YOUR HEALTH YOUR FAMILY YOUR LIFE

BENEFITS

2022 NEW EMPLOYEE GUIDE

CITY OF KNOXVILLE

It's my pleasure to welcome you to the City of Knoxville. You are joining a team of skilled employees committed to providing residents and your fellow colleagues with the professional, timely services that make this city run.

I'm proud to serve among the City's approximately 1,500 employees and work with you to maintain our operations in ways that are efficient, economical and beneficial.

Our Employee Benefits department does an amazing job creating a benefits package that stands among the best available anywhere. They work to provide employees with basic and specialized healthcare and wellness options to improve and enrich your life, for when you're on and off the clock.

I encourage you and your family to take advantage of all the benefits available to keep you healthy in body and mind.

City of Knoxville employees are leaders in our community, and I'm so glad to welcome you to our team.

Be well,

Mayor Indya Kincannon

Mayor Indya Kincannon

Questions? Email CityBenefits@knoxvilletn.gov

Your benefits are effective on the 1st of the month following 60 days of employment. You qualify for benefits as long as you are a permanent employee working 30 or more hours per week.

All benefit elections must be made in PeopleSoft. Use the convenient checklist on the following page to help you navigate enrollment.

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How to enroll in benefits for 2022:

- ☐ From Inside Knoxville, click on the 'PeopleSoft' link under the City-wide drop-down box.
- ☐ Click on the Open Enrollment tile on the homepage.
- ☐ Click through the tabs on the left, checking your personal information, then click on Benefits Enrollment.
- ☐ For each benefit plan that you need to change or update, click the tile for that benefit.
- ☐ When complete, make sure to scroll back up to the top of the page and click the blue '**Submit Enrollment**' button.

Log into PeopleSoft to do any of the following:

- ☐ **Update** personal information, verify address and phone numbers are correct.
- ☐ **Check** leave balances
- ☐ **Review/print** pay stubs

Declining medical coverage?:

Be sure to send a copy of your current coverage to Employee Benefits bythe end of the month prior to your benefits effective date in order to receive prorated $500 into your Flexible Spending Account (FSA). Any proof received after that date will be reduced by a monthly prorated amount. *NOTE: If your other coverage is a QHDHP with HSA, your FSA will be limited to dental and vision coverage only.*

Changing Your Benefits

Generally, you cannot change your benefit elections during the year unless you experience a Life Event. Examples of Life Events include, but are not limited to:

- Change in employee's legal marital status: marriage, divorce, death of spouse
- Change in number of dependents: birth, adoption, placement for adoption, death of dependent
- Gain or loss of other coverage
- Dependent eligibility changes: dependent is newly or no longer eligible (i.e., reached age 26)
- Material benefit change of employee or dependent, including dependent's annual enrollment
- Dependents' gain or loss of eligibility for Medicaid or SCHIP coverage

Important Note on Dependent Eligibility

All dependents on the City's medical, dental, vision, life insurance, and/or voluntary plans must meet the following dependent definition:

- The employee's current legal spouse or qualified same or opposite gender domestic partner, excluding a common-law spouse.
- A dependent child, up to age 26, who is the employee's or employee's spouse's or qualified domestic partner's natural child, legally adopted child (including children placed for adoption), step-child, or child for whom the employee or employee's spouse is the legal guardian or legal custodian, or a child of the employee's, employee's pouse or qualified domestic partner for whom a Qualified Medical Child Support Order has been issued.
- An incapacitated child of the employee, employee's spouse or qualified domestic partner.
- Dependents who permanently reside outside the United States are not eligible for coverage.
- The plan's determination of eligibility under the terms of this provision shall be conclusive. The plan reserves the right to require proof of eligibility, including but not limited to marriage certificate, a certified copy of any Qualified Medical Child Support Order, birth certificate, and/or proof of court-granted legal guardianship, legal custody and/or legal adoption.
- Domestic Partners— A domestic partner can be added during annual enrollment or during the year with a Life Event. Please complete an affidavit, as well as provide proof of the relationship through financial interdependence.

For more information about the affidavit, the proof required, or the tax implications, please contact Employee Benefits or email: CityBenefits@knoxvilletn.gov.

REMEMBER: When adding a dependent to your plan, make sure you explore all available options, as the City's plans may not be the most economical for every family. If you have questions on other available options, please contact Employee Benefits at 865.215.2111.

Medical

The City offers medical coverage administered by BlueCross BlueShield of Tennessee (BCBST), to you and your eligible family members. (See Dependent Eligibility, Page 1). When you enroll, you have two choices to make:

1. Your network

BCBST offers a choice of two networks:

- Network S — As of June 1, 2021, Tennova Healthcare North Knoxville Medical Center and Tennova Healthcare Turkey Creek Medical Center are no longer in Network S.
- Network P — The larger of the 2 networks. 98% of Knox County doctors and all area hospitals participate.

To see if your doctor participates in either network, check the provider directory at bcbst.com or link to the directory through the City's online annual enrollment tool in PeopleSoft. Remember, you have to use BCBST network providers to get in-network benefits. It's important to make sure you take an active role in ensuring the providers you see are in the network, including providers you are referred to for follow-up visits after an emergency situation. The network you select is the one you'll use throughout 2022. You cannot change networks during the year unless you experience a life event as outlined on page 1.

2. Your deductible

- $500 deductible option
- $1,000 deductible option

Both options cover the same services and have the same coinsurance, and out of pocket maximum. The difference will be in:

- Deductible
- Your per-paycheck deductions
- Coverage of Emergency Department visits

Preventive Benefits

All medical plan options cover preventive services at 100%—no deductible or copay required—when you use network providers. This means you pay nothing for services recommended by the US Preventive Services Task Force like:

- Annual well woman exam (including screening and counseling for HIV and domestic violence, counseling for sexually transmitted infections and pregnancy prevention)
- High risk HPV testing beginning at age 30 (every three years)
- Contraceptive methods and sterilization procedures including tubal ligations and vasectomies
- Gestational diabetes screening if high risk for diabetes
- Generic prescription and over-the-counter contraceptives
- Lactation support and counseling
- Age-appropriate health screenings (e.g., cholesterol, blood pressure, colorectal cancer, depression, diabetes, obesity, osteoporosis)
- Preventive care and screenings for infants and children
- Preventive care and screenings for women (e.g., breast cancer screening, cervical cancer screening)
- Preventive care and screenings for men (e.g., PSA test)
- Immunizations for adults and children
- Flu and pneumonia shots
- Annual exams (including x-rays and lab)
- Vision and hearing screenings (as part of an annual exam)

Exception: A preventive care service must be billed by the provider as preventive care to assure 100% coverage. If a preventive service is billed separately from an office visit, you may be required to share in the cost of the office visit. For example, if you seek a preventive service such as an annual well-woman exam (Pap) or well-man exam (PSA test) and also receive some other kind of treatment (such as care for a sinus infection), cost sharing may apply to your office visit. In other words, the preventive portion of the visit will be covered at 100%, and the illness portion may be covered with applicable cost sharing.

The City encourages you to have health screenings and immunizations at appropriate times and frequency, based on your age, gender, personal and family health history, and other special needs.

2022 Medical options...at a glance

	$500 deductible option		$1,000 deductible option	
	In-network	Out-of-network[1]	In-network	Out-of-network[1]
You pay...				
Calendar-year deductible	$500/individual $1,000/family	$1,000/individual $2,000/family	$1,000/individual $2,000/family	$2,000/individual $4,000/family
Then the plan pays...				
Physician office visits	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Hospital care				
Most other services				
Preventive care	100% (no deductible[2])		100% (no deductible[2])	
Outpatient Mental Health Office visits	80% (no deductible)	60% after deductible	80% (no deductible)	60% after deductible
Emergency care	100% after $150 copay[3]		80% after deductible	
Until you reach...				
Calendar Year out-of-pocket maximum[4]	$2,500/individual $5,000/family	$7,500/individual $15,000/family	$2,500/individual $5,000/family	$7,500/individual $15,000/family

[1]Out-of-network benefits are based on maximum allowable charges (MAC). You're responsible for the charges that exceed the MAC. You're also responsible for obtaining the required prior authorization for services if you use an out-of-network provider.

