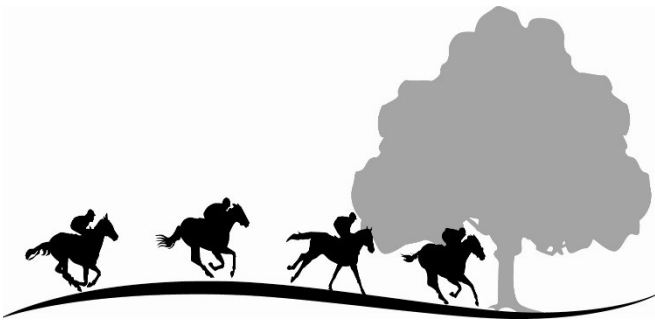


# **KENTUCKY RACING HEALTH & WELFARE FUND**

Español al Inverso



## **GUIDELINE BOOKLET**

**25<sup>th</sup> EDITION**

**JANUARY 2022**

## **DISCLAIMER**

The Kentucky Racing Health and Welfare Fund is a non-profit charitable organization that receives no government funding or public tax revenue. It is not an insurance company and does not assume responsibility for any incurred charge nor does it guarantee approval for any request for assistance. This handbook should not be construed as a policy and shall not be considered as an offer to extend assistance, benefits, coverage, or payment. The Fund's 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. A copy of the Fund's current guidelines can be obtained by a written request submitted to the Fund.

# KENTUCKY RACING HEALTH & WELFARE FUND, INC.

A non-profit charitable corporation  
Established in 1978

Rick Hiles – Chairman

Frank Jones – Vice Chairman

Dr. Randy Scheen – Treasurer

Carol Hebel - Secretary

Burr Travis – Member

Donna Ward - Member

Robert P. Benson, Jr. – Counsel

Richard P. Riedel – Executive Director

Karen Pehlke – Deputy Executive Director

Erika Lowe – Director of Client Services

Elizabeth Alarcon – Service Coordinator @ CD

Keren Strothman – Service Coordinator @ CD

Donna Davis – Service Coordinator @ EP, TP

Diana Varon – Service Coordinator @ KE, TP

**422 HEYWOOD AVENUE  
LOUISVILLE, KY 40208**

Phone (502) 636-2900

Fax (502) 636-2955

Website: KYRACINGHEALTH.COM

E-mail Address: [krhwf@kyracinghealth.org](mailto:krhwf@kyracinghealth.org)

The Facebook logo is displayed in white lowercase letters on a black rectangular background.

LOUISVILLE OFFICE HOURS

**By Appointment Only**

Monday – Friday  
8:00 am – 4:00 pm

# RACE TRACKER HAVEN

Sponsored By  
KENTUCKY RACING  
HEALTH & WELFARE FUND, INC.

## NOW LEASING THE OLD SCHOOL APARTMENTS

422 Heywood Avenue  
Louisville, KY 40208

The Old School Apartments, located within walking distance of Churchill Downs, in Louisville, Kentucky is now leasing and ready for you to move in.

- All utilities included in rent
- Spacious one bedroom and studio apartments
- On-site laundry facility
- Appliances furnished with carpet and blinds
- Must be 55 or older or disabled; income eligible
- 2004 Ida B. Willis Historic Preservation Award

Contact Number: (502) 636-5950

## Did you know that in 2021 the Kentucky Racing Health & Welfare Fund:

- ❖ Provided assistance for 653 Kentucky race track licensees.
- ❖ Assisted Kentucky race track licensees with health related benefits 2,203 times while paying 3,904 health related invoices.
- ❖ Provided more than \$1 million in health benefits.
- ❖ Surpassed the \$48 million mark in total health benefits paid out since our inception in 1978.
- ❖ Contributed \$62,500 to the Kentucky Race Track Retirement Plan, bringing its total contribution to \$6,875,000 in twenty-one years.
- ❖ Signed up 255 eligible individuals to the Kentucky Race Track Retirement Plan; active membership as of December 31, 2021 is 570 licensees.
- ❖ Sponsored the Kentucky Racing Health Services Center which provided free treatment or medical services for 933 patient visits. The Health Service Center is located at The Old School, 422 Heywood Avenue, Louisville, KY 40208. Call (502) 636-2900 for hours of operation or to schedule an appointment. Open all year.
- ❖ Sponsored the Horsemen's Wellness Center @ Turfway Park which provided free treatment or medical services for 45 patient visits. The Wellness Center is located in the Horsemen's Hall in the same building as the Racing Secretary's office. Call (859) 647-4764 for hours of operation or to schedule an appointment. Open during race meet.

