



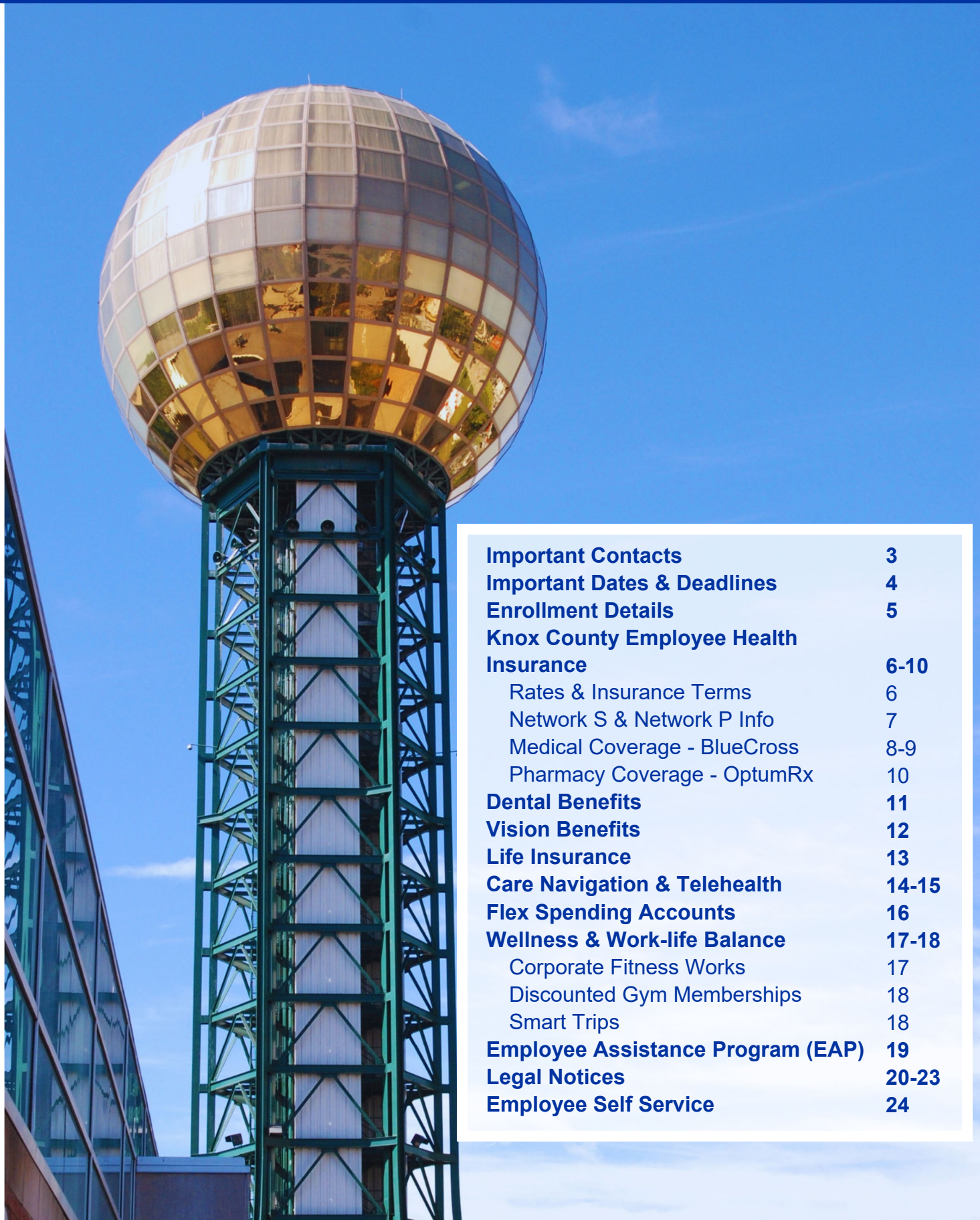
2023 Knox County Government **Benefits Guide**

For use with www.knoxcounty.org/benefits

Benefits Department

benefits@knoxcounty.org | (865) 215-3800 | 400 Main Street - Suite 360

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Important Contacts

Carrier/Organization	Identifier	Website	Phone
Medical- Blue Cross BlueShield	Group number: 130462	www.bcbst.com/knoxcounty App: MyBlueTN	800-565-9140
Pharmacy- Optum Rx	Group Number: KNOXCTY	www.optumrx.com App: OptumRx	
Dental- Delta Dental	Standard Plan: 7453-2001 High Plan: 7453-2002	www.deltadentaltn.com	800-223-3104
Vision- EyeMed Vision Care	Group number: 9854837	www.eyemed.com	866-299-1358
Flex Spending Account- TASC		www.tasconline.com	800-422-4661
Life Insurance- Symetra	Policy #: 01 020046 00	www.symetra.com	800-796-3872
Employee Assistance Program- ComPsych	Web ID: KnoxEAP	www.guidanceresources.com	833-485-4246
Telehealth- HealthJoy		App: HealthJoy	877-500-3212
Fitness Streaming- Corporate Fitness Works		info.corporatefitnessworks.com/ cfw-virtual-knox-county	
Gym Membership- YMCA		ymcaknoxville.org	
Gym Membership- National Fitness Center		nfc1.com	
Knox County Benefits Dept		www.knoxcounty.org/benefits Email: benefits@knoxcounty.org	865-215-3800
Employee Self Service		https://selfservice.knoxapps.org/ess/	

Notes:

Important Dates & Deadlines

2023 Open Enrollment | October 17 - November 13, 2022

New Hires

- **New team members who are benefits eligible must complete benefits selections within 30 days of their hire date.**
- Benefits are effective the first of the month following 28 days of employment. If the new hire starts work on the first regular business day of the month, benefits are effective the first of the following month.
- Employer-sponsored basic life insurance and AD&D coverage start automatically on the date of hire.

Qualifying Life Events/Coverage Changes

- **Notify the Benefits Department as soon as possible** following a qualifying life event such as marriage/divorce, birth/adoption, death, loss of other coverage, etc.
- **You have 30 or 60 days (see below) from the date of the qualifying event to submit changes** in Munis Employee Self Service and the required supporting documentation to Benefits (due no later than 11:59 pm on the last day). If you do not complete the notification and submission process by the deadline, you must wait for the 2024 open enrollment period to make changes to your benefits.
 - **30 Days:** Marriage/divorce, birth/adoption, death, change in job or coverage for you or your dependents
 - **60 Days:** Change in Medicaid or Children's Health Insurance Program (CHIP) eligibility
- **Children up to age 26** may be covered on your medical insurance plan, regardless of dependent status on your taxes. At the end of the month the dependent turns 26, they will automatically be dropped from the insurance plan and offered COBRA coverage.
- **Coverage and payment.** In most cases, coverage changes will be effective on the date of the qualifying event, but payment for your election changes will be collected retroactively. A member of the Benefits team will reach out once your new elections have been processed in order to schedule a repayment plan or process any refunds owed due to the changes.

