



# Employee Benefits Guide

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**Plan Year: January 1, 2023 - December 31, 2023**

**2023**  
**City of Kingsport**  
**Benefits Rate Sheet**

***Medical Rates***

<b>Election Tier</b>	<b>Standard Plan (bi-weekly)</b>	<b>Basic Plan (bi-weekly)</b>
Individual	\$80.00	\$69.00
Individual – Wellness	\$72.00	\$62.00
Family	\$227.00	\$196.00
Family - Wellness	\$204.00	\$176.00

***Dental Rates***

<b>Election Tier</b>	<b>Semi-Monthly</b>
Employee	\$14.91
Employee – Spouse	\$29.07
Employee – Children	\$32.73
Family	\$54.68

***Vision Rates***

<b>Election Tier</b>	<b>Semi-Monthly</b>
Employee	\$3.80
Employee – Spouse	\$7.59
Employee – Children	\$7.97
Family	\$11.10

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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.*



# Important Points

- ✓ **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](http://mymarkiii.com). If there are any discrepancies between the information in this guide and the SPD, the language in the SPD will always prevail.
- ✓ Open Enrollment (for full-time employees working on a regular, continuous basis for 30 hours or more per week) will be from October 31, 2022 through November 14, 2022. This is for the plan year beginning January 1, 2023.
- ✓ During open enrollment, you may add or remove dependents and/or drop, enroll or change health benefits.
- ✓ 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](https://www.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 2023, all portions of the health risk assessment must have been completed between December 1, 2021 and November 30, 2022.

# 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.” Post-Tax benefits cannot be changed during the plan year without a QLE. Please contact your Group Contact for information on cancelling post-tax benefits.

## 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

# How to Enroll at Open Enrollment

## *Onsite Enrollment*

A Mark III Benefits Enrollment Team will be available to meet with employees the week of November 7th to answer benefit questions and assist employees in completing the open enrollment process. Human Resources will publish the dates, times, and locations for on-site enrollment.

## *Self-Service Enrollment*

You have the option to self-enroll in your benefits by logging into the Bentek portal. The Bentek portal can be accessed directly through the Mark III online employee benefits portal.

The web address for the Mark III employee benefits portal is: <https://mymarkiii.com/cityofkingsporttn/>.

Employees with a smart phone can also access the Mark III employee benefits portal by scanning the QR code below.

Upon access to the Mark III employee benefits portal click on “enroll or schedule an appointment”. This will take you to the enrollment page where you will click on “enroll now” where you will login to Bentek.

## *Employee Benefits Portal*

Use your smartphone to scan the QR code for quick access to your employee benefits portal page. Review your benefits guide online, download claim forms, access the online enrollment platform, and much more!



# Employee Benefits Portal

Find details about all of your benefits, download forms, submit claims, ask questions, and more at <https://mymarkiii.com/cityofkingsporttn/>.



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



*Scan me!*

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 2022. 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)
<b>Annual Deductible (individual/Family)</b>	\$750/\$2,300	\$1,200/\$3,600
<b>Out-of-Pocket Maximum (Individual/Family)</b>	\$3,000/\$6,000	\$5,500/\$11,000
<b>Preventative Care</b>	100%	100%
<b>Primary Physician Office Visit Co-Pay</b>	\$35	\$35
<b>Specialist Office Visit Co-Pay</b>	\$45	\$55
<b>Urgent Care Office Visit Co-Pay</b>	\$45	\$55
<b>Emergency Room Co-Pay</b>	\$300	\$300
<b>Inpatient &amp; Outpatient Hospital Services</b>	20% after deductible	20% after deductible
<b>Prescription Drug Co-Pays</b>		
• Generic	\$10	\$10
• Preferred	\$35	\$55
• Non-Preferred	\$85	\$105

## Standard Plan

- Tier 1 Preferred Generic \$10
- Tier 2 Non-Preferred Generic \$10
- Tier 3 Preferred Brand \$35
- Tier 4 Non-Preferred Brand \$85
- **Tier 5 Preferred Specialty \$50**
- **Tier 6 Non-Preferred Specialty \$100**

## Basic Plan

- Tier 1 Preferred Generic \$10
- Tier 2 Non-Preferred Generic \$10
- Tier 3 Preferred Brand \$55
- Tier 4 Non-Preferred Brand \$105
- **Tier 5 Preferred Specialty \$70**
- **Tier 6 Non-Preferred Specialty \$120**

## Retiree Plan

- Tier 1 Preferred Generic \$10
- Tier 2 Non-Preferred Generic \$10
- Tier 3 Preferred Brand \$40
- Tier 4 Non-Preferred Brand \$90
- **Tier 5 Preferred Specialty \$55**
- **Tier 6 Non-Preferred Specialty \$105**

Bi-Weekly Premiums (26 weeks)	Standard Plan	Basic Plan
Individual	\$80.00	\$69.00
Individual - Wellness	\$72.00	\$62.00
Family	\$228.00	\$196.00
Family - Wellness	\$205.00	\$176.00



## 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](http://mymarkiii.com)



# Flexible Spending Account



## Healthcare Flexible Spending Account

The health care Flexible Spending Account (FSA) can reimburse you for eligible expenses you or your eligible dependents incur that are not paid by your existing health care plan.

### Plan Features

- ✓ 2023 Medical Limit to contribute yearly - \$2,850
- ✓ Plan allows for \$570 roll-over for expenses incurred during the 2022 plan year.

### 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
- ✓ OTC medical care items

### 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 \$2,750 you would save \$687.50 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](http://www.flores247.com).
3. **Enroll and Manage Your Account.** Contact your Human Resources Department to find out how to enroll for this benefit. Flores will send a custom Participant ID number via mail or email to help you manage your account.

## Dependent Care Flexible Spending Account

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.

### Plan Features

- ✓ 2023 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).

### 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

### 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](http://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.

## Flores Debit Card

- 1. Enroll in Eligible Benefit Plan.** Your employer offers the Flores Benefits Card to employees who 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 Flores Benefits Card.** Your Flores Benefits 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 account on the Flores Web Portal, [www.flores247.com](http://www.flores247.com). You should keep your receipts and invoices for payments made with your Flores Benefits 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 Flores Mobile App, or sending it by fax or mail.

## Recordkeeping 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 Flores Benefits 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.

## FSA Frequently Asked Questions (FAQs)

**How can I submit a claim?** Claims may be uploaded to your account on our participant Flores247 Web Portal, [www.flores247.com](http://www.flores247.com), or using our Flores Mobile app. 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 Benefits 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 health care & dependent care 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 health care FSA?** After your first Health Care 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](http://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](http://www.flores247.com)) for further information.

**Can I submit my spouse's / dependent's medical expenses to my health care FSA?** Regardless of who is covered on your medical insurance, the Health Care FSA may reimburse expenses for your spouse or any qualifying tax or adult dependent.

**What happens to my health care and 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. In certain situations you may be eligible to continue your participation in the Health Care FSA through the election of COBRA. Please contact your Human Resource Department for further information.

**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](http://www.flores247.com)) for further information.

## FSA Frequently Asked Questions (FAQs) Continued

**What expenses are eligible for payment with my Flores Benefits Card?** You can use your Flores Benefits Card to pay for expenses incurred during your active enrollment period in the current plan year. If a provider or merchant does not accept 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](http://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 Flores Benefits Card to pay for my eligible out-of-pocket expenses?** Although the Flores Benefits 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 Benefits 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](http://www.flores247.com), using the Flores Mobile App, 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 Flores Benefits 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 Flores Benefits Card.

**Will I receive a new card each plan year?** Your 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 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?

