

Open Enrollment Frequently Asked Questions

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QUESTION	ANSWER
<p>1. What is the employed-spouse premium (ESP)?</p>	<p>The ESP is an additional \$200 per month you will have to pay for your 2012 monthly medical premium if you meet certain conditions. (\$100 per pay period based on 24 pays.) Please see question #2 "<i>Who <u>has</u> to pay the ESP?</i>"</p>
<p>2. Who has to pay the ESP?</p>	<p>The ESP <u>applies</u> if you meet <u>all</u> of the following conditions:</p> <ul style="list-style-type: none"> • your spouse is employed full-time (as defined by your spouse's employer), or your spouse works on average 30 hours or more per week; and • your spouse's employer provides your spouse with access to employer-sponsored medical insurance; and • your spouse does not enroll in medical insurance with his or her own employer for 2012 and instead enrolls in the LG&E and KU medical plan for 2012.

QUESTION	ANSWER
<p>3. Who does not have to pay the ESP?</p>	<p>The ESP does <u>not</u> apply if:</p> <ul style="list-style-type: none"> • Your spouse is not employed; or • Your spouse is not employed full-time (as defined by his or her employer), or your spouse works on average fewer than 30 hours per week; or • Your spouse’s employer does not provide your spouse with access to employer-sponsored medical insurance; or • Your spouse does not enroll in the LG&E and KU medical plan for 2012; or • Your spouse enrolls in his or her own employer’s medical insurance for 2012 and also chooses to enroll in the LG&E and KU medical plan for 2012 (which means the LG&E and KU medical plan would be secondary).
<p>4. Why is the company implementing the ESP for 2012?</p>	<p>The purpose of the ESP is to financially incent all employees’ spouses to enroll in their own employer’s medical insurance regardless of whether or not they receive an incentive from their employers to not enroll. When an employed spouse enrolls in his or her own employer’s medical insurance, the spouse’s medical costs are appropriately shifted to his or her own employer rather than paid by LGE and KU. This results in a reduction in the medical claim costs for our medical plan. Accordingly, the ESP reduces the extent to which our company and our employees subsidize the healthcare expenses of other employers.</p> <p>Had we not implemented the ESP, 2012 medical premiums were projected to increase 23.6 percent on average for all employees (e.g., 2012 Family Coverage monthly rates would have increased in the range of \$46 - \$110 depending on the medical option chosen).</p> <p>With the implementation of the ESP, we are able to keep our 2012 medical premium increases to a minimum, allowing our premiums to remain affordable for all of our employees (e.g., 2012 Family Coverage without ESP monthly rates will increase in the range of \$0-\$16 per month depending on the medical option chosen).</p>
<p>5. My spouse works full-time and does not receive an incentive from his or her employer to waive his or her employer-sponsored medical insurance. Will I pay the ESP?</p>	<p>Yes. The ESP will apply. If your spouse is employed full-time or works on average 30 hours or more per week and declines to enroll in his/ or her company’s employer-sponsored medical insurance, the ESP will apply to your spouse if he or she chooses to enroll in the LGE and KU medical plan regardless of whether or not your spouse receives an incentive to waive his or her employer-sponsored medical insurance.</p>
<p>6. If the ESP applies to me, should I enroll my spouse in the LG&E and KU medical plan for 2012 and pay the \$200 ESP, or should my spouse enroll in his or her employer-sponsored medical insurance?</p>	<p>If the ESP will apply to you, it is recommend that you “do the math” during this year’s Open Enrollment to compare rates and the benefit plan provisions. By comparing the rates and benefit provisions, you and your spouse will be able to decide if it’s best to enroll your spouse in the LG&E and KU medical plan and pay the ESP or if your spouse should enroll in his or her own employer’s medical insurance. Comparing the rates and coverage will help you see which option is better.</p>

