



*Plan Year:
January 1, 2021 - December 31, 2021*

Employee Benefits Guide

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All information in this booklet is a brief description of your coverage and is not a contract. Please refer to your policy or certificate for each product for the exact terms and conditions.

If you wish to add or make changes to your insurance coverage(s), please consult a Mark III Benefits Representative during your scheduled enrollment period. **You will not be able to make any changes once the enrollment period is over** unless you experience a qualified event outlined by the IRS (i.e., marriage, divorce, birth of a child, etc.). If you should experience a qualified event, you have 30 days from the date of the event to make any changes.



DISCLAIMER

This guide is a brief summary of benefits offered to your group and does not constitute a policy.

Your employer may amend the benefits program at any time. Your Summary Plan Description (SPD) will contain the actual detailed provisions of your benefits. The SPD will be available at mymarkiii.com

If there are any discrepancies between the information in this guide and the SPD, the language in the SPD will always prevail.



Important Points for 2021

- ✓ Open Enrollment (for full-time employees working on a regular, continuous basis for 30 hours or more per week) will be from October 19, 2020 through November 13, 2020. This is for the plan year beginning January 1, 2021.
- ✓ Enrollment will be on-line this year. **Please see next page for more information.**
- ✓ During open enrollment, you may add or remove dependents and/or drop, enroll or change health benefits.
- ✓ Health, Dental & Vision insurances are all pre-taxed, which means no changes or cancellations can be made throughout the year unless you experience a qualifying event. See examples of qualifying events on following page. **You have 31 days to make a change for a qualifying event by contacting Stacey Baumgardner in HR.**
- ✓ Eligible dependents include your legal spouse, dependent children under age 26 and children who are permanently and totally disabled regardless of their age (must meet certain requirements). The City of Kingsport reserves the right to verify all dependents.
- ✓ **If someone is on your plan that is not an eligible dependent, they need to be removed immediately. Allowing ineligible individuals to remain on your insurance plan constitutes insurance fraud.**
- ✓ Please note the City of Kingsport's health coverage is considered affordable and meets the minimum value according to regulations set by the Affordable Care Act. This could affect your ability to obtain a subsidy if enrolling in the Federal Marketplace at Healthcare.gov.
- ✓ The City of Kingsport offers a 10% discount on the health premium if the covered employee completes a Health Risk Assessment (HRA). An HRA consists of a blood draw, health questions and vitals. In order to receive the discount for the plan year 2021, all portions of the health risk assessment must have been completed between December 1, 2019 and November 30, 2020.



Bentek Enrollment Quick Guide

To complete your Open Enrollment for Plan Year 2021,

Go to website www.mybentek.com/cityofkingsport. (Please use Chrome or Firefox browsers) You will need to create an account before enrolling in benefits. To create an account, click the link that says "Create Account" on the home page. After logging in to system, click on the Open Enrollment icon. There you will see a link to a video that shows you the steps for Open Enrollment. For help or questions using the on-line system, please call Stacey Baumgardner at 423-229-9402 or email to StaceyBaumgardner@KingsportTN.gov. For technical Support please call BenTek at 888-523-6835 Monday through Friday 8:30 am to 5:00 pm. In order to ensure employees are properly enrolled in benefits and beneficiary information is updated, enrollment is MANDATORY for all employees, including those employees not electing any benefits. The online enrollment system will close at midnight on November 13, 2020.



ENROLLMENT IN SIX EASY STEPS

1. My Information - Verify your demographic information is correct.
2. My Dependents - Verify your current dependent information.
 - › Add a new dependent by clicking "+ Dependent"
3. Benefits Highlights - Enrollment news, coverage options, plan documents and carrier information.
4. My Benefit Elections - Add/remove/change plans, add/remove dependents, and track per-pay deductions in your Benefits Cart.
 - › Selected plans and covered dependents will show in green.
5. My Beneficiaries - Add, remove, or change beneficiary information.
 - › Add a new beneficiary by clicking "+ Person" or "+ Trust"
6. Verify My Elections - Review enrollment elections and submit your session.
 - › Life insurance requiring carrier approval will show as pending.



Bentek Support: (877) 523-6835

Qualifying Life Events

Open Enrollment selections are generally locked for the plan year, but certain exceptions called Qualifying Life Events (QLEs) can grant you a special enrollment period in which to make midyear changes. You are permitted to change benefit elections if you have a “change in status” and you make an election change that is consistent with the “change in status.”

Examples of QLEs

The following events will open a special **30-day** enrollment period from the date of the event, allowing you to make changes to your coverage. Documentation may be required.



marriage



divorce



childbirth/
adoption



death of a
family
member



loss of
parental
coverage



spouse gains
or loses
coverage

View Your Benefits

Find details about all of your benefits, download forms, submit claims, ask questions, and more at mymarkiii.com



- ✓ Benefits Guide
- ✓ Product Videos
- ✓ Policy Certificates
- ✓ Plan Forms
- ✓ Contact Info
- ✓ Enrollment Info

Available 24/7* from any internet enabled device for your convenience.

**As with all technology, due to technical difficulties beyond our control there may be small windows of time the benefits website is down. In the case of outage, plan information can always be requested from your HR office or Mark III Employee Benefits.*



HEALTHY LIVING

Core Benefit
options to keep you
and your family
healthy.



Medical Plan



Group Name: City of Kingsport

Group Number: 130434

Provider Network: Blue Cross Blue Shield of TN

Benefit Year: January 1 through December 31

Our health insurance will continue to be with Blue Cross Blue Shield of Tennessee for 2021. The City offers a Basic plan and a Standard plan to choose from. Below is a brief summary of benefits for each plan. A copy of the Summary of Benefits and Coverage (SBC) for each plan can be obtained from the Human Resources Office.

Plan Provision	Standard Plan (In-Network)	Basic Plan (In-Network)
Annual Deductible (individual/Family)	\$750/\$2,300	\$1,200/\$3,600
Out-of-Pocket Maximum (Individual/Family)	\$3,000/\$6,000	\$5,500/\$11,000
Preventative Care	100%	100%
Primary Physician Office Visit Co-Pay	\$35	\$35
Specialist Office Visit Co-Pay	\$45	\$55
Urgent Care Office Visit Co-Pay	\$45	\$55
Emergency Room Co-Pay	\$300	\$300
Inpatient & Outpatient Hospital Services	20% after deductible	20% after deductible
Prescription Drug Co-Pays		
• Generic	\$10	\$10
• Preferred	\$35	\$55
• Non-Preferred	\$85	\$105

Bi-Weekly Premiums (26 weeks)	Standard Plan	Basic Plan
Individual	\$79.96	\$68.61
Individual - Wellness	\$71.97	\$61.75
Family	\$227.89	\$195.55
Family - Wellness	\$205.10	\$175.99



IMPORTANT!

This is simply a quick glance overview to this medical plan. Please view your full Summary of Benefits and Coverage (SBC) prior to choosing your health plan. This can be found on your group benefits website at mymarkiii.com





Flexible Spending Account



- **2021 Medical Limit to contribute yearly - \$2,750**
- **Plan allows for \$530 roll-over for expenses incurred during the 2020 plan year.**

YOUR STEPS TO SAVINGS!

- 1 REALIZE THE TAX SAVINGS**
You can set aside pre-tax money into an account to be reimbursed for eligible medical expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for \$2,600 you would save \$650 in taxes.
- 2 ESTIMATE YOUR EXPENSES**
Plan for your upcoming expenses and include your spouse and dependents, if eligible. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at www.flores247.com.
- 3 ENROLL AND MANAGE YOUR ACCOUNT**
Contact your Human Resource Department to find out how to enroll for this benefit. Flores will mail a custom Participant ID number to your home address to help you manage your account. Contact information can be found on the back of this flyer.

