

Welcome to *Open Enrollment*

Plan Year: January 1, 2021 – December 31, 2021

Open Enrollment ends 11/30/2020



STRATE
insurance group, inc.

When is Open enrollment?

- Friday, November 6, 2020
 - **Sevier 2:00PM-5:00PM River Park Apartments 1110 Old Knoxville Hwy, Sevierville, TN**
- Tuesday, November 10, 2020
 - **Hamblen 8:00AM-4:30PM Prater Hall (Rose Center)**
- Thursday, November 12, 2020
 - **Hamblen 8:00AM-11:30AM Morristown Central Office**
 - **Blount 2:00PM-5:00PM 119 Cherokee Heights Drive Maryville, TN 37801**
- Thursday, November 19, 2020
 - **Hamblen 8:30AM-12:30PM Morristown Central Office**

Douglas-Cherokee Economic Authority has implemented online benefit management. In order to collect required information and ensure that your annual elections are captured, please register on www.EmployeeNavigator.com. To do so, please click on "login" in the top right-hand corner. Once on the log in page, please register as a new user.

During the registration process you will be required to enter personal identifying data as well as the following company identifier: DCEAI. Your PIN will be the last 4 digits of your SSN.

Here are some Tips for Username & Password:

- **Username:** first initial of first name, then last name, & the year you were born. Ex: John Brown born in 1968 would have a username of jbrown1968
- **Password:** Create a password that you will remember which includes letters, numbers and a special character

Please direct any questions about enrollment or benefits to your HR administrator.

What is new this year?

Accident: Now offering AFLAC Group Accident plan, which will replace your current traditional AFLAC plan. With the switch, you will experience a rate decrease while enjoying more benefits. One of the biggest differences between the two plans is that the wellness benefit is payable per person covered. It is also progressive, meaning the payout is growing for each year enrolled. It pays \$25 the first year, \$50 years 2-4 and \$75 per person per year starting year 5.

Hospital Indemnity: DCEA is also offering a hospital plan this year. It will pay benefits towards initial admission as well as daily confinement. The hospital plan also pays a \$50 wellness benefit once per year per covered person.

Critical Illness: This is a lump sum benefit paying up to \$20,000 per covered event. Covered events include but are not limited to heart attack, stroke, kidney failure as well as internal cancer. In addition to the initial diagnosis, the plan does pay for reoccurrence as well as additional diagnosis. It also has a \$50 wellness benefit paying for the insured and spouse. Children are covered automatically up to the age of 26 with no increase in premium. Employees who currently have the traditional cancer policy, can keep it as well.

Short-Term Disability:

AFLAC will no longer offer their short-term disability policy. Lincoln will be the sole STD carrier moving forward.

Any forms for Open Enrollment changes are due to Amanda in HR by November 30, 2020.



Who is eligible?

If you're a full-time employee at Douglas Cherokee Economic Authority, you are eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. In addition, family members (legal spouse and children under age 26) are eligible for medical, dental and vision coverage.

- **New Employees can enroll on the first of the month after 30 days of employment**

How to enroll

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

Once all of your information is up to date, it's time to make your benefit elections. The decisions you make during Open Enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

When to enroll

Open Enrollment begins on **November 2, 2020 and runs through November 30, 2020. Dates/Times/Locations are list on page 2.** The benefits you choose during Open Enrollment will become effective on January 1, 2021.

How to make changes

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

SPECIAL ENROLLMENT NOTICE

This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage.

For More Information or Assistance

To request special enrollment or obtain more information, please contact:

| | |
|-------------|--|
| Name | Amanda White |
| Address | P.O Box 1218 |
| City, State | Morristown, TN 37816 |
| Telephone | 423-318-6906 |
| Email: | awhite@douglascherokee.org |

Women's Health and Cancer Rights Act of 1998 (WHCRA)

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

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

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

Option 1: \$3,000/70%

Option 2: \$3,000/50%

Option 3: \$3,000/50%

Option 4: \$4,000/50%

If you would like more information on WHCRA benefits, call Amanda White at 423-318-6906 or email awhite@douglascherokee.org

BlueCross BlueShield of TN Health Insurance

| | OPTION 1 | | OPTION 2 | |
|--|---|--|---|--|
| | Network P | | Network S | |
| Services | In Network | Out of Network | In Network | Out of Network |
| Deductible (Individual/Family) | \$3,000/\$6,000 | \$6,000/\$12,000 | \$3,000/6,000 | \$6,000/\$12,000 |
| Out-of-Pocket Maximum (Individual/Family) | \$5,000/\$10,000 | \$15,000/\$30,000 | \$5,000/\$10,000 | \$15,000/\$30,000 |
| Co-Insurance | 70% | 50% | 50% | 50% |
| Office Visits | \$45 Copay | 50% after Deductible | \$35 Copay | 50% after Deductible |
| Specialist Visits | \$75 Copay | 50% after Deductible | \$65 Copay | 50% after Deductible |
| Preventive Care | Covered at 100% | 50% after Deductible | Covered at 100% | 50% after Deductible |
| Emergency Room | 30% after Deductible | 50% after Deductible | Ded/Coin | 50% after Deductible |
| Maternity In/Outpatient Services Inpatient Facility Outpatient Service Ambulance | 30% after Deductible | 50% after Deductible | 50% after Deductible | 50% after Deductible |
| Prescription Drugs - Generic - Preferred -Non-preferred -Specialty | \$10 \$45 \$90 \$180 | 50% after Deductible NOT COVERED | \$10 \$45 \$90 \$180 | 50% after Deductible NOT COVERED |

Providers Out of Network can bill you for the difference between the billed amount & allowed charge

BlueCross BlueShield of TN Health Insurance

| | OPTION 3 | | OPTION 4 | |
|--|--|---|--|---|
| | Network S HSA-Qualified | | Network S HSA-Qualified | |
| Deductible (Individual/Family) | \$3,000/\$6,000 | \$6,000/\$12,000 | \$4,000/8,000 | \$8,000/\$16,000 |
| Out-of-Pocket Maximum (Individual/Family) | \$5,000/\$10,000 | \$15,000/\$30,000 | \$5,000/\$10,000 | \$15,000/\$30,000 |
| Co-Insurance | 50% | 50% | 50% | 50% |
| Office Visits | 50% after Deductible | 50% after Deductible | 50% after Deductible | 50% after Deductible |
| Specialist Visits | 50% after Deductible | 50% after Deductible | 50% after Deductible | 50% after Deductible |
| Preventive Care | Covered at 100% | 50% after Deductible | Covered at 100% | 50% after Deductible |
| Emergency Room | 50% after Deductible | 50% after Deductible | 50% after Deductible | 50% after Deductible |
| Maternity In/Outpatient Services Inpatient Facility Outpatient Service Ambulance | 50% after Deductible | 50% after Deductible | 50% after Deductible | 50% after Deductible |
| Prescription Drugs - Generic - Preferred -Non-preferred -Specialty | Medical Deductible then 50% Coinsurance | 50% after Deductible NOT COVERED | Medical Deductible then 50% Coinsurance | 50% after Deductible NOT COVERED |
| Preventive Prescription Drug Benefit | \$5 Generic \$25 Name Brand \$50 Non- Preferred | n/a | \$5 Generic \$25 Name Brand \$50 Non- Preferred | n/a |

