visit (waived if admitted)     80% after deductible       Skilled nursing facility (up to 100 days/plan year)     80% after deductible     80% after deductible     80% after deductible       Dtrable medical equipment Am	
Physician Services     Office visits (excludes diagnostic lab and X-ray)     primary care visit or \$40 co-pay per specialist visit     primary care visit -pay per specialist 100% after office visit co-pay     primary care visit -pay per specialist 100% after office visit co-pay     primary care visit -pay per specialist visit       Allergy injections     100% after for 100% after s10 co-pay per visit     100% after s11 visit     100% after s10 visit       Inpatient services     90% after deductible     80% after dedi       Physician visits to emergency room     80%     80%       Inpatient care (semi-private room and board, nursing care, ICU)     \$300 co-pay     80% after dedi       Outpatient care (semi-private room and board, nursing care, ICU)     \$300 co-pay     80% after dedi       Outpatient care (semi-private room and board, nursing care, ICU)     \$300 co-pay     80% after dedi       Outpatient care (semi-private room and board, nursing care, ICU)     \$300 co-pay     80% after dedi       Outpatient targery     \$100 co-pay     80% after dedi       Urgatient tests, lab and X-ray Ancillary services     80% after \$100 co-pay per visit (waived if admitted)     80% after \$20 visit (waived if wait (waived if wait (waived if wait feeductible     80% after dedi       Other Medical Services     Skilled nursing facility (up to 100 days/plan year) and hospice services<	50% after deductible
Physician Services     Allergy injections     100% after \$10 co-pay per visit     100% after \$11 visit       Inpatient services     90% after deductible     80% after deductible     80% after deductible       Physician visits to emergency room     80%     80%     80%       Inpatient care (semi-private room and board, nursing care, ICU)     \$300 co-pay     80% after deductible     80% after deductible       Outpatient nonsurgical care Outpatient tests, lab and X-ray Ancillary services Organ transplants     \$100 co-pay     80% after deductible     80% after feductible       Emergency room     80% after \$100 co-pay per visit (waived if admitted)     80% after feductible     80% after feductible       Urgent treatment center     N/A     100% after \$100 visit     80% after deductible       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       Bow after deductible     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)     100% after feductible     80% after feductible <	sit or \$50 50% after deductible
Services     Allergy injections     100% after \$10 co-pay per visit     100% after \$11 visit       Inpatient services     90% after deductible     80% after deductible     80% after deductible       Physician visits to emergency room     80%     80%     80%       Inpatient care (semi-private room and board, nursing care, ICU)     \$300 co-pay     80% after deductible       Outpatient surgery     \$100 co-pay     80% after deductible     80% after deductible       Outpatient tests, lab and X-ray     Ancillary services     90% after \$100 co-pay per visit     80% after \$100 visit (waived if demitted)       Emergency room     80% after \$100 co-pay per visit     80% after \$100 visit (waived if demitted)     80% after \$100 visit (waived if demitted)       Urgent treatment center     N/A     100% after \$50 visit     100% after \$20 visit       Other Medical Services     Durable medical equipment     80% after deductible     80% after deductible       Burablance     80% after deductible     80% after deductible     80% after deductible       Skilled nursing facility (up to 100 days/plan year) and hospice services     80% after deductible     80% after deductible       Durable medical equipment     80% after deductible     80% after deductible	ce visit co-pay 50% after deductible
Image: Production of the physician visits to emergency room     \$75 co-pay     80% after dedi       Physician visits to emergency room     80%     80%     80%       Inpatient care (semi-private room and board, nursing care, ICU)     \$300 co-pay     80% after dedi       Outpatient surgery     \$100 co-pay     80% after dedi       Outpatient nonsurgical care     90% after deductible     80% after dedi       Outpatient nonsurgical care     90% after deductible     80% after fold       Outpatient nonsurgical care     90% after deductible     80% after fold       Outpatient nonsurgical care     90% after deductible     80% after fold       Outpatient nonsurgical care     90% after deductible     80% after fold       Outpatient nonsurgical care     90% after deductible     80% after fold       Urgent transplants     80% after \$100 co-pay per visit     80% after \$100 visit (waived if       Urgent treatment center     N/A     100% after \$20 visit     80% after deductible       Skilled nursing facility (up to 100 days/plan year)     80% after deductible     80% after deductible     80% after deductible       Durable medical equipment     80% after deductible     80% after deductible     80% after deductible<	) co-pay per 50% after deductible
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Hospital Services   Outpatient tests, lab and X-ray Ancillary services Organ transplants   80% after \$100 co-pay per visit (waived if admitted)   80% after \$100 visit (waived if during admitted)     Urgent treatment center   N/A   100% after \$50 visit     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     Durable medical equipment   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)   100% after \$20 co-pay/visit   100% after \$30 visit     Mental Health   Inpatient   90% after deductible   80% after deductible	uctible 50% after deductible
Emergency room   (waived if admitted)   80% after \$100     Urgent treatment center   N/A   100% after \$50     Skilled nursing facility (up to 100 days/plan year)   80% after deductible   80% after deductible     Home health care (up to 100 visits/plan year)   80% after deductible   80% after deductible     Durable medical equipment   80% after deductible   80% after deductible     Services   Durable medical equipment   80% after deductible   80% after deductible     Chiropractic care*, physical, speech, music, hydrotherapy, occupational and acupuncture therapy (limited to 45 visits per plan year, combined)   100% after \$20 co-pay/visit   100% after \$30     *Maximum 20 visits for chiropractic care   90% after deductible   80% after deductible   80% after deductible	uctible 50% after deductible
Orgent treatment center     N/A     visit       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       Durable medical equipment     80% after deductible     80% after deductible     80% 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       Mental Health     Inpatient     90% after deductible     80% after deductible	
Other Medical Services Year) 80% after deductible 80% after deductible   Other Medical Services Home health care (up to 100 visits/plan year) and hospice services 80% after deductible 80% after deductible   Durable medical equipment 80% after deductible 80% after deductible 80% 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) 100% after \$20 co-pay/visit 100% after \$30   Mental Health Inpatient 90% after deductible 80% after deductible	) co-pay per 50% after deductible
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Other Medical Services   Ambulance   80% after deductible   80% after deductible     Services   Ambulance   80% after deductible   80% after deductible     Chiropractic care*, physical, speech, music, hydrotherapy, occupational and acupuncture therapy (limited to 45 visits per plan year, combined)   100% after \$20 co-pay/visit   100% after \$30     Mental Health   Inpatient   90% after deductible   80% after deductible	uctible 50% after deductible
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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     Mental Health   Inpatient   90% after deductible   80% after deductible	actible 80% after deductible
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	uctible 50% after deductible
Abuse Outpatient 100% after \$40 co-pay/visit 100% after \$50	