Disclaimer & Notices This guide is designed to provide a general overview of benefits provided through Knox County Government. It is not a contract or an official interpretation of the benefit plans. For more detailed information, please refer to the plan documents. Important legal notices related to your coverage start on Page 20. They include: HIPAA Special Enrollment Rights, HIPAA Privacy Notice, Wellness Program Disclosure, Pretax Contributions, Women's Health and Cancer Rights Act, Newborns' and Mothers' Health Protection Act, and Medicare Prescription Creditable Coverage / Part D Notice. Copies of the plan documents and important notices are available at www.knoxcounty.org/benefits or by contacting the Benefits Department (free paper copies available upon request). Should any questions or conflicts arise, the plan documents will be the final authority in determining your benefits. Knox County Government reserves the right to modify or discontinue the plans at any time. This document was prepared exclusively for team members eligible for benefits provided through Knox County Government and their dependents.

Enrollment Details

When: You can select, change or decline benefits during 1) annual open enrollment, 2) the first 30 days of your employment, or 3) in relation to a qualifying event during the plan year (see Page 4).

Select or Decline Benefits & Name Life Insurance Beneficiaries

If you do not select or decline coverage during your enrollment window, your coverage offerings will be considered declined. You will not be automatically enrolled in coverage. Even if you are declining all other benefits, at least one primary beneficiary must be named for your employer-sponsored basic life insurance coverage. Life insurance beneficiaries can be changed at any time during the year by contacting Benefits.

Decide: Review this guide and the plan documents found at www.knoxcounty.org/benefits to determine which benefits you want to select or decline.

- **Full-time team members** who regularly work 30 hours or more per week are eligible for all benefits listed in this guide. Full-time team members are required to re-enroll in their benefits each year during open enrollment (except YMCA memberships).
- **Part-time team members** who regularly work 18.5 hours or more per week are eligible for life insurance benefits and gym discounts. Part-time team members are required to re-enroll in their benefits each year during open enrollment (except YMCA memberships).

Log On: Visit www.knoxcounty.org/benefits and click “Employee Self Service.”

- **Username/Password:** Your username is your legalfirstname.lastname (john.smith) or legalfirstnamefirstinitial.lastname (johnj.smith). Password information will be emailed to you.

Verify Personal Information: In the side menu, click “Personal Information” (if you do not see this option, you may need to first click “Employee Self Service”) and check/edit your email addresses. From this page, click “Contact” in the upper menu. On the Contact page, check/edit your home address, emergency contacts and phone numbers.

Update your contact information.

Insurance cards will be mailed to the address listed in Employee Self Service (ESS). Benefits news is sent via email to the primary email address that is listed in ESS. It is your responsibility to regularly check that email account and keep it updated in ESS so you don't miss any important information or updates.

Make Elections or Decline Benefits: Click “Benefits.” Click “Open Enrollment.” For each benefit option, click “Make New Election” or “Decline Benefit.” Once complete, click “Continue” and review your new elections. If correct, click “Submit Choices.” If not correct, click “Modify,” then make changes, review and submit. **Always save a copy of the final confirmation page for your records.**

Only Add Legal Dependents

Team members are required to notify Benefits of life events that cause loss of dependent eligibility (see Page 4). If you add new dependents to your coverage, you will receive an email from the Benefits team requesting documentation required to verify the dependent's coverage eligibility. Visit www.knoxcounty.org/benefits or contact Benefits for more information on dependent eligibility & verification.

Making Changes to Elections: You can log in and make changes to your elections at any time during open enrollment. No changes can be made during the plan year unless you experience a qualifying event and submit the required documentation during the special enrollment period.

Health Insurance

Medical & Pharmacy Coverage

Self-Funded

Knox County Government has self-funded health insurance. This means the premiums you pay (and contributions made by Knox County Government on your behalf as a benefit of your employment) are pooled to pay for our group's medical and prescription claims. BlueCross and OptumRx do not fund our plan.

Ask your doctor and pharmacist whether there are lower-cost options that are safe and effective for your needs. It can personally save you money, and as a group, we can slow the rising costs of care.

Health Insurance Premiums

What You Pay (26 pay periods)
Deductible, Coinsurance,
Copays & Premiums

	Network S			Network P
Rates: (Per Pay Period)	Option 1	Option 2	Option 3	Option P
Employee Only	\$17.00	\$38.00	\$75.00	\$48.00
Employee + Spouse	\$87.00	\$128.00	\$255.00	\$160.00
Employee + Child(ren) <i>- Includes one child or multiple</i>	\$76.00	\$107.00	\$221.00	\$133.00
Employee + Family <i>- Includes spouse and child(ren)</i>	\$122.00	\$178.00	\$310.00	\$222.00

Understanding Insurance Terms

Copay/Copayment: The amount paid directly to the medical provider, usually during the visit, for specific services. Copays do not count toward the deductible.

Coinsurance: The percent an individual will pay for covered services (typically after the deductible has been met) until they reach the out-of-pocket maximum.

Deductible: The amount an individual or family will need to pay before insurance begins to pay for covered services.

In-network: In-network providers agree to accept a negotiated amount of payment. Members who use out-of-network providers are usually subject to a higher deductible, a larger percentage of the charges, provider charges over the customary rate, a greater out-of-pocket maximum and may have additional paperwork to file a claim. "Accepting" insurance is not the same as being "in-network."

Member: Someone covered by the insurance plan (includes the subscriber and dependents).

Out-of-Pocket Maximum (OOPM): The maximum amount an individual or family will pay (in addition to premiums) for covered services during a plan year. This amount includes all money paid for eligible expenses toward the deductible, coinsurance and copays.

Premiums or Rates: The cost per pay period for insurance coverage.

Subscriber: This is typically the team member who enrolled in the plan. The subscriber may carry other members (dependents) on the plan.

Health Insurance

Medical & Pharmacy Coverage

What is the Difference in Network S and Network P?

Blue Cross Blue Shield of Tennessee made the decision to remove Tennova North Medical Center in Powell and Turkey Creek Medical Center hospital facilities from Network S and move them to Network P effective June 1, 2021. In response to this change, a Network P option has been added to your enrollment choices. **If you are pleased with your current providers, there is no need to choose Network P.**

To help you make this choice, here is a summary of the key differences in both networks:

Network S

- Tennova North Medical Center in Powell and Turkey Creek Medical Center are currently the only hospital facilities* in our area that are not in Network S.
- Network S has a very large provider** base in the East Tennessee region, including providers at the Tennova facilities.
- You can continue to see your current Network S provider even if they are located at a Tennova facility, and most providers have dual privileges to practice medicine at other area hospitals.
- **Network S offers the largest discounts for in-network services billed to the member and the health plan.**
- If you experience a true emergency, you will still be able to visit the emergency room at the nearest facility (including Tennova) and have those services billed at in-network rates.

