

Guide to Your Benefits 2018



CITY OF KNOXVILLE

It's My Health

“My personal health was not where I wanted it to be. I had 3 knee surgeries in 2 years, gained weight and just didn’t feel well. The toughest part was finding the time to work out and resisting temptation from the foods that I like! Getting started is the hardest part, but My Health is a benefit that encourages you and provides accountability. You have to get your mind right to get your body right!”

Danny Beeler

Knoxville Fire Department



Table of Contents

Medical	6	Life Insurance.....	19
The Center.....	11	Vacation Sell	20
Prescription Drugs.....	12	Sick Leave Bank	20
Dental	14	Employee Assistance Program.....	21
Vision.....	16	Voluntary Insurance Options.....	22
Flexible Spending Accounts.....	17	Important Contacts.....	back cover

Welcome to Annual Enrollment 2018:

We are pleased to provide you with this 2018 Guide to Your Benefits. This guide includes all of the benefit options offered so that you and your family can make informed choices about what best fits your needs. To help you understand all of your benefits, please plan to attend one of the scheduled annual enrollment meetings or view the video posted online at: www.knoxvilletn.gov/benefits

Annual Enrollment begins on November 1st. All benefit elections must be made in PeopleSoft. You have until November 30th to make changes.

Not sure what benefits you are currently enrolled in?

- Log into PeopleSoft using your Employee ID and password. (If you don't know your password, you can click on the 'Forgot Password' link or call the Help Desk at 215-3030).
- Click on Main Menu -> Self Service -> Benefits -> Benefits Summary

How to Enroll in Benefits for 2018:

- From Inside Knoxville, click on 'Online Annual Enrollment 2018' from the City-Wide drop down box
- Then, click 'Start' on the Benefits Enrollment screen
- Under Election Summary, you will see Current and New elections. To change your election, just click the Edit button on the right hand side.
- If you need to add a dependent, click the link 'Add/ Review Dependent Information'. Please do not overwrite any current or former dependents, only create new dependents.
- Finalize your enrollment by clicking 'Submit'.

Log into PeopleSoft to do any of the following:

- Personal information: Please verify your mailing address, telephone numbers, preferred email address, emergency contacts and beneficiaries are correct in PeopleSoft.
- Flexible Spending Account (FSA): If you want to participate in an FSA, you must re-enroll every year. For more information, see Page 17.
- Vacation Sell: Do you want to sell your leave? You can sell up to half of the leave you would accrue in one year. For more information, see Page 20.

Declining Medical Coverage?

- If you decline the City's medical plan due to coverage elsewhere, be sure to send a copy of your current coverage by 12/31/17 in order to receive \$500 into your Flexible Spending Account. Any proof received after 1/1/2018 will be reduced by a monthly pro-rated amount.

What's New for 2018?

Medical:

The total health insurance rates will increase slightly in 2018. However, the City will absorb the increase. As a result, your pre-tax deductions will not change, nor will the medical plans being offered. (See Page 6 for more information.)

My Health Wellness Program:

We will continue tracking all requirements in the new wellness portal, www.cokmyhealth.com. However, one requirement is changing. The requirement for physical activity will increase to a minimum of 90 minutes per week to be closer to what the CDC recommends. If you track steps, the new requirement will be 35,000 steps per week. As a reward for increasing your physical activity, the City will contribute more money in your HRA. (See Pages 8 & 9).


Dental:

Good news! The dental rates are decreasing slightly for 2018, while the plan designs all remain the same. (See Pages 14 & 15 for more information).

Vision:

EyeMed Vision Care will continue to be our vision provider. While the rates will increase slightly in 2018, the frame allowance also increased in the buy-up plan. (See Page 16.)

Voluntary Benefits:

 You will now be able to make changes to your elections for Allstate Accident, Short-term Disability, and the Aflac Critical Illness policy in PeopleSoft during annual enrollment. (See Pages 22 & 23 for more information).

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 benefit eligibility of dependent
- 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

Your benefit change must be consistent with the life event and must be within 60 days of the event. You will be able to make these changes in PeopleSoft, but please note additional paperwork may be requested.

