

TABLE OF CONTENTS

Table of Contents	1
Introduction	2
Overview	4
Reparation Policy	4
Eligibility	5
Waiting Period	6
Overall Maximum Benefits	7
Restricted Benefits	7
Hospital Related Charges	8
Chemical Abuse Related Charges	8
Racing Out of State	8
Financial Assistance	9
Disability	9
Dependent Children	9
Mental Health Benefits	9
Pregnancy & Miscarriage	10
Hardship Requests	12
Exclusions	12
Appeal Policy	14
Privacy Notice	14
Community Resources	17
Preferred Providers	17

INTRODUCTION

This handbook is designed to familiarize you with the Fund's benefits and guidelines. Listed below are answers to the most frequently asked questions.

1. **From where does the Fund receive its revenues?** The Fund receives monies from uncashed pari-mutuel tickets generated at Kentucky's thoroughbred racetracks.
2. **Is the Fund an insurance company?** No. The Fund is a non-profit organization which may provide charitable benefits to certain eligible individuals.
3. **Does the Fund provide insurance coverage?** No. The charitable benefits which may be provided to certain eligible individuals should not be considered as insurance coverage. In order to determine eligibility, a request must be made to the Fund for each occurrence.
4. **How are requests for assistance made?** A completed application and other request forms must be submitted to the Fund before consideration for eligibility can be given. Each request is kept confidential.
5. **Where can I get an application?** The Fund's office is located at 422 Heywood Avenue, Louisville, KY 40208. Office hours are Monday through Friday, 8:30 a.m. – 3:30 p.m. All applications are available at the office. You may also request an application and information by calling (502) 636-2900. Applications are also available at all Kentucky thoroughbred race tracks and The Thoroughbred Training Center at the chaplain's office. They are also available at the chaplain's office at Keeneland anytime during the year. A representative of the Fund makes weekly visits to each racetrack during each race meet.

6. **Who is eligible to receive benefits from the Fund?** Each request for assistance is considered on an individual basis. Only certain eligible licensees (and certain dependents) of the Kentucky Horse Racing Commission who are employed in certain occupations in Kentucky thoroughbred racing, and can demonstrate financial need, and have no other resources to pay incurred charges may be eligible. Eligibility is subject to the Fund's guidelines.
7. **What type of assistance does the Fund provide?** The Fund may assist with certain charges incurred for non-work related and non-horse related medical treatment, mental health disorders, dentistry, eye exams and glasses, certain financial assistance, nursing home, and burial charges. This handbook includes more detail, but not complete information. The Fund does not guarantee the eligibility of all those who apply for assistance. Anyone found to be eligible may be provided assistance which will be in accordance with the Fund's guidelines, maximum limits, and other restraints.
8. **When should the Fund be contacted concerning a request?** The Fund should be contacted immediately concerning a non-work related or non-horse related injury or illness, or immediately after treatment of same. Initial contact for each separate occurrence must be made within 90 days of illness/injury/treatment (except for pregnancy related medical charges). Initial contact can be made in person, by phone, fax, e-mail, mail or by the licensee's representative. Always contact the Fund should you have any questions and for the latest guidelines.
9. **Is it true that retirement benefits may be available?** Yes. The Fund sponsors and makes a contribution to the Kentucky Race Track Retirement Plan. Eligibility for retirement benefits requires a person to meet guidelines separate from the Fund's. Call (502) 636-2646 for more information.

Synopsis of Kentucky Racing Health & Welfare Fund Guidelines

This synopsis is incomplete and the Fund should be contacted for a full explanation. Fund guidelines are changed at the sole discretion of the Fund's Board of Directors and are modified, extended, altered, and revised from time to time without prior notice. Therefore, any information supplied in any form must not be construed or regarded as creating any express or implied right to the services, coverage, or benefits the Fund may offer.

OVERVIEW

Each request for assistance must be accompanied by an application. The completion of an application does not guarantee the approval of the request. The Fund provides benefits for charges incurred for medical, mental health disorders, dental, vision care, funeral charges, and financial assistance, as a result of a non-work related illness/injury, or an occurrence that is not covered by health/dental insurance, union health & welfare plans, Social Security, Medicare, Medicaid, KCHIP, public welfare, accident insurance, or any other form of illness and/or injury coverage or has entered into a litigation to recover damages.

REPARATION POLICY

Once an individual applies to the Fund for assistance, the Fund will conduct a routine inquiry into the accuracy of the information provided by the applicant. If the applicant has provided inaccurate or false information pertaining, but not limited, to: work related injuries, false KHRC license information, insurance or other benefit coverage, employment, identities, or transferring benefits, the following action will be taken:

First Offense

1. No benefits until the Fund has been repaid for all benefits received under false pretenses.
2. Loss of benefits for six (6) months once the Fund has been repaid.
3. Future benefits will be provided on a reimbursement basis for six (6) months.

Second Offense

Complete loss of benefits for a two (2) year period.