## **KENTUCKY RACING HEALTH SERVICES CENTER**

The Kentucky Racing Health and Welfare Fund and The University of Louisville are partners in the health service center which is located in The Old School building in Louisville, Kentucky.

Please call (502) 636-2900 for an appointment.

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## **HORSEMEN'S WELLNESS CENTER @ TURFWAY PARK**

The Kentucky Racing Health and Welfare Fund and Northern Kentucky University are partners in the free health service center which is located in the Horsemen's Hall in the same building as the Racing Secretary's office at Turfway Park.

Please call (859) 647-4764 for an appointment during race meet only.

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## **KENTUCKY RACE TRACK RETIREMENT PLAN**

The Kentucky Racing Health and Welfare Fund is the sponsor of the Kentucky Race Track Retirement Plan. For additional information or to sign up please contact Karen Pehlke, Plan Administrator Representative, at (502) 636-2646 to schedule an appointment.

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Connecting racing industry employees with the resources they need.

Download the **FREE** app for iPhone or Android.

Cómo is an app that connects racing industry employees to the vital services they need through a network of racetrack chaplains and Thoroughbred industry organizations. Chaplains and organizations have added their services including healthcare, legal services, continuing education, and more. App users can also receive information alerts and daily posts. Cómo is managed by TCA and founded by Godolphin.

## **Do You Need Help With Alcohol or Drug Abuse?**

**Recovery Kentucky  
(Kentucky Housing Corp.)**

**(800) 633-8896**

Recovery Kentucky is a residential social recovery program for adult women and men who are seeking recovery from alcohol and other drugs. It is a zero tolerance program. Clients are prohibited from using drugs and alcohol during their stay in the program.

ALL CALLS ARE KEPT CONFIDENTIAL

## **Is Domestic Violence Creating Havoc in Your Life?**

To contact the network community resources in Kentucky for victims, and their families, of domestic violence please contact one of the following crisis centers:

Louisville	(502) 581-7222
Lexington	(800) 544-2022
Florence	(800) 928-3335
Henderson	(800) 882-2873

ALL CALLS ARE KEPT CONFIDENTIAL

## **Gamblers Anonymous**

**When It's No Longer A Game,  
There is HELP!**

Do you think you have a gambling problem?

Call (800) GAMBLER

Available 24 hours a day

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## 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 offices of the Kentucky Racing Health & Welfare Fund:

### **Churchill Downs**

422 Heywood Avenue  
Louisville, KY 40208  
(502) 636-2900

### BY APPOINTMENT ONLY

8:00 am – 4:00 pm (M-F)

### **Ellis Park (HBPA)**

S Us Route 19  
Henderson, KY 42420  
(800) 333-8110  
8:00 am – 4:00 pm (M-F)  
During race meet

### **Keeneland**

4201 Versailles Road  
Lexington, KY 40510  
(800) 456-3412 ext. 5149  
7:00 am – 12:00 pm (M-F)

**Turfway Park (HBPA)**

7500 Turfway Road  
Florence, KY 41042  
(859) 641-4764  
9:00 am – 4:00 pm (M-F)  
During 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, who 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, now in its 22<sup>nd</sup> year of operation. 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, it is the responsibility of the Fund's staff to conduct a routine inquiry into the accuracy of the information that has been provided.

If an individual has provided inaccurate or false information pertaining but not limited to: the nature of the illness/injury, non-disclosure of **ALL** KRHC license types, non-disclosure of insurance or other benefit coverage, falsification of employment, changes in identity (including name and/or SS#) or transferring benefits to a non-eligible individual no immediate benefits will be provided and additional action may be taken.

Please contact the Fund for additional information or you can pick-up a Fraud Prevention Brochure at one of our offices.