Website: Visit [www.flores247.com](http://www.flores247.com) and log-in using Participant ID or Username and password

Mobile Website: Visit our mobile website at [m.flores247.com](http://m.flores247.com)

PID & Password Assistance: Dial 800.840.7684

### How Do I Submit Documents To Flores?

Online: Visit [www.flores247.com](http://www.flores247.com) and upload scanned documents securely

Mobile: Download Flores Mobile smartphone App Available for Apple or Android devices

Mail: Flores PO Box 31397 Charlotte, NC 28231

Fax: 800.726.9982 or 704.335.0818





# Dental Plan



**Group Name:** City of Kingsport

**Group Number:** 1749

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

**Benefit Year:** January 1 through December 31

<i>Covered Services</i>	<i>Delta Dental PPO Dentist</i>	<i>Delta Dental Premier Dentist</i>	<i>Non-participating Dentist*</i>
<b>Diagnostic &amp; Preventive</b>			
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%
<b>Basic Services</b>			
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%
<b>Major Services</b>			
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%
Prosthodontic Services – bridges & dentures	50%	50%	50%
<b>Orthodontic Services</b>			
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***

Employees are eligible on the first day of the month following 1 month of continuous employment.

### ***Dependent Age Limit***

26 years of age.

### ***Delta Dental Semi-Monthly Rates***

<i>Delta Dental Rates</i>	
Employee Only	\$14.91
Employee + Spouse	\$29.07
Employee + Children	\$32.73
Family	\$54.68



Customer Service Toll-Free Number: 800-223-3104 [www.DeltaDentalTN.com](http://www.DeltaDentalTN.com)



# Vision Plan







## Frequency

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

## Client Code & How to Use It

- Client code: 8740
- Log in using your client code (listed above) at [davisvision.com/member](https://davisvision.com/member) to find a list of in-network providers near you and access your benefit information.
- Find a Network Provider: Enter your client code in the "Member Sign In" section of our website at [davisvision.com/member](https://davisvision.com/member) to locate a provider near you including Visionworks.

 <p><b>Exams &amp; Services</b>  <b>Eye Exam copay</b>          \$10</p> <p><b>Contacts evaluation, fitting &amp; follow-up</b>          Conventional lens \$25 copay, covered in full          Specialty lens \$25 copay, \$60 allowance</p>	 <p><b>Lenses</b>  <b>Lens copay</b>          \$0</p>
 <p><b>Frame Allowance</b>          Other locations \$150          Visionworks<sup>1</sup> \$200          + Additional 20% off any overage<sup>2</sup></p> <p>or</p> <p><b>The Exclusive Collection copay</b>          Fashion – Covered in full          Designer – Covered in full          Premier – \$25</p>	 <p><b>Contacts<sup>3</sup> (in lieu of glasses)</b>  <b>Allowance</b>          \$150          +Additional 15% off any overage<sup>2</sup></p> <p>or</p> <p><b>The Exclusive Collection of Contact Lenses<sup>4</sup></b>          Covered in full</p>

## 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.

## Copays for Options & Upgrades

### Lens options

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

### Additional Savings

Retinal imaging (Member charge)	\$39
Additional pairs of eyeglasses	30% discount <sup>2</sup>
Laser Vision Correction One-Time/Lifetime Allowance	\$200

### Out-of-Network Benefits

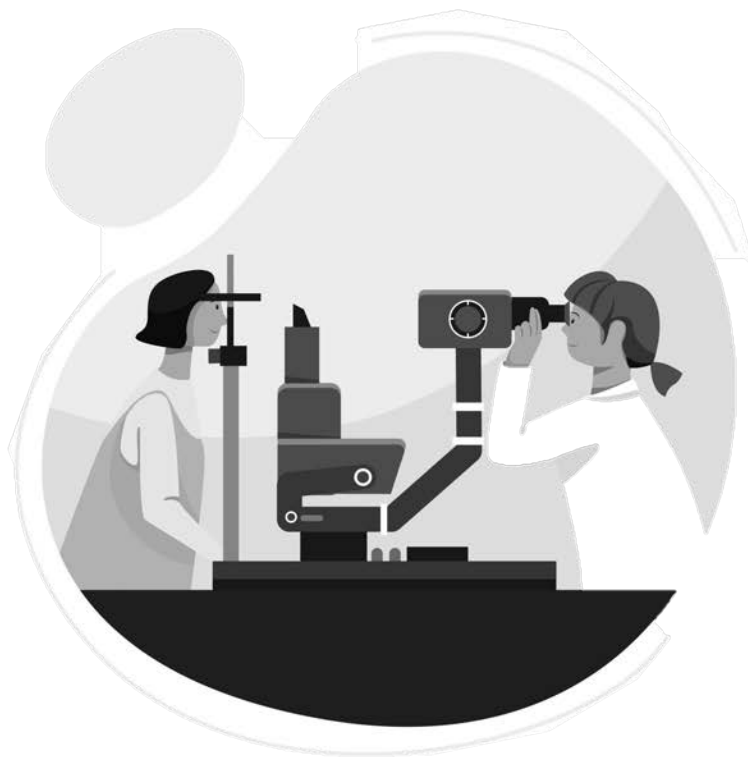
You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

#### Out-of-network reimbursement schedule (up to):

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

### Vision Semi-Monthly Rates

Employee Rates	Semi-Monthly
Employee Only	\$3.80
Employee + Spouse	\$7.59
Employee + Children	\$7.97
Family	\$11.10



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.



# Premise Health

Premise Health.

## *Healthcare Feels Different Here.*

The City of Kingsport and Premise Health are bringing you a better healthcare experience. You now have access to a wellness center dedicated to you and your needs. The City of Kingsport Employee Wellness Center not open to the public like other community clinics. This leads to a personalized experience, shorter wait times and ultimately, better care.

### **These are some of the services waiting for you as a member:**

- ✓ Primary Care
- ✓ Chronic and Acute Care
- ✓ Condition Management
- ✓ Biometrics and HRA
- ✓ Lab Draws and Injections
- ✓ Immunizations
- ✓ Men's Health
- ✓ Women's Health
- ✓ Sports and School Physical

## *Who Can Use These Services?*

All City of Kingsport employees, retirees, and dependents ages 2 years and up that are covered on the City's health plan are eligible to use the health center services.

## *The City of Kingsport Employee Wellness Center*

**Address:** 415 Broad Street, Suite 644

### **Hours of Operation:**

Monday: 7:00 am - 6:00 pm

Tuesday: 7:00 am - 5:00 pm

Wednesday: 9:00 am - 4:30 pm

Thursday: 9:00 am - 6:00 pm

Fri.: 7:00 am - 2:30 pm, Sat.: 8:00 am - 1:00

**Phone:** 423-597-6076

## *Schedule a Visit to Get Started*

Scan the QR code or visit [www.mypremisehealth.com](http://www.mypremisehealth.com) to get started.

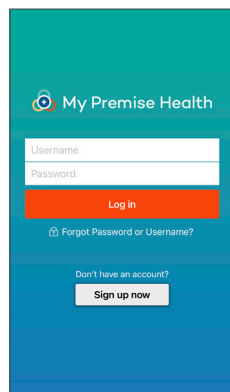


*Scan me!*



# How to schedule an appointment at City of Kingsport Employee Wellness Center

Follow these steps to schedule your appointment using the My Premise Health app or online at [mypremisehealth.com](https://mypremisehealth.com).



My Premise Health

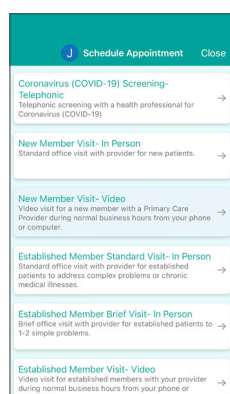
Username  
Password

Log in

Forgot Password or Username?

Don't have an account?  
Sign up now

**2** In the dashboard, select "Schedule an Appointment."



Schedule Appointment

Coronavirus (COVID-19) Screening- Telephonic  
Telephonic screening with a health professional for Coronavirus (COVID-19)

New Member Visit- In Person  
Standard office visit with provider for new patients.

New Member Visit- Video  
Video visit for a new member with a Primary Care Provider during normal business hours from your phone or computer.

Established Member Standard Visit- In Person  
Standard office visit with provider for established patients to address complex problems or chronic medical illnesses.

Established Member Brief Visit- In Person  
Brief office visit with provider for established patients to 1-2 simple problems.

Established Member Visit- Video  
Video visit for established members with your provider during normal business hours from your phone or computer.