MEDICAL FLEXIBLE SPENDING ACCOUNT

THE MEDICAL FLEXIBLE SPENDING ACCOUNT (FSA) CAN REIMBURSE YOU FOR ELIGIBLE EXPENSES YOU OR YOUR ELIGIBLE DEPENDENTS HAVE INCURRED THAT ARE NOT PAID BY YOUR EXISTING HEALTH CARE PLAN.

ELIGIBLE EXPENSES

- Medical co-payments, co-insurance and deductibles
- Routine wellness visits
- Prescription expenses
- Vision expenses (including eye exams, eyeglasses and contact lenses)
- LASIK surgery
- Dental expenses (excluding cosmetic procedures)
- Orthodontia payments
- Hearing expenses
- Prescribed over-the-counter items

MEDICAL FAQs

FREQUENTLY ASKED QUESTIONS

HOW CAN I SUBMIT A CLAIM?

Claims may be uploaded to your account on our participant website, www.flores247.com, or using our e-Receipt mobile application. You may also submit your request for reimbursement via fax or mail, if you prefer. Please note that all claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

WHAT MUST BE INCLUDED ON RECEIPTS?

All receipts for reimbursement must include the following information: Date of service, Description of Service, Out-of-Pocket Cost, Provider Name, and Patient Name.

WILL I HAVE A DEBIT CARD?

Possibly. If your plan offers the debit card, you can use your "Flores Debit Card" at the point of purchase. Remember to keep all of your receipts in case they are requested for review.

DO I NEED TO RE-ENROLL IN THE MEDICAL FSA EACH YEAR?

Yes, you must re-enroll with each new plan year. Elections do not rollover from year to year.

WHEN WILL I HAVE ACCESS TO THE FUNDS IN MY MEDICAL FSA?

After your first Medical FSA contribution to the plan, you will have access to the total amount you have elected for the plan year, regardless of the current balance in your flexible spending account.

HOW WILL REIMBURSEMENTS BE ISSUED?

Reimbursements will be mailed as a check to your home address. If you would like to have your reimbursement issued as a direct deposit, you may add your direct deposit information on the participant website (www.flores247.com) or submit a completed Direct Deposit Information Form. If your plan offers the debit card, you may use this card at the point of purchase to access your FSA dollars.

CAN I CHANGE MY ELECTION DURING THE PLAN YEAR?

You may only change your annual election during the plan year if you experience a qualifying status change event. You must notify your employer within 30 days of any status change event in order to change your election. See the Allowable Status Changes Guide on our website (www.flores247.com) for further information.

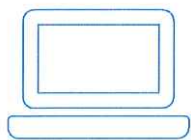
CAN I SUBMIT MY SPOUSE'S / DEPENDENT'S MEDICAL EXPENSES TO MY MEDICAL FSA?

Regardless of who is covered on your medical insurance, the Medical FSA may reimburse expenses for your spouse, if you file jointly on your federal tax return, or any qualifying tax or adult dependent.

WHAT HAPPENS TO MY MEDICAL FSA IF I TERMINATE FROM THE COMPANY?

Any expenses submitted for reimbursement must be incurred prior to your termination date or the benefit end date specified by your company. Claims must be submitted prior to the claims filing deadline for the plan year during which you terminated. In certain situations you may be eligible to continue your participation in the Medical FSA through the election of COBRA. Please contact your Human Resource Department for further information.

HOW DO I OBTAIN MY ACCOUNT DETAILS?



WEBSITE

Visit www.flores247.com and log in using Participant ID or User Name and password



MOBILE APP

Download our mobile app from your app store



PID & PASSWORD ASSISTANCE

Dial 800.840.7684

HOW DO I SUBMIT DOCUMENTS TO FLORES?

ONLINE

Visit www.flores247.com and upload documents securely

MOBILE

Download e-Receipt smartphone app Available for Apple or Android devices

MAIL

Flores & Associates, LLC
PO Box 31397
Charlotte, NC 28231

FAX

800.726.9982 or 704.335.0818

Revised 8/16

CUSTOMER SERVICE 1.800.532.3327

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DEBIT CARD

1

ENROLL IN ELIGIBLE BENEFIT PLAN

Your employer offers the Flores Debit card to employees that enroll in an eligible benefit plan. The card will allow you to pay for eligible expenses at participating providers at the time services are rendered, thus eliminating or reducing your out-of-pocket cost at the time of the purchase or service.

2

RECEIVE YOUR DEBIT CARD

Your Flores Debit Card will be mailed upon your enrollment in an eligible benefit plan. No activation is required, but you should review the Cardholder Agreement included in this mailing, and then sign the back of your card.

3

PROPER USE & ACCOUNT MANAGEMENT

You will be able to view and manage your Debit Card account on the Flores participant website, www.flores247.com. You should keep your receipts and invoices for payments made with your Flores Debit Card, as you may be required to provide documentation to Flores to verify the eligibility of certain transactions. If requested, you may submit your documentation to Flores by uploading it to your online account, uploading using the e-Receipt mobile application, or sending it by fax or mail.

Record-keeping Tip:

Most payments will be automatically substantiated at the point of the transaction. Flores will only ask you to provide a copy of your receipts when substantiation is required per IRS guidelines.

Establish a physical location where you will keep all receipts for your Debit Card purchases. Regardless of your position with your company, every employee will be treated the same in regard to IRS plan administration guidelines. No exceptions will be made.

If you are asked to provide a receipt, it must include:

- name of provider or merchant
- description of service or item purchased
- date of service
- your out-of-pocket responsibility

Items such as handwritten explanations, Card transaction receipts or previous balance receipts cannot be used to verify an expense. If you do not have the receipt, you can contact the provider who can usually supply the receipt from their files.

DEBIT CARD FAQs

FREQUENTLY ASKED QUESTIONS

What expenses are eligible for payment with my Debit Card?

You can use your Flores Debit Card to pay for expenses incurred during your active enrollment period in the current plan year. If a provider or merchant does not accept Debit Cards, you do have the option to file a manual request for reimbursement of your eligible out-of-pocket cost. Please visit www.flores247.com for a guide to allowable expenses. If you terminate employment during the plan year, the card will be turned off at that time. Only expenses incurred while you are an active participant will be considered reimbursable.

How can I use my Debit Card to pay for my eligible out-of-pocket expenses?

Although the Flores Debit Card is a debit card with a cash balance loaded onto it, you should select "credit" as the transaction type, and sign for purchases at authorized merchants. Please keep in mind that the Flores Debit Card will decline if you try to swipe it for an amount greater than your available balance.

How should I send my documentation to Flores?

Many transactions will be auto-approved at the point of sale and will not require further documentation. Flores will notify you by email or a mailed letter if additional information is needed to verify the eligibility of a particular transaction. You may submit your documentation by upload on the participant website, www.flores247.com, using the e-Receipt mobile application, or by fax or mail.

I used my card for an ineligible expense.

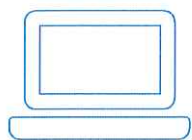
What do I need to do to correct this?

You may send a refund check to Flores for the ineligible amount, which will be credited back to your Debit Card to be used toward other eligible expenses you incur later in the year. You may also submit documentation that verifies you have paid out-of-pocket for an eligible expense, which Flores will use to offset the ineligible amount paid with your Debit Card.

Will I receive a new card each plan year?

