



EMPLOYEE BENEFITS GUIDE

Plan Year:
January 1, 2024 -
December 31, 2024



A message from Chris McCartt, City Manager

Our employees are at the core of our success, helping serve the citizens of Kingsport with excellence and dedication.

The City of Kingsport has a culture like no other. J. Fred Johnson defined it best in 1937 as the Kingsport Spirit which still holds true today.

“Frequently we are asked what motivating spirit has been apparent in the building of this city of industries, schools, churches and homes. Were I to undertake to define the spirit underlying every step in the growth of Kingsport, from the days of its humblest beginning until now, I could not avoid the assertion that the spirit, if it be a spirit, is one of mutual

helpfulness and a willingness to submerge selfish interest beneath the individual effort to assure the greater good for the greater number.” – J. Fred Johnson. 1937

Our benefits support your health, help you maintain a work-life balance, protect the people and things you care about, and help secure your financial future into retirement. I encourage you to review all our benefit offerings for the upcoming calendar year.

I am looking forward to another great year and as always, it is my pleasure to work alongside you.



Annual Open Enrollment period begins October 23, 2023

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BENEFITS OVERVIEW



YOUR BENEFITS

Employee benefits are an important piece of your total compensation package. The City of Kingsport understands that providing quality benefits can improve the lives of you and your family. Therefore, we are committed to continually reviewing our benefits package to ensure it is comprehensive and competitive within the local market.

Your benefits guide provides important information regarding the benefits offered to you. You are encouraged to review the information in this guide to familiarize yourself regarding your benefit options.

WHO PAYS THE COST?

The City of Kingsport and you contribute to the cost of your benefit elections. The chart to the right identifies who contributes to the cost of each benefit and whether your contribution amount is deducted pre or post tax.

Pre-tax: Deduction is taken out of your paycheck before taxes. Typically can not be changed during plan year, with the exception of a qualifying life event.

Post-tax: Deductions are taken out of your paycheck after taxes. These elections can be changed at any time during the plan year.

BENEFIT DEDUCTION SCHEDULE

Contributions are deducted from your paycheck twice a month (24 deductions per year) with the exception of medical and flexible spending account contributions which are deducted every paycheck (26 deductions).

Benefit	Tax	Who Pays
Medical	Pre-tax	City & You
Dental	Pre-tax	You
Vision	Pre-tax	You
Flexible Spending Account	Pre-tax	You
Basic Life	Post-tax	City
Supplemental Life (Employee & Dependent)	Post-tax	You
Long-term Disability	Post-tax	City & You
Accident Insurance	Pre-tax	You
Critical Illness	Post-tax	You
Whole Life/Long-term Care	Post-tax	You
TCRS Hybrid	Pre-tax or Post-tax	City & You

2024 BENEFIT HIGHLIGHTS

EMPLOYEE CONTRIBUTIONS AND PLAN DESIGN:

The City of Kingsport is pleased to announce that there will be no increase in employee contribution amounts for 2024. There will be a small decrease in Dental contributions for 2024. Plan designs will remain the same with no change in vendors.

HEALTH RISK ASSESSMENT (HRA):

You can receive a 10% discount on your medical contribution amount by completing a Health Risk Assessment before December 1st. Employees who are currently enrolled in medical coverage can schedule an HRA appointment through the Employee Wellness Center. The City will conduct an HRA screening day that is open to all employees on November 14, 2023. The event will be held in the Montgomery Watterson board room from 8:00 am to 4:00 pm.

FLEXIBLE SPENDING ACCOUNT (FSA):

Flexible Spending Accounts must be elected annually. For plan year 2024 the rollover amount will increase to \$610. Flores has also introduced mobile pay for 2024. Mobile pay is a payment option that allows you to pay your eligible medical expenses digitally, through your mobile device.

LONG-TERM DISABILITY AND LIFE INSURANCE:

Effective January 1, 2024, the City will no longer apply premium increases during the plan year to LTD and Supplemental Life for age band changes or salary increases. These changes will now be applied at the beginning of each plan year.

EMPLOYEE PHYSICAL WELLNESS PROGRAM:

Cora Physical Therapy, our new physical wellness vendor, will be relocating to a larger facility on January 1, 2024. The new facility is located at 1732 North Eastman Road, Suite 1A.

ELIGIBILITY & ENROLLMENT

Regular full-time employees who work at least 30 hours per week are eligible for benefits offered by the City of Kingsport. Benefits eligible employees also have the opportunity to enroll their legal dependents in benefit coverages. Eligible dependents include your legal spouse, dependent children under the age of 26, and children who are permanently disabled regardless of their age.

Benefits coverage begins on the first of the month following 30 days of employment or at the beginning of the plan year following open enrollment.

MAKING BENEFIT CHANGES DURING THE PLAN YEAR

Generally, you can only make changes to your elections during open enrollment. The exception to this is when you experience a qualifying life event (QLE). Listed below are examples of qualifying life events.

- Marriage, divorce, or legal separation
- Childbirth or adoption
- Death of a family member
- Spouse gains or loses coverage
- Loss of parental coverage

Upon experiencing a qualifying life event (QLE), you have **30 days** from the QLE date to make changes to your benefit elections. You are required to notify Human Resources of the QLE and provide supporting documentation of the event. Examples of supporting documents include: a birth certificate, death certificate, marriage license, court order.

MEDICAL PLAN DEFINITIONS

GETTING TO KNOW YOUR PLAN

To maximize your benefits, it is important that you understand your medical plan and the differences in coverages. The following terms are important to understand when selecting your medical plan coverage.



DEDUCTIBLE

The amount you pay each year before co-insurance begins.

You can pay for these expenses with a Flexible Spending Account (FSA).