Third Offense

Complete and indefinite loss of all benefits.

ELIGIBILITY

Stable Employee and Assistant Trainer

1. Must be currently licensed by KHRC and working in Kentucky thoroughbred racing.
2. Earn no less than \$125 per week for same employer and work no less than twenty-four (24) hours for same employer. A free lance exercise rider must earn no less than \$120 per week from at least one specific trainer and must have exercised at least twelve (12) horses during the prior week for the same specific trainer.
3. Adjusted gross income of an applicant who is single shall not exceed \$38,500.
4. Adjusted gross income of an applicant who is married shall not exceed \$77,000.

Others

1. Includes those applicants licensed and employed as an assistant starter, jockey, outrider, owner, pari-mutuel clerk, pony personnel, trainer, and valet. Also any other thoroughbred license type issued by the KHRC.
2. Must provide financial statement, tax return, corporate tax return, payroll stub and other proof of compensated employment, documents of financial and property disclosure, and give permission to investigate all requests for benefits.
3. Adjusted gross income of an applicant who is single shall not exceed \$38,500
4. Adjusted gross income of an applicant who is married shall not exceed \$77,000.
5. Applicant's net assets shall not exceed \$55,000. The first \$60,000 in equity in the applicant's principal residence is exempt. All IRA's, pension and 401(k) savings and all children's savings are exempt.

Eligibility - continued

6. Owners must provide evidence of owning the aggregate total of at least one (1) thoroughbred race horse that has started in Kentucky not less than three times in the six (6) month period prior to treatment/illness/injury or five (5) Kentucky starts in the twelve (12) month period prior to treatment/illness/injury. Stabled outside of Kentucky reduces benefit maximums.
7. Trainers must have made at least three (3) Kentucky starts in the six (6) month period prior to treatment/illness/injury or five (5) starts in the twelve (12) month period prior to treatment/illness/injury **AND** one (1) Kentucky start in the sixty (60) day period prior to illness/injury/treatment. This guideline is also used to determine if a trainer is an eligible employer of stable employees requesting assistance. Stabled outside of Kentucky reduces benefit maximums.
8. Pari-mutuel clerks must work two hundred (200) days in the twelve (12) month period prior to illness/injury/treatment.

WAITING PERIOD

A waiting period is a period of time in which an applicant may need to wait before being eligible for benefits. The length of the waiting period may differ depending upon the type of license the applicant has been issued by the KHRC and the type of assistance (medical, dental, or vision, etc.) being requested. The nature of the request, whether it is an emergency, non-emergency, accident or illness is also considered. A waiting period will typically range from one (1) day to thirty (30) days in which either a reduced benefit or no benefit may be available.

OVERALL MAXIMUM BENEFITS

Benefits will be provided up to a total maximum as shown below for each eligible licensee in accordance with the number of years licensed by the KHRC:

\$7,000	One Year (current year) out of five prior years
\$8,000	Two out of five prior years
\$9,000	Three out of five prior years
\$16,000	Four out of five prior years
\$18,000	Five out five prior years
\$20,000	More than five prior consecutive years

RESTRICTED BENEFITS

- \$10 co-pay for all Doctor, Chiropractor, Physical Therapy and Acupuncture Office Visits (Kentucky Racing Health Service Center & Bluegrass Community Health Center are excluded from the \$10 co-pay)
- Acupuncture - \$1,000 per year
- Birth Control – Purchase of the pill, diaphragm, IUD, contraceptive patch or Dep-Provera shot only. Also limited benefit for tubal ligation and vasectomy
- Chiropractic - \$500 per year
- Dental & Periodontia - \$750 per year
- Teeth Cleaning – Up to \$25 twice per year, applicant and up to three dependents.
- Eye exam, frames and lenses - \$84.50 to \$114.50 per calendar year, applicant and up to three dependents or
- Contacts and Exams – Up to \$84.50 per calendar year, applicant and up to three dependents; Fitting fee up to \$32
- Funeral - \$3,500
- Gardasil Vaccine – Reimbursement basis
- Hearing Aids - \$2,000 per ear per thirty-six months for the purchase of a digital hearing aid
- Nursing Home - \$10,000 lifetime benefit
- Orthodontia – 50% of actual charges up to \$2,000 per twenty-four months
- PAP Smears & Mammograms – Annual, upon request
- Pregnancy - \$8,000 for normal well mother/well baby delivery
- Prescriptions – generic (when available), \$5 co-pay on all non narcotic pain medication & \$5 co-pay on all narcotic pain medication. A \$15 co-pay on all narcotic pain medication when referred by the Kentucky Racing Health Services Center for additional pain management.

