EMPLOYEE BENEFITS GUIDE

KINGSPORT
TENNESSEE

Plan Year: January 1, 2026 - December 31, 2026

WELCOME

A message from Chris McCartt, City Manager

Our employees are at the heart of everything we do, and I am continually inspired by the dedication, passion, and excellence you bring to serving the citizens of Kingsport. Your hard work and commitment makes our city a vibrant and thriving community, and I am grateful for each of you.

At the City of Kingsport, we believe in taking care of our people. Our benefit programs are designed to support your overall well-being - helping you maintain a health work-life balance, protect what is most important to you, and plan for a secure financial future.

I encourage you to take the time to review this booklet and explore all the benefits available to you for the upcoming year. Our offerings are here to help you and your loved ones thrive both personally and professionally.

Thank you for being a vital part of our Kingsport Family. I am excited about the future we are building together and remained honored to work alongside such a talented and dedicated team.

Annual Open Enrollment for 2026: October 27, 2025 - November 9, 2025

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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, the City is 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.

ELIGIBILITY

Regular full-time employee 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 the age.

BENEFIT DEDUCTION SCHEDULE

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

GUARANTEED ISSUE AMOUNT

Some benefits offer a “guaranteed issue” which permits enrollment in the benefit without having to answer medical questions. Guaranteed issue is typically offered on the first opportunity to elect the benefit. Should you choose not to elect the benefit on the initial offering, you will be required to answer medical questions should you wish to enroll at a later date.

WHO PAYS THE COST?

The City of Kingsport and you contribute to the cost of your benefit elections. The chart below 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	Tax	Who Pays
Medical	Pre-tax	City & You
Dental	Pre-tax	You
Vison	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

BENEFIT HIGHLIGHTS

EMPLOYEE CONTRIBUTIONS AND PLAN DESIGN:

The City of Kingsport is pleased to announce that there is no increase in premiums for dental, vision, life insurance, and long-term disability for plan year 2026. All current plan designs will remain the same with no change in vendors.

MEDICAL PLAN CONTRIBUTIONS:

This City will implement a small premium increase for medical coverage in 2026. Please refer to the rate sheet on page 19.

WEIGHT MANAGEMENT PROGRAM:

The weight management program is a pilot program available to employees who are enrolled in City sponsored health care coverage and is provided at no cost. The program provides access to a licensed Pharmacist Care Manager to establish personalized short-term goals to enable lifestyle changes at a comfortable pace. Due to the positive results of the program, the City has agreed to add new participants to the program for 2026. Information on eligibility requirements and the application process will be communicated in the month of November. Additional program information can be found on page 9.

HEALTH RISK ASSESSMENT (HRA):

Employees who enroll in medical coverage can receive a 10% discount on their bi-weekly 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 also conducts an annual HRA screening day each November that is open to all employees.

FLEXIBLE SPENDING ACCOUNT (FSA):

Flexible Spending Accounts must be elected annually. For plan year 2026, the maximum health care contribution amount increases to $3,400.00 and the rollover amount increases to $680. The maximum Dependent Care contribution amount increases to $7,500.00.

QUALIFYING LIFE EVENTS

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 seperation
- 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.

Contact your Human Resources Business Partner should you have questions or need assistance in completing a qualifying life event.

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.

How it works

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 will pay a percentage of the eligible cost and you will pay the remaining percentage.

OUT-OF-POCKET MAXIMUM

The maximum amount you will 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 plan network. By using in-network providers, you lower your out of pocket expense because the plan pays a higher percentage of covered expenses.

Out of Network - A health care provider that does not participates in the plan network. When you use out of network providers, your out of pocket expenses are higher.

Copay - A flat fee you pay for out-of-pocket services such as doctors 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. 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 - Each person must satisfy the deductible and out-of-pocket maximum. Once two or more individuals satisfy the deductible and out-of-pocket maximum the deductible and out-of-pocket maximum are satisfied for all covered individuals.

Nonembedded 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 drugs - 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 drugs - 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 drugs - 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 drugs - A drug that requires special handling, administration and/or monitoring. Specialty drugs can 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. 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.

Coverage at a glance...

Medical Plan*		Enhanced Plan (In-Network)	Basic Plan (In-Network)
Annual Deductible (Embedded deductible)	Individual	$750	$1,200
	Family	$2,300	$3,600
Annual Out-of-Pocket	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 9.

HEALTH RISK ASSESSMENT (HRA)

Benefits eligible employees receive a discounted rate on their medical contributions when they complete an annual Health Risk Assessment (HRA). The deadline to complete your HRA to receive the discounted rate for the upcoming plan year is November 30th. 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 9.

