

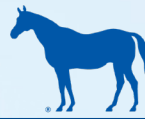
2025 EMPLOYEE BENEFITS OVERVIEW



LEXINGTON

January 1, 2025 through December 31, 2025

The contents of this booklet are intended for general information purposes only. It is not to be relied upon as a summary plan description or for the determination of any policy benefits, limitations, or exclusions. The master insurance policies issued by the respective carriers will be relied upon exclusively to determine all benefits.



THANK YOU!

Thank you for all that you do to make our government and city a great place to work and live. We appreciate your hard work and dedication.

For 2025, health insurance premiums will increase across all plans. The last time we increased premiums was in 2019. Since that time, healthcare costs have continued to rise, and we are no longer able to continue providing our employees with the best level of healthcare coverage without a small increase. However, our combined benefits package continues to offer a sound and impressive package that is among best in class for value.

There will be no change in our premium deductions or plan designs for dental, vision, and long-term disability. We will continue to offer a wide range of voluntary benefits so that employees may choose other coverages consistent with their personal and family needs.

For the 2025 plan year, we are restructuring our Flexible Spending Account (FSA) plan. Employees with an FSA will be able to roll over up to \$640 into the 2026 plan year.

If you have remaining flex credits, beginning in 2025, you will be able to place those funds in a Health Reimbursement Account (HRA) that you can use for health-related items such as prescriptions and co-pays for you regardless of whether they are on the LFUCG health insurance plan. For employees who elect this option, there is a \$3.25 per month administrative fee.

We will continue to contribute to your Health Savings Account (HSA) for those eligible and electing a High Deductible Health Plan (HDHP)/HSA medical plan. This contribution will assist you with current and future medical expenses. You will once again see that 50% of LFUCG's HSA contributions will be made during the month of January and the remaining 50% will be in July. Also, please note that per IRS regulations for 2025, HDHP deductibles are increasing from \$3,200/\$6,400 to \$3,300/\$6,600 for the individual and family respectively.

This year we are once again offering a "passive" enrollment. Your elections will automatically rollover to plan year 2025, unless you want to make a change during open enrollment. However, there is one exception. If you want to enroll or re-enroll in medical or dependent care FSA, you must make an election during this upcoming open enrollment for the 2025 plan year, otherwise your current election will default to waive. The IRS requires that you make this benefit election annually.

Finally, we are excited to announce that beginning in 2025, we will implement Phase 1 of our Wellbeing Incentive and Rewards Program at the Samuel Brown Health Center (SBHC). We will reward all active employees under the LFUCG health plan if they complete at least two SBHC visits from January 1, 2025, to December 31, 2025, by contributing \$100 to their HSA or FSA. Utilizing the Samuel Brown Health Center and the City Employee Pharmacy will help tremendously in controlling health care costs. If you are not already using the Health Center and Pharmacy, we encourage you to give them a try.

This booklet contains highlights of the benefits offered by LFUCG beginning January 1, 2025 through December 31, 2025. During the open enrollment period of October 21 through October 31, Human Resources representatives will be available to assist employees at limited locations and by phone.

I wish you all the best!

Glenda Humphrey George,
Director Division of Human Resources

WHAT'S INSIDE?

Enrolling in Benefits	3
Eligibility / Qualifying Events.....	4
Medical Plan Benefits (PPO and HSA)	5-6
Healthcare Flexible Saving Accounts (FSA)	7
Employee Assistance Program.....	7
Dental Benefits	8
Voluntary Vision Benefits	9
Group Life and AD&D Benefits.....	10
Voluntary Supplemental Plans 2025	10-11
Contacts	12

ENROLL IN BENEFITS ONLINE THROUGH PEOPLESOFT



1. Scan or click to Begin Your Enrollment
2. Select: Self-service Home Screen
3. Click On: Benefits Detail
4. Click On: Benefits Enrollment



For a successful enrollment, be sure to have the following information before you begin:

- PeopleSoft Password (call the Help Desk [859-258-3730] for assistance, if needed)
- Social Security numbers and birthdates for you and your family members who will be covered on your plans
- Proof of eligibility for any dependent(s) added to the benefit plans (marriage certificate, birth certificate, court documents). Documents can be submitted via email to benefitssection@lexingtonky.gov.