Network P

- This network includes all local hospital facilities in the area including Tennova North Medical Center in Powell and Turkey Creek Medical Center.
- Coverage on Option P mirrors Option 2 in Network S, but does include a higher premium to help account for the loss of discounts associated with using this network.
- If you choose Option P, you will pay Network P prices for all providers, including those who are also in Network S.
- This network may include providers** who are not in Network S. Make sure to check what network your providers are in before making a decision on which option is best for you.

*Examples of services at hospital facilities include out-patient/in-patient services, x-rays, advanced imaging/diagnostics such as MRI, CAT, and PET scans. Using in-network independent imaging facilities that only charge a copay for advanced imaging/diagnostics can save you money. Visit knoxcounty.org/benefits to find a list of these facilities.

**To find a list of area providers in Network S and Network P, please visit bcbst.sapphirecareselect.com.

Most Prevention is 100% Covered

Most preventive services with an in-network provider are covered in full by our health insurance plans. Tobacco cessation drugs, select labs, select immunizations, mammograms (2D and 3D), pap smears, preventive colonoscopies and prostate specific antigen testing are covered in-network.

Adults with hyperlipidemia, hypertension, Type 2 diabetes, obesity, coronary artery disease and/or congestive heart failure can have up to 12 free dietary counseling visits per benefit year.

Medical Coverage

Administered by BlueCross BlueShield of Tennessee

Group Number: 130462

Network: Network S & Network P (BlueCard PPO - outside of Tennessee)

Website: www.bcbst.com/knoxcounty

Customer Service & Card Replacement: (800) 565-9140

Insurance Cards: Use your BlueCross insurance card for medical benefits. The card will not list your covered dependents by name.

In-network Providers: The medical plan allows you to go to any provider. If you choose an out-of-network provider, you will be subject to a higher deductible, a larger percentage of the charges, provider charges over the customary rate and a greater out-of-pocket maximum. To find an in-network provider visit www.bcbst.com/knoxcounty or call customer service.

Money Saving Tip

Preventive services with an in-network provider are free, and you can go once per calendar year. Taking care of your health can save you money.

Money Saving Tip: Services with fewer dollar signs (\$) will usually cost less for similar types of care.

			Option 1		Option 2 / Option P		Option 3	
			In-network*	Out-of-network	In-network*	Out-of-network	In-network*	Out-of-network
	Deductible	Individual / Family	\$2000 / \$4000	\$6000 / \$12,000	\$1500 / \$3000	\$4500 / \$9000	\$500 / \$1000	\$1500 / \$3000
	Coinsurance		20%	50%	20%	50%	20%	50%
	Out-of-Pocket Max**	Individual / Family	\$4000 / \$8000	\$12,000 / \$24,000	\$4000 / \$8000	\$12,000 / \$24,000	\$3000 / \$6000	\$9000 / \$18,000
Preventive Care								
	Routine Physical Exam and Preventive Services Covered Under Health Care Reform	In-network: No cost and you can receive services once per calendar year (no need to wait 365 days between services). Services include select routine labs, select immunizations, 2D and 3D mammograms, pap smears, colonoscopies (covered 100% even if results in diagnosis), prostate specific antigen testing, routine pediatric care and approved tobacco cessation drugs. Out-of-network: Not covered.						
	Dietary Counseling (12 visit annual maximum)	In-network: No cost for adults with hyperlipidemia, hypertension, Type 2 diabetes, obesity, coronary artery disease and/or congestive heart failure.						
Office Visits								
\$	Primary Care Provider / Specialty (Provider services, basic imaging [x-ray, ultrasound], office analyzed labs and some minor office procedures)	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance	\$35 / \$45 copay	Cost up to deductible, then 50% coinsurance	\$30 / \$40 copay	Cost up to deductible, then 50% coinsurance	
\$	Short Term Rehabilitation*			\$35 copay		\$30 copay		
Imaging Services								
\$	Physician's Office (x-ray, ultrasound)			Included in visit copay		Included in visit copay		
\$\$	Non-hospital, Independent Facility Advanced Imaging / Diagnostics (such as MRI, CAT, PET)***	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance	\$100 copay	Cost up to deductible, then 50% coinsurance	\$100 copay	Cost up to deductible, then 50% coinsurance	
\$\$\$	Hospital Outpatient Advanced Imaging / Diagnostics (such as MRI, CAT, PET)			\$125 copay + cost up to deductible, then 20% coinsurance		\$125 copay + cost up to deductible, then 20% coinsurance		

Money Saving Tip: Urgent care clinics and telemedicine calls are lower cost alternatives to emergency rooms for same day, non-life-threatening care.

		Option 1		Option 2 / Option P		Option 3	
		In-network*	Out-of-network	In-network*	Out-of-network	In-network*	Out-of-network
Surgery							
\$	Non-hospital, Independent Facility Surgery	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance
\$\$\$	Outpatient or Inpatient Hospital Surgery	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance
Urgent & Emergency Care							
FREE	Telemedicine	Offered by HealthJoy (see page 14)					
\$	Urgent Care***			\$20 copay	\$15 copay		
\$\$\$	Emergency Care (Copay waived for inpatient admissions. Copay applies to observation stays.)	Cost up to deductible, then 20% coinsurance		\$200 copay + cost up to deductible, then 20% coinsurance	\$150 copay + cost up to deductible, then 20% coinsurance		
Hospital Services							
\$\$	Outpatient Hospital Services	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance
\$\$\$	Inpatient Hospital Services	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance
Mental Health & Substance Abuse Services							
FREE	Virtual Behavioral Health	Offered by HealthJoy (see page 14)					
\$	Outpatient, Individual & Group Therapy	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance	\$35 / \$45 copay	Cost up to deductible, then 50% coinsurance	\$30 / \$40 copay	Cost up to deductible, then 50% coinsurance
\$\$\$	Inpatient Services	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance
Other Services							
	Ambulance*						
	Bariatric Services						
	Durable Medical Equipment and Medical Supplies						
	Home Health Care/Hospice	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance
	Hearing Aids****	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance	Cost up to deductible, then 20% coinsurance	Cost up to deductible, then 50% coinsurance
	Prosthesis						
	Skilled Nursing (100 day annual maximum)						
	Most Other Covered Services						
	Infertility Treatment	Not covered					
	Routine Foot Care	Not covered. Foot care is only covered when medically indicated.					