CO-INSURANCE

The cost you share with the plan upon satisfying the annual deductible. The plan pays a percentage of the eligible costs and you will pay the remaining percentage.



OUT-OF-POCKET MAXIMUM

The maximum amount you have to pay out-of-pocket for the plan year. Once the out-of-pocket amount is met the plan picks up coverage at 100%.

MEDICAL DEFINITIONS

In-Network - A health care provider that participates in the medical plan's network. By using in-network providers, you lower your out-of-pocket expense due to the medical plan paying a higher percentage of covered expenses.

Out of Network - A health care provider that does not participate in the medical plan's network. When you utilize an out of network provider, your out-of-pocket expenses are higher.

Copay - A flat fee you pay for out-of-pocket services such as a doctor's visit.

Inpatient - Services provided to an individual during an overnight hospital stay.

Outpatient - Services provided to an individual without an overnight stay.

Preventive Services - Services that are provided at no cost to you. Examples include annual physicals, well woman exams and mammography. These services help detect illness early which can reduce costs and improve quality of life.

Embedded deductible - An embedded deductible is a system that combines individual and family deductibles in a family medical policy. The purpose of an embedded deductible is to prevent a single individual on a family medical policy from having to pay a deductible higher than the individual deductible amount. The individual deductible is embedded in the family deductible, so it allows a single family member to access medical benefits sooner.

Non-embedded deductible - All individuals contribute toward the family deductible and out-of-pocket maximum. The family deductible must be satisfied before the plan begins to pay.

Generic drug - A generic drug is a copy of a brand name drug that contains the same active substance while providing the same effects. Generic drugs are considered bioequivalent to brand name drugs, meaning they have the same dosage forms, safety, strength, quality, and performance characteristics. Generic drugs are typically less costly than brand name drugs.

Brand preferred drug - A drug that bears a recognized brand name of a particular manufacturer. Brand preferred drugs have been reviewed for cost, effectiveness, clinical efficacy, and quality by the medical plan's Pharmacy Benefit Manager. By making a drug "preferred", with a lower co-pay, the plan encourages the use of the brand name drug as the cost is cheaper than a non-preferred equivalent.

Brand non-preferred drug - A drug with a patent and trademark name. Non-preferred drugs are typically not included on the medical plan's formulary listing and are usually more expensive than alternative generic and brand preferred drugs.

Specialty drug - A drug that requires special handling, administration and/or monitoring. Specialty drugs can only be filled by a specialty pharmacy and have additional required approvals.

MEDICAL PLAN

Blue Cross Blue Shield of Tennessee (BCBST) is the City's medical plan provider for 2024. Benefits eligible employees have the option to select from two plan designs: Basic Plan and Enhanced Plan. The City of Kingsport's health coverage is considered affordable which means it 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 health insurance through the Federal Marketplace at [Healthcare.gov](https://www.healthcare.gov).

Coverage at a glance...

Medical Plan*		Enhanced Plan (In-Network)	Basic Plan (In-Network)
Annual Deductible	Individual	\$750	\$1,200
	Family	\$2,300	\$3,600
Annual Out-of-Pocket Maximum	Individual	\$3,000	\$5,500
	Family	\$6,000	\$11,000
Cost for preventative care/ screening/immunizations		No Charge	No Charge
Office Visits	Primary Care	\$35	\$35
	Specialist/Urgent Care	\$45	\$55
Emergency Room Copay		\$300	\$300
Inpatient & Outpatient Hospital Services		20% after plan year deductible	20% after plan year deductible
Prescription Drugs	Generic	\$10	\$10
	Preferred	\$35	\$55
	Non-Preferred	\$85	\$105
	Specialty - Preferred	\$50	\$70
	Specialty - Non-Preferred	\$100	\$120
*All plans include Out Of Network Benefits – please refer to the BCBSTN Summary of Benefits & Coverage for additional information.			

EMPLOYEE WELLNESS CENTER

Benefits eligible employees who enroll in a City sponsored medical plan are eligible to utilize the City's Employee Wellness Center. Information regarding the Employee Wellness Center is provided on page 10.

HEALTH RISK ASSESSMENT (HRA)

Benefits eligible employees receive a discounted rate on their medical contributions when they complete an annual Health Risk Assessment (HRA). HRA's must be completed before December 1st to receive the discounted rate for the upcoming plan year. New hires who enroll in a medical plan automatically receive the discounted rate in the year they are hired but will need to complete an HRA prior to December 1st to receive the discount for the upcoming plan year. Information on how to schedule an HRA appointment (biometric screening) with the employee wellness center is provided on page 10.



DENTAL PLAN

Keeping your teeth and gums clean and healthy helps prevent tooth decay and is an important part in maintaining your overall physical health. Regular dental exams and cleanings are important to detect problems before they become painful and expensive. Our dental provider for 2024 is **Delta Dental**.

Dental Coverage At A Glance

Covered Services		Dental Coverage
Annual Deductible	Individual	\$50
	Family	\$150
Calendar Year Maximum per person		\$1,000
Orthodontia Lifetime Maximum per person (age 1 - 19)		\$1,000
Diagnostic & Preventive Services		100%
Amount you pay after deductible is met.		
Basic Services (sealants, fillings, simple extractions)		80%
Major Service (dentures, crowns, bridges, periodontics)		50%
Orthodontia		50%

MAXIMUM PAYMENT

\$1,000 per person per year for diagnostic and preventive, basic services, and major services.
\$1,000 per person total per lifetime on cephalometric films, photos, diagnostic casts, and orthodontic services.

NON-PARTICIPATING DENTIST

When you receive services from a non-participating dentist, the percentages covered may be less than what the dentist charges. When this occurs you are responsible for the difference in payment.

Preventive Care

It is important to schedule your yearly preventive care exams to detect possible underlying health conditions.



