2027

BENEFITS GUIDE

January 1, 2027-December 31, 2027



An overview of your 2027 benefits

SCOTT COUNTY GOVERNMENT

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you are a full-time employee. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children aged 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on your date of hire. If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.
- **Open Enrollment:** Changes made during Open Enrollment are effective January 1st.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact Human Resources within 30 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

Required Information—*You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.*

Inside

Medical

Dental

Vision

Flexible Spending Account (FSA)

Employee Assistance Program (EAP)

Cost of Benefits

Life and AD&D

Disability

Voluntary Benefits

Contact information

Flyers



Medical

We are proud to offer you a medical plan that provides comprehensive medical and prescription drug coverage. The plan also offers many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.



Anthem PPO

This plan gives you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

- The plan pays the full cost of qualified in-network preventive health care services.
- You pay the full cost of non-preventive health care services until you meet the annual deductible. You may also have to pay a fixed dollar amount (copay) for certain services.
- Once you meet the deductible, you pay a percentage of certain health care expenses (coinsurance) and the plan pays the rest.
- Once your deductible, copays and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year.

Know Your Rx Coalition

This is a pharmacy services benefit that:

- Contacts employees and their dependents with lower cost prescription alternatives
- Contacts prescribers and pharmacies on your behalf
- Guides you to the lowest cost medication options ($4 generic lists, copay cards, etc)
- Contacts Express Scripts on your behalf as needed
- Provides medication information and prescription coverage information specific to your plan
- For assistance/questions related to your prescription benefit please contact a Know Your Rx Pharmacist at (855) 218-5979 or at KYRx@uky.edu from 8:00 am to 6:00 pm EST

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Anthem

Key Medical Benefits	Anthem PPO Plan	
	In-Network	Out-of-Network[1]
Deductible (per calendar year)		
Individual / Family	$500 / $1,000	$1,000 / $2,000
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	$2,000 / $4,000	$13,200 / $26,400
Covered Services		
Routine Preventive Care	Covered in Full	Deductible; 40% Coinsurance
Office Visits (physician/specialist)	$20 / $50 Copay	Deductible; 40% Coinsurance
Emergency Room	$100 Copay (waived if admitted)	$100 Copay (waived if admitted)
Urgent Care Facility	$50 Copay	Deductible; 40% Coinsurance
Inpatient Hospital Stay	Deductible; 20% Coinsurance	Deductible; 40% Coinsurance
Outpatient Surgery	Deductible; 20% Coinsurance	Deductible; 40% Coinsurance
Prescription Drugs (Tiers)[3]		
Retail Pharmacy (30-day supply)	$10 / $30 / $50	50% Coinsurance
Mail Order (90-day supply)	$25 / $75 / $125	Not Covered

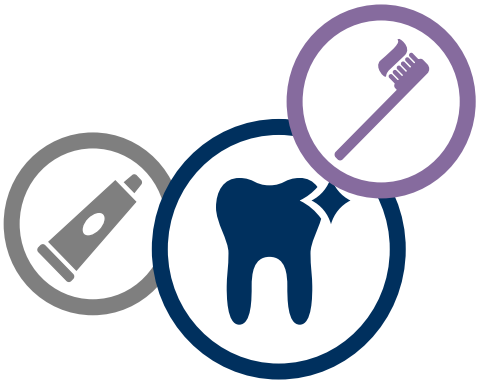
Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. The family deductible and out-of pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition , amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.
3. Express Scripts National Preferred Formulary

Dental

Delta Dental PPO: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the network. The following is a high-level overview of the coverage available.

Key Dental Benefits	Delta Dental PPO / Premier / Non-Network
Deductible (per calendar year)	
Individual / Family	$50 / $150
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)	
Per Individual	$1,000
Covered Services	
Preventive Services	Covered at 100%
Basic Services	Covered at 80%
Major Services	Covered at 50%
Orthodontia (Child Only)	Covered at 50% ; $1,000 lifemax



Dependent Age Limit: Up to 26 (age limit for orthodontia is 19)
Waiting Period: 12 months for certain services

Vision

Anthem Blue View Vision Plan: We are proud to offer you a vision plan if you are enrolled in the Medical Plan. This will be at *no cost* to the employee.