**4** Answer all coronavirus questions and any additional questions that correspond to your visit.

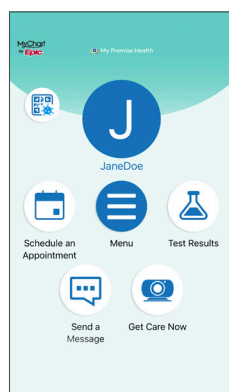


**Get started today.**

Log in or sign up for your account on the My Premise Health app or [mypremisehealth.com](https://mypremisehealth.com).

**1** Log in to your My Premise Health account with your username and password. If you don't have an account, you can create one using the "Sign Up Now" option.

For support, call your wellness center, email [mypremisehealthsupport@premisehealth.com](mailto:mypremisehealthsupport@premisehealth.com) or visit [mypremisehealth.com](https://mypremisehealth.com) and click "Contact Support" for assistance.



My Premise Health

JaneDoe

Schedule an Appointment

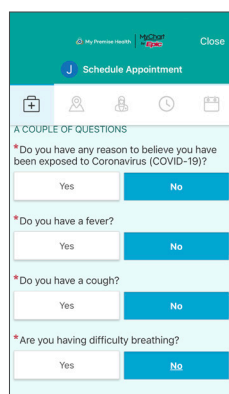
Menu

Test Results

Send a Message

Get Care Now

**3** Select your desired appointment type from the available options.



A COUPLE OF QUESTIONS

\*Do you have any reason to believe you have been exposed to Coronavirus (COVID-19)?

Yes No

\*Do you have a fever?

Yes No

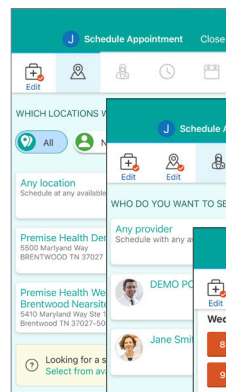
\*Do you have a cough?

Yes No

\*Are you having difficulty breathing?

Yes No

**5** Choose your location.



Schedule Appointment

WHICH LOCATIONS DO YOU WANT TO SEE?

All

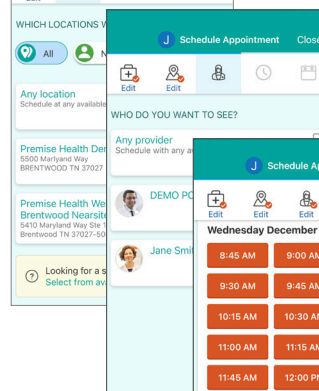
Any location  
Schedule at any available location

Premise Health Demo  
5500 Maryland Way  
BRENTWOOD TN 37027

Premise Health Demo  
5500 Maryland Way  
BRENTWOOD TN 37027

Looking for a different location?  
Select from available locations

**6** Choose a provider.



Schedule Appointment

WHO DO YOU WANT TO SEE?

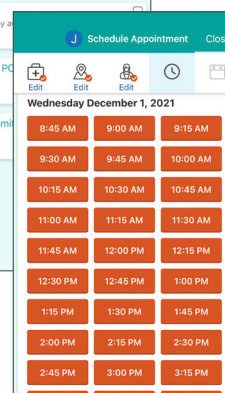
Any provider  
Schedule with any available provider

DEMO PC

Premise Health Demo  
5500 Maryland Way  
BRENTWOOD TN 37027

Jane Smith, MD

**7** Select a preferred date and time for your visit.

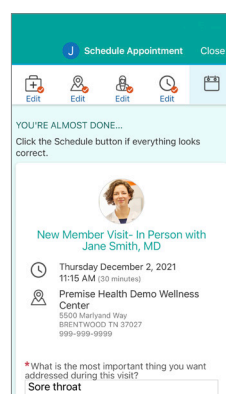


Schedule Appointment

Wednesday, December 1, 2021

8:45 AM	9:00 AM	9:15 AM
9:30 AM	9:45 AM	10:00 AM
10:15 AM	10:30 AM	10:45 AM
11:00 AM	11:15 AM	11:30 AM
11:45 AM	12:00 PM	12:15 PM
12:30 PM	12:45 PM	1:00 PM
1:15 PM	1:30 PM	1:45 PM
2:00 PM	2:15 PM	2:30 PM
2:45 PM	3:00 PM	3:15 PM

**8** Confirm appointment details. In the specified box, please provide any information you'd like your provider to know, such as questions or symptoms you may have. If this is your first time scheduling through the portal, you may be prompted to verify personal information before confirming appointment details.



Schedule Appointment

YOU'RE ALMOST DONE...

Click the Schedule button if everything looks correct.

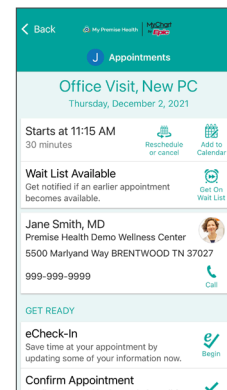
New Member Visit- In Person with Jane Smith, MD

Thursday, December 2, 2021  
11:15 AM (30 minutes)

Premise Health Demo Wellness Center  
5500 Maryland Way  
BRENTWOOD TN 37027  
999-999-9999

\*What is the most important thing you want addressed during this visit?  
Sore throat

**9** Your appointment is confirmed. Plan to arrive at your wellness center at your scheduled time. eCheck-In is not required for in-person appointments, but you may complete the process if you would like.



Appointments

Office Visit, New PC  
Thursday, December 2, 2021

Starts at 11:15 AM  
30 minutes

Wait List Available  
Get notified if an earlier appointment becomes available.

Jane Smith, MD  
Premise Health Demo Wellness Center  
5500 Maryland Way  
BRENTWOOD TN 37027  
999-999-9999

GET READY

eCheck-In  
Save time at your appointment by updating some of your information now.

Confirm Appointment  
Confirm now to skip the reminder call for

City of Kingsport  
Employee  
Wellness Center

Operated by  
Premise Health.



My Premise Health

# New check-in process with the patient portal upgrade

## Register your account

Your new My Premise Health patient portal is now live. You can register for your account through the My Premise Health app or online at [mypremisehealth.com](https://mypremisehealth.com).

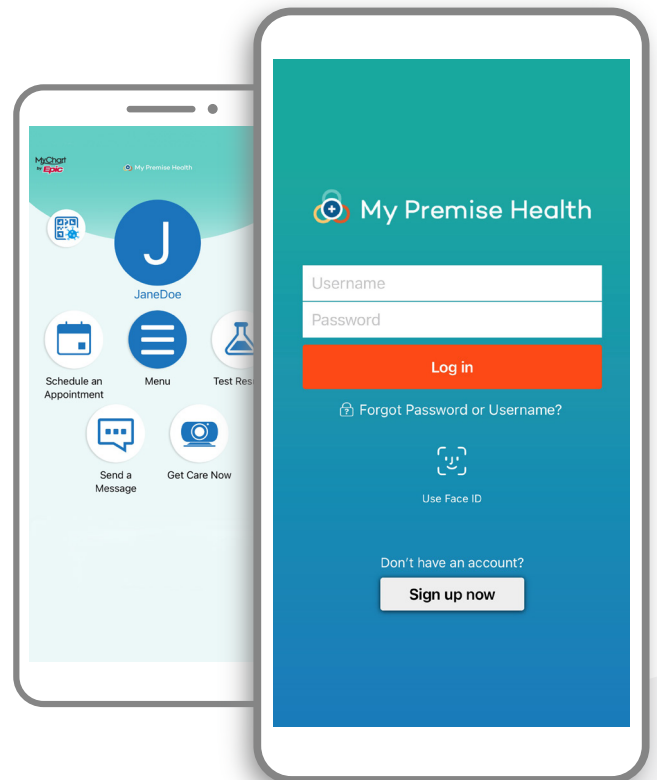
## New visit instructions

Prior to your first visit after the portal upgrade on 04/18/2022, you will be asked to complete new patient paperwork.