*Review plan documents at www.knoxcounty.org/benefits for more information. Should questions or conflicts arise, the plan documents will be the final authority in determining your benefits. Prior authorization requirements, limits on the number of visits per year and service restrictions may apply. Audiology, cardiac, cognitive, manipulative, occupational, and speech therapy have a 60 visit combined annual maximum.

Visit www.bcbst.com/knoxcounty to find in-network providers and facilities. Out-of-network services are subject to balance billing (charging the member the cost beyond what the plan finds reasonable and customary). Balance billing is a common practice for ambulance services.

**Deductible, coinsurance, pharmacy expenses and copays count toward the out-of-pocket maximum.

***Visit www.knoxcounty.org/benefits for information about finding facilities / providers that charge the urgent care copay or independent facility advanced imaging / diagnostics copay. Not all facilities / providers charge these lower rates. Using facilities / providers that charge these copays can help you save money. See Page 14-15 for more information about telemedicine services.

****Limited to one per ear every 3 years with a maximum of \$3,500 per member per device for ages 19 and over (no maximum for 18 and under). Prior authorization is required. Claims for job-related hearing loss should be filed through Worker's Compensation. To view exclusions, review plan documents at knoxcounty.org/benefits.

Pharmacy Coverage

Administered by OptumRx

Group Number: KNOXCTY

Website: www.optumrx.com

Customer Service & Card Replacement: (844) 265-1774

Specialty Medications / BrivoRx: (855) 427-4682

Insurance Cards: Use your OptumRx insurance card for pharmacy benefits.

In-network Pharmacies: Visit the 2023 pharmacy page at www.knoxcounty.org/benefits for a link to the pharmacy locator. Out-of-network prescriptions are not covered.

The Premium Formulary Preferred Drug List (PDL) is a list of medications preferred by the plan that can help you maximize your pharmacy benefit by minimizing your prescription costs. The Premium Formulary encourages lower-cost medication options, such as generics, and promotes medication quality and safety through clinically driven programs, such as prior authorization, quantity limits, step therapy and drug exclusion.

You can find information about what is covered on the formulary, lower-cost medication options, and whether there is a prior authorization, quantity limit, or step therapy requirement for a medication by visiting www.optumrx.com, www.knoxcounty.org/benefits or calling customer service.

	Option 1	Option 2 / Option P	Option 3
Annual Deductible <i>- Integrated with medical</i>	\$2,000 Individual \$4,000 Family	\$100 Individual \$200 Family	\$100 Individual \$200 Family
Annual Out-of-Pocket Maximum <i>- Integrated with medical</i>	\$4,000 Individual \$8,000 Family	\$4,000 Individual \$8,000 Family	\$3,000 Individual \$6,000 Family
Traditional Medications <i>- The majority of medications</i>	Money Saving Tip Ask your doctor or pharmacist about generics or medications at lower-cost tiers that are safe and effective for your needs.		
Health Care Reform Preventive Medications <i>- 30 and 90 day supplies</i>	\$0*	\$0*	
30 Day Supplies of Preventive Medications <i>- Non-health care reform</i>	Most Generic Prescriptions: \$0* Preferred & Non-preferred Prescriptions: Deductible, then 20% up to the Out-of-Pocket Maximum	Most Generic Prescriptions: \$0* Preferred Prescriptions: \$40* Non-preferred Prescriptions: \$60**	
90 Day Supplies of Preventive Medications <i>- Non-health care reform</i>		Most Generic Prescriptions: \$0* Preferred Prescriptions: \$80* Non-preferred Prescriptions: \$120*	
30 Day Supplies of all other Covered Medications	Deductible, then 20% up to the Out-of-Pocket Maximum	Most Generic Prescriptions: \$0** Preferred Prescriptions: \$40** Non-preferred Prescriptions: \$60**	
90 Day Supplies of all other Covered Medications	Deductible, then 20% up to the Out-of-Pocket Maximum	Most Generic Prescriptions: \$0* Preferred Prescriptions: \$80* Non-preferred Prescriptions: \$120*	
Specialty Medications <i>- A small number of medications</i>	Money Saving Tip Ask your doctor and pharmacist about whether there are traditional medications or value specialty medications that are safe and effective for your needs.		
30 Day Supplies of Specialty Medications	Deductible, then 20% up to the Out-of-Pocket Maximum	Value: 8% Coinsurance with a \$100 Maximum per Prescription**	
		Preferred: 15% Coinsurance with a \$200 Maximum per Prescription**	
		Non-preferred: 25% Coinsurance with a \$300 Maximum per Prescription**	

* No Deductible **After Deductible

Dental Coverage

Delta Dental of Tennessee

Group Number: Standard Plan - 7453-2001 | High Plan - 7453-2002

Networks: PPO and Premier

Website: Tennessee.DeltaDental.com

Customer Service: (800) 223-3104

Insurance Cards: A card will typically not be issued to you. Your dentist can look up your coverage using the subscriber's Social Security Number or you can print a card off the Delta Dental website.

In-network Providers: Visit www.deltadentaltn.com and use the Find a Dentist option.

Predetermination of Benefits: We strongly recommend asking your dentist to obtain a "predetermination of benefits" from Delta Dental prior to performing any non-emergency extensive treatment. An estimate created by your dentist may not accurately reflect your costs for care.

Certificate of Coverage: The information below is only intended to provide a brief description of your benefits. Please refer to your certificate and summary for a complete description of benefits, exclusions and limitations. They are available at www.knoxcounty.org/benefits and upon request from the Benefits Department.

What You Pay (24 pay periods) Deductible, Coinsurance & Premiums

	Standard	High
Employee Only	\$7.80	\$16.97
Employee +1	\$20.09	\$32.28
Family	\$31.25	\$60.27

Dentist's Network	Standard Plan			High Plan		
	PPO Dentist	Premier Dentist	Non-Participating Dentist	PPO Dentist	Premier Dentist	Non-Participating Dentist
Network Preference - In-network dentists cannot balance bill you beyond negotiated rates.	In-network Dentists for Standard Plan	Can be balance billed (charged amt. over negotiated rate)		In-network Dentists for High Plan		Can be balance billed (charged amt. over negotiated rate)
Deductible - Individual / Family (<i>Basic and Major Services only</i>)	\$25 / \$75	\$100 / \$300		\$50 / \$150		\$100 / \$300
Benefits Paid by the Plan						
Calendar Year Maximum	\$1,500	\$500		\$1,500		\$1,000
Lifetime Maximum - Orthodontics, cephalometric films, photos, diagnostic casts	\$1,000	\$500		\$1,500		\$1,500
Preventive - Exams and cleanings (2 per calendar year), x-rays	100%	80%		100%	100%	
Basic - Fillings, sealants				Periodontic services, root canals		
	80%	60%		90%	80%	
Major - Crowns, dentures, bridges, anesthesia	Periodontic services, root canals					
	50%	30%		60%	50%	
Orthodontic Services	50% - No Age Limit			50% - No Age Limit		

Vision Coverage

EyeMed

Group Number: 9854837

Network: Insight

Website: www.eyemed.com

Customer Service: (866) 299-1358

Insurance Cards: Your provider can look up your coverage using the subscriber's Social Security Number or you can print a card off the EyeMed website.

