



2021 Knox County Government **Employee Benefits Guide**

For use with www.knoxcounty.org/benefits

Benefits Department

benefits@knoxcounty.org | (865) 215-3800 | 400 Main Street - Suite 345

Table of Contents

Important Dates & Deadlines	2	Vision Benefits	11
Enrollment Details	3	Life Insurance	12
Knox County Employee Health Insurance	4	Flex Spending Accounts	13
Rates & Insurance Terms	4	Wellness & Work-life Balance	14
Information & Care in Your Hands	5	Discounted Gym Memberships	14
Medical Coverage - BlueCross	6-7	Smart Trips	14
Pharmacy Coverage - OptumRx	8	Employee Assistance Program (EAP)	15
Medical & Pharmacy Websites/App	9	Legal Notices	16-19
Dental Benefits	10	Employee Self Service	20

Important Dates & Deadlines

2021 Open Enrollment | Oct. 19 - Nov. 13, 2020

New Hires

- **New employees** who are benefits eligible must enroll within 30 days of their hire date. New employee benefits are effective the first of the month following 30 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 event. 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 2022 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.

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 16. 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 employees 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 2).

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.

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

Employees can only cover their legal dependents. Employees are required to notify Benefits of life events that cause loss of eligibility (see Page 2). If you add new dependents to your coverage, you will receive an email from the Benefits Department 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.

Life Insurance Beneficiaries: All benefits-eligible employees are asked to add or review their life insurance beneficiaries during open enrollment. These beneficiaries will be used for both basic and supplemental life insurance. You can name one or more primary and one or more contingent beneficiary. Enter the social security number and date of birth, if possible, for each beneficiary. Life insurance beneficiaries can be changed at any time during the year by contacting Benefits.

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.



Knox County Government

Employee 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

Rates: (Per Pay Period)

	Option 1	Option 2	Option 3
Employee Only	\$17.00	\$38.00	\$75.00
Employee + Spouse	\$87.00	\$128.00	\$255.00
Employee + Child(ren) <i>- Includes one child or multiple</i>	\$76.00	\$107.00	\$221.00
Employee + Family <i>- Includes spouse and child(ren)</i>	\$122.00	\$178.00	\$310.00

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 employee who enrolled in the plan. The subscriber may carry other members (dependents) on the plan.

Information & Care in Your Hands

PhysicianNow Telemedicine Benefit & Other Alternatives to Emergency Room Care

The emergency room (ER) is one of the most expensive places to access health care. There are many alternatives to visiting an ER when you need non-emergency care for a non-life-threatening condition. The following options are convenient ways to get same day care for a fraction of the cost of an ER visit:

PhysicianNow Telemedicine Benefit

Access a doctor 24/7 through a telephone, smartphone, tablet or computer. Allergies, cold, flu, fever, sinus infections, skin conditions, respiratory issues, urinary tract infections, and pinkeye are all common conditions treated through telemedicine. If the doctor decides you need a prescription, they can call one in to the pharmacy of your choice. Dependents 18 years old and older will need to set up their own account.

Sign up through the BlueCross website

- Visit www.bcbst.com/knoxcounty and log into your BlueAccess account (or register if new)
- Scroll down and click on the Talk With a Doctor Now button.
- Follow the prompts and use the information on your BlueCross insurance card to register

Sign up by phone

- Call 1-888-283-6691
- Follow the prompts and use the information on your BlueCross insurance card to register

Download the PhysicianNow mobile app

- Search for PhysicianNow (one word) in your app store and download the app
- Create a password and keep it where you can access it when you need it
- Follow the prompts and use the information on your BlueCross insurance card to register

Schedule a Same Day Primary Care Appointment

Many primary care providers save room in their schedules for a few walk-in appointments throughout the day. Call to see if your provider has availability.

Visit an Urgent Care or Retail Care Clinic

If you cannot see your primary care provider, most urgent care and retail care clinics offer walk-in appointments and extended hours. True urgent care clinics can treat minor injuries in addition to illnesses.

Knox County Government Employee Health Insurance Medical Coverage*

Administered by
BlueCross BlueShield of Tennessee



Group Number: 130462

Network: Network S (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 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
	Plan Maximum		Unlimited					
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% regardless of whether diagnostic or preventive), 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. See Page 7 for more info.

		Option 1		Option 2		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						
Urgent & Emergency Care - See Page 5							
\$	Telemedicine***	\$40 or less	N/A	\$20 copay	N/A	\$15 copay	N/A
\$	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						
Mental Health & Substance Abuse Services							
\$	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 20% coinsurance	
Other Services							
Ambulance*		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
Bariatric Services							
Durable Medical Equipment and Medical Supplies							
Home Health Care							
Hospice							
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, physical, and speech therapy have a 60 day combined annual maximum.

Visit www.bcbst.com/knoxcounty to find "Network S" and "BlueCard PPO - outside of Tennessee" 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 that charge the urgent care copay or independent facility advanced imaging / diagnostics copay. Not all facilities charge these lower rates. Using facilities that charge these copays can help you save money. See Page 7 for more information about telemedicine services and alternatives to emergency room care. On Option 1, telemedicine visits are \$40 or your remaining deductible/coinsurance, whichever is less.

Knox County Government Employee Health Insurance

Pharmacy Coverage Administered by OptumRx



Group Number: KNOXCTY
Website: www.optumrx.com
Customer Service & Card Replacement: (844) 265-1774
Specialty Medications / BriovaRx: (855) 427-4682
Insurance Cards: Use your OptumRx insurance card for pharmacy benefits.

In-network Pharmacies: Visit the 2021 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 or calling customer service.