Restricted Benefits – continued

- Prostate cancer screening – Annual, upon request
- MRI, CAT Scan, PET Scan & any diagnostic test over \$500 - \$25 co-pay required at time of service. All tests must be pre-approved.
- School Physical & Immunizations – required for admission (no sports physicals); paid at the Health Department rates
- Smoking Cessation – one 50% lifetime benefit; refund basis only
- Speech Therapy – Up to ten (10) speech therapy sessions per calendar year administered by a certified speech therapist; \$100 maximum benefit per session
- Well Child Care – Routine exams and immunizations up to eighteen months of age; paid at the Health Department rates

HOSPITAL RELATED CHARGES

All applicants who have or intend to incur hospital charges must first apply to the Disproportionate Share Hospital Program (DSH) or applicable state program for determination of eligibility before such charges are considered by the Fund. Written determination must be submitted to the Fund before determination of eligibility for the Fund can be determined.

Hospital charges incurred at an out-of-network facility will not be paid at 100% and you will be responsible for any unpaid balances.

CHEMICAL ABUSE RELATED CHARGES

Medical charges that are incurred in which alcohol/drug use and/or abuse was a primary or contributing factor will be reviewed pursuant to the Fund's Alcohol and Drug guideline which may require the applicant to acknowledge that alcohol/drug use and/or abuse was a primary or contributing factor. The applicant will need to successfully complete a prescribed alcohol/drug rehabilitation program prior to benefits being released.

RACING OUT OF STATE BENEFITS

Some benefits may be extended to certain eligible licensees while they are racing outside of Kentucky. Some benefits may require you to sign-up prior to leaving the state. Contact the Fund for full details.

FINANCIAL ASSISTANCE

Benefits may be provided on a limited basis for certain living expenses while disabled or recovering from an incapacitating condition due to a non-work related illness/injury occurrence.

DISABILITY

Medical benefits may be provided to an otherwise eligible applicant who has become unable to work and is not working in any capacity for up to a period of twelve (12) months from the date of disability. The original disabling occurrence may be work related or non-work related in nature (this excludes living expense benefit).

All applicants must supply a written doctor's letter of disability. The Fund will allow up to \$40 for this exam. The applicant must have been eligible on the date of disability to be eligible for benefits during the disability period.

An applicant must be KHRC licensed, working and otherwise eligible for a period of not less than one hundred eight two (182) days following the end of the disability period to be eligible for any additional disability benefits.

DEPENDENT CHILDREN

Certain dependent children of an eligible applicant may also be eligible for benefits.

MENTAL HEALTH BENEFITS

The Fund will only utilize the services of the Kentucky Psychological Association (KPA) members who have signed up for participation in the KPA Referral and Information Service (KPARIS) by November 30, 1998. Benefits will only be provided when treatment charges are incurred by one of the Fund's network providers as indicated below:

- a) Inpatient – Five (5) days per twelve (12) month period with one admission every six (6) month period.
- b) Outpatient – Ten (10) visits per twelve (12) month period plus nine (9) medical check-up per twelve (12) month period for the eligible applicant and up to three eligible dependents of the applicant.

Mental Health – continued

- c) Prescriptions – Will not exceed a thirty (30) day supply per prescription, as prescribed by a Fund network doctor only. One initial thirty (30) day supply may be prescribed by an out of network doctor.

An eligible applicant requesting continuing mental health prescription medication will be required to undergo a psychological evaluation by a Fund network mental health professional for continuing mental health prescription medication at least once every twelve (12) months.

PREGNANCY AND MISCARRIAGE

All applicants must first apply to the Kentucky Medicaid Program (or applicable state program) for determination of eligibility. This written determination by the Kentucky Medicaid Program (or applicable state program) must be submitted at the time of application for maternity benefits from the Fund. If eligible for the Kentucky Medicaid Program (or applicable state program), and if the applicant is otherwise eligible for the Fund's benefits, the Fund will provide benefits after the benefits from the state programs have been exhausted. This requirement is waived for clients who have health insurance which provides maternity benefits.

Benefits for a normal healthy vaginal delivery will be provided in accordance with the staggered maximum benefit not to exceed up to \$8,000 to otherwise eligible applicants subject to the following conditions:

1. (a) Applicant is currently working in Kentucky and had been working for thirty (30) days prior to conception during the same year as conception or

(b) Was licensed in Kentucky and employed in Kentucky during the calendar year prior to conception and has worked for the same eligible employer for the immediate three (3) month period prior to conception (trainers and owners must meet number of starts guideline).
2. Initial contact must be made no later than one hundred fifty (150) days from the date of conception. (also see #9 and #10 for special provisions). The applicant (or spouse) must be pregnant at the time of application.