QUESTION	ANSWER
<p>7. My spouse's open enrollment period isn't happening right now, so we can't make a change to his or her election for coverage yet. Will I pay the ESP?</p>	<p>If your spouse's employer considers the LG&E and KU open enrollment as a "qualifying event," your spouse's employer may allow your spouse to make a mid-year election to its medical insurance. If your spouse chooses to enroll in his or her company's employer-sponsored medical insurance effective Jan. 1, 2012, you would not have to pay the ESP.</p> <p>If your spouse's employer will not allow your spouse to enroll in its medical insurance until that company's next open enrollment period, you can keep your spouse enrolled in the LG&E and KU medical plan until your spouse's employer allows him or her to enroll in his or her employer's medical insurance. However, you would have to pay the ESP in 2012 until your spouse enrolls in his or her employer-sponsored medical insurance. Once your spouse enrolls in his or her own employer's medical insurance, you can complete the "Change in Family Status" form and return the form to the LG&E and KU Benefits Dept. within 30 days of your spouse's open enrollment period. Once the Benefits Dept. processes your change, you will no longer pay the ESP.</p>
<p>8. If my spouse enrolls in his or her employer's medical insurance, will I pay the ESP?</p>	<p>No. You do not pay the ESP if your spouse enrolls in his or her company's employer-sponsored medical insurance.</p>
<p>9. If my spouse enrolls in both his or her employer's medical insurance and in the LG&E and KU medical plan for 2012, will I pay the ESP?</p>	<p>No. For your spouse's medical claims, his or her employer's medical plan is "primary" medical insurance, and the LG&E and KU medical plan is "secondary" medical insurance. Because the LG&E and KU medical plan is your spouse's secondary insurance, you do not have to pay the ESP.</p> <p>Definitions:</p> <p><u>"Primary"</u> medical insurance pays eligible medical claims first for a covered individual. If you are employed, your employer's medical insurance is automatically your primary insurance.</p> <p><u>"Secondary"</u> medical insurance pays medical claims second for a covered individual. The secondary insurance pays its portion of the eligible claim expenses after the primary insurance pays its share. If you are enrolled in both your employer's medical plan and enrolled in your spouse's medical plan, your spouse's medical plan is automatically your secondary insurance. Anthem administers primary and secondary insurance claims through its Coordination of Benefits (COB) service.</p> <p><u>"Birthday Rule"</u> applies if you have children enrolled in both parents' medical insurance plans. Whichever parent's birthday occurs first during a calendar year, that parent's insurance plan is the children's primary plan, and the other parent's insurance plan is the children's secondary plan. For example, the mother's birthday is May 15, and the father's birthday is Oct. 3. The mother's medical insurance is the children's primary plan, and the father's medical insurance is the children's secondary plan because May comes before October.</p>
<p>10. Does the ESP apply to dental coverage?</p>	<p>No. The ESP does not apply to dental coverage. The ESP only applies to LG&E and KU medical coverage.</p>

QUESTION	ANSWER
<p>11. Did LG&E and KU research any cost containment options other than the ESP?</p>	<p>Yes. Each year the company studies cost containment strategies to minimize our medical expense increases and keep employee premiums affordable, while providing a competitive level of benefits.</p> <p>In addition to the ESP, the company studied other cost containment strategies such as:</p> <ul style="list-style-type: none"> • eliminating the EPO option; • changing from fixed \$7/\$25/\$40 co-pays for prescription drugs to employees paying a percentage of the Rx cost (e.g., 20 percent of the Rx cost); • changing from the fixed \$20/\$30 co-pays for doctor visits to employees paying a co-insurance percentage (e.g., 20 percent of the doctor visit cost); • changing the EPO plan provisions to require higher co-payments for certain medical services; • changing the PPO plan provisions to require higher deductibles and co-payments; and • Eliminating the EPO and PPO options and offering only a high deductible health plan option. <p>The above options would help reduce employee premiums, but they would also result in less coverage. The ESP was the only option that allowed for the same robust coverage with minimal increases in employee premiums.</p>