Important note on dependent eligibility

All dependents on the City's medical, dental, vision and/or life insurance 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 spouse 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 (page 4). Please complete an affidavit, as well as provide proof of the relationship through financial interdependence. For more information about the affidavit or the proof, 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.

It's My Health!

"I didn't want to be chubby anymore! I wanted to look and feel better. Portion control was the hardest part. I learned the one thing I can control is what I put into my body. I also ramped up my exercise habits. All the programs offered through the My Health program are great. The coaches are tough; they will talk straight and hold you accountable. I am really glad I work at a place that cares."

*Chadwick Haynes
Knoxville Fire Department*



Medical

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

1. Your network

BCBST offers a choice of two networks:

- **Network S**— All hospitals in Knox County participate with the exception of the University of Tennessee Medical Center.
- **Network P**—98% of Knox County doctors and all area hospitals participate

To see if your doctor participates in either network, check the provider directory at www.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 from providers seen in an emergency situation.

Health Tools

BlueAccess: www.bcbst.com

BCBST's BlueAccess website gives you access to view benefits, claims history, search providers or print EOBs.

You can also download the BlueCross BlueShield app, called **myBlueTN**, available for both iOS and Android.

OptumRx: www.optumrx.com

Log into OptumRx to view claims, research drug pricing, order prescriptions and refill mail orders.

There is also an app available for download, where you can manage your prescriptions from your mobile device. For drug tiers, go to www.cityofknoxvillerox.com

Wage Works: www.wageworks.com

Submit Your Healthcare claims for reimbursement, or submit receipts to verify card transactions. There is also an app you can download called EZ Receipts.

The network you select during annual enrollment is the one you'll use throughout 2018. You cannot change networks during the year unless you experience a life event as outlined on page 4.

2. Your deductible

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

Both options cover the same services and have the same coinsurance. The difference will be in—

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

3. My Health Wellness Program

The City's My Health Wellness Program is a voluntary program that rewards participants who commit to leading a health-conscious lifestyle. Participants who meet the program requirements receive a wellness credit on every paycheck, as well as a monthly contribution to a Health Reimbursement Account (HRA). See Pages 8 & 9 for more information.

PhysicianNow (telehealth)

All BCBST health plan members have access to use the PhysicianNow, telehealth services. Physician-Now is a convenient way to access a doctor 24 hours a day, 7 days a week from your home, office, or while traveling. All you need is a telephone, smartphone, tablet or computer.

You can call PhysicianNow for all non-emergency medical issues, such as allergies, cold and flu, fever, sinus infections, respiratory issues, and skin conditions. Your copay is just \$10 every time you call.

Call 1-888-283-6691 or log into Blue Access at www.bcbst.com, select the My Health and Wellness tab, and then click the Physician Now tile.

2018 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	
Emergency care	100% after \$150 copay ³		80% after deductible	
Until you reach...				
Calendar Year out-of-pocket maximum⁴	\$2,500/individual \$5,000/family	\$7,500/individual \$15,000/family	\$2,500/individual \$5,000/family	\$7,500/individual \$15,000/family

¹Out-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.

²Limits for certain services may apply. See preventive benefits on Page 8.

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

⁴Once 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, ER copays where applicable, and prescription drug copays.

2018 Medical & Rx Rates

Below are the per payroll rates for the medical and prescription drug coverages available in 2018:

(24 times per year)

	\$500 Network S	\$500 Network P	\$1,000 Network S	\$1,000 Network P
Employee Only	\$48.90	\$51.50	\$31.12	\$32.12
Employee + Spouse	\$183.18	\$196.07	\$142.27	\$151.47
Employee + Child(ren)	\$133.93	\$144.17	\$101.37	\$108.69
Employee + Family	\$226.75	\$243.56	\$173.39	\$185.40

Wellness Credits:

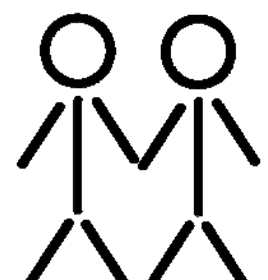
If you participate in the My Health Wellness Program, you will receive a wellness credit to help offset the cost of the medical premiums. The credit will be found in the earnings box of your paycheck. (24 times per year)