Providers Out of Network can bill you for the difference between the billed amount & allowed charge

| Option 1 | | | | |
|---------------------|---------------------|---|---|--|
| | Agency Pays Monthly | Employee Cost Per Paycheck – 18 Pay Periods | Employee Cost Per Paycheck – 24 Pay Periods | |
| Employee Only | \$300.63 | \$172.63 | \$129.47 | |
| Employee + Spouse | \$510.63 | \$442.53 | \$331.90 | |
| Employee + Children | \$510.63 | \$341.91 | \$256.44 | |
| Family | \$720.63 | \$650.95 | \$488.21 | |

| Option 2 | | | | |
|---------------------|---------------------|---|---|--|
| | Agency Pays Monthly | Employee Cost Per Paycheck – 18 Pay Periods | Employee Cost Per Paycheck – 24 Pay Periods | |
| Employee Only | \$300.63 | \$116.56 | \$87.42 | |
| Employee + Spouse | \$510.63 | \$324.77 | \$243.58 | |
| Employee + Children | \$510.63 | \$240.42 | \$180.32 | |
| Family | \$720.63 | \$480.75 | \$360.57 | |

| Option 3 HSA-Qualified | | | | |
|------------------------|---------------------|---|---|--|
| | Agency Pays Monthly | Employee Cost Per Paycheck – 18 Pay Periods | Employee Cost Per Paycheck – 24 Pay Periods | |
| Employee Only | \$300.63 | \$43.23 | \$32.42 | |
| Employee + Spouse | \$510.63 | \$170.77 | \$128.08 | |
| Employee + Children | \$510.63 | \$106.80 | \$80.10 | |
| Family | \$720.63 | \$258.17 | \$193.63 | |

| Option 4 HSA-Qualified | | | | |
|------------------------|---------------------|---|---|--|
| | Agency Pays Monthly | Employee Cost Per Paycheck – 18 Pay Periods | Employee Cost Per Paycheck – 24 Pay Periods | |
| Employee Only | \$300.63 | \$20.52 | \$15.39 | |
| Employee + Spouse | \$510.63 | \$123.11 | \$92.33 | |
| Employee + Children | \$510.63 | \$63.57 | \$47.68 | |
| Family | \$720.63 | \$189.30 | \$141.98 | |

This is a brief summary; actual policy provisions govern all benefits and costs.

Preventive Health Services Covered at 100% In-Network

In-network preventive services that are covered with no cost share include:

- Primary care services with an A or B recommendation by the United States Preventive Services Task Force (USPSTF)
- Immunizations recommended by the Advisory Committee on Immunization Practices that have been adopted by the Centers for Disease Control and Prevention (CDC)
- Bright Futures recommendations for infants, children and adolescents that are supported by the Health Resources and Services Administration (HRSA)
- Preventive care and screening for women as provided in the guidelines supported by HRSA

The following preventive care services are covered.

Coverage of some services may depend on age and/or risk exposure.

All Members:

- One-a-year preventive health exams. More frequent preventive exams are covered for children up to age 3
- All standard immunizations adopted by the CDC
- Screening for colorectal cancer (age 50 — 75), high cholesterol and lipids, high blood pressure, obesity, diabetes, and depression
- Screening for HIV and certain sexually transmitted diseases, and counseling for the prevention of sexually transmitted diseases
- Screening and counseling in primary care setting for alcohol misuse and tobacco use; tobacco cessation counseling in the primary care setting will be limited to eight visits per year
- Dietary counseling for adults with hyperlipidemia, hypertension, Type 2 diabetes, obesity, coronary artery disease and congestive heart failure; limited to six visits per year

Women:

- Annual well-woman visit, including annual sexually transmitted infection (STI) counseling and annual domestic violence screening & counseling
- Cervical Cancer Screening
- Screening of pregnant women for anemia, iron deficiency, bacteriuria, hepatitis B virus, Rh factor incompatibility, gestational diabetes
- Breastfeeding support/counseling & supplies (one lactation consultant visit and manual breast pump in conjunction with each birth)
- Counseling women at high risk of breast cancer for chemoprevention, including risks and benefits
- Mammography screening at age 40 and over, and evaluation for genetic testing for BRCA breast cancer gene
- Osteoporosis screening (age 60 or older)
- HPV testing once every 3 years, beginning at age 30
- Annual HIV screening and counseling
- FDA-approved contraceptive methods and counseling
- Medical plan: Injectable or implantable hormonal contraceptives and barrier methods, sterilization for women
- Rx plan: Generic oral & injectable contraceptives, vaginal contraceptive, patch, prescription emergency contraception

Men:

- Prostate cancer screening at age 50 and older
- Abdominal aortic aneurysm screening at age 65 75 (for men who have ever smoked)

Children:

- Newborn screening for hearing, phenylketonuria (PKU), thyroid disease, sickle cell anemia, and cystic fibrosis
- Development delays and autism screening
- Iron deficiency screening
- Vision screening
- Screening for major depressive disorders

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association
© Registered Marks of the BlueCross BlueShield Association, an Association of Independent BlueCross BlueShield Plans



PhysicianNow

MDLIVE Inc Medical

Everyone

Add to Wishlist

PhysicianNow

Option 1 & 2 = \$10 copay

Option 3 & 4 = \$45 copay



Where Should You Go For Care?

| Your Primary Care Physician | Urgent/Convenient Care | The ER |
|--|--|---|
| Why go here? | | |
| For routine, non-emergency care, try your primary care physician (PCP) first. Your PCP knows you and your medical history best. | When your PCP isn't available, but it's not an emergency. Urgent/Convenient care facilities are usually open even when your PCP isn't. | You need care right away for a medical emergency or life-threatening health condition. |
| What should you go here for? | | |
| <ul style="list-style-type: none"> Routine, scheduled care & checkups Preventive care Minor, non-emergency problems | <ul style="list-style-type: none"> Minor aches and pains Sore throat Cold or flu Small cuts and bruises Arthritis | <ul style="list-style-type: none"> Shortness of breath, can't talk A bad cut, broken bone or burn Bleeding that can't be stopped A drug overdose Strong chest or stomach pain that doesn't go away Seizures or loss of consciousness Not being able to move legs or arms |
| Do I need an appointment? | | |
| Yes | No | No |
| How long is the wait? | | |
| If you have an appointment, your PCP should be able to see you quickly. | Longer than your PCP, but not as long as an ER (for non-emergency care). | ERs treat the sickest patients first, so if you don't have an emergency, you may have a long wait. |
| Associated Cost: \$ | Associated Cost: \$\$ | Associated Cost: \$\$\$ |

This is a brief summary; actual policy provisions govern all benefits and costs.



