



2021

A GUIDE TO YOUR
BENEFITS

2021 BENEFITS OVERVIEW

Anderson County Government

ENROLLMENT DATES

CALL CENTER ENROLLMENT:

APRIL 5—APRIL 6

APRIL 13—APRIL 15

APRIL 19—APRIL 23

CALL (855) 756-2525

9AM—5PM EDT

ONLINE SELF ENROLLMENT:

APRIL 5—APRIL 25

[Enroll Here](#)

ONSITE ENROLLMENT:

APRIL 21—APRIL 22

APRIL 26—APRIL 30

FOR BENEFITS EFFECTIVE 7/1/2021 - 06/30/2022

The Anderson County Government annual insurance open enrollment period is about to begin.

We recognize the importance of benefits within the overall compensation package provided to all of our eligible employees. This year when we reviewed our employee benefits options, we focused not only on providing quality medical plans but also on controlling the cost and financial risk for our employees. We took great consideration in the answers to the survey and will be enhancing the benefits on the Gold plan. We will continue to offer multiple options to meet the individual needs of our employees and their dependents.

NOT SURE HOW TO GET STARTED? DON'T WORRY!

Start by reviewing the benefits in which you are currently enrolled, and are being offered. Medical, Dental, Vision, Life Insurance, Short and Long-Term Disability, Retirement Options, Voluntary Benefits, Medical Flexible Spending Account and Dependent Care Flexible Spending Account.

In this booklet, you'll find easy-to-understand instructions to help you make your benefit decisions.

SUMMARY OF 2021 PLANS

- Medical coverage remaining with BlueCross BlueShield
- Pharmacy coverage remaining with RxBenefits/Express Scripts
- Medical Flexible Savings Account and Dependent Care Flexible Spending account will be administered by TASC through USABLE
- Dental and Vision continue to be standalone products—no change to coverage or cost
- Term Life Insurance, Disability, Accident, Critical Illness, Hospital Indemnity and Cancer benefits are with USABLE
- Employee Assistance Program with New Directions through USABLE
- Telehealth through CareHere with MD Live
- Pet Insurance through Nationwide
- **Legal Shield/ID Shield—enrollment begins May 2021**

As always, we value you as a member of the Anderson County Government family and look forward to a healthy and safe 2021.

ANDERSON COUNTY GOVERNMENT BENEFIT VIDEO PRESENTATION

CURRENT COVERAGE?

To find out what coverage you are currently enrolled in, please contact Human Resource at 865-264-6300.

TIP

REMEMBER!

Open enrollment is the one time of year you can make any adjustments you'd like for the upcoming plan year.

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CONTACT INFORMATION



If you have any questions regarding your benefits, please contact the insurance carrier, your Anderson County Human Resources representative, or our CBIZ service team listed below.

MEDICAL

BlueCross BlueShield of Tennessee

www.BCBST.com

(800) 565-9140

DENTAL

Delta Dental of Tennessee

<https://tennessee.deltadental.com/>

(800) 223-3104

VISION

BlueCross BlueShield of Tennessee

www.BCBST.com

(800) 565-9140

VOLUNTARY

USable

Life, Disability, Accident, Critical Illness, Hospital Indemnity, Cancer

www.USable.com

(800) 370-5856

TELEHEALTH

CareHere

<https://carehere.com/mdlive-telehealth/>

(877) 423-1330

FLEXIBLE SPENDING ACCOUNTS

TASC

<https://www.tasconline.com/>

(800) 422-4661

LEGALSHIELD/IDSHIELD

Cap Stewart

cap@premiersolutionsintl.com

(865) 293-2453

YOUR BENEFITS TEAM

CBIZ Benefits & Insurance Services

[Service Team Email](#)

(844) 200-2249

YOUR HUMAN RESOURCE TEAM

Kim Jeffers-Whitaker

kwhitaker@andersoncountyttn.gov

Stephanie Strickland

sstrickland@andersoncountyttn.gov

Andrew Stone

astone@andersoncountyttn.gov

(865) 264-6300



Throughout this guide you will find video and link icons that will take you to resources that provide additional information on the benefits available to you.



MEDICAL INSURANCE

YOUR HEALTH PLAN OPTIONS

As a full-time employee of the Anderson County Government you have the choice between two medical plan options: the Gold or Silver Plan

Your medical and prescription deductibles will run from JANUARY 1 – DECEMBER 31.

While both plans give you the option of using out-of-network providers, you can save money by using in-network providers because BlueCross BlueShield has negotiated significant discounts with them. If you choose to go out-of-network, you'll be responsible for the difference between the actual charge and the BlueCross UCR (Usual, Customary and Reasonable) charge, plus your out-of-network deductible and coinsurance.

TIP

Get the most out of your insurance by using in-network providers.

FREQUENTLY ASKED QUESTIONS

?

How many hours do I need to work to be eligible for insurance benefits?

You must be a full-time employee working a minimum of 30 hours per week on a regular basis.

?

Will I receive a new Medical ID card?

You will NOT receive a new medical ID card unless you are newly electing medical or changing your medical election.

?

Does the deductible run on a calendar year or policy year basis?

A calendar year basis (January to December). This differs from the plan year which runs between July 2021 and June 2022. See HR if you have questions.

?

How long can I cover my dependent children?

Dependent children are eligible until the end of the month in which they turn age 26.

SELECT YOUR MEDICAL PLAN

- OPTION 1: GOLD
- OPTION 2: SILVER

GOLD PLAN

MAY BE FOR YOU IF:

- You would rather pay more in monthly premiums, but less on medical and prescription expenses when they occur
- Lower copays and an Emergency Room copay

SILVER PLAN

MAY BE FOR YOU IF:

- You are healthy and don't incur regular medical expenses
- You would rather pay lower premium contributions



Medical Plans Explained

MEDICAL INSURANCE

MEDICAL INSURANCE PLAN OPTIONS AND COSTS

BlueCross BlueShield of Tennessee	Gold Plan	Silver Plan
	Employee Cost <i>Monthly Premium</i>	Employee Cost <i>Monthly Premium</i>
Employee Employee + 1 (Spouse or Child) Employee & Family	\$149.57 \$320.55 \$398.63	\$100.57 \$267.14 \$346.63
	In-Network	In-Network
Deductible (calendar year) Individual / Family	\$500 / \$1,000	\$2,000 / \$4,000
Coinsurance (Member Pays)	20%	30%
Out-of-Pocket Maximum Individual / Family <i>(includes deductible, coinsurance & copays)</i>	\$2,500 / \$5,000	\$4,000 / \$8,000
Office Visit Primary Care Physician / Specialist	\$25 / \$40 copay	\$35 / \$50 copay
Preventive Care	Covered at 100%	Covered at 100%
Diagnostics Lab and X-ray Major Diagnostics (MRI, CT, PET...)	20% after deductible 20% after deductible	30% after deductible 30% after deductible
Urgent Care	\$50 copay	\$75 copay
Emergency Room	\$500 copay	30% after deductible
Outpatient Surgery	20% after deductible	30% after deductible
Inpatient Hospital Services	20% after deductible	30% after deductible
Prescription Drug	\$75 Individual Rx Deductible \$1,000 Individual Rx Out-of-Pocket Max \$150 Family Rx Deductible \$3,000 Family Rx Out-of-Pocket Max	\$250 Individual Rx Deductible \$2,000 Individual Rx Out-of-Pocket Max \$500 Family Rx Deductible \$4,000 Family Rx Out-of-Pocket Max
<i>All rates are for 30 day retail</i>		
Generic Drugs	\$10 copay	\$10 copay
Preferred Brand Drugs <i>Maintenance Drugs</i> <i>All Others</i>	\$30 copay 20% coinsurance up to \$125 copay	\$30 copay 30% coinsurance up to \$125 copay
Non-Preferred Brand Drugs <i>Maintenance Drugs</i> <i>All Others</i>	\$40 copay 20% coinsurance + \$30, up to \$175 copay	\$40 copay 30% coinsurance + \$30, up to \$175 copay
Specialty Drugs	20% coinsurance + \$30, up to \$175 copay	30% coinsurance + \$30, up to \$175 copay