## **ELIGIBILITY**

### **Assistant Trainer, Exercise Rider and Stable Employee**

1. Must be currently licensed by KHRC and working in Kentucky thoroughbred racing.
2. Earn no less than \$150 per week for same employer and work no less than twenty-four (24) hours for same employer. A free-lance exercise rider/pony person must earn no less than \$150 per week from one or more eligible trainer(s) and has exercised not less than twelve (12) horses during the prior week.
3. Must show W2 and/or 1099 from the previous year to be eligible for full benefits.
4. Taxable income of an applicant who is single shall not exceed \$46,720.
5. Taxable income of an applicant who is married shall not exceed \$93,440.

### **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. Taxable income of an applicant who is single shall not exceed \$46,720.
4. Taxable income of an applicant who is married shall not exceed \$93,440.
5. Applicant's net assets shall not exceed \$64,945. The first \$64,945 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. If an applicant's net assets exceed \$64,945 but are less than \$194,834 additional consideration will be given.

## Eligibility - continued

6. Owners must provide evidence of owning the aggregate total of at least one (1) thoroughbred race horse that has 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 seventy-five (75) day period prior to illness/injury/treatment or twenty (20) Kentucky starts the prior calendar year. 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 seventy-five (75) day period prior to illness/injury/treatment or twenty (20) Kentucky starts the calendar prior year. 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 nine hundred seventy-five (975) hours 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 and required tax documentation.

Benefit Type	Status	Maximum
Basic Benefit	NO W2 or 1099	\$5,000 (includes \$250 dental)
Level 1	1 (current) out of 5 prior years WITH W2 or 1099	\$5,000 (includes \$250 dental)
Level 2	2 out of 5 prior years WITH W2 or 1099	\$7,000 (includes \$400 dental)
Level 3	3 out of 5 prior years WITH W2 or 1099	\$8,000 (includes \$700 dental)
Level 4	4 out of 5 prior years WITH W2 or 1099	\$14,000 (includes \$800 dental)
Level 5	5 out of 5 prior years WITH W2 or 1099	\$16,000 (includes \$900 dental)
Level 6	More than 5 prior consecutive years WITH W2 or 1099	\$18,000 (includes \$1,000 dental)

## **RESTRICTED BENEFITS**

- \$20 co-pay on all specialty Doctor, Chiropractor and Acupuncture Office Visits.
- Acupuncture - \$20 co-pay / \$1,000 limit per year.
- Appliances, Orthotics, Braces, Over-the-Counter Therapeutic Devices - \$50 co-pay
- Birth Control - Purchase of the pill, diaphragm, Depo-Provera, Nuva-Ring, contraceptive patch, IUD or Implanon. Also limited benefit for tubal ligation and vasectomy.
- Chiropractic - \$20 co-pay / \$500 limit per year.
- Dental & Periodontia - Subject to the number of years licensed by the Kentucky Horse Racing Commission and other eligibility requirements.
- Teeth Cleaning - Up to \$50 twice per year, applicant and up to three dependents.
- Diagnostic Testing - \$35 co-pay
- Funeral – up to \$5,000

## Restricted Benefits – continued

- Genetic Counseling Treatment – if ordered by the Kentucky Racing Health Services Center.
- Hearing Aids – up to \$1,500 per ear for the purchase of a digital hearing aid. Benefit limited to every thirty-six months.
- Hospital - \$5,000 annual maximum benefit.
- HPV Vaccine/Gardasil Vaccine - Reimbursement basis.
- Immigration Medical Screening – up to \$250 on a reimbursement basis.
- Orthodontia – Up to 50% of actual charges up to \$1,500 per twenty-four months. Subject to the number of years licensed by the Kentucky Horse Racing Commission and other eligibility requirements.
- PAP Smears & Mammograms - Annual, upon request.
- Physical Therapy - \$10 co-pay / Limit 12 visits.
- Pregnancy – Up to \$6,000 for normal well mother/well baby delivery.
- Prescriptions - no co-pay on heart/angina medication, diabetes medications and diabetes supplies. \$7 co-pay on all generic prescription medication, 10% co-pay on all non-generic prescription medication with a \$7 minimum and a \$50 maximum.
- Prostate cancer screening - Annual, upon request.
- School Physical & Immunizations - required for admission (no sports physicals); paid at the Health Department rates.
- Smoking Cessation - one 50% lifetime benefit; refund basis only.
- Specialty Doctors - \$20 co-pay
- Speech Therapy - \$20 co-pay / Up to ten (10) speech therapy sessions per calendar year administered by a certified speech therapist; \$100 maximum benefit per session.
- Vision - \$250 maximum / applicant or 1 dependent.
- 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 Hospital Financial Assistance Program 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.

