



# Guide to Your Retiree Benefits

# 2020



CITY OF KNOXVILLE

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## Annual Enrollment runs from Nov 1 – Nov 30

We are pleased to provide you with this 2020 Guide to Your Retiree Benefits. This guide includes all of the benefit options offered to retirees so that you and your family can make informed choices about the plans that best fit your needs. To help you understand your benefits, please plan to attend a meeting for retirees at **11am on November 12 at the Public Works Services Center** (located at 3131 Morris Ave.) or view the video posted online at: [knoxvilletn.gov/enroll](http://knoxvilletn.gov/enroll).

## Annual Enrollment Checklist

- Review materials
- Complete the 2020 Medicare Affidavit **(required)**
- Complete the 2020 Retiree Annual Enrollment form (if changing current elections) or enrolling in My Health
- Mail forms to Employee Benefits at: 400 Main St., Room 504, Knoxville, TN 37902

### Deadline to return forms is November 30th.

Call us at 865.215.2111 or email [CityBenefits@knoxvilletn.gov](mailto:CityBenefits@knoxvilletn.gov) if you have any questions.



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

# Who is eligible for coverage?

## Retiree:

As a retiree, you are eligible to stay on the City's medical plan if you are not eligible for Medicare due to age or disability. You may continue coverage with the City's plan until you become eligible for Medicare. Every year, you'll be asked to verify your and your dependent's Medicare eligibility with the City's Medicare Affidavit.

## Spouse and/or Children:

Dependents cannot be enrolled in retiree coverage if they are eligible for Medicare due to either age or disability. Additionally, all dependents on the City's medical insurance plan must meet the following dependent definition:

- The retiree's current legal spouse or qualified same or opposite gender domestic partner, excluding a common-law spouse.
- A dependent child, up to age 26, who is the retiree or retiree's spouse or qualified domestic partner's natural child, legally adopted child (including children placed for adoption), step-child, or child for whom the retiree or retiree's spouse is the legal guardian or legal custodian, or a child of the retiree, retiree's spouse or qualified domestic partner or whom a Qualified Medical Child Support Order has been issued.
- An incapacitated child of the retiree, retiree's spouse or qualified domestic partner.
- Dependents who permanently reside outside the United States are not eligible for coverage.
- The plan's determination of eligibility under the terms of this provision shall be conclusive. The plan reserves the right to require proof of eligibility, including but not limited to a certified copy of any Qualified Medical Child Support Order, birth certificate, and/or proof of court-granted legal guardianship, legal custody and/or legal adoption.

# Changing Your Benefits

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

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

# How does Medicare affect eligibility?



## Retiree:

Once you are eligible for Medicare, you are no longer eligible for the City's retiree coverage. You will need to meet with a Medicare Specialist to determine if you need an advantage or supplemental plan, or to apply for Part A and B.

## Spouse and/or Children:

If you become eligible for Medicare first, then your dependents will need to find other coverage, either by accepting the 36 months of COBRA through the City or researching individual coverage on the Marketplace.

If your dependents reach Medicare eligibility before you do, they will need to seek coverage through Medicare and possibly an Advantage or Supplement Plan. The Employee Benefits Department has contacts that can help you research your options so please call us for more information.

# Medical

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

## 1. Your network

BCBST offers a choice of two networks:

- Network S— Currently, all hospitals in Knox County participate in Network S.
- Network P— The larger of the 2 networks. 98% of Knox County doctors and all area hospitals participate.

To see if your doctor participates in either network, check the provider directory at [bcbst.com](http://bcbst.com). Remember, you have to use BCBST network providers to get in-network benefits. It's important to make sure you take an active role in ensuring the providers you see are in

the network, including providers you are referred to for follow-up visits after an emergency situation. The network you select during annual enrollment is the one you'll use throughout 2020. You cannot change networks during the year unless you experience a life event as outlined on page 3.