What You Pay (24 pay periods) Deductible, Coinsurance, Copays & Premiums

Employee Only	\$2.96
Employee +1	\$5.42
Family	\$8.31

In-network Providers: Visit www.eyemed.com to find an in-network provider, including both brick-and-mortar locations and online retailers.

Benefits Paid by the Plan	In-network	Out-of-Network
Exam*	\$10 copay	reimbursement up to \$40
Lenses*		
Single	\$25 copay	reimbursement up to \$40
Bifocal	\$25 copay	reimbursement up to \$60
Trifocal	\$25 copay	reimbursement up to \$80
Lenticular	\$25 copay	reimbursement up to \$80
Progressive, Anti-reflective and Photochromic	Please visit www.knoxcounty.org/benefits for details.	
Frames*	plan pays up to \$150; 80% of charge over \$150	reimbursement up to \$45
Contact Lenses* <i>Instead of eyeglasses</i>		
Medically Necessary	covered in full	reimbursement up to \$210
Conventional	\$0 copay; \$125 allowance; 85% of charge over \$125	reimbursement up to \$125
Disposable	\$0 copay; \$125 allowance; plus balance over \$125	reimbursement up to \$125
Laser Vision Correction Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A

*Once every calendar year

Vision & Hearing Discounts

Vision and hearing discounts are not insurance.

The Blue365 discount program through BlueCross provides discounts on vision and hearing products and services. Discounts typically cannot be used in combination with EyeMed vision insurance to pay for the same product or service.

You need to be covered by the health insurance to have access to the Blue365 discount program, but you do not need to be covered by EyeMed vision insurance. Visit the BlueCross website for more information. The availability of this discount is subject to change or termination without notice.

Life Insurance

Symetra

Email: Benefits@knoxcounty.org
Phone: (865) 215-3800
Website: www.knoxcounty.org/benefits
Carrier: Symetra

Group Basic Life and Accidental Death & Dismemberment (AD&D)

Knox County's Basic Life and AD&D Insurance is provided for free to all full-time and part-time team members that work at least 18.5 hours per week. Basic life pays 1.5x your annual salary, up to a maximum of \$50,000. AD&D coverage pays up to 2x your annual salary, with a maximum of \$100,000.

Supplemental Term Life Insurance

New hires can select any coverage step as long as it is no more than 7x your salary. During open enrollment, current team members can enroll in the minimum \$15,000 coverage without an EOI medical form. Generally, changes greater than one coverage step require submission of an EOI form and approval by the carrier. If you decline coverage during open enrollment, want to make changes to your coverage, or experience a life event in 2023, check with the Benefits team on enrollment options.

Supplemental Coverage

Coverage	Age										
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$15,000	\$0.53	\$0.70	\$0.79	\$0.87	\$1.31	\$2.01	\$3.76	\$5.76	\$11.10	\$17.99	\$25.34
\$30,000	\$1.05	\$1.40	\$1.58	\$1.74	\$2.61	\$4.02	\$7.52	\$11.52	\$22.20	\$35.99	\$50.67
\$45,000	\$1.58	\$2.09	\$2.36	\$2.61	\$3.92	\$6.03	\$11.27	\$17.28	\$33.30	\$53.98	\$76.01
\$60,000	\$2.10	\$2.79	\$3.15	\$3.48	\$5.22	\$8.04	\$15.03	\$23.04	\$44.40	\$71.97	\$101.34
\$75,000	\$2.63	\$3.49	\$3.94	\$4.35	\$6.53	\$10.05	\$18.79	\$28.80	\$55.50	\$89.96	\$126.68
\$90,000	\$3.15	\$4.19	\$4.73	\$5.22	\$7.83	\$12.06	\$22.55	\$34.56	\$66.60	\$107.96	\$152.01
\$105,000	\$3.68	\$4.88	\$5.51	\$6.09	\$9.14	\$14.07	\$26.30	\$40.32	\$77.70	\$125.95	\$177.35
\$120,000	\$4.20	\$5.58	\$6.30	\$6.96	\$10.44	\$16.08	\$30.06	\$46.08	\$88.80	\$143.94	\$202.68
\$135,000	\$4.73	\$6.28	\$7.09	\$7.83	\$11.75	\$18.09	\$33.82	\$51.84	\$99.90	\$161.93	\$228.02
\$150,000	\$5.25	\$6.98	\$7.88	\$8.70	\$13.05	\$20.10	\$37.58	\$57.60	\$111.00	\$179.93	\$253.35
\$165,000	\$5.78	\$7.67	\$8.66	\$9.57	\$14.36	\$22.11	\$41.33	\$63.36	\$122.10	\$197.92	\$278.69
\$180,000	\$6.30	\$8.37	\$9.45	\$10.44	\$15.66	\$24.12	\$45.09	\$69.12	\$133.20	\$215.91	\$304.02
\$195,000	\$6.83	\$9.07	\$10.24	\$11.31	\$16.97	\$26.13	\$48.85	\$74.88	\$144.30	\$233.90	\$329.36
\$210,000	\$7.35	\$9.77	\$11.03	\$12.18	\$18.27	\$28.14	\$52.61	\$80.64	\$155.40	\$251.90	\$354.69
\$225,000	\$7.88	\$10.46	\$11.81	\$13.05	\$19.58	\$30.15	\$56.36	\$86.40	\$166.50	\$269.89	\$380.03
\$240,000	\$8.40	\$11.16	\$12.60	\$13.92	\$20.88	\$32.16	\$60.12	\$92.16	\$177.60	\$287.88	\$405.36
\$255,000	\$8.93	\$11.86	\$13.39	\$14.79	\$22.19	\$34.17	\$63.88	\$97.92	\$188.70	\$305.87	\$430.70
\$270,000	\$9.45	\$12.56	\$14.18	\$15.66	\$23.49	\$36.18	\$67.64	\$103.68	\$199.80	\$323.87	\$456.03
\$285,000	\$9.98	\$13.25	\$14.96	\$16.53	\$24.80	\$38.19	\$71.39	\$109.44	\$210.90	\$341.86	\$481.37
\$300,000	\$10.50	\$13.95	\$15.75	\$17.40	\$26.10	\$40.20	\$75.15	\$115.20	\$222.00	\$359.85	\$506.70

Spousal Coverage*

Coverage is also available for your spouse in the following amounts:

Spousal Coverage	\$10,000	\$20,000	\$30,000
Semi-Monthly Cost	\$1.75	\$3.50	\$5.25

Child Coverage*

You can cover one or more children from age 14 days to 26 years old for the flat premium of \$0.55 per pay period.

