

Employee Benefits Open Enrollment Guide

Plan Year: January 1, 2020 – December 31, 2020



OPEN ENROLLMENT ENDS 11/26/2019

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 Network P:	\$3,000 Deductible, You pay 30% after deductible
Option 2 Network S:	\$3,000 Deductible, You pay 50% after deductible
Option 3 Network S:	\$3,000 Deductible, You pay 50% after deductible
Option 4 Network S:	\$4,000 Deductible, You pay 50% after deductible

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

What’s Inside?

Open Enrollment Announcement.....4

How/When to Enroll and Make Changes.....5

Medical and Prescription Drug Benefit Options.....6

Preventive Health Services.....10

Where Should You Go for Care.....11

Summary of Benefits and Coverage.....12

Health Savings Accounts13

Dental Benefit Options.....15

Vision Benefit.....16

Basic and Supplemental Life Insurance and Rates.....17

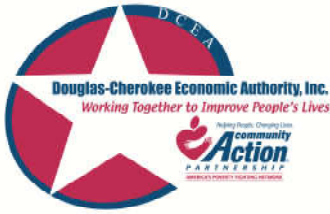
Disability Benefits and Rates.....22

AFLAC Benefits.....23

Retirement Benefits.....25

Contact Information.....26

AirMedCare Air Ambulance Membership.....27



Employee Benefits

We are excited to announce our Annual Benefits Open Enrollment for **2020!** If you want to enroll, make changes, cancel or just ask questions please come to one of the meetings.

Regular, full-time employees of DCEA, who are scheduled to work a minimum of 30 hours per week, are entitled to participate in a variety of employee benefits. Throughout this booklet, you will find information concerning these benefits.

DATES, TIMES, LOCATIONS

Blount County -

- Wednesday, November 20th, 2:00 pm – 5:00 pm, **Maryville at New Providence Presbyterian Church**, 703 W. Broadway, Maryville

Hamblen County -

- Tuesday, November 19th, 8:00 am – 4:30 pm, **Morristown Central Office**
- Wednesday, November 20th, 8:00 am – 11:30 am, **Morristown Central Office**
- Tuesday, November 26th 8:30 am – 12:30 pm, **Morristown Central Office**

Medical insurance remains with BlueCross BlueShield. The Medical plans offered are the same as 2019 with minimal change in premiums. Lincoln Financial offers Short and Long-Term Disability and Voluntary Term life insurance. DCEA contributes to the cost of your medical, dental and vision insurance and purchases term life insurance for 1x your salary, up to \$50,000.

NEW THIS YEAR – Dental and Vision will move to BlueCross BlueShield of Tennessee (BCBST). **The Dental and Vision plans have plan design changes, which as a whole, we believe are more beneficial to a majority of employees.** Please read the complete summary, but the biggest changes are:

- **Dental** – There will be an annual deductible of \$25 per person, max three per family – premiums will be less and there are more In-network Dentists. Your Preventive Services are not subject to the deductible and do not count towards your Annual Maximum Benefit.
- **Vision** – The network will change from Spectera to EyeMed. Walmart Vision Center will be out-of-network, but you can still have services there and have a good benefit.
You will not need to complete a form to move your current Dental and Vision elections UNLESS YOU ARE MAKING A CHANGE.
- **AirMedCare** – Air Ambulance membership is available to you – see flyer on page 27

Representatives will be here to assist with medical, dental, vision, life insurance, short and long-term disability, pre-tax plan, 401k and AFLAC products as well as AirMedCare Network.

Open Enrollment Changes are due on or before TUESDAY, NOVEMBER 26th!

Please feel free to contact your Human Resources Director or Payroll Office at 423-587-4500, with questions or concerns related to any of the benefits shown.



How to Enroll

Open Enrollment:

The first step is to review your current benefit elections. Verify your personal information and make any changes if necessary.

Newly Eligible:

Make your benefit elections and complete the enrollment paperwork.

Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.