PRESCRIPTION DRUG COVERAGE

THE PHARMACY VENDOR IS RX BENEFITS / EXPRESS SCRIPTS, INC (ESI). **ALL WALGREENS PHARMACIES ARE EXCLUDED FROM COVERAGE**

MEDICAL NETWORK CHANGES

OUT-OF-NETWORK EFFECTIVE 6/1/2021

- TENNOVA HEALTHCARE NORTH KNOXVILLE MEDICAL CENTER
- TENNOVA HEALTHCARE TURKEY CREEK MEDICAL CENTER

BLUECROSS BLUESHIELD NETWORK S

BlueCross BlueShield of Tennessee works to maintain a high quality affordable care network by negotiating with healthcare providers to give discounted rates to members. Although they work to maintain network consistency, sometimes negotiations are unsuccessful and changes are necessary.

WHAT'S CHANGING?

Tennova Healthcare North Knoxville Medical Center and Tennova Healthcare Turkey Creek Medical Center will no longer be in Network S effective June 1, 2021.

**Some physicians operating in these facilities may remain in-network so it's important to check with your provider prior to receiving services.*

WHAT'S NEXT?

Individuals enrolled in medical coverage prior to June 1, 2021, who have utilized one of the above mentioned facilities, will receive a letter regarding the change. Members receiving care at these facilities prior to May 31, 2021, **will have their benefits processed at in-network rates and benefits.**

On and after June 1, 2021:

- Members receiving ongoing care at one of these facilities through June 1 will need to request BlueCross BlueShield continue covering their care at in-network rates.
- Members receiving non-emergency care at one of these facilities, will have greater out of pocket expense. This includes care received with prior authorization.

**Always seek care at the nearest emergency room in an emergency situation.*

OUT-OF-NETWORK

If you choose to go out-of-network, you'll be responsible for the difference between the actual charge and the BlueCross UCR (Usual, Customary and Reasonable) charge, plus your out-of-network deductible and coinsurance. Your out-of-network deductible and coinsurance will apply.

NETWORK S LOCAL IN-NETWORK HOSPITAL OPTIONS

- Knoxville
 - ⇒ Fort Sanders Regional Medical Center
 - ⇒ Parkwest Medical Center
 - ⇒ University of TN Medical Center
 - ⇒ East TN Children's Hospital
- Lenoir City
 - ⇒ Fort Loudoun Medical Center
- Maryville
 - ⇒ Blount Memorial Hospital
- Oak Ridge
 - ⇒ Methodist Medical Center of Oak Ridge
- Sevierville
 - ⇒ LeConte Medical Center
- Powell
 - ⇒ Select Specialty Hospital North Knoxville
- Harriman
 - ⇒ Roane Medical Center
- Jefferson City
 - ⇒ Tennova Healthcare Jefferson Memorial

Visit www.bcbst.com to find additional providers

Registering with Express Scripts

Online access to savings and convenience

Manage your medicines anywhere, any time with [express-scripts.com](https://www.express-scripts.com) and the Express Scripts® mobile app

Register now so you can experience:

- More savings.**
 Compare prices of medicines at multiple pharmacies. Get free standard shipping¹ from the Express Scripts PharmacySM.
- More convenience.**
 Get up to 90-day supplies of your long-term medicine sent to your home. Order refills, check order status, and track shipments. Print forms and ID cards, if needed.
- More confidence.**
 Talk with a pharmacist from the privacy of your home any time, from anywhere. Find the latest information on your medicine, including possible side effects and interactions.
- More flexibility.**
 Download the Express Scripts mobile app to manage your medicines, find nearby pharmacies and get directions, and use your virtual ID card while on the go.

Get Started Today!

Registering is safe and simple. Your information is secure and confidential. Please have your member ID number or SSN available.

- Go to [express-scripts.com](https://www.express-scripts.com) and select **Register**, or download the **Express Scripts mobile app** for free from your mobile device's app store and select **Register**.
- Complete the information requested, including personal information and member ID number or Social Security number (SSN). Create your username and password, along with security information in case you ever forget your password.
- Click **Register now** and you're registered.
- To set preferences,² select **Communication Preferences** from the menu under **Account**, then scroll to **Communication** and **Viewing Preferences**. Click **Edit preferences**. Preferences can only be selected via the member website.

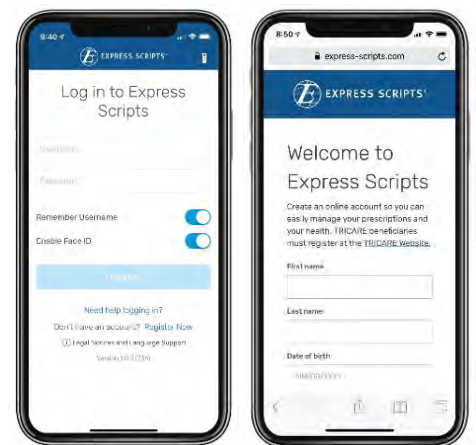
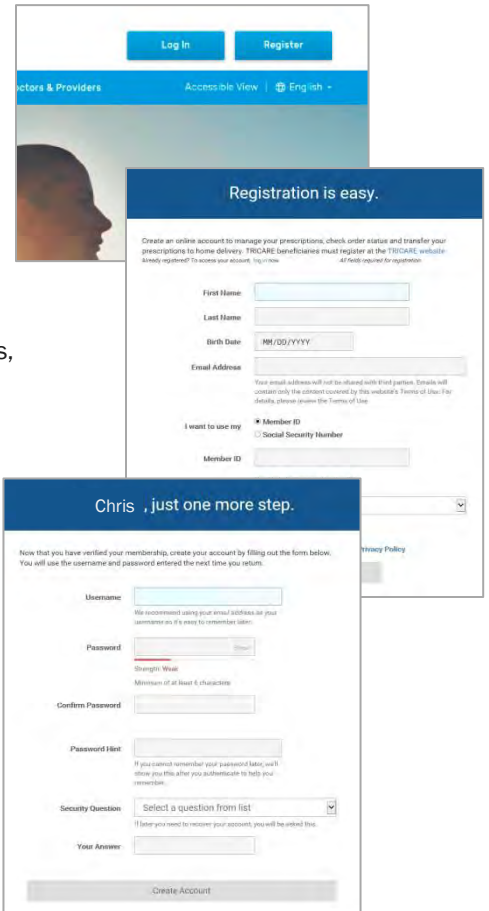
Members who have **touch or facial ID authentication** on their mobile devices can enable it to log in to their Express Scripts account on the mobile app, if desired.

¹ Standard shipping costs are included as part of your prescription plan benefit.

² Preferences include the option to share your prescription information with other adult members of your household (aged 18+) covered under your prescription drug plan.

- All covered adults (aged 18+) in the household need to register separately.
- When you grant permission to share your prescription information with other registered household members, they can view your information, place orders on your behalf and more.

The Express Scripts mobile app is available for iPhone®, iPad®, and Android™ mobile devices.