- To save time, complete this paperwork within your My Premise Health account. Before you arrive for your visit, you'll log in to [mypremisehealth.com](https://mypremisehealth.com) or through the app. Select eCheck-in to complete the required forms and verify your health information.
- If you are unable to provide your information online, please plan to arrive 10 to 15 minutes prior to your appointment time to complete all the necessary paperwork at the center.

## Future visits

After your initial visit and eCheck-in are complete, you will be asked to confirm and update your information as needed for future appointments.



### Why the change?

Visit [members.premisehealth.com/carehere](https://members.premisehealth.com/carehere) to learn more about My Premise Health and what the transition means for you.

City of Kingsport  
Employee  
Wellness Center

Operated by  
**Premise Health.**

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licensed from Epic Systems Corporation, © 1999 – 2022.



# Employee Assistance Program (EAP)

Dearborn  National®

## *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 specialist to help resolve their issues.

## *Web-Based Services*

GuidanceResources® Online ([www.guidanceresources.com](http://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



## *Disability Resources Services*

(866) 899-1363

TDD: (800) 697-0353

Online: [www.guidanceresources.com](http://www.guidanceresources.com)

Enter Your Company ID: DNDRS

## ***How Can GuidanceResources® Online Help Me?***

When personal problems arise, many people may choose to cope alone, resulting in negative consequences at home and the workplace. This is why we 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 My 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 All 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, click on the tab at the top labeled "Register."
2. Enter your company ID: DNDRS. Create a user name and password. The user name has to be at least six characters long and should have no spaces (for example: joesmith). Make sure that you complete all required fields, noted with red asterisks.
3. Read the Terms of Use and click inside the checkbox to indicate your agreement to those terms.
4. When you've finished, click on the "Submit" button at the bottom of the page.

### ***Online Access:***

#### **GuidanceResources.com**

- Click "Register" to create a new account.
- Enter Company ID: DNDRS
- 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](mailto:memberservices@guidanceresources.com) or (877) 595-5289.



Disability Resources Services  
(866) 899-1363  
TDD: (800) 697-0353  
Online: [www.guidanceresources.com](http://www.guidanceresources.com)  
Enter Your Company ID: DNDRS



# 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  
2204 Pavilion Dr., Suite 107  
Kingsport, TN 37660  
423.302.3480

Johnson City office  
525 N. State of Franklin, Suite 9  
Johnson City, TN 37604  
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:*



## DO YOU HAVE ACHES & PAINS THAT BOTHER YOU THROUGHOUT THE DAY?

- Shoulder Aches
- Neck Pain
- Backache
- Recurring Headaches

***The MedFit Program will address all of your joint & muscular issues.***

## YOU DO NOT HAVE TO LIVE WITH THE PAIN.

- ALL FULL-TIME REGULAR & PART-TIME EMPLOYEES ARE ELIGIBLE TO PARTICIPATE IN THE PROGRAM
- APPOINTMENTS ARE 30 MINUTES WITH 15 MINUTES FOR COMMUTE TO & FROM THE FACILITY
- ALL APPOINTMENTS ARE ONE-ON-ONE
- EMPLOYEES CAN ATTEND DURING WORK HOURS
- NOT REQUIRED TO BE ON CITY INSURANCE TO TAKE ADVANTAGE OF PROGRAM
- SESSIONS ARE CONFIDENTIAL (HIPAA COMPLIANT)



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.





# Gym Membership & Aquatic Center Information

## 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	Semi-Monthly Rates	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	Semi-Monthly Rates	Initial Enrollment Fee	Rejoin Enrollment Fee**
Young Adult	\$17.00	\$0	\$30
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 Tessa Neal (423-229-9402).

## 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.

Insured	Health Insurance Subscriber (Semi-Monthly Premium)	Wellness Participant/No Health Insurance (Semi-Monthly Premium)	Non-Wellness Participant/No Health Insurance (Semi-Monthly Premium)
Individual	No Charge	\$5.00	\$6.25
Couple	\$7.50	\$9.75	\$11.25
Family	\$9.90	\$12.86	\$14.84

For questions or to obtain a payroll deduction form, please contact Tessa Neal at 423-229-9402 or [TessaNeal@KingsportTN.gov](mailto:TessaNeal@KingsportTN.gov).

## Gym Program 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.

<b>GREAT BODY COMPANY ~ (30 day notice required for cancellation)</b>			
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

<b>YMCA ~ (30 day notice required for cancellation)</b>			
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.

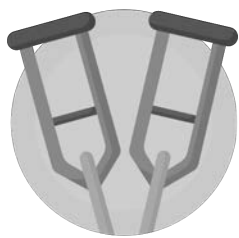
- Employee must complete the annual health risk assessment OR be on the city's health insurance plan to be eligible for this program.
- Employee is responsible for paying any enrollment fee at the facility. The city does not pay/reimburse this fee.
- If you (the employee) attend 25 times in a quarter, 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 10<sup>th</sup> of each month (for the previous month's fees/attendance). If the 10<sup>th</sup> 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).

Revised 08/26/2020



# Accident Plan



Trustmark's Accident insurance helps pay for unexpected healthcare expenses due to accidents that occur every day –from the soccer field to the ski slope and the highway in-between. Accident insurance provides benefits due to covered accidents for initial care, injuries and follow-up care. Benefits are paid directly to the employee, in addition to any other coverage they have.

## Plan Features

- Guaranteed Issue – No medical questions.
- Level Premium – Rates do not increase with age.
- No Limitations for Pre-Existing Conditions.
- Guaranteed Renewable – Coverage remains in force for life, as long as premiums are paid.
- Portable Coverage – Employees can continue coverage if they leave or retire.

## Eligibility

- Employees – Ages 18 to 80, actively working full-time (30+ hours per week)
- Spouses – Ages 18 to 80, who are not disabled
- Children – Under the age of 26, who are unmarried and dependent

## Benefits for 24- Hour Coverage

Accident/Injury	Benefit Amount
<b>Accident Follow-Up Treatment</b>	\$100
<b>Accident Death Benefit Rider</b>	Employee: \$25,000   Spouse: \$10,000   Child(ren): \$5,000
<b>Accidental Death Benefit Rider Common Carrier</b>	Employee: \$50,000   Spouse: \$20,000   Child(ren): \$10,000
<b>Ambulance</b>	\$200
<b>Air</b>	\$1,000
<b>Appliance</b>	\$150
<b>Blood, Plasma and Platelets</b>	\$300
<b>Burns</b> – Flat Amount for: <ul style="list-style-type: none"> <li>• Third-Degree 35 or more sq. inches</li> <li>• Third-Degree 9 to 34 sq. inches</li> <li>• Second-Degree for 36% or more of body</li> </ul>	\$10,000 \$1,500 \$750
<b>Catastrophic Accident Benefit</b>	Employee: \$100,000   Spouse: \$50,000   Child(ren): \$50,000
<b>Concussion</b>	\$100
<b>Dislocations</b> <ul style="list-style-type: none"> <li>• Open reduction</li> <li>• Closed reduction</li> </ul>	Up to \$4,000 Up to \$2,000
<b>Doctor's Office Visit</b> (Including Urgent Care & Walk-In Clinic)	\$100
<b>Emergency Dental Benefit</b> <ul style="list-style-type: none"> <li>• Extraction</li> <li>• Crown</li> </ul>	\$50 \$150
<b>Emergency Room Treatment</b>	\$200
<b>Eye Injury</b>	\$200
<b>Fractures</b> <ul style="list-style-type: none"> <li>• Open reduction</li> <li>• Closed reduction</li> <li>• Chips</li> </ul>	Up to \$7,500 Up to \$3,750 25% of closed amount
<b>Health Screening Benefit</b> (one per person per year)	\$100
<b>Herniated Disc</b>	\$600
<b>Hospital Admission</b>	\$1,500