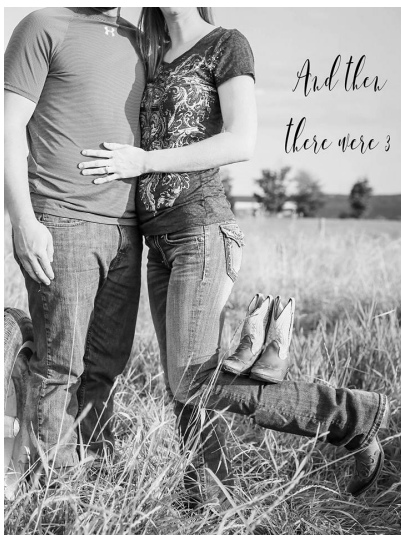
When to Enroll

Open Enrollment:

Open Enrollment period runs from November 1, 2019 through November 26, 2019. The benefits you elect during Open Enrollment will be effective from January 1, 2020 through December 31, 2020.

Newly Eligible:

You are eligible to enroll on the first day of the month after you have completed 30 days of employment.



How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status. Changes must be reported to HR, with documentation, within 30 days of the qualifying event.



Medical Benefits.... At a glance

Option 1 – BCBST PPO, Network P

Blue Cross Blue Shield of Tennessee	Network	Non-Network
Deductible		
Single	\$3,000	\$6,000
Family	\$6,000	\$12,000
Out-Of-Pocket Maximum (includes deductible)		
Single	\$5,000	\$15,000
Family	\$10,000	\$30,000
Co-Insurance (plan pays after deductible)	70%	50%
Annual Maximum Benefit	Not Applicable	
Preventive Care		
Office Visits	Covered at 100% not subject to deductible	You pay 50% after deductible
Physicians Services		
Office Visits	You pay \$45 copay	You pay 50% after deductible
Specialist Visits	You pay \$75 copay	You pay 50% after deductible
Urgent Care & Emergency Services		
Urgent Care	You pay \$75 copay In-Network	You pay 50% after deductible
Emergency Room Services: Facility/Other covered services	You pay 30% after deductible	
Prescription Drugs - 30 Day Supply		
Generic	\$10 Copay	You pay 50% after deductible
Name Brand	\$45 Copay	You pay 50% after deductible
Non-Preferred Name Brand	\$90 Copay	You pay 50% after deductible
Specialty Drugs	\$180 Copay	Not Covered
Benefits include but are not limited to:	Network	Non-Network
Maternity	You pay 30% after the deductible	You pay 50% after the deductible
Inpatient/Outpatient Professional Services	You pay 30% after the deductible	You pay 50% after the deductible
Inpatient Facility Services (per admission)	You pay 30% after the deductible	You pay 50% after the deductible
Outpatient Services (per visit)	You pay 30% after the deductible	You pay 50% after the deductible
Ambulance Services	You pay 30% after the deductible	You pay 50% after the deductible

Coverage Options	Agency Pays Monthly	Employee Costs Per Paycheck – 18 Pay Periods	Employee Costs Per Paycheck – 24 Pay Periods
Employee Only	\$300.00	\$163.55	\$122.67
Employee + Spouse	\$510.00	\$423.46	\$317.60
Employee + Child(ren)	\$510.00	\$325.30	\$243.98
Employee + Family	\$720.00	\$623.38	\$467.54





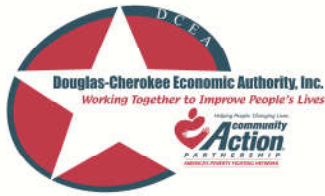
Medical Benefits.... At a glance

Option 2 – BCBST PPO, Network S

Blue Cross Blue Shield of Tennessee	Network	Non-Network
Medical Deductible		
Single	\$3,000	\$6,000
Family	\$6,000	\$12,000
Out-Of-Pocket Maximum (includes deductible)		
Single	\$5,000	\$15,000
Family	\$10,000	\$30,000
Co-Insurance (plan pays after deductible)	50%	50%
Annual Maximum Benefit	Not Applicable	
Preventive Care		
Office Visits	Covered at 100% not subject to deductible	You pay 50% after deductible
Physicians Services		
Office Visits	You pay \$35 copay	You pay 50% after deductible
Specialist Visits	You pay \$65 copay	You pay 50% after deductible
Urgent Care & Emergency Services		
Urgent Care	You pay \$65 copay In-Network	You pay 50% after deductible
Emergency Room Services: Facility/Other covered services	You pay 50% after deductible	
Prescription Drugs - 30 Day Supply		
Generic	\$10 Copay	You pay 50% after deductible
Name Brand	\$45 Copay	You pay 50% after deductible
Non-Preferred Name Brand	\$90 Copay	You pay 50% after deductible
Specialty Drugs	\$180 Copay	Not Covered
Benefits include but are not limited to:	Network	Non-Network
Maternity	You pay 50% after the deductible	You pay 50% after the deductible
Inpatient/Outpatient Professional Services	You pay 50% after the deductible	You pay 50% after the deductible
Inpatient Facility Services (per admission)	You pay 50% after the deductible	You pay 50% after the deductible
Outpatient Services (per visit)	You pay 50% after the deductible	You pay 50% after the deductible
Ambulance Services	You pay 50% after the deductible	You pay 50% after the deductible