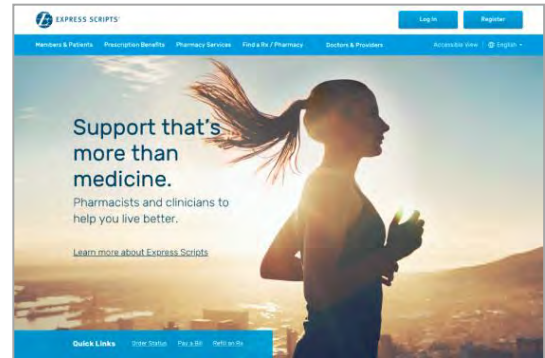


Getting Started with Home Delivery from the Express Scripts PharmacySM

Online access to savings and convenience

Whether you are viewing the member website or using the Express ScriptsTM mobile app¹, you can easily manage your home delivery prescriptions:

- Check order status
- Refill and renew prescriptions
- Check prices and coverage
- Find convenient pharmacies
- View your Rx claims and balances
- Pay your balance using a variety of payment options
- View our therapeutic resource centers for information
- And much more



To access the member website ...

Log in to **express-scripts.com** (Register if it is your first visit. Just have your member ID or SSN handy.)

If you have a NEW prescription ...

Get started by contacting your doctor to request a 90-day prescription that he or she can ePrescribe directly to Express Scripts

Or print a form by selecting “Forms” or “Forms & Cards” from the menu under “Benefits,” print a mail order form and follow the mailing instructions.

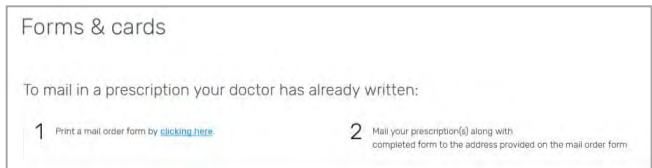
Or call us and we’ll contact your doctor for you.

Please allow 10 to 14 days for your first prescription order to be shipped.

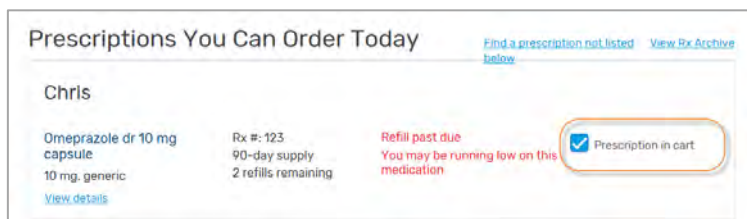
If you already have a prescription ...

Check Order Status online or using our app to view details and track shipping.

Transfer retail prescriptions to home delivery. Just click **Add to Cart** for eligible prescriptions and check out. We’ll contact your provider on your behalf and take care of the rest. Check **Order Status** to track your order.



Refill and Renew Prescriptions for yourself and your family while online or while using our app. Just click **Add to Cart** for eligible prescriptions and check out. We’ll contact your provider on your behalf, if renewals are included, and take care of the rest.



¹ You can search for “Express Scripts” in your app store and download it for free. Then register, if first visit, or log in.



Join Blue365[®] and start saving today!

With Blue365, great deals are yours for every aspect of your life – like 20 percent off at Reebok.com, discounted products through Jenny Craig, or a gym membership for only \$29 a month.

Take advantage of your Blue365 discounts today:

- Visit bcbst.com/member and log in to BlueAccessSM.
- Click **My Health & Wellness**.
- Select **Member Discounts & Fitness Your WayTM**.

You can also log in to the myBlue TNSM mobile app to save with national brands and get discounts from local companies here in Tennessee.

Opt in to our weekly Blue365 email to find out more. Every week, we will send a special deal straight to your email inbox.

Check out these top brands with discounts just for you:



Blue365[®]

Because health is a big dealSM

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To find out what is covered under your policies, contact your local Blue Company. The products and services described on the Site are neither offered nor guaranteed under your Blue Company's contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding your health insurance products and services may be subject to your Blue Company's grievance process. BCBSA may receive payments from vendors providing products and services on or accessible through the Site. Neither BCBSA nor any Blue Company recommends, endorses, warrants, or guarantees any specific vendor, product or service available under or through the Blue365 Program or Site.

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17BHS226643 (11/17)

Blue365 Fitness Your Way Employee Flyer

ANNOUNCING

24/7 TELEHEALTH SERVICES FROM

CareHere!

POWERED BY
MDLIVE

 **Thrive** Health & Wellness Center
A Benefit for Anderson County Employees

Available to all regular Anderson County Employees*,
ACTIVE full and part-time, regardless of insurance coverage.

**Avoid the trip to Urgent Care or get counseling help
24/7 from home, office or on-the-go.**

Get care from a board-certified doctor for 50+ medical concerns including:

- Allergies
- Cold & flu
- Constipation & diarrhea
- Eye problems & pink eye
- Fever
- Headache
- Infections
- Sore throat & cough
- Nausea & vomiting
- Rash
- Respiratory issues
- And more...

Get help and comfort from a licensed counselor or psychiatrist addressing:

- Addictions
- Bipolar Disorders
- Child & Adolescent Issues
- Depression & Postpartum Depression
- Eating Disorders
- Grief & Loss
- Life Changes
- Panic Disorders
- Parenting Issues
- Relationship & Marriage Issues
- Stress
- Trauma & PTSD
- And more

CARE WHEREVER HERE IS.

- Private and confidential
- Board-Certified doctors
- Licensed counselors and psychiatrists
- Available 24/7 at CareHere.com, 877.423.1330 or the MDLIVE App

*Please refer to Anderson County Policy in defining regular, active employee status,
or call your Human Resources & Risk Management Department.

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ON-SITE HEALTH CLINIC

AFFORDABLE PATIENT-CENTERED CARE IS AVAILABLE TO...

Active Employees, retirees, their spouses and dependents (age 2 and older) who are enrolled in an Anderson County Government health plan. Eligible members receive FREE health care through **Thrive Health and Wellness Center** located in Anderson County Courthouse, Clinton TN.

***You must have an appointment to be seen at Thrive Health & Wellness Center**

PERSONABLE CARE

All clinics are managed by CareHere, an independent company, and staffed by highly qualified, board certified physicians and licensed nurse practitioners with expertise in the areas of primary care, family practice and women's health. Most services you receive from your primary care doctor are available at the clinics, including:

- Acute and chronic condition care
- Lab services
- Immunizations and vaccinations
- Allergy management
- Sports physicals
- Minor complaints about pain/sprains/strains
- Annual preventive exams (men and women)
- Injections (allergy, hormones, etc.) even when they are prescribed by your primary care doctor

Thrive Health and Wellness Center stocks many generic medications to be dispensed at no cost to you when it is prescribed by a CareHere board-certified physician or licensed nurse practitioner.

CLINIC LOCATION

Thrive Health & Wellness Center (in Anderson County Courthouse)

100 N. Main Street Suite 105

Clinton, TN 37716

Phone: (877) 423-1330

Mon / Wed / Thurs 7:30a-4:30p*

Tues Closed Fri 7:30a-12p

*Closed for lunch from 12:30-1:00p daily



REGISTER FOR THRIVE HEALTH & WELLNESS

- Visit <https://carehere.com/home/> to register
- Click *Member Login*
- Click *I need to register for the first time with my Access Code*
- Enter your access Code: **ANCTA2**
- Click **GO**
- Provide responses to the ALL questions on the next 4 web pages of the health questionnaire, including Contact Data and Health and Behavioral Data.

IS IT A WALK IN CLINIC?

No, Thrive Health & Wellness Center sees its patients **by appointment only**.

HOW DO I MAKE AN APPOINTMENT

There are three ways to make an appointment for the Thrive Health and Wellness Center:

- Call (877)423-1330
- CareHere Portal - www.carehere.com
- CareHere Mobile App

WILL ANDERSON COUNTY HAVE ACCESS TO MY MEDICAL RECORDS

No, your personal health information will **NOT** be shared with your employer.

MAY I HAVE A COPY OF MY ELECTRONIC MEDICAL RECORD

Yes. The staff will be more than happy to fax your electronic medical record to another doctor on your behalf.