Your Debit Card is valid for five years from its issue date. Do not discard your card prior to its expiration date. At the start of each new plan year, your Debit Card will be reloaded with your new election amount. A new card will be mailed to you when your expiration date is approaching.

HOW DO I OBTAIN MY ACCOUNT DETAILS?



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Flexible Spending Account



DEPENDENT CARE

FLEXIBLE SPENDING ACCOUNT

- **2021 Dependent Care Limit to contribute yearly - \$2,500/\$5,000 (\$2,500 if you are married and file separate tax return and \$5,000 if you file a joint return or file as single or head of household.**

YOUR STEPS TO SAVINGS!

- 1 REALIZE THE TAX SAVINGS**
You can set aside pre-tax money into an account to be reimbursed for eligible dependent childcare expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for \$5,000 you would save \$1,250 in taxes.
- 2 ESTIMATE YOUR EXPENSES**
Plan for your upcoming expenses. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at www.flores247.com.
- 3 ENROLL AND MANAGE YOUR ACCOUNT**
Contact your Human Resource Department to find out how to enroll for this benefit. Flores will mail a custom Participant ID number to your home address to help you manage your account. Contact information can be found on the back of this flyer.

THE DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA) CAN REIMBURSE YOU FOR DAY CARE EXPENSES PROVIDED FOR YOUR DEPENDENTS SO THAT YOU (AND YOUR SPOUSE, IF YOU ARE MARRIED) CAN WORK. CARE MUST BE FOR A DEPENDENT CHILD UNDER AGE 13 OR A DEPENDENT OF ANY AGE THAT LIVES IN YOUR HOUSEHOLD THAT IS INCAPABLE OF SELF-CARE.

ELIGIBLE EXPENSES

- Preschools
- Before and after school care
- Day camps

INELIGIBLE EXPENSES

- Overnight camps
- Tuition / kindergarten & educational expenses
- Regular fees not applied to care of child

DEPENDENT CARE FAQs

FREQUENTLY ASKED QUESTIONS

HOW CAN I SUBMIT A CLAIM?

Claims may be uploaded to your account on our participant website, www.flores247.com, or using our e-Receipt mobile application. You may also submit your request for reimbursement via fax or mail, if you prefer. Please note that all claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

HOW WILL REIMBURSEMENTS BE ISSUED?

Reimbursements will be mailed as a check to your home address. If you would like to have your reimbursement issued as a direct deposit, you may add your direct deposit information on the participant website (www.flores247.com) or submit a completed Direct Deposit Information Form.

WILL I HAVE A DEBIT CARD?

No, there is no debit card associated with the Dependent Care FSA. This is considered a "No-Wait" account and, therefore, as long as you have a pending claim on file with us, we will automatically reimburse you each time you make a contribution to your account.

DO I NEED TO RE-ENROLL IN THE DEPENDENT CARE FSA?

Yes, you must re-enroll with each new plan year. Elections do not rollover from year to year.

WHAT EXPENSES ARE ELIGIBLE TO BE REIMBURSED FROM THE DEPENDENT CARE FSA?

Your Dependent Care FSA can reimburse you for day care expenses provided for your dependent that allow you (and your spouse, if applicable) to work. Care must be for a dependent child under the age of 13, or a dependent of any age that lives in your household that is incapable of self-care. See the Allowable Dependent Care Expenses Guide on our website (www.flores247.com) for further information.

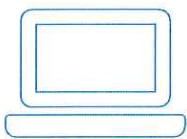
CAN I CHANGE MY ELECTION DURING THE PLAN YEAR?

You may only change your annual election during the plan year if you have a qualifying status change event. You must notify your employer within 30 days of any status change event in order to change your election. See the Allowable Status Changes Guide on our website (www.flores247.com) for further information.

WHAT HAPPENS TO MY DEPENDENT CARE FSA IF I TERMINATE FROM THE COMPANY?

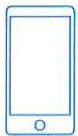
Any expenses submitted for reimbursement must be incurred prior to your termination date or the benefit end date specified by your company. Claims must be submitted prior to the claims filing deadline for the plan year during which you terminated. Please contact your Human Resource Department for further information.

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Dental Plan

Delta Dental

Group Name: City of Kingsport

Group Number: 1749

Provider Network: Delta Dental PPO (Point-of-Service)

Benefit Year: January 1 through December 31

Covered Services	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-participating Dentist*
Diagnostic & Preventive			
Diagnostic & Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Periodontal Maintenance – cleanings following periodontal therapy	100%	100%	100%
Basic Services			
Emergency Palliative Treatment – to temporarily relieve pain	80%	80%	80%
Sealants – to prevent decay of permanent teeth	80%	80%	80%
Minor Restorative Services - fillings	80%	80%	80%
Simple Extractions – non-surgical removal of teeth	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Adjustments & Repairs – to bridges & dentures	80%	80%	80%
Major Services			
Crown Repair – to individual crowns	50%	50%	50%
Endodontic Services – root canals	50%	50%	50%
Periodontics Services – to treat gum disease	50%	50%	50%
Other Oral Surgery – dental surgery	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Relines & Rebase – to dentures	50%	50%	50%
Implant Repair – implant maintenance, repair, and removal	50%	50%	50%
Prosthetic Services – bridges & dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit	From the age of 1 to the end of the month of age 19	From the age of 1 to the end of the month of age 19	From the age of 1 to the end of the month of age 19

*When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

- Oral exams are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- Fluoride treatments are payable twice per calendar year for people up to age 19.
- Space maintainers are payable once per area per lifetime for people up to age 15.
- Bitewing X-rays are payable twice per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Sealants are payable once per tooth per lifetime for the occlusal surface of first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Composite resin (white) restorations are covered services on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period for people age 19 and older.

Deductible

\$50 Deductible per person total per calendar year limited to a maximum Deductible of \$150 per family per calendar year. The Deductible does not apply to oral exams, prophylaxes (cleanings), fluoride, X-rays, periodontal maintenance, full mouth debridement, diagnostic casts, photos, and orthodontics.

Maximum Payment

\$1,000 per person total per calendar year on all services, except cephalometric film, photos, diagnostic casts, and orthodontics. \$1,000 per person total per lifetime on cephalometric films, photos, diagnostic casts, and orthodontic services.

Special Enrollment Notations

New hires are eligible the first of the month following 30 days of hire.

Dependent Age Limit

26 years of age.

Delta Dental – Semi-Monthly Rates

Delta Dental Rates	
Employee Only	\$14.91
Employee + Spouse	\$29.07
Employee + Children	\$32.73
Family	\$54.68

Delta Dental

Customer Service Toll-Free Number: 800-223-3104 www.DeltaDentalTN.com



Vision Plan



City of Kingsport
your vision plan

Client code: 8740

Frequency

Exam: Every January 1
Lenses & lens upgrades: Every January 1
Frame: Every January 1
Contacts, evaluation & fitting: Every January 1



Sign up during
open enrollment

For more details about the plan, visit davisvision.com/member and enter your Client Code or call 1 (877) 923-2847 and enter your Client Code when prompted.



Exams & Services

Eye Exam copay:
\$10

Contacts evaluation, fitting & follow-up:

Conventional lens \$25 copay Covered in full	Specialty lens \$25 copay \$60 allowance
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Frame

Allowance:

Other locations \$150	Visionworks ¹ \$200
---------------------------------	--

+Additional 20% off any overage.²

or

The Exclusive Collection copay:

Fashion Covered in full	Designer Covered in full	Premier \$25
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Lenses

Lens copay:
\$0



Contacts³ in lieu of glasses

Allowance:

\$150

+Additional 15% off any overage.²

or

The Exclusive Collection of Contact Lenses:⁴

Covered in full

Using your client code

Log in using your client code (listed above) at davisvision.com/member to find a list of in-network providers near you and access your benefit information.