QUESTION	ANSWER
<p>12. If the ESP applies to me, should I enroll my spouse into the LG&E and KU medical plan for 2012 and pay the ESP, or should my spouse enroll in his or her employer-sponsored medical insurance?</p>	<p>If the ESP will apply to you, it is recommend that you “Do the Math” during this year’s Open Enrollment to compare rates and benefit plan provisions. By comparing the rates and benefit provisions, you and your spouse will be able to decide if it’s best to enroll your spouse in the LG&E and KU medical plan and pay the ESP or for your spouse to enroll in his or her own employer’s medical insurance. Comparing the rates and coverage will help you see which option is better.</p> <p>Here is an example of how “doing the math” for the EPO option might work:</p> <ul style="list-style-type: none"> • Option #1 - If your employed spouse decides to enroll in his or her own employer’s medical insurance and does not enroll in the LG&E and KU medical plan, you could change your coverage level to the less expensive “Employee Only” coverage on the LG&E and KU medical plan. The 2012 monthly rate for EPO “Employee Only” coverage is \$122 per month, which is lower than the \$490 per month EPO “Employee + Spouse with ESP. <p>However, you should not make your decision based just on premium costs – you also should consider the benefit provisions and out-of-pocket costs of your spouse’s plan. You should consider the following questions:</p> <ul style="list-style-type: none"> - Does that plan have a high deductible? - Are the doctors and hospitals you use in-network for that plan? - Does that plan have co-insurance or co-pays for doctor’s visits? - Does that plan cover the medical services that you typically use? - Does that plan provide vision coverage? <p>All of these out-of-pocket costs should be considered when making your open enrollment decisions.</p> <ul style="list-style-type: none"> • Option #2 - If your employed spouse chooses to decline his or her employer’s medical insurance and instead chooses to enroll in the LG&E and KU medical plan, the 2012 monthly rate for the EPO “Employee + Spouse with ESP” Coverage is \$490. • Option #3 – If your employed spouse chooses to enroll in both his or her own employer’s medical insurance and in the LG&E and KU medical plan, your spouse’s employer’s plan will be your spouse’s primary plan, and the LG&E and KU plan will be your spouse’s secondary plan. Under this option, the ESP would not apply, and your 2012 monthly rate would be based on the EPO “Employee + Spouse” option of \$290 (in addition to the monthly rate your spouse is paying his or her employer for medical insurance).
<p>13. If my spouse and I have separate medical plans, which plan should cover our children?</p>	<p>You should “do the math” to determine your best option based on cost and coverage. Your children can be covered by the LG&E and KU medical plan, they could be covered by your spouse’s coverage, or you can choose to cover your children on both medical plans.</p>

QUESTION	ANSWER
<p>14. If my spouse enrolls in both his or her employer's medical insurance and in the LG&E and KU medical plan for 2012, will I pay the ESP? How are these benefits coordinated?</p>	<p>No. The ESP does not apply because the LG&E and KU medical plan is your spouse's secondary insurance.</p> <p>Coordination of Benefits If you or your spouse has medical insurance through more than one plan, there are insurance industry guidelines that coordinate the two policies to ensure claims are charged to the right benefit plan. These rules are known as "Coordination of Benefits" (COB), and it's a way to cover more of your costs.</p> <p>The COB rules Under the COB rules, you can never receive more than the actual cost of a product or service (i.e., you can't claim the full amount of the expense under both medical plans. You can only claim under the second plan the portion that the first plan did not cover.)</p> <ul style="list-style-type: none"> • If you are submitting an expense for yourself, you send it to your own employer's medical plan first (this is your "primary" payer) and then to your spouse's plan (this is your "secondary" payer). • Your spouse should submit the claim to his or her employer's medical plan first (her "primary" payer) and then to your medical plan (her "secondary" payer) if there is any unpaid amount. <p>(Note: When your spouse's claims are paid by his or her employer's medical plan first, it reduces our LG&E and KU plan's claims experience, which keeps employee premiums affordable, while providing a competitive level of benefits.)</p> <ul style="list-style-type: none"> • If you have children who are covered by two medical plans, the parent whose birthday falls earliest in the year sends the child(ren)'s claims to his or her plan first. This is the "birthday rule."
<p>15. What happens if I am paying the ESP and my spouse no longer meets the ESP requirements?</p>	<p>If your spouse no longer meets the ESP requirements (e.g., your spouse loses his or her job, your spouse begins working fewer than 30 hours per week, or your spouse's employer no longer offers medical insurance), this is considered a change in family status.</p> <p>You will need to complete two forms 1) the "Change in Family Status" form and 2) Verification of Spousal Health Care Coverage" form. These forms can be found on the Benefits intranet site. Follow all instructions on the forms and return them to the Benefits Dept. within 30 days from when your spouse no longer meets the ESP requirements.</p> <p>Your medical deduction will be changed to reflect elimination of the ESP for future pre-tax deductions (there are no retroactive adjustments to pre-tax deductions). The date of the deduction change will occur no later than 15 days after receipt of the "Verification of Spousal Health Care Coverage" form and Change in Family Status forms; so it's important to get the forms in early.</p>