FLEXIBLE SPENDING ACCOUNTS (FSA)



HEALTH CARE FLEXIBLE SPENDING ACCOUNT

This account enables you to pay medical, dental, vision, and prescription drug expenses that may or may not be covered under your insurance program (or your spouse's) with pre-tax dollars. You can also pay for dependent health care, even if you choose single (vs. family) coverage. The total amount of your annual election is available to you up front, reducing the chance of having a large out-of-pocket expense early in the plan year. **IMPORTANT:** The Consolidated Appropriations Act allows all unused FSA dollars to be rolled over to the next FSA plan year. Change applies to 2020-21 and 2021-22 plan year.

Eligible Expenses Examples

<ul style="list-style-type: none"> ■ Coinsurance and copayments ■ Contraceptives ■ Crutches ■ Dental expenses ■ Dentures ■ Diagnostic expenses ■ Eyeglasses, including exam fee ■ Handicapped care and support ■ Nutrition counseling ■ Hearing devices and batteries ■ Hospital bills ■ Deductible amounts 	<ul style="list-style-type: none"> ■ Laboratory fees ■ Licensed practical nurses ■ Orthodontia ■ Orthopedic shoes ■ Oxygen ■ Prescription drugs ■ Psychiatric care ■ Psychologist expenses ■ Routine physical ■ Seeing-eye dog expenses ■ Prescribed vitamin supplements (medically necessary)
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HOW THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT WORKS

When you have out-of-pocket expenses (such as copayments and deductibles), you can either use your TASC Card to pay for these expenses at qualified providers or submit an FSA claim form with your receipt to [MyTASC](#). Reimbursement is issued to you through direct deposit into your bank account, or if you prefer, a check can be issued to you.

As part of the Cares Act, over-the-counter medications are now eligible items for reimbursement without the necessity of a prescription.

2021 Maximum Contributions

Health Care Flexible Spending Account	\$2,750 max
Health Care FSA Eligible Annual Rollover	Unlimited
Dependent Care Expense Account	\$10,500 max



[Click here for the full list of Healthcare FSA Eligible Expenses](#)



[What Is A Flexible Spending Account?](#)

SELECT YOUR FSA ACCOUNTS

- HEALTH CARE FLEXIBLE SPENDING ACCOUNT
- DEPENDENT CARE EXPENSE ACCOUNT



DEPENDENT CARE EXPENSE ACCOUNT

This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses." Children must be under age 14. Care centers which qualify include dependent care centers, preschool educational institutions, and qualified individuals (as long as the caregiver is not a family member and reports income for tax purposes). Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a child care tax credit when filing your tax return. You may want to check with your tax advisor to determine which method is best for you and your family. Any unused funds will carry over to the next plan year as per the Consolidated Appropriations Act. Change applies to 2020-21 and 2021-22 plan year

TASC MOBILE TECHNOLOGY

TASC Mobile offers fast and easy account access from anywhere at any time. MyTASC Mobile App and MyTASC Text Messaging make it easy for FSA participants to access their accounts from their mobile device. **Retrieve your account balance via a Text (SMS) Message.**

- Text "TASC Bal" to 41411



DENTAL INSURANCE

REVIEW YOUR DENTAL PLAN



DELTA DENTAL IS THE DENTAL CARRIER FOR THE 2021 / 2022 PLAN YEAR.

The dental plan is a PPO that offers coverage in and out-of-network. It is to your advantage to utilize a network dentist in order to achieve the greatest cost savings. If you choose to go out-of-network, you will be responsible for any cost exceeding Delta’s negotiated fees, plus any deductible and coinsurance associated with your procedure.

Dependent children are eligible until the end of the month in which they turn age 26.

THERE IS NO AUTOMATIC ENROLLMENT IN THE COUNTY PAID INDIVIDUAL DENTAL COVERAGE, YOU MUST CONTACT HR.

FIND A DENTIST

To find a Delta Dental provider in your area, visit the website at <https://tennessee.deltadental.com/>

- Scroll down to “Find a dentist”
- Select a specialty and “Delta Dental PPO”
- Enter your zip code and click “Find a dentist”

▶ What Is Dental Insurance?

DENTAL INSURANCE PLAN OPTIONS AND COSTS

Delta Dental	Employee Cost Monthly Premium		
Plan Options	Tier 1	Tier 2	Tier 3
Employee Only	County Paid	\$3.67	\$5.45
Employee & Family	\$26.42	\$37.45	\$42.80
Annual Maximum	\$1,000	\$1,500	\$2,000
PPO	Delta Dental PPO In-Network	Delta Dental Premier Network and Out-of- Network	
Deductible Individual / Family	\$50 / \$150		Applied to Type B & C Services
Carrier Pays			
Diagnostic/Preventive Services	Carrier pays 100% (no deductible)		Oral examinations and preventive cleanings X-rays Fluoride treatments Sealants Emergency palliative treatment
Basic Services	90%	80%	Fillings Oral surgery – simple extractions and surgery Endodontics Periodontics Bridge & Denture relines and repairs
Major Services	60%	50%	Crowns Implant Repair Bridges Implants Dentures
Orthodontia services No Age Limit	50% up to \$1,000 lifetime maximum		

In-Network Providers:
Provider is reimbursed based on contracted fees and cannot balance bill you.

Out-of-Network Providers:
Provider is reimbursed based on Reasonable and Customary standards and balance billing is possible.



BCBST IS THE VISION CARRIER FOR 2021.

The vision plan offers coverage both in-network and out-of-network. It is to your advantage to utilize a network provider in order to achieve the greatest cost savings. If you go out-of-network, your benefit is based on a reimbursement schedule.

FIND A PROVIDER

- Visit www.bcbst.com
- Click on “Find a Doctor”
- Select “VisionBlue” network and then enter your zip code
- Select the category of provider you want to search
- You can apply additional filters to narrow your search or leave them blank for a complete directory

▶ What Is Vision Insurance?

DID YOU KNOW? There are discounts available for Lasik surgery.

VISION INSURANCE PLAN OPTIONS AND COSTS

BlueCross BlueShield of Tennessee	Employee Cost Monthly Premium	
Employee Employee + 1 (Spouse or Child) Employee & Family	\$5.43 \$10.86 \$17.37	
	In-Network	Out-of-Network
Examination Copay	\$20 copay	Reimbursement Up to \$35
Frequency of Service Exam Lenses Frames Contact Lenses	Every 12 Months Every 12 Months Every 24 Months Every 12 Months	Every 12 Months Every 12 Months Every 24 Months Every 12 Months
Lenses Single Bifocal Trifocal	\$20 copay \$20 copay \$20 copay	Reimbursement Up to \$30 Up to \$45 Up to \$60
Frames	\$0 copay; \$150 allowance, 20% off balance over \$150	Reimbursement Up to \$75
Conventional Contacts <i>(allowance includes materials only)</i>	\$0 copay; \$150 allowance, 15% off balance over \$150	Reimbursement Up to \$78
Disposable Contacts	\$0 copay up to \$150 allowance	Up to \$120
Medically Necessary Contacts	Paid-in-full	Up to \$200

LIFE INSURANCE AND AD&D



BASIC LIFE AND AD&D

Anderson County Government provides \$50,000 in Basic Life and Accidental Death & Dismemberment (AD&D) insurance to all benefit eligible employees as well as a \$5,000 benefit to all benefit eligible dependents.

This coverage is offered through USABLE at no cost to you.



VOLUNTARY LIFE AND AD&D AND DEPENDENT LIFE

You can purchase additional Life and AD&D Coverage beyond what Anderson County Government provides. USABLE offers voluntary life insurance up to the guarantee issue for ALL employees, no health questions asked! USABLE guarantee issues coverage during your initial enrollment period—which means you can't be turned down for coverage based on medical history.