The Exclusive Collection

The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S. Log in to browse frames, and find a Collection near you.

Free breakage warranty

Your glasses are covered with our FREE one-year breakage warranty. Some limitations apply.

Find a network provider...

Enter your client code in the "Member Sign In" section of our website at davisvision.com/member to locate a provider near you including Visionworks.



Lens options

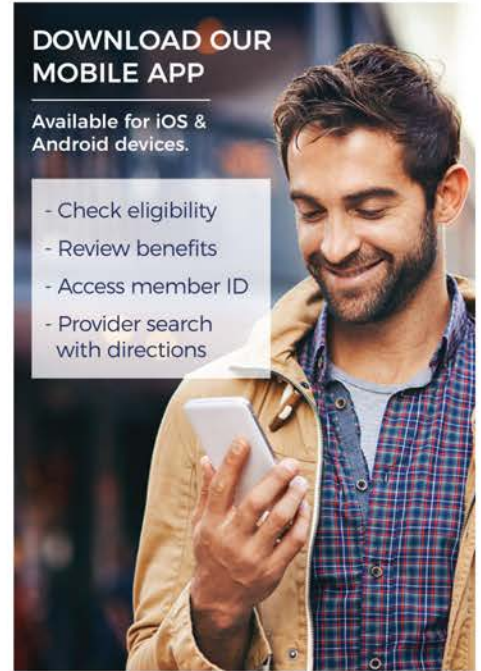
Clear plastic single-vision, bifocal, trifocal or

lenticular lenses (any RX).....	\$0
Oversized Lenses.....	\$0
Plastic Lenses.....	\$0
Polycarbonate Lenses (Children / Adults).....	\$0 or \$30
High-Index Lenses.....	\$55
Polarized Lenses.....	\$75
Progressive Lenses (Standard / Premium / Ultra).....	\$50 / \$90 / \$140
Anti-Reflective (AR) Coating (Standard / Premium / Ultra).....	\$35 / \$48 / \$60
Ultraviolet Coating.....	\$12
Tinting of Plastic Lenses (Solid / Gradient).....	\$0
Plastic Photochromic Lenses (Transitions® Signature™).....	\$65
Scratch-Resistant Coating.....	\$0
Scratch-Protection Plan (Single-Vision Multifocal).....	\$20 \$40

DOWNLOAD OUR MOBILE APP

Available for iOS & Android devices.

- Check eligibility
- Review benefits
- Access member ID
- Provider search with directions



Additional savings

Retinal imaging (Member charge).....	\$39
Additional pairs of eyeglasses.....	30% discount*
Laser Vision Correction One-Time/Lifetime Allowance.....	\$200



Employee rates	Semi-Monthly
Employee	\$ 4.00
Employee + Spouse	\$ 8.00
Employee + Child(ren)	\$ 8.40
Employee + Family	\$11.70

Out-of-network benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

Out-of-network reimbursement schedule (up to)

Eye Examination: \$40	Trifocal Lenses: \$80
Frame: \$50	Lenticular Lenses: \$100
Single-Vision Lenses: \$40	Elective Contact Lenses: \$105
Bifocal / Progressive Lenses: \$60	Visually Required Contacts: \$225

1. Excludes Maui Jim® eyewear. 2. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 3. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. 4. The Davis Vision Exclusive Collection of Contact Lenses is available at participating providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.



STAY WELL

Voluntary Benefit
Options that
enhance you and
your family's well
being.

CareHere!

Introducing CareHere

We are a health center available to all employees, spouses, and dependents who are covered on the City of Kingsport health plan. Known nationally as an excellent and trusted healthcare provider, we treat both acute and chronic health conditions. The health center treats both acute and chronic conditions, all at low or no cost to you.

Get care for your sore throat, a cold or the flu, and help with high blood pressure, diabetes or other concerns. The Kingsport Employee Wellness Center can prescribe medications, provide annual physicals, health coaching, lab work, and much more. Additional details on our services inside and at CareHere.com.

Welcome To CareHere

The **Kingsport Employee Wellness Center** is located at 1324 Midland Drive, Kingsport, TN37664.

Our Services

- Chronic Disease Management
- Health Coaching Services
- Treatment of Infections
- Cold, Flu & Allergy Treatment
- Well-Women Exams
- Well-Male Exams
- Well-Child Checkup
- Routine Blood Work
- Annual Health Screening
- Wellness Programs
- Wound Care
- Minor Stitches
- Sports & School Physicals
- Skin Checks
- Biopsies
- And More

Medications

Your CareHere Provider can prescribe medications during your appointment at the **Kingsport Employee Wellness Center**. Make an appointment to talk to the CareHere health center team today.

Privacy

Use of health center is voluntary and private. Just as your insurance carrier is required to shield your information, your CareHere records will never be shared with anyone without your direction. Your information is protected by the federal Health Insurance Portability and Accountability Act (HIPAA). It is important to note that your employer will not have access to any of your medical records.

Access Code

Your access code confirms eligibility for services, and you'll only use this code the first time you register. When you register, you will create unique and confidential usernames and passwords for each patient account with CareHere.

Get Registered

Each eligible family member must be registered separately. Eligible patients can register by calling 877-423-1330 or follow these steps.

1. Go to **CareHere.com/Register** and click **Member Login**
2. Enter your Access Code
CKPT1 Employees & Dependents
3. Provide responses to all the questions on the short health questionnaire, including Contact Data and Health and Behavioral Data.

Schedule An Appointment

Once you register, schedule an appointment by calling **877-423-1330** or follow these steps:

1. Go to CareHere.com and click **Member Login**
2. Enter your **Username** and **Password** and click **Login**
3. Click **Appointments** in the green navigation bar on the left-hand side of the screen. Choose what type of appointment you need to schedule. (Medical: sick visits, primary care, medication refills, physicals | Nurse & Labs: blood work, vaccinations, blood pressure checks | Health Coaching: coach meeting, complete Plan & Care, classes)
4. Enter **When** you would like to make your appointment
5. Select **What** type of appointment you require
6. Select **Who** you would like to see
7. Select **Get Appointment**
8. Select an available appointment and then click **Make Appointment**
9. Enter any symptoms
10. Click **Confirm Your Appointment**

Benefits

- **Lower Healthcare Costs** – no co-pays, no deductibles, and no cost for select generic medication on-site.
- **More One-on-One Time with the Provider** – Short or no wait and 20 minute appointments.
- **Privacy & Security** – CareHere won't share your records with your employer or anyone else without your direction. CareHere enforces the highest industry standard for record and data security.
- **On-going Support** – 24/7 Patient Support Center at 877-423-1330, Telephonic Health Coaching, and Online Wellness Portal through CareHere Connect 2.0.

A Healthier Future With The CareHere Wellness Team

CareHere wants you and your family to achieve health and wellness. The CareHere Wellness Team of experts are ready to help you with step-by-step individualized plans of action.

- Wellness Plans customized for your personal stage of change, learning style and clinical values are available in exercise, tobacco cessation, health maintenance, diabetes, cholesterol management, and more.
- CareHere Certified Health Coaches use proven techniques for positive outcomes and sustainable change.

They'll encourage you and monitor behavior changes.

Mobile Scheduling Options

After your initial account creation via computer, you can schedule an appointment by logging into your account with your smartphone, tablet or computer at CareHere.com.