## Benefits for 24- Hour Coverage - Continued

Accident/Injury	Benefit Amount
<b>Hospital Confinement</b> (per day up to 365 days)	\$200
<b>Hospital ICU</b> (per day up to 15 days)	\$400
<b>Laceration</b>	Up to \$800
<b>Lodging</b> (per night up to 30 days)	\$100
<b>Loss of finger, toe, hand, foot or sight of an eye</b> <ul style="list-style-type: none"> <li>Loss of both hands, feet, sight of both eyes or any combination of two or more losses</li> <li>Loss of one hand, foot or sight of one eye</li> <li>Loss of two or more fingers, toes or any combination of two or more losses</li> <li>Loss of one finger or one toe</li> </ul>	\$15,000 \$7,500 \$1,500 \$750
<b>Physical Therapy</b> (per visit, up to six visits)	\$50
<b>Prosthetic Device or Artificial Limb</b> <ul style="list-style-type: none"> <li>More than one</li> <li>One</li> </ul>	\$1,000 \$500
<b>Skin Grafts</b>	25% of burn benefit
<b>Surgery</b> <ul style="list-style-type: none"> <li>Open, abdominal, thoracic</li> <li>Exploratory</li> </ul>	\$1,250 \$125
<b>Tendon/Ligament/Rotator Cuff</b> <ul style="list-style-type: none"> <li>Repair of more than one</li> <li>Repair of one</li> <li>Exploratory without repair</li> </ul>	\$1,200 \$800 \$200
<b>Torn Knee Cartilage</b> <ul style="list-style-type: none"> <li>Exploratory</li> </ul>	\$500 \$100
<b>Transportation</b> (100 miles up to three trips)	\$375

Benefits are payable only as the result of a covered accident.

## Additional Benefits

### Health Screening Benefit

This benefit provides \$100 for a screening test, every calendar year for each insured with no coordination of coverage. Eligible test include:

- Low-dose mammography
- Pap smear for women over age 18
- Flexible sigmoidoscopy
- Hemocult stool specimen
- Colonoscopy
- Prostate-specific antigen (PSA) test for prostate cancer
- Stress test on a bicycle or treadmill
- Fasting blood glucose test
- Blood test for triglycerides
- Bone marrow testing
- Serum cholesterol test to determine HDL and LDL levels
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Serum protein electrophoresis (blood test for myeloma)
- Thermography

## Trustmark Accident Semi-Monthly Rates

24 Hour Plan	Accident Rates
Employee	\$7.11
Employee & Spouse	\$10.59
Employee & Dependent Children	\$13.49
Family	\$16.97

**Trustmark**  
benefits beyond benefits

Plan form A-607 and applicable riders underwritten by Trustmark Insurance Company, Lake Forest, Illinois. Sample rates are shown for illustrative purposes only; actual payroll deduction amount may vary based on rounding calculations. An application for insurance must be completed to obtain coverage. Benefit exclusions and limitations apply. Sample rates are shown for illustrative purposes only; actual payroll deduction amount may vary based on rounding calculations. An application for insurance must be completed to obtain coverage. Benefit exclusions and limitations apply.



# Group Critical Illness Plan



## An Extra Layer of Protection

Critical Illness insurance can make a big difference in your ability to pay out-of-pocket expenses associated with a serious illness. It pays a lump-sum benefit directly to you upon diagnosis of a covered illness, regardless of your treatment costs or what's covered by your medical insurance. Elect coverage in \$5,000 increments between \$5,000 and \$30,000.

## Plan Features

- ✓ **Update your coverage as needed.** As your life circumstances change, increase or decrease your coverage, in accordance with your employer's plan.
- ✓ **Lock in your rate.** For example, if you're 35 when your coverage becomes effective, you'll pay a 35-year-old's rate for as long as you have the coverage. If you increase your coverage amount at age 45, you will continue to pay a 35-year-old's rate for that increased coverage amount for so long as you have that increased coverage amount.
- ✓ **Take it with you.** If you leave your job, you can take your coverage with you.
- ✓ **Pick and choose how to spend your benefit.** Spend your lump-sum benefit however you want.
- ✓ **Protect your loved ones.** Cover your spouse up to \$30,000, as long as it's not more than your benefit amount. Your kids are automatically covered at 50 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- ✓ **Access a Health Advocate.** Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.
- ✓ **Receive a benefit for taking care of your health.** You and your covered loved ones receive a Health Maintenance Screening benefit of \$100 once per calendar year when visiting the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram — that typically cost you nothing under your medical insurance.
- ✓ **Receive additional benefits.** If you are diagnosed with a covered illness again after a treatment-free period of 3 months, you will receive 100 percent of the original benefit amount. If you are diagnosed with a different and subsequent covered illness at least 30 days after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.

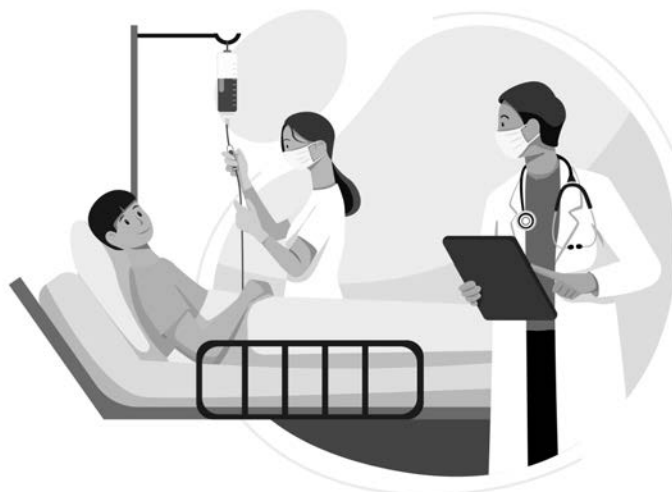
## Here's How it Works

John has \$15,000 Critical Illness insurance coverage. He makes an appointment with his doctor after feeling off for the past few weeks. Diagnosis: cancer, with a good prognosis but a long road ahead. Within days of making a claim, John receives his Critical Illness insurance benefit paid directly to him. As John undergoes intensive treatment over the next few months, he can use the benefit for any purpose, including to pay for things that his medical insurance does not cover. Things like the deductible, copays, child care, certain medications, time away from work, alternative treatments and a special diet.

Here's what your plan would cover for this example:

Sample of Out-of-Pocket Expenses	
Medical insurance deductible	\$1,300
Out-of-Pocket expenses over the course of six months	\$5,000
Lost wages	\$4,500
Alternative treatments & diets not covered by medical plan	\$4,500
<b>TOTAL OUT-OF-POCKET EXPENSES</b>	<b>\$15,300</b>
<b>CRITICAL ILLNESS BENEFIT</b>	<b>\$15,000</b>
<b>OUT-OF-POCKET EXPENSES</b>	<b>\$300</b>

*Costs are hypothetical. Actual costs will vary by state, cancer type, stage at diagnosis, treatments received and personal factors.*



## Annual Open Enrollment

You may enroll for coverage for you and your spouse up to the maximum amount if you enroll within 30 days after becoming eligible. However, if you do not enroll during this period or want to increase your coverage up to the maximum amount, you may do so during your employer's annual open enrollment period.

## Covered Conditions

### Receive 100 percent of your coverage amount for:

- Heart attack
- Stroke
- Cancer
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational hepatitis
- ALS (Lou Gehrig's disease)
- Advanced Alzheimer's disease
- Advanced Multiple sclerosis
- Advanced Parkinson's disease
- Benign brain tumor
- Bone marrow transplant
- Loss of hearing
- Loss of speech

### Receive 25 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass surgery
- Carcinoma in situ (cancer that has not metastasized)

Diagnosis and recommendation must occur after your coverage becomes effective.

## Affordable Group Rates

Because you'll be buying this insurance through your employer, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck. Your rates will not increase as you grow older – meaning you'll have the same biweekly payment for as long as you have your coverage.