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network. The following is a high-level overview of the coverage available.



Key Vision Benefits	In-Network	Non-Network Reimbursement
Exam (once every 12 months)	$20 Copay	Up to $42
Lenses (once every 12 months)		
Single vision	$20 Copay	Up to $40
Bifocal		Up to $60
Trifocal		Up to $80
Frames (once every 24 months)	$130 allowance; 20% off any remaining balance	Up to $45
Contact Lenses (once every 12 months; in lieu of glasses)		
Elective Conventional (non-disposable)	$130 allowance; 15% off remaining balance	Up to $150
Elective (disposable)	$130 allowance	Up to $105
Non-Elective (medically necessary)	Covered in full	Up to $210

Flexible Spending Accounts

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered by **McGregor**. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2027, the projected contribution limit is $3,500 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles Prescriptions and Over-the-Counter Drugs
- Menstrual Care
- Dental treatment Orthodontia
- Eye Exams, Materials, LASIK

For a complete list of eligible expenses, visit **www.irs.gov/pub/irs-pdf/p502.pdf**.

Dependent Care FSA

You may contribute up to $7,500 (per family) to cover eligible dependent care expenses ($3,750 if you and your spouse file separate tax returns). Some qualified expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit **www.irs.gov/pub/irs-pdf/p503.pdf**.

FSA Rules

You must enroll each year to participate.
Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

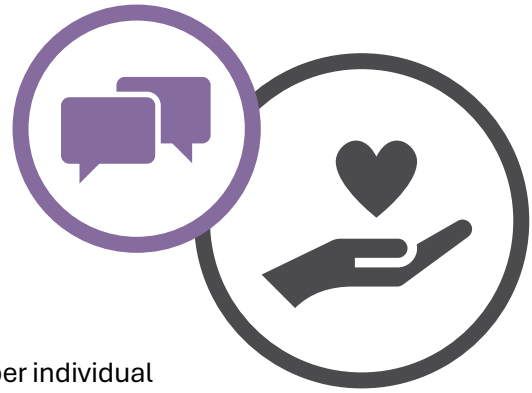
- **Health Care FSA:** The 2027 projected carryover limit is $700. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over the $700 limit will NOT be returned to you or carried over to the following year.
- **Dependent Care FSA:** Unused funds will NOT be returned to you or carried over to the following year.
- **Uniform Coverage Rule:** FSA participants can access the full amount of their annual contribution from the first day of the plan year.

Employee Assistance Program

Life is full of challenges and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP is provided at NO COST to you through **Human Development Company**.

The EAP can help with the following issues, among others:

- Mental Health
- Relationships and marital conflicts
- Child and Eldercare
- Substance Abuse
- Grief and Loss
- Legal or Financial Issues



EAP Benefits

- Assistance for you and your household members
- Up to eight in-person sessions with a counselor per issue, per year, per individual
- Unlimited toll-free phone access and online resources: **800.877.8332**

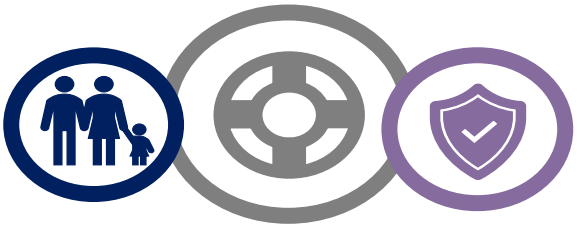
Life and AD&D

OneAmerica Financial

We are proud to offer you employer paid life insurance through OneAmerica.

Life insurance provides your named beneficiary(ies) with a benefit after your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.



Basic Life/AD&D (Employer-paid)

This benefit is provided at **NO COST** to you through **OneAmerica.**

Benefit Option	
Employee	1x your annual salary, up to $50,000 maximum

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through **OneAmerica** for yourself and your eligible family members.