You can also make appointments using the CareHere App. It's free. Find it by searching "CareHere" in your App store.

HOURS OF OPERATION*	
MONDAYS	7:00 AM – 6:00 PM
TUESDAYS	7:00 AM – 4:30 PM
WEDNESDAYS	9:00 AM – 4:30 PM
THURSDAYS	9:00 AM – 6:00 PM
FRIDAYS	7:00 AM – 2:30 PM
SATURDAYS	8:00 AM – 1:00 PM

CareHere!

877-423-1330 | CareHere.com | CareHere App



CareHere!

CareHere and City of Kingsport introduce

DIABETES

Medications, Testing Supplies & Education at **NO COST**

GET YOUR FREE DIABETES MEDICATIONS, TESTS, & TESTING SUPPLIES TODAY!

Schedule your Diabetes Management appointment at the Kingsport Employee Wellness Center with your CareHere provider during normal clinic hours.

Please note in the appointment scheduler comment box that you need a Diabetes Management Evaluation.

- To schedule your Diabetes Management appointment, please schedule two back-to-back 20 minute appointments (40 minutes total).
- You will also be scheduled with your CareHere certified health coach to help you learn how to better control your diabetes with lifestyle modifications.

NOW AVAILABLE IN THE HEALTH CENTER AT NO COST TO YOU!

Januvia

Toujeo

Farxiga

Trulicity

Lantus Solostar

Humalog Kwikpen

Facts about Diabetes

- Adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes.
- Diabetes is the leading cause of new cases of blindness among adults ages 20-74 years.
- New brand & generic medications and self-testing supplies (glucometers and strips) are available at no-cost at your City of Kingsport Employee Wellness Center.

Get started by scheduling an appointment online at [CareHere.com](https://carehere.com) or by calling **877.423.1330**.

If you have any questions, you may call 877.423.1330 or email help@carehere.com.

CareHere abides by all federal HIPAA and confidentiality regulations.

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Employee Assistance Program (EAP)



HELP WHEN IT'S NEEDED MOST

When personal problems arise, many people may choose to cope alone, resulting in negative consequences at home and the workplace. This is why we have teamed with ComPsych® Corporation to offer Disability Resource Services™ to employees. Disability Resource Services provides convenient resources to help address emotional, legal and financial issues.

FACE-TO-FACE SESSIONS

Disability Resource Services provides insured employees with three face-to-face sessions in a geographically accessible location to address behavioral issues.

UNLIMITED TELEPHONIC COUNSELING

Disability Resource Services also provides insured employees with unlimited telephonic counseling (24 hours a day, 7 days a week) to help address behavioral issues. Master's degree level counselors use a conversational approach to identify issues, assess needs and refer participants to specialists to help resolve their issues.

WEB-BASED SERVICES

GuidanceResources® Online (www.guidanceresources.com) is a secure, password-protected website that contains self-assessments, extensive content on

personal health and powerful tools to help with personal, relational, legal, health and financial concerns.

GuidanceResources® Online is available 24 hours a day, 7 days a week and covers many topics and personal concerns, such as:

- ▲ Alcohol and drug abuse
- ▲ Depression
- ▲ Divorce and family law
- ▲ Estate planning
- ▲ Getting out of debt
- ▲ Grief and loss
- ▲ Job pressures
- ▲ Managing debt obligations
- ▲ Marital and family conflicts
- ▲ Retirement planning
- ▲ Saving for college
- ▲ Stress and anxiety
- ▲ Tax questions
- ▲ Real estate buying and selling

For employees of Kingsport Public Schools and City of Kingsport only. Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company, (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the U.S. Virgin Islands and Puerto Rico. Product features and availability vary by state.

DISABILITY RESOURCE SERVICES

(866) 899-1363

TDD: (800) 697-0353

Online: www.guidanceresources.com

Enter Your Company ID: DNDRS



DISABILITY RESOURCE SERVICES

(866) 899-1363

TDD: (800) 697-0353

Online: www.guidanceresources.com

Enter Your Company ID: DNDRS



YOUR GUIDE TO GUIDANCERESOURCES® ONLINE

WWW.GUIDANCERESOURCES.COM

HOW CAN GUIDANCERESOURCES® ONLINE HELP ME?

GuidanceResources® Online offers web-based services designed to help address the personal concerns and life issues you may be facing. Whether it's depression, alcohol and drug abuse, or grief and loss, these services are available to you and members of your family at no cost—24 hours a day, 7 days a week.

WHAT ABOUT FINANCIAL CONCERNS?

Financial issues can arise at any time, from dealing with debt to saving for college. Guidance Resources® Online is available to provide you with the tools and information you need to help solve your personal money management concerns.

HOW CAN I MANAGE ALL OF LIFE'S LITTLE DETAILS AND THE ISSUES MY FAMILY FACES?

Whether you are a new parent, giving care to an elder, sending a child off to college, buying a car or doing home repairs, you're bound to come across concerns that need to be addressed. Let GuidanceResources® Online help you explore your options.

WHERE CAN I GET ANSWERS TO MY LEGAL QUESTIONS?

GuidanceResources® Online provides access to practical, understandable information and tools to help address your concerns about divorce, bankruptcy, buying real estate and other issues.

GUIDE TO USING GUIDANCERESOURCES.COM

1. Once on the **GuidanceResources.com** home page (Figure A), click on the link at the top labeled "I am a first-time user."



Figure A

2. Enter your **company ID: DNDRS**. Create a **user name and password**. The user name (often your name) has to be at least six characters long and should have no spaces (for example: joesmith). The hint is meant to prompt you if you forget your password. Make sure that you **complete all required fields**, noted with red asterisks.
3. When you've finished, **click on the "Submit" button** at the bottom of the page.
4. On the next page, you will be asked to provide some demographic information. **The Company Name and Email Address fields are required**, but all of the other fields are optional. Read the Terms of Use and click inside the checkbox to indicate your agreement to those terms. When you've finished, **click on the "Submit" button** at the bottom of the page.

FOR FUTURE LOGINS, just go to the member login section and enter your user name and password. This will take you directly to **GuidanceResources.com**.

If you have any problems logging in, you can contact: **memberservices@guidanceresources.com** or **(877) 595-5289**.

GuidanceResources® Online is offered and administered by ComPsych® Corporation. The Dearborn National brand companies do not provide or insure the program or any part of GuidanceResources® Online. This brochure is for illustrative purposes only and is not a contract. It is intended to provide a general overview of the services described.

DISABILITY RESOURCE SERVICES
(866) 899-1363
TDD: (800) 697-0353
Online: www.guidanceresources.com
Enter Your Company ID: DNDRS

dearborn  national

DISABILITY RESOURCE SERVICES
(866) 899-1363
TDD: (800) 697-0353
Online: www.guidanceresources.com
Enter Your Company ID: DNDRS

dearborn  national



Employee Assistance Program (EAP)



The City of Kingsport Employee Assistance Program (EAP) provides all employees with confidential mental health and substance abuse services through Ballad Health Counseling Services. City of Kingsport provides this coverage at no cost. The EAP covers six free counseling and/or medication management visits per plan year. Additional visits are subject to your medical plan benefits.

You are eligible for coverage under the EAP if you are a full time employee of City of Kingsport.