If not otherwise eligible for Medicaid or Hospital Financial Assistance charges will be paid at the hospital un-insured discount rate or at a negotiated or contractual rate.

If the applicant and/or patient fails to apply for any of the above mentioned programs no benefits will be provided related to the hospital charges.

Annual maximum hospital benefit per applicant (including dependents) is \$5,000.

Non-emergent emergency room charges will be subject to a \$100 co-pay. If the patient is otherwise eligible for Hospital Financial Assistance the non-emergent copay will be applied to the Emergency Room physician charges, laboratory charges and/or radiology charges.

## **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 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**

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-ups per twelve (12) month period for the eligible applicant and up to three eligible dependents of the applicant.

## **PREGNANCY AND MISCARRIAGE**

To be eligible an applicant must be in compliance with all applicable guidelines including stabling and race record.

1. 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.
2. Benefits for a normal healthy vaginal delivery will be provided in accordance with the staggered maximum benefit not to exceed up to \$6,000.
3. Benefits for a Caesarian section birth and other types of complicated pregnancy will be determined by the Staggered Maximum guideline.
4. The year of conception will be used as the starting date to determine the number of consecutively licensed years by the KHRC in determining the maximum benefit to an otherwise eligible applicant subject to the following conditions:
  - (a) (i) Applicant is working in an eligible occupation in Kentucky at the time of initial contact and;
  - (ii) Applicant can verifiably prove through payroll checks or stubs that he/she had worked in Kentucky for a period of not less than ninety (90) consecutive days, for an eligible employer of employers, immediately prior to conception and;

Pregnancy – continued

(iii) Applicant was licensed by the Kentucky Horse Racing commission as an eligible license type in the year prior to conception and has secured a valid Kentucky Horse Racing Commission license at least three hundred sixty-five (365) days prior to the date of conception in the combined prior or current year **or**

(b) (i) Applicant was working in an eligible occupation in Kentucky at the time of initial contact and;

(ii) Applicant was licensed by the Kentucky Horse Racing commission as an eligible license type in the year prior to conception and had secured a valid Kentucky Horse Racing commission license at least three hundred sixty-five (365) days prior to the date of conception in the combined prior and current year and;

(iii) Applicant can verifiably prove through payroll checks or stubs that he/she was working in an eligible occupation in Kentucky, for an eligible employer or employers for at least ninety (90) days, in the calendar year prior to the calendar year in which conception took place and;

(iv) Applicant can verifiably prove through payroll checks or stubs that he/she has worked for an eligible employer or employers for the immediate ninety (90) consecutive day period prior to conception (trainers and owners must meet race record guideline).

5. Initial contact must be made no later than one hundred twenty (120) days from the date of conception. The applicant (or spouse) must be pregnant at the time of application. If applicant has health insurance with maternity benefits initial contact must be made by the thirtieth (30<sup>th</sup>) day after delivery.
6. Applicant must be legally married to dependent prior to her giving birth.
7. Applicant's dependent children will not be eligible for benefits for charges related to pregnancy or miscarriage.

Pregnancy – continued

8. Benefits will not be provided for the services of a mid-wife.
9. 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.
10. 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.
11. Benefits for pre-natal vitamins up to a thirty (30) day supply each month will be provided.
12. 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.
13. An eligible female licensee will be granted a six (6) week disability period *prior* to delivery. In the event of a complicated pregnancy, the disability period would commence as indicated in a work release document by the licensee's obstetrician. During the period of disability 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 provided that she is living in Kentucky or a state that borders Kentucky.
14. 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.

## **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 thirty-three (33) percent up to seventy-five (75) percent of eligible charges up to a maximum benefit of \$7,000 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 life of the mother.
5. Preventive medicine and cosmetic surgery.
6. Charges incurred while committing a felony or while engaged in an illegal occupation.
7. Charges incurred resulting from the act of violence in which the applicant was the aggressor, instigator, or willing participant.
8. Radial Keratotomy
9. Charges related to the cure or treatment of impotency and other sexual dysfunctions, and infertility.
10. Charges incurred while driving a motor vehicle without insurance.
11. OxyContin / Zohydro (Zohydro ER)
12. Alternative or Complementary Medicine
13. Methadone, Suboxone, Vivitrol and other substances used to treat withdrawal/use or abuse of drugs and alcohol.
14. Charges incurred while participating in high risk activities

## **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 Deputy Executive Director.
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.