Coverage Options	Agency Pay Monthly	Employee Costs Per Paycheck – 18 Pay Periods	Employee Costs Per Paycheck – 24 Pay Periods
Employee Only	\$300.00	\$111.68	\$83.76
Employee + Spouse	\$510.00	\$314.53	\$235.90
Employee + Child(ren)	\$510.00	\$230.39	\$172.79
Employee + Family	\$720.00	\$465.96	\$349.47





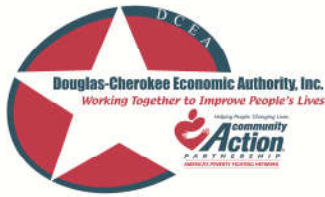
Medical Benefits.... At a glance

Option 3 – BCBST PPO, Network S Health Savings Account Eligible Plan

Blue Cross Blue Shield of Tennessee	Network	Non-Network
Deductible		
Single	\$3,000	\$6,000
Family	\$6,000	\$12,000
Out-Of-Pocket Maximum (includes deductible)		
Single	\$5,000	\$15,000
Family	\$10,000	\$30,000
Co-Insurance (plan pays after deductible)	50%	50%
Annual Maximum Benefit	Not Applicable	
Preventive Care		
Office Visits	Covered at 100% not subject to deductible	You pay 50% after deductible
Physicians Services		
Office Visits	You pay 50% after deductible	You pay 50% after deductible
Specialist Visits	You pay 50% after deductible	You pay 50% after deductible
Urgent Care & Emergency Services		
Urgent Care	You pay 50% after deductible	You pay 50% after deductible
Emergency Room Services: Facility/Other covered services	You pay 50% after deductible	
Prescription Drugs - 30 Day Supply (See Preventive Drug List for medications available for \$5, \$25 and \$50 copay)		
Generic	You pay 50% after deductible	You pay 50% after deductible
Name Brand	You pay 50% after deductible	You pay 50% after deductible
Non-Preferred Name Brand	You pay 50% after deductible	You pay 50% after deductible
Specialty Drugs	You pay 50% after deductible	Not Covered
Benefits include but are not limited to:	Network	Non-Network
Maternity	You pay 50% after the deductible	You pay 50% after the deductible
Inpatient/Outpatient Professional Services	You pay 50% after the deductible	You pay 50% after the deductible
Inpatient Facility Services (per admission)	You pay 50% after the deductible	You pay 50% after the deductible
Outpatient Services (per visit)	You pay 50% after the deductible	You pay 50% after the deductible
Ambulance Services	You pay 50% after the deductible	You pay 50% after the deductible

Coverage Options	Agency Pays Monthly	Employee Costs Per Paycheck – 18 Pay Periods	Employee Costs Per Paycheck – 24 Pay Periods
Employee Only	\$300.00	\$36.98	\$27.74
Employee + Spouse	\$510.00	\$157.67	\$118.26
Employee + Child(ren)	\$510.00	\$93.69	\$70.27
Employee + Family	\$720.00	\$239.25	\$179.44