# **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	\$1,628	\$1,076	\$552
Retiree + children	\$2,433	\$1,076	\$1,367
Retiree + spouse	\$3,262	\$1,076	\$2,186
Retiree + family	\$4,080	\$1,076	\$3,004

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

	Years of Service		
Age at Retirement	15 or more but less than 20	20 or more but less than 25	25 or more
Less than 60	\$1,302	\$977	\$651
60 or older but less than 61	\$1,221	\$895	\$570
61 or older but less than 62	\$1,140	\$814	\$488
62 or older but less than 63	\$1,058	\$733	\$407
63 or older but less than 64	\$977	\$651	\$326
64 or older but less than 65	\$895	\$570	\$244

Retirees **under age 65 and hired on or after Jan. 1, 2006,** pay \$1,628 per month.

If you wish to add a spouse who is under 65 years old or child(ren), these additional rates apply:		
Children Add \$815/month		
Spouse Add \$1,634/month		
Spouse + children Add \$2,452/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).

Retiree 2024-25	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	Medical out-of-pocket maximum	\$4,000/member; \$8,000/family	\$4,000/member; \$8,000/family
Amount	Prescription out-of-pocket maximum	\$5,000/member; \$10,000/family	\$5,000/member; \$10,000/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%
	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
Physician Services	Lab tests and X-rays Diagnostic tests	100% after office visit co-pay	100% after office visit co-pay
Services	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%
	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
Hospital Services	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%
	Emergency room	80% after \$100 co-pay (waived if admitted)	80% after \$100 co-pay (waived if admitted)
Emergent/ Urgent Services	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
o	Skilled nursing facility (up to 100 days per plan year) Home health care (up to 100 visits per plan year) Hospice services	100%	100%
Other Medical Services	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	Inpatient	100% after \$300 co-pay per admission	100% after \$500 co-pay per admission
and Substance Abuse	Outpatient	100% after \$40 co-pay per visit	100% after \$50 co-pay per visit

# **UK Indemnity**

### 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).



**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.

### 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	\$1,240	\$1,076	\$164
Retiree + children	\$1,849	\$1,076	\$773
Retiree + spouse	\$2,436	\$1,076	\$1,360
Retiree + family	\$3,023	\$1,076	\$1,947

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

	Years of Service		
Age at Retirement	15 or more but less than 20	20 or more but less than 25	25 or more
Less than 60	\$992	\$744	\$496
60 or older but less than 61	\$930	\$682	\$434
61 or older but less than 62	\$868	\$620	\$372
62 or older but less than 63	\$806	\$558	\$310
63 or older but less than 64	\$744	\$496	\$248
64 or older but less than 65	\$682	\$434	\$186

Retirees under age 65 and hired on or after Jan. 1, 2006, pay \$1,240 per month.

If you wish to add a spouse who is under 65 years old or child(ren), these additional rates apply:		
Children Add \$609/month		
Spouse Add \$1,196/month		
Spouse + children Add \$1,783/month		
At age 65 or older, retirees pay the lower Medicare Advantage rate.		

Retiree 2024-25	UK Indemnity Major Plan Benefits	Benefits for Covered Services Provided at Anthem Providers
	Annual deductible	\$500/member; \$1,000/family
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 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
	Emergency room	80% after \$100 co-pay (waived if admitted)
Other Medical Services	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 recieve 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**.

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

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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**) 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 <u>may save money on your</u> 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 outof-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	\$1,750	\$1,750
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.

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Member ID: Group No: W230104003 Pan UNIVERSITY OF KENTUCKY Coverage(s): Medical	

### 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	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 со-рау	Up to \$30
Standard anti-reflective coating	\$45	N/A	\$0 со-рау	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

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

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 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

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

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

### 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.

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

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.