Summary of Benefits and Coverage (SBC)

What is an SBC?

The SBC is a concise document providing simple and consistent information about health plan benefits and coverage. It must be provided free of charge. Its purpose is to help health plan consumers better understand the coverage they have and to help them make easy comparisons of different options.

When you make your plan selection for this year you will receive a Summary of Benefits & Coverage (SBC) document. This document will explain in further detail what is covered by the plan you have selected. Below, is of what the first page of your document will look like. The SBC will be either electronically sent or mailed to your home address and to the home address of any eligible dependents. You may request a duplicate copy at any time. Please see your group administrator for details.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage Period: 01/01/2020 - 12/31/2020

of Tennessee: Douglas-Cherokee Economic Auth (OPT#4)

Coverage for: Individual or Family | Plan Type: HDHP

! The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE:** Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-565-9140 (TTY: 1-800-848-0299) or visit us at www.bcbst.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.ccio.cms.gov or call 1-800-565-9140 to request a copy. Coverage documents are not available until after the effective date of your coverage, but you may obtain a sample at <http://www.bcbst.com/samplepolicy/2020/LG>. This sample may not match your benefits exactly, so you should review your coverage document once it is available.

Contributions made by you and/or your employer to health savings accounts (HSAs), flexible spending accounts (FSAs), or health reimbursement arrangements (HRAs) may help pay your deductible or other out-of-pocket expenses.

| Important Questions | Answers | Why This Matters: |
|---|---|--|
| What is the overall deductible? | In-network: \$4,000 person/\$8,000 family Out-of-network: \$8,000 person/\$16,000 family | Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> . |
| Are there services covered before you meet your deductible? | Yes. <u>Deductible</u> doesn't apply to <u>preventive care</u> . | This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.bcbst.com/coverage/preventive-care-benefits/ . |
| Are there other deductibles for specific services? | No. | You don't have to meet <u>deductibles</u> for specific services. |
| What is the out-of-pocket limit for this plan? | In-network: \$5,000 person/\$10,000 family Out-of-network: \$15,000 person/\$30,000 family | The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met. |
| What is not included in the out-of-pocket limit? | <u>Premium</u> , <u>balance-billing</u> charges, penalties, and health care this <u>plan</u> doesn't cover. | Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> . |
| Will you pay less if you use a network provider? | Yes. This <u>plan</u> uses Network S. See www.bcbst.com/NetSP or call 1-800-565-9140 for a list of <u>in-network providers</u> . | This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services. |

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

Questions: Call 1-800-565-9140 or visit us at www.bcbst.com.

1 of 8

(Grp#123339/Q#203/HC2)

This is a brief summary; actual policy provisions govern all benefits and costs.

Health Savings Accounts

Health savings accounts (HSAs) are tax-exempt accounts where funds grow to pay for medical expenses. They were created to help give control back to consumers and lower healthcare costs. HSAs provide a financial incentive for consumers to select an HSA-Compatible health plan. These plans have lower monthly premiums than traditional plans. The combination of the two provides consumers with more incentive to shop carefully for healthcare services.

What are the benefits of an HSA?

There are many benefits of using an HSA, including the following:

- **It saves you money.** HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.
- **It is portable.** The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.
- **It is a tax-saver**—HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.

The maximum amount that you can contribute to an HSA in 2020 is \$3,550 for individual coverage and \$7,100 for family coverage. **In 2021, it increases to \$3,600 for individual coverage and \$7,200 for family coverage.**

Additionally, if you are age 55 or older, you may make an additional “catch-up” contribution of \$1,000. You may change your contribution amount at any time throughout the year as long as you don't exceed the annual maximum.

HSA Case Study

Justin is a healthy 28-year-old single man who contributes \$1,000 each year to his HSA. His plan's annual deductible is \$1,500 for individual coverage. Here is a look at the first two years of Justin's HSA plan, assuming the use of in-network providers. (This example only includes HSA contribution amounts and does not reflect any investment earnings.)

| Year 1 | |
|---|----------|
| HSA Balance | \$1,000 |
| Total Expenses: - Prescription drugs: \$150 | (-\$150) |
| HSA Rollover to Year 2 | \$850 |
| Since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year. | |



| Year 2 | |
|---|----------|
| HSA Balance | \$1,850 |
| Total Expenses: - Office visits: \$100 - Prescription drugs: \$200 - Preventive care services: \$0 (covered by insurance) | (-\$300) |
| HSA Rollover to Year 3 | \$1,550 |
| Once again, since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year. | |

You might ask ...

How do HSAs work?

Option 3 and 4 plans are HSA-Qualified. It is designed to allow you to make tax-free contributions to a Health Savings Account then use those funds to pay for qualified medical expenses.

What are the benefits?

Select a lower cost health plan

Money deposited into your HSA are pre-tax (payroll deduction) or tax-deductible (mailed)

Any interest earned is tax-free

If you use for qualified medical expenses, funds are not taxed

Do I have to use funds in the year I deposit them?

You do not have to use your HSA funds during the plan year. The key word is in the name – SAVINGS – allowing you to build up funds over years to pay medical expenses now and into retirement.

Can I pay my spouse (or child's) medical expenses?

You can use HSA funds to pay qualified medical expenses for any TAX Dependents, regardless of whether, or not, they are on your qualified medical plan. Note that you may have a child on the medical plan who is not your tax dependent.

How do I contribute to an HSA?

Your employer may make contributions to your account. You can contribute additional funds through payroll deduction on a pre-tax basis.

How much can I contribute?

For 2021, you can contribute up to \$3,600 if you have Individual Coverage and up to \$7,200 if you have Family Coverage. If you are over age 55, you can contribute an additional \$1,000.

How will I pay for my medical expenses?

You will receive a Debit Card. In addition, most banks have options for Bill Pay to your providers or to reimburse yourself if you paid cash, regular checking or a credit card.

Do I have to save receipts?

Yes, but you don't have to submit them to anyone. Just place them in a file in case you ever need to produce them.