QUESTION	ANSWER
<p>16. What happens if I am not paying the ESP and my spouse now meets the ESP requirements?</p>	<p>If your spouse now meets the ESP requirements, this is considered a change in family status. (See question #2 “Who has to pay the ESP?” for list of requirements),</p> <p>You will need to complete two forms 1) the “Change in Family Status” form and 2) Verification of Spousal Health Care Coverage” form. These forms can be found on the Benefits Intranet site. Follow all instructions on the forms and return them to the Benefits Dept. within 30 days from when your spouse now meets the ESP requirements.</p> <p>If you fail to report in a timely manner that your spouse meets the ESP requirements, it is considered falsification of your records, and you could be subject to termination of employment.</p>
<p>17. What happens if I get married, and I want to add my new spouse to my medical plan?</p>	<p>As with any change in family status, you have 30 days from your marriage date to add a new spouse and dependents to your medical and dental plans.</p> <p>You will need to complete the “Change in Family Status” form and a “Verification of Spousal Health Care Coverage” form and will be required to provide proof of eligibility for any dependents. These forms can be found on the Benefits intranet site. Follow all instructions on the forms and return the form to the Benefits Dept. within 30 days from when your spouse becomes eligible for coverage. If your spouse meets the ESP requirements your medical premium deductions will include the additional \$200 monthly ESP.</p> <p>If you fail to report that your spouse meets the ESP requirements, it is considered falsification of your records, and you could be subject to termination of employment.</p>
<p>18. Can I add or drop my spouse and or children after our open enrollment period if my spouse’s employer has an open enrollment in November?</p>	<p>You can change your LG&E and KU medical and dental elections during your annual open enrollment period.</p> <p>In addition, LG&E and KU considers a spouse's annual enrollment a qualifying Change in Status event, which allows you to add or drop your spouse and or children from LG&E and KU coverage within 30 days of his or her open enrollment.</p> <p><u>Note:</u> Other companies’ policies vary, but you may want to check with your spouse’s employer to see if LG&E and KU’s annual enrollment is considered a family status change at your spouse’s employer.</p>
<p>19. If my spouse is offered COBRA, is that considered employer-sponsored medical insurance?</p>	<p>For purposes of the ESP, no. The ESP will not apply.</p> <p>If your spouse loses his or her medical insurance and is offered COBRA from his or her employer, for ESP purposes this is not employer-sponsored medical insurance. Your spouse can enroll in the LG&E and KU medical plan immediately under “special enrollment rights” as a result of a qualifying event, and the ESP would not apply.</p> <p>You should make this change within 30 days of your spouse losing coverage and consult the LG&E and KU Benefits Department for more information. You would need to complete the “Change in Family Status” form and return it to the Benefits Dept. by the due date. Once the form is processed by the Benefits Dept., your future medical premium deductions will not include the ESP. LG&E and KU will not make retroactive refunds for previous medical premium deductions.</p>