VISION PLAN

Vision benefits assist employees in managing the cost of eye care and also support overall health by detecting medical conditions. The City of Kingsport's vision plan covers an annual eye exam for a \$10 copay and pays a portion of the cost of glasses or contact lenses. Our vision provider for 2024 is **Davis Vision**.

Vision Coverage At A Glance

	In-Network Providers	Out-of-network providers
Services		
Eye Exam (Once every plan year)	\$10 Copay	\$40
Contact evaluation, fitting & follow-up: Conventional Lens Specialty Lens	\$25 copay, covered in full \$25 copay, \$60 allowance	
Frames		
Frame Allowance (once every 12 months) Vision Works or The Exclusive Collection Copay Fashion & Designer Premier	\$150 + 20% off any overage \$200 + 20% off any overage Covered in full \$25 copay	\$50
Lenses		
Single vision bifocal trifocal lenticular lenses Polycarbonate (Children/Adult) High index Polarized Progressive (Standard/Premium/Ultra) Anti-Reflective (Standard/Premium/Ultra) Ultra Violet Coating Tinting plastic lenses Plastic photochromic (<i>Transitions Signature</i>) Scratch-resistant coating Scratch protection plan (single-vision/multifocal)	\$0 copay \$0 \$0 \$0 \$0/\$30 \$55 \$75 \$50/\$90/\$140 \$35/\$48/\$60 \$12 \$0 \$65 \$0 \$20/\$40	\$40 \$60 \$80 \$100
Contact Lenses		
Contact Allowance (once every 12 months) The Exclusive Collection of Contact Lenses	\$150 + 15% off any overage Covered in full	Elective Contact Lenses - \$105 Visually Required Contacts - \$225

Additional savings		The Exclusive Collection The Exclusive Collection of frames are available in 9,000 locations across the United States. Log in to davisvision.com to browse frames and find a Collection near you.
Retinal Imaging (member charge)	\$39	
Additional pairs of eyeglasses	30% discount	
Laser vision correction one-time/lifetime allowance	\$200	

FINDING A PROVIDER

To find a list of in-network providers log in to davisvision.com/member and click on "member log in" and enter client code 8740. Next, click on "find a provider" and then click "use your current location" and enter a mile radius (example 25 miles). When utilizing your vision benefits you may receive services from an out-of-network provider. However, you will maximize your benefit dollars by selecting a provider who participates in the network.

FREE BREAKAGE WARRANTY

Your glasses are covered under a free one-year breakage warranty. Some limitations apply.

FLEXIBLE SPENDING ACCOUNTS

Flexible spending accounts (FSA) allow you to set aside tax-free money from your paycheck to pay for eligible health care and dependent care expenses. The health care FSA can be used to pay for out-of-pocket expenses like deductibles, co-insurance, and prescription drugs and is available on the first day of the plan year. A dependent care FSA can be used for eligible day care expenses for your dependents and is only reimbursable as it is deducted from your paycheck. Because FSA's offer tax breaks the IRS has rules that must be followed. Employees may participate in one or both of the FSA's even if you do not elect medical coverage. Our FSA provider for 2024 is **Flores and Associates**.

Flexible Spending Accounts At A Glance	Healthcare FSA	Dependent Care FSA	
Use for...	Medical, pharmacy, dental & vision expenses.	Reimburse dependent day care expenses	
IRS maximum contribution	\$3,050/year - tax free	Married filing separate	\$2,500/year - tax free
		Single/married filing jointly	\$5,000/year - tax free
Are my dependents covered?	Spouse or dependent children up to age 26	Eligible dependents under the age of 13/ dependent in household incapable of self-care	
Will I get a debit card?	Yes, preloaded with elected yearly amount.	No	
Will my savings roll over each year?	Up to \$610	No rollover	
Do I keep the money if I leave the company?	Must be used prior to termination/ possible continuation through COBRA.	No	
Do I need to re-enroll each year?	Yes	Yes	

ELIGIBLE EXPENSES

Health Care

- ✓ Medical copays, co-insurance & deductibles
- ✓ Routine wellness visit
- ✓ Prescription expenses
- ✓ Vision, Dental, Orthodontia expenses
- ✓ Hearing expenses

Dependent Care

- ✓ Preschools
- ✓ Before or after school care
- ✓ Day camps

MANAGING YOUR FSA ACCOUNT

When you enroll in an FSA, Flores will send you a participant ID number which allows you to access and manage your account online at www.flores247.com. Upon logging into your account, you can obtain a comprehensive list of allowable expenses and an expense worksheet.

FLORES DEBIT CARD

Upon enrollment in a health care FSA, you will receive a pre-loaded debit card from Flores. There is no activation required. However, you should review the Cardholder Agreement included with the card, and then sign the back of your card.

SUBMITTING A CLAIM

Claims may be uploaded to the Flores247 web portal or the Flores mobile app. You can also submit claims via fax or mail. All claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

Online: www.flores247.com

Mobile: Download Flores Mobile app

Fax: 800.726.9982

Mail: Flores PO Box, 31397, Charlotte, NC 28231

RECORDKEEPING TIP

The IRS may require a receipt per their guidelines to verify eligibility of certain items. It is important to keep a copy of all receipts for your Flores debit card purchases. If you are asked to provide a receipt it must include: name of provider or merchant, description of item purchased, date of service & your out-of-pocket responsibility. Hand written receipts are not accepted.