Medical Benefits.... At a glance

Option 4 – BCBST PPO, Network S

Health Savings Account Eligible Plan

Blue Cross Blue Shield of Tennessee	Network	Non-Network
Deductible		
Single	\$4,000	\$8,000
Family	\$8,000	\$16,000
Out-Of-Pocket Maximum (includes deductible)		
Single	\$5,000	\$15,000
Family	\$10,000	\$30,000
Co-Insurance (plan pays after deductible)	50%	50%
Annual Maximum Benefit	Not Applicable	
Preventive Care		
Office Visits	Covered at 100% not subject to deductible	You pay 50% after deductible
Physicians Services		
Office Visits	You pay 50% after deductible	You pay 50% after deductible
Specialist Visits	You pay 50% after deductible	You pay 50% after deductible
Urgent Care & Emergency Services		
Urgent Care	You pay 50% after deductible	You pay 50% after deductible
Emergency Room Services: Facility/Other covered services	You pay 50% after deductible	
Prescription Drugs - 30 Day Supply (See Preventive Drug List for medications available for \$5, \$25 and \$50 copay)		
Generic	You pay 50% after deductible	You pay 50% after deductible
Name Brand	You pay 50% after deductible	You pay 50% after deductible
Non-Preferred Name Brand	You pay 50% after deductible	You pay 50% after deductible
Specialty Drugs	You pay 50% after deductible	Not Covered
Benefits include but are not limited to:	Network	Non-Network
Maternity	You pay 50% after the deductible	You pay 50% after the deductible
Inpatient/Outpatient Professional Services	You pay 50% after the deductible	You pay 50% after the deductible
Inpatient Facility Services (per admission)	You pay 50% after the deductible	You pay 50% after the deductible
Outpatient Services (per visit)	You pay 50% after the deductible	You pay 50% after the deductible
Ambulance Services	You pay 50% after the deductible	You pay 50% after the deductible

Coverage Options	Agency Pays Monthly	Employee Costs Per Paycheck – 18 Pay Periods	Employee Costs Per Paycheck – 24 Pay Periods
Employee Only	\$300.00	\$14.25	\$10.69
Employee + Spouse	\$510.00	\$109.94	\$82.46
Employee + Child(ren)	\$510.00	\$52.08	\$39.06
Employee + Family	\$720.00	\$170.26	\$127.70





Summary of Preventive Care Services Covered at 100% In-Network

In-network preventive care services that are covered with no member cost share include, but are not limited to:

- 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 (not an all-inclusive list). Coverage of some services may depend on age and/or risk exposure.

All Members:

- One preventive health exam per annual benefit period. 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 (45 and older for women; 35 and older for men), high blood pressure, obesity, diabetes, and depression (12 and older)
- Screening for lung cancer for adults (55 to 80) who have a 30 pack-year smoking history and either currently smoke or have quit within the past 15 years, per annual benefit period
- Screening for HIV and certain sexually transmitted diseases, and counseling for the prevention of sexually transmitted diseases
- Screening and counseling in a primary care setting for alcohol misuse and tobacco use; alcohol misuse and tobacco use limited to 8 visits per annual benefit period
- Dietary counseling for adults with hyperlipidemia, hypertension, type 2 diabetes, obesity, coronary artery disease and congestive heart failure; limited to 12 visits per annual benefit period
- One retinopathy screening for diabetics per annual benefit period
- Hemoglobin (A1C) testing

Women:

Well-woman visit, including annual sexually transmitted infection (STI) counseling and annual domestic violence screening & counseling per annual benefit period

- Cervical Cancer Screening per annual benefit period
- Screening of pregnant women for anemia, iron deficiency, bacteriuria, hepatitis B virus, Rh factor incompatibility, gestational diabetes
- Breastfeeding support/counseling & supplies, including lactation support and counseling by a trained provider and one manual breast pump per pregnancy
- Counseling for women at high risk of breast cancer for chemoprevention, including risks and benefits
- Mammography screening at age 40 and over, and genetic counseling and, if indicated after counseling, BRCA testing for BRCA breast cancer gene
- Osteoporosis screening (age 60 or older)
- HPV testing once every 3 years, beginning at age 30
- 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
- One-time 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



PhysicianNow

MDLIVE Inc Medical

Everyone

Add to Wishlist

PhysicianNow

Option 2 = \$35 copay

Option 1, 3, and 4 = \$40 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: \$\$\$



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 a sample of what the first page of your document will look like. The SBC will be either electronically sent or mailed to your home address. 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: 01/01/2019 - 12/31/2019



of Tennessee: Douglas-Cherokee Economic Auth (OPT#2)

Coverage for: Individual or Family | Plan Type: PPO

! 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.cdjcms.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/samplepolicy019190>. 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 arrangements (FSAs) for 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: \$3,000 person/\$6,000 family Out-of-network: \$6,000 person/\$12,000 family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care and services with copay are covered before you meet your deductible (unless specified).	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles 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 out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premium, balance-billing charges, penalties, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. This plan uses Network S. See www.bcbst.com/NetSP or call 1-800-565-9140 for a list of in-network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider 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#197/HCR2)

You might ask ...