## 2. Your deductible

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

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

- Deductible
- Your monthly pension deductions
- Coverage of Emergency Department visits

## Preventive Benefits

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

- Annual well woman exam (including screening and counseling for HIV and domestic violence, counseling for sexually transmitted infections and pregnancy prevention)
- Gestational diabetes screening if high risk for diabetes
- Age appropriate health screenings (e.g., cholesterol, blood pressure, colorectal cancer, depression, diabetes, obesity, osteoporosis)
- Preventive care and screenings for infants and children
- Preventive care and screenings for women (e.g., breast cancer screening, cervical cancer screening)
- Preventive care and screenings for men (e.g., PSA test)
- Immunizations for adults and children
- Flu and pneumonia shots
- Annual exams (including x-rays and lab)
- Vision and hearing screenings (as part of an annual exam)

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

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

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

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

Common reasons for using PhysicianNow include: allergies, cold and flu, fever, sinus infections, respiratory issues, skin conditions (rashes or insect bites), sore throat, and urinary tract infections.

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

### Download the PhysicianNow mobile app

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

Go to [bcbst.com/member](http://bcbst.com/member) and select *Talk with a Doctor Now* or call 888-283-6691.

## 2020 Medical options...at a glance

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

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

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

<sup>2</sup>Limits for certain services may apply. See preventive benefits on Page 4.

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

## 2020 Medical & Rx Rates

As a retiree, you pay 60% of the premium while the City pays the other 40%. Below are the monthly Retiree rates for the medical and prescription drug plans.

	\$500 Network S	\$500 Network P	\$1,000 Network S	\$1,000 Network P
<b>Retiree Only</b>	\$331.49	\$344.12	\$324.15	\$336.50
<b>Retiree + Spouse</b>	\$762.44	\$791.49	\$745.54	\$773.95
<b>Retiree + Child(ren)</b>	\$606.64	\$629.75	\$593.19	\$615.79
<b>Retiree + Family</b>	\$994.49	\$1,032.38	\$972.44	\$1,009.49

## Wellness Credits

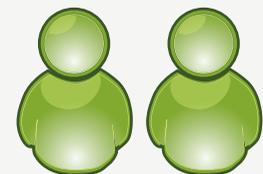
If you participate in the My Health Wellness Program, you will receive a wellness credit to help offset the cost of the medical premiums. The credit reduces the amount of your monthly premium deducted from your pension check.



Retiree Only  
\$40 credit



Spouse Only  
\$40 credit



Retiree & Spouse  
\$80 credit

# My Health Wellness Program

New in 2020, you'll have a choice in how you want to participate in the My Health Wellness program. We've simplified the process to make it easier than ever to participate and receive the incentives. You can now choose *Option A* or *Option B plus Option A*. The graphic below explains the incentives for each.

Retirees and spouses who participate in *My Health* and choose...

## OPTION A



## OPTION B (PLUS OPTION A)



First, those who complete the screening and questionnaire are guaranteed a year-long wellness paycheck credit (*Option A*). If you have not already had your screening, you have until Nov. 30 to complete the screening to qualify for the 2020 credit.

In addition to the wellness credit, you also have the option to follow the current My Health program (*Option B*) to earn monthly Retiree Health Reimbursement Account (RHRA) dollars.

For those not currently participating in the wellness program, annual enrollment is the time to elect My Health in PeopleSoft to earn this incentive in 2020. Call The Center to make an appointment today.

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



# Wellness Program Requirements (Option B)



When you've completed your screening and questionnaire at The Center (Option A), you may also choose to do the additional My Health requirements in Option B.



To receive the monthly RHRA Dollars, you'll need to make sure to log into [COKMyHealth.com](http://COKMyHealth.com) and complete your monthly **physical activity** and **quarterly education**.



Physical Activity Requirements: at least **120 minutes per week** (no less than 3 sessions per week). If you use a device to track your steps, you need at least **40,000 steps per week**.

Linkable devices: Fitbit, Garmin and Apple watch – automatically sync your steps to the portal.