[2]Limits for certain services may apply. See preventive benefits on Page 2.

[3]Some services and procedures may be subject to the deductible and coinsurance, like MRIs.

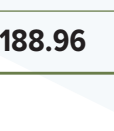
[4]Once you reach the annual out-of-pocket maximum, the plan pays 100% of eligible expenses for the rest of the plan year. The medical out-of-pocket maximum includes amounts paid toward the deductible, coinsurance, ER copays where applicable, and prescription drug copays.

2022 Medical & Rx Rates per paycheck (24 times per year)

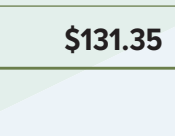
	$500 Network S	$500 Network P	$1,000 Network S	$1,000 Network P
Employee Only	$41.92	$42.86	$26.51	$26.87
Employee + Spouse	$148.47	$152.83	$108.66	$111.50
Employee + Child(ren)	$108.05	$111.51	$76.37	$78.63
Employee + Family	$183.28	$188.96	$131.35	$135.05

Wellness Credits

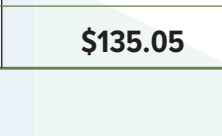
If you want to participate in the wellness program, you must schedule a biometric screening at The Center within in the first 30 days of your effective date. You will receive a year-long wellness credit to help offset the cost of the medical premiums in 2022. The credit will be found in the earnings box of your paycheck (24 times per year).



Employee or Spouse Only $20 credit



Employee + Child $30 credit



Employee & Spouse $40 credit

PhysicianNow® connects you with doctors 24 hours a day, seven days a week

For a $10 co-pay, PhysicianNow is a convenient way to talk with a doctor from your home, office or while traveling. All you need is a telephone, computer or mobile device.

PhysicianNow is great when it's not an emergency, when it's after hours or you're unable to go to your doctor's office.

Common reasons for using PhysicianNow include:

- allergies
- cold and flu
- fever
- sinus infections
- respiratory issues
- skin conditions (rashes or insect bites)
- sore throat
- or urinary tract infections

PhysicianNow can diagnose your symptoms and if a prescription is needed, send it to your pharmacy.

Download the PhysicanNow mobile app

- Search for PhysicianNow (one word) in the App Store® or Google Play® and download the app.
- Set up a password so your account is ready when you need it. After you've registered you can use the mobile app for consultations.

Go to bcbst.com/member and select Talk with a Doctor Now or call 888-283-6691.

Greenpath by Prudential Retirement Services

The City has partnered with Prudential Retirement Services to offer employees a Debt Consolidation tool called GreenPath. GreenPath is a national nonprofit organization that can help employees get out of debt. The initial credit counseling session is free. If you move forward with the debt consolidation, their fee is rolled into your new monthly payment. They can develop a personalized action plan to help you meet your financial goals.

Call GreenPath at 877-444-5606 and use code 14238 to get started.

Identity Theft Protection Services

When you are enrolled in the BlueCross BlueShield Medical plan, you are automatically eligible for the Identity Theft Protection. Keeping your medical information secure is important. It's why we work with Experian, one of the world's leading financial service companies, to give you identity protection along with your medical coverage at no additional cost.

Your identity protection will cover a 12-month period. When that ends, you can renew for the next 12 months as long as you still have eligible BlueCross medical coverage. For more information or to enroll in coverage log into Blue Access and click on Benefits & Coverage (bcbst.com).

BlueCross BlueShield of Tennessee

An Independent Licensee of the Blue Cross and Blue Shield Association

Your BCBST Care Navigator

The dedicated Heath Care Navigator for the City of Knoxville, reaches out to BCBST members to educate them about the Care Management programs and the preventive services available through BlueCross BlueShield plan.

Here are a few of the ways your BCBST Care Navigator can help you:

- Send a referral for you to work closely with a Care Manager for your health needs.
- Assist with claims or benefits information
- Locate in-network Provider/Facility
- Schedule doctor's appointment
- Request additional claims review
- Provide a courtesy call to the provider on behalf of the member

The BCBST Care Navigator office is located in the first floor of the Public Works Complex, across from The Center. He/She can be reached by phone at 215-6168.

Healthy Maternity Prenatal Program

Because having a baby is a life-changing journey, My Health Wellness Program is committed to helping expectant mothers have healthy pregnancies.

Benefits for Expectant Mothers:

- If you enroll by your 20th week of pregnancy, and complete the entire program, you're eligible for a free electric breast pump and a $200 HRA contribution
- Personalized one-on-one maternity nurse support
- Confidential maternity health advice
- Helpful prenatal information and online pregnancy resources
- Help with benefits and how to best utilize them.
- Details about your baby's immunizations

How to Enroll:

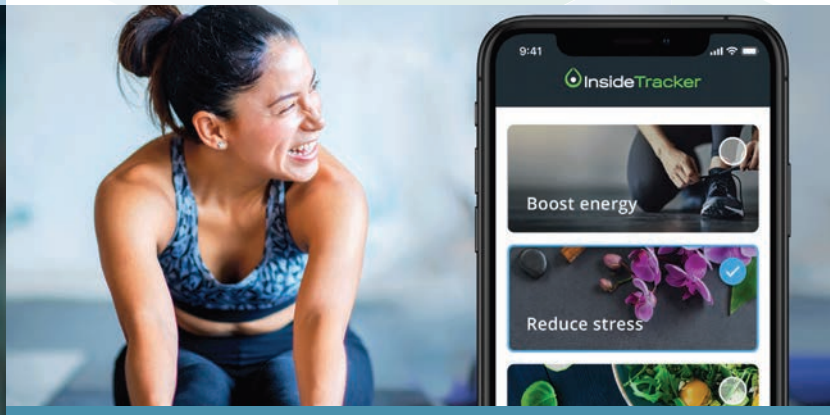
- Visit bcbst.com and log into Blue Access
- Go to the My Health and Wellness tab and then click on the Healthy Maternity tile. Or call BCBST at 800-818-8581 (choose option 6)

Note: *You do not have to be enrolled in the My Health Wellness Program to take advantage of the Healthy Maternity Program. You can still qualify for the free breast pump, you just won't earn the HRA contribution.*

EarQ Family Hearing Plan

38 million Americans are living with some kind of hearing loss. While the medical plan does not provide benefits for hearing aids for anyone 18 years or older, discounts are available through EarQ. You can use HRA/FSA dollars to pay for the device.

Call EarQ at 800-338-0720 to schedule an appointment with the nearest EarQ provider.



Blue365 Discount Deals

Blue365 is a free health and wellness discount program offered to you as a member of the BlueCross and BlueShield System. We offer year-round discounts on:

- gym memberships
- fitness gear
- healthy eating options and more.

Learn more at blue365deals.com

Prescription Drugs

When you enroll in the City's medical plan, you automatically receive prescription drug coverage, which is administered by Capital Rx. Remember, there is a separate ID card for pharmacy. So make sure you use your BCBST ID card at the doctor's office and the Capital Rx ID card only at the pharmacy.

You have three ways to purchase prescription drugs:

- **At a network retail pharmacy**
- **Walmart Home Delivery Pharmacy**
  If you have a prescription for a maintenance medication (i.e., long-term conditions like arthritis, asthma, diabetes, high blood pressure or high cholesterol), mail order delivery may be a great solution for you. You will find mail order provides greater savings on most prescription benefit plans and saves time typically spent traveling and waiting at a retail pharmacy.
- **At participating 90-day retail pharmacies** (you may purchase up to a 90-day supply at these designated pharmacies if your prescription drug does not have quantity limits)

Prescription drug benefits...at a glance

	Preventive Prescriptions	Non-Preventive Prescriptions
You pay...		
Level 1 (preferred generics)	$0.00	$5.00
Level 2 (non-preferred generics)	$5.00	$10.00
Level 3 (preferred brand)	$10.00	$20.00
Level 4 (non-preferred brand)	$20.00	$40.00
Level 5 (specialty)*	$40.00	$80.00
90 day at retail locations can be filled 3 times the copay / 90 at mail will continue to be filled at 3 times the copay		

Prescription Drug Rules

The City's prescription drug plan has certain rules that may affect your benefits.

Generics vs. Brand Name

If you request a brand name drug when a generic equivalent is available, you will pay the Level 1 or 2 generic copay plus the cost difference between the brand name and generic drug.