Be sure to verify that all information (address, social security number and beneficiaries) are correct.

To enroll in the additional life plans with Trustmark or Transamerica and the Short Term Disability with Trustmark, log in to: <https://trustmark.benselect.com/lfucg>

**Username: full social security number
Password: Last 4 SSN + last 2 digits of birth year**

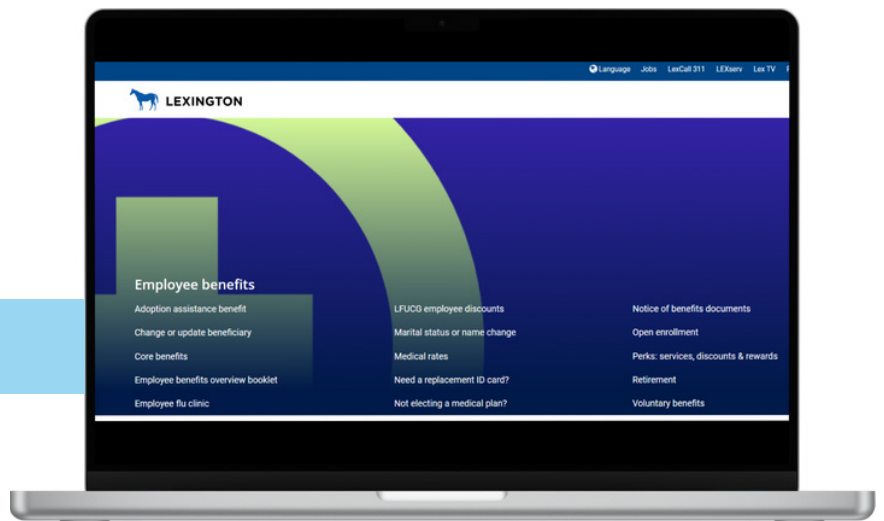
VISIT THE BENEFITS WEBSITE



www.lexingtonky.gov/benefits

Scan or visit the website above

You'll find summaries and contact information regarding all employee benefits.



LEXINGTON

ELIGIBILITY

Full-time employees are eligible for all benefits outlined in this summary on the first of the month following their date of hire. Eligible employees may elect to cover a spouse, dependent or qualified adult. All new employees must provide proof of dependents' eligibility to enroll (marriage certificate, birth certificate, and/or legal documents).

A qualified adult is defined as a person of the same or opposite sex who meets the following criteria (Email benefitssection@lexingtonky.gov for Affidavit and required documentation):

- Age 18 or older
- Not related to the employee
- Must reside with employee for at least 12 months prior to enrollment
- Agree to inform LFUCG within 30 days of any change in the circumstances attested to in the affidavit
- Must be unmarried
- Financially interdependent with the covered employee for at least twelve (12) months

Qualifying Events

The LFUCG offers an IRS-sponsored Section 125 Plan that allows premiums for medical, dental, vision insurance, contributions to FSA accounts and/or certain supplemental policies to be deducted from your paycheck on a pre-tax basis.

Plan changes cannot be made after open enrollment without a change in family status or qualifying event that is consistent with the IRS guidelines. A change in family status allows you to add or remove dependents from your plan but does not allow you to change from one plan to another. Visit the benefits website for examples of qualifying events.

NOTES:

Changes in family status must be reported to HR within 30 days of the qualifying event in order to make a plan change.*

Qualifying Event, where new dependent(s) are added to a plan, will require proof of eligibility.