Eligible Medical Expenses

An eligible expense is defined as an expense for certain healthcare services, equipment, and medications as described in Section 213(d) of the Internal Revenue Code. Below are two lists which may help determine whether an expense is eligible.

| Eligible Medical Expenses (for HSA Distributions) | | |
|---|---|--|
| <ul style="list-style-type: none"> • Acupuncture • Alcoholism Treatment • Ambulance • Artificial Limb • Artificial Teeth • Bandages • Birth Control Pills (by prescription) • Breast Reconstruction Surgery (mastectomy) • Car Special Hand Controls (for disability) • Certain Capital Expenses (e.g. for the disabled) • Chiropractors • Christian Science Practitioners • COBRA premiums • Contact Lenses • Cosmetic Surgery (if due to trauma or disease) • Crutches • Dental Treatment • Dermatologist • Diagnostic Devices • Disabled Dependent Care Expenses • Drug Addiction Treatment (inpatient) • Drugs (prescription) • Eyeglasses • Fertility Enhancement • Guide Dog • Gynecologist • Health Institute (if prescribed by physician) • H.M.O. (certain expenses) • Hearing Aids • Home Care • Hospital Services • Laboratory Fees • Lasik Surgery • Lead-Based Paint Removal | <ul style="list-style-type: none"> • Lodging (for out-patient treatment) • Long-Term Care (medical expenses) • Long-Term Care Insurance (allowable limits) • Meals (associated with receiving treatments) • Medical Conferences (ill spouse/dependent) • Medicare Deductibles • Medicare Premiums • Mentally Retarded (specialized homes) • Nursing Care • Nursing Homes • Obstetrician • Operating Room Costs • Operations - Surgical • Ophthalmologist • Optician • Optometrist • Organ Transplant (incl. donor's expenses) • Orthodonture (braces) • Orthopedic Shoes • Orthopedist • Osteopath • Out-of-pocket expenditures and deductibles for our spouse or dependent even if insured under a non-HSA health plan • Oxygen and Equipment • Pediatrician • Personal Care Services (for chronically ill) • Podiatrist • Post-Nasal Treatments • Prenatal Care • Prescription Medicines • Prosthesis • PSA Test | <ul style="list-style-type: none"> • Radium Treatment • Smoking Cessation Programs • Special Education for Children (ill / disabled) • Specialists • Spinal Tests • Splints • Sterilization • Surgeon • Telephones & TV for the Hearing Impaired • Therapy • Transportation Expenses for Health Care Treatment • Vaccines • Vitamins (if prescribed) • Weight Loss Programs • Wheelchair • Wig (hair loss from disease) • X-Rays <div> <div>Over-the-Counter Drugs**</div> <ul style="list-style-type: none"> • Antacids • Allergy Medications • Pain relievers • Cold Medicine • Anti-diarrhea medicine • Cough drops and throat lozenges • Sinus medications and nasal sprays • Nicotine medications and nasal sprays • Pedialyte • First aid creams • Calamine lotion • Stop-smoking programs <div> **If Prescribed by a Physician Eff 1/1/11 </div> </div> |
| Ineligible Medical Expenses | | |
| <ul style="list-style-type: none"> • Baby Sitting, Childcare, and Nursing Services for a Normal, Healthy Baby • Controlled Substances • Cosmetic Surgery • Dancing Lessons • Diaper Service • Electrolysis or Hair Removal • Flexible Spending Account • Funeral Expenses • Future Medical Care • Hair Transplant • Health Club Dues • Health Coverage Tax Credit • Health Savings Accounts | <ul style="list-style-type: none"> • Household Help • Illegal Operations and Treatments • Insurance Premiums • Maternity Clothes • Medical Savings Account (MSA) • Medicines and Drugs From Other Countries • Nonprescription Drugs and Medicines • Nutritional Supplements • Personal Use Items • Swimming Lessons • Teeth Whitening • Veterinary Fees • Weight-Loss Program | <div>Over-the-Counter Drugs</div> <ul style="list-style-type: none"> • Toiletries (including toothpaste) • Acne Treatments • Lip balm (including ChapStick or Carmex) • Suntan lotion • Medicated shampoos and soaps • Vitamins (daily) • Fiber supplements • Dietary supplements • Weight loss drugs for general well being • Herbs |

These lists are not comprehensive but are meant to serve as a quick reference. They have been provided to you with the understanding that Keystone Insurance & Benefits Group is not engaged in rendering tax advice. This information can not be used to avoid federal tax penalties. For more detailed information please refer to IRS Publication 502 titled "Medical and Dental Expenses". Publications can be ordered directly from the IRS by calling 1-800-TAX-FORM or by visiting www.irs.gov. If tax advice is required, you should seek the services of a qualified professional.

This is a brief summary; actual policy provisions govern all benefits and costs.

Dental Insurance

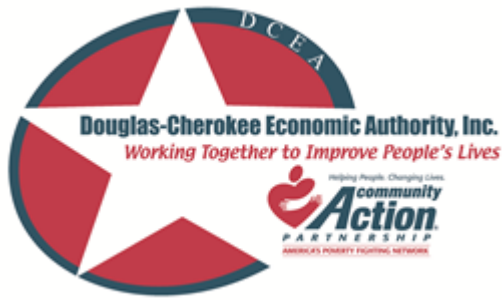
In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

We're happy to say that there are no cost changes to your dental benefits for 2021 plan year. The following chart outlines the dental benefits we offer provide by BlueCross BlueShield of Tennessee.

| High Plan | Benefit | Amount you pay |
|---------------------|--|--|
| Preventive Services | Exams, cleanings, X-rays | 0% |
| Deductible | Applies to basic and major services only | \$25 Individual Maximum \$75 Family Maximum |
| Basic Services | Basic Restorative, Basic and Major Oral Surgery, Periodontics, Endodontics | 10% after Deductible |
| Major Services | Major Restorative, Prosthodontics | 40% after Deductible |
| Annual Maximum | Plan Pays up to \$1,250 per Member | |
| Low Plan | Benefit | Amount you pay |
| Preventive Services | Exams, cleanings, X-rays | 0% |
| Deductible | Applies to basic and major services only | \$25 Individual Maximum \$75 Family Maximum |
| Basic Services | Basic Restorative, Basic and Major Oral Surgery, Periodontics, Endodontics | 50% after Deductible |
| Major Services | Major Restorative, Prosthodontics | 90% after Deductible |
| Annual Maximum | Plan Pays up to \$1,000 per Member | |

See next page for rates

Members who see an Out of Network dentist may be billed charges that exceed the Maximum Allowable Charge



| High Dental Plan | | | |
|---------------------|---------------------|---|---|
| | Agency Pays Monthly | Employee Cost Per Paycheck – 18 Pay Periods | Employee Cost Per Paycheck – 24 Pay Periods |
| Employee Only | \$12.50 | \$14.42 | \$10.82 |
| Employee + Spouse | \$12.50 | \$34.89 | \$26.17 |
| Employee + Children | \$12.50 | \$44.51 | \$33.38 |
| Family | \$12.50 | \$62.04 | \$46.53 |

| Low Dental Plan | | | |
|---------------------|---------------------|---|---|
| | Agency Pays Monthly | Employee Cost Per Paycheck – 18 Pay Periods | Employee Cost Per Paycheck – 24 Pay Periods |
| Employee Only | \$12.50 | \$4.48 | \$3.36 |
| Employee + Spouse | \$12.50 | \$16.76 | \$12.57 |
| Employee + Children | \$12.50 | \$26.56 | \$19.92 |
| Family | \$12.50 | \$39.59 | \$29.70 |