Step Therapy Program (ST)

The step therapy (ST) program is a feature of your prescription benefit plan that requires you try another medication (usually a generic) before being prescribed the medication designated with step therapy (usually a brand). This requirement exists to prevent inappropriate prescribing of certain medications and to ensure the lowest cost alternative is used. If your physician prescribes, or wants to prescribe, a medication designated with step therapy, please have them call your dedicated Capital Rx Customer Care team 1-855-922-7799.

Prior Authorizations (PA)

The Prior Authorization program is a cost-savings feature to make sure the medication being used is appropriate. The program is designed to prevent the prescribing of a certain drug that may not be the best choice for the condition. If you are a new user of this drug, you will need to allow time for your doctor to submit information to CapitalRx for approval.

Quantity Level Limits (QL)

Some drugs may have a limit on the amount you can receive. Based on FDA guidelines, the purpose is to reduce risk of overdose and unwanted drug reactions. If your doctor prescribes you more than the QL, they will need to contact Capital Rx for approval.

Opioid Management Program

Opioid misuse and abuse is a national health crisis. Drug addiction is now the leading cause of accidental death. Capital Rx is confronting the opioid epidemic with an end-to-end solution, driving opioid safety and prevention through engagement, smart prescribing and ongoing monitoring. If the generic alternative doesn't work for you, you can step up to the brand name drug.

If your doctor prescribes a short-acting opioid, such as Morphine, Oxycodone, Percocet or Vicodin, your prescription will be limited to a 7-day supply maximum. Two 7-day supplies are allowed in a 60-day period. If more medication is medically necessary, your doctor will be required to submit a prior authorization to Capital Rx for approval.

For more information, please visit: knoxvilletn.gov/rx.

My Health Wellness Plan

The City is committed to helping you and your family live a healthy lifestyle. That's why we've created the *My Health Wellness Program*, and given you a choice in how you want to participate. If your spouse is covered on the Medical plan, they may also choose to participate in the wellness program. By completing a health screening at The Center, you've taken the first step to qualify for the rewards of the program.

First, those who complete the screening are guaranteed a wellness credit on your paycheck for the remainder of the year. (Part A). You must complete your biometric screening at The Center in the first 30 days after your effective date. In addition to the wellness credit, you also have the option to follow the newly revised My Health program (Part B) to earn quarterly Health Reimbursement Account (HRA) dollars. To enroll in the My Health Program (Part B), go to cokmyhealth.com to register on the portal and complete your Health Assessment.

We are committed to helping you achieve your best health. If you think you might be unable to meet a requirement for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by a different program. We will work with you (and if you wish, with your doctor) to find a wellness program requirement that is right for you in light of your health status.

Questions? Email cokmyhealth@knoxvilletn.gov

Make Your Election in PeopleSoft

(Part A) Paycheck Credit Only

Complete your Biometric Screening to receive:
- $20 paycheck credit/per adult
- $10 paycheck credit if children are covered on BCBST medical plan

Maximum paycheck credit – $40 per employee

Part A must be complete to participate in Part B

(Part B) Quarterly Incentive Health Reimbursement Account + Paycheck Credit

Earn health reimbursment dollars in your Health Equity Account and a paycheck credit

Maximum quarterly incentive – $150 per participant

The City also offers a Wellness Plan with multiple ways for participants to earn quarterly funds in a Health Reimbursement Account (HRA)--we will talk more about HRAs on page 12. Whether you choose daily or quarterly challenges, lifestyle programs facilitated by a health coach, or community activities, the new *My Health 2022 Wellness Plan* has many options to earn funds that benefit you and your family.

When you've completed your screening at ***The Center*** (Part A), you may also *choose* to do the additional My Health requirements in Part B. If you want to participate in Part B and earn quarterly HRA dollars, make sure you have elected this option in PeopleSoft.

Next, go to COKMyHealth.com to register for the new portal and complete your Health Assessment. All of the following programs and features will be available for you to earn quarterly HRA dollars! See the list below for the many new ways you can earn money for your health dollars.

$20 Max $100 per quarter

Healthy Biometrics – Meet or Improve by 5% Year Over Year

Waist Circumference • Glucose • Blood Pressure • HDL Cholesterol • Triglycerides
earn $20 for each healthy biometric (all individual – not all or nothing)

$30 Max $30 per quarter

Wellness Challenge

1 challenge per quarter – walking, mindfulness, water, healthy habits, etc.

$10 Max $30 per quarter

Education Courses

Found on wellness portal – including Virtual Grocery Store

$100 Max $100 per quarter

Premise Lifestyle Programs

Programs designed/facilitated by Health Coaches – 80% complete to earn incentive

$20 Max $20 per quarter

Health Coaching Goals

Complete a specific goal assigned to you by your Premise Health Coach

$1 Max $30 per quarter

Daily Mini Challenges

Mark completion in portal (physical, social, emotional, financial)

$10 Max $20 per quarter

Community Activities

Volunteer, donate blood, 5K, fun run, etc.

$20 Max $20 per quarter

Smart Goals

Approved goals found in portal – 1 per quarter

$30 Max $30 per quarter

Preventive Care

Routine annual exam with PCP • Dental Exams • Vision Exam • Flu Shot • COVID Vaccine • Colonoscopy • Mammogram • Skin Wellness Exam • Prostate Exam • Gynecological Exam

THE CENTER

Served by **Premise Health**

The City has an onsite health clinic available to employees and their qualifying dependents. The Center is staffed with a full-time doctor and a full-time Nurse Practitioner. The Center is a convenient, affordable option to all employees, spouses, domestic partners, and children (ages 2 and up) who are covered on the City of Knoxville medical plan. The Center provides a wide range of services. Price ranges from free to a $10 copay:

- Acute/urgent care for illnesses and injuries
- Some chronic disease management, depending on co-morbidities
- Skin cancer screenings,
- Sports/ daycare worker/ adoption/ foster care physicals
- Wellness/ dietary nutrition coaching
- Condition management, diabetes education and assistance
- Laboratory services
- Smoking cessation visits and medication management
- EKG
- X-ray, limited scope
- Audiogram
- Spirometry
- Immunizations (Influenza, Tdap, Td) and allergy shots
- Annual My Health biometric and laboratory services

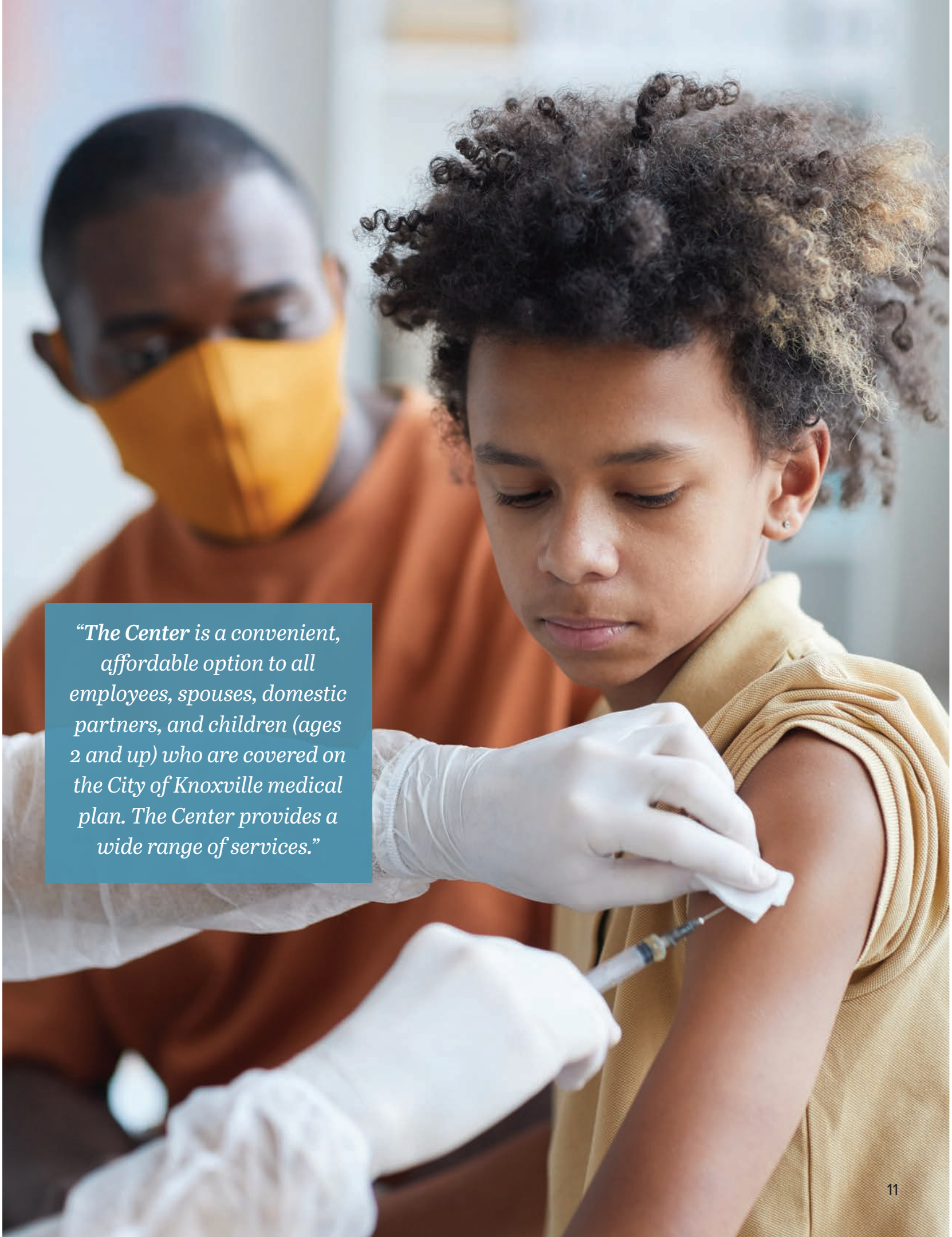
For services not available, The Center staff will work with BCBST to arrange care from outside providers