Voluntary Employee Life & AD&D: minimum \$10,000 to a maximum of 5x your annual salary, or \$300,000, in \$10,000 increments. Guarantee issue up to \$100,000.

Optional Dependent Life & AD&D for spouse and children: spouse minimum \$5,000 to a maximum of \$15,000 (not to exceed 50% of employee benefit). Guarantee issue is \$15,000. Child increments are \$5,000, \$10,000 and \$15,000 with \$10,000 being the guaranteed issue amount.

If you didn't enroll in the Voluntary Life and AD&D plan during your initial enrollment period, you'll be required to complete an Evidence of Insurability form and be approved by USABLE before you're able to get coverage in the future, except for employees hired after 7/1/2021.

You must be enrolled in voluntary life and/or AD&D coverage in order for your spouse, and/or eligible dependent children to enroll.

Please note: Voluntary AD&D coverage is a separate election from the Voluntary Life coverage.

REVIEW YOUR LIFE INSURANCE POLICY

- ADD YOUR SPOUSE
- ADD YOUR DEPENDENTS
- ADD OR INCREASE YOUR COVERAGE

VOLUNTARY LIFE AND AD&D AND DEPENDENT LIFE OPTIONS AND COSTS

USABLE / BCBST	Rates per \$1,000 of coverage Monthly Premium	
	Age	Employee
Voluntary Life Employee and Spouse	<30	\$0.05
	30-34	\$0.07
	35-39	\$0.08
	40-44	\$0.14
	45-49	\$0.20
	50-54	\$0.36
	55-59	\$0.60
	60-64	\$0.96
	65-69	\$1.51
	70-74	\$2.41
	75+	\$4.27
Children	\$0.10	
Voluntary AD&D	\$0.04	



What Is Life And AD&D Insurance?

PERMANENT LIFE (TEXAS LIFE) is a portable, permanent, life insurance policy that is effective until 121 years old. It can cover you, your spouse, children and grandchildren. If you are currently enrolled with Texas Life your coverage will continue to be payroll deducted. To make changes to existing coverage, or enroll in coverage, you must contact Molly Wilson with American Fidelity at (800) 654-8429 ext. 2442.

DISABILITY INSURANCE



USABLE IS THE DISABILITY CARRIER FOR 2021

Disability insurance provides income replacement should you become disabled and unable to work due to a non-work related illness or injury.

SHORT-TERM DISABILITY INSURANCE - BASE COVERAGE

Anderson County provides eligible employees with short-term disability **BASE** coverage through USABLE at no cost to you. The plan benefit is 60% of basic weekly earnings for up to 13 weeks to a maximum of \$1,000.



[Benefits are paid after a waiting period of 14 days for an accident and 14 days for sickness.]

VOLUNTARY SHORT-TERM DISABILITY INSURANCE - BUY-UP COVERAGE

You have the option to **BUY-UP** your short-term disability coverage with an additional 25% benefit for an extra cost.

Evidence of Insurability is not required during open enrollment or initial eligibility. 12 month pre-existing clause applies.

USABLE	Rates per \$10 of weekly benefit Monthly Premium	
	Age	Rate
Voluntary Short-Term Disability Buy-Up	<25	\$1.050
	25-29	\$0.595
	30-34	\$0.787
	35-39	\$0.526
	40-44	\$0.517
	45-49	\$0.425
	50-54	\$0.571
	55-59	\$0.787
	60-64	\$1.258
	65+	\$0.792

REVIEW YOUR DISABILITY COVERAGE

- SHORT-TERM DISABILITY
 - ⇒ BASE
 - ⇒ BUY-UP
- LONG-TERM DISABILITY

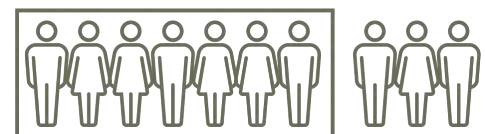
VOLUNTARY LONG-TERM DISABILITY INSURANCE

Long-Term Disability insurance is a voluntary benefit offered through USABLE. The plan benefit is 60% of basic monthly earnings up to a maximum of \$5,000 per month. Basic earnings is the average of your gross monthly income for the year immediately prior to the onset of disability and excludes commissions, bonuses, overtime pay, shift differential pay, or any other earnings.

The benefits begin after a 90 day waiting period.

USABLE	Rates per \$100 of monthly benefit Monthly Premium	
	Age	Rate
Voluntary Long-Term Disability	<25	\$0.242
	25-29	\$0.254
	30-34	\$0.340
	35-39	\$0.504
	40-44	\$0.619
	45-49	\$0.839
	50-54	\$1.175
	55-59	\$1.558
	60+	\$1.850

Evidence of Insurability is required except for those hired after 7/1/2021. Those enrolled during the 2020-21 plan year are eligible for an incremental increase of up to \$100.



▶ What Is Disability Insurance?

EMPLOYEE ASSISTANCE PROGRAM



NEW DIRECTIONS EAP

Personal issues can affect every aspect of your life and let's be real: life can be tough. When your responsibilities start to feel overwhelming and showing up each day with a smile on your face seems difficult, it's important to reach out for help. That's why we automatically provide you and your family with an Employee Assistance Program (EAP) through USABLE with New Directions. Call the EAP 24/7 for confidential assistance with nearly any personal matter you may be experiencing. You and your family have access to licensed clinicians who can help. Services include:

- **Legal Services:** Consultations for issues relating to civil, consumer, personal and family law, financial matters, business law, real estate planning and more
- **Financial Services:** Budgeting, credit and financial guidance, retirement planning, and assistance with tax issues
- **Childcare and Eldercare Assistance:** Needs assessment along with referrals to childcare and eldercare providers
- **Identity Theft Recovery Services:** Information on identity theft protection, an identity theft emergency response kit, and help if you are victimized
- **Daily Living Services:** Referrals to help with event planning, transportation services, pet services, and more
- **Crisis Support:** Counseling, education and communication for when a crisis occurs
- **Digital behavioral health tools**
- **Personal and professional training**

Includes up to 3 face-to-face visits

Counseling | Referrals | Coaching | Training | Consultation



NEW DIRECTIONS®

ndbh.com | 800-624-5544

WE'RE HERE FOR YOU ALWAYS

SUPPORT LINE

- Call anytime (800) 624-5544



MOBILE APP

- Search for New Directions EAP



WEB

- Visit www.ndbh.com for resources



VOLUNTARY BENEFITS



CRITICAL ILLNESS INSURANCE

While it is impossible to prepare for the physical and emotional consequences of being diagnosed with a critical illness, you can prepare for the consequences such an illness may have on your personal finances.

While major medical insurance may pay for a good portion of the costs associated with the illness, there are a lot of expenses that are just not covered – from deductibles and copays to living expenses.

This Critical Illness insurance policy from USABLE can help with the treatment costs of a covered critical illnesses – such as a heart attack or stroke. More importantly, it can help you focus on recuperation instead of the distraction of out-of-pocket costs.

With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned) – giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

GROUP CRITICAL ILLNESS COVERAGE INCLUDES:

- Health Screening Benefit
- Critical Illness Benefit payable for:
 - Bone Marrow Transplant
 - Heart attack (myocardial infarction)
 - Stroke
 - Kidney failure (end-stage renal failure)
 - Major organ transplant
 - Burns (third degree over 50% of body)
 - Sudden cardiac arrest
 - Coronary artery bypass surgery
 - Alzheimer's Disease

FEATURES:

- Benefits are paid directly to you, unless you choose otherwise
- Coverage is available for you, your spouse, and dependent children
- You can take your coverage with you if you change jobs or retire (with certain stipulations)
- Fast claims payment (most claims are processed in about four days)

Evidence of Insurability is required except for those hired after 7/1/2021. .