Child Coverage	\$5,000
Semi-Monthly Cost	\$0.55

Important for 2023

- 1) You must name your beneficiaries in Munis.
- 2) You must re-elect supplemental life insurance to continue coverage in 2023.
- 3) During open enrollment, you can increase coverage by one step without answering medical questions (EOI).

What You Pay (24 pay periods)
Supplemental, Spouse and/or
Child Premiums

*Each type of dependent coverage cannot exceed 100% of the team member's coverage amount (basic and supplemental total). It is your responsibility to notify the Benefits Department if your dependent loses eligibility (i.e. divorce or aging out).

Care Navigation & Telehealth

Care Navigation

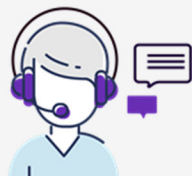
Welcome to HealthJoy

Your On-Demand Benefits Guidance Solution

All-In-One Benefit Access & Guidance



**ONLINE MEDICAL
& BEHAVIORAL
HEALTH
CONSULTATIONS**



**HEALTHCARE
CONCIERGE**



**RX SAVINGS
REVIEW**



**MEDICAL BILL
REVIEW**



**BENEFITS
WALLET**

Mission Control for your Benefits

- ▶ Access and understand your benefits
- ▶ On-demand LIVE help
- ▶ 24/7/365
- ▶ Chat or phone
- ▶ Save time and money
- ▶ Make Smart Choices
- ▶ Benefits Wallet:
 - ▶ Centralized access to all benefits cards (group numbers etc.)
 - ▶ Includes spouse & dependent access

To activate,
scan QR code:



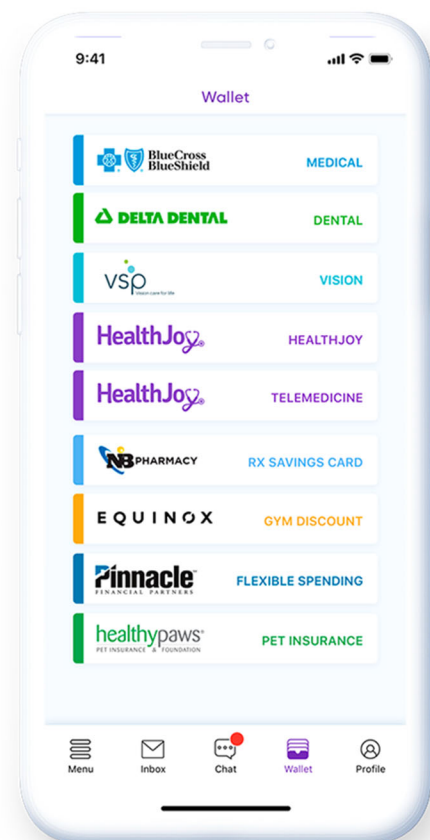
For 24/7/365 support:



(877) 500-3212



Download HealthJoy
Mobile App



Care Navigation & Telehealth

Telehealth

Benefits of using HealthJoy

- ▶ \$0 copay for Telemedicine AND Virtual Behavioral Therapy visits
- ▶ Available to all benefits-eligible team members and their dependents (even if you are not covered on the Knox County health plan)
- ▶ A convenient, cost-effective alternative to the emergency room, urgent care facility or in-office doctor's appointment for most non-emergency conditions
- ▶ Unlimited visits for medical consultation and behavioral health treatment

Telemedicine

When to consider using HealthJoy for medical services:

- ▶ When it's not an emergency
- ▶ When it's after hours and your regular physician's office is closed
- ▶ When you're traveling
- ▶ When you can't fit a doctor's visit in your schedule

Common Conditions:

- ▶ Asthma
- ▶ Bronchitis
- ▶ Cold & flu
- ▶ Sinus infections
- ▶ Skin infections
- ▶ Sore throat
- ▶ And more

To activate,
scan QR code:



Virtual Behavioral Therapy


Mental Health Counseling:

- ▶ Addiction
- ▶ Anxiety
- ▶ Bipolar depression
- ▶ Depression
- ▶ Divorce
- ▶ Domestic violence
- ▶ Eating disorders
- ▶ Grief/Loss
- ▶ Mood swings
- ▶ Panic attacks
- ▶ Relationships
- ▶ And more

The success rate for behavioral health treatment is extraordinary.

- ▶ 80% for Bipolar Disorder
- ▶ 65-80% for Major Depression
- ▶ 70% for Addiction

For 24/7/365 support:

 (877) 500-3212



Download HealthJoy Mobile App

Flex Spending Accounts

TASC

Website: uba.tasconline.com

Customer Service & Card Replacement: (800) 422-4661

Plan Year: Jan. 1 - Dec. 31

Submission Runout Period: 90 days past January 1 (Usually March 31)

Account Card: Use your card when paying for eligible expenses. If you forget to pay with your TASC card, visit the TASC website/app to manually submit a request for reimbursement for eligible expenses.

Money Saving Tip - Give Yourself a Tax Break

Flexible Spending Accounts (FSAs) allow you to put money aside from each paycheck before you pay federal income taxes. This means FSAs help you keep more of your money and help you regularly set aside money to prepare for important medical and dependent care expenses.

You do not need to be enrolled in the County's health insurance plan in order to participate.

Medical Flexible Spending Accounts

You may elect to set aside \$250 to \$3,050* from your paycheck pre-tax to help pay qualified health expenses not covered by insurance for yourself, your spouse and dependent children. Qualified health expenses include copays, deductibles, prescription drug copays, hearing aids, vision and dental expenses. Over-the-counter (OTC) medications are eligible expenses without a prescription or physician's note. Eligible OTC products include items that are primarily used for a medical purpose, and are compliant with federal tax rules under IRS Code Section 213(d).

**What You Pay (26 pay periods)
Elected Deduction Amount**

The full medical FSA annual election will be available in January (current team members) or the first of the month when your elections go into effect (new hires). Each year, funds are added to the existing debit cards. TASC will mail debit cards to new enrollees. Keep your receipts! You may be asked to verify your claim.

A minimum of \$25 and maximum of \$610* of unused medical flexible spending funds may be rolled over to the following plan year. For expenses from 2022, you can submit receipts until 90 days past January 1, 2023. For expenses from 2023, you can submit receipts until 90 days past January 1, 2024. Visit the TASC website or www.knoxcounty.org/benefits for more information about medical FSA.

Dependent Care Flexible Spending Accounts

You can set aside pre-tax money for approved child care services provided at a daycare facility, in your home or in someone else's residence. Certain requirements must be satisfied for reimbursement. The maximum annual contribution is \$5,000* for single or married filing jointly (\$2,500* if you are married and file separately).