Privacy:
One of our most important responsibilities is to ensure the security of private information. Premise Health maintains all of your records, and we follow the same state and federal laws as any healthcare organization. We can't share any information without your permission, unless it pertains directly to a workplace injury or illness.

Location:
3131 Morris Avenue, Knoxville, TN 37909

1st floor of the Public Works Building, enter from Harris Avenue

Contact:
If you have a portal account, visit MyPremiseHealth.com, use the My Premise Health app, or call directly at 865-215-6150.



*"**The Center** is a convenient, affordable option to all employees, spouses, domestic partners, and children (ages 2 and up) who are covered on the City of Knoxville medical plan. The Center provides a wide range of services."*

Your HRA Dollars

When you participate in Option B of the My Health Wellness program, you'll earn Health Reimbursement Account (HRA) dollars, which will be loaded on a debit card that you will receive in the mail shortly afterenrollment. You can use the HRA dollars you earn from participating in My Health to pay for many medical, pharmacy, dental and vision expenses incurred by you and your eligible dependents*. This includes deductibles, copays, coinsurance and other eligible healthcare expenses you pay out of your own pocket. However, not all healthcare expenses are eligible. For a full list of eligible expenses, visit healthequity.com.

If you don't spend all your HRA dollars during the year, they roll over to the next year and are available to you as long as you are covered by a City-sponsored medical plan (including COBRA, if elected, and retiree coverage). This allows you to save up HRA dollars for future expenses.

*Eligible dependents: You may only spend the money in your HRA on your dependents who are covered by an employer-sponsored plan. It does not have to be the City's plan, just another employer's plan. You cannot use the money on a dependent who is covered by Medicare, Tricare, or TennCare. If you are covering a Domestic Partner, she/he must be your tax dependent in order to use your HRA/FSA dollars for their healthcare expenses.

Spending Your HRA Dollars

You have three ways to spend your HRA dollars. You can:

1 **Use your HealthEquity debit card.***

It contains your HRA balance and works like cash at any vendor that accepts healthcare debit cards. If you participate in the Healthcare FSA, your debit card includes your Healthcare FSA contributions, which will be deducted first.

2 **Pay My Provider.**
Log onto your HRA/FSA account at healthequity.com and use the Pay My Provider function to have a check sent directly from your account to the provider's office.

3 **Pay Me Back.** Pay the expense as you normally would. Then submit your receipts, along with a HealthEquity claim form via mail (to the address on the form), email, fax or electronically through the mobile app (see page 12).

* If you're new to the My Health/HRA program, you'll receive a debit card in the mail after enrollment. If you already have a HealthEquity debit card, check the expiration date. If it is not set to expire, your 2022 HRA/FSA dollars will automatically be loaded on it and you can continue to use the card in 2022.

HealthEquity Debit Card

1. Your HealthEquity card works like a debit card, but when you swipe your card at the checkout, you must choose "credit."

2. Keep your receipts in case you are asked by HealthEquity to substantiate a purchase. This is especially important if you use your debit card at a provider's office. The IRS requires proof that funds have been used toward eligible expenses. Acceptable substantiation includes a detailed receipt or other proof of service and cost, such as an EOB. The receipt must contain the provider's name and address, name of the person receiving the service, date and cost of the service, and service details. You can print EOBs for your covered services from BCBST's website (**bcbst.com**), Cigna's website (**mycigna.com**), and EyeMed's website (**eyemedvisioncare.com**). Credit card receipts do not provide enough information to substantiate a purchase.

3. You can register online at **healthequity.com**. Once registered, you can:
   - View your monthly statement
   - Check your account balance(s) and track activity
   - Request HealthEquity to pay providers directly or reimburse you from your account
   - View a list of eligible expenses
   - See if you need to substantiate any purchases

NOTE: If you lose your card, call HealthEquity immediately to report your missing card and order a new one. Or, you can order a replacement card online at **healthequity.com**.

IMPORTANT: You can only use the money in the Health Reimbursement Account for expenses that happened after your benefits effective date. It may not be used for anything that happened prior to that date.

Flexible Spending Accounts

The City offers two flexible spending accounts (FSAs), administered by HealthEquity. These accounts let you set aside tax-free money from your paycheck to pay for eligible expenses throughout the year:

- **Healthcare FSA**—can be used to pay for out-of-pocket expenses like deductibles, coinsurance, prescription drug copays for you and your dependents. Your total election is available for use on the first day of the plan year.
- **Dependent Care FSA**— can be used to pay for day care expenses for your eligible dependents, however this money is only reimbursable as it is deducted from your paycheck.

Because FSAs offer such favorable tax breaks, the IRS has certain rules that must be followed. Visit healthequity.com for details. You can participate in one or both of the FSAs — even if you don't enroll in City medical coverage.

Flexible Spending Accounts...at a glance

	Healthcare FSA	Dependent Care FSA
You can contribute...	$120–$2,750/year—tax free	$120–$5,000[1]/year—tax free
To reimburse yourself for...	Medical, dental and vision expenses considered tax-deductible but not covered by insurance (including eligible expenses incurred by your dependents)[2]	Dependent day care expenses for your eligible dependents[2]

[1]If you're married filing jointly, the limit is $5,000. For head of household or married filing separately, the maximum contribution is $2,500/year.
[2]Rules and restrictions apply. Your dependents do not have to be covered under a City benefit plan.

How the FSA works

1. **Estimate** your healthcare and/or dependent care expenses for 2022 separately. You can use BCBST's BlueAccess website at bcbst.com to view your 2021 claims and help estimate your 2022 expenses. Keep in mind how much you expect to receive in HRA contributions.

2. **Decide** how much to contribute to each account. Your contributions will be deducted from your paycheck on a pre-tax basis — that is, before taxes are taken out of your check — and deposited into your account(s). Remember, only $500 can be rolled over, any balance over $500 at the end of the year will be lost.

3. **Pay your eligible expenses** using one of the following options (see page 18 for important rules for OTC medications):

- **Use your HealthEquity debit card.*** It contains your Healthcare FSA balance as well as your HRA balance and works like cash at any vendor that accepts healthcare debit cards.
- **Pay online.** Log onto your FSA/HRA account at healthequity.com and use the Pay My Provider or Pay Me Back features.
- **File a claim.** Pay the expense as you normally would. Then submit your receipts, along with a HealthEquity claim form via mail (to the address on the form), email, fax or electronically through the mobile app (see page 14).