Employee Only
\$20 credit



Spouse Only
\$20 credit



Employee and Spouse
\$40 credit

My Health Wellness Program

When you enroll in My Health and maintain all program requirements, you receive the following rewards:

- **A wellness credit to offset your medical premiums.**
- **HRA Dollars from the City.** An HRA is a Healthcare Reimbursement Account set up by the City to help you pay for certain out-of-pocket expenses, like your calendar year deductible, coinsurance, prescription drug copays, and dental and vision care for you and your covered family members. The chart below outlines how much you will receive. See page 10 for information about spending your HRA dollars for you and your eligible dependents.

If you:	You receive in HRA dollars: ¹
Participate in the My Health plan	\$40/month or \$480/year (employee only) \$80/month or \$960/year (employee + one or more dependents) ²
Additionally, if you:	
Earn less than \$34,000	\$150/year
Earn \$34,001—\$46,550	\$75/year
Or your covered dependent participates in the City's prenatal program (must enroll by the 20th week of pregnancy)	\$200 upon completion of the program

¹Annual HRA dollars are prorated based on the date you begin My Health participation and are contributed monthly to your HRA.

²Dependents must also maintain plan requirements as described on the next page.

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.

My Health Wellness Program Requirements:

To receive the rewards of the My Health Wellness Program (My Health), enrolled participants (employee, spouse, and/or qualified domestic partner) must maintain all of the requirements described below. Participants that miss a requirement will be mailed a postcard reminder. Participants that do not then become current on all requirements, will be mailed a “2nd strike” postcard reminder, notifying them that they may be removed from My Health if they remain out of compliance. Participants will then have 14 days to contact The Center or Employee Benefits to take steps towards compliancy. Participants that do not contact The Center or Employee Benefits within this period, and that remain noncompliant, will no longer receive the wellness credit or the monthly Health Reimbursement Account (HRA) contribution.

The good news is that it’s easy to get back into My Health and receive the rewards of a health-conscious lifestyle! If you want to continue receiving the wellness credit and the monthly HRA contribution, please contact Employee Benefits and we will guide you through the process to make sure you meet the requirements listed below. You will need to complete at least two consecutive months of Physical Activity credit and be current on all other requirements before completing a form to re-enroll.

<p>Complete an annual health screening</p>	<p>Participants must schedule and complete a health screening at The Center by September 30th every year. The screening includes both a biometric blood draw and completion of a Health Risk Assessment, (a link to the Premise Health site to take the health risk assessment is located on the My Health portal’s homepage, www.cokmyhealth.com).</p>
<p>Stay physically active Note: Physically active means any activity that increases your heart rate. If you have medical limitations, contact The Center staff, who can approve an appropriate physical activity program for you.</p>	<p>Participants must commit to be physically active at least 90 minutes/week (with a minimum of three sessions per week lasting at least 10 minutes each) . Activity must be submitted in the My Health portal by the 10th of the following month to receive credit. If you are tracking steps, you must meet 35,000 steps per week.</p>
<p>Complete quarterly health education NOTE: This requirement must be completed by the individual My Health member only. If it is determined that your education documents were not completed exclusively by you, you will be immediately removed from My Health without notice.</p>	<p>Participants are required to complete a quarterly education requirement. This can be fulfilled by reviewing CDs, DVDs, approved websites, approved TV shows and written materials available from The Center, Employee Benefits and the Safety Building, as well as attending quarterly education classes taught by health coaches and special guests. There is also an opportunity in the www.cokmyhealth.com portal to read an article and take a quiz. As long as you receive a 100% on the quiz, you will receive credit for the quarter.</p>
<p>Actively participate in The Center’s health coach/ RN disease management program, as applicable</p>	<p>Participants diagnosed with a chronic condition(s) listed below, or that are determined to have a moderate or high health risk must participate in The Center’s health coach/ RN disease management program. Chronic conditions: asthma, obesity, congestive heart failure, chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), diabetes, hyperlipidemia and hypertension. The number of visits required in the calendar year varies per risk assessment.</p>
<p>Actively participate in The Center’s health coach program if you use tobacco</p>	<p>Participants who use any form of tobacco (cigarettes, cigars, pipes, chewing tobacco or other tobacco product), are required to have a discussion with a health coach or disease management nurse on readiness to quit. Tobacco cessation drugs are provided at no cost.</p>
<p>Actively participate in the City’s prenatal program, if applicable (optional)</p>	<p>If you or your covered dependent become pregnant in 2018, you may enroll in the City’s prenatal program by calling BCBST Healthy Maternity program. As long as you enroll by the 20th week of pregnancy, you may qualify for a free breast pump from BCBST and you’ll receive an HRA contribution upon completion of the program.</p>

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 means. 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.