QUESTION	ANSWER
<p>20. My spouse is enrolled in Medicare. Is that considered employer-sponsored medical insurance?</p>	<p>No. The ESP will not apply.</p>
<p>21. My spouse is retired and is eligible for retiree medical coverage from his former employer. Is that considered employer-sponsored medical insurance?</p>	<p>No. For 2012, retiree medical coverage does not count as employer-sponsored medical insurance for the purposes of the employed-spouse premium. The ESP will not apply for 2012.</p>
<p>22. I am on inactive status receiving long-term disability benefits. Will the ESP apply to me?</p>	<p>Yes, if you meet all the requirements listed in question #2 "Who has to pay the ESP?"</p> <p>The ESP applies to inactive LG&E AND KU employees receiving long-term disability benefits because you pay the same monthly employee contribution as active, full-time employees.</p>
<p>23. I am a Regular Part-time LG&E and KU employee. Will the ESP apply to me?</p>	<p>No. The ESP does not apply to part-time LG&E and KU employees because they are already paying the full cost to cover a spouse on the LG&E and KU medical plan.</p>
<p>24. I am a COBRA participant on the LG&E and KU medical plan. Will the ESP apply to me?</p>	<p>No. The ESP will not apply to COBRA participants because COBRA participants already pay 102 percent of the full premium.</p>
<p>25. If my spouse and I both work at LG&E and KU, will the ESP apply to us?</p>	<p>No.</p>
<p>26. If my spouse enrolls in his or her employer's medical insurance, will I pay the ESP?</p>	<p>No. you do not pay the ESP if your spouse enrolls in his/her company's employer-sponsored medical insurance.</p>
<p>27. My spouse's medical insurance doesn't have in-network providers in my geographic area. Is this still considered access to employer-provided medical coverage?</p>	<p>Yes.</p>
<p>28. My spouse's medical coverage is not as good as LG&E and KU's. Will the ESP apply to me?</p>	<p>Yes.</p>

QUESTION	ANSWER
29. My spouse is very ill. Does that make a difference if the ESP applies?	No. Your spouse's health condition is not used to decide the ESP.
30. My spouse is not employed. Will I pay the ESP?	No.
31. My spouse is not employed full-time nor does he/she work on average 30 hours or more per week. Will I pay the ESP?	No.
32. My spouse works 32 hours per week, but his or her employer doesn't offer employer-sponsored medical insurance. Will I pay the ESP?	No.
33. My spouse works 20 hours a week and has access to medical coverage. Will I pay the ESP?	No.
34. My spouse's employer does not offer employer-sponsored medical insurance. Will I pay the ESP?	No.
35. My spouse is not enrolled in the LG&EKU medical plan. Will I pay the ESP?	No.
36. My spouse is self-employed. Will I pay the ESP?	No, as long as his or her company does not offer employer-sponsored medical insurance.
37. My spouse has individual direct-pay medical insurance. Will I pay the ESP?	No.
38. How will the company monitor who is paying the ESP?	<p>After Open Enrollment ends, the company will conduct an audit of all employees that have a spouse enrolled in the LG&E and KU medical plan. You will be required to complete a "Verification of Spousal Health Care Coverage" form to validate whether the ESP applies to you.</p> <p>If you fail to return the signed verification form by the due date, your spouse will be dropped from coverage from the LG&E and KU medical plan for 2012. You will not be able to re-enroll your spouse until the next open enrollment period or until there is a Change in Family status.</p>