Be sure to save your receipts and explanations of benefits (EOBs) in case you're later asked by HealthEquity to verify a purchase. This is especially important if you use your debit card at any healthcare provider. Visit healthequity.com for more details.

NOTE: Money in your HRA/FSA can only be used for your eligible dependents. Your domestic partner must be your tax dependent, but the funds can be used for your non-tax dependent children to age 26.

Health Equity may request substantiation for your FSA and HRA expenses to ensure you used the funds on eligible items. It is your responsibility to respond to these requests and provide the necessary documentation. If you do not provide substantiation to Health Equity as requested, the funds used on these unsubstantiated expenses will be considered taxable, and your W-2 will be adjusted accordingly.

FSA Eligible Expenses

Here are some examples of eligible expenses:

Healthcare FSA

- Medical and dental deductibles, coinsurance, and copays
- Vision care
- Prescription drug copays
- Certain over-the-counter medicines, vitamins and supplements (prescription required)
- Over-the-counter health-related supplies
- Orthodontia
- Other out-of-pocket health expenses considered tax-deductible by the IRS

Dependent Care FSA

- Day care fees and associated expenses for your children under age 13
- Dependent care fees for a disabled spouse or child or a tax-dependent parent or elderly person

Remember, only eligible out-of-pocket healthcare expenses are considered deductible by the IRS and eligible for reimbursement. Not all expenses meet these criteria.

For a detailed list of eligible expenses, visit healthequity.com.

Over-the-Counter Medications

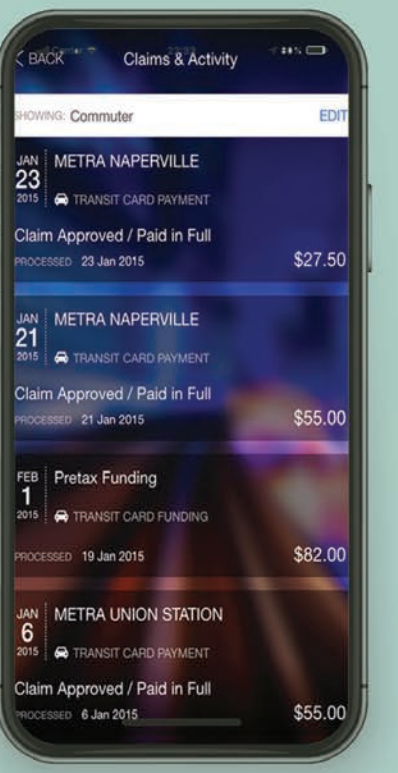
You can now use the money in your FSA and HRA accounts to pay for OTC items like pain relievers, cough syrup, and more. To see what items you can use your money for, simply log into your account and click the Eligible Expenses button. You can see which expenses, including specific OTC products, are eligible and whether a Letter of Medical Necessity or prescription remains a requirement for reimbursement.OTC supplies

Insulin and certain OTC health-related supplies are eligible expenses without a prescription. Examples include bandages and first-aid dressings, birth control products, blood pressure kits, canes and walkers, contact lenses and solutions, denture products, durable medical equipment, hearing aid batteries, heating pads, hot and cold packs, incontinence products, nebulizers, orthopedic aids, pregnancy and fertility kits, splints, supports and braces, thermometers, and wheelchair and accessories.

Visit healthequity.com for details.

There's an App for that!

You'll love the convenience of the HealthEquity® EZ Receipts® mobile app. This handy free app is the quick and easy way to manage your HealthEquity benefits. It puts the power of the HealthEquity web portal in the palm of your hand. Download this free app to your iPhone or Android mobile device, log in to your HealthEquity account, and check your balances, submit claims, snap and submit photos of receipts—all on the go!

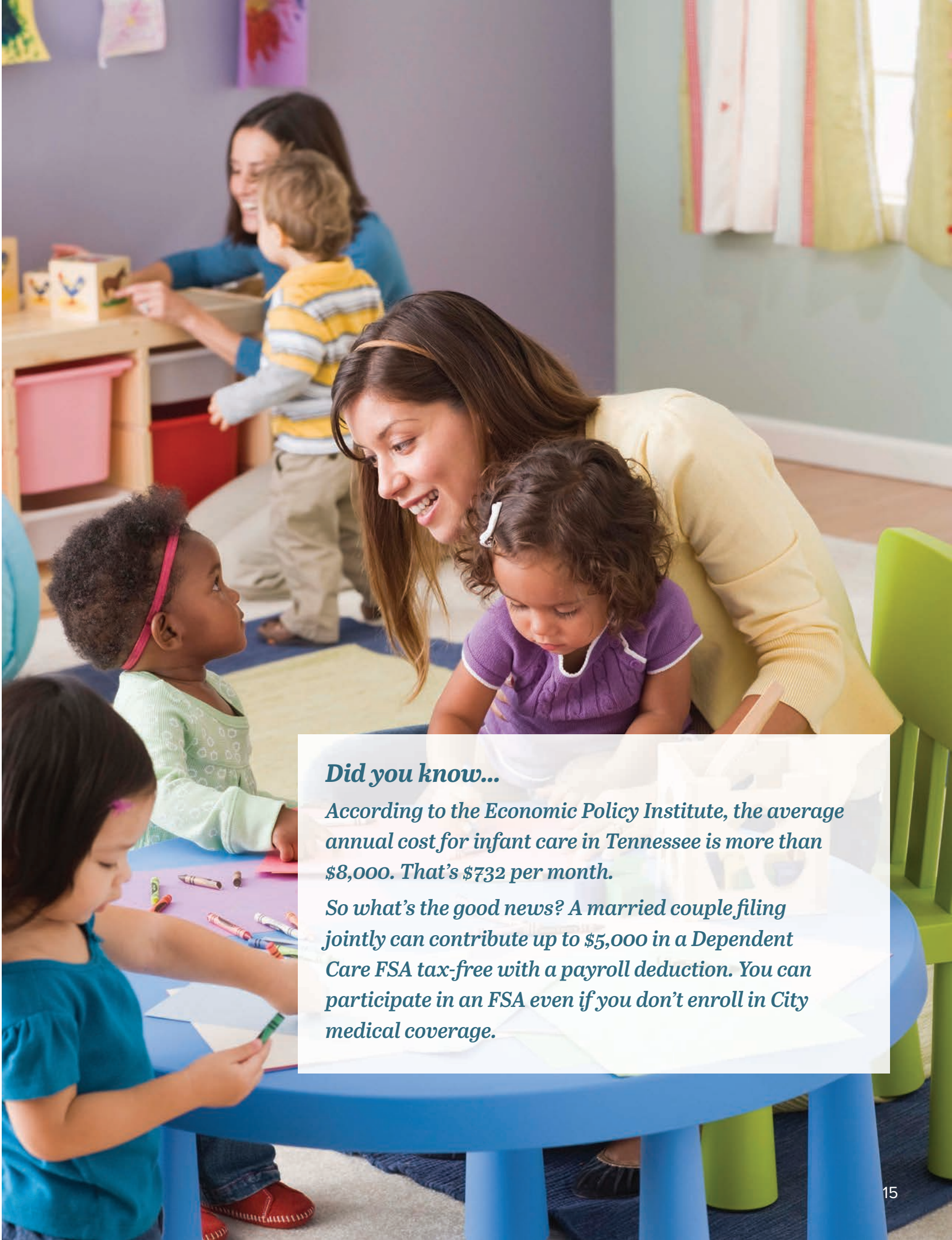


Manage Your HealthEquity Account Any Time, Anywhere

Why use the HealthEquity EZ Receipts mobile app?

- Snap and submit photos of your receipt each time you use your card to make it easy to verify card transactions later
- File claims, view transactions, and check account balances on the go
- Sign up for email and text alerts for the ultimate mobile convenience

Download the HealthEquity EZ Receipts mobile app from the iTunes Store or Google Play—it's free.



Did you know...

According to the Economic Policy Institute, the average annual cost for infant care in Tennessee is more than $8,000. That's $732 per month.

So what's the good news? A married couple filing jointly can contribute up to $5,000 in a Dependent Care FSA tax-free with a payroll deduction. You can participate in an FSA even if you don't enroll in City medical coverage.