Medical...continued

Your HRA dollars

You can use the HRA dollars you earn by 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 certain other health care expenses you pay out of your own pocket. However, not all health care expenses are eligible. For a full list of eligible expenses, visit www.wageworks.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 accumulate funds 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, s/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 WageWorks debit card.*** It contains your HRA balance and works like cash at any vendor that accepts health care debit cards. If you participate in the Health Care FSA, your debit card includes your Health Care FSA contributions, which will be deducted first.
- 2 **Pay My Provider.** Log onto your HRA/FSA account at www.wageworks.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 WageWorks claim form via mail (to the address on the form), email, fax or electronically through the mobile app.

* If you're new to the My Health/HRA program, you'll receive a WageWorks debit card in the mail after enrollment. If you already have a WageWorks debit card, check the expiration date. If it is not set to expire, your 2018 HRA/FSA dollars will automatically be loaded on it and you can continue to use the card in 2018.

Your WageWorks debit card

1. Your WageWorks 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 WageWorks to substantiate a purchase. This is especially important if you use your debit card at a provider's office. The IRS requires substantiation to prove 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 (www.bcbst.com), Delta Dental's website (www.deltadentaltn.com), and EyeMed's website (www.eyemedvisioncare.com). Credit card receipts generally do not provide enough information to substantiate a purchase. The top portion of your monthly WageWorks statement will let you know if you need to substantiate a purchase. Look for the code: CUV (card use verification).
3. You can register online at www.wageworks.com. Once registered, you can:
 - View your monthly statement
 - Check your account balance(s) and track activity
 - Request WageWorks 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 WageWorks immediately to report your missing card and order a new one. Or, you can order a replacement card online at www.wageworks.com.

IMPORTANT: To get reimbursed for a 2017 expense in 2018, you must submit a paper/fax/email claim or use the Pay Me Back or Pay My Provider features at www.wageworks.com.

Participating in the FSA

If you expect to have out-of-pocket expenses greater than the HRA dollars you'll receive from the City, you may contribute your own pre-tax money to the Health Care FSA, as described on pages 17—18. Only a portion of FSA dollars (up to \$500) rollover at the end of the year, so funds are paid from your FSA account first. When FSA funds are exhausted, expenses will be paid from your HRA.

HRA vs. FSA: What's the difference?

	HRA	Healthcare FSA
Use to pay for health care expenses, such as deductibles, coinsurance, pharmacy copays, dental and vision expenses	Yes	Yes
Who contributes?	City	You
Roll over unused funds at year end?	Yes	Yes, up to \$500

Special City-funded FSA

If you decline the City's medical coverage, the City will contribute up to \$500 to a Health Care FSA for you, even if you choose not to contribute your own money to an FSA. To receive this contribution, we must receive proof of coverage elsewhere like a copy of an ID card, no later than December 31, 2017. Proof received later than the deadline will be reduced by a monthly prorated amount.

The Center

The City's Health, Education & Wellness Center (The Center) is served by Premise Health. The Center provides free wellness services and health screenings — as well as health coaching for those with chronic conditions — for employees, retirees and spouses and domestic partners who participate in the My Health Wellness Program.

The Center is staffed with a full-time doctor and a full-time Nurse Practitioner. More staffing means more availability for acute visits or sick visits. The Center can also provide services to your covered spouses and dependent children (ages 2 and up) for a \$10 copay. You need to be covered on the City's medical plan to use The Center for acute care, and the \$10 copay will apply towards your BCBST out of pocket maximum. You can pay for acute care with cash, check, credit/debit card or use your FSA or HRA card.