HOW CRITICAL ILLNESS COVERAGE WORKS



PROTECT YOUR FINANCES

- CRITICAL ILLNESS COVERAGE
- ACCIDENT INSURANCE
- HOSPITAL INDEMNITY INSURANCE
- CANCER INSURANCE
- PERMANENT LIFE INSURANCE
- PET INSURANCE
- LEGALSHIELD / IDSHIELD

What is Critical Illness Insurance?

VOLUNTARY BENEFITS



ACCIDENT INSURANCE

If you're like most people, you don't budget for life's unexpected moments. One mishap can send you on an unexpected trip to your local emergency room – and leave you with a flurry of unexpected bills.

That's where Accident Insurance jumps in. In the event of a covered accident, the plan pays you cash benefits fast to help you pay for the costs associated with out-of-pocket expenses and bills – expenses major medical may not take care of.

USABLE ACCIDENT INSURANCE COVERS THINGS LIKE THE FOLLOWING:

- Ambulance rides
- Wheelchairs, crutches, and other medical appliances
- Emergency room visits
- Surgery and anesthesia
- Bandages, stitches, and casts

BENEFITS INCLUDE:

- A Wellness Benefit for covered preventive screenings
- Transportation and Lodging Benefits
- An Emergency Room Treatment Benefit
- A Rehabilitation Unit Benefit
- Blood, Plasma, Platelets

FEATURES:

- Three benefit options, “Basic”, “Select” and “ULTRA”
- Benefits are paid directly to you (unless you choose otherwise)
- Coverage is available for you, your spouse, and your dependent children
- Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire
- Fast claims payment

USAbLe	24-hour plan, w/ \$50k AD&D Rider Monthly Premium			
		Basic	Select	Ultra
Accident Insurance	Employee Only	\$14.41	\$16.49	\$20.01
	Employee & Spouse	\$26.47	\$30.29	\$36.79
	Employee & Children	\$27.18	\$31.76	\$39.26
	Family	\$39.24	\$45.56	\$56.04

HOW ACCIDENT INSURANCE WORKS

1

You select Accident Insurance

2

You injure your leg in a covered accident and go to the hospital by ambulance

3

The ER doctor diagnoses a fracture and treats you

4

You hobble out of the hospital on crutches

5

USAbLe pays your benefit

VOLUNTARY BENEFITS

HOSPITAL INDEMNITY

A few days in the hospital can cost you a lot out of pocket. Hospital Indemnity Insurance pays you cash benefits to help pay for some of those costly bills.

USABLE HOSPITAL INDEMNITY INSURANCE COVERS THINGS LIKE THE FOLLOWING:

- Ambulance Rides
- Surgical costs
- Intensive Care stays
- Surgical second opinion
- Hospital confinement



FEATURES:

- Three benefit options, “Basic”, “Select” and “Ultra”
- Benefits are paid directly to you (unless you choose otherwise)
- Coverage is available for you, your spouse, and your dependent children
- Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire

Evidence of Insurability is required after initial eligibility.

CANCER ELITE

Cancer plans can help ease the impact a cancer diagnosis can have on your finances. Benefits payments are made directly to you and allow you to pay for expenses such as, copays, mortgage, and car payments etc.

USABLE CANCER ELITE INSURANCE COVERS THINGS LIKE THE FOLLOWING:

- Hospital Confinement
- Radiation/Chemotherapy
- Blood & Plasma
- Rx costs
- Experimental treatment
- Hospital costs

FEATURES:

- Three benefit options, “Elite I”, “Elite II” and “Elite III”
- Benefits are paid directly to you (unless you choose otherwise)
- Waiver of premium
- Coverage is available for you, your spouse, and your dependent children
- Fast claims payment

USABLE	Cancer Elite Monthly Premium			
		Elite I	Elite II	Elite III
Cancer Insurance	Employee Only	\$20.10	\$28.66	\$34.34
	Employee & Children	\$24.74	\$35.06	\$42.22
<i>*Evidence of Insurability is required.</i>	Family	\$37.18	\$53.12	\$62.98

VOLUNTARY BENEFITS

PET INSURANCE

- CALL (877) 738-7874 TO ENROLL OR GET A QUOTE

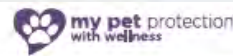
PET INSURANCE WITH NATIONWIDE

Discover the greatest pet insurance plans ever offered.

My Pet Protection® is offered exclusively to employees and gives your pet superior protection at an unbeatable price.



- ✓ 90% back on vet bills¹
- ✓ Exclusive to employees, not available to the general public
- ✓ Same price for pets of all ages
- ✓ Best deal: average savings of 30% over similar plans from other pet insurers²
- ✓ Wellness plan option that includes spay/neuter, vaccinations and more



	my pet protection [®] with wellness	my pet protection [®]
Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRIs and CT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Vaccinations	✓	
Spay/neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

Just like all other pet insurers, we don't cover **pre-existing conditions.** However, we go above and beyond with extra features such as **emergency boarding, lost pet advertising and more.** Plus, both plans have a low \$250 annual deductible and a generous \$7,500 maximum annual benefit.

GET A QUOTE OR ENROLL BY CONTACTING NATIONWIDE DIRECTLY

<http://www.petinsurance.com/andersoncountygov>

(877) 738-7874

RETIREMENT

RETIREMENT

- RETIREMENT READINESS EDUCATION ON RETIREREADYTN.GOV
- JOIN THE PENSION PLAN
- CHOOSE A 401(K) OR 457 ACCOUNT AND START MAKING CONTRIBUTIONS



TCRS – RETIREREADYTN.GOV

RetireReadyTN is the state’s retirement program, combining the strengths of a defined benefit plan provided by the Tennessee Consolidated Retirement System (TCRS), 401(k) and 457 plans through services provided by Empower Retirement, and retirement readiness education.

ABOUT TENNESSEE CONSOLIDATED RETIREMENT SYSTEM (TCRS)

TCRS is a defined benefit pension plan providing lifetime retirement, survivor and disability benefits for members and their beneficiaries.

After meeting vesting requirements, a member becomes eligible to receive a monthly retirement benefit upon reaching the age and/or service requirement.

Benefits are calculated based on the member’s years of creditable service, average final compensation (AFC), age, and the benefit accrual factor. AFC is the average of the highest five consecutive years of compensation.

Member Annual Statements are available by logging into Self-Service at MyTCRS.com.

Anderson County Government participates in the TCRS and membership in the program is **mandatory for all full-time employees**.

Employees will begin a 5% contribution after the 6-month probation period (unless you are a current / past member of the TCRS)

Anderson County Government additionally contributes to the retirement fund for all eligible employees, which exceeds the employee’s percentage contribution.

ABOUT THE 401(K) AND 457 PLANS

The amount available in retirement is based on contributions, plus accumulated earnings (if any) to the member’s account. Upon terminating employment or retiring, an employee may leave the account balance in the plan, roll it over to another qualified plan, or begin taking distributions.

Members select their investment options based on their individual goals, risk tolerance, and timeline. Members may access and make changes to their 401(k) or 457 account by logging in to RetireReadyTN.gov or calling (800) 922-7772.

If the member withdraws money from the 401(k) account balance prior to age 59 ½, they may be subject to an early distribution tax.



DON'T FORGET:

Designate a beneficiary! Designations for TCRS and the 401(k)/457 accounts are made separately. For more information refer to our “selecting a beneficiary” guide on RetireReadyTN.Gov.

What Is A 401(k) Retirement Plan?