Dental

The City provides a free base dental plan to all benefits-eligible employees at no cost, which includes one annual exam, one cleaning and one set of bite-wing x-rays every year. Make sure you choose a dentist in the Dental Blue network for your base exam. If you don't, you may be balance billed for the difference between BCBST's reimbursement and your dentist's billed amount.

BlueCross BlueShield uses the 90th percentile to reimburse out of network claims. This means, 9 times out of 10, the dentist you choose will accept the BlueCross reimbursement and not balance bill you.

You may also purchase additional coverage for yourself and your eligible family members. Choose from:

- A low dental plan with a $1,000 annual maximum, without ortho, provided through BCBST
- A high dental plan with a higher annual maximum, and child ortho, provided through BCBST
- A dental HMO (DHMO), provided through CIGNA, with no annual maximum along with adult and child orthodontia

Low Plan and High Plan

If you elect the Low or the High Plan, you may visit any provider you choose. The benefit percentages are the same for out of network, but the difference is you could be balance billed if you see a non-network provider. See the chart and footnotes on the next page, or visit bcbst.com.

Use this website also to locate network providers.

The Low and High plans also include a feature where your Preventive services are not deducted from your Annual Benefit Maximum, so you'll have more available to use on Basic or Major Services.

Both plans cover an additional exam/cleaning for diabetics and pregnant women with periodontal disease, individuals with renal failure or suppressed immune systems, head and neck radiation patients, and individuals at risk for infective endocarditis. See the plan summaries on the intranet for details.

DHMO

The CIGNA DHMO provides services at fixed copay amounts paid by the member. A narrow network of participating CIGNA general dentists and specialists must be used to receive benefits.

- You pay copays for dental treatments.
- No deductibles to meet, no claims to file, no waiting periods, no annual dollar maximum.
- Preexisting conditions are covered.
- Referrals to specialists are required.

If you choose this plan, you must use your selected general dentist to receive benefits. The premiums are low, and the list of available dentists is very small. Visit cigna.com or mycigna.com (if enrolled). See the charge schedule posted on the Employee Benefits intranet page for more details.

Oral Health: A window to your overall health

Did you know that your oral health offers clues about your overall health — or that problems in your mouth can affect the rest of your body?

Like other areas of the body, your mouth is full of bacteria — mostly harmless. But your mouth is the entry point to your digestive and respiratory tracts, and some of these bacteria can cause disease.

Normally the body's natural defenses and good oral health care such as daily brushing and flossing, keep bacteria under control. However, without proper oral hygiene, bacteria can reach levels that might lead to oral infections, such as tooth decay and gum disease.

Also, certain medications such as decongestants, antihistamines, painkillers, diuretics and antidepressants — can reduce saliva. Saliva washes away food and neutralizes acids produced by bacteria in the mouth, helping to protect you from microbes that multiply and lead to disease.

Studies suggest that oral bacteria and the inflammation associated with a severe form of gum disease (periodontitis) might play a role in some diseases. And certain diseases such as diabetes and HIV/AIDS, can lower the body's resistance to infection, making oral health problems more severe.

How can I protect my oral health?

To protect your oral health, practice good oral hygiene daily.

- Brush your teeth at least twice a day with a soft-bristled brush using fluoride toothpaste.
- Floss daily.
- Use mouthwash to remove food particles left after brushing and flossing.
- Eat a healthy diet and limit food with added sugars.
- Replace your toothbrush every three months or sooner if bristles are played or worn.
- Schedule regular dental checkups and cleanings.
- Avoid tobacco use.

Also, contact your dentist as soon as an oral health problem arises. Taking care of your oral health is an investment in your overall health.[1]

[1] Excerpt from Mayo Clinic News Network, to read the full article go here: https://newsnetwork.mayoclinic.org/discussion/housecall-seniors-and-nutrition/

2022 Dental plans...at a glance

	BlueCross BlueShield [1] Low Option	BlueCross BlueShield [1] High Option	CIGNA DHMO
You pay			
Calendar Year Deductible	$50/individual $150/family	$50/individual $150/family	$0
Then the plan pays...			
Preventive care (exams, cleanings, x-ray)	100% (no deductible) Does not apply towards Annual Max	100% (no deductible) Does not apply towards Annual Max	$0 copay [2]
Basic care (fillings)	80% after deductible	80% after deductible	See charge schedule
Major care (crowns, dentures, bridges oral surgery, endo, perio)	50% after deductible	50% after deductible	See charge schedule
Orthodontia	None	50% (no deductible) (child only to age 19)	See charge schedule (adults and children)
Annual benefit maximum[3]	$1,000	$1,500	N/A
Orthodontia lifetime maximum	N/A	$1,500	N/A
Per Paycheck Rates	**Low Option 2022**	**High Option 2022**	**DHMO 2022**
Employee Only	**$2.28**	**$3.39**	**$1.52**
Employee + Spouse	**$12.23**	**$15.72**	**$6.96**
Employee + Child(ren)	**$10.01**	**$16.22**	**$7.21**
Employee + Family	**$18.23**	**$26.79**	**$10.01**

[1] Providers in DentalBlue have agreed to accept the BCBST allowable rate. If you use providers outside this network, you're responsible for charges exceeding the 90th percentile of UCR.
[2] The CIGNA DHMO covers up to four annual cleanings (two at 100% and two at a low scheduled cost). See the charge schedule for details.
[3] Once Basic or Major charges reach the annual benefit maximum, no further benefits are payable for the remainder of the plan year, but you may still access the in-network discounts with BCBST.

Vision

The City provides a free base vision plan to all benefits-eligible employees at no cost, which includes one annual eye exam for a $10 copay at one of EyeMed's participating providers in the Select network. You can purchase additional vision coverage for yourself and your eligible family members, which covers eye exams, lenses, frames and contacts through EyeMed. New in 2022, you'll see even better benefits if you visit a provider in the Plus network. Visit eyemedvisioncare.com to locate a provider in the Plus network.

2022 Vision Plan...at a glance

	In-network (through EyeMed Select providers)	Out-of-network Reimbursement (through other providers)
You pay		
Annual deductible	$0	
Then the plan pays		
Eye exams (once every 12 months) at ***Plus Providers***	***$0 copay***	Up to $35
Eye exams (once every 12 months)	$10 copay	Up to $35
Any available frame at Plus Providers (once every 24 months)	***$0 copay; 20% off balance over $190 allowance***	Up to $50
Frames (once every 24 months)	$0 copay; 20% off balance over $140 allowance	Up to $50
Lenses (one pair every 12 months)		
Single vision lenses	100% after $25 copay	Up to $40
Bifocals	100% after $25 copay	Up to $60
Trifocals	100% after $25 copay	Up to $80
Lenticular	100% after $25 copay	Up to $80
Progressive - Standard	100% after $90 copay	Up to $60
Progressive - Premium	$90 copay, 20% off retail price less $120 allowance	Up to $60
Contact lenses (one pair every 12 months in lieu of glasses)		
Conventional	$0 copay; 15% off balance over $125 allowance	Up to $125
Disposables	$0 copay; 100% off balance over $125 allowance	Up to $125
Medically necessary	$0 copay; paid in full	Up to $210
Per Paycheck Rates		
Employee Only	**$2.78**	
Employee + Spouse	**$4.53**	
Employee + Child(ren)	**$5.75**	
Employee + Family	**$7.65**	

Other vision discounts

EyeMed network providers also offer discounts on additional eyewear, eye care supplies like cleaning cloths and solutions, and replacement contact lens purchases. You can also save 40% off additional eyewear purchases; 20% off non-prescription sunglasses and 20% off remaining balance beyond plan coverage.

You can save from 5%-15% on laser vision correction, such as LASIK, PRK and e-LASIK procedures, at U.S. Laser Vision network surgeons. You do not have to be enrolled in the City's vision plan to take advantage of these discounts. See the Employee Benefits page on the City's intranet for more details.