	Option 1	Option 2	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**	

BlueCross BlueShield of Tennessee - Medical Benefit

Website & App Resources

Website: www.bcbst.com/knoxcounty

App: MyBlueTN

In addition to being a great place to find in-network providers, the BlueCross BlueShield of Tennessee app and website offer many additional convenient resources, including:

- A mobile version of your member ID card (app) or printable card (website)
- Instant access to your claims, benefits, coverage details and balances
- An urgent care locator to help you find convenient care

OptumRx - Pharmacy Benefit

Website & App Resources

Website: www.OptumRx.com (full-service website for both retail pharmacy and home delivery participants)

App: OptumRx (mobile ID card and information for home delivery participants)

The OptumRx app and website offer the following convenient resources:

- A mobile version of your member ID card (app) or printable card (website)
- Instant access to your prescriptions, prior authorization request information and a drug pricing tool

No biometrics form requirement for 2021.

There will be no biometrics form requirement for preferred rates in 2021. All employees will receive preferred health insurance premiums. We encourage you to still schedule your regular preventive health appointments with your medical care provider. Page 14 of this guide includes information about free preventive services covered by the health insurance plan.

Dental Benefits



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" for you 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	\$16.48
Employee +1	\$20.09	\$31.34
Family	\$31.25	\$58.52

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 (Basic and Major Services only)	\$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 Benefits



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 Bifocal Trifocal Lenticular Progressive, Anti-reflective and Photochromic	\$25 copay \$25 copay \$25 copay \$25 copay Please visit www.knoxcounty.org/benefits for details.	reimbursement up to \$40 reimbursement up to \$60 reimbursement up to \$80 reimbursement up to \$80
Frames*	plan pays up to \$150; 80% of charge over \$150	reimbursement up to \$45
Contact Lenses* <i>Instead of eyeglasses</i> Medically Necessary Conventional Disposable	covered in full \$0 copay; \$125 allowance; 85% of charge over \$125 \$0 copay; \$125 allowance; plus balance over \$125	reimbursement up to \$210 reimbursement up to \$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



Benefits Department

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

Important for 2021

- 1) You must name your beneficiaries in Munis.
- 2) You must re-elect supplemental life insurance to continue coverage in 2021.
- 3) **NEW THIS YEAR:** Due to a change in carriers, you can choose any coverage step without answering medical questions (EOI).

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

Knox County's Basic Life and AD&D Insurance is provided (at no cost to the employee) to all full-time and part-time employees 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

Our new carrier is holding a "true open enrollment" for 2021 and allowing any coverage amount to be elected during open enrollment without an Evidence of Insurability (EOI) form. If you decline coverage during Open Enrollment and experience a qualifying life event during 2021, check with the Benefits Department on enrollment options.

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

Employee Coverage — NEW COVERAGE LEVELS AVAILABLE for 2021

Coverage	Employee 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

*Each type of dependent coverage cannot exceed 100% of the employee'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).

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

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

You may elect to set aside \$250 to \$2,750* 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 medications are not considered eligible expenses without a Medical Necessity Form completed by a physician.

The full medical FSA annual election will be available in January (existing employees) 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 \$550 of unused medical flexible spending funds may be rolled over to the following plan year. For expenses from 2020, you can submit receipts until 90 days past January 1, 2021. For expenses from 2021, you can submit receipts until 90 days past January 1, 2022. Visit the TASC website or www.knoxcounty.org/benefits for more information about medical FSA.

Dependent Care Flexible Spending Accounts

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

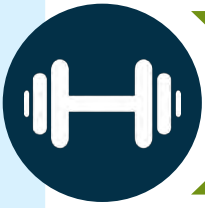
You can set aside pre-tax money for approved child care services provided at a daycare facility, in your home or in someone else's residence. Certain requirements must be satisfied for reimbursement. The maximum annual contribution is \$5,000* for single or married filing jointly (\$2,500* if you are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

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 2020, you can submit receipts until 90 days past January 1, 2021. For expenses from 2021, you can submit receipts until 90 days past January 1, 2022. Visit the TASC website or www.knoxcounty.org/benefits for more information about dependent care FSA.

*These are the 2020 limits set by the federal government. If these limits are changed by the federal government for 2021, the Benefits Department will modify the enrollment options in Munis Employee Self Service to reflect the new limits.

Wellness & Work-life Balance



Discounted Gym Memberships

YMCA of East Tennessee

Knox County employees 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.

Employee Only	\$12.00
Employee +1	\$15.00
Family	\$17.50

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 11 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.)

Employees and their covered dependents (age 18 and older) can pay a one-time enrollment fee of \$29 and a \$29 per member 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.

What You Pay* Membership Fee (24 pay periods)

National Fitness Center / Court South

Current employees may only join during benefits open enrollment or upon approval by NFC following the termination of another gym contract. New employees 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	\$24.98
Family (Spouse + Children <26 years)	\$44.98



Most Prevention is 100% Covered

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, 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.



SmartTrips

Register and Tract:
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.

Free Resource Win Rewards

This year, let's focus a little more on
Mental Well-being.

ComPsych

Our Employee Assistance Program (EAP)



24/7 Resources Line: (833) 485-4246

Website: guidanceresources.com

App: GuidanceNow

Web ID: KnoxEAP

Free Resource

for All Employees (including <18.5 hours per week), 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

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

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 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.

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: 10/12/2020

Name of Entity/Sender: Knox County, Tennessee

Contact: Knox County Benefits Department

Address: 400 Main Street, Suite 345, 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.



Contact Us

benefits@knoxcounty.org | (865) 215-3800 | 400 Main Street - Suite 345

www.knoxcounty.org/benefits