Remember, complete your physical activity and quarterly education requirements at:



If you:	You receive in RHRA dollars:
Complete Requirements in Option B	<b>\$40/month or \$480/year</b> (retiree only) <b>\$80/month or \$960/year</b> (retiree + one or more dependents)



## Identity Theft Protection Services

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

Your identity protection will cover a 12-month period. When that ends, you can renew for the next 12 months as long as you still have eligible BlueCross medical coverage.

For more information or to enroll in coverage log into Blue Access and click on Benefits & Coverage. [bcbst.com](http://bcbst.com)



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

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

Consider having labwork done at the Center and have the results sent to your provider to save money.

The Center and its staff are subject to confidentiality rules that apply to all medical providers. Care you

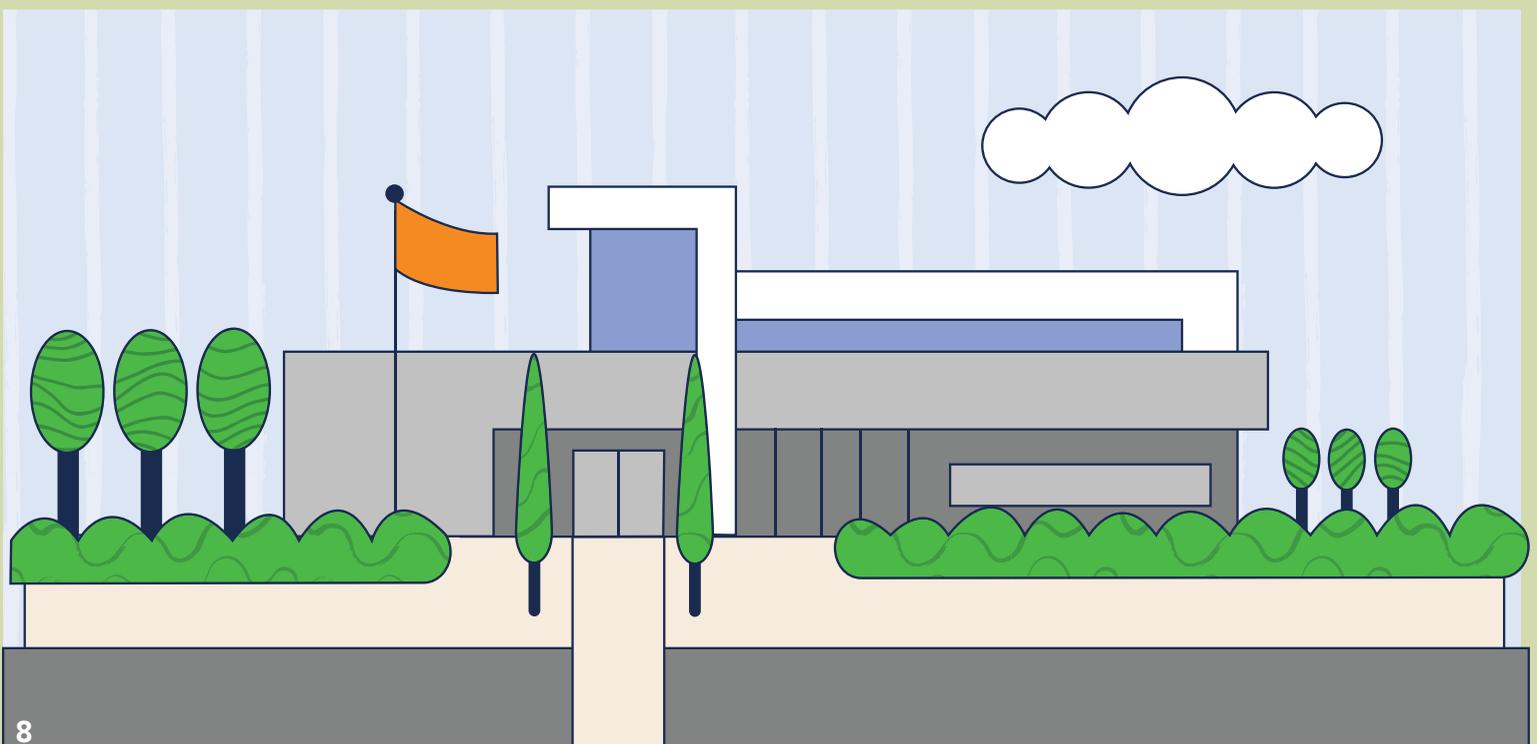
receive at The Center does not replace treatment provided by your personal physician(s). However, The Center's staff can assist you in researching publicly available information about your condition, treatment options, medications and other self-care information.