TELADOC HEALTH

Benefits eligible employees who are enrolled in a City sponsored medical plan are eligible to utilize Teladoc Health to speak to a doctor by phone or video chat. This service is available 24/7 for non-emergency cases.

How do I use Teladoc Health?
You will need to register an account so be sure to have your Member ID card ready when you register. To get started, you may use one of the following methods:

- Log in to the BCBSTN app and choose **Talk to a Doctor Now**, or
- Visit **bcbst.com/Teladoc**, or
- Call **1-800-835-2362**.

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 is **Delta Dental**.

Dental Coverage At A Glance

Covered Services		Delta Dental PPO Dentist
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)		20%
Major Service (dentures, crowns, bridges, periodontics)		50%
Orthodonia		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 is **Davis Vision**.

Vision Coverage At A Glance

Services	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 (*Transitions Signature*) 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	
Retinal Imaging (member charge)	$39
Additional pairs of eyeglasses	30% discount
Laser vision correction one-time/lifetime allowance	$200

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.

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. A dependent care FSA can be used for eligible day care expenses for your dependents. Because FSA accounts offer tax breaks, the IRS has rules that must be followed. Employees may participate in FSA accounts even if medical coverage is not elected. Our FSA provider is **Flores and Associates**.

Flexible Spending Accounts At A Glance	Healthcare FSA	Dependent Care FSA	
Use for...	Medical, pharmacy, dental & vision expenses (copays, co-insurance, deductibles, prescriptions, and more).	Reimburse dependent day care expenses (preschools, before and afterschool care, day camps).	
IRS maximum contribution	$3,400/year - tax free	Married filling separate	$3,750/year - tax free
		Single/Married filing jointly	$7,500/year - tax free
Are my dependents covered?	Spouse and 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 $680	No rollover	
Do I keep the money if I leave the company?	Must be used prior to termination date/ possible continuation of coverage through COBRA.	No	
Do I need to re-enroll each year?	Yes	Yes	

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.

MOBILE PAY

Mobile pay is a payment option that allows you to pay your eligible medical expenses digitally, through your mobile device. You can add your FSA card to your digital wallet on your smartphone.

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
- School Physical
- Lab Draws
- Injections
- Immunizations

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

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

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.

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.

WELLNESS MANAGEMENT PROGRAMS

Diabetes Management 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 by **Premise Health** and consists of a quarterly blood draw, follow-up visit, and coaching session. Schedule your diabetes management appointment online at www.mypremisehealth.com or by calling 423-597-6076.

Weight Management Program - The City's weight management program is a pilot program administered by Piedmont Pharmaceutical Care Network, LLC and is provided at no cost**.** The program is available to COK employees who are enrolled in City sponsored health care coverage, have a BMI of 30 or more, and have not been diagnosed with diabetes. The goal of the program is to assist employees in improving their overall health status to prevent future health related issues. Participants with a BMI of 40 or more may qualify for weight loss medication. Participation in the program is limited.

HEALTH SCREENINGS

Benefits eligible employees who meet specific eligibility criteria can receive an annual **Calcium Heart Screen** and/or a **Low Dose CT Lung Cancer Screen** at no cost to the employee. Please contact your Human Resources Business Partner for more information.

WELLNESS

EMPLOYEE ASSISTANCE PROGRAM

Employee Assistance Programs provide confidential and professional assistance to individuals who are dealing with personal or work-related situations by providing timely intervention and support for a wide range of issues such as stress, anxiety, depression, substance abuse, family problems, financial concerns, relationship issues, and more. The City of Kingsport has partnered with **Ballad Health** and **Ulliance, Inc.** to provide EAP services.

Ballad Health

Eligibility: COK Full-time employees only.

No charge for first 6 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
423.343.1442

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.

Ulliance, Inc.

Eligibility: All COK employees, spouse/partner, and dependents under 27 years of age.

- Free short-term counseling.
- No pre-determined number of visits per plan year.
- Mental health professionals available by phone 24/7.
- Life Advisor Well-being portal & health tracker.
- Working Advantage discount program.
- Legal and Financial Consultations.
- Identity Theft Program.

To get started with any service simply call 800-448-8326 to speak with a Ulliance behavioral health consultant. Additional program information is located in the benefits platform (Bentek) under benefit highlights.

PHYSICAL WELLNESS PROGRAM (CORA PHYSICAL THERAPY)

The City of Kingsport has partnered with **CORA Physical Therapy** to offer all full-time and part-time 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 and is designed to provide assistance with joint & muscular pain as well as in-depth physical therapy sessions after a surgery.