Vision Insurance

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

BCBST vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

| Type of service | In Network (EyeMed) | Out of Network |
|---|--|---|
| Exam with Dilation as Necessary | \$10 Copay (Available once every 12 months) Std Contact Lens Fit & Follow Up \$40 Copay | Up to \$35 (Available once every 12 months) |
| Frames | \$150 allowance then 20% discount (Available once every 24 months) | Up to \$75 (Available once every 24 months) |
| Standard Plastic Lenses -Single Vision -Bifocal -Trifocal | \$25 Copay (Available once every 12 months) | Up to \$30 Up to \$45 Up to \$60 (Available once every 12 months) |
| UV Treatment, Tints, Scratch Resistance, Polycarbonate Lenses, Polarized, etc | Additional Copay or Discount | N/A |
| Contact Lenses | \$150 allowance then 15% discount (Available once every 12 months) | Up to \$120 (Available once every 12 months) |

| Coverage Options | Agency Pays Monthly | Employee Cost Per Paycheck – 18 Pay Periods | Employee Cost Per Paycheck – 24 Pay Periods |
|---------------------|---------------------|---|---|
| Employee Only | \$2.50 | \$1.67 | \$1.25 |
| Employee + Spouse | \$2.50 | \$4.99 | \$3.75 |
| Employee + Children | \$2.50 | \$5.33 | \$4.00 |
| Family | \$2.50 | \$9.33 | \$7.00 |



Disability Income Benefits

Douglas Cherokee Economic Authority provides full-time employees with short-term and long-term disability income benefits through Lincoln Financial. Without disability coverage, you and your family may struggle to get by if you miss work due to an off-the-job injury or illness.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, though, that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

| | Short-term Disability | Long-term Disability |
|--------------------------------------|---|--|
| Benefits Begin | 15th day after an accident 15th day of a sickness disability | 181st day after a disability |
| Benefits Payable | Up to 26 Weeks | 5 Years / To age 70 |
| Percentage of Income Replaced | 60% of your base weekly earnings | 60% of your base weekly earnings |
| Maximum Benefit | \$1,000 per week | \$1,200 per week |

| Short Term Disability Rates | |
|-----------------------------|----------------|
| Attained Age | Premium Factor |
| <29 | 0.0707 |
| 30-34 | 0.0707 |
| 35-39 | 0.0707 |
| 40-44 | 0.0980 |
| 45-49 | 0.0980 |
| 50-54 | 0.1125 |
| 55-59 | 0.1125 |
| 60+ | 0.1272 |

To calculate your Short Term Disability rate:

\$ _____ Available Benefit
X _____ Premium Factor
= _____ Monthly Cost

Round down to lower \$50 increment

| Long Term Disability Rates | |
|----------------------------|----------------|
| Attained Age | Premium Factor |
| <29 | 0.00165 |
| 30-34 | 0.00231 |
| 35-39 | 0.00231 |
| 40-44 | 0.00341 |
| 45-49 | 0.00484 |
| 50-54 | 0.00617 |
| 55-59 | 0.00946 |
| 60+ | 0.01617 |

To calculate your Long Term Disability rate:

\$ _____ Available Benefit
X _____ Premium Factor
= _____ Monthly Cost

Round down to lower \$100 increment

AVAILABLE BENEFIT= ANNUAL EARNINGS / 12 X 60%

Accident Insurance provided by AFLAC/CAICgroup

An accident/injury can happen in a split second! The Accident plan covers accidents on or off the job, with no limit on the number of claims you can file. When an accident occurs, the last thing on your mind is the charges that accumulate with unexpected bills.

| Accident Insurance Rates | | |
|--------------------------|----------------|----------------|
| Options | 24 Pay Periods | 18 Pay Periods |
| Employee Only | \$6.99 | \$9.32 |
| Employee + Spouse | \$11.59 | \$15.45 |
| 1 Parent Family | \$15.95 | \$21.26 |
| Employee + Family | \$20.55 | \$27.39 |

Cancer Insurance provided by AFLAC

Today, the chances of surviving cancer are better than ever, but the financial impact can be devastating. Our Cancer plan helps employees better cope financially, and emotionally – if a positive diagnosis occurs.

Children are FREE on Cancer Plans until age 26

| Cancer Insurance Rates (semi-monthly) | | |
|--|--|----------|
| Options | Option 1 | Option 2 |
| Employee + Children | \$9.80 | \$18.25 |
| Employee + Family | \$15.77 | \$31.47 |
| Cancer Assurance Options | | |
| Option 1 | Option 2 | |
| \$2,000 Initial Diagnosis w/ \$100bb Wellness Benefit \$70 & \$25 | \$4,000 Initial Diagnosis w/ \$100bb Wellness Benefit \$70 & \$75 | |

Hospital Indemnity Insurance provided by AFLAC/CAICgroup

Hospital Admission plan Confinement per day for sickness or injury. Even a minor trip to the hospital can present you with unexpected medical bills. The hospital plan may help avoid dipping into savings or having to borrow to address out-of-pocket expenses.

| Hospital Indemnity Insurance Rates | | |
|------------------------------------|----------------|----------------|
| Options | 24 Pay Periods | 18 Pay Periods |
| Employee Only | \$ 9.46 | \$12.61 |
| Employee + Spouse | \$19.07 | \$25.43 |
| 1 Parent Family | \$15.20 | \$20.27 |
| Employee + Family | \$24.81 | \$33.08 |

Lump-Sum Critical Care Insurance provided by AFLAC/CAICgroup

Guarantee issue coverage for employees up to \$20,000 and spouse up to \$10,000. AFLAC can help ease the financial stress of surviving a critical illness. The critical illness insurance pays cash benefits that you can use any way you see fit. Coverage for the following: Cancer, Stroke, Heart Attack, Sudden Cardiac Arrest, Organ Transplant, Bone Marrow or Stem Cell, Skin Cancer. Rates are **MONTHLY**.