Coverage for	Coverage Amount
You	\$5,000 - \$30,000 in increments of \$5,000
Your spouse	\$5,000 - \$30,000 in increments of \$5,000, as long as it's not more than your coverage amount
Your child(ren) through age 25	Automatically covered at 50% of your coverage amount

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

## Semi-Monthly Premiums

Employee & Spouse Non-Tobacco Issue Age Semi-Monthly Premiums						
	Employee Age					
Coverage Amount	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.20	\$1.85	\$3.15	\$4.98	\$8.25	\$14.23
\$10,000	\$2.40	\$3.70	\$6.30	\$9.95	\$16.50	\$28.45
\$15,000	\$3.60	\$5.55	\$9.45	\$14.93	\$24.75	\$42.68
\$20,000	\$4.80	\$7.40	\$12.60	\$19.90	\$33.00	\$56.90
\$25,000	\$6.00	\$9.25	\$15.75	\$24.88	\$41.25	\$71.13
\$30,000	\$7.20	\$11.10	\$18.90	\$29.85	\$49.50	\$85.35

Employee & Spouse Tobacco Issue Age Semi-Monthly Premiums						
	Employee Age					
Coverage Amount	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.45	\$2.53	\$5.15	\$9.53	\$17.38	\$28.38
\$10,000	\$2.90	\$5.05	\$10.30	\$19.05	\$34.75	\$56.75
\$15,000	\$4.35	\$7.58	\$15.45	\$28.58	\$52.13	\$85.13
\$20,000	\$5.80	\$10.10	\$20.60	\$38.10	\$69.50	\$113.50
\$25,000	\$7.25	\$12.63	\$25.75	\$47.63	\$86.88	\$141.88
\$30,000	\$8.70	\$15.15	\$30.90	\$57.15	\$104.25	\$170.25

**Spouse Issue Age Premiums – Based on Spouse's Age and Non-Tobacco/Tobacco Status**

## Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill — at the same rate you would pay today — if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

## Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee, actively working in the United States at least 30 hours per week and a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible. You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your child(ren) from birth through age 25. Your child(ren) cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent. A minimum number of eligible employees must apply and qualify for the proposed plan before Critical Illness insurance coverage can become effective.

## Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee. Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

## Family Status Change

In the event of a family status change, you and your spouse may enroll for coverage if you or your spouse enroll within 31 days of the change. Family status change include:

- Your marriage or divorce
- The birth of your child
- The adoption of a child
- The death of your dependent
- The commencement or termination of your spouse's employment
- A change in employment from full-time to part-time by your spouse
- A loss of critical illness insurance through your spouse's employment

## Reoccurrence Benefit

If you or your dependents receive a benefit for a covered critical illness and are later diagnosed with the same critical illness, a one-time reoccurrence benefit will be paid if you or your dependents have:

- Been continuously insured under the group policy between the initial and subsequent diagnosis or recommendation
- Served a 3-month treatment-free period in connection with the critical illness during which you or your dependents did not:
  - Consult a physician or other licensed medical professional
  - Receive medical treatment, services or advice
  - Undergo diagnostic procedures, including self-administered procedures
  - Take prescribed drugs or medications

## Exclusions

Benefits are not payable if a critical illness is caused or contributed to by any of the following:

- War or any act of war
- Attempted suicide while sane or insane
- Committing or attempting to commit an assault, felony or act of terrorism
- Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical

compound, drug or alcohol in excess of the legal limit in the state the critical illness occurred, unless used or consumed according to the directions of a physician

- Elective surgery or other procedure which:
  - Does not promote the proper function of your or your dependent's body or prevent or treat sickness or injury
  - Is directed at improving your or your dependent's appearance, unless such surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or disfigurement

*Note: This exclusion will not apply to a critical illness caused or contributed to by your or your dependent's donation of an organ or tissue.*

## When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for child or spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

## Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

## IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy. This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance. Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance. Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).





# Universal Life Plan



## Trustmark Universal Life

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income. Universal Life can help. Whether you are married, a parent or single and starting out, Universal Life helps take care of the people important to you if tragedy happens.

You can choose a plan and benefit amount that provides the right protection for you. Universal Life insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the ending of one story won't stop the beginning of another.

## Plan Features

- ✓ Universal Life is **flexible permanent** life insurance designed to last a lifetime.
- ✓ The younger you are when you enroll, the **more benefit** you receive for the same premium.
- ✓ **No medical exams** or blood work – just answer a few simple questions.

## Long-Term Care

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal Life includes a long-term care (LTC) benefit that can help pay for these services at any age. With either option, this benefit remains at the same level throughout your life, so the full amount is always available when you most need it.

### How it Works:

You can collect 4% of your Universal Life death benefit per month for up to 25 months to help pay for long-term care services, **PLUS** if you collect a benefit for LTC, your full death benefit is still available for your beneficiaries, as much as doubling your benefit.

*The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA and VA, where the LTC benefit is Long-Term Care Insurance). It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. The LTC benefits provided by this policy may not cover all of the policyholder's LTC expenses. Pre-existing condition limitation may apply. Your policy will contain complete details. You should consult a financial advisor to determine if the long-term care benefits and the retirement benefits provided by this policy are right for you.*

## Additional Advantages

- ✓ Keep your coverage at the same price and benefits if you change jobs or retire.
- ✓ Apply for coverage for family members: spouse, children and grandchildren.
- ✓ Convenient payroll deduction; pay via direct bill, bank draft or credit card if you leave your employer.
- ✓ Buy term life insurance for your children. They can later simply convert this rider to a permanent Universal Life policy.
- ✓ Benefits for terminal illness – use part of your death benefit to help manage cost if you're diagnosed with a terminal illness.

## What Can Universal Life Benefits Help Pay For?

- ✓ Funeral and burial costs
- ✓ Rent or mortgage payments
- ✓ Retirement savings
- ✓ Tuition and loans
- ✓ Credit card bills
- ✓ Medical expenses

## Guaranteed Issue

### Employee

Age 18 – 64: \$75,000  
Age 65 – 70: N/A

### Spouse

Age 18 – 64: \$10,000  
Age 65 – 70: N/A

### Children/Grandchildren

Up to \$4.31 per week



## Universal Life Sample Rates

Sample ranges of semi-monthly rates for employee-only, non-smoker and smoker coverage with long-term care benefit. Your exact rate may depend on additional features selected by you and/or by your employer.

**Note:** Your rate is “**locked in**” at your age at purchase! Once you have a policy, your rate will never increase due to age.

Non-Smoker Rates - Defined Benefit							
Issue Age	\$10,000	\$15,000	\$20,000	\$30,000	\$40,000	\$50,000	\$75,000
	Semi-Monthly Premium	Semi-Monthly Premium	Semi-Monthly Premium	Semi-Monthly Premium	Semi-Monthly Premium	Semi-Monthly Premium	Semi-Monthly Premium
25	N/A	\$6.67	\$8.19	\$11.21	\$14.24	\$17.26	\$24.82
35	\$6.60	\$8.84	\$11.07	\$15.54	\$20.00	\$24.47	\$35.64
45	\$9.78	\$13.57	\$17.36	\$24.93	\$32.51	\$40.08	\$59.02
55	\$15.09	\$21.53	\$27.98	\$40.86	\$53.74	\$66.63	\$98.83
60	\$19.50	\$28.14	\$36.78	\$54.07	\$71.36	\$88.65	\$131.86

Smoker Rates - Defined Benefit							
Issue Age	\$10,000	\$15,000	\$20,000	\$30,000	\$40,000	\$50,000	\$75,000
	Semi-Monthly Premium	Semi-Monthly Premium	Semi-Monthly Premium	Semi-Monthly Premium	Semi-Monthly Premium	Semi-Monthly Premium	Semi-Monthly Premium
25	N/A	\$8.05	\$10.00	\$13.91	\$17.81	\$21.71	\$31.48
35	\$8.00	\$10.91	\$13.81	\$19.62	\$25.43	\$31.24	\$45.76
45	\$12.30	\$17.32	\$22.34	\$32.38	\$42.42	\$52.45	\$77.55
55	\$19.87	\$28.67	\$37.47	\$55.07	\$72.67	\$90.27	\$134.27
60	\$26.66	\$38.86	\$51.06	\$75.45	\$99.85	\$124.25	\$185.24

Sample rates are shown for illustrative purposes only. Rates may vary by age, smoking status, state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage.