Employees utilizing the Physical Wellness Program 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). Employee time sheets are to be coded "EW" for appointments attended during work hours.

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 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 Accidental Death & Dismemberment 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 to 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: $150,000.

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. The City's 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.

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.

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 and 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.

AIRMEDCARE NETWORK (AMCN)

The City of Kingsport has partnered with AirMedCare Network to offer you discounted rates on AirMedCare memberships. There are three membership options available: AMCN, Fly-U-Home, and AirMed International. Memberships are offered in 1, 3, 5, and 10 year increments.

There are no out-of-pocket expenses for medically necessary flights if flown by an AMCN provider. All individuals living in your household are covered under the benefit. Age or relation is not a factor. Memberships are portable should you leave employment before your membership expiration date.

Your total membership cost is divided into two equal deductions and deducted from your pay on the first pay date in January and the first pay date in February.

ADDITIONAL BENEFITS

VACATION

Employees accrue vacation at the end of each month worked based upon their length of service with the City of Kingsport. New employees are frontloaded 1 week of vacation upon hire (40 hours or 72 hours for 24-hour shifts).

Employees with vacation hours remaining at the end of the calendar year can roll over up to 120 hours. Hours 1-80 are applied to vacation balance, hours 81-120 are applied to sick leave.

Vacation Accrual Based on Years of Service

		Vacation accrual per month	
Service Time	**Yearly Max Accural**	**8-hours and 12-hour shifts**	**24-hour shifts**
1 - 5 years	2 weeks	6.67 hours	12 hours
5 - 10 years	3 weeks	10.00 hours	18 hours
10 - 20 years	4 weeks	13.33 hours	24 hours
20+ years	5 weeks	16.70 hours	30 hours

HOLIDAYS

The City of Kingsport offers 12 paid holidays per year to all active full-time employees:

- 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 into next calendar year.

SICK HOURS BANK

All full-time 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 are used for personal or immediate family member illness and must be requested thru your supervisor. Upon retirement, your remaining sick hour balance is applied to TCRS service credit. For every 160 hours of sick leave you receive one month of service credit.

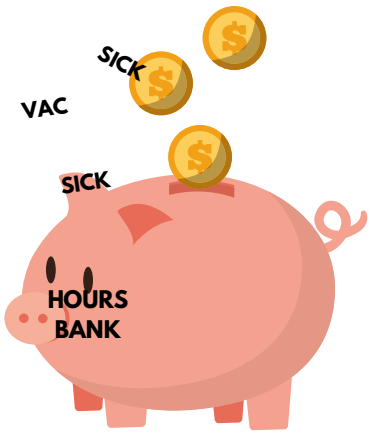
GYM MEMBERSHIP PAYROLL DEDUCTION

The City of Kingsport offers payroll deduction for YMCA and Great Body Company (GBC) gym memberships. As a City employee you also receive a discounted rate for a YMCA membership. For additional information on rates and memberships and how to enroll, please contact Human Resources.

GYM MEMBERSHIP REIMBURSEMENT

As part of the City's wellness program, full-time 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 printed on official gym letterhead 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 Human Resources.



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

As a City of Kingsport employee, you are offered discounted membership rates to the Aquatic Center. In addition, employees enrolled in a city medical plan can 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 in seniors. The center offers exercise, fitness, entertainment, games, relaxation, and socialization.

City of Kingsport employees and retirees over the age of 50 are eligible to receive a free membership.

STUDENT TUITION REIMBURSEMENT

To encourage personal growth and skill development, the City of Kingsport offers full-time employees tuition reimbursement for college expenses such as tuition, laboratory and technical fees, and required textbooks. Upon approval, eligible employees can receive up to $1,000 reimbursement per semester for undergraduate degree programs and up to $1,200 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 based on academic achievement and citizenship (including character, leadership and service). Application requests are made available in January.

Employees can participate by making a contribution to the program via payroll deduction or by a direct donation to the Greater Kingsport Alliance of Development. Please contact Human Resources if you are interested in contributing to the program.

RETIREMENT BENEFITS

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

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.