*Per IRS regulations, after 30 days, plan changes will not be accepted

LFUCG ENCOURAGES YOU TO DOWNLOAD ANTHEM SYDNEY APP

Say Hi to Sydney, Anthem's Mobile App

Meet **'Sydney'**, the mobile app that runs on intelligence and keeps pace with you!

Anthem's digital app **'Sydney'** provides a single, convenient location for a digital ID card, plan details, spending accounts, claims and more!

You now have advanced integrated help and support with click to chat features and the ability to schedule a call back.



Download the
Sydney app at



MEDICAL PLAN BENEFITS - PPO PLAN

We're pleased to offer four medical plan options (two PPO and two HSA) administered through Anthem. All plan options cover preventive care at 100%. The deductibles for all plans are embedded, meaning only the individual deductible must be met by one person for Anthem to begin paying coinsurance for that person.

The out-of-pocket maximums work the same way. Deductibles and out-of-pocket maximums are calculated on a plan year basis (January - December). Once enrolled, you may visit anthem.com to access claims payments, look up in-network providers, and download ID cards. Dependent children may be covered until the end of the month in which a child turns age 26.

The options below are PPO Plans which require copays for most services. If you visit the hospital or need lab work, the deductible will apply before the Plan begins paying coinsurance.

LFUCG Health Plan Comparisons January 1 - December 31, 2025

Anthem In-Network Plan Design	PPO Plan Options	
	PPO 1	PPO 2
Calendar Year Annual Deductible	\$500 Individual \$1,000 Family	\$2,000 Individual \$4,000 Family
Coinsurance (Plan / Member)	80% / 20%	80% / 20%
Medical Maximum Out-of-Pocket	\$1,500 Individual \$3,000 Family	\$4,500 Individual \$9,000 Family
Rx Maximum Out-of-Pocket	\$2,000 Individual \$4,000 Family	\$2,000 Individual \$4,000 Family
Covered Services	Member Cost Share	
Samuel Brown Wellness Center	\$0 Copay	\$0 Copay
Primary Care / Specialist Office Visit	\$15 / \$30 Copay	\$30 / \$60 Copay
Preventive Care	Covered in full	Covered in full
Urgent Care	\$60 Copay	\$100 Copay
Emergency Room	Deductible + 20%	Deductible + 20%
Inpatient Facility / Outpatient Services	Deductible + 20%	Deductible + 20%
Rx Drug Copay	\$10 / \$30 / \$60 25% (\$100 max Rx)	\$10 / \$30 / \$60 25% (\$100 max Rx)
City Pharmacy Rx Drug Copay	\$3 / \$15 / \$30 25% (\$50 max Rx)	\$3 / \$15 / \$30 25% (\$50 max Rx)

Preventive care is covered at no cost to you!

Once you meet the deductible, coinsurance will begin if you visit the hospital or need more lab tests.

Your maximum out-of-pocket is the most you will pay during the calendar year!

The medical maximum out-of-pocket includes the deductible, coinsurance, and copays.

The separate Rx maximum out-of-pocket includes all pharmacy copays.

Flat-dollar copays apply for Primary Care or Specialist visits

The deductible applies when you visit the hospital for an inpatient or outpatient procedure or if you need lab work.

NEW!

NEW Benefit for 2025! A Health Reimbursement Account (HRA) will be offered in 2025. This is an employer-funded account that helps you pay for qualified out of pocket medical, dental and vision expenses. Unused funds may rollover from year to year, not to exceed a \$6,500 maximum account balance. Unused funds will be forfeited upon termination of employment.

MEDICAL PLAN BENEFITS - HSA-ELIGIBLE PLANS

The High Deductible Health Plan (HDHP) options below provide more control and accountability over how you use your benefits and spend your healthcare dollars.

These plans provide lower premiums out of your paycheck in addition to a Health Savings Account (HSA). The HSA allows you to set aside pre-tax contributions that are used to pay for out-of-pocket expenses. You also receive a contribution from your employer on a semi-annual basis!