The EAP is designed to help you deal with problems such as:

- Depression, anxiety and stress
- Crisis counseling
- Parent/child or teen concerns
- Marital difficulties
- Adjustment or coping difficulties
- Gastric bypass pre-surgery psychological evaluations
- Alcoholism and drug abuse
- PTSD

Types of therapy offered:

- Individual
- Couples
- Family
- Children
- Therapeutic groups
- Premarital
- Medicine management

Confidential

All contact with the EAP representatives is strictly confidential. EAP representatives may not reveal the identity of those who call or the nature of the problems to City of Kingsport or anyone else without specific written consent. City of Kingsport will receive summary reports from the EAP to evaluate the effectiveness of the program, but no one's identity will be revealed in these reports.

To schedule an appointment:

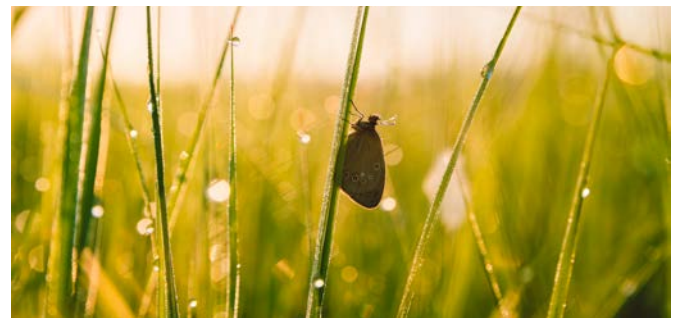
Kingsport office
130 West Ravine Road, Suite 9D
Kingsport, TN 37660
423.302.3480

Johnson City office
508 Princeton Commons, Suite 403
Johnson City, TN 37601
423.302.3480

or call the Respond Crisis Hotline:
800.366.1132
Before 8 a.m., after 5 p.m. or on weekends.

For more information

If you have questions about the services covered, contact the EAP at 423.302.3480 during business hours.





a benefit of being employed by:



DID YOU KNOW?

MUSCULOSKELETAL DISORDERS (MSDS) ARE THE LEADING CAUSE OF PAIN, SUFFERING AND DISABILITY IN THE AMERICAN WORKPLACE TODAY.

The MedFit Center addresses repetitive stress injuries and other joint and muscular issues.

Do you have aches or pains that bother you?

Is your wrist sore from typing?

Does your back ache from the weight of your belt or uniform, from sitting at a desk, in a truck, or bus all day?

Do you have chronic headaches?

Do you have shoulder pain from your repetitive job responsibilities?

YOU DO NOT HAVE TO LIVE WITH THE PAIN.

- **AVAILABLE FOR ALL FULL-TIME REGULAR AND PART-TIME REGULAR EMPLOYEES**
- **FREE FOR EMPLOYEES (FAMILY MEMBERS MAY PARTICIPATE AT THEIR OWN EXPENSE)**
- **MEDFIT APPOINTMENTS ARE 30 MINUTES AND RUN ON TIME TO GET YOU BACK TO WORK**
- **ALL APPOINTMENTS ARE ONE-ON-ONE**
- **EMPLOYEES CAN ATTEND DURING WORK HOURS**
- **NOT REQUIRED TO BE ON CITY INSURANCE TO TAKE ADVANTAGE OF PROGRAM**
- **ALL SESSIONS ARE CONFIDENTIAL-MEDFIT FOLLOWS HIPAA GUIDELINES**



**CALL 423.378.4111 TODAY TO SET UP YOUR MEDFIT APPOINTMENT.
THE MEDFIT CENTER INSIDE THE GBC WELLNESS CENTER AT 3246 MEMORIAL BOULEVARD, KINGSPORT, TN 37664.**

Preventative Medical Wellness Program

City employees can sign up via instructions below for a personalized Medical Exercise Training Appointment. Family members that are interested in an appointment can call (423) 378-4111 to schedule.

Step 1. Go to greatbody2.atsusers.com

Step 2. Enter **new** in the Athlete ID and Password fields.

****Consent and Allow cookies**

ATS Athlete ID: new
ATS Password: ***
Database: atsgreatbody

Forgot your Password?

Step 3. Fill out all yellow fields

Set your Athlete ID & Password. You may change your password on your own in the portal. Save this information in order to get back in. If you lose it, we can always look it up for you.

Click **SAVE ATHLETE INFORMATION**

Athlete Information - MEDFIT CENTER Logout

General

Light Yellow colored items are required to be filled out.

Select Organization: City of Kingsport

Select Team 1: [Yellow field]

Select Team 2: [Yellow field]

Select Team 3: [Yellow field]

Name: [Yellow fields for First, Middle, Last]

Gender: [Yellow dropdown] DOB: [Yellow field]

Phone: [Yellow field] Cell: [Yellow field]

Email: [Yellow field]

Text Address: [Yellow field] Cell Phone Carrier Domain Info: [Yellow field]

Athlete ID: [Yellow field]

Used to log into the ATS Athlete Portal and Kiosk.

Alternate ID: [Yellow field]

Password: [Yellow field]

Year: [Yellow dropdown]

Step 4. After saving your information, click the **Menu** button in the top right corner of the page.

Step 5. Click on **Request Appointment**



Step 6. Select a **date**. If an appointment is available, it will show up below the calendar. Select the appointment **time** you want. Then click **Send Request**. If you can not find an available appointment, please call us at 378-4111 and we will find an appointment for you.

Request Appointment - MEDFIT CENTER Menu Logout

Select a date below to view available open appointment times to request an appointment with your staff members.

Apr	May 2020					Jun
Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	31	1	2	
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

Staff Filter: [Dropdown]

- Select the appointment time you would like to request.
- Enter any note you wish to send with your request.
- Click the "Send Request" button below to email the staff member for approval.

Select	Time	Staff Name / Purpose / Location / Equipment
Select	9:00 AM	Zachary Allen (1) - Rehab Session --
Select	9:30 AM	Zachary Allen (1) - Rehab Session --
Select	10:00 AM	Zachary Allen (1) - Rehab Session --
Select	10:30 AM	Zachary Allen (1) - Rehab Session --
Select	11:00 AM	Zachary Allen (1) - Rehab Session --

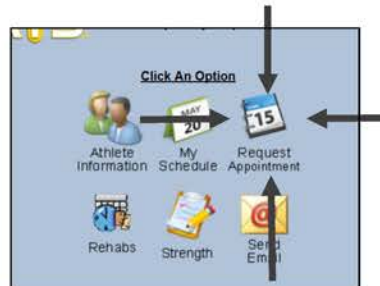
If you have any problems with this process or if you need to cancel a scheduled appointment, call the GBC front desk at (423) 378-4111 and an associate will be happy to assist you.

***Have you already registered for MedFit?
If so, follow these instructions to make a new appointment.***

Step 1. Go to greatbody2.atsusers.com

Step 2. Enter your Athlete ID and Password that you created when you registered. *(If you do not know this information, give us a call and we will get it for you).* Enter **atsgreatbody** in database field. Click **Login**.

Step 3. Click on **Request Appointment**



Step 4. Select a **date**. If an appointment is available, it will show up below the calendar. Select the appointment **time** you want. Then click **Send Request**. If you can not find an available appointment, please call us at 378-4111 and we will find an appointment for you.

Select a date below to view available open appointment times to request an appointment with your staff members.

Sep	October 2020						Nov
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
27	28	29	30	1	2	3	
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30	31	
1	2	3	4	5	6	7	

Use the calendar shown to pick the appointment date.

1. Select the appointment time you would like to request.
2. Enter any note you wish to send with your request.
3. Click the "Send Request" button below to email the staff member for approval.