Pregnancy and Miscarriage - continued

3. Applicant must be legally married to dependent prior to her giving birth.
4. Date of conception will be determined by subtracting two hundred seventy (270) calendar days from the expected due date that has been submitted in writing by a licensed physician. The day after the date of conception will be counted as the first day for determining eligibility.
5. First priority of benefits will be given to medical providers; reimbursements will be made to the applicant after all other charges have been paid, not to exceed the maximum benefit for pregnancies.
6. Benefits for an ectopic pregnancy will not be subject to pregnancy/miscarriage guidelines (See BENEFITS – Maximum).
7. Benefits will only be provided should the mother deliver in a hospital in Kentucky or a facility bordering Kentucky in another state within fifty (50) miles of the Kentucky border.
8. An eligible female licensee will be granted a six (6) week disability period after giving birth or suffering a miscarriage. During that period she will be considered as if she were employed and if otherwise eligible will be extended benefits (except for financial assistance) that the Fund provides, as long as she is living in Kentucky or a state that borders Kentucky.
9. An applicant who has health insurance with a maternity benefit may make initial contact until the thirtieth (30th) day after delivery.
10. For those making initial contact after the one hundred fiftieth (150th) day of conception and not more than seven (7) days after delivery, all of the following provisions must be met before being approved for benefits:
 - a) Applicant must first apply for a medical card or other applicable state program and provide written documentation of status with that program. (This requirement is waived for clients who have health insurance with maternity benefits.)

Pregnancy and Miscarriage - continued

- b) Applicant must be licensed in Kentucky and working in Kentucky thirty (30) days prior to conception. (Trainers and owners must meet number of starts guideline.)
- c) Applicant must be licensed by the Kentucky Horse Racing Commission not less than three hundred sixty-five (365) calendar days prior to conception.
- d) Benefits will be made available at fifty (50) percent up to a maximum of \$4,000 of incurred charges. Pre-negotiated charges will be paid at one hundred (100) percent, up to \$4,000 and are included within the \$4,000 maximum.

HARDSHIP REQUEST

Those applicants determined ineligible may receive additional consideration in accordance with the provisions set forth in the Hardship Request guideline. If eligible, Hardship Request benefits are paid at fifty (50) to eighty-five (85) percent of eligible charges up to a maximum benefit of \$10,000 per occurrence per year.

EXCLUSIONS

Include, but are not limited to:

1. Work and thoroughbred horse related injuries.
2. Procedures not medically necessary to sustain good health.
3. Procedures that are not performed or prescribed by a licensed medical professional.
4. Abortion, except to save the live of the mother.
5. Preventive medicine and cosmetic surgery.
6. Routine physical check-ups; adult well-care examinations (with the exception of PAP smear, mammogram and prostate).
7. Charges incurred while committing a felony or while engaged in an illegal occupation.

Exclusions – continued

8. Charges incurred resulting from the act of violence in which the applicant was the aggressor, instigator, or willing participant.
9. Radial keratotomy
10. Testing for AIDS and HIV that are not included as an incident to diagnosis.
11. Charges related to the cure or treatment of impotency and other sexual dysfunctions, and infertility.
12. Charges incurred while driving a motor vehicle without insurance.
13. Immigration testing for legal citizenship.
14. OxyContin
15. Alternative or Complementary Medicine

APPEAL POLICY

1. If a client disputes a request for assistance that does not meet the Fund's guidelines, the request shall be re-evaluated by the Fund's Director of Operations.
2. If the request is again found to not meet the Fund's guidelines the client shall be informed of the right for review of the request by the Executive Director.
3. If the request, after review by the Executive Director, is found to not meet the Fund's guidelines the client shall be advised of the right of review by the Fund's Board of Directors at its next regularly scheduled meeting.
4. The decision of the Board of Directors will be final.

PRIVACY NOTICE

The Kentucky Racing Health and Welfare Fund, Inc. (the Fund) is required to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to private health information.

This notice describes how medical information about you and/or your dependents may be used and disclosed and how you can get access to this information. Please review it carefully. Medical information includes both personal and medical information and individually identifiable information such as your name, address, telephone number, and social security number.

We collect medical information about you and/or your dependents from the following sources:

- Information you provide on applications, other forms, or by phone. This may include such information as your name, address, social security number, employment and salary history.
- Information provided by your employer, co-workers, family, friends and providers of service.
- Information from police reports, mortgage or lease statements, and insurance companies.

Privacy Notice – continued

- Information provided by other horsemen's groups, racetrack personnel, and the Kentucky Horse Racing Commission.

How We Use Your Medical Information

The Fund obtains medical information about you and/or your dependents in order to complete the application process, determine your eligibility for each request for assistance, manage your requests and pay your providers of service. We may share your medical information with the Horsemen's Benevolent and Protective Association, The Jockey Club Foundation, The Thoroughbred Addiction Council of Kentucky, and providers of service. We may also share your medical information with parties other than the Fund's staff, such as accountants, legal counsel, and counselors of the Thoroughbred Addiction Council of Kentucky. We may use your medical information to contact you via phone, U.S. mail, e-mail, personal visit to your job, or through the racetrack paging system. We do not give your medical information to third parties for any type of promotional or marketing purposes not related to the Fund.

If we make any substantial changes in the way we use your medical information, we will notify you and provide additional information as necessary.

Whenever we share your medical information with these other parties, we will protect your privacy with a confidentiality agreement. The agreement limits the use of your information to the service requested and requires consistency with the Privacy Statement.