Preventive care is covered at no cost to you!

The Health Savings Account (HSA) is available to help you pay for out-of-pocket expenses!

LFUCG contributes to your HSA each year! Contributions* are deposited in January and July.

*Contributions are not prorated

You may contribute up to \$4,300 for employee only coverage or \$8,550 if you cover family members

For employees age 55 and older, you may contribute an additional \$1,000!

Medical and Rx expenses apply to the deductible and maximum out-of-pocket

There are no copays on the HSA plans!

Instead of copays, you pay the full amount of the claim after the Anthem discount is applied.

LFUCG Health Plan Comparisons January 1 - December 31, 2025

Anthem In-Network Plan Design	HDHP/HSA Options	
	HSA 1	HSA 2
Annual LFUCG HSA Contribution	\$500 Indiv. \$1,000 ES/EC/F	\$1,000 Indiv. \$1,000 ES/EC/F
Calendar Year Annual Deductible	\$3,300 Individual \$6,600 Family	\$3,300 Individual \$6,600 Family
Coinsurance (Plan / Member)	100% / 0%	80% / 20%
Medical Maximum Out-of-Pocket (includes deductible and coinsurance)	\$3,300 Individual \$6,600 Family	\$5,250 Individual \$10,500 Family
Rx Maximum Out-of-Pocket	Included in Med Max Out-of-Pocket	Included in Med Max Out-of-Pocket
Covered Services	Member Cost Share	
Samuel Brown Wellness Center	\$0 Copay	\$0 Copay
Primary Care / Specialist Office Visit	Deductible + 0%	Deductible + 20%
Preventive Care	Covered in full	Covered in full
Urgent Care	Deductible + 0%	Deductible + 20%
Emergency Room	Deductible + 0%	Deductible + 20%
Inpatient Facility / Outpatient Services	Deductible + 0%	Deductible + 20%
Rx Drug Copay	Deductible + 0%	Deductible + 20%
City Pharmacy Rx Drug Copay	Deductible + 0%	Deductible + 20%

NEW!

NEW Benefit for 2025! A Health Reimbursement Account (HRA) will be offered in 2025. This is an employer-funded account that helps you pay for qualified out of pocket medical, dental and vision expenses. Unused funds may rollover from year to year, not to exceed a \$6,500 maximum account balance. Unused funds will be forfeited upon termination of employment.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Accounts (FSAs) offer you the opportunity to payroll deduct some of your income on a pre-tax basis to pay for certain healthcare expenses that may not be covered as part of your benefit plans. In addition to the pre-tax savings benefit, your total election amount will be available at the beginning of the plan year! You will “pay back” the program with future paycheck deductions.

Healthcare Flexible Spending Account Details

Annual Contribution Limits (limits subject to change)	Up to \$3,200 You cannot make changes to election amount without a Qualifying Event
Medical FSA (Available with PPO Plans or stand-alone)	Qualified Expenses: Medical, Dental, Vision, Pharmacy, Some Over-the-Counter Medications
Debit Card Included	Yes
Plan Year	January 1 – December 31
Last Day to incur expenses	December 31st
Extension period to file claims from previous plan year	March 31st
Termination of employment/Plan	90 days to request reimbursement
2026 Maximum Rollover Amount	\$640

The Dependent Care Account (for use with either a medical plan or stand-alone)

This account allows you to payroll deduct **pre-tax dollars** to fund the childcare of children under the age of 13, or a disabled spouse, child, or parent. This account can be used for day-care, preschool, after school care, summer day camp or elder care.

Dependent Care Account Details

Annual Contribution Limits	Up to \$5,000 for single taxpayers and married couples filing jointly OR up to \$2,500 for married individuals filing separately
Medical Plan or Stand-Alone	Qualified Expenses: Day care, Preschool, After School Care, Summer Day Camp, Elder Care
2 ½ month Grace Period	2 ½ months (March 15)

You must re-enroll each year in the Medical FSA and Dependent Care Account. Dependent Care Account funds do not rollover.