Select	Time	Staff Name / Purpose / Location / Equipment
Select	11:00 AM	Zachary Allen (1) - Rehab Session --
Select	12:30 PM	Zachary Allen (1) - Rehab Session --
Select	1:00 PM	Zachary Allen (1) - Rehab Session --

Request Note
Note to include with appointment request

Send Request

If you have any problems with this process, call the GBC front desk at (423) 378-4111 and an associate will be happy to assist you.



Gym Membership Information

As part of our wellness program, you will be eligible for reimbursement of a portion of your membership rate if you (the employee) meet quarterly attendance requirements (see details below).

The pay check deductions are taken 24 pay periods during the year (not all 26 pay periods). We only deduct premiums for the Great Body Company and the YMCA. To join one of these gyms through the City's plan, you must first fill out a payroll deduction form that can be obtained at Human Resources. The gym will then be notified you are ready to sign up, you will then need to go to the gym and sign up.

GREAT BODY COMPANY - (30 day notice required for cancellation)			
Type	Pay Day Amount	Initial Enrollment Fee	Rejoin Enrollment Fee**
Individual	\$15.00	\$0	\$0
Couple	\$25.00	\$0	\$0
Family	\$35.00	\$0	\$0
YMCA - (30 day notice required for cancellation)			
Type	Pay Day Amount	Initial Enrollment Fee	Rejoin Enrollment Fee**
Individual	\$25.20	\$0	\$30
Couple	\$33.75	\$0	\$30
Single Parent Family	\$31.05	\$0	\$30
Family	\$37.35	\$0	\$30

**The "Rejoin Enrollment Fee" applies when a member cancels their membership then rejoins after 30 days.

- Employee must complete the annual health risk assessment OR be on the city's health insurance plan to be eligible for this program.
- Employee is responsible for paying any enrollment fee at the facility. The city does not pay/reimburse this fee.
- If you (the employee) attend 25 times in a quarter, you will be reimbursed half of the individual rate per month of use at the end of the quarter. If you do not attend each month in the quarter but still meet the attendance requirement, you will only be reimbursed for the months that you used the facility. Only one visit per day will count toward the attendance requirement.
- New quarters will begin January 1, April 1, July 1, and October 1.

If you are a current member at one of these facilities and do not wish to sign up for payroll deduction OR if you are a member at another facility, you may still be eligible for the reimbursement program. It will be YOUR responsibility to submit documentation from the gym each month. You must submit proof of payment of monthly membership fees and monthly attendance records. In order to be considered, this information MUST BE RECEIVED by the 10th of each month (for the previous month's fees/attendance). If the 10th falls on a holiday or weekend, the documentation must be submitted no later than the next business day. Information that is not received by the deadline each month will not count toward your quarterly attendance and will not be eligible for reimbursement.

Reimbursement limit = \$35 per month

If you wish to sign up for this program or have questions, please contact Stacey Baumgardner (423-229-9402).



Kingsport Aquatic Center Information

As a City employee enrolled in health insurance, you may join the Aquatic Center at no cost for a single membership and a discounted rate for family.

If you are not enrolled in the health insurance, you may enroll yourself, and family members at discounted rates, which are listed below.

- You must complete your enrollment through the Kingsport Aquatic Center.
- If your membership requires deductions, you must also complete a payroll deduction form.
- Family members must reside in the same household.
- Ages 2 and under admitted free with paying adult.
- As a member of the Kingsport Aquatic Center, you will receive discounted rates on classes, facility rentals, and concessions.
- Kingsport Aquatic Center membership DOES NOT give you access to the YMCA.
- Membership does not guarantee admission on high-occupancy days. If the pools are at capacity, you will have to wait until patrons have vacated before you will be admitted.
- If you terminate employment, your membership will end the last day of the month of termination

Health Insurance Subscriber (Bi-Weekly Rates)	
Individual	No Charge
Couple	\$7.50
Family	\$9.90

Wellness Participant/No Health Insurance (Bi-Weekly Rates)	
Individual	\$5.00
Couple	\$9.75
Family	\$12.86

Non-Wellness Participant/No Health Insurance (Bi-Weekly Rates)	
Individual	\$6.25
Couple	\$11.25
Family	\$9.90

For questions or to obtain a payroll deduction form, please contact Stacey Baumgardner at 423-229-9402 or staceybaumgardner@KingsportTN.gov.

JOIN TODAY!

PROTECT YOUR FAMILY. PROTECT YOUR FINANCES.

Dear City of Kingsport, TN Employees,

Kingsport has partnered with AirMedCare Network to offer you, as an employee, the opportunity to join AirMedCare Network's membership program at a discounted rate!

CITY OF KINGSPORT, TN ANNUAL MEMBERSHIP FEES

\$55/Household - 1 Year Membership

\$155/Household - 3 Year Membership

\$255/Household - 5 Year Membership

\$480/Household - 10 Year Membership

PROTECT YOUR FAMILY WITH AN AIRMEDCARE NETWORK MEMBERSHIP

If you or a household member experience a life or limb-threatening emergency, our alliance of air ambulances can provide medical transport—dramatically reducing travel time to an emergency treatment facility.

WHEN YOU JOIN, YOU'RE COVERED

Even with medical insurance, air medical transport can result in significant out-of-pocket expenses, however **an AMCN membership ensures no out-of-pocket expenses for medically necessary flights if flown by an AMCN provider.**

Our household plan provides membership benefits for any person who resides under one residential roof. Full-time undergraduate college students can be covered under their parents' membership if their primary residence is still with the parents. As an AMCN member, you're covered by over 320 locations across 38 states, including Alaska & Hawaii. You recognize us locally as Wings Air Rescue, UT Lifestar, and Air Evac Lifeteam.

JOINING IS EASY!

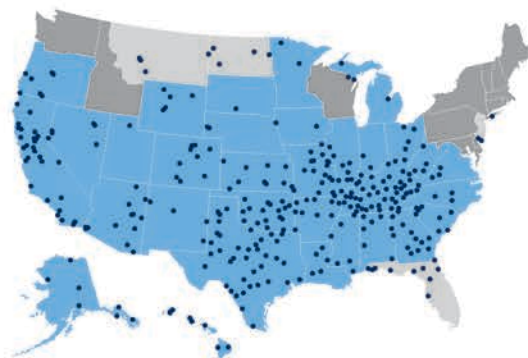
Become a member today so you and your family can have peace of mind, at home and on the road! Payroll deduction options for membership will be offered at this special discounted rate.

Ray Bell
Business Development (423) 579-6434
ray.bell@gmr.net
track code 14399 | plan code 15475



PHONE:
(423) 579-6434

**AMERICA'S LARGEST AIR
MEDICAL MEMBERSHIP NETWORK**
Over 320 locations across 38 states



"AirMedCare Network membership is a good thing. You never know when you might need it."

Eddie Forrester—member & survivor





ANCILLARY BENEFITS

Additional Benefit
information your
Employer offers.



Ancillary Benefits

Group Life Insurance

The City of Kingsport provides insurance equaling your annual base salary at no cost to you.

****The benefits below require an Evidence of Insurability (EOI) form to be completed and approved by insurance companies before they will become effective. EOIs can be downloaded and printed from the online enrollment system or can be obtained at the Human Resources Office.****

Supplemental Life

You may purchase Supplemental Life in addition to the City's provided life insurance. The amount of coverage is your annual base salary and the cost is based on your age and salary.

Dependent Life

You may purchase dependent life, which covers your spouse and/or dependent children. You may choose either a \$5,000 or \$10,000 benefit.

Long-Term Disability

The City of Kingsport's Long-Term Disability is through MetLife. This is an insurance that would pay you a monthly benefit when you become unable to work.