We Safeguard Your Medical Information

We limit access to your medical information to employees and others with a valid business need for the information. We hold our employees, representative, directors and business associates responsible for upholding our privacy standards. Other uses and disclosures of your medical information that are not listed on the statement will be made only with the patient's written consent. You have the right to inspect and obtain a copy of your confidential information. (A \$10 recovery fee may be charged for the retrieval of older records.) Records are kept for six (6) years.

PRIVACY OFFICER

If you would like to respond to this statement, or have any questions, or feel your privacy rights have been violated, please contact Marlisa Young, Privacy Officer, at (502) 636-2900. The Fund is required by law to abide by the terms of the Privacy Statement in effect. The Fund reserves the right to change the terms of the Privacy Statement and to make the new provisions effective for all protected health information it maintains. Individuals receiving the Privacy Statement will be notified by mail of any changes.

COMMUNITY RESOURCES

The phone numbers listed in this handbook have been provided for your convenience.

See Pages 19 - 23

PREFERRED PROVIDERS

The providers listed within this booklet are preferred providers of the Kentucky Racing Health and Welfare Fund. All of these providers have agreed to extend certain considerations to eligible applicants of the Fund.

In an emergency situation requiring hospital care you can significantly increase the value of the Fund's eligible benefits by going to any of the hospitals listed in this booklet. It is preferable that you use these providers. Receiving treatment outside of our network of preferred providers may result in a reduced payment.

This booklet does not guarantee benefits and should not be presented as evidence of insurance coverage to the provider at the time of service.

Contact the Fund immediately when you incur medical charges. The Fund may be able to assist you with the payment of your medical bills.

When possible, please contact the Fund prior to treatment for authorization. The Fund may not be able to provide assistance without the proper authorization.

See Pages 24 - 33

BLUEGRASS COMMUNITY HEALTH CENTER

The Fund has a contractual agreement with Bluegrass Community Health Center for discounted services. Should any individual who is stabled and/or working in the Greater Metro Lexington area (Fayette, Woodford, Scott, Bourbon, Clark, Madison, and Jessamine counties) insist on going to a medical facility prior to being seen at Bluegrass Community Health Center or seeks non-emergency medical care from a provider other than Bluegrass Community Health Center, and does not have a referral from Bluegrass Community Health Center, a \$25 co-pay will be in effect for each visit. In addition, there will be a \$13 limit for all lab tests not performed at Bluegrass Community Health Center and a \$50 co-pay for any non-emergency E.R. visits.

KENTUCKY RACING HEALTH SERVICES CENTER

The Fund utilizes the Kentucky Racing Health Services Center. Should any individual who is stabled and/or working in the Greater Metro Louisville area (Jefferson, Oldham, Shelby, Bullitt counties in Kentucky and Clark or Floyd counties in Indiana) insist on going to a medical facility prior to being seen at the Kentucky Racing Health Services Center or seeks non-emergency medical care from a provider other than the Kentucky Racing Health Services Center, and does not have a referral from the Kentucky Racing Health Services Center, a \$25 co-pay will be in effect for each visit. In addition, there will be a \$13 limit for all lab tests not performed at the Kentucky Racing Health Services Center and a \$50 co-pay for any non-emergency E.R. visits.

KENTUCKY RACING HEALTH SERVICES CENTER

Narcotic Pain Medication Policy

There are certain limitation and restrictions in the benefits that the Fund will provide for prescriptions written by the Kentucky Racing Health Services Center. If needed, the first prescription will be limited to a two (2) week supply. If eligible, the Fund may assist with the purchase of the prescribed medication after a \$5 co-pay. Subsequent prescription pain medication requests will be referred to a doctor for an evaluation and recommendation before the Fund can assist in payment of the medication after a \$15 co-pay. Contact the Fund for complete details.

COMMUNITY RESOURCES

CHURCHILL DOWNS	20
ELLIS PARK	21
KEENELAND	22
TURFWAY PARK	23

CHURCHILL DOWNS

700 Central Avenue
Louisville, KY 40208
(800) 283-3729

Information Center	211
Emergency	911
Alcoholics Anonymous	(502) 582-1849
Crisis & Information Center	(502) 589-4313
Child Abuse Hotline	(502) 595-4550 (800) 372-2973
Domestic Violence & Sexual Assault	(502) 581-7222 (877) 803-7577
Housing Authority 801 Vine Street	(502) 569-6060
American Red Cross 510 E. Chestnut Street	(502) 589-4450
Health Department 4100 Taylor Blvd.	(502) 366-4747
Social Security 601 W. Broadway, #101	(502) 582-6690 (800) 772-1213
Medicaid 908 W. Broadway, 4 th floor	(502) 595-4238
Emergency Shelter Wayside Family Shelter 812 E. Market	(502) 584-3711
Salvation Army Shelter 831 S. Brook	(502) 625-1170
Healing Place Men's Chemical Abuse & Homeless Shelter 1020 W. Market Street	(502) 584-6606
Ron McKiernan TACK Counselor	(502) 635-2008
Pregnancy Resource Center 1143 S. 6 th Street	(502) 583-2151