Benefit Option	
Maximum Amount	$500,000 not to exceed 5x employee's annual base salary in increments of $1,000
Minimum Amount	$10,000
Amount of AD&D	Matches Life Amount
Guaranteed Issue[1]	$100,000
Reduction Schedule	Age 65 to 65% / Age 70 to 40% / Age 75 to 30%
Waiver of Premium	Age 60 / 9-month waiting period / Terminates at Social Security Full Retirement Age

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability Insurance

OneAmerica Financial

Long-term disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Long-Term Disability (Company-Paid) provided by OneAmerica	
Benefit Percentage	60%
Monthly Benefit Maximum	$6,000
Monthly Benefit Minimum	The greater of 10% of the Gross Monthly benefit or $100
Elimination Period	180 Days
Maximum Benefit Duration	Up to age 65 or Social Security Full Retirement Age
Pre-Existing Condition Exclusion	3 / 12



Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical

Coverage Tier	Premium Per Pay Period (26)
Employee Only	$13.00
Employee + Spouse	$78.24
Employee + Child(ren)	$68.74
Family	$133.98



Dental



Coverage Tier	Premium Per Pay Period (26)
Employee Only	$14.71
Employee + Spouse	$26.11
Employee + Child(ren)	$27.22
Family	$41.58

Vision

Coverage Tier	Premium Per Pay Period (26)
Employee Only	Vision Coverage is available to employees enrolled in the Medical Plan. This will be provided at NO COST to the employee
Employee + One	
Employee + Children	
Family	



OneAmerica: Supplemental Life/AD&D

Deductions for supplemental Life/AD&D are taken from your paycheck after taxes.

Voluntary Life and AD&D Monthly Rates (per $1,000 Coverage) Rates apply to Employees & Spouse										
Age	**0-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70+**
Non-Tobacco Rate	$0.064	$0.080	$0.096	$0.158	$0.249	$0.403	$0.601	$0.714	$1.300	$2.250
Tobacco	$0.101	$0.117	$0.153	$0.253	$0.397	$0.645	$0.980	$1.143	$2.400	$4.051
Vol. AD&D	All Ages $0.040									
Dependent Child	$1.00 per unit up to $5,000									

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through **Aflac** are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. **They are completely voluntary, which means you are responsible for paying for coverage at affordable group rates. The benefits below are a highlight sheet only.** See brochure for complete details.

Short-Term Disability

Short-term disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability Benefits	
Monthly Benefit Payment	$500 to $6,000 (subject to income requirements)
Total Disability Benefit Period	3 / 6 / 12 /18 / 24
Partial Disability Benefit Period	3 months
Elimination Periods	0/7, 0/14, 7/7, 14/14, 0/30, 30/30, 60/60, 90/90, 180/180
Waiver of Premium	Premium waived, month to month, for policy and any applicable riders for as long as you remain disabled, up to the applicable benefit period shown in the policy schedule. Not available with a 3-month total disability benefit period.
Optional Riders	
Aflac Value Rider	Pays $1,000 every 5 years while the policy is in force (up to 5 times), less any disability claim paid or $100, whichever is greater.
Disability Benefit for On-the-Job Injury Rider	Provides benefits if a disability is caused by a covered on-the job injury while coverage is in force. Available even with workers' compensation. Benefits payable up to the total disability benefit period selected. Benefits subject to elimination period shown in the policy schedule and income requirements.
Additional Units of Disability Benefit Rider	Allows you to purchase additional units of disability coverage to add to your existing short-term disability policy. Subject to income requirements.