Employee Assistance Program (EAP)

Because stress happens...

- Work Stress
- Marriage or relationship stress
- Financial stress
- Alcohol and drug problems
- Family issues
- Conflict with co-workers
- Caring for aging parents

Don't allow problems of daily living to limit your productivity and happiness. Take a different path. Access Wellness Group EAP can help. Your Employee Assistance Program can help you deal with personal and professional problems that are interfering with your peace of mind and your ability to enjoy life and work.



**Call to schedule appointments:
1-859-309-0309**

Web: www.accesswellnessgroup.com

IMPORTANT: Be sure to identify yourself as an LFUCG employee (or family member).

Also available:

- Up to 2 hours of free legal consultation
- Financial counseling
- Elder care consultation

Access
Wellness
Group

DENTAL BENEFITS



Your Delta Dental plan options allow you access to two dental network options that are both considered In-Network: the PPO Network and the Premier Network. PPO and Premier Network providers agree to contracted amounts for their services, which prevents the provider from balance billing you for any amount that is discounted by Delta Dental.

Which network is better? The PPO Network offers the deepest negotiated discounts, which results in more savings to you! The Premier Network includes more providers, but the discounts are not as deep as the PPO Network. If you choose an out-of-network provider, dental services are paid by Delta Dental, but you may be subject to paying additional money, over what Delta Dental has paid, since this is not a contracted provider. (This is called balanced billing.)

To confirm if your provider participates with either the PPO or Premier Networks, you may contact Delta Dental (contact info provided at back of this booklet).

Dental Benefits Summaries



OPTION 1		
Dental Benefits	PPO Dentist	Premier Dentist
Calendar Year Annual Dental Deductible	\$25 individual \$75 family	
Dental Maximum Benefit per Year (per member)	\$1,000 per covered person	
Orthodontia Lifetime Max	N/A	
Dependent Age Limit (end of birthday month)	Up to age 26	
Covered Services	Member Cost Share	
Diagnostic / Preventive Care (once every 6 mos)	No member cost	No member cost
Basic Services (deductible applies)	No member cost	No member cost
Major Services (deductible applies)	No member cost	No member cost

Dental Payroll Deductions - 26 Pay Periods	
Employee	\$15.58
Employee + Spouse	\$30.07
Employee + Child(ren)	\$28.82
Family	\$46.57

OPTION 2		
Dental Benefits	PPO Dentist	Premier Dentist
Calendar Year Annual Dental Deductible	\$25 individual \$75 family	
Dental Maximum Benefit per Year (per member)	\$2,500 per covered person	
Orthodontia Lifetime Max	\$1,000	
Dependent Age Limit (end of birthday month)	Up to age 26	
Covered Services	Member Cost Share	
Diagnostic / Preventive Care (once every 6 mos)	No member cost	20%
Basic Services (deductible applies)	20%	40%
Major Services (deductible applies)	50%	50%
Orthodontia Services	50%	50%

Dental Payroll Deductions - 26 Pay Periods	
Employee	\$11.82
Employee + Spouse	\$23.06
Employee + Child(ren)	\$29.32
Family	\$44.58



Delta Dental Mobile App

The Delta Dental Mobile App gives you access to dentist searches, claims and coverage information, ID cards and more!