Employee Assistance Program

The City provides an Employee Assistance Program (EAP) through eni. An EAP is designed to assist you and your family in resolving work/life issues in order to live happier, healthier, more balanced lives. The EAP supports employees and their dependents on a wide range of mental health topics for which short-term counseling is appropriate. Individuals may access the service for up to 10 free sessions per issue per year, including, but not limited to:

- Marital / Family / Parenting
- Alcohol / Drugs
- Emotional / Stress / Job
- Grief / Loss
- Anger / Depression

What you discuss with the counselors is completely confidential and will not be released to the City or your supervisors. If more treatment is required, you will be offered a referral to an appropriate professional or treatment center and, with your permission, eni will work with that professional and your health plan to coordinate your mental health benefits to assure that you continue to receive appropriate care.

The City is happy to have a mental health provider onsite. Dr. Sabine Scoggins is available to COK employees and their dependents, located on the first floor of the Public Works Complex. You will still need to call the eni 800 number to schedule an appointment with Dr. Scoggins.

Personal Assistants are work/life experts who provide you with research, referrals, or information on just about any topic. The PA service is unlimited and available 24/7 to respond to your requests, helping you make informed decisions while saving you valuable personal time.

*The BlueCross Medical plan covers outpatient mental health visits at 80%, not subject to the deductible.

Simply call eni
800.986.4513
24 hours a day, 7 days a week.
Or visit the website:
nexgeneap.com

Other Mental Health Resources:

National Suicide Prevention Lifeline
1-800-273-8255 (TALK)

Substance Abuse and Mental Health Services Administration (SAMHSA)
1-800-662-4357 (HELP)

Mental Health Association of East Tennessee
865-548-9125
mentalhealth.gov

Life Insurance

Basic Life and AD&D

The City provides basic life insurance equal to $50,000 at no cost to you. This amount is doubled in the event of an accidental death. Basic life is also available for your dependents in the amount of $1,000 per dependent at no cost. Be sure to enroll in this coverage in PeopleSoft.

Supplemental Life

You can also purchase supplemental term life coverage for yourself, your spouse/ domestic partner and/or your dependent children. You must elect supplemental life for yourself in order to elect it for your spouse/ domestic partner and/or children. Rates are based on your and your spouse's or domestic partner's age and whether you and/or your spouse use nicotine products. *Note: Spouse coverage cannot exceed the Employee's Supplemental coverage amount.*

Life Insurance...at a glance

As a new hire, you have this one opportunity to purchase additional life insurance without having to answer medical questions, up to $250,000. An election over $250,000 will require medical questions. Or, if you choose to wait and increase life insurance later, any increase will require medical questions at that time.

You also have the ability to purchase life insurance on your spouse, up to $250,000, not to exceed 100% of your supplemental life election. Any amount over $50,000 will require medical questions.

You also have 3 coverage options for Child Life— $10,000, $15,000 or $20,000. Medical questions are not required for child life. Child coverage cannot exceed 100% of employee's supplemental life coverage.

	Basic Life (City-Paid)	Supplemental Term Life
You	$50,000*	$10,000—$500,000 (in increments of $10,000) Guaranteed $250,000
Your spouse or qualified domestic partner	$1,000 (must enroll)	$5,000 - $250,000 (in increments of $5,000), up to 100% of employee's supplemental coverage amount Guaranteed $50,000
Your children (up to 26 years)	$1,000 per child	Choice of $10,000, $15,000 or $20,000 per child (Cost: $1.00, $1.50 or $2.00 per paycheck, respectively)

* Age reductions apply. Coverage reduces to 65% at age 70, then to 50% at age 75.

Age	Non-Nicotine	Nicotine
Under 35	$0.044	$0.114
35-39	$0.071	$0.203
40-44	$0.122	$0.286
45-49	$0.176	$0.360
50-54	$0.294	$0.589
55-59	$0.507	$0.933
60-64	$0.810	$1.343
65-69	$1.351	$1.949
70-74	$2.129	$3.013
75 and over	$3.234	$4.544

Calculate your cost for employee coverage

Total coverage requested: $_____

Convert amount to units:

$_____ /$1,000 = _____

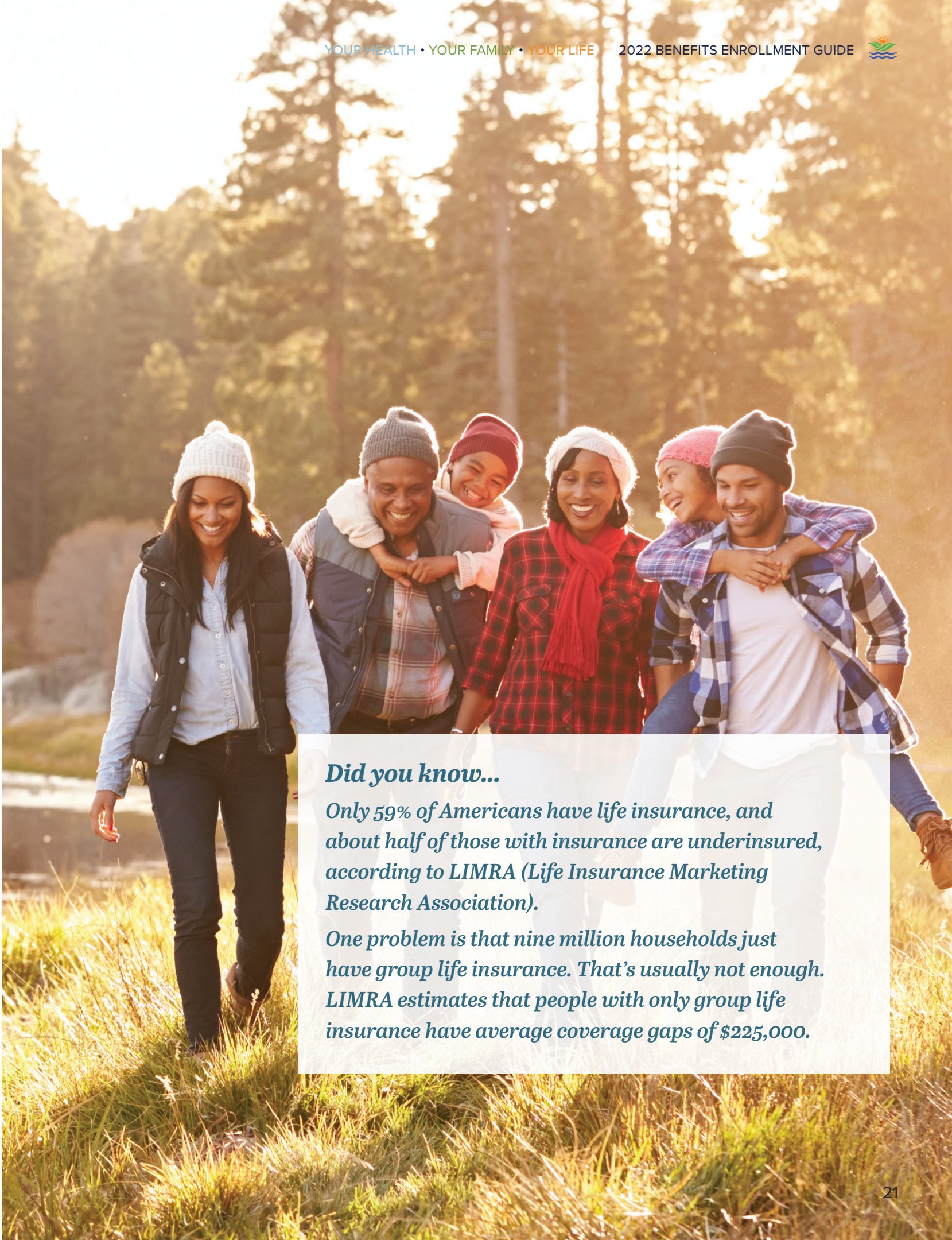
Multiply units by your rate:

_____ x _____ = $_____
units rate

now divide by 2 = $_____

You payroll deduction is:

* When you bump into the next age bracket, your premiums will automatically increase on the payroll that contains your birthday.



Did you know...

Only 59% of Americans have life insurance, and about half of those with insurance are underinsured, according to LIMRA (Life Insurance Marketing Research Association).

One problem is that nine million households just have group life insurance. That's usually not enough. LIMRA estimates that people with only group life insurance have average coverage gaps of $225,000.

Voluntary Insurance Options

The City makes several voluntary insurance options available to employees. These are individual policies that belong to you, and you can take them with you when you leave the City. You can enroll when newly hired and make changes during annual enrollment.