TCRS Contribution Requirements

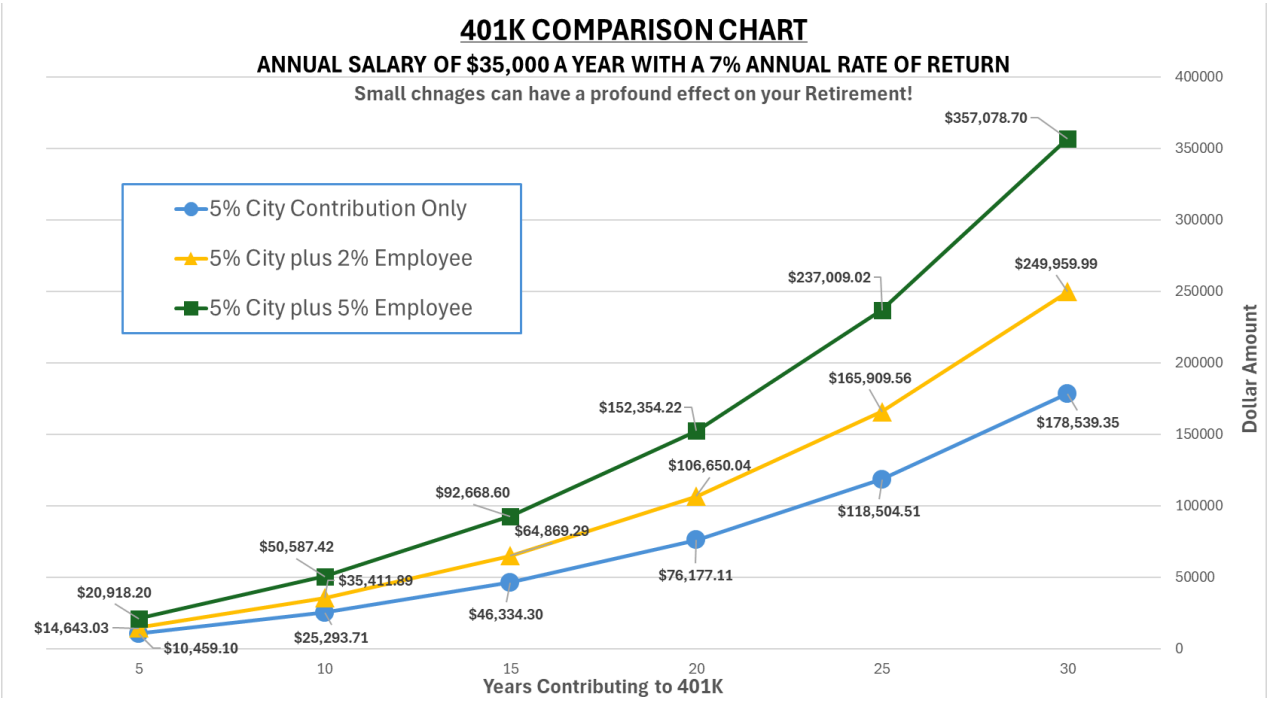
	Defined Benefit (5 year vested)	Defined Contribution	Total Contributions
Employer Contribution	4%	5%	9%
Employee Contribution	5%	2%*	7%
Total	9%	7%	**16%**

***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.

Sick Leave Bank

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.



RETIREMENT BENEFITS

RETIREE HEALTH SAVINGS

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.

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 meeting retirement eligibility criteria. Information regarding the retiree health insurance program and eligibility requirements can be obtained by contacting the Benefits Manager at 423-224-2606.

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	800-565-9140	www.bcbst.com
Dental	Delta Dental	800-223-3104	www.deltadentaltn.com
Vision	Davis Vision	800-999-5431	www.davisvision.com
Wellness Clinic	Premise Health	423-597-6076	www.mypremisehealth.com
Flexible Spending Account	Flores	800-532-3327	www.flores247.com
Life Insurance	Dearborn	800-721-7987	www.mydearborngroup.com
Long-Term Disability	MetLife	800-638-5433	www.metlife.com
Accident insurance	Trustmark	800-918-8877	www.trustmarkbenefits.com
Universal Life/ Long-term Care	Trustmark	800-918-8877	www.trustmarkbenefits.com
Critical Illness	The Standard	800-378-4668	www.standard.com
AirMedCare Network	AirMedCare	812-230-2046	
Employee Assistance Program	Ulliance Life Advisor	800-448-8326	www.guidanceresources.com
Employee Assistance Program	Ballad Health - Kingsport Ballad Health - Johnson City	423-343-1442 423-302-3480	
Physical Wellness Program	CORA Physical Therapy	423-390-8948	www.coraphysicaltherapy.com
Retirement	Tennessee Consolidated Retirement System (TCRS)	800-922-7772	www.retirereadytn.gov
Weight Management Program	Piedmont Pharmaceutical Care Network, LLC.	336-580-0340	admin@email.mm.com
Benefits Manager	Michael Wessely	423-224-2606	michaelwessely@kingsporttn.gov