VOLUNTARY VISION PLANS



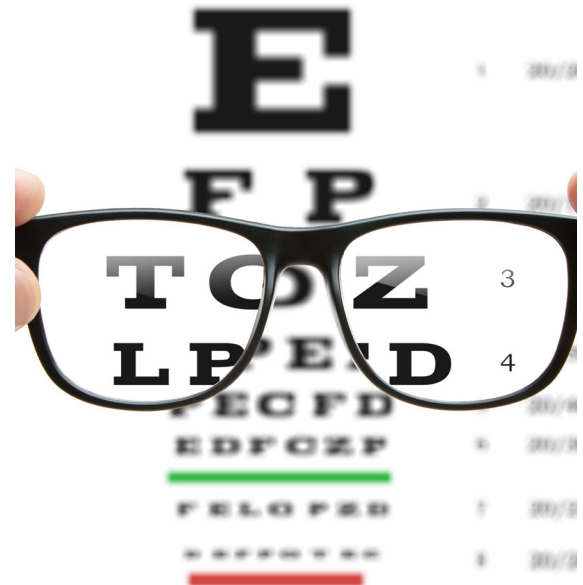
We are pleased to provide two comprehensive vision programs through EyeMed's Select Network. The amount you pay for vision services depends upon whether you visit a network or non-network provider. To find a network provider, contact EyeMed (contact info at back of this booklet). A brief description of benefits is provided here.



Vision Benefits Summary

In-Network ¹	EyeMed Base Plan	EyeMed Enhanced Plan
Copays		
Exams	\$5 Copay	\$5 Copay
Lens Coverage		
Single Vision Lenses	\$5 Copay	\$5 Copay
Lined Bifocal Lenses	\$5 Copay	\$5 Copay
Lined Trifocal Lenses	\$5 Copay	\$5 Copay
Frames	\$110 allowance then 20% off remaining balance	\$200 allowance then 20% off remaining balance
Contact Lenses		
Elective	\$110 allowance, then 15% off remaining balance	\$200 allowance then 15% off remaining balance
Disposable	\$110 allowance	\$200 allowance
Medically Necessary	Covered in full	Covered in full
Service Frequency		
Exam	12 Months	12 Months
Lenses	12 Months	12 Months
Frames	12 Months	12 Months
Payroll Deductions - 26 Pay Periods		
Employee	\$2.89	\$4.57
Employee + Spouse	\$5.45	\$8.61
Employee + Child(ren)	\$5.74	\$9.07
Family	\$8.40	\$13.27

1. For a complete listing of covered services, see the carrier's Certificate of Coverage and/or plan document. Please note the summary above is for In-Network benefits only.



You can enroll in an EyeMed Vision Plan even if you are not enrolled in an LFUCG health plan.

Community-Supported Agriculture (CSA)

A CSA Farm Share is a subscription to a farm's weekly harvest. You enter into an agreement with a farm to receive a weekly delivery of fresh, local, seasonal produce—mostly vegetables—for the duration of the summer growing season, which in KY is usually 20-22 weeks. Payment is required up front for the entire season which provides the farms with guaranteed working capital for the growing season. As a CSA member you are buying into the farm and you become a shareholder. This means that you share the inherent risks of farming with the farmer including dealing with weather, pest pressure, and other unexpected circumstances but it also means that you benefit from being the farm's number one priority when it comes to enjoying the bounty of their weekly harvest.

Enrollment is in January and shares run from May through October. For more information, visit www.lexingtonky.gov/economic-development/workplace-wellness






VOLUNTARY SUPPLEMENTAL PLANS 2025

Why should I Consider Supplemental Plans?

These plans are designed to pay directly to you and help provide peace of mind during medical life events. These plans are separated into three main categories: Life Insurance Plans, Medical-Related Plans, and Disability Income Plans.






Life Insurance Plans

Life insurance is a critical component of financial planning and is used to support your loved ones in the event of your passing.