Consider having labwork done at the Center for a \$10 copay, and have the results sent to your provider to save you money.

The Center and its staff are subject to confidentiality rules that apply to all medical providers. Care you receive at The Center does not replace treatment provided by your personal physician(s). However, The Center's staff can assist you in researching publicly available information about your condition, treatment options, medications and other self-care information.

To schedule an appointment, call The Center at 865.215.6150 or log onto:

<https://knoxvilletn.goandbewell.com>.

Reminder: When enrolled in the My Health Wellness Program, you and your covered spouse or domestic partner must complete an annual health screening at The Center, (which includes a biometric blood draw and completion of a Health Risk Assessment) and meet other requirements as outlined on page 9.



Prescription drugs

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

You have three ways to purchase prescription drugs:

- At a network retail pharmacy
- Through the home delivery program
- At participating 90-day at 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 at 2.5 times the copay 90 at mail will continue to be filled at 2 times the copay		

*All Level 5 Specialty Drugs must be dispensed by the Optum Rx Specialty Pharmacy.

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 program encourages you to try first-line or generic drugs before “stepping up” to more expensive “step-two” or brand name drugs for certain conditions. For example, if your provider prescribes Lunesta and you haven’t taken it before, the pharmacist will not fill the prescription until you have tried a generic alternative.

If the generic alternative doesn’t work for you, you can step up to the brand name drug.

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. Check the City of Knoxville Drug List to see if your drug is listed with a PA.

If you are a new user of this drug, you will need to allow time for your doctor to submit information to OptumRx for approval.

For more information, please visit:

www.cityofknoxvillerox.com

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 OptumRx for approval.

Opioid Management Program

Opioid misuse and abuse is a national health crisis. Drug addiction is now the leading cause of accidental death. OptumRx is confronting the opioid epidemic with an end-to-end solution, driving opioid safety and prevention through engagement, smart prescribing and ongoing monitoring.

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 OptumRx for approval.

Over-the-counter (OTC) program

The OTC program requires that if you take certain prescription drugs when an OTC alternative is available, your coverage will be reduced from the normal copay to 50% of the drug's cost. For example, Prilosec has an OTC alternative called omeprazole that may be as effective. And the full cost of omeprazole may be less than 50% of the cost of Prilosec.

Over-the-counter medications

Over-the-counter medications, such as aspirin, antihistamines and heartburn medications can't be reimbursed under the Health Care FSA or your HRA unless you provide a doctor's prescription and a letter of medical necessity. See page 18 for more information.

It's My Health!

"About two years ago I quit tobacco, but in turn gained 30 lbs and I was miserable. Then my wife started working out regularly and encouraged me to do it—she was my reason to want to make the change. Once you find YOUR reason to do it the City can help keep you motivated. The last 4-5 week health challenges at work help keep me motivated. Seeing the other guys at work gaining, losing and competing against each other really helps, too!"

*Matthew Cataline
Knoxville Fire Department*



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 Delta Dental PPO or Premier network for your base exam. If you don't, you may be balance-billed for the difference between Delta's reimbursement and your dentist's billed amount.

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 Delta Dental
- A high dental plan with a higher annual maximum, and child ortho, provided through Delta Dental
- A dental HMO (DHMO), provided through CIGNA, with no annual maximum along with adult and child ortho

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

www.deltadentaltn.com/knoxville

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.

In addition, both plans cover additional exams/cleanings (up to four per year) 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 your 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 www.cigna.com or www.mycigna.com (if enrolled). See the charge schedule posted on the Employee Benefits intranet page for more details.

“The My Health program created an awareness for me. I was given the information I needed to understand how the food I ate was impacting my numbers. I wanted to feel better, so I not only changed the amount of food I eat but also the types of foods. I am also completely off sodas when I used to drink 3 a day. I no longer have heartburn which I used to take Tums for every day.