How do HSAs work?

Option 3 and 4 are HSA-Qualified plans allowing you to make federal tax-free contributions to an HSA 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 tax-deductible

Any interest earned is tax-free

As long as 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 husband (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 plan who is not your tax dependent.

How do I contribute to an HSA?

You can establish an HSA at a variety of financial institutions including many credit unions. You can then make deposits directly into the account at the bank or through direct deposit from your paycheck.

How much can I contribute?

For 2020, you can contribute up to \$3,550 if you have Individual Coverage and up to \$7,100 if you have Family Coverage. If you are over age 55, you can contribute an additional \$1,000.

Is an HSA a good choice for me/my family?

If you've determined that Option 3 or 4 is a good option for you, then an HSA is likely excellent option. It will allow you to set aside some of the premium savings to pay for expected and unexpected medical expenses. Having the HSA means you have a buffer and aren't dipping into grocery money to pay a doctor's bill.

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 • Learning Disability Fees (prescription) • Legal Fees (if for mental illness) • Life Care Fees | <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 • 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 • Psychiatric Care / Psychiatrist • Psychoanalysis / Psychoanalyst • Psychologist • Qualified Long Term Care Services | <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 • Antacids |
|--|--|---|

Over-the-Counter Drugs**

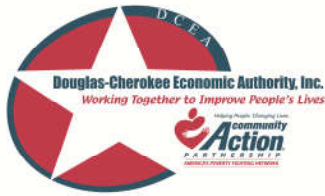
- Allergy Medications
- Pain relievers
- Cold Medicine
- Anti diarrhea medicine
- Cough drops and throat lozenges
- Sinus medications and nasal sprays
- Nicotine medications and nasal sprays
- Pedialyte
- First aid creams
- Calamine lotion
- Stop smoking programs
- Wart removal medication
- Antibiotic ointments
- Suppositories and creams for hemorrhoids
- Sleep Aids
- Motion sickness pills

**** If Prescribed
by a Physician
Eff. 1/1/11**

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 | <h4>Over-the-Counter Drugs</h4> <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 • Any Non-Prescription medication |
|--|--|---|

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.



****NEW**** Dental benefits are provided by BlueCross BlueShield of TN

Did you know that seeing your dentist on a regular basis can potentially increase your overall health?

Research shows associations between gum disease and other health conditions like **diabetes, heart disease, and stroke**. Additional benefits may be available through the Better Together program.

Dental insurance is a great way to help cover the costs of preventative checkups and treatment you and your family need.

Network Providers: Uses BCBST Dental PPO w/national network

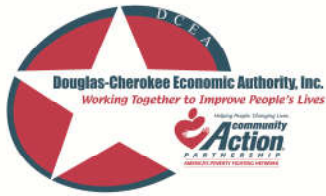
Dental – High Plan

Services		Amount You Pay
Preventive Services	Exams, Cleanings, X-rays (does not count towards your Annual Maximum!)	0%
Annual Deductible	Applies to Basic and Major Services	\$25 per Member/up to 3
Basic Services	Basic Restorative, Basic and Major Oral Surgery, Periodontics and Endodontics	10% after Deductible
Major Services	Major Restorative and Prosthodontics (12 month waiting period – waived for 1/1/20 effective)	40% after Deductible
Annual Maximum	Plan pays up to \$1,250 per person	

Dental – Low Plan

Services		Amount You Pay
Preventive Services	Exams, Cleanings, X-rays (does not count towards your Annual Maximum!)	0%
Annual Deductible	Applies to Basic and Major Services	\$25 per Member/up to 3
Basic Services	Basic Restorative, Basic and Major Oral Surgery, Periodontics and Endodontics	50% after Deductible
Major Services	Major Restorative and Prosthodontics (12 month waiting period – waived for 1/1/20 effective)	90% after Deductible
Annual Maximum	Plan pays up to \$1,000 per person	

		Dental HIGH Rates			Dental LOW Rates	
	Agency Pays Monthly	Cost Per Pay – 18 Pay Periods	Cost Per Pay – 24 Pay Periods		Cost Per Pay – 18 Pay Periods	Cost Per Pay – 24 Pay Periods
Employee Only	\$12.50	\$14.42	\$10.82		\$4.48	\$3.36
Employee + Spouse	\$12.50	\$34.89	\$26.17		\$16.76	\$12.57
Employee + Child(ren)	\$12.50	\$44.51	\$33.38		\$26.56	\$19.92
Employee + Family	\$12.50	\$62.04	\$46.53		\$39.59	\$29.70



**** NEW**** Vision benefits are provided by BlueCross BlueShield of TN
EyeMed Network of Providers

Vision Benefits

Vision benefits are essential to maintaining your overall health and well-being.