Benefit Plan	Benefit Coverage	Benefits Carriers
Basic Life & AD&D (employer-paid)	<p>Provides financial support to beneficiaries in the event of the employee's death. AD&D provides benefits if you suffer loss of life or limb because of an accident.</p> <p>Benefits:</p> <ul style="list-style-type: none"> • \$25,000 for Bargaining Police, Fire and Corrections Employees • \$20,000 – Non-bargaining Employees <p>Coverage reduces by 50% at age 70.</p>	
Supplemental Life & AD&D / Supplemental Dependent Life & AD&D	<p>You may purchase additional Life & AD&D coverage for you, your spouse and dependent children that would pay <u>in addition</u> to the basic group life policy we provide. Premiums are based on your age and the amount of additional coverage you would like to purchase.</p> <p><u>(Bargaining and Non-Bargaining)</u></p> <p>Employee Coverage:</p> <ul style="list-style-type: none"> • You may purchase coverage for 1 to 3 times your covered annual earnings in 0.5 increments (1X, 1.5X, 2X, 2.5X or 3X) up to a \$350,000 maximum. Coverage reduces by 50% at age 70. <p>Guarantee Issue for Newly Eligible Employees: the lesser of 3X covered earnings and \$350,000.</p> <p>Dependent Coverage:</p> <p>Three Options Available:</p> <ul style="list-style-type: none"> • Option #1: Spouse: \$10,000 / Child(ren)*: \$5,000 • Option #2: Spouse: \$8,000 / Children: \$4,000 • Option #3: Spouse: \$4,000 / Children: \$1,000 <p><small>*Coverage begins at live birth, and continues to age 26, if unmarried</small></p> <p>Guarantee Issue for Newly Eligible Employees: Up to \$10,000</p>	
Universal Life Events with Long Term Care*	Benefits can be paid as death benefits or living benefits, or a combination of both.	
Voluntary 20-Year Level Term Life*	Term Life gives you protection for a defined period of 20 years, and can supplement any other life plan you may have in place.	
Voluntary Whole Life Coverage*	Whole life coverage is a simple, voluntary policy you can get at a reasonable cost during your working years, when you and your family need it most. It's also a benefit that can stay in place when it's time for retirement.	





*You must enroll with Star Robbins to get access to these plans.

Tuition Discounts

Universities	Discount
	35% employees only
	30% employees and immediate family
	15% employees only
	15% employees and immediate family
	15% employees and immediate family (Only applies to Evening and Online programs)



Medical-Related Plans

Medical-Related Supplemental Plans are designed to help cover out-of-pocket costs associated with medical care. These special policies provide needed financial support during unexpected life events which impact your ability to earn a paycheck. Supplemental benefits pay direct to you to help cover everyday expenses, such as mortgages, car payments, groceries, etc., so you can focus on getting well.



Benefit Plan	Benefit Coverage	Benefits Carriers
Cancer Coverage	Pays cash benefits directly to you for initial diagnosis and other medical expenses associated with cancer.	 Allstate.
Critical Illness Coverage	Group Voluntary Critical Illness pays a lump sum cash benefit of \$10,000 or \$20,000 to help you cover out-of-pocket expenses if you suffer a Critical Illness such as heart attack or stroke.	 Allstate.
Accident Coverage	Allstate's Group Accident plan pays benefits for expenses associated with an accident and can help protect hard-earned savings should an on or off the job accidental injury occur.	 Allstate.
Group Indemnity Medical	Allstate's Group Indemnity Medical coverage helps pay out-of-pocket medical expenses associated with hospital confinements. It provides a cash benefit for initial and daily hospital confinement and daily intensive care confinement.	 Allstate.

Disability Income Plans



One of our most valuable assets is our ability to work and earn a paycheck. Disability income provides a paycheck to you in the event you are disabled and cannot work. There are two types of coverage available. These two options can work in harmony with each other to provide both short-term and long-term disability benefits.