I just got married in July and my wife and I enjoy walking. We like to go to the different city parks – it makes it easier to exercise longer when it isn't the same place all the time. “

*Ray Clifton
Parks & Recreation*

2018 Dental plans...at a glance

	Delta Dental ¹ Low Option	Delta Dental 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-rays)	100% (no ded.) Does not apply towards Annual Max	100% (no ded.) Does not apply towards Annual Max	\$0 copay ²
Basic care (fillings)	80% after ded.	80% after ded.	See charge schedule
Major care (crowns, dentures, bridges oral surgery, endo and perio)	50% after ded.	50% after ded.	See charge schedule
Orthodontia	None	50% (no ded.) Child only to age 19	See charge schedule (adults and children)
Annual benefit maximum³	\$1,000	\$1,500	N/A
Orthodontia lifetime maximum	N/A	\$1,500	N/A
Per Payroll Rates	Low Option	High Option	DHMO
Employee Only	\$8.94	\$14.46	\$4.85
Employee + Family	\$28.63	\$46.19	\$14.29

¹ Providers in Delta Dental's PPO and Premier Network have agreed not to exceed the maximum plan allowance (MPA). If you use providers outside these networks you're responsible for charges exceeding the MPA.

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 Delta Dental.

“The hardest part to living better was making better food choices in social situations – the peer pressure to eat what everyone else is eating. My wife and I learned to plan ahead so we could control as much of it as possible. We have also made going to the gym a part of our lifestyle. We go 3 times a week and set goals for things we want to accomplish to keep us motivated. We just completed the Tour de Blount and are now training for a mini-triathlon. Being healthy is a challenge but life is totally different now! “


*Todd Kennedy
Community Development*



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. Visit www.eyemedvisioncare.com to locate a provider in the Select network.

2018 Vision plan...at a glance

	In-network (through EyeMed <i>Select</i> providers)	Out-of-network Reimbursement (through other providers)
You pay...		
Annual deductible	\$0	
Then the plan pays...		
Eye exams (once every 12 months)	100% after \$10 copay	Up to \$35
Frames (once every 24 months) 	Up to \$140 retail 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
Contact lenses (one pair every 12 months in lieu of glasses)		
Conventional	Up to \$125	Up to \$125
Disposables	Up to \$125	Up to \$125
Medically necessary	100%	Up to \$210
Per Payroll Rates:		
Employee Only	\$2.92	
Employee + Spouse	\$4.76	
Employee + Child(ren)	\$6.05	
Employee + Family	\$8.05	

*Increased for 2018.

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.

Flexible Spending Accounts

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

- **Health Care 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 contributed from your paycheck.

Because FSAs offer such favorable tax breaks, the IRS has certain rules that must be followed. Visit www.wageworks.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

	Health Care FSA	Dependent Care FSA
You can contribute...	\$120—\$2,650/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

¹If you’re married filing jointly, the limit is \$5,000. For head of household or married filing separately, the maximum contribution is \$2,650/year.

²Rules and restrictions apply. Your dependents do not have to be covered under a City benefit plan.

How the FSA works

1. Estimate your health care and/or dependent care expenses for 2018 separately. You can use BCBST’s BlueAccess website at www.bcbst.com or OptumRx’s website at www.optumrx.com. Use these websites to view your 2017 claims and help estimate your 2018 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 so 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):

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.

- **Use your WageWorks debit card.*** It contains your Health Care FSA balance as well as your HRA balance and works like cash at any vendor that accepts health care debit cards.
- **Pay online.** Log onto your FSA/HRA account at www.wageworks.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 WageWorks claim form via mail (to the address on the form), email, fax or electronically through the mobile app.

IMPORTANT: To get reimbursed for a 2017 expense in 2018, use the Pay Me Back or Pay My Provider features at www.wageworks.com, or submit a paper claim. Do not use your Wage Works debit card.

Be sure to save your receipts and explanations of benefits (EOBs) in case you’re later asked by WageWorks to verify a purchase. This is especially important if you use your debit card at any healthcare provider.

Visit www.wageworks.com for more details.

* For eligible health care expenses only.

Eligible expenses

Here are some examples of eligible expenses:

Health Care FSA

- Medical and dental deductibles and coinsurance
- 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 health care 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 www.wageworks.com.

Over-the-counter medications

Over-the-counter (OTC) medications, including vitamins and supplements, can't be reimbursed under the Health Care FSA or HRA **unless** you provide a physician's prescription. Prescriptions must be written by a doctor or other qualified medical practitioner and include the date; patient's name; practitioner's name, address and signature; and the name, dosage and duration of treatment.