After all, a slight miscorrection in eyesight can reduce productivity by 10% and work accuracy by nearly 40%. Computer eyestrain can reduce productivity between 10 and 50%.

Services	In-Network	Out-of-Network
Exam	\$10 Copay	\$35
Standard Contact Lens Fit and Follow-up	\$40 Copay	n/a
➤ Frequency	Available once every 12 months	Available once every 12 months
Frames	\$150 allowance then 20% discount	Up to \$75
➤ Frequency	Available once every 24 months	Available once every 24 months
Lenses Single Vision Bifocal Trifocal Standard Progressive (Add to Bifocal)	\$25 Copay \$65 Additional Copay	Up to \$30 Up to \$45 Up to \$60
Options: UV Coating, Scratch Resistance, Polycarbonate Lenses, Polarized, etc	Additional Copays or Discount	N/A
➤ Frequency	Available once every 12 months	Available once every 12 months
Contacts	\$150 allowance then 15% discount	Up to \$120
➤ Frequency	Available once every 12 months In lieu of glasses	Available once every 12 months In lieu of glasses

Vision Rates			
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 + Child(ren)	\$2.50	\$5.33	\$4.00
Employee + Family	\$2.50	\$9.33	\$7.00



Basic Life Insurance is provided by Lincoln Financial

Basic Term Life Benefits

Douglas Cherokee Economic Authority provides full-time employees with group life and accidental death and dismemberment (AD&D) insurance, and pays the full cost of this benefit.

Benefit	Amount
Basic Life	One times annual salary (rounded to the next higher \$1,000) benefit, subject to a max of \$50,000.
Accidental Death & Dismemberment	Same as Basic Life Benefit

Voluntary Term Life Insurance is provided by Lincoln Financial

Voluntary Term Life Benefits

Benefit	Amount
Employee Life Benefit Amount	Purchase in \$10,000 increments
Employee Maximum	Up to 5 times your annual salary Subject to a max of \$300,000
Guarantee Issue Amount	\$150,000
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 max of \$150,000
Spouse Guarantee Issue Amount	\$30,000
Dependent Child Benefit Amount	\$10,000 / Child

See next 4 pages for rates





Voluntary Term Life Insurance 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.

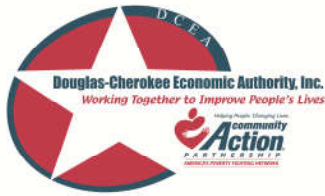
Benefits and premium amounts reflect age reductions.

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 Insurance Rates

Spouse 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 Insurance 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.



Supplemental Life Insurance Rates

Spouse Monthly Premium

Life & Accidental Death & Dismemberment 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	0.1100	\$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.





Disability benefits are provided by Lincoln Financial

Disability Benefits

Douglas Cherokee Economic Authority offers full-time employees with the option to purchase short and long-term disability income benefit options. In the event you become disabled from a non work-related injury or sickness, disability income benefits could provide a source of income. 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	15 th day after an accident 15 th day of a sickness disability	181 st day after a disability
Benefits Payable	Up to 26 Weeks	5 Years / To Age 70
Benefit	Any \$50 increment (\$100 minimum) not to exceed 60% of employee's weekly salary	Any \$100 increment (\$400 minimum) not to exceed 60% of employee's monthly salary
Maximum Benefit	\$1,000 per week	\$1,200 per month

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

Long Term Disability Rates	
Attained Age	Premium Factor
<29	0.0015
30-34	0.0021
35-39	0.0021
40-44	0.0031
45-49	0.0044
50-54	0.0061
55-59	0.0086
60+	0.0147

To calculate your Long Term Disability rate:

\$ _____ Available Benefit

X _____ Premium Factor

= _____ Monthly Cost

STD Rates increase 1/1/2020

Available Benefit = Annual Earnings / 12 x 60%

- STD – Round down to lower \$50 increment
- LTD – Round down to lower \$100 increment



Short Term Disability Insurance provided by AFLAC

Short Term Disability Insurance Benefits

Protecting your most important asset – your income! If you are out of work due to sickness, or off the job injury, will you have the financial means to pay your bills? Our cash benefits help you meet financial obligations, while you are unable to earn a paycheck.