Benefit Plan	Benefit Coverage	Benefits Carriers
Short-Term Disability	Short-Term Disability protects your paycheck if you cannot work due to off the job illness or injury. You will have the ability to select the amount of coverage that coordinates best with your current sick pay. These benefits start after a short elimination period and pay for the first few months of a disability based on your selected coverage.	 Trustmark BANKING - INVESTMENTS - INSURANCE
Long-Term Disability	Long-Term Disability protects your income when short-term coverage ends and covers you to Social Security Normal Retirement Age, should you remain disabled.	 NEW YORK LIFE GROUP BENEFIT SOLUTIONS

Retirement Planning

Benefit Plan	Benefit Coverage	Benefits Carriers
Retirement Planning	Voluntary Retirement Accounts: 457(b), Roth 457(b), and Roth IRA	 MissionSquare RETIREMENT
KY Deferred Comp	Voluntary Retirement Accounts: 401(k), 457(b), Roth 401(k), Roth 457(b), and Roth IRA	 Kentucky Deferred Comp

Other Benefits

Benefit Plan	Benefit Coverage	Benefits Carriers
Metro Employees Credit Union	To become a member of MECU simply stop by one of their offices, give them a call at (859) 258-3990 or visit online at metroemployeescu.org.	 METRO EMPLOYEES CREDIT UNION
YMCA	The YMCA has waived the joining fee and discounted the membership rates for LFUCG employees (including part-time). Employee rates may vary by location and contract year.	 the YMCA

Contact Information At-A-Glance

LFUCG Benefits Team

LFUCG	Benefits questions / Qualifying Events	Tamika Holifield	Phone: 859-258-3056 email: tholifield@lexingtonky.gov
LFUCG	Benefits questions / Qualifying Events	Amanda Sweeney	Phone: 859-425-2125 email: asweeney@lexingtonky.gov
LFUCG	FMLA	Shannon Schultze	Phone: 859-425-2123 email: sschultze@lexingtonky.gov
		FMLA request/inquiries	email: fmlarequests@lexingtonky.gov
LFUCG	Occ. Health Scheduler	Faye Baron	Phone: 859-258-3036 email: fbaron@lexingtonky.gov
LFUCG	Manager	Kashene Horton	Phone: 859-258-3066 email: khorton@lexingtonky.gov
LFUCG	Benefits email	n/a	email: benefitssection@lexingtonky.gov
	Medical Benefits		Customer Service: 1-888-650-4047 www.anthem.com
	Pharmacy Benefits		Customer Service: 1-833-288-4294 www.anthem.com
	Dental Benefits		Customer Service: 1-800-955-2030 www.deltadentalky.com
	Voluntary Vision Benefits		Customer Service: 1-866-299-1358 www.eyemedvisioncare.com
	Health Savings Account / HSA Help Center		Customer Service: 1-866-346-5800 www.myhealthequity.com www.healthequity.com/LFUCG
	Flexible Spending Account		Customer Service: 1-800-982-7715 www.chard-snyder.com
	Group Life and AD&D Benefits		Customer Service: 1-859-685-6588 email: deron.smith@assuredptrnl.com
	Voluntary Short-Term Disability Benefits		Star Robbins & Co. Claims Support: 1-800-486-7721 www.starrobbins.com
	Voluntary Long-Term Disability Benefits		To report a claim: 1-800-362-4462
	Voluntary Cancer, Critical Illness, Accident Assistance & Hospital Indemnity Info.		Star Robbins & Co. Claims Support: 1-800-486-7721 Allstate Customer Service: 1-800-521-3535
	Voluntary Individual Term Life / Whole Life / Universal Life		Star Robbins & Co. Claims Support: 1-800-486-7721 Transamerica Customer Service: 1-888-763-7474
	Voluntary Universal Life		Star Robbins & Co. Claims Support: 1-800-486-7721 Trustmark Customer Service: 1-877-201-9373
	Mission Square Retirement Deferred Compensation		Customer Service: 1-800-669-7400 or 1-866-339-8796 Fax: 202-682-6439 www.icmarc.org
	KY Deferred Comp - 457/401(k)		Call: 1-800-542-2667 or 1-859-229-9774 Fax: 502-573-4494 www.kentuckyplans.com
	Kentucky Public Pension Authority (KPPA)		Customer Service: 1-800-928-4646 www.kyret.ky.gov