QUESTION	ANSWER
<p>39. Do I need to complete a verification form if my spouse is not covered by my LG&E and KU medical plan?</p>	<p>No.</p>
<p>40. Does the verification form need to be completed by my spouse's employer?</p>	<p>If your spouse is employed, yes.</p>
<p>41. What if I do not return the completed "Verification of Spousal Health Care Coverage" form by the due date?</p>	<p>If you fail to return the signed "Verification of Spousal Health Care Coverage" form to the third party auditor by the due date, your spouse will be dropped from medical coverage from the LG&E and KU medical plan for 2012. Once dropped from coverage, your spouse will not be able to enroll into the LG&E and KU medical plan until the next Open Enrollment period unless you have a qualifying "Change in Family Status" event.</p>
<p>42. If I drop my spouse from medical, can he/she keep vision and dental coverage?</p>	<p>If you drop your spouse from medical, you are dropping him/her from vision benefits too.</p> <p>If you drop your spouse from medical, you can still keep him/her on your dental plan.</p>
<p>43. Where can I get answers to my open enrollment questions?</p>	<p>Information is available through the following sources:</p> <ul style="list-style-type: none"> • Email (open.enrollment@lge-ku.com) • Benefits Hotline (502-627-2121 or toll free @ 877-418-2121) • News Transmission • Open Enrollment Internet Site (www.lge-ku.com/oe) • Open Enrollment Intranet Site • Facebook page dedicated to Open Enrollment (www.facebook.com/oebyw) • Information packets mailed to employees' homes Sept. 8 • Online Webinar (available the week of September 19)
<p>44. Who may I contact if I never received my information packet via the home mailing?</p>	<p>If you did not receive your information packet at home you may do one of the following:</p> <ul style="list-style-type: none"> • Go to the Open Enrollment Intranet Site and click on the link "Open Enrollment Home Mailing" to print a pdf version of the entire packet. • Send an email to open.enrollment@lge-ku.com and request a copy of the mailing. • Contact the Benefits Department at 502-627-2121.

QUESTION	ANSWER
<p>45. Why is the company conducting open enrollment early this year?</p>	<p>The primary reason the company is conducting open enrollment earlier this year is to give employees a full picture of their coverage options with the change in premium structure. The company normally conducts open enrollment in November each year. Most other employers usually conduct their annual open enrollment in October or November too. The company scheduled this year's open enrollment for Sept 12-30 to help accommodate employees who have working spouses. Employees will be able to make decisions in September on whether or not to enroll their working spouse in the LGE-KU medical plan. It is important for you to make an election during open enrollment. Otherwise, your coverage may be defaulted or you may not have any coverage at all.</p> <p>Because the company considers a spouse's annual enrollment as a qualifying event for a change in status, you can also make enrollment changes outside of the Company's September annual open enrollment period. If your spouse changes their medical election during their company's open enrollment that occurs after September 30, you can add your spouse and children to – or remove your spouse and children from – your 2012 LGE-KU open enrollment elections based on your spouse's open enrollment elections.</p> <p>If you decide to change (adding your spouse and children to or removing them from your plan) your 2012 elections due to your spouse making elections during their company's open enrollment that occurs after September 30, you will need to send the Benefits Department a "Change in Family Status" form and proof that your spouse is making election changes during their open enrollment. The form and proof must be sent to the Benefits Department within 30 days of your spouse's open enrollment dates.</p>
<p>46. My spouse is offered a "qualified" High Deductible Health Plan by her employer. Can she enroll in both her medical plan and in our medical plan?</p>	<p>The answer depends on whether or not your spouse's qualified high deductible health plan has a Health Savings Account (HSA) attached to it.</p> <ul style="list-style-type: none"> - If your spouse's qualified high deductible health plan includes employer and/or employee contributions to a HSA, the answer is no. Federal regulations prohibit anyone from getting contributions to a Health Savings Account if they are covered by any medical plan that is not a "qualified" High Deductible Health Plan. You should consult with your spouse's employer about these restrictions. - If your spouse does not contribute to the HSA and your spouse is allowed to waive the HSA contribution from their employer, then your spouse can enroll in both their own employer's high deductible medical plan and into the LG&E-KU medical plan. You should consult with your spouse's employer about these restrictions and fully consider whether this option would be beneficial to you.

This FAQ is prepared to help you make decisions about the employed-spouse premium (ESP). The FAQ is intended to be an easy-to-read guide. The company intends to continue the benefit plans described in this FAQ, however circumstances may change, and the company reserves the right to change, suspend or terminate them at any time.

If you have any questions about the this FAQ, please email your question to open.enrollment@lge-ku.com