Bi-Weekly Premium Rates Elimination Period 0 / 14										
Annual Income		**$38,000**	**$40,000**	**$42,000**	**$44,000**	**$46,000**	**$48,000**	**$50,000**	**$52,000**	**$54,000**	**$56,000**
Benefit Period		**$1,900**	**$2,000**	**$2,100**	**$2,200**	**$2,300**	**$2,400**	**$2,500**	**$2,600**	**$2,700**	**$2,800**
6 – Month Benefit	**Age 18-49**	$23.94	$25.20	$26.46	$27.72	$28.98	$30.24	$31.50	$32.76	$34.02	$35.28
	Age 50-64	$31.92	$33.60	$35.28	$36.96	$38.64	$40.32	$42.00	$43.68	$45.36	$47.04
	Age 65-74	$39.90	$42.00	$44.10	$46.20	$48.30	$50.40	$52.50	$54.60	$56.70	$58.80

Voluntary Benefits

Aflac.

Critical Care and Recovery

Most of us don't have an extra $7,000 ready to spend—and even if we do, we don't want to spend it on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: $7,003. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses and more.

Critical Care and Recovery Benefits	
First Occurrence	$10,000 Lump Sum
Reoccurrence Benefit	Subsequent occurrence benefit of $5,000 for primary insured and $2,500 for spouse or dependent child
Coronary Artery Bypass Graft	$3,000 once/person
Additional Benefits	Available in $5,000 increments up to $100,000 subject to medical approval
Guarantee Issue	The plan is Guaranteed Issue
Pre-Existing Conditions	12-month pre-existing condition limitation for covered illnesses
Eligibility	Employees and spouses are eligible ages 18-69. Guaranteed renewable for lifetime with benefits reducing by 50% at age 75.
Dependent Children	Are covered at no cost
Spouse Benefit	50% of the primary insured

Bi-Weekly Premium Rates Elimination Period 0 / 14											
Annual Income		**$38,000**	**$40,000**	**$42,000**	**$44,000**	**$46,000**	**$48,000**	**$50,000**	**$52,000**	**$54,000**	**$56,000**
Benefit Period		**$1,900**	**$2,000**	**$2,100**	**$2,200**	**$2,300**	**$2,400**	**$2,500**	**$2,600**	**$2,700**	**$2,800**
6 – Month Benefit	**Age 18-49**	$23.94	$25.20	$26.46	$27.72	$28.98	$30.24	$31.50	$32.76	$34.02	$35.28
	Age 50-64	$31.92	$33.60	$35.28	$36.96	$38.64	$40.32	$42.00	$43.68	$45.36	$47.04
	Age 65-74	$39.90	$42.00	$44.10	$46.20	$48.30	$50.40	$52.50	$54.60	$56.70	$58.80

Voluntary Benefits (continued)

The benefits below are a highlight sheet only. See brochure for complete details.

Cancer Indemnity

The cancer indemnity plan pays a flat dollar amount to you when a covered person is diagnosed with internal cancer.

Cancer Indemnity Benefits	
Cancer Wellness Benefit	$75
Initial Diagnosis Benefit	$4,000; Child: $8,000
Radiation Therapy, Chemotherapy, Immunotherapy or Experimental Chemotherapy	This benefit is limited to one self-administered and one physician administered benefit per month
Self-Administered	$250 per calendar month
Physician Administered	$1,200 per calendar month
Stem Cell Transplantation Benefit	$7,000; $100 to donor
Bone Marrow Translation Benefit	$7,000; $750 to donor
Blood and Plasma Benefit	Inpatient: $50 times the number of days confined Outpatient: $175/day
Surgical / Anaesthesia Benefit	$100-$3,400 Anesthesia; additional 25% of surgical benefit
Skin Cancer Surgery Benefit	$35- $400
Reconstructive Surgery	$100- $2,000
Prophylactic (Preventive) Surgery	$250 per person per lifetime
Hospitalization: 30 days or less / 30 days or more	30 or Less Days: Insured/Spouse: $400/day; Child:$250/day 30 or More Days: Insured/Spouse: $400/day; Child:$500/day
Extended – Care Facility Benefit	$100/day, up to 30 days a year
Home Health Care Benefit	$100/day
Hospice Care Benefit	$1,000 for 1st day; $50 after; $12,000 max
Nursing Services Benefit	$100/day
Surgical & Non-Surgical Prothesis	$175- $2,000
Transportation Benefits	$0.40/mile; max $1,200
Lodging Benefit	$65/day; max 90 days
Annual Care Benefit	$200 on diagnosis anniversary; 5-year max