| Employee (Uni-Tobacco) 24 Pay Premiums | | | | |
|--|---------|----------|----------|----------|
| Options | Ages | | | |
| | \$5,000 | \$10,000 | \$15,000 | \$20,000 |
| 18-29 | \$1.93 | \$3.14 | \$4.36 | \$5.57 |
| 30-39 | \$2.86 | \$5.00 | \$7.15 | \$9.30 |
| 40-49 | \$5.04 | \$9.36 | \$13.69 | \$18.01 |
| 50-59 | \$9.33 | \$17.95 | \$26.56 | \$35.17 |
| 60+ | \$17.16 | \$33.61 | \$50.05 | \$66.50 |
| Spouse (Uni-Tobacco) 24 Pay Premiums | | | | |
| Options | Ages | | | |
| | \$2,500 | \$5,000 | \$7,500 | \$10,000 |
| 18-29 | \$1.32 | \$1.93 | \$2.54 | \$3.14 |
| 30-39 | \$1.79 | \$2.86 | \$3.93 | \$5.01 |
| 40-49 | \$2.88 | \$5.04 | \$7.20 | \$9.36 |
| 50-59 | \$5.02 | \$9.33 | \$13.64 | \$17.95 |
| 60+ | \$8.94 | \$17.16 | \$25.39 | \$33.61 |

| Employee Uni-Tobacco 18 Pay Premiums | | | | |
|--------------------------------------|---------|----------|----------|----------|
| Options | Ages | | | |
| | \$5,000 | \$10,000 | \$15,000 | \$20,000 |
| 18-29 | \$2.57 | \$4.19 | \$5.80 | \$7.42 |
| 30-39 | \$3.81 | \$6.67 | \$9.53 | \$12.39 |
| 40-49 | \$6.72 | \$12.48 | \$18.25 | \$24.01 |
| 50-59 | \$12.44 | \$23.93 | \$35.41 | \$46.89 |
| 60+ | \$22.88 | \$44.81 | \$66.73 | \$88.66 |
| Spouse (Uni-Tobacco) 18 Pay Premiums | | | | |
| Options | Ages | | | |
| | \$2,500 | \$5,000 | \$7,500 | \$10,000 |
| 18-29 | \$1.76 | \$2.57 | \$3.38 | \$4.19 |
| 30-39 | \$2.38 | \$3.81 | \$5.24 | \$6.67 |
| 40-49 | \$3.83 | \$6.72 | \$9.60 | \$12.48 |
| 50-59 | \$6.69 | \$12.44 | \$18.18 | \$23.93 |
| 60+ | \$11.92 | \$22.88 | \$33.85 | \$44.81 |



Basic Term Life Insurance

Life insurance can help provide for your loved ones if something were to happen to you. This plan provides full-time employees with **One time’s annual Salary (rounded to the next higher \$1,000) benefit, subject to a max of \$50,000** in group life and accidental death and dismemberment (AD&D) insurance.

Douglas Cherokee pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. Contact HR if you would like to update your beneficiary information.

Voluntary Term Life Insurance

| | Amount |
|----------------------------------|--|
| Employee Life Benefit Amount | Purchase in \$10,000 increments |
| Employee Maximum | Up to 5 times your annual salary Subject to a maximum of \$300,000 |
| Guarantee Issue Amount | \$150,000 at Initial Enrollment |
| Accidental Death & Dismemberment | Optional coverage can be purchased for an additional premium. Benefit equal to the life amount |
| Spouse Life Benefit Amount | Purchase in \$5,000 increments |
| Spouse Maximum | Purchase up to 50% of the employee amount, subject to a maximum of \$150,000 |
| Spouse Guarantee Issue Amount | \$30,000 at Initial Enrollment |
| Dependent Child benefit Amount | \$10,000 |

See next 4 pages for rates

Voluntary Term Life Rates

Employee MONTHLY Premium Life Only Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately.
Refer to Program Specifications for your maximum benefit amounts.

Benefits and premium amounts reflect age reductions.

| AGE | Monthly Rate Per \$1,000 | \$10,000 | \$20,000 | \$30,000 | \$40,000 | \$50,000 | \$ 60,000 | \$70,000 | \$80,000 | \$90,000 | \$100,000 |
|--------------|--------------------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| <25 | 0.0800 | \$0.80 | \$1.60 | \$2.40 | \$3.20 | \$4.00 | \$4.80 | \$5.60 | \$6.40 | \$7.20 | \$8.00 |
| 25-29 | 0.0800 | \$0.80 | \$1.60 | \$2.40 | \$3.20 | \$4.00 | \$4.80 | \$5.60 | \$6.40 | \$7.20 | \$8.00 |
| 30-34 | 0.0800 | \$0.80 | \$1.60 | \$2.40 | \$3.20 | \$4.00 | \$4.80 | \$5.60 | \$6.40 | \$7.20 | \$8.00 |
| 35-39 | 0.1200 | \$1.20 | \$2.40 | \$3.60 | \$4.80 | \$6.00 | \$7.20 | \$8.40 | \$9.60 | \$10.80 | \$12.00 |
| 40-44 | 0.1900 | \$1.90 | \$3.80 | \$5.70 | \$7.60 | \$9.50 | \$11.40 | \$13.30 | \$15.20 | \$17.10 | \$19.00 |
| 45-49 | 0.2800 | \$2.80 | \$5.60 | \$8.40 | \$11.20 | \$14.00 | \$16.80 | \$19.60 | \$22.40 | \$25.20 | \$28.00 |
| 50-54 | 0.4700 | \$4.70 | \$9.40 | \$14.10 | \$18.80 | \$23.50 | \$28.20 | \$32.90 | \$37.60 | \$42.30 | \$47.00 |
| 55-59 | 0.7900 | \$7.90 | \$15.80 | \$23.70 | \$31.60 | \$39.50 | \$47.40 | \$55.30 | \$63.20 | \$71.10 | \$79.00 |
| 60-64 | 1.2500 | \$12.50 | \$25.00 | \$37.50 | \$50.00 | \$62.50 | \$75.00 | \$87.50 | \$100.00 | \$112.50 | \$125.00 |
| 65-69 | 2.1900 | \$6,500 | \$13,000 | \$19,500 | \$26,000 | \$32,500 | \$39,000 | \$45,500 | \$52,000 | \$58,500 | \$65,000 |
| | | \$14.24 | \$28.47 | \$42.71 | \$56.94 | \$71.18 | \$85.41 | \$99.65 | \$113.88 | \$128.12 | \$142.35 |
| 70-74 | 3.4800 | \$4,000 | \$8,000 | \$12,000 | \$16,000 | \$20,000 | N/A | N/A | N/A | N/A | N/A |
| | | \$13.92 | \$27.84 | \$41.76 | \$55.68 | \$69.60 | N/A | N/A | N/A | N/A | N/A |
| 75-79 | 6.1700 | \$2,500 | \$5,000 | \$7,500 | \$10,000 | \$12,500 | N/A | N/A | N/A | N/A | N/A |
| | | \$15.43 | \$30.85 | \$46.28 | \$61.70 | \$77.13 | N/A | N/A | N/A | N/A | N/A |
| 80-99 | 6.1700 | \$1,000 | \$2,000 | \$3,000 | \$4,000 | \$5,000 | N/A | N/A | N/A | N/A | N/A |
| | | \$6.17 | \$12.34 | \$18.51 | \$24.68 | \$30.85 | N/A | N/A | N/A | N/A | N/A |

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Dependent Children Rate = \$2.00 monthly.

Premium covers all dependent children regardless of the number of children.

Voluntary Term Life Rates

Employee MONTHLY Premium Life Only Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately.
Spouse premiums will be calculated based on Employee age.
Refer to Program Specifications for your maximum benefit amounts.