Accident Insurance (AllState)

Accident insurance provides coverage for work-related or non-work-related injuries and medical expenses such as emergency room care, hospital confinement, fractures, accidental death and more. Cash benefits are paid directly to you.

Critical Illness Insurance (Aflac)

Critical illness insurance pays a lump-sum cash benefit directly to you following the diagnosis of a covered critical illness, which includes but is not limited to a heart attack, stroke, major organ transplant, coronary artery bypass surgery, kidney (renal) failure, and even cancer. This coverage also provides an annual wellness benefit.

You may choose 2 coverage options—$10,000 or $20,000. Coverage for your spouse is available at 50% of your election, either $5,000 or $10,000. Rates are based on age and tobacco status.

Lifetime Benefit Term Insurance (Chubb Life, formerly Fidelity)*

* To enroll you must call them directly. LifeTime benefit term insurance is an affordable, permanent term life policy with guaranteed coverage to age 121 and a level premium to age 100.

Unlike other life insurance products, premiums do not increase based on your age. You can elect individual or family coverage.

This coverage provides additional benefits, including:

- A no-cost accelerated death benefit, which advances 50% of the face amount if the covered person is diagnosed as terminally ill
- A no-cost accelerated benefit for long-term care if the covered person becomes eligible for benefits by being both chronically ill and confined to a nursing or assisted living facility, or by receiving home health or adult day care services
- A paid-up death benefit after just five years, which means if you stop paying premiums at some point in the future, you are guaranteed paid-up coverage of a reduced amount

Short-term Disability (AllState)

Short-term disability insurance is basically insurance for your paycheck. If you are out of work for more than 30 days, short-term disability coverage will provide you with a monthly benefit in the amount you select. You may choose increments of $100 up to 60% of your monthly salary. Rates are based on your age and the amount of benefit you choose. This is a great way to bridge the gap before the City-provided long-term disability plan begins to pay. (See page 23 for information about long-term disability). If you do not elect Short-term Disability

As a new hire, you can elect this coverage without having to complete medical questions.

Coverage for pre-existing conditions after waiting period

Under the leave and short-term disability plans, no benefits are payable during your first 12 months of coverage as the result of a pre-existing condition. A pre-existing condition is one for which you received medical advice or treatment from a medical professional in the 12-month period before your coverage begins. However, after you have been covered by the plan(s) for 12 months, the pre-existing condition limit no longer applies.

Sick Leave Bank

A catastrophic illness or injury could quickly use up your sick leave. The City allows employees to contribute two days of sick leave to a City-wide Sick Leave Bank. In the event of a serious illness or injury, members can use days from the bank to continue their pay during a leave of absence.

To enroll in the Sick Leave Bank for the first time, you will need to complete a paper form and submit it to Employee Benefits during annual enrollment.

Long-term Disability

Should you become disabled and are unable to work due to an illness or an injury, long-term disability will pay you up to 60% of your salary (capped at $8,000 per month). There is a 90-day elimination period, which means there is no benefit until you've been out of work for 90 days. This is a monthly benefit which will continue for as long as you are disabled or until you reach your normal retirement age. Long-term disability is a City-paid benefit and provided to all benefit-eligible employees. (Short-term disability is available, see page 22 for more details).

NOTE: Once you are approved for long-term disability, you are no longer eligible to draw days from the Sick Leave Bank.

457B Deferred Compensation Plan

The City makes available to eligible employees a deferred compensation plan under IRS Section 457B. A 457B plan is similar to a 401K, but is restricted to governmental entities and has some features which differ from a 401K. Employees may defer income from the City into the plan on a tax-deferred basis. The employer cannot place funds directly into a 457B plan on an employee's behalf, but the City does reimburse employees up to $10 of the first $20 deferred into the plan. Each employee determines the approved accounts, including investment accounts, that the employee's deferred income is placed in and may move the funds among the approved accounts at any time.

Prudential Retirement Services is the record keeper for the plan. Prudential receives the deferred funds and distributes them to the approved account options selected by employees. Prudential maintains contracts with the account managers and is paid by those account managers from the funds within the accounts.

Changes may be made at any time by visiting Prudential's website: **prudential.com/online/retirement** or call 877-778-2100.

Leave Accruals

The City's employee leave provisions have been designed with the health and well-being of its employees in mind. The following types of leave are officially established: holidays, annual leave (vacation), sick leave, compensatory time, military, civil, bereavement, parental, and family medical leave. There are 10 official paid holidays. On the beginning date of employment, leave accrual balances will start at zero. Annual leave (vacation) shall be accrued at the end of an employee's first full pay period at a rate of 3.33 hours per pay period for the first three years of service. Sick leave shall be accrued at a rate of 4 hours per pay period.

For more information about leave, please read Section 5 of the Administrative Rules.

Bus Pass Program

All benefits-eligible employees are able to receive one free 20-ride pass each month. To request your pass, please contact Employee Benefits.

This program is a commitment from the City to enhance its benefits package, reduce City greenhouse gas emissions and reduce parking congestion. Each ride on the bus will help keep more of your hard-earned dollars in your pocket by lowering your gas bill. For more information on route planning, or how to use a bus pass, please visit KAT's website at katbus.com. Printed maps and information on using a 20-ride pass are also available in the Employee Benefits Office.

Additional benefits for alternative commuters, including gift cards and emergency rides home, can be received by registering through TPO's Smart Trips program at no cost: http://knoxsmarttrips.org/.

YMCA Membership

As a City Employee, you are eligible for a 50% discount off a membership with the YMCA. Dues are paid monthly through payroll deduction.

- Single (<55): $24/ month
- Single (>55): $21/ month
- Single Parent Family (<55): $29/ month
- Family (<55): $35/ month
- Family (>55): $30/ month

If you are interested, please complete a Membership Application and a Payroll Deduction form and turn in to your local YMCA.

Important Contacts

Benefit/Vendor	Website	Phone
General Benefits Questions		
Employee Benefits Division	knoxvilletn.gov/benefits • CityBenefits@knoxvilletn.gov	865.215.2111
Medical		
BlueCross BlueShield of TN	bcbst.com	1.800.565.9140
My Health Wellness Program		
Asset Health	COKMyHealth.com • support@assethealth.com	1.855.444.1255
Screening, Coaching, Acute Care		
The Center, by Premise Health	mypremisehealth.com	865.215.6150
Telehealth Services		
Physician Now	bcbst.com/physiciannow	1.888.283.6691
Prescription Drugs		
CapitalRx	cap-rx.com https://app.cap-rx.com/login	1.855.922.7799
Dental		
BCBST CIGNA DHMO	bcbst.com cigna.com/web/public/hcpdirectory	1.800.565.9140 1.800.244.6224
Vision		
EyeMed (Select or Plus Network)	eyemedvisioncare.com	1.866.939.3633
FSA/HRA		
WageWorks/HealthEquity	healthequity.com	1.877.924.3967
Employee Assistance Program		
eni	nexgeneap.com	1.800.986.4513
Life Insurance		
OCHS	lifebenefits.com	1.800.392.7295
Long-term Disability		
OCHS	Contact Employee Benefits	865.215.2111
Voluntary Insurance		
Lifetime Benefit Term Accident, Critical Illness, Short-term Disability	Contact Employee Benefits	865.215.2111
Deferred Compensation & Greenpath Financial Wellness		
Prudential Retirement Greenpath	prudential.com/online/retirement Greenpath.com	877.778.2100 877.444.5606
Pension		
Pension Board	http://cokpension.org	865.215.1444
Sick Leave Bank		
Employee Benefits	knoxvilletn.gov/employment	865.215.2106
Workers' Comp and Liability		
Risk Management	knoxvilletn.gov/risk	865.215.3338

This brochure provides highlights of the City of Knoxville's benefits program. It is not intended to include all of the benefit plan details. Complete details about how the plans work are included in the summary plan descriptions and plan documents, which are available upon request. If there are any inconsistencies between this brochure and the official plan documents, the plan documents will govern. The City reserves the right to change or end any of the plans at any time. This document does not constitute a contract or offer of employment.

400 Main Street
Knoxville, TN 37902
Benefits Department
knoxvilletn.gov/benefits
CityBenefits@knoxvilletn.gov
865.215.2111