This provides a brief description of your benefits under GUL.205/IUL.205 and applicable riders HH/LTC.205, BRR.205, BXR.205, ABR.205, ADB.205, CT.205 and WP.205. Benefits, definitions, exclusions, form numbers and limitations may vary by state. This policy contains a provision that guarantees against lapse for a period of 10 years (14 years in OR; 15 years for Universal LifeEvents) as long as premiums are paid as planned. If you make changes to your coverage during this period, or pay only the minimum premium, you may prevent cash value accumulation or reduce your death benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain your policy with a higher premium than the one you paid to satisfy the no-lapse guarantee or coverage may expire prior to age 100 even if the premium shown is paid as scheduled. A policy illustration will be delivered with your policy. Your policy will contain complete information. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. For exclusions and limitations that may apply, visit [www.trustmarksolutions.com/disclosures/UL/\(A112-2216-UL\)](http://www.trustmarksolutions.com/disclosures/UL/(A112-2216-UL)). In California, review “A Consumer’s Guide to Long-term Care from the Department of Aging” at: [http://www.aging.ca.gov/aboutcda/publications/Taking\\_Care\\_of\\_Tomorrow\\_English/](http://www.aging.ca.gov/aboutcda/publications/Taking_Care_of_Tomorrow_English/). Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® is a registered trademarks of Trustmark Insurance Company.



# AirMedCare Network



## *Protect Your Family. Protect Your Finances.*

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!

## *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. If you have any additional questions please don't hesitate to contact me.

## *Join Today!*

On-line: <https://www.airmedcarenetwork.com/businessplanregistration/> | Phone: (423) 579-6434

### **Jeff Miller**

Business Development  
(812) 230-2046  
[jeff.miller@gmr.net](mailto:jeff.miller@gmr.net)

### **Darren Brown**

(828) 541-9383  
[darren.brown@gmr.net](mailto:darren.brown@gmr.net)

track code 14399  
plan code 15475





# ANCILLARY BENEFITS

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

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



# Long-Term Disability Plan



## *What is Long Term Disability Insurance?*

Long Term Disability (LTD) insurance helps replace a portion of your income for an extended period.

## *Eligibility Requirements*

**Long-Term Disability:** All active full-time employees working at least 30 hours per week are eligible to participate.

***This plan is Guaranteed Issue for new hires. All other enrollments will require Medical Questions to be answered and submitted to Underwriting for approval.***

## *How is "Disability" Defined Under Your Plan?*

Generally, you are considered disabled and eligible for long-term benefits if, due to sickness, pregnancy, or accidental injury, you are receiving appropriate care and treatment and are complying with your treatment requirements, and you are unable to perform each of the material duties of your own occupation.

Following the Own Occupation period, you are considered disabled if, due to sickness, pregnancy, or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of the treatment, and you are unable to perform the duties of any gainful occupation for which you are reasonably qualified to consider your training, education, and experience.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance provided by your Employer or contact your MetLife benefits administrator with any questions.

## *What Is The Benefit Amount?*

**Long-Term Disability:** The Long-Term Disability benefit may help replace a portion of your pre-disability monthly earnings, less other income you may receive from other sources<sup>1</sup> during the same Disability (e.g., Social Security, Workers' Compensation, vacation pay, etc.).

The Core Benefit amount is 60% of the first \$12,500 of your pre-disability earnings, subject to the income which will reduce your disability benefit.

## *What is The Maximum Monthly Benefit?*

The Long-Term Disability benefit amount may not exceed the maximum monthly benefit established under the plan, regardless of your annual salary amount. The maximum under this core plan is \$7,500. If your salary exceeds \$150,000, your LTD benefit will be limited to this maximum.

## *When Do Benefits Begin, And How Long Do They Continue?*

**Long-Term Disability:** Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long Term Disability is 120 days. Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance provided by your Employer.

## *Additional Disability Plan Benefits: Coverage With Your Best Interests In Mind...*

MetLife believes you need more than a supplement to your income when you are ill or injured for a long time. That's why we offer return-to-work services and assistance in obtaining Social Security Disability Benefits to help you get the maximum benefits from your coverage.

## *Services To Help You Get Back To Work Can Include:*

- **Nurse Consultant or Case Manager Services:** Specialists who personally contact you, your physician, and your employer to coordinate an early return-to-work plan when appropriate.
- **Vocational Analysis:** Help identify job requirements and determine how your skills can be applied to a new or modified job with your employer.
- **Labor Market Surveys:** Studies to find jobs available in your locale that utilize your abilities and skills. Also, identify one's earning potential for a specific occupation.
- **Job Modifications:** Adjustments (e.g., redesign of workstation tools) that enable you to return to work.
- **Retraining:** Development programs to help you return to your previous job or educate you for a new one.
- **Financial Incentives:** Allow you to receive Disability benefits or partial benefits while attempting to return to work.
- **Job Seeking Skills and Job Placement Assistance:** Special training to identify abilities, set goals, develop resumes, polish interviewing techniques, and provide other career search assistance.
- **The Services of Social Security Specialists:** Once you are approved for Disability benefits, MetLife can help you obtain Social Security Disability benefits. Our experts can guide you through the initial application and appeals processes and may also help you access assistance from attorneys or vendors to pursue Social Security benefits.

## Questions & Answers

### Q. Can I still receive benefits if I return to work part-time?

**A. Maybe.** As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted Disability benefits.

Rehabilitation incentives are designed to help you return to work when appropriate, even on a part-time basis, when participating in an approved Rehabilitation Program.

While disabled, you may receive up to 100% of your pre-disability earnings following your return to work when combining your disability benefit, Rehabilitation Incentives, work earnings, and income from other sources.

With the Rehabilitation Incentive, you can get a 10% increase in your monthly benefit.

The Family Care Incentive provides reimbursement of up to \$400 for your monthly expenses.

You may be eligible for the Moving Expense Incentive if you incur expenses to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

### Q. Are there any exclusions for Pre-Existing Conditions?

**A. Yes.** Your plan may not cover sickness or accidental injury that arose in the months before you participated in the plan. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance Description provided by your Employer or contact your MetLife benefits administrator with any questions.

### Q. Are there any exclusions to my coverage?

**A. Yes.** Your plan does not cover any Disability which results from or is caused or contributed to by:

- War, whether declared or undeclared or act of war, insurrection, rebellion, or terrorist act.
- Active participation in a riot.
- Intentionally self-inflicted injury or attempted suicide.
- Commission of or attempt to commit a felony.

### Q. Are there any limitations to my coverage?

**A.** For Long Term Disability, limited benefits apply for specific conditions:

If you are disabled due to alcohol, drug, or substance abuse addiction, or mental or nervous disorders or diseases, we will limit your Disability benefits to a combined lifetime maximum for any, and all of the above equal to the lesser of:

- 24 months; or
- The Maximum Benefit Period.

If your Disability is due to alcohol, drug, or substance addiction, we require you to participate in a physician's recommended alcohol, drug, or substance addiction recovery program. We will end Disability benefit payments at the earliest of the period described above or the date you cease, refuse to participate, or complete such recovery program.

Your Disability benefits will be limited as stated above for mental or nervous disorders or diseases except for:

- Schizophrenia
- Dementia
- Organic Brain Disease

If you are confined in a Hospital or Mental Health Facility at the end of the period shown above for which benefits are to be paid, we will continue Your Monthly Benefits until the end of Your Hospital or Mental Health Facility confinement.

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance provided by your Employer for specific details or contact your benefits administrator with any questions.

## Disability Plan Contribution Worksheet

This worksheet allows you to approximate your monthly and annual contributions for Long Term Disability (LTD) coverage. Contribution amounts are based on gross monthly income for LTD. The payroll system will calculate actual contributions.

### Long Term Disability Contribution:

A. Annual Earnings =	\$30,000	A. Annual Earnings =	\$
B. Monthly Earnings = (A divided by 12)	\$2,500	B. Monthly Earnings = (A divided by 12)	\$
C. Value Per \$100 = (B divided by 100)	\$25.00	C. Value Per \$100 = (B divided by 100)	\$
E. Estimated Monthly Contribution (C multiplied by 0.38)	\$9.50	D. Estimated Monthly Contribution = (C multiplied by 0.38)	\$



*Like most insurance policies, insurance policies offered by MetLife and its affiliates contain specific exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.*



# Term Life



## Term Life/Accidental Death & Dismemberment (AD&D)

The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. With Our Group Term Life plan, an employee can achieve peace of mind by giving their family the financial security they can depend on.