WELLNESS

EMPLOYEE WELLNESS CENTER

The City of Kingsport has contracted with **Premise Health** to operate an onsite Employee Wellness Center. The Employee Wellness Center is available to City of Kingsport employees and their eligible dependents who are enrolled in a City sponsored medical plan. Services provided by the Employee Wellness Center are at no cost and provide a more personalized experience and shorter wait times. The Employee Wellness Center provides a wide range of services which include:

- Primary Care
- Chronic or Acute Care
- Diabetes Management
- Condition Management
- Annual Biometric Screening (HRA)
- School Physical
- Lab Draws
- Injections
- Immunizations



Scheduling an appointment:

To schedule an appointment, you can:

- Call the customer service line at 423.597.6076
- Go online to www.mypremisehealth.com
- Download the app on your smartphone
- Scan the QR code



Location:

The Employee Wellness Center is located on the 6th floor of City Hall located at 415 Broad Street, Kingsport, TN 37660.

To access the Employee Wellness Center, enter the doors facing Commerce Street and take the elevator to the 6th floor. Reserved parking for the Wellness Center is located in the parking lot off Commerce Street.

Current Hours of Operation:

Monday: 7:00 a.m. - 6:00 p.m.
Tuesday: 7:00 a.m. - 5:00 p.m.
Wednesday: 9:00 a.m. - 4:30 p.m.
Thursday: 9:00 a.m. - 6:00 p.m.
Friday: 7:00 a.m. - 2:30 p.m.
Saturday: 8:00 a.m. - 1:00 p.m.

Hours subject to change

DIABETES PROGRAM

Employees and their eligible dependents who are enrolled in medical coverage and have been diagnosed with diabetes can receive their diabetes medications and testing supplies at no cost by participating in the City's Diabetes Program. The diabetes program is administered through Premise Health and consists of a quarterly blood draw, follow-up visit, and a coaching session.

Schedule your diabetes management appointment online at mypremisehealth.com or by calling 423-597-6076.



WELLNESS

EMPLOYEE ASSISTANCE PROGRAM

When personal problems arise many people choose to cope alone, resulting in negative consequences at home and the workplace. The City of Kingsport provides all active full-time employees with an Employee Assistance Program (EAP) through **Dearborn National** and **Ballad Health**. These programs are completely confidential and cover topics such as:

- Alcohol and drug abuse
- Depression
- Divorce and family law
- PTSD
- Getting out of debt
- Marital and family conflicts
- Retirement planning
- Coping difficulties
- Stress and anxiety
- Grief and loss
- Job pressures
- Parent/child or teen concerns



Ballad Health

Covers 6 free counseling visits and/or medication management visits per plan year. To schedule an appointment please contact an office below during normal business hours (8:00 am - 5:00 pm).

Kingsport Office
2204 Pavilion Drive
Suite 107
Kingsport, TN 37660
423.302.3480

Johnson City Office
525 N. State of Franklin Road
Suite 9
Johnson City, TN 37660
423.302.3480

For assistance outside normal business hours or on a weekend, please call the Respond Crisis Hotline at 800.366.1132.

Dearborn National ComPsych Corporation

Covers 3 free in person visits per year and unlimited telephonic counseling 24 hours a day, 7 days a week, to help address behavioral issues. A secure online platform is also available that contains self-assessments, extensive content on personal health, and tools to help with personal, relational, legal, health and financial concerns.

Phone: (866) 899.1363
TDD: (800) 697.0353
Online: www.guidanceresources.com
Company ID: DNDRS

PHYSICAL WELLNESS PROGRAM (CORA PHYSICAL THERAPY)



The City of Kingsport has partnered with **CORA Physical Therapy** to offer all full-time and part-time regular employees, physical therapy sessions free of charge. The Physical Wellness program allows employees the opportunity to schedule one-on-one sessions with a licensed physical therapist. The program is designed to provide assistance with joint & muscular pain as well as in-depth physical therapy sessions after a surgery.

Employees may attend appointments during working hours. A one-hour time allotment is allowed (30 minutes for the appointment and 15 minutes travel time each way to and from CORA).

To schedule an appointment call (423) 390.8948 and identify yourself as a City of Kingsport employee.

TERM LIFE INSURANCE

The City of Kingsport provides term life insurance options for you and your eligible dependents. 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. The City of Kingsport has partnered with **Dearborn Group** to provide group term life plans so employees can achieve peace of mind by giving their family the financial security they can depend on.

BASIC LIFE & AD&D

The City of Kingsport provides basic life and AD&D insurance to all eligible full-time employees at no cost. The policy amount is equal to one times your annual salary rounded up to the closest thousand (maximum \$100,000 limit). Eligible employees are automatically enrolled in this coverage upon their date of hire.

SUPPLEMENTAL LIFE & AD&D

You have the option to elect an additional one times your annual salary rounded up the the next thousand for yourself. Rates are based on your annual salary and age.

DEPENDENT LIFE

You may elect a \$5,000 or \$10,000 policy on your eligible dependents. Dependent children are covered from 15 days of age until the age of 26. Children must be added within 30 days of birth if enrolling in the middle of plan year.

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.



WAIVER OF PREMIUMS

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 comes first.

ACCELERATED DEATH BENEFIT (ADB)

Upon an employee's request, this benefit pays a lump sum up to 50% of the employee's life insurance, if the employee is diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500 Maximum: \$100,000.

If requested, the amount of group term life insurance payable upon the employee's death will be reduced by the accelerated death benefit amount.

AGE REDUCTION SCHEDULE

Life & AD&D benefits reduce by 50% of the original amount at age 70.

AD&D EXCLUSIONS

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

- Disease of the mind or body, or any treatment thereof.
- Infections, except those from an accidental cut or wound.
- Suicide or attempted suicide.
- Intentionally self-inflicted injury.
- War or act of war.
- Travel or flight in any aircraft while a member of the crew.
- Commission of, or participation in a felony.
- Being under the influence of certain drugs, narcotics, or hallucinogen unless properly used as prescribed by a physician.
- Intoxication as defined in the jurisdiction where the accident occurred.
- Participation in a riot.