**What You Pay (26 pay periods)
Elected Deduction Amount**

Dependent care FSA elections are dispersed into your account as they are deducted from your paycheck. Each year, funds are added to the existing debit cards. TASC will mail debit cards to new enrollees. Keep your receipts! You may be asked to verify your claim.

Only elect what you expect to spend by the end of the year, as there is no rollover option** for dependent care FSAs and unused funds are lost at the end of the runout period. If the cost of your dependent care changes, you can make changes to this deduction during the year, without a qualifying event, to avoid having unused funds at the end of the year. For expenses from 2022, you can submit receipts until 90 days past January 1, 2023. For expenses from 2023, you can submit receipts until 90 days past January 1, 2024. Visit the TASC website or www.knoxcounty.org/benefits for more information about dependent care FSA.

*These are the 2023 limits set by the federal government. If these limits are changed by the federal government for 2024, the Benefits Department will modify the enrollment options in Munis Employee Self Service to reflect the new limits.

Wellness & Work-life Balance

Corporate Fitness Works

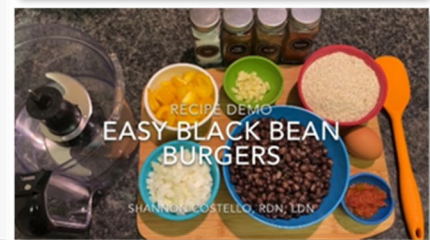
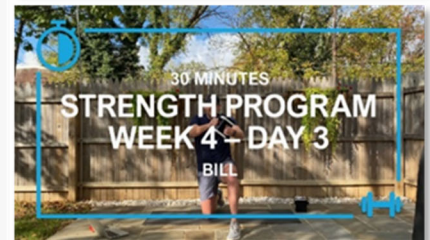
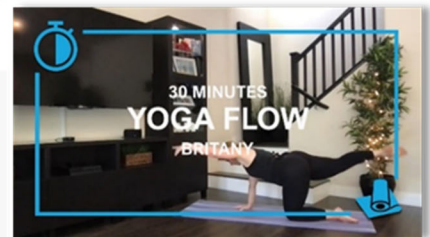
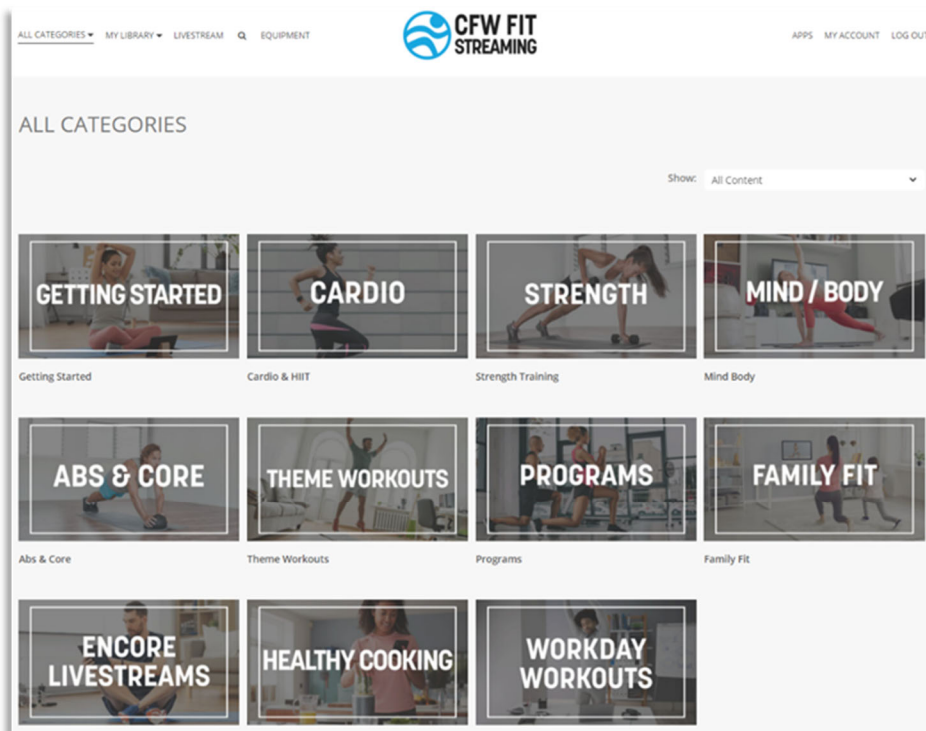
What is CFW Fit Streaming?

CFW Fit Streaming is an on-demand and live stream platform that brings the onsite fitness experience straight to your living room, your office, or anywhere through your mobile device. Powered by Corporate Fitness Works, our new service for virtual fitness management, CFW Fit Streaming features hundreds of motivating workouts, healthy cooking demos, and mind/body sessions led by top instructors.



What type of Content does it offer?

Choose from hundreds of on-demand videos, or workout live with a CFW instructor. See below for the wide range of content you will find on the platform.



Does it cost?

It's **FREE!** Access to CFW Fit Streaming is provided to you as part of your Knox County benefits offerings. All you have to do is opt-in.

How do I sign up?

Benefits-eligible team members can opt-in at the link below or QR code on the right at that time. Once you submit your form, the CFW Team will validate your eligibility and activate your account right away. **Please note: The email address you have listed in Munis/ESS is the email address you will use to sign up for this service.**

Link to sign up: <https://info.corporatefitnessworks.com/cfw-virtual-knox-county>

To sign up,
scan QR code:



Wellness & Work-life Balance

Discounted Gym Memberships

YMCA of East Tennessee

Knox County team members may join any local YMCA without signing a contract. To enroll, visit any local YMCA with your Knox County ID badge or a recent pay stub, complete the membership application and fill out a payroll deduction form. The YMCA will send your form to the Benefits Department to start your membership. Your membership and payroll deduction can be ended at any time by visiting a YMCA location and completing a payroll termination form.

What You Pay
Membership Fee (24 pay periods)

Employee Only	\$12.00
Employee +1 (Spouse or Child <26 years)	\$15.00
Family (Spouse + Children <26 years)	\$17.50

National Fitness Center / Court South

Current team members may only join during benefits open enrollment or upon approval by NFC following the termination of another gym contract. New hires may enroll within 30 days of their date of hire. Contracts run from Jan. 1 - Dec. 31 and cannot be terminated early unless you leave employment.

Employee Only	\$19.98
Employee +1 (Spouse or Child 12-26 years)	\$27.48
Family (Spouse + Children 12-26 years)	\$44.98

Child Care at Gyms

Many gyms offer child care options for gym members. If you utilize child care options through our partner gyms or any other gym, those child care expenses may be eligible dependent care flexible spending expenses. See Page 16 for more information about the dependent care flexible spending benefit.