Bi-Weekly Premium Rates (Does not include Rider Rates)	
Individual	$15.46
Individual + Spouse	$26.60
One-Parent Family	$15.46
Two-Parent Family	$26.60

Voluntary Benefits (continued)

The benefits below are a highlight sheet only. See brochure for complete details.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Accident Insurance Benefit: Option 3 Plan	
Accident Emergency Treatment (payable once per 24-hour period and only one per covered accident, per covered person	
Hospital ER with X-Ray	$200
Hospital ER without X-Ray	$170
Office/Facility (other than ER) with X-Ray	$150
Office/Facility (other than ER) without X-Ray	$120
Accident Follow– Up Treatment	$35 per visit (max 6 visits per accident)
Lump Sum	$35-$12,500 per injury
Accidental Death Life Insurance	$40,000- $150,000 adult / $10,000—$25,000 child
Accidental Dismemberment	$300- $40,000
Hazardous Accidental Death	$10,000 adult / $5,000 child upon death
Initial Hospital Benefit	$1,000—$2,000 initial confinement / $250 per day
Intensive Care Unit Confinement	$400 per day, up to 15 days
Major Diagnostic Exam	$200 per calendar year
Physical Therapy	$35 per treatment (max 10 visits per accident)
Rehabilitation Unit	$150 per day
Appliances	$25-$300,000 per accident (based on appliance)
Prosthesis	$800 per accident per person
Blood/Plasma/Platelets	$200 per accident per person
Ambulance	$200 ground/$1,500 air
Wellness	$60 per calendar year
Transportation Benefit	$600 per round trip, up to 3 round trips per calendar year
Lodging for Family	$125 per night up to 30 days per accident
Organized Sporting Activity Benefit	Additional 25% of the benefits payable, limited to $1,000 per policy year per calendar year

Bi-Weekly Premium Rates (Does not include Rider Rates)	
Individual	$12.42
Individual + Spouse	$16.56
One-Parent Family	$19.26
Two-Parent Family	$24.24

Additional Valuable Extras

We also offer the following additional benefits:

- LiveHealth Online
- Kentucky Deferred Comp
- Wellness Program

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Anthem	(888) 650-4047	www.anthem.com
Pharmacy Benefits	KnowYourRx	(855) 218-5979	www.KYRX.org
Dental	Delta Dental	(800) 955-2030	www.deltadentalky.com
Vision	Anthem	(888) 650-4047	www.anthem.com
Flexible Spending Accounts (FSAs)	McGregor	(866) 233-4377	www.mcgregoreba.com
Life/AD&D	OneAmerica	(800) 553-5318	www.employeebenefits.aul.com
Disability	OneAmerica	(800) 553-5318	www.employeebenefits.aul.com
Employee Assistance Program (EAP)	Human Development Company	(800) 877-8332	www.humandev.com
Voluntary Benefits	Aflac	(859) 368-0030	www.aflac.com Pamela_larson@us.aflac.com

Questions?

If you have additional questions, you may also contact:

Jeff Mudrak, Director of HR
502-863-7878
Jeff.mudrak@scottky.gov

Kara Oliver, Payroll Manger / Benefits Specialist
502-863-7878
Kara.oliver@scottky.gov

HUB International, Servicing Agency
800-499-8621



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

HUB

How to Use Your EAP — Employee

Your employer has provided you with an Employee Assistance Program (EAP). This benefit provides free and confidential counseling services and resources designed to help you and your household family members.

What Assistance Is Available?