LONG-TERM DISABILITY

Long-term disability(LTD) insurance provides income replacement should you become disabled and unable to work due to a non-work-related injury or illness. This benefit is available to all active full-time employees and when elected the City of Kingsport contributes 50% of the monthly premium. The core benefit amount is 60% of your base salary up to a maximum monthly amount of \$7,500. Our 2024 long-term disability provider is **MetLife**.

What is long-term disability insurance?	LTD insurance helps replace a portion of your income when you are disabled from work for an extended period of time.
What is the benefit amount?	The core benefit amount is 60% of your base salary, less other income received from other sources during the same disability (e.g., Social Security, Workers' Compensation, vacation pay, sick pay, etc.)
When do benefits begin ?	Benefits begin after a 120 day elimination period which begins the first day you become disabled.
How long do LTD benefits continue?	Typically, benefit payments end when you are no longer disabled, when your maximum benefit period ends, or the date benefits end as specified under limited disability benefits. A list of applicable reasons is available in the plan's certificate of insurance.

This plan is a guaranteed issue for new hires. All other enrollments will require medical questions to be answered and submitted to underwriting for approval.

Limited Disability Benefits

There will be limitations to your disability benefit if you are disabled due to alcohol, drug or substance abuse, mental or nervous disorders or diseases (does not include disability resulting from schizophrenia, dementia, or organic brain disease).

If your disability is due to alcohol, drug or substance addiction, you will be required to participate in an alcohol, drug or substance abuse addiction recovery program recommended by a physician. Your disability benefit ends at the earliest of the period described under the limited disability benefit, or the date you cease, refuse to participate, or complete such recovery program.

LTD BENEFITS PAYMENT SCHEDULE

Maximum Benefit Period*

the later of:

- Your Normal Retirement Age;
- or
- the period shown below:

Age on Date of Your Disability	Benefit Period
Less than 60	To age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

EXCLUSIONS

Plan does not cover any disability which results from or is caused by: war (act of war, insurrection, rebellion, or terrorist act), active participation in a riot, intentionally self-inflicted injury or attempted suicide, or commission of or attempt to commit a felony. Plan may not cover pre-existing conditions.

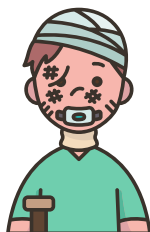
Other exclusions or limitations to your coverage may apply. Please review your Certificate of Insurance provided by your employer for specific details or contact your benefits coordinator with any questions.

VOLUNTARY BENEFITS

ACCIDENT INSURANCE (TRUSTMARK)

Accident insurance helps pay for unexpected healthcare expenses due to accidents that occur every day. It provides coverage for both work-related and non-work-related injuries such as emergency room visits, fractures, hospital stay, ambulance ride, physical therapy visit, surgery, transportation, accidental death and more.

Cash benefits are paid directly to you and the plan has a level premium and a guaranteed renewal which means rates do not increase with age and coverage remains in force for life as long as premiums are paid.



There are no limitations for pre-existing conditions.

An annual incentive of \$100 is payable upon completing a health screening each year. This applies to all members enrolled in coverage.

CRITICAL ILLNESS (THE STANDARD)

Critical illness insurance pays a lump-sum cash benefit directly to you upon the diagnosis of a covered critical illness, regardless of treatment costs or what's covered by your medical insurance.

Coverage can be elected in \$5,000 increments up to \$30,000. You can elect to cover your spouse on this plan. Your dependent children are automatically covered at 50% of the amount elected for yourself for the same critical illnesses plus 21 additional childhood diseases.

Covered conditions include but are not limited to heart attack, stroke, cancer, coma, major organ failure, and renal (kidney) failure. There are no limitations for pre-existing conditions and rates are based on age and tobacco usage.

Cash benefits are paid directly to you and the plan has a level premium and a guaranteed renewal which means rates do not increase with age and coverage remains in force for life as long as premiums are paid.

If you are diagnosed with a covered illness again after a treatment-free period of 3 months, you will receive 100% of the original benefit amount.

An annual incentive of \$100 is payable upon completing a health screening each year. This applies to all members enrolled in coverage.

UNIVERSAL LIFE WITH LONG-TERM CARE (TRUSTMARK)

Universal life is flexible permanent life insurance designed to last a lifetime. You may elect coverage for you, your spouse, and dependent children. Guaranteed issue amount up to age 64 is \$75,000.

Embedded in this plan is a long-term care benefit that is payable at any time in your life when you need long-term care. You can collect 4% of your universal life death benefit per month for up to 25 months to help pay for long-term care. Plus, if you collect a benefit for long-term care, your full death benefit is still available for your beneficiaries.

This plan has a level premium and guaranteed renewal which means rates do not increase with age and coverage remains in force for life as long as premiums are paid. You can port this coverage if you leave or retire.

Rates are based on age and tobacco user status.



AIRMEDCARE NETWORK (AMCN)

The City of Kingsport has partnered with AirMedCare Network to offer you discounted rates on air flight memberships. If you or a household member experience a life threatening emergency, AMCN can provide medical transport which can greatly reduce travel time to an emergency treatment facility.

There are no out-of-pocket expenses for medically necessary flights if flown by an AMCN provider.

As an AMCN member, you're covered by over 320 locations across 38 states, including Alaska & Hawaii.

Cost of membership is divided in two with payroll deductions occurring on the first payroll in January and February.

Annual Membership Fees

1 year membership - \$55/household
3 year membership - \$155/household
5 year membership - \$255/household
10 year membership - \$480/household

ADDITIONAL BENEFITS

HOLIDAYS

Benefits eligible employees receive 12 paid holidays per year:

- New Year's Day
- Martin Luther King, Jr. Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Friday after Thanksgiving Day
- Christmas Eve
- Christmas Day
- Floating Holiday (employee choice)*

**Note: Can not carry over*

For more information, please reference City policy #17 or contact HR at 423-229-9401.