Short Term Disability Insurance Rates (semi-monthly)					
Annual Income	Monthly Benefit	3 Months		6 Months	
		Ages			
		18-49	50-64	18-49	50-64
\$12,000	\$700	\$10.47	\$12.29	\$13.65	\$16.38
\$16,000	\$800	\$11.96	\$14.04	\$15.60	\$18.72
\$18,000	\$900	\$13.46	\$15.80	\$17.55	\$21.06
\$20,000	\$1,000	\$14.95	\$17.55	\$19.50	\$23.40
\$22,000	\$1,100	\$16.45	\$19.31	\$21.45	\$25.74
\$24,000	\$1,200	\$17.94	\$21.06	\$23.40	\$28.08
\$26,000	\$1,300	\$19.44	\$22.82	\$25.35	\$30.42

AFLAC PLUS Rider Benefits

AFLAC PLUS Rider Rates (semi-monthly)			
Age			
18-29	30-39	40-49	50-70
\$1.56	\$2.21	\$3.84	\$6.44

This AFLAC PLUS Rider can be added to an existing (AFLAC), new (AFLAC) disability plan, or new (AFLAC) accident plan listed above.

Accident Insurance provided by AFLAC

Voluntary Accident Insurance Benefits

An injury can happen in a split second! Our Accident plan covers accidents, on or off the job 24 / 7. Our plan is designed to pay benefits that help you cover the ongoing expenses that add up quickly after an injury. It not only pays benefits for ER treatment, hospital stays, and medical exams, but also for broken teeth, concussions, lacerations, fractures, and many more.

Accident Insurance Rates (semi-monthly)		
Options	Option 3	Option 4
Employee Only	\$13.46	\$15.47
Employee + Spouse	\$17.94	\$20.61
1 Parent Family	\$20.87	\$23.99
Employee + Family	\$26.26	\$30.23



Cancer Insurance provided by AFLAC

Voluntary Cancer Insurance Benefits

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 Assurance Options	
Option 1	Classic
\$2,000 Initial Diagnosis w/ \$100bb Wellness Benefit \$70 & \$25	\$4,000 Initial Diagnosis w/ \$100bb Wellness Benefit \$70 & \$75

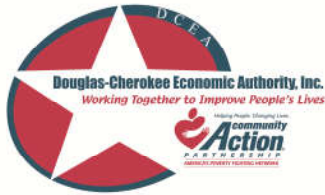
Cancer Insurance Rates (semi-monthly)		
Options	Option 1	Option 2
Employee + Children	\$9.80	\$18.25
Employee + Family	\$15.77	\$31.47

Critical Care and Recovery Insurance provided by AFLAC

Voluntary Critical Care and Recovery Insurance Benefits

Recovering from a critical illness takes time. A serious health condition such as a heart attack, end-stage renal failure, stroke, coma, or a third-degree burn, is not only a life-changing event but can be a devastating financial event too. A Critical Care policy can make a big difference by providing benefits that allow you to concentrate on healing.

Critical Care and Recovery Insurance Rates (semi-monthly)				
Options	Ages			
	18-35	36-45	46-55	56-70
Employee Only	\$4.55	\$7.09	\$9.82	\$13.26
Employee + Spouse	\$6.50	\$10.86	\$16.25	\$23.86
1 Parent Family	\$5.07	\$7.35	\$10.14	\$13.59
Employee + Family	\$7.54	\$11.96	\$17.68	\$25.48



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) 922-77772

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.

Stop by to speak with a 401(K) representative at Open Enrollment. Or, contact the Human Resources office at 423-587-4500 or awhite@douglascherokee.org.



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, INC.

- **Account Executive:** Tom Strate ➤ **Email:** cgosser@strateinsurance.com
- **Account Manager:** Christine Gosser ➤ **Phone:** 423-318-5818

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 Human Resources





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
\$165/Household - 3 Year Membership

\$275/Household - 5 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. AMCN representatives will be on-site November 19th, 20th & 26th accepting membership applications and answering questions.

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