Counseling Services

Our counselors are experienced in many areas, such as:

- Grief & Loss
- Stress Management
- Alcohol/Substance Use
- Marital/Relationship
- Anxiety
- Depression
- Personal Growth
- Child Care Resources
- Parenting Concerns
- Conflict Resolution
- Work-life Balance
- Anger Management
- Family Conflicts
- Spiritual Matters
- Workplace Concerns
- Communications Skills
- Coping with Change
- Interpersonal Difficulties
- Financial Concerns
- Elder Care Resources
- Self-Esteem
- Trauma

Online Work/Life Services

HDC offers a comprehensive Work/Life website to help employees balance their jobs, family and personal responsibilities. This module is interactive and includes:

- Assessments
- Videos
- Quizzes
- Courses
- Articles
- Calculators

The Benefit of Using Your EAP

- FREE-Counseling and life management services are offered at no cost to you.
- CONFIDENTIAL-Services are confidential to the extent permitted by the law.
- NOT REPORTED-Individual use of your EAP is not reported to your employer or manager.
- FAMILY MEMBERS ARE ELIGIBLE-Your EAP is available to you and your household family members.

Call us 24/7/365 at 502.589.4357 or visit www.humandev.com

HDC
Human Development Company
Unparalleled Solutions • Prompt Response

3 Easy Steps To Using Your EAP

1. **Call 502.589.4357** or review online resources at www.humandev.com.
2. **Speak confidentially** with an intake specialist about your situation or request.
3. **Receive professional support** to assist you in resolving work and life issues.

We Are Here for You

Our dedicated consultants are available 24 hours a day, 7 days a week to address your needs. Crisis calls are handled immediately and all appointments will be scheduled in a timely manner. Individual use of your EAP is confidential and is not reported to your employer.

All counseling services are confidential and in compliance with the law.

Are You Active?

SCOTT COUNTY GOVERNMENT

Wellness Program

The wellness program offers fun and exciting ways to get healthy with a wide variety of activities to help you achieve your wellness goals. Simply complete the steps outlined below to be eligible for cash rewards.

Get started TODAY!!

Eligible employees have been preloaded into the program and will need to activate their account through the ACTIVATION EMAIL.

If you need the email sent again please contact support@icws-wellness.com.

Earn up to either $450 or three days of vacation leave for completing a health risk assessment and a biometric screening. Additional points are earned for completing annual preventive visits, participating in countywide activities, and completing challenges of your choice to help improve your personal health and wellness.

For any questions regarding the program please contact support@icws-wellness.com

Kentucky Public Employees' Deferred Compensation Authority (KDC) is a supplemental retirement savings program offered to all state government agencies, public school systems, state universities and local government entities. KDC offers a 401(k), 457(b) and IRA's (both pre-tax and post-tax options).

A retirement plan may be one of the most valuable benefits of employment because of its potential for delivering a long-term impact on your financial well-being. We will give you the tools and information to help you feel confident about investing for retirement. You can depend on us to be here for you through your working career and beyond.

Investing involves market risk, including possible loss of principal and there is no guarantee investment objectives will be achieved.

Why participate?

KDC helps bridge the gap between what you'll collect from your pension and what you need for retirement. Chances are Social Security benefits, plus your state and other system retirement will not provide enough income to maintain your current standard of living. KDC helps bridge the gap between what you'll collect from your pension and what you need for retirement.

Benefits

- ✓ ***Low cost -*** Costs are capped making them some of the lowest available and one of the best benefits you have from a dollars and cents perspective.
- ✓ ***Easy contributions*** – Contribute as little as $30 per month (automatically deducted from your paycheck).
- ✓ ***Quality investment options*** – Wide range of high-quality investment options available to suit your individual needs.
- ✓ ***Flexible ways to invest*** – Take the guesswork out of investing with both "hands-on" and "hands-off" options.
- ✓ ***Easy access –*** Manage your account online 24/7 or work with a local KDC Retirement Specialist in your area.





Martin Wilhoite, CRC®

Certified Retirement Counselor

C: 859.248.0565 E: wilhoc2@nationwide.com

(Scan QR code to Schedule an Appt.)

NOTES