Enrollment will begin May 2021



Have You Ever

- Needed your Will prepared or updated?
- Signed a contract?
- Received a moving traffic violation?
- Worried about being a victim of identity theft?
- Been concerned about your child's identity?
- Had social media accounts? (Facebook, Instagram, Twitter, LinkedIn, Youtube)

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** On unlimited personal issues
- **Letters/Calls** Made on your behalf
- **Contracts/Documents Reviewed** Up to 15 pages
- **Residential Loan Document Assistance** For the purchase of your primary residence
- **Will Preparation** - Living Will, Health Care Power of Attorney, Financial Power of Attorney
- **Speeding Ticket Assistance** Upload your speeding ticket from the mobile app directly to law firm (15 day waiting period)
- **IRS Audit Assistance** (Begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (If named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (Available 90 days after enrollment)
- **25% Preferred Member Discount** (Bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** For covered situations

The IDShield Membership Includes:

- **Credit Monitoring** Continuous credit monitoring through TransUnion
- **Online Privacy Management** IDShield provides consultation and guidance on ways participants can protect their privacy and personally identifiable information across the internet and on their smart devices.
- **NEW! Reputation Management & Score** Scans social media accounts for existing content that could be damaging to participants' online reputation. Ranks your online reputation risk by giving you a score based off the content found on your social media accounts.
- **Financial Account Monitoring** Accounts monitored include checking, savings, employer 401k accounts, loans and more.
- **\$1 Million Protection Policy** Coverage for lost wages, legal defense fees, stolen funds and more
- **Unlimited Service Guarantee** Ensures that we won't give up until your identity is restored!
- **Identity Restoration** Performed by Licensed Private Investigators to restore your identity to its pre-theft status.
- **24/7 Emergency Access** In the event of an identity theft emergency



Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield mobile apps

Plan	Family Price	Individual Price
LegalShield		
IDShield		
Combined		

Prepared for:

For more information, contact your Independent Associate:

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. All Licensed Private Investigators are licensed in the state of Oklahoma. A \$1 million insurance policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. IDShield plans are available at individual or family rates. For complete terms, coverage and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Reimbursement Policy ("Policy") is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. This covers certain identity fraud expense reimbursement and legal costs as a result of a covered identity fraud. The amount of coverage is dependent on the type of identity theft plan. See a Policy for complete terms, coverage, conditions and limitations related to family members who are eligible for coverage under the Policy. For a summary description of benefits for the Policy coverage see <https://idshield.cloud/summary-of-benefits>. We do not monitor all transactions at all businesses and the monitoring network is limited only to institutions participating in the financial monitoring feature.

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IMPORTANT NOTICES

Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Anderson County Government and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Anderson County Government has determined that the prescription drug coverage offered by RxBenefits/ESI is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Anderson County Government coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will be eligible to receive all of your current health and prescription drug benefits.

Your current drug plan with Anderson County Government is as follows:

Gold Plan RX: \$75 individual deductible / \$150 family deductible - Tier 1: \$10 copay, Tier 2: \$30 copay maintenance; copay + 20% coinsurance all others, Tier 3: \$40 copay maintenance; copay + 20% coinsurance all others, Specialty: 20% coinsurance + \$30 copay

Silver Plan RX: \$250 individual deductible / \$500 family deductible - Tier 1: \$10 copay, Tier 2: \$30 copay maintenance; copay + 30% coinsurance all others, Tier 3: \$40 copay maintenance; copay + 30% coinsurance all others, Specialty: 30% coinsurance + \$30 copay

You may retain your existing coverage and choose not to enroll in Part D plan; or you may enroll in a Part D plan in lieu of your other coverage.

If you do decide to join a Medicare drug plan and drop your current coverage with Anderson County Government, be aware that you and your dependents will not be able to get this coverage back except in limited cases (such as a special enrollment event or open enrollment).

IMPORTANT NOTICES

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Anderson County Government and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Anderson County Government changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date:	July 1, 2021
Name of Entity / Sender:	Anderson County Government
Contact - Position/Office:	Kim Jeffers-Whitaker
Address:	100 North Main Street, Room 102 Clinton, TN 37716
Phone Number:	(865) 264-6300

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT NOTICES

SPECIAL ENROLLMENT NOTICE

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans.

If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. You must request enrollment within 60 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may enroll any new dependent within 60 days of the event. To request special enrollment or obtain more information, contact Human Resources.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

As a requirement of the Women's Health and Cancer Rights Act of 1998, your plan provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy, including lymphedema. The benefits must be provided and are subject to the health plan's regular copays, deductibles and co-insurance. Contact Blue-Cross BlueShield of Tennessee at the phone number on the back of your ID card for additional benefit information.

NEWBORNS ACT DISCLOSURE—FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 18 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF PRIVACY PRACTICES

Anderson County Government is subject to the HIPAA privacy rules. In compliance with these rules, it maintains a Notice of Privacy Practices. You have the right to request a copy of the Notice of Privacy Practices by contacting Human Resources.

IMPORTANT INFORMATION REGARDING 1095 FORMS

As an employer with 50 or more eligible employees, we are required to provide 1095-C forms to all employees who were eligible for coverage under our group health plan in 2021. If you were eligible for coverage under our group plan, you'll receive a personalized 1095-C form before January 31, 2022. We are also required to send a copy of your 1095-C form to the IRS.

The information reported on Form 1095-C is used in determining whether an employer owes a payment under the employer shared responsibility provisions under section 4980H. Form 1095-C is also used by you and the IRS to determine eligibility for the premium tax credit.

You'll need 1095 form to complete your Federal tax return.

IMPORTANT NOTICES

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility -

<p style="text-align: center;">ALABAMA – Medicaid</p> <p>Website: myalhipp.com Phone: 855.692.5447</p>	<p style="text-align: center;">GEORGIA – Medicaid</p> <p>Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678.564.1162, ext 2131</p>
<p style="text-align: center;">ALASKA – Medicaid</p> <p>The AK Health Insurance Premium Payment Program Website: myakhipp.com Phone: 866.251.4861 Email: customerservice@myakhipp.com Medicaid Eligibility: dhss.alaska.gov/dpa/pages/medicaid/default.aspx</p>	<p style="text-align: center;">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for Low-Income Adults 19-64 Website: www.in.gov/fssa/hip Phone: 877.438.4479 All Other Medicaid Website: www.indianamedicaid.com Phone: 800.403.0864</p>
<p style="text-align: center;">ARKANSAS – Medicaid</p> <p>Website: myarhipp.com Phone: 855.MyARHIPP (855.692.7447)</p>	<p style="text-align: center;">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 800.338.8366 Hawki Website: dhs.iowa.gov/hawki Hawki Phone: 800.257.8563</p>
<p style="text-align: center;">CALIFORNIA—Medicaid</p> <p>Website: https://dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</p>	<p style="text-align: center;">KANSAS – Medicaid</p> <p>Website: www.kdheks.gov/hcf Phone: 785.296.3512</p>
<p style="text-align: center;">COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: www.healthfirstcolorado.com Health First Colorado Member Contact Center: 800.221.3943, state relay 711 CHP+: www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 800.359.1991, state relay 711</p>	<p style="text-align: center;">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 855.459.6328 Email: HIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 800.635.2570 Kentucky Medicaid Website: chfs.ky.gov</p>
<p style="text-align: center;">FLORIDA – Medicaid</p> <p>Website: flmedicaidprecovery.com/hipp Phone: 877.357.3268</p>	<p style="text-align: center;">LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 888.342.6207 (Medicaid Hotline) or 855.618.5488 (LaHIPP)</p>