ELLIS PARK
Highway 41 North
Henderson, KY 42420-0033
(800) 333-8110

Emergency	911
Alcoholics Anonymous	(270) 683-0371
Crisis & Information Center	(270) 684-9466 (800) 433-7291
Child Protective Services (Evansville)	(812) 425-2124
(Henderson)	(270) 826-6203
Rape Center (Owensboro)	(270) 926-7273
(Henderson)	(270) 826-7273
Spouse Abuse (Owensboro)	(270) 685-0260 (800) 88-ABUSE
American Red Cross 300 Center Street	(270) 826-2775
Health Department	(270) 826-3951
Social Security & Medicare 2000 N. Elm Street, Bldg. 3 (Henderson)	(270) 826-4451 (800) 772-1213
Welfare & Medicaid 228 N. Green Street (Henderson)	(270) 826-8351
Men's Shelter Harbor House 804 Clay Street (Henderson)	(270) 827-5010
Shelter for Families & Women Pitino Shelter 501 Walnut Street (Owensboro)	(270) 688-9000
Ron McKiernan TACK Counselor	(502) 635-2008

KEENELAND
4201 Versailles Road
Lexington, KY 40510
(800) 456-3412

Emergency	911
Alcoholics Anonymous	(859) 225-1212
Mental Health Care	(859) 233-0444
Child Abuse Hotline	(859) 245-5258
Rape Center	(859) 253-2511
Domestic Violence Hotline	(859) 255-9808 (800) 544-2022
American Red Cross 1450 Newtown Pike	(859) 253-1331
Health Department 650 Newtown Pike	(859) 252-2371
Social Security Office 1460 Newtown Pike	(859) 294-5633 (800) 772-1213
Welfare & Medicaid	(859) 873-3191
Families & Women Shelter Salvation Army 736 W. Main Street	(859) 252-7706
Shelter for Men – Hope Center	(859) 252-7881
Crisis Childcare	(859) 259-1974
Ron McKiernan TACK Counselor	(502) 635-2008

TURFWAY PARK
7500 Turfway Road
Florence, KY 41042
(800) 733-0200

Emergency	911
Alcoholics Anonymous	(859) 491-7181
Mental Health	(859) 331-3292
Child Abuse Hotline	(859) 292-6550
Rape Center	(859) 491-3335
Domestic Violence	(859) 491-3335
Health Department 7505 Burlington Pike	(859) 525-1770
HealthPoint Clinic (Covington)	(859) 655-6100
Social Security Office 8275 E. Ewing	(859) 282-7324 (800) 772-1213
Welfare & Medicaid	(859) 371-6900
Men's Shelter Fair Haven Rescue Mission 260 Pike Street (Covington)	(859) 491-1027
Shelter for Women & Children Welcome Home 141 W. Pike Street (Covington)	(859) 431-8717
Dorretta Powell TACK Counselor	(859) 816-3446

***PREFERRED PROVIDERS
(PROVEEDORES PREFERIDOS)***

**CHURCHILL DOWNS &
TRACKSIDE**

CARDIOLOGY (CARDIOLOGÍA)

BLUEGRASS CARDIOLOGY
1900 Bluegrass Avenue, #103
(502) 367-4500

DERMATOLOGY (DERMATOLOGÍA)

DERMATOLOGY SPECIALISTS
501 S. 2nd Street
(502) 583-7546

DENTAL (DENTISTA)

GENTLE EXCELLENCE DENTAL
4133 Taylor Blvd.
(502) 368-8400

DRS. PIERCE & MITCHELL
4825 S. Third Street
(502) 366-6362

DR. FERESHTEH MAZHARY
3911 S. Third Street
(502) 368-5575

DENTURES (DENTADURAS)

SURE FIT DENTURES
4115 Dixie Highway
(502) 448-5050

**EAR, NOSE & THROAT
(OÍDO, NARIZ & GARGANTA)**

COMMONWEALTH ENT
4004 Dupont Circle, #220
(502) 893-0159

LOUISVILLE ENT SPECIALIST
2355 Poplar Level Road, #400
(502) 459-3760

***PREFERRED PROVIDERS
(PROVEEDORES PREFERIDOS)***

**CHURCHILL DOWNS &
TRACKSIDE**

FAMILY PRACTICE (PRÁCTICA de FAMILIA)