Fitness Your Way - Part of the Blue365 discounts from BlueCross (Membership fees are not paid through payroll deduction)

Team members and their covered dependents (age 18 and older) can pay a one-time enrollment fee of \$19 with gym packages starting at \$19 per individual per month membership fee for unlimited access to a national network of more than 10,000 fitness locations. No long-term contract is required beyond an initial three-month commitment. Visit www.bcbst.com/knoxcounty for more information about the Blue365 discount program.

Free Resource
Win Rewards

SmartTrips

Register and Track: www.knoxsmarttrips.org

Smart Trips promotes alternatives to driving alone and when you participate, you can improve your health, save money, save the environment and earn rewards! We can help you find alternatives to driving alone, such as carpooling, taking transit, biking and walking. In the event of an unexpected change in your schedule, we've got you covered with an emergency ride home.

Employee Assistance Program

ComPsych

It's more than mental health support...

Legal and Financial Guidance • Counseling • Work-Life Balance
Professional Development • Online Resources

24/7 Resources Line: (833) 485-4246
Website: guidanceresources.com
App: GuidanceNow
Web ID: KnoxEAP

Free Resource
for all team members, their
dependents & household members

Free. Confidential. Available 24/7.

Getting the most out of life is easier when you have support. Our EAP offers counseling, self-improvement tools and solutions for everyday issues to help you be your best, at home and at work. These services are free, confidential and available all day, every day to you, your dependents and the members of your household.

You can call the resources line anytime, day or night. A master's or PhD level counselor will collect some general information about you and will talk with you about your needs.

The EAP offers free, short-term solutions focused counseling. You may be approved for up to 10 free sessions. If short-term solutions focused counseling is not appropriate for your needs, the EAP will help you find a specialist who is in-network with your insurance coverage.

When might my family or I consider using the EAP?

There are many reasons to use EAP services. You may wish to contact the EAP if you:

- Are feeling overwhelmed by the demands of balancing work and family
- Are experiencing stress, anxiety or depression
- Are dealing with grief and loss
- Need assistance with child or elder care concerns
- Have legal or financial questions
- Have concerns about substance abuse for yourself or a dependent

Legal Notices

HIPAA SPECIAL ENROLLMENT RIGHTS

Loss of Other Coverage — If you are declining or have declined enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may in the future be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards you or your dependent's coverage. To be eligible for this special enrollment opportunity, you must request enrollment within 30 days after your other coverage ends or after the employer stops contributing towards the other non-COBRA coverage.

New Dependent as a Result of Marriage, Birth, Adoption or Placement for Adoption — 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/or your dependents.

To be eligible for this special enrollment opportunity, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Medicaid Coverage — The Knox County Government Plan will allow an employee or dependent who is eligible, but not enrolled for coverage, to enroll for coverage if either of the following events occur:

1. **TERMINATION OF MEDICAID OR CHIP COVERAGE** — If the employee or dependent is covered under a Medicaid plan or under a State child health plan and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.
2. **ELIGIBILITY FOR PREMIUM ASSISTANCE UNDER MEDICAID OR CHIP** — If the employee or dependent becomes eligible for premium assistance under Medicaid or CHIP, including under any waiver or demonstration project conducted under or in relation to such a plan. This is usually a program where the state assists employed individuals with premium payment assistance for their employer's group health plan rather than provide direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity you must request coverage under the group health plan within 60 days after the date the employee or dependent becomes eligible for premium assistance under Medicaid or CHIP or the date you or your dependent's Medicaid or state-sponsored CHIP coverage ends.

HIPAA PRIVACY NOTICE

HIPAA requires Knox County to notify you that a privacy notice is available by obtaining a copy from the Benefits Department. Please contact the Benefits Department if you have any questions.

WELLNESS PROGRAM DISCLOSURE

Knox County is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 865-215-3800 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

PRETAX CONTRIBUTIONS In most cases, employee contributions for health coverage are deducted from their paychecks on a pretax basis meaning before federal income taxes, state income taxes (in most cases), and FICA taxes are calculated. Internal Revenue Code (I.R.C.) Section 152 defines what dependent contributions are eligible for pretax deductions. The IRS does not allow employees' contributions for dependent health coverage to be deducted on a pretax basis unless the dependent(s) meet the definition of a tax dependent under I.R.C. Section 152. If they do not meet the definition of a tax dependent, they may be either ineligible for the Plan, or in some cases, the IRS taxes the additional fair market value of these benefits and treats it as Imputed Income. Contributions for medical, dental and vision coverage for eligible dependents that do not meet the definition of a tax dependent will be made on a post-tax basis and the Imputed Income will be included on your paycheck and IRS Form W-2. With the signing of the Affordable Care Act and new regulations by the Treasury Department, the value of any employer-provided health coverage for an employee's child is excluded from the employee's income through the end of the taxable year in which the child turns 26.

Under IRS Notice 2010-38, a child is defined as son/daughter, step son/daughter, adopted child or eligible foster child, without regard to whether the child is financially supported by the employee or resides with the employee or is a full-time student.

WOMEN'S HEALTH AND CANCER RIGHTS ACT If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

	Option 1		Option 2 / Option P		Option 3	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Deductible Indv./Fam.	\$2000 / \$4000	\$6000 / \$12,000	\$1500 / \$3000	\$4500 / \$9000	\$500 / \$1000	\$1500 / \$3000
Coinsurance	20%	50%	20%	50%	20%	50%

If you would like more information on WHCRA benefits, call the Benefits Department at 865-215-3800. However, the plan may apply deductibles, coinsurance, and copays consistent with other coverage provided by the Plan.

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 cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Important Notice from Knox County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Knox County 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. Knox County has determined that the prescription drug coverage offered by the Knox County Health Plan is, on average for all plan participants, expected to payout 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 (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 Knox County coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your current Knox County 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 Knox County 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...

For further information, contact the Knox County Benefits Department at (865) 215-3800. 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 Knox County changes. You may also 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.
- Insurance Counseling

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

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

Date: 10/17/2022

Name of Entity/Sender: Knox County, Tennessee

Contact: Knox County Benefits Department

Address: 400 Main Street, Suite 360, Knoxville, TN 37902

Phone Number: (865) 215-3800

Employee Self Service (ESS)

Your Portal to Success

- Employee Self Service is an essential tool that allows you to enroll or decline in benefits, make updates to your personal information (phone number, address, email address and emergency contacts), view recent payroll deposits, view your leave balances, and much more.
- Access ESS by visiting www.knoxcounty.org/benefits and clicking the Employee Self Service link.
- Save your password in a secure location so you can access the website throughout the year.



KNOX COUNTY
TENNESSEE

Contact Us

benefits@knoxcounty.org | (865) 215-3800 | 400 Main Street - Suite 360

www.knoxcounty.org/benefits