Benefits and premium amounts reflect age reductions.

| AGE | Monthly Rate Per \$1,000 | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 |
|--------------|--------------------------|----------------|----------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| <25 | 0.0800 | \$0.40 | \$0.80 | \$1.20 | \$1.60 | \$2.00 | \$2.40 | \$2.80 | \$3.20 | \$3.60 | \$4.00 |
| 25-29 | 0.0800 | \$0.40 | \$0.80 | \$1.20 | \$1.60 | \$2.00 | \$2.40 | \$2.80 | \$3.20 | \$3.60 | \$4.00 |
| 30-34 | 0.0800 | \$0.40 | \$0.80 | \$1.20 | \$1.60 | \$2.00 | \$2.40 | \$2.80 | \$3.20 | \$3.60 | \$4.00 |
| 35-39 | 0.1200 | \$0.60 | \$1.20 | \$1.80 | \$2.40 | \$3.00 | \$3.60 | \$4.20 | \$4.80 | \$5.40 | \$6.00 |
| 40-44 | 0.1900 | \$0.95 | \$1.90 | \$2.85 | \$3.80 | \$4.75 | \$5.70 | \$6.65 | \$7.60 | \$8.55 | \$9.50 |
| 45-49 | 0.2800 | \$1.40 | \$2.80 | \$4.20 | \$5.60 | \$7.00 | \$8.40 | \$9.80 | \$11.20 | \$12.60 | \$14.00 |
| 50-54 | 0.4700 | \$2.35 | \$4.70 | \$7.05 | \$9.40 | \$11.75 | \$14.10 | \$16.45 | \$18.80 | \$21.15 | \$23.50 |
| 55-59 | 0.7900 | \$3.95 | \$7.90 | \$11.85 | \$15.80 | \$19.75 | \$23.70 | \$27.65 | \$31.60 | \$35.55 | \$39.50 |
| 60-64 | 1.2500 | \$6.25 | \$12.50 | \$18.75 | \$25.00 | \$31.25 | \$37.50 | \$43.75 | \$50.00 | \$56.25 | \$62.50 |
| 65-69 | 2.1900 | \$3,250 | \$6,500 | \$9,750 | \$13,000 | \$16,250 | \$19,500 | \$22,750 | \$26,000 | \$29,250 | \$32,500 |
| | | \$7.12 | \$14.24 | \$21.35 | \$28.47 | \$35.59 | \$42.71 | \$49.82 | \$56.94 | \$64.06 | \$71.18 |

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Dependent Children Rate = \$2.00 monthly.

Premium covers all dependent children regardless of the number of children.



Voluntary Term Life and AD&D Rates

Employee MONTHLY Premium

Life & Accidental Death & Dismemberment Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately.

Refer to Program Specifications for your maximum benefit amounts.

Benefits and premium amounts reflect age reductions.

| AGE | Monthly Rate Per \$1,000 | \$10,000 | \$20,000 | \$30,000 | \$40,000 | \$50,000 | \$ 60,000 | \$70,000 | \$80,000 | \$90,000 | \$100,000 |
|--------------|--------------------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| <25 | 0.1100 | \$1.10 | \$2.20 | \$3.30 | \$4.40 | \$5.50 | \$6.60 | \$7.70 | \$8.80 | \$9.90 | \$11.00 |
| 25-29 | 0.1100 | \$1.10 | \$2.20 | \$3.30 | \$4.40 | \$5.50 | \$6.60 | \$7.70 | \$8.80 | \$9.90 | \$11.00 |
| 30-34 | 0.1100 | \$1.10 | \$2.20 | \$3.30 | \$4.40 | \$5.50 | \$6.60 | \$7.70 | \$8.80 | \$9.90 | \$11.00 |
| 35-39 | 0.1500 | \$1.50 | \$3.00 | \$4.50 | \$6.00 | \$7.50 | \$9.00 | \$10.50 | \$12.00 | \$13.50 | \$15.00 |
| 40-44 | 0.2200 | \$2.20 | \$4.40 | \$6.60 | \$8.80 | \$11.00 | \$13.20 | \$15.40 | \$17.60 | \$19.80 | \$22.00 |
| 45-49 | 0.3100 | \$3.10 | \$6.20 | \$9.30 | \$12.40 | \$15.50 | \$18.60 | \$21.70 | \$24.80 | \$27.90 | \$31.00 |
| 50-54 | 0.5000 | \$5.00 | \$10.00 | \$15.00 | \$20.00 | \$25.00 | \$30.00 | \$35.00 | \$40.00 | \$45.00 | \$50.00 |
| 55-59 | 0.8200 | \$8.20 | \$16.40 | \$24.60 | \$32.80 | \$41.00 | \$49.20 | \$57.40 | \$65.60 | \$73.80 | \$82.00 |
| 60-64 | 1.2800 | \$12.80 | \$25.60 | \$38.40 | \$51.20 | \$64.00 | \$76.80 | \$89.60 | \$102.40 | \$115.20 | \$128.00 |
| 65-69 | 2.2200 | \$6,500 | \$13,000 | \$19,500 | \$26,000 | \$32,500 | \$39,000 | \$45,500 | \$52,000 | \$58,500 | \$65,000 |
| | | \$14.43 | \$28.86 | \$43.29 | \$57.72 | \$72.15 | \$86.58 | \$101.01 | \$115.44 | \$129.87 | \$144.30 |
| 70-74 | 3.5100 | \$4,000 | \$8,000 | \$12,000 | \$16,000 | \$20,000 | N/A | N/A | N/A | N/A | N/A |
| | | \$14.04 | \$28.08 | \$42.12 | \$56.16 | \$70.20 | N/A | N/A | N/A | N/A | N/A |
| 75-79 | 6.2000 | \$2,500 | \$5,000 | \$7,500 | \$10,000 | \$12,500 | N/A | N/A | N/A | N/A | N/A |
| | | \$15.50 | \$31.00 | \$46.50 | \$62.00 | \$77.50 | N/A | N/A | N/A | N/A | N/A |
| 80-99 | 6.2000 | \$1,000 | \$2,000 | \$3,000 | \$4,000 | \$5,000 | N/A | N/A | N/A | N/A | N/A |
| | | \$6.20 | \$12.40 | \$18.60 | \$24.80 | \$31.00 | N/A | N/A | N/A | N/A | N/A |

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Dependent Children Rate = \$2.00 monthly.

Premium covers all dependent children regardless of the number of children.

Voluntary Term Life and AD&D Rates

Employee MONTHLY Premium

Life & Accidental Death & Dismemberment Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately.

Refer to Program Specifications for your maximum benefit amounts.