VACATION ACCRUAL

Benefits eligible employees accrue vacation hours at the end of each month worked. Vacation accrual is based upon your length of service with the City of Kingsport. New employees accrue 6.67 hours per month with the exception of those who work 24-hour shifts who accrue 12 hours per month. For more information please refer to City policy #14 or contact HR at 423-229-9401.

SICK HOURS ACCRUAL

Benefits eligible employees accrue 8 sick hours at the end of each month worked. Employees who work 24-hour shifts accrue 12 hours per month. Sick hours may be used for personal or immediate family illness and must be requested in advance and approved by your supervisor.

For TCRS retirement purposes, sick hours accrued at the time of retirement, can be applied towards service credit. 160 sick hours equals one month of retirement service credit.

For more information, please refer to City policy #13 or contact HR at 423-229-9401



GYM MEMBERSHIP PAYROLL DEDUCTION

The City of Kingsport offers payroll deduction for gym memberships at the YMCA and Great Body Company. Benefits eligible employees receive a discounted rate for YMCA memberships. For additional information on rates and memberships and how to enroll, please contact HR at 423-229-9401.

GYM MEMBERSHIP REIMBURSEMENT

As part of the City's wellness program, benefits eligible employees enrolled in a gym membership are eligible to receive reimbursement for a portion of their gym membership cost when meeting quarterly attendance requirements.

The reimbursement amount is 50% of the gym's monthly single membership rate up to a maximum of \$35 a month. Monthly attendance reports must be submitted to Human Resources by the 10th of each month for the previous month. Reimbursements are paid quarterly. For more information on the gym reimbursement program, please contact HR at 423-229-9401.



ADDITIONAL BENEFITS



BAYS MOUNTAIN PARK

Bays Mountain Park & Planetarium is a 3,750 acre nature preserve and the largest city owned park in the State of Tennessee. The park features a picturesque 44 acre lake, a nature center with a state-of-the-art planetarium theater, and animal habitats featuring wolves, bobcats, raptors and reptiles.

As a City of Kingsport employee you receive free park admittance (1 car) when visiting Bays Mountain Park and presenting your employee ID card.



AQUATIC CENTER

Benefits eligible employees are offered discounted membership rates to the Aquatic Center. In addition, employees enrolled in a City sponsored medical plan are eligible to receive a free single membership.

Payroll deductions are taken on a bi-monthly basis. For more information on rates and memberships, please contact Human Resources.

SENIOR CENTER

The Kingsport Senior Center is a community resource dedicated to enriching the quality of life for seniors. The center offers exercise, fitness, entertainment, games, relaxation, and socialization.

City of Kingsport employee's/retiree's who are 50 years of age or older are eligible to receive a free membership to the Senior Center.



TUITION REIMBURSEMENT

To encourage personal growth and skill development, the City of Kingsport offers benefits eligible employees tuition reimbursement for college expenses such as tuition, laboratory and technical fees, and required textbooks. Upon approval, eligible employees can receive up to \$600 reimbursement per semester for undergraduate degree programs and up to \$700 reimbursement per semester for master's degree programs. Please contact Human Resources for additional information.



DEPENDENT SCHOLARSHIP PROGRAM

The Kingsport Housing and Redevelopment Authority (KHRA) and City of Kingsport Municipal Employee Dependent Scholarship Program provides financial assistance to children of current KHRA and City of Kingsport employees, with continuing their education after high school. Scholarships are awarded every year and are based on academic achievement and citizenship (including character, leadership and service). Application requests are made available in January. To participate in the Dependent Scholarship Program employees must have completed their initial probationary period.

Employees can donate toward the program via payroll deduction or by a direct donation to the Greater Kingsport Alliance of Development. If you are interested in contributing to the program, please contact HR at 423-229-9401.

RETIREMENT PLAN

The City of Kingsport is committed to providing a retirement plan that contributes to financial security upon retirement. Benefits eligible employees hired on or after January 1, 2023, are automatically enrolled in the Tennessee Consolidated Retirement Hybrid (TCRS) Plan. The TCRS Hybrid Plan is designed based on two components: a Defined Benefit and a Defined Contribution.

DEFINED BENEFIT

Money contributed to the Defined Benefit account is configured on a formula that pays a monthly benefit from retirement to death, regardless of market investment performance (referred to as a pension). Employees must be vested in the plan for 5 years to be eligible to receive the benefit. The required employee contribution is 5% and the City of Kingsport contributes 4%.

DEFINED CONTRIBUTION (401K)

The Defined Contribution benefit consists of contributions made by both the employee and the City of Kingsport. The City of Kingsport contributes 5% and the employee is automatically enrolled at 2% upon hire. Employees may change their contribution amount at any time. Contributions made to this account may be invested for potential additional earnings.

SICK LEAVE ACCRUAL

Accumulated sick hours at the time of retirement may be applied under the defined benefit plan for retirement service credit. 160 sick hours equal one month of retirement service credit.