If an OTC medication is reimbursable because you have a prescription, you can use your WageWorks debit card to purchase it if you present your prescription at the pharmacy counter. Otherwise, you must pay for it and file a claim for reimbursement, along with a copy of the prescription.

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 www.wageworks.com for details.

It's My Health!

"I have diabetes and have always done really well controlling it but I knew I could have complications in the future. Through My Health, I also learned my cholesterol was high. The cholesterol diagnosis surprised me. I thought I was doing everything right! We don't eat fast food, eat out or fry foods. My Health Coach worked with me on decreasing our red meat intake and incorporating additional fiber into our diet to help bring our numbers down. Having a health coach is great – I didn't expect to feel this way."

*Pamala Roberts
Knoxville Police Department*



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 accident). Basic life is also available for your dependents in the amount of \$1,000 per dependent and is employee-paid.

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 tobacco products.

Adding or increasing coverage...

Employees that previously waived or declined Supplemental Life insurance are now eligible to elect \$10,000 of coverage for themselves at annual enrollment for a January 1, 2018 effective date.

If you are already enrolled in Supplemental Life, each year at annual enrollment, you can increase your Supplemental Life coverage by \$10,000 or \$20,000, to a maximum coverage amount of \$100,000, with no medical questions asked. Any increase over \$20,000 or any election amount over \$100,000 will require evidence of insurability forms to be completed.

Any new election or any increase to your spouse's coverage will require evidence of insurability for approval by the insurance carrier before your coverage increase can go into effect.

Evidence of insurability is not required for child life.

Life insurance...at a glance

	Basic Life	Supplemental Term Life
You	\$50,000 * (City-paid)	\$10,000—\$300,000* (in increments of \$10,000)
Your spouse or qualified domestic partner	\$1,000 (Cost: \$0.22 per paycheck)	\$5,000 - \$150,000* (in increments of \$5,000), up to 100% of employee's supplemental coverage amount
Your children (ages 6 months to 26 years)	\$1,000 per child (Cost: \$0.22 per paycheck)	\$10,000 per child (Cost: \$1.00 per paycheck)

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

Supplemental Life Rates per \$1,000 of coverage

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 \$ _____ = \$ _____
Now divide by 2 = \$ _____
Your payroll deduction is:

Vacation Sell

You have the option to sell up to half of the leave you will accrue in the coming year. For each hour of annual leave you sell, you receive credit for an hour's pay (prorated by pay periods over the year) back in your paycheck.

A couple of rules to keep in mind:

- You can only sell annual leave during annual enrollment.
- You cannot sell annual leave if you have a negative leave balance at the time of annual enrollment.
- Does not include hours accrued from previous years.

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 draw from the Sick Leave Bank, members must use all other accrued leave first and submit a statement from their doctor stating the leave is medically necessary. This statement must be approved by the Sick Leave Bank's Committee of Trustees.

Upon approval, trustees can grant five days minimum, up to 20 consecutive days at one time, up to 60 days per calendar year and up to 120 days per employee's employment period. Re-enrollment each year is not required.

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.

Your other benefits

The City provides a variety of other valuable benefits at no cost to you. These benefits include:

- Sick leave
- Annual leave
- Tuition Reimbursement
- Retirement plans
- Worker's compensation
- Safety programs
- YMCA membership discount (50% off monthly fee)

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 23 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: www.prudential.com/view/page/public/11996 Or call Jessica Coleman at 865.314.2109.

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. Eni 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.

Effective November 1, 2017, eni will have a provider onsite. Dr. Sabine Scoggins will be available to COK employees and their dependents., located at The Center 20 hours per week. 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.

Simply call eni

800.986.4513

24 hours a day, 7 days a week.

Or visit the website:

www.mybalanceworks.com



It's My Health!

"At first, I only participated in My Health for lower insurance premiums. Once I realized I needed to make changes, I quickly realized the benefits of the program. I knew it was time to take my health seriously for myself and my girls. Finding motivation has always been my biggest challenge, but my health coach was my biggest cheerleader and the key to my progress."