- Covers 60% of your monthly earnings up to \$7,500 maximum.
- Pays until you are approved for Social Security disability or until you return to work.
- Benefits begin after 120 days of disability (disability must be approved by MetLife before benefits are paid).
- There is a 3 month pre-existing clause.



Should You Consider **LIFE** Insurance?



Although we don't like to talk about it,
the fact is that most people need life insurance
to financially provide for their family in case of premature death.

Answer the following questions to see if life insurance is right for you.

- YES** Has your life changed since you last considered buying life insurance protection?
– Married, children, new home, new car, raise or promotion?
- YES** Would you pass debt to your family if you passed away unexpectedly?
- YES** Would your family's financial lifestyle change if your income stopped today?

If you answered



YES to any of these, it's time to review your life insurance protection.

Now is the time to increase your life insurance!

Look for more information during open enrollment.

We know that everybody's needs are different, and sometimes basic life insurance is not enough. We recommend that you have enough life insurance to cover your immediate obligations (medical bills, funeral costs, mortgage/rent payments, college costs, etc.) and provide for your family (future income to sustain your household) if you were to die prematurely.

For employee use. For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in the issued policy. Please consult the policy for the actual terms of coverage.

We don't like to talk about life insurance, but the fact is most people need it to financially protect their family in case of premature death.

If you were to pass away unexpectedly, would you want your family's financial standard of living to be better, worse or the same as it is today?

35% of all households would feel adverse financial impacts within one month if a primary wage earner died. The top three reasons Americans own life insurance are to cover burial and final expenses, help replace lost wages/income of a wage earner, and transfer wealth or leave an inheritance.¹

When deciding on life insurance, it's important to consider your current and future expenses.

Do you have children?

Are you planning on having more children?



According to the USDA, it costs nearly

\$235,000

to raise a child to age 18. That does not include the cost of post-high school education.²

Will you be paying for anyone's college expenses?

According to the College Board, the average annual cost of attending a public four-year, in-state college or university in 2017-2018 was

\$21,370.³



Will you be responsible for funding someone's wedding?



In 2018, the average cost of a wedding in the U.S. was

\$33,931.⁴



Housing costs can be a major part of a family's budget.

Are you responsible for a mortgage payment?



If something were to happen to you tomorrow, would your loved ones be able to...

- Pay the rent or mortgage?
- Pay your debts?
- Provide for themselves?
- Pay your funeral and medical costs?

By increasing your life insurance, you're increasing your family's financial protection.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.



NOTICES

Additional
Information from
the City of Kingsport



Notices

Patient Protection and Affordable Care Act

City of Kingsport Health and Welfare Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from City of Kingsport Health and Welfare Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following an approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Stacey Baumgardner, 301 Louis Street, Suite 303, Kingsport, TN 37660 423-229-9402.

HIPPA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (Including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing towards your or your dependents' other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance. NOTE: The 60 day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30 day period applies to most special enrollments. To request a special enrollment or obtain more information, contact Stacey Baumgardner, HR, 423-229-9402, 301 Louis Street, Suite 303, Kingsport, TN 37660.

GINA Warning for Wellness Program Material Requesting Medical Information

In answering these questions, do not include any genetic information. The Genetic Information Nondisclosure Act of 2008 (GINA) prohibits employers and other entities covered by GINA from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by law. To comply with this law, we are asking that you not provide any genetic information when responding to this request. "Genetic Information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information on a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Please do not include and family medical history or any information related to genetic testing, genetic services, genetic counseling or genetic diseases for which an individual may be at risk.

Women's Health and Cancer Rights Act (WHCRA)

In accordance with the Women's Health and Cancer Rights Act of 1998, our Health Plan provides for the following services related to mastectomy surgery:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the non-diseased breast to produce a symmetrical appearance without regard to the lapse of time between the mastectomy and the reconstructive surgery
- Prosthesis and treatment of physical complications of all stages of the mastectomy, including lymphedemas.

The benefits described above are subject to the same deductibles, co-pays or coinsurance and limitations as applied to other medical and surgical benefits provided by our Health Plan.

Notice of Availability of HIPPA Privacy Practices

To receive a copy of the Plan's Notice of Private Practices you should contact Stacey Baumgardner, who has been designated as the Plan's contact person for all issues regarding the Plan's Privacy Practices and covered individual's privacy rights. You can reach this contact person at 301 Louis Street, Suite 303, Kingsport, TN 37660 or 423-229-9402.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a caesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Important Notice from City of Kingsport about Your Prescription Drug Coverage and Medicare (Medicare Part D Notice)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Kingsport and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Kingsport has determined that the prescription drug coverage offered by BCBS is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current BCBS coverage will not be affected. City of Kingsport employees eligible for Medicare Part D can keep prescription drug coverage under BCBS. If you elect Part D, then the health plan will coordinate with Medicare Part D coverage. Once you are age 65 and a retiree, you will not be covered under the BCBS plan. If you do decide to join a Medicare drug plan and drop your current BCBS coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with BCBS and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through BCBS changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1- 877-486-2048. If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 1, 2020

Name of Entity/Sender: City of Kingsport

Contact: Stacey Baumgardner

Position: Health benefits Administrator

Address: 301 Louis Street, Suite 303 Kingsport, TN 37660

Phone Number: 423-229-9402

Email: staceybaumgardner@KingsportTN.gov

Premium Assistance under Medicaid and the Children’s Health Insurance Program(CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility.

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562

KANSAS - Medicaid	NEW HAMPSHIRE - Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY - Medicaid	NEW JERSEY - Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA - Medicaid	NEW YORK - Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE - Medicaid	NORTH CAROLINA - Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS - Medicaid and CHIP	NORTH DAKOTA - Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-462-1120	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA - Medicaid	OKLAHOMA - Medicaid and CHIP
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI - Medicaid	OREGON - Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA - Medicaid	PENNSYLVANIA - Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA - Medicaid	RHODE ISLAND - Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
NEVADA - Medicaid	SOUTH CAROLINA - Medicaid
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid	WASHINGTON - Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS - Medicaid	WEST VIRGINIA - Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH - Medicaid and CHIP	WISCONSIN - Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT- Medicaid	WYOMING - Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA - Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

U.S. Department of Health and Human Services

Employee Benefits Security Administration Centers for Medicare & Medicaid Services

www.dol.gov/agencies/ebsa

www.cms.hhs.gov

1-866-444-EBSA (3272)

1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.



Continuation of Benefits If You Leave Employment

For information on COBRA or continuing any of your benefits **Please contact your Health Benefits Administrator to continue your medical or dental benefits at 423-229-9402.**

You may also contact them for Family Medical leave or other benefit continuation questions.

Dearborn National Life Insurance Company Term Life plan and MetLife Long-Term Disability are self-administered by the City of Kingsport. For information on these products please contact your **Human Resource Department at 423-229-9401, ext. 4.**

Contact Information

AirMedCare Network

423-579-6434

www.airmedcarenetwork.com

Blue Cross Blue Shield of TN

1-800-565-9140

www.bcbst.com

CareHere

877-423-1330

www.carehere.com

Davis Vision

1-800-999-5431

www.davisvision.com

Delta Dental

1-800-223-3104

www.deltadentalTN.com

Flores Flexible Spending Account

1-800-532-3327

www.flores247.com

City of Kingsport Health Benefits Administrator

423-229-9402

staceybaumgardner@KingsportTN.gov

City of Kingsport Human Resource Department

423-229-9401, ext. 4





View additional benefits information
or download forms at:
mymarkiii.com

Arranged and Enrolled by Mark III Brokerage, Inc.



Mark III
Employee Benefits

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(704) 365-4280