TCRS Contribution Requirements

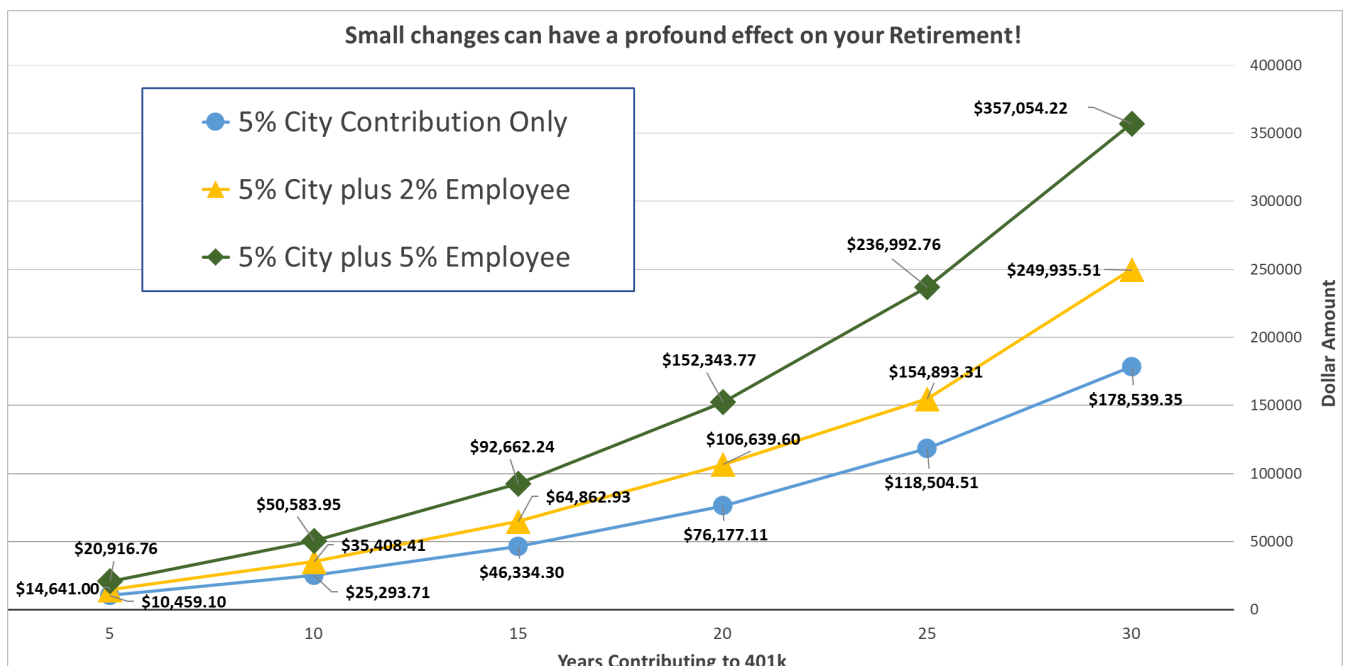
	Defined Benefit (5 year vested)	Defined Contribution	Total Contributions
Employer Contribution	4%	5%	9%
Employee Contribution	5%	2%*	7%
Total	9%	7%	16%

*New hires are automatically enrolled at 2%. This can be changed at any time.

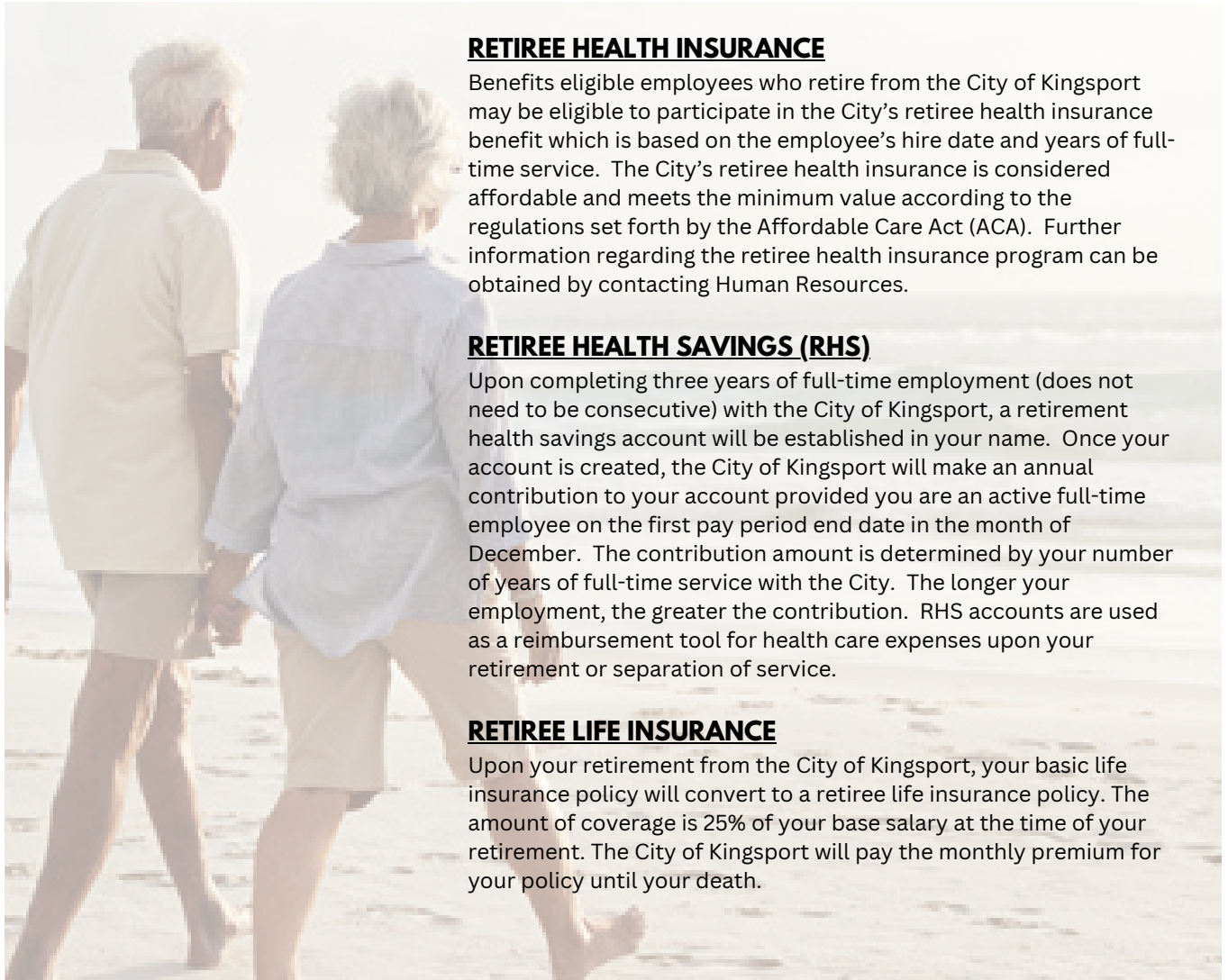
To manage your TCRS account please log into the TCRS retiree ready webpage at www.retirereadytn.gov.