Common reasons to seek treatment at the Center include:

- Mild injuries
- Sinus and ear infections
- Sore throat
- Flu/Fever
- Cold or allergies
- Respiratory infections
- Bug bites or poison ivy
- Urinary tract infections
- Vomiting and/or diarrhea
- Dermatitis/Rash
- X-rays or bloodwork

To schedule an appointment, call The Center at 865.215.6150 or log onto: [mypremisehealth.com](http://mypremisehealth.com).

Reminder: When enrolled in the My Health Wellness Program, you and your covered spouse or domestic partner must complete an annual health screening at The Center (which includes a biometric blood draw and completion of a Personal Health Questionnaire).





## Your RHRA Dollars

Upon retirement, your HRA account was converted into a RHRA, which is simply an HRA you can use during retirement. Please understand that this was a new account and cannot pay for any claims prior to retirement. So make sure you submit any outstanding claims prior to your retirement.

You can use the RHRA dollars you earn from participating in My Health to pay for many medical, pharmacy, dental and vision expenses incurred by you and your eligible dependents. This includes deductibles, copays, coinsurance and other eligible healthcare expenses you pay out of your own pocket. However, not all healthcare expenses are eligible. For a full list of eligible expenses, visit [wageworks.com](http://wageworks.com).

If you don't spend all your RHRA dollars during the year, they roll over to the next year and are available to you as long as you are covered on the City-sponsored medical plan and for a year afterwards. This allows you to accumulate funds for future expenses.

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

## Spending Your RHRA Dollars

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

- 1 Use your WageWorks debit card.\*** It contains your RHRA balance and works like cash at any vendor that accepts healthcare debit cards.
- 2 Pay My Provider.** Log onto your RHRA account at [wageworks.com](http://wageworks.com) and use the Pay My Provider function to have a check sent directly from your account to the provider's office.
- 3 Pay Me Back.** Pay the expense as you normally would. Then submit your receipts, along with a WageWorks claim form via mail (to the address on the form), email, fax or electronically through the mobile app.

\* If you're new to the My Health/HRA program, you'll receive a WageWorks debit card in the mail after enrollment. If you already have a WageWorks debit card, check the expiration date. If it is not set to expire, your 2020 RHRA dollars will automatically be loaded on it and you can continue to use the card in 2020.

## Your WageWorks Debit Card

1. Your WageWorks card works like a debit card, but when you swipe your card at the checkout, you must choose "credit."
2. Keep your receipts in case you are asked by WageWorks to verify a purchase. This is especially important if you use your debit card at a provider's office. The IRS requires proof that funds have been used toward eligible expenses. Acceptable verification includes a detailed receipt or other proof of service and cost, such as an EOB. The receipt must contain the provider's name and address, name of the person receiving the service, date and cost of the service, and service details. You can print EOBs for your covered services from BCBST's website ([bcbst.com](http://bcbst.com)). Credit card receipts do not provide enough information to substantiate a purchase.
3. You can register online at [wageworks.com](http://wageworks.com). Once registered, you can:
  - View your monthly statement
  - Check your account balance(s) and track activity
  - Request WageWorks to pay providers directly or reimburse you from your account
  - View a list of eligible expenses
  - See if you need to substantiate any purchases

**NOTE:** If you lose your card, call WageWorks immediately to report your missing card and order a new one. Or, you can order a replacement card online at [www.wageworks.com](http://www.wageworks.com).

**IMPORTANT:** To get reimbursed for a 2018 expense in 2019, you must submit a paper/fax/email claim or use the Pay Me Back or Pay My Provider features at [wageworks.com](http://wageworks.com).