**Employees get Employer paid Basic Life coverage** – 1 times earnings to a maximum of \$100,000.

<b>Eligibility</b>	All eligible, active full time employees
<b>Group Term Life/AD&amp;D Benefit: Employee</b>	1 times annual earnings to a maximum of \$100,000 rounded to the higher \$1,000
<b>Guarantee Issue Amount</b>	\$100,000
<b>Group Term Life Benefit Spouse (Includes Domestic Partner)</b>	Choice of: Option A - \$5,000 or Option B - \$10,000
<b>Guarantee Issue Amount - Spouse</b>	\$10,000
<b>Group Term Life Benefit Child(ren)</b>	Option A - Birth to 14 days: \$0 Age 15 days to 6 months: \$5,000 Age 6 months to 19 years (23 if full-time student): \$5,000 Option B - Birth to 14 days: \$0 Age 15 days to 6 months: \$10,000 Age 6 months to 19 years (23 if full-time student): \$10,000
<b>Age Reduction Schedule</b>	Life and AD&D benefits reduce by 50% of the original amount at age 70.
<b>Waiver of Premium</b>	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of six months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
<b>Accelerated Death Benefit (ADB)</b>	Upon the employee's request, this benefit pays a lump sum up to 50% of the employee's life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum \$150,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
<b>Conversion Privilege (Life Coverage)</b>	Included

## Supplemental Term Life/Accidental Death & Dismemberment (AD&D)

<b>Eligibility</b>	All eligible, active full time employees
<b>Group Term Life/AD&amp;D Benefit: Employee</b>	1 times annual earnings to a maximum of \$100,000 rounded to the higher \$1,000
<b>Guarantee Issue Amount* Employee</b>	\$100,000
<b>Age Reduction Schedule</b>	Life and AD&D benefits reduce by 50% of the original amount at age 70.
<b>Employee Contribution</b>	100%
<b>Waiver of Premium</b>	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of six months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
<b>Accelerated Death Benefit (ADB)</b>	Upon the employee's request, this benefit pays a lump sum up to 50% of the employee's life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum \$150,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
<b>Conversion Privilege (Life Coverage)</b>	Included
<b>Exclusions</b>	One-year suicide exclusion applies to Supplemental Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.

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

**Employee Supplemental Life** – 1 times earnings to a maximum of \$100,000.

Employees can elect the following **Dependent Life** options:

<b>Option 1:</b>	Spouse- \$5,000	<b>Option 2:</b>	Spouse- \$10,000
	Child(ren)- \$5,000		Child(ren)- \$10,000
	Employee Cost: \$1.28/month		Employee Cost: \$2.55/month

**Please note that late entrants for all optional coverages require EOI.**

Employee Supplemental Life (Monthly Rates per \$1,000)												
Age	< 20	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+
Rates	\$0.080	\$0.080	\$0.080	\$0.080	\$0.109	\$0.173	\$0.303	\$0.499	\$0.838	\$0.939	\$1.590	\$1.872

Supplemental AD&D (Monthly Rates per \$1,000)	
Employee	\$0.020

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is 24-hour coverage.

AD&D Schedule of Loss*	Principal Sum
Loss of Life	100%
Loss of both hands or both feet	100%
Loss of one hand and one foot	100%
Loss of speech and hearing	100%
Loss of sight of both eyes	100%
Loss of one hand and sight of one eye	100%
Loss of one foot and sight of one eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of sight of one eye	50%
Loss one one hand or one foot	50%
Loss of speech or hearing	50%
Loss of thumb and index finger of same hand	25%
Uniplegia	25%

\*Loss must occur within 365 days of accident.

## AD&D Product Features Included:

- ✓ Seatbelt and Airbag Benefits
- ✓ Repatriation Benefit
- ✓ Education Benefit

## Exclusions

Unless specifically covered in the policy, or required by state law, we will not pay any AD&D benefit for any loss that directly or indirectly, results in any way from or is contributed to by:

1. disease of the mind or body, or any treatment thereof
2. infections, except those from an accidental cut or wound
3. suicide or attempted suicide
4. intentionally self-inflicted injury
5. war or act of war
6. travel or flight in any aircraft while a member of the crew
7. commission of, or participation in a felony
8. under the influence of certain drugs, narcotics, or hallucinogen unless properly used as prescribed by a physician or
9. intoxication as defined in the jurisdiction where the accident occurred
10. participation in a riot



This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Refer to your certificate for complete details and limitations of coverage.



# NOTICES

Medicare Part D Information  
from your Employer





# Medicare Part D Notice

## 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.

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](http://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](http://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, 2021

Name of Entity/Sender: City of Kingsport

Contact: Tessa Neal

Position: Benefits Specialist

Address: 415 Broad Street, Suite 303, Kingsport, TN 37660

Phone Number: 423-229-9402

Email: [TessaNeal@KingsportTN.gov](mailto:TessaNeal@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](http://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](http://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](http://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.**

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidtprecovery.com/hipp/">http://flmedicaidtprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>IOWA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562
<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofc/public-assistance/index.html">http://www.maine.gov/dhhs/ofc/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth_h/">http://www.mass.gov/eohhs/gov/departments/masshealth_h/</a> Phone: 1-800-462-1120	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742

<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.p_df">https://www.dhs.wisconsin.gov/publications/p1/p10095.p_df</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VIRGINIA – Medicaid and CHIP</b>	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> 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**

Employee Benefits Security Administration Centers for Medicare & Medicaid Services

[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

1-866-444-EBSA (3272)

**U.S. Department of Health and Human Services**

[www.cms.hhs.gov](http://www.cms.hhs.gov)

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](mailto: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, dental, vision, and/or FSA 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.**

### *The Standard Critical Illness*

When you leave employment, you may continue your Critical Illness coverage by having the premiums that are currently deducted from your paycheck billed to your home address. To set up direct bill to your home address, contact **The Standard at 1-866-851-2429.**

### *Trustmark Accident and/or Universal Life*

When you leave employment, you may continue your Accident and/or Universal Life coverage by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. You may do that by contacting **Trustmark at 1-800-918-8877 (opt 6).**

# Contact Information

## *AirMedCare Network*

Jeff Miller: (812) 230-2046

[jeff.miller@gmr.net](mailto:jeff.miller@gmr.net)

Darren Brown: (828) 541-9383

[darren.brown@gmr.net](mailto:darren.brown@gmr.net)

## *Blue Cross Blue Shield of TN*

Phone: 1-800-565-9140

[www.bcbst.com](http://www.bcbst.com)

## *Premise Health*

Phone: 877-423-1330

<https://www.premisehealth.com/>

## *City of Kingsport Health Benefits Administrator*

Phone: 423-224-2606

[MichaelWessely@KingsportTN.gov](mailto:MichaelWessely@KingsportTN.gov)

## *City of Kingsport Health Benefits Specialist*

Phone: 423-229-9402

[TessaNeal@KingsportTN.gov](mailto:TessaNeal@KingsportTN.gov)

## *Davis Vision*

Phone: 1-800-999-5431

[www.davisvision.com](http://www.davisvision.com)

## *Delta Dental*

Phone: 1-800-223-3104

[www.deltadentalTN.com](http://www.deltadentalTN.com)

## *Flores Flexible Spending Account*

Phone: 1-800-532-3327

[www.flores247.com](http://www.flores247.com)

## *The Standard Insurance Company*

Phone: 1-800-378-4668

[www.standard.com](http://www.standard.com)

## *Trustmark Insurance Company*

Phone: 1-800-918-8877

Fax: 847-615-4943

[www.trustmarkbenefits.com](http://www.trustmarkbenefits.com)





View additional benefits information  
or download forms at: [mymarkiii.com](http://mymarkiii.com)

*Arranged and Enrolled by Mark III Brokerage, Inc.*



300 W. Watauga Ave.  
Johnson City, TN 37604

(800) 532-1044  
(704) 365-4280