NORTON COMMUNITY MEDICAL ASSOCIATES
2355 Poplar Level Road, #200
(502) 636-7444

NORTON MEDICAL ASSOCIATES
4420 Dixie Highway, #114
(502) 449-6464

INTERNAL MEDICINE CONS.
234 E. Gray Street, #670
(502) 629-4525

JEFFERSON INTERNAL MEDICINE
1900 Bluegrass Avenue, #300
(502) 361-1222

KENTUCKY RACING HEALTH SERVICE CENTER
422 Heywood Avenue
(502) 636-3133

UL FAMILY MEDICINE
215 Central Avenue
(502) 852-2822

VALLEY MEDICAL ASSOCIATES
6801 Dixie Highway, B-106
(502) 937-3868

**NORTON IMMEDIATE CARE CENTERS
(CENTROS de TRATAMIENTO INMEDIATO)**

7926 Preston Highway
(502) 964-4357

***PREFERRED PROVIDERS
(PROVEEDORES PREFERIDOS)***

**CHURCHILL DOWNS &
TRACKSIDE**

FOOT SPECIALISTS (ESPECIALISTA de PIES)

DR. WILLIAM BEASLEY
4602 Southern Parkway
(502) 366-1479

DR. GERALDO ULFE
317-B Guthrie Street
(502) 585-3668

HAND SPECIALIST (ESPECIALISTA de MANO)

KLEINERT, KUTZ & ASSOCIATES
225 Abraham Flexner Way, #700
(502) 561-4263

HOSPITAL

AUDUBON HOSPITAL
One Audubon Plaza Drive
(502) 636-7111

JEWISH HOSPITAL
217 E. Chestnut Street
(502) 587-4011

KINDRED HOSPITAL
1313 St. Anthony Place
(502) 587-7001

KOSAIR CHILDREN'S HOSPITAL
231 E. Chestnut Street
(502) 629-6000

NORTON HOSPITAL
200 E. Chestnut Street
(502) 629-8000

SOUTHWEST HOSPITAL
9820 Third Street Road
(502) 933-8100

ST. MARY & ELIZABETH HOSPITAL
1850 Bluegrass Avenue
(502) 361-6000

***PREFERRED PROVIDERS
(PROVEEDORES PREFERIDOS)***

**CHURCHILL DOWNS &
TRACKSIDE**

HOSPITAL

SUBURBAN HOSPITAL
4001 Dutchman's Lane
(502) 893-1000

U of L HOSPITAL
530 S. Jackson Street
(502) 562-3000

**OB/GYN SPECIALISTS
(ESPECIALISTAS de OBSTETRICIA/GINECOLGIA)**

VELASCO, MD & ASSOCIATES
234 E. Gray Street, #600
(502) 629-1515

WOMEN'S SPECIALIST
210 E. Gray Street, #604
(502) 629-2030

WOMEN'S SPECIALIST
4420 Dixie Highway, #116
(502) 449-6400

OPHTHALMOLOGY (OFTALMOLOGÍA)

EYE SPECIALIST OF LOUISVILLE
215 Central Avenue, Suite 101
(502) 636-5766

EYE SCECIALIST OF LOUISVILLE
301 E. Muhammad Ali Blvd.
(502) 852-5466

DR. SUSHIL KUMAR
4940 Hazelwood Avenue
(502) 368-3937

ORAL SURGEON (CIRUJANO ORAL)

SOUTH LOUISVILLE DENTAL
4825 S. Third Street
(502) 361-8988

***PREFERRED PROVIDERS
(PROVEEDORES PREFERIDOS)***

**CHURCHILL DOWNS &
TRACKSIDE**

ORTHOPEDIC SPECIALIST (ORTOPÉDICO)

DR. PHILIP DRIPCHAK
4402 Churchman Avenue, Suite 406
(502) 367-1744

DR. WILLIAM MOSS
4801 Manslick Road, #1
(502) 366-0392

DR. RAYMOND SHEA
201 Abraham Flexner Way, #100
(502) 587-8222

PHARMACY (FARMACIA)

KROGER PHARMACY
3165 S. 2nd Street
(502) 368-6153

KROGER PHARMACY
4211 S. 3rd Street
(502) 363-1111

KROGER PHARMACY
5533 New Cut Road
(502) 361-7238

KROGER PHARMACY
2034 S. Highway 53
(502) 222-2028

WAGNERS
3113 S. Fourth Street
(502) 375-3800

WALGREENS
2701 S. 4th Street
(502) 636-3441

WALGREENS
5201 S. 3rd Street
(502) 361-2349

WALGREENS
807 S. Highway 53
(502) 222-6550

***PREFERRED PROVIDERS
(PROVEEDORES PREFERIDOS)***

**CHURCHILL DOWNS &
TRACKSIDE**

PHYSICAL THERAPY (FISIOTERAPIA)

FRAZIER SPORTS MEDICINE
215 Central Avenue, #200
(502) 637-9313

K.O.R.T.
4420 Dixie Highway, #118
(502) 361-5253

PROGRESSIVE MEDICAL & REHAB GROUP
825 S. Sixth Street
(502) 568-1000

VISION

20/20 EYECARE, PSC.
215 Central Avenue, Suite 101
(502) 636-5766

DR. BIZERS VISION WORLD
100 W. Market Street
(502) 587-8488

***PREFERRED PROVIDERS
(PROVEEDORES PREFERIDOS)***

ELLIS PARK

DENTAL (DENTISTA)