# Prescription Drugs

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

You have three ways to purchase prescription drugs:

- At a network retail pharmacy
- Through the home delivery program
- At participating 90-day retail pharmacies (you may purchase up to a 90-day supply at these designated pharmacies if your prescription drug does not have quantity limits)



## Prescription drug benefits...at a glance

	Preventive Prescriptions	Non-Preventive Prescriptions
<b>You pay...</b>		
<b>Level 1</b> (preferred generics)	\$0.00	\$5.00
<b>Level 2</b> (non-preferred generics)	\$5.00	\$10.00
<b>Level 3</b> (preferred brand)	\$10.00	\$20.00
<b>Level 4</b> (non-preferred brand)	\$20.00	\$40.00
<b>Level 5</b> (specialty)*	\$40.00	\$80.00
90 day at retail locations can be filled 2.5 times the copay / 90 at mail will continue to be filled at 2 times the copay		

\*All Level 5 Specialty Drugs must be dispensed by the OptumRx Specialty Pharmacy.

## Prescription Drug Rules

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

### Generics vs. Brand Name

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

### Step Therapy Program (ST)

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

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

### Prior Authorizations (PA)

The Prior Authorization program is a cost-savings feature to make sure the medication being used is appropriate. The program is designed to prevent the prescribing of a certain drug that may not be the best choice for the condition. Check the City of Knoxville Drug List to see if your drug is listed with a PA.

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

For more information, please visit: [cityofknoxvillerox.com](http://cityofknoxvillerox.com).

### **Quantity Level Limits (QL)**

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

### **Opioid Management Program**

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

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



## **Meet Chanda, Your BCBST Care Navigator**



Chanda Hurst Davis is a healthcare industry professional with more than 20 years of experience in healthcare quality improvement and administration. As the dedicated Health Care Navigator for the City of Knoxville, Chanda reaches out to members to educate about the Care Management programs and preventive services available through the BlueCross BlueShield plan.

Here are a few of the ways Chanda can help you:

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

Her office is located in the first floor of the Public Works Complex, across from The Center. You can reach her by phone at 215-6168.

## **EarQ Family Hearing Plan**

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

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

## **Blue365 Discount Deals**

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

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

Learn more at [blue365deals.com](https://blue365deals.com).

# Important Contacts

Benefit/Vendor	Website	Phone
<b>General Benefits Questions</b>		
Employee Benefits Division	<a href="http://www.knoxvilletn.gov/benefits">www.knoxvilletn.gov/benefits</a>	215.2111
<b>Medical</b>		
BlueCross BlueShield of TN	<a href="http://www.bcbst.com">www.bcbst.com</a>	1.800.565.9140
<b>My Health Wellness Program</b>		
Propel Wellness Portal	<a href="http://www.cokmyhealth.com">www.cokmyhealth.com</a>	1.888.339.4131
<b>Screening, Coaching, Acute Care</b>		
The Center, by Premise Health	<a href="http://www.mypremisehealth.com">www.mypremisehealth.com</a>	215.6150
<b>Telehealth Services</b>		
Physician Now	<a href="http://www.bcbst.com/member">www.bcbst.com/member</a> (Talk with a Doctor Now)	1.888.283.6691
<b>Prescription Drugs</b>		
OptumRx	<a href="http://www.optumrx.com">www.optumrx.com</a> <a href="http://www.cityofknoxvillerox.com">www.cityofknoxvillerox.com</a>	1.800.797.9791
<b>FSA/HRA</b>		
WageWorks	<a href="http://www.wageworks.com">www.wageworks.com</a>	1.877.924.3967
<b>Deferred Compensation</b>		
Prudential Jessica Coleman	<a href="http://www.prudential.com/online/retirement">www.prudential.com/online/retirement</a>	1.800.992.4472 865.314.2109
<b>Pension</b>		
Pension Board	<a href="http://cokpension.org">http://cokpension.org</a>	215.1444



CITY OF KNOXVILLE