401K COMPARISON CHART

ANNUAL SALARY OF \$35,000 A YEAR WITH A 7% ANNUAL RATE OF RETURN



RETIREMENT BENEFITS



RETIREE HEALTH INSURANCE

Benefits eligible employees who retire from the City of Kingsport may be eligible to participate in the City's retiree health insurance benefit which is based on the employee's hire date and years of full-time service. The City's retiree health insurance is considered affordable and meets the minimum value according to the regulations set forth by the Affordable Care Act (ACA). Further information regarding the retiree health insurance program can be obtained by contacting Human Resources.

RETIREE HEALTH SAVINGS (RHS)

Upon completing three years of full-time employment (does not need to be consecutive) with the City of Kingsport, a retirement health savings account will be established in your name. Once your account is created, the City of Kingsport will make an annual contribution to your account provided you are an active full-time employee on the first pay period end date in the month of December. The contribution amount is determined by your number of years of full-time service with the City. The longer your employment, the greater the contribution. RHS accounts are used as a reimbursement tool for health care expenses upon your retirement or separation of service.

RETIREE LIFE INSURANCE

Upon your retirement from the City of Kingsport, your basic life insurance policy will convert to a retiree life insurance policy. The amount of coverage is 25% of your base salary at the time of your retirement. The City of Kingsport will pay the monthly premium for your policy until your death.

DISCLAIMER

This guide is a brief summary of the benefits offered to you and does not constitute a policy. The City of Kingsport retains the right to amend its employee benefits program at any time. Summary Plan Descriptions (SPD) which contain the actual detailed provisions of your benefits are available at mymarkiii.com. In the event discrepancies exist between the information provided in this guide and the SPD, the language in the SPD prevails. The City of Kingsport reserves the right to verify all dependents. Enrolling ineligible individuals on your benefits constitutes fraud and may be considered as grounds for termination of your employment.

CONTACT INFORMATION

Coverage	Carrier	Phone	Website/ Email
Medical	Blue Cross Blue Shield of TN	1-800-565-9140	www.bcbst.com
Dental	Delta Dental	1-800-223-3104	www.deltadentaltn.com
Vision	Davis Vision	1-800-999-5431	www.davisvision.com
Wellness Clinic	Premise Health	877-423-1330	www.mypremisehealth.com
Flexible Spending Account	Flores	1-800-532-3327	www.flores247.com
Life Insurance	Dearborn	800-721-7987	www.mydearborngroup.com
Long-Term Disability	MetLife	1-800-638-5433	www.metlife.com
Accident insurance	Trustmark	1-800-918-8877	www.trustmarkbenefits.com
Universal Life/Long-term Care	Trustmark	1-800-918-8877	www.trustmarkbenefits.com
Critical Illness	The Standard	1-800-378-4668	www.standard.com
AirMedCare Network	AirMedCare	812-230-2046	
Employee Assistance Program	Dearborn National	866-899-1363	www.guidanceresources.com
Employee Assistance Program	Ballad Health	423-302-3480	
Physical Wellness Program	CORA Physical Therapy	423-390-8948	www.coraphysicaltherapy.com
Retirement	Tennessee Consolidated Retirement System (TCRS) Empower 401K	800-922-7772 855-756-4738	www.retirereadytn.gov
Benefits Coordinator	Michael Wessely	423-224-2606	MichaelWessely@KingsportTN.Gov
Benefits Specialist	Tessa Neal	423-229-9402	TessaNeal@KingsportTN.Gov

NOTICES

Patient Protection and Affordable Care Act

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

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

You do not need prior authorization from City of Kingsport Health and Welfare Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following an approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Michael Wessely, 415 Broad Street, Kingsport, TN 37660 423-224-2606.

HIPPA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (Including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing towards your or your dependents' other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or

If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

NOTE: The 60 day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30 day period applies to most special enrollments.

To request a special enrollment or obtain more information, contact Michael Wessely, 415 Broad Street, Kingsport, TN 37660 423-224-2606.

GINA Warning for Wellness Program Material Requesting Medical Information

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

Women's Health and Cancer Rights Act (WHCRA)

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

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

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

Notice of Availability of HIPPA Privacy Practices

To receive a copy of the Plan's Notice of Private Practices you should contact Michael Wessely, who has been designated as the Plan's contact person for all issues regarding the Plan's Privacy Practices and covered individual's privacy rights. You can reach this contact person at, 415 Broad Street, Kingsport, TN 37660 423-224-2606.

Newborns' and Mothers' Health Protection Act

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

NOTICES

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

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

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

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

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

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

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

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

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

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

NOTICES

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, 2018

Name of Entity/Sender: City of Kingsport

Contact: Michael Wessely

Position: Benefits Coordinator

Address: 415 Broad Street
Kingsport, TN 37660

Phone Number: 423-224-2606

Email: MichaelWessely@KingsportTN.gov

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

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

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

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

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

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

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: https://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

NOTICES

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp/ Phone: 1-888-346-9562
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hipppap.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-462-1120	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpay.menthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: https://gethiptexas.com/ Phone: 1-800-440-0493	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT – Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

[illegible]



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



Scan me!