AUDUBON DENTAL CENTER - Henderson
716 Second Street
(270) 827-5222

DENTURES (DENTADURAS)

AFFORDABLE DENTURES - Evansville
206 N. 1st Street
(812) 428-3384

FAMILY PRACTICE (PRACTICA de FAMILIA)

DEACONESS/MEC MEDICAL CENTER
10455 Orthopedic Drive
(812) 858-2100

HOSPITAL

METHODIST - Henderson
1305 N. Elm Street
(270) 827-7700

ST. MARY'S MEDICAL CENTER - Evansville
3700 Washington Avenue
(812) 485-4000

PHARMACY (FARMACIA)

WALGREENS RxPRESS - Evansville
925 S. Green River Road
(812) 474-0055

WALGREENS - Evansville
2015 Covert Avenue
(812) 479-7155

WALGREENS - Henderson
406 Second Street
(270) 830-6502

VISION

EYEMART - Evansville
6614 Logan Drive
(812) 477-6700

***PREFERRED PROVIDERS
(PROVEEDORES PREFERIDOS)***

**KEENELAND &
THOROUGHBRED CENTER**

DENTAL (DENTISTA)

DR. THOMAS HARDIGREE
129 Cherry Bark Drive
(859) 277-8012

DRS. SMITH & STAHR
1710 Alexandria Drive, #3
(859) 278-9391

DR. ALAN D. WARD
1804 Bryan Station Road
(859) 299-0441

DENTURES (DENTADURAS)

DR. THOMAS HARDIGREE
129 Cherry Bark Drive
(859) 277-8012

FAMILY PRACTICE (PRACTICA de FAMILIA)

BLUEGRASS COMMUNITY HEALTH CENTER
1306 Versailles Road
(859) 259-2635

FAMILY PRACTICE ASSOCIATES
1775 Alysheba Way
(859) 278-5007

LEXINGTON CLINIC (Palomar Family Health Center)
3580 Lyon Drive
(859) 224-9581

HEARING SPECIALIST (ESPECIALISTA DE OÍDO)

NIXON HEARING CENTER
121 Malabu Drive, Unit 3
(859) 278-7212

HOSPITAL

CENTRAL BAPTIST HOSPITAL
1740 Nicholasville Road
(859) 260-6100

ST. JOSEPH HOSPITAL
One St. Joseph Drive
(859) 313-1000

***PREFERRED PROVIDERS
(PROVEEDORES PREFERIDOS)***

**KEENELAND &
THOROUGHBRED CENTER**

HOSPITAL

ST. JOSEPH HOSPITAL EAST
150 N. Eagle Creek Drive
(859) 268-4800

UNIVERSITY OF KENTUCKY
800 Rose Street
(859) 257-1000

PHARMACY (FARMACIA)

BONDURANT PHARMACY
1465 Village Drive @ Versailles Road
(859) 254-8852

KROGER PHARMACY
1808 Alexandria Drive
(859) 277-0767

KROGER PHARMACY
1620 Old Paris Pike
(859) 299-3624

KROGER PHARMACY
525 Marsilles Road
(859) 873-1324

WALGREENS
260 E. New Circle Road
(859) 225-8903

WALGREENS
2181 Harrodsburg Road
(859) 278-9911

PHYSICAL THERAPY (FISIOTERAPIA)

ADVANTAGE PHYSICAL THERAPY
3217 Summit Square
(859) 263-8080

VISION

SHOUSE OPTICAL SERVICE
101 Malabu Drive, #7
(859) 276-1594

**PREFERRED PROVIDERS
(PROVEEDORES PREFERIDOS)**

TURFWAY PARK

DENTAL (DENTISTA)

DENTAL CENTER OF FLORENCE
8076 US Highway 42
(859) 282-9741

DR. JAMES WRIGHT
2004 Callie Way
(859) 384-1700

URGENT DENTAL
7901 Mall Road, #200
(859) 647-7600

DENTURES (DENTADURAS)

AFFORDABLE DENTURES
7699 US Highway 42
(859) 282-0660

DERMATOLOGY (DERMATOLOGO)

DR. CLAY SHEARER
10060 Demia Way
(859) 525-6770

FAMILY PRACTICE (PRACTICA de FAMILIA)

ALLIANCE PRIMARY CARE
7370 Turfway Road, #100
(859) 212-4700

FLORENCE URGENT CARE
8820 Bankers Street
(859) 647-9101

HOSPITAL

ST. LUKE – WEST
7380 Turfway Road
(859) 212-5200

PHARMACY (FARMACIA)

BIGG'S PHARMACY
4874 Houston Road
(859) 282-7889

PREFERRED PROVIDERS
(PROVEEDORES PREFERIDOS)

TURFWAY PARK

VISION

WAL-MART VISION CENTER
7625 Doering Drive
(859) 525-6681