BENEFIT RATE INFORMATION

Medical Rates -Bi-weekly deductions

Election Tier	Enhanced Plan		Basic Plan	
		Wellness Rate		Wellness Rate
Individual	$95.00	$85.00	$73.00	$66.00
Family	$265.00	$239.00	$203.00	$183.00

Dental Rates

ElectionTier	Semi-Monthly
Employee	$14.41
Emp. + Spouse	$28.08
Emp. + Child(ren)	$31.63
Family	$52.83

Vision Rates

ElectionTier	Semi-Monthly
Employee	$3.80
Emp. + Spouse	$7.59
Emp. + Child(ren)	$7.97
Family	$11.10

Trustmark - Accident

Election Tier	Semi-Monthly
Employee	$7.10
Emp. + Spouse	$10.59
Emp. + Child(ren)	$13.49
Family	$16.97

Supp. Dependent Life Insurance

Coverage	Semi-Monthly
$5,000	$0.64
$10,000	$1.28

Gym Memberships

YMCA	
Election Tier	**Semi-Monthly**
Young Adult (18-28)	$17.10
Adult	$25.20
Single Parent Family	$31.05
Couple	$33.75
Family	$37.35
Great Body Company	
Election Tier	**Semi-Monthly**
Individual	$18.50
Couple	$28.50
Family	$36.00

Aquatic Center

Healthinsurance subscriber	
Individual	No Charge
Couple	$7.50
Family	$9.90
HRA participant	
Individual	$5.00
Couple	$9.75
Family	$12.86
Non-Health Insurance /HRA	
Individual	$6.25
Couple	$11.25
Family	$14.84

BENEFIT RATE INFORMATION

Trustmark - Universal Life Sample Rates

Semi-Monthly - Non-Smoker Rates – Defined Benefit							
Issue Age	$10,000	$15,000	$20,000	$30,000	$40,000	$50,000	$75,000
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
65	$19.50	$28.14	$36.78	$54.07	$71.36	$88.65	$131.86

Semi-Monthly - Smoker Rates – Defined Benefit							
Issue Age	$10,000	$15,000	$20,000	$30,000	$40,000	$50,000	$75,000
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
65	$26.66	$38.86	$51.06	$75.45	$99.85	$124.25	$185.24

The Standard - Critical Illness Sample Rates

Semi-Monthly - Employee&Spouse Non-Tobacco Rates						
Coverage Amounts	Employee Age					
	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
$20,00	$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

Semi-Monthly - Employee & Spouse Tobacco Rates						
Coverage Amounts	Employee Age					
	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
$20,00	$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	$170.85

NOTICES

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 July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

NOTICES

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance PremiumPayment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

NOTICES

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance(UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment(HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
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 and reference the OMB Control Number 1210-0137.

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. The City of Kingsport has determined that the prescription drug coverage offered by BCBST 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, 2025
Name of Entity/Sender:	City of Kingsport
Contact:	Michael Wessely
Position:	Benefits Manager
Address:	415 Broad Street Kingsport, TN 37660
Phone Number:	423-224-2606
Email:	MichaelWessely@KingsportTN.gov

ENROLLMENT OPTIONS

ENROLLMENT OPTIONS

You have two (2) options to enroll in your benefits, Self Enrollment and On-site enrollment.

Self-enrollment:
To self-enroll in benefits, you will need to login to the City's benefits platform (BENTEK). The easiest way to do this is through the City of Kingsport employee portal. Step by step instructions are provided below:

1. Login to the COK employee portal: https://help.kingsporttn.ov/hc/en-us.
2. Sign in with your COK email and password.
3. Click on HR help.
4. Click on Benefits.
5. Enter your Bentek username and password.
6. Click on Open Enrollment.

Upon accessing Bentek you will be able to complete the open enrollment process as well as review benefit information and make dependent and beneficiary changes.

On-site enrollment:
Meet with a Mark III Benefits Counselor at one of the on-site enrollment meetings.

On-site enrollment meetings will take place on November 3 - 7, 2025. Locations and times are listed below.

Open Enrollment Personal Enrollment Assistance

	3-Nov	4-Nov	5-Nov	6-Nov	7-Nov
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 AM	Public Works	Fire Station 1	Utilities	Justice Center	City Hall
12:00 PM	LUNCH 12:00 PM - 1:00 PM				
1:00 PM	Public Works	Justice Center	Fire Station 1	City Hall	
4:00PM					

NOTES

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

KINGSPORT
TENNESSEE