Benefits and premium amounts reflect age reductions.

| AGE | Monthly Rate Per \$1,000 | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 |
|-------|--------------------------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <25 | 0.1100 | \$0.55 | \$1.10 | \$1.65 | \$2.20 | \$2.75 | \$3.30 | \$3.85 | \$4.40 | \$4.95 | \$5.50 |
| 25-29 | 0.1100 | \$0.55 | \$1.10 | \$1.65 | \$2.20 | \$2.75 | \$3.30 | \$3.85 | \$4.40 | \$4.95 | \$5.50 |
| 30-34 | 0.1100 | \$0.55 | \$1.10 | \$1.65 | \$2.20 | \$2.75 | \$3.30 | \$3.85 | \$4.40 | \$4.95 | \$5.50 |
| 35-39 | 0.1500 | \$0.75 | \$1.50 | \$2.25 | \$3.00 | \$3.75 | \$4.50 | \$5.25 | \$6.00 | \$6.75 | \$7.50 |
| 40-44 | 0.2200 | \$1.10 | \$2.20 | \$3.30 | \$4.40 | \$5.50 | \$6.60 | \$7.70 | \$8.80 | \$9.90 | \$11.00 |
| 45-49 | 0.3100 | \$1.55 | \$3.10 | \$4.65 | \$6.20 | \$7.75 | \$9.30 | \$10.85 | \$12.40 | \$13.95 | \$15.50 |
| 50-54 | 0.5000 | \$2.50 | \$5.00 | \$7.50 | \$10.00 | \$12.50 | \$15.00 | \$17.50 | \$20.00 | \$22.50 | \$25.00 |
| 55-59 | 0.8200 | \$4.10 | \$8.20 | \$12.30 | \$16.40 | \$20.50 | \$24.60 | \$28.70 | \$32.80 | \$36.90 | \$41.00 |
| 60-64 | 1.2800 | \$6.40 | \$12.80 | \$19.20 | \$25.60 | \$32.00 | \$38.40 | \$44.80 | \$51.20 | \$57.60 | \$64.00 |
| 65-69 | 2.2200 | \$3,250 | \$6,500 | \$9,750 | \$13,000 | \$16,250 | \$19,500 | \$22,750 | \$26,000 | \$29,250 | \$32,500 |
| | | \$7.22 | \$14.43 | \$21.65 | \$28.86 | \$36.08 | \$43.29 | \$50.51 | \$57.72 | \$64.94 | \$72.15 |

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Dependent Children Rate = \$2.00 monthly.

Premium covers all dependent children regardless of the number of children.



Retire Ready Tennessee – Retirement Benefits

As a Douglas-Cherokee Economic Authority, Inc. employee, you have unique retirement plans, including an additional savings opportunity through a 401(K) Deferred Compensation Plan.

RetireReadyTN is the state's retirement program, combining strengths of:

- One of the nation's strongest defined benefit plans, provided by the Tennessee Consolidated Retirement System (TCRS)
- A 401(k) plan through services provided by Empower Retirement
- Retirement readiness education.

To learn more visit: www.RetireReadyTN.gov or call: (800) 922-7772

About Tennessee Consolidated Retirement System (TCRS):

Mandatory participation for all Full-Time employees.

- TCRS is a defined benefit 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 in to Self-Service at MyTCRS.com.

About the 401 (K) Deferred Compensation Plan:

Optional participation for All employees – Full and Part-Time.

- Your 401(k) plan lets you take control of your retirement by investing in fund options of your choice.
- The amount available in retirement is based on contributions, plus accumulated earnings (if any) to the member's account.
- Members select their investment options based on their individual goals, risk tolerance, and timeline.
- Members may access and make changes to their 401(k) account by logging in to www.RetireReadyTN.gov or call 800-922-7772.

Schedule a consultation with Tim Crawford, Retirement Plan Advisor

https://tim_crawford_virtual.empowermytime.com/ Or, contact the Human Resources office at 423-587-4500 or awhite@douglascherokee.org.



Great News! DCEA has arranged for AirMedCare Network (AMCN) to provide Employees with a special discounted rate.

Annual Membership Fees for Douglas-Cherokee Economic Authority Employees

| | |
|-------------------------------------|--------------------------------------|
| \$55/Household - 1 Year Membership | \$275/Household - 5 Year Membership |
| \$165/Household - 3 Year Membership | \$550/Household - 10 Year Membership |

As your local air ambulance, serving area residents from our surrounding bases, AirMedCare Network understands the critical aspect of time in treating medical emergencies. Our mission is to make it possible for people living in all areas to get the life-saving emergency care they need, when they need it. For those of us living in rural America, our recovery can depend on how much time it takes to be transported to emergency medical treatment.

AirMedCare Network (AMCN) the largest Air Ambulance Membership Network in the United States. An AMCN membership automatically enrolls you and your household in all network provider membership programs, giving you membership coverage in over 320 locations across 38 states and growing (in your region you would recognize us as UT Lifestar, Erlanger Lifeforce and Air Evac Lifeteam).

In the event you are flown by an AMCN provider for a life or limb-threatening emergency, we will work directly with your benefits provider to secure payment for your flight. An AMCN member will have no out-of-pocket expenses related to your flight if you are flown by any AMCN participating provider.

For DCEA employees, registration in the AirMedCare Network program is on-line, quick and easy. **The AMCN Web Application is active now so you can enroll!** Simply follow the step by step instructions in the attachment to complete your application on-line.

All AMCN service providers work cooperatively to provide the highest levels of care for you, your family, and your community. Even with medical insurance, an air medical transport can leave you with unexpected out-of-pocket expenses, burdening your finances & family. Thanks to the support of over 3.2 million members, AirMedCare Network providers can provide financial peace of mind for you and your family while providing this vital service to your community.

- No out-of-pocket expenses associated with the flight when flown by participating AMCN providers, even if the claim is denied by insurance.
- Household plan provides membership benefits for any person who resides under one residential roof. Full-time undergraduate college students can be covered under their parents' membership, if their primary residence is still with the parents.
- No limit to the number of transports a member may require each year.

Payroll deduction options for membership will be offered at this special discounted rate deducted from your paycheck. Please contact Ray Bell at 423-579-6434 or Ray.Bell@gmr.net with any questions.

Contact Information

MEDICAL

VISION - EYEMED NETWORK

DENTAL - BCBST PPO W/NATIONAL NETWORK:

BlueCross BlueShield of Tennessee

Account # 123339

800-565-9140

www.bcbst.com

LIFE & DISABILITY:

Lincoln Financial

800-819-1987

www.lfg.com

OTHER VOLUNTARY BENEFITS:

AFLAC

423-587-8667 – Joan Taylor (Agent)

taylorinsurance@musfiber.com

www.aflac.com

EMPLOYEE ASSISTANCE PROGRAM:

Lincoln Financial

888-628-4824

www.guidanceresources.com

STRATE INSURANCE GROUP

Customer Success Manager: Christine Gosser

Email: cgosser@strateinsurance.com

Phone: 423-318-5818

Customer Success Specialist: Christin Barnes

Email: cbarnes@strateinsurance.com

Phone: 423-318-5808

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.

If you have any questions about your Guide, please contact Amanda White.





Douglas-Cherokee Economic Authority, Inc
P. O. Box 1218
Morristown, TN 37816-1218