You can obtain a copy of our privacy practices by contacting the Fund at (502) 636-2900 or by visiting our website at [KYRACINGHEALTH.COM](http://KYRACINGHEALTH.COM).

## **PREFERRED PROVIDERS**

The Fund has an extensive network of preferred providers. Please contact your local Kentucky Racing Health & Welfare Fund office before scheduling any appointments.

When charges are incurred with non-network providers the Fund will review each request on a case by case basis and may offer that non-network provider an amount equivalent to that accepted by Network Providers as payment in full and may withhold all payment if an agreement cannot be reached with the non-network provider.

### **Other Important Information**

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.

## **COMMUNITY RESOURCES**

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TURFWAY PARK	22



## 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 & Adult Abuse Hotline	(502) 595-4550
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
Iroquois Family Health Center 4100 Taylor Blvd.	(502) 366-4747
Social Security 601 W. Broadway, #101	(866) 716-9671
Medicaid 908 W. Broadway, 4 <sup>th</sup> floor	(855) 306-8959
Wayside Christian Mission 432 E. Jefferson	(502) 742-6166
Salvation Army Center of Hope 911 S. Brook	(502) 671-4900
Recovery Kentucky - Men	(502) 585-4848
Recovery Kentucky - Women	(502) 568-6680
Pregnancy Resource Center 515 W. Oak Street	(502) 583-2151
Family Community Free Clinic 1406 E. Washington Street	(502) 384-8444
Hospatus Health Louisville	(502) 456-6200 (502) 629-3600

**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) 421-5400
(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 (Henderson)	(270) 826-3951
Social Security & Medicare 2000 N. Elm Street, Bldg. 3 (Henderson)	(800) 772-1213
Welfare & Medicaid 228 N. Green Street (Henderson)	(855) 306-8959
Men's Shelter 804 Clay Street (Henderson)	(270) 827-5010
Shelter for Families & Women 501 Walnut Street (Owensboro)	(270) 688-9000
Recovery Kentucky – Women	(270) 826-0036
Recovery Kentucky – Men	(270) 689-0905
VistaCare Hospice	(812) 867-6834

**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) 233-0657 (800) 544-2022
American Red Cross 1450 Newtown Pike	(859) 253-1331
Health Department 650 Newtown Pike	(859) 252-2371
Social Security Office	(800) 772-1213
Welfare & Medicaid	(855) 306-8959
Families & Women Shelter Salvation Army 736 W. Main Street	(859) 252-7706
Shelter for Men – Hope Center 360 W. Loudon	(859) 252-7881
The Nest Center for Women Children & Families	(859) 259-1974
Recovery Kentucky - Women	(859) 252-2002
Recovery Kentucky – Men	(859) 225-4673
Bluegrass Care Navigators	(855) 492-0812
Mission Lexington (Free Dental Service)	(859) 519-8157
Mission Lexington (Free Medical Service)	(859) 272-0219

**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
Boone Co. Health Department 7505 Burlington Pike	(859) 363-2060
HealthPoint Clinic (Covington)	(859) 655-6100
Social Security Office	(800) 772-1213
Welfare & Medicaid	(855) 306-8959
Men's Shelter Fair Haven Rescue Mission 260 Pike Street (Covington)	(859) 491-1027
Shelter for Women & Children Welcome House 205 W. Pike Street (Covington)	(859) 431-8717
Recovery Kentucky - Women	(859) 282-9390
Recovery Kentucky – Men	(859) 359-4500
Hospice of the Bluegrass	(859) 441-6332

**OTHER IMPORTANT  
PHONE NUMBERS**

Kentucky HBPA

Main Office	(502) 363-1077
Churchill Downs	(502) 637-7935
Ellis Park	(812) 435-8956
Keeneland	(800) 456-3412
Turfway Park	(859) 647-4764

Track Chaplaincy

Churchill Downs	(502) 636-4476
Ellis Park	(800) 333-8110
Keeneland	(800) 456-3412
Turfway Park	(800) 733-0200