*Darrell DeBusk
Knoxville Police Department*

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.

NEW THIS YEAR! You will now be able to enroll in these plans through PeopleSoft during annual enrollment. We will no longer have a separate enrollment period for the voluntary benefits.

Critical illness insurance (Aflac)

The good news is survival rates of heart attacks, strokes and cancer are on the rise. However, the diagnosis of, and recovery from, these serious illnesses can interrupt anyone's life physically, emotionally and financially. Recovering from a critical illness is difficult enough without worrying about the added stress of meeting financial obligations. While your major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered.

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.

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.

“I decided I wanted to stay alive, so I quit smoking and have improved my diet. I drink a lot more water now as well. Cutting down on my ice cream was a big change that was hard, but my Health Coach is so sincere with her concern that she is one of my primary motivations. Health is wealth and you never want to go bankrupt!”

*James Johnson
Public Service Department*

No medical questions if you sign up when first eligible

— If you enroll in the voluntary plans when first offered to you, no medical questions will be asked and coverage will be guaranteed. However, if you waive coverage during your initial offering but wish to elect it later, you will be required to answer medical questions, and coverage is dependent on the insurance carrier's approval.

IMPORTANT:

For employees hired after January 1, 2017, this is your first opportunity to enroll, so you do not have to complete medical questions.

Coverage for pre-existing conditions after

waiting period — Under the critical illness, accident, 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.



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 up to 60% of your monthly salary. Rates are based on your age, your salary 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 20 for information about Long-Term Disability.)

LifeTime Benefit

Term insurance (Fidelity Life)

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



“When I had to see a health coach I wasn’t happy about the requirement. Then after I started running and losing weight I ran into Ashlee at a 5k. She encouraged me to come in and talk to her. I learned that I was losing weight but also losing muscle mass. She gave me the information I needed to make sure I was eating properly for the level of exercise I was doing. In our line of work you have to be in good shape.”

Shawn Tucker
Knoxville Police Department

“My Health really is about finding what motivates you. I want to see my kids grow up. I need to be able to survive the fight on the job. Having a health coach that is positive and genuine means I don’t mind going. The Fitbit was a big start for me. It made me realize how few steps I was taking, especially on my day off. Now I take the stairs more and I park further away to get my steps in.”

Coy Tucker
Knoxville Police Department

Important contacts

Benefit/Vendor	Website	Phone
General Benefit Questions		
Employee Benefits Division	www.knoxvilletn.gov/benefits	215.2111
Medical		
BlueCross BlueShield of TN	www.bcbst.com	1.800.565.9140
My Health Wellness Program		
Propel Wellness portal	www.cokmyhealth.com	1.888.339.4131
Screening, Coaching, Acute Care		
The Center, by Premise Health	https://knoxvilletn.goandbewell.com	215.6150
Prescription drugs		
OptumRx	www.optumrx.com www.cityofknoxvillerox.com	1.800.797.9791
Dental		
Delta Dental CIGNA DHMO	www.deltadentaltn.com/knoxville www.cigna.com/web/public/hcpdirectory	1.800.223.3104 1.800.244.6224
Vision		
EyeMed (Select Network)	www.eyemedvisioncare.com	1.866.939.3633
FSA / HRA		
WageWorks	www.wageworks.com	1.877.924.3967
Employee Assistance Program		
eni	www.mybalanceworks.com	1.800.986.4513
Life Insurance		
The Hartford	www.thehartford.com	1.800.331.7234 (EOI) 1.888.563.1124 (Claims)
Long-term disability		
Prudential	Contact Employee Benefits	215.2111
Voluntary insurance		
LifeTime Benefit Term Accident, Critical Illness, Short-term Disability	Contact Employee Benefits	215.2111
Deferred compensation		
Prudential Jessica Coleman	www.prudential.com/view/page/public/11996	1.800.992.4472 314.2109
Pension		
Pension Board	http://cokpension.org	215.1444
Sick Leave Bank		
Civil Service	www.knoxvilletn.gov/employment	215.2106
Worker's Comp and Liability		
Risk Management	www.knoxvilletn.gov/risk	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.