IMPORTANT NOTICES

<p style="text-align: center;">MAINE – Medicaid</p> <p>Website: www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 800.442.6003 TTY: Maine relay 711</p>	<p style="text-align: center;">OREGON – Medicaid</p> <p>Website: healthcare.oregon.gov/pages/index.aspx www.oregonhealthcare.gov/index-es.html Phone: 800.699.9075</p>
<p style="text-align: center;">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: www.mass.gov/eohhs/gov/departments/masshealth Phone: 800.862.4840</p>	<p style="text-align: center;">PENNSYLVANIA – Medicaid</p> <p>Website: www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 800.692.7462</p>
<p style="text-align: center;">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 800.657.3739</p>	<p style="text-align: center;">RHODE ISLAND – Medicaid and CHIP</p> <p>Website: www.eohhs.ri.gov Phone: 855.697.4347, or 401.462.0311 (Direct Rlte Share Line)</p>
<p style="text-align: center;">MISSOURI – Medicaid</p> <p>Website: www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573.751.2005</p>	<p style="text-align: center;">SOUTH CAROLINA – Medicaid</p> <p>Website: www.scdhhs.gov Phone: 888.549.0820</p>
<p style="text-align: center;">MONTANA – Medicaid</p> <p>Website: dphhs.mt.gov/montanahealthcareprograms/hipp Phone: 800.694.3084</p>	<p style="text-align: center;">SOUTH DAKOTA – Medicaid</p> <p>Website: dss.sd.gov Phone: 888.828.0059</p>
<p style="text-align: center;">NEBRASKA – Medicaid</p> <p>Website: www.accessnebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178</p>	<p style="text-align: center;">TEXAS – Medicaid</p> <p>Website: gethipptexas.com Phone: 800.440.0493</p>
<p style="text-align: center;">NEVADA – Medicaid</p> <p>Medicaid Website: dhcftp.nv.gov Medicaid Phone: 800.992.0900</p>	<p style="text-align: center;">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: medicaid.utah.gov CHIP Website: health.utah.gov/chip Phone: 877.543.7669</p>
<p style="text-align: center;">NEW HAMPSHIRE – Medicaid</p> <p>Website: www.dhhs.nh.gov/oii/hipp.htm Phone: 603.271.5218 HIPPA Phone: 800.852.3345, ext 5218</p>	<p style="text-align: center;">VERMONT – Medicaid</p> <p>Website: www.greenmountaincare.org Phone: 800.250.8427</p>
<p style="text-align: center;">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: www.state.nj.us/humanservices/dmahs/clients/medicaid Medicaid Phone: 609.631.2392 CHIP Website: www.njfamilycare.org/index.html CHIP Phone: 800.701.0710</p>	<p style="text-align: center;">VIRGINIA – Medicaid and CHIP</p> <p>Medicaid Website: www.coverva.orh/hipp/ Medicaid Phone: 800.432.5924 CHIP Phone: 855.242.8282</p>
<p style="text-align: center;">NEW YORK – Medicaid</p> <p>Website: www.health.ny.gov/health_care/medicaid Phone: 800.541.2831</p>	<p style="text-align: center;">WASHINGTON – Medicaid</p> <p>Website: www.hca.wa.gov Phone: 800.562.3022, ext 15473</p>
<p style="text-align: center;">NORTH CAROLINA – Medicaid</p> <p>Website: medicaid.ncdhhs.gov Phone: 919.855.4100</p>	<p style="text-align: center;">WEST VIRGINIA – Medicaid</p> <p>Website: mywvhipp.com Toll-Free Phone: 855.MyWVHIPPA (855.699.8447)</p>
<p style="text-align: center;">NORTH DAKOTA – Medicaid</p> <p>Website: www.nd.gov/dhs/services/medicalserv/medicaid Phone: 844.854.4825</p>	<p style="text-align: center;">WISCONSIN – Medicaid and CHIP</p> <p>Website: www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 800.362.3002</p>
<p style="text-align: center;">OKLAHOMA – Medicaid and CHIP</p> <p>Website: www.insureoklahoma.org Phone: 888.365.3742</p>	<p style="text-align: center;">WYOMING – Medicaid</p> <p>Website: wequalitycare.acs-inc.com Phone: 307.777.7531</p>

IMPORTANT NOTICES

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, menu option 4, ext 61565

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

IMPORTANT NOTICES

USERRA UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

The Uniformed Services Employment and Reemployment Rights Act (USERRA) was signed on October 13, 1994. The Act applies to persons who perform duty, voluntarily or involuntarily, in the “uniformed services,” which include the Army, Navy, Marine Corps, Air Force, Coast Guard, and Public Health Service commissioned corps, as well as the reserve components of each of these services. Federal training or service in the Army National Guard and Air National Guard also gives rise to rights under USERRA. In addition, under the Public Health Security and Bioterrorism Response Act of 2002, certain disaster response work (and authorized training for such work) is considered “service in the uniformed services” as well.

Uniformed service includes active duty, active duty for training, inactive duty training (such as drills), initial active duty training, and funeral honors duty performed by National Guard and reserve members, as well as the period for which a person is absent from a position of employment for the purpose of an examination to determine fitness to perform any such duty. USERRA covers nearly all employees, including part-time and probationary employees. USERRA applies to virtually all U.S. employers, regardless of size.

The U.S. Department of Labor, Veterans Employment and Training Service (VETS) are authorized to investigate and resolve complaints of USERRA violations.

- For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at www.dol.gov/vets.
- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, depending on the employer, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.
- The rights listed here may vary depending on the circumstances. The USERRA notice can be viewed on the internet at https://www.dol.gov/vets/programs/userra/USERRA_Private.pdf

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you don’t elect to continue coverage during your military service, you have the right to be reinstated in your employer’s health plan when you are reemployed, generally without any waiting periods or exclusions (e.g. pre-existing condition exclusions) except for service-connected illnesses or injuries.
- Under the terms of USERRA, if the military leave is 31 or fewer days, the employer may not charge a higher premium than would be charged to active employees with similar coverage. If the leave exceeds 31 days, the employer may charge up to 102 percent of the applicable premium.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

From Approved
OMB No. 1210-0149

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2020 for coverage starting as early as January 1, 2021.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or

Contact Kim Jeffers-Whitaker at (865) 264-6300

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit healthcare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

IMPORTANT NOTICES

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Anderson County Government		4. Employer Identification Number (EIN) 626000417	
5. Employer address 100 North Main Street, Room 102		6. Employer phone number 865-264-6300	
7. City Clinton		8. State TN	9. ZIP code 37716
10. Who can we contact about employee health coverage at this job? Kim Jeffers-Whitaker			
11. Phone number (if different from above)		12. Email address kwhitaker@andersoncountyttn.gov	

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to: Full-time employees, working a minimum of 30 hours per week on a regular basis and retirees

With respect to dependents:

We do offer coverage. Eligible dependents are: legal spouse, child(ren) up to age 26, and any dependent children who are totally disabled.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

GLOSSARY OF MEDICAL TERMS

Coinsurance – The plan’s share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and non-network services.

Copays – A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

Deductible – The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.

Emergency Room – Services you receive from a hospital for any serious condition requiring immediate care.

Lifetime Benefit Maximum – All plans are required to have an unlimited lifetime maximum.

Medically Necessary – Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

Network Provider – A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider’s normal fees for services.

Out-Of-Pocket Maximum – The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out-of-pocket maximum.

Preauthorization – A process by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.

Prescription Drugs – Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.

Preventive Services – All services coded as Preventive must be covered 100% without a deductible, coinsurance or copayments.

UCR (Usual, Customary and Reasonable) – The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

Urgent Care – Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.



Anderson County Government

Human Resources & Risk Management Department

100 N. Main Street

Room 102

Clinton, TN 37716

P 865-264-6300

F 865-264-6259

<http://www.anderson-county.com/humanresources/>

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Director

kwhitaker@andersoncountyttn.gov

P (865) 264-6330

Stephanie Strickland
Benefit Admin

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P (865) 264-6302

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Admin Assistant

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P (865) 264-6300

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The purpose of this booklet is to describe the highlights of your benefit program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official plan documents and insurance contracts, and not by this booklet. If there is any discrepancy between the description of the plans as described in this material and official plan documents, the language of the documents shall govern.