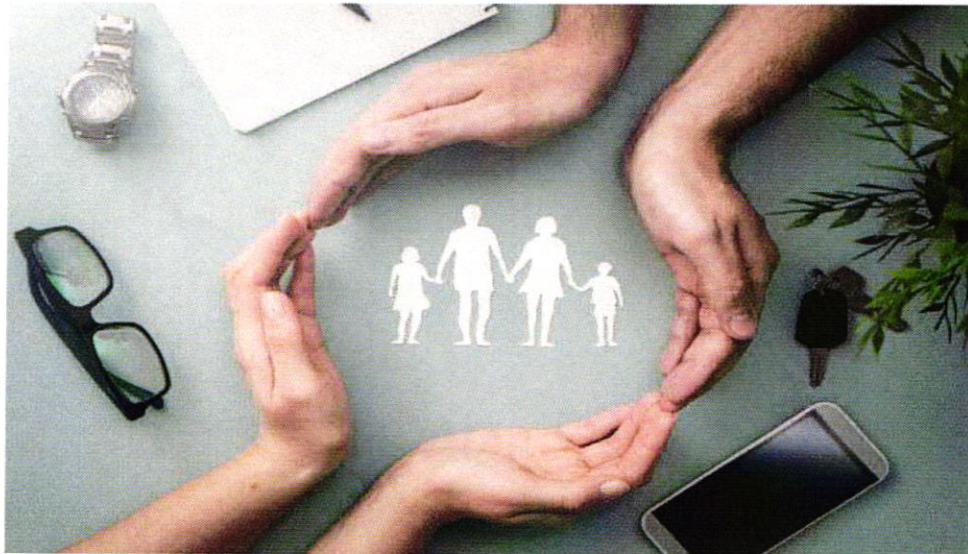




2024 Employee Benefits Resource Guide



2024 Benefits Enrollment Guide

At Oak Ridge Schools, we strive to offer a comprehensive and affordable benefits package. This guide provides a general overview of the benefits made available to New Hires. For additional information or assistance, please contact Tamara Jones, Human Resources Benefits Coordinator, at 865-425-9020 or tljones@ortn.edu.

ELIGIBILITY:

Employee benefits are available to those employed in a full-time, non-seasonal, non-temporary active-status position (Health insurance only is available to part-time certified staff at higher premiums. Contact Tamara Jones for additional information.)

NEW HIRE BENEFITS ENROLLMENT:

New Hires are eligible to enroll in benefits within the first 30 days of their date of hire. Elections made during the New Hire enrollment period will remain in effect until the end of the plan year. Changes to your benefit elections may only be made during the Annual Open Enrollment periods. Mid-year benefit changes may only be made due to a Qualifying Life Event (i.e. marriage, birth of a child, loss of coverage, etc.). For additional information regarding enrollment eligibility and/or benefit changes, please contact Tamara Jones.

Customer Service Contact Info			
	<u>Carrier</u>	<u>Phone</u>	<u>Website</u>
Health Insurance	State of TN	800-253-9981	www.tn.gov/partnersforhealth
Pharmacy Benefits	CVS Caremark	877-522-8679	info.caremark.com/stateoftn
Dental Insurance	Delta Dental	800-223-3104	www.DeltaDentalTN.com
Vision Insurance	VSP	800-877-7195	www.vsp.com
Life & Supplemental Plans	USABLE	800-370-5856	www.usablelife.com
Retirement Benefits	TCRS	800-922-7772	treasury.tn.gov

NOTICE TO TENNCARE ENROLLEES

Are You or Your Dependents Insured by TennCare?

Employees and their dependents are eligible for health insurance through a state-sponsored medical plan. These employees include:

- Regular full-time employees of participating agencies of state government
- Local education agencies
- Local government agencies

If you and/or your dependents are currently enrolled in TennCare, you are required to contact the Tennessee Health Connection (TNHC). This must be done within 10 days of your date of employment. You will need to report:

- your new job,
- salary, **and**
- that you now have access to medical insurance with your employer.

If you have chosen to sign up for state-sponsored medical insurance you will need to provide TNHC with the date your coverage will begin and the name of the insurance provider.

TennCare could decide that you may still be eligible to keep TennCare. If TennCare cancels your coverage or the coverage of your dependents at a future date, you will have 60 days from the termination date to apply to your employer for coverage on the state-sponsored plan.

For questions or instructions on how to apply after TennCare has cancelled your coverage please contact Finance and Administration, Benefits Administration at **800.253.9981**.

Tennessee Code Annotated 71-5-118

It is now a felony offense to obtain TennCare coverage under fraudulent means. Violators, if convicted, can be sent to prison.

It is now a felony offense for a person to knowingly obtain, attempt to obtain or aid and abet any other person to obtain, by fraudulent, means any coverage provided to TennCare enrollees.

In addition to any penalties for a felony offense, any person committing the offense and violating the law may be disqualified from participating in the TennCare Program as an enrollee.

2024 ORS HEALTH INSURANCE PREMIUMS

BCBST NETWORK S and CIGNA LOCALPLUS

PREMIER PPO

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(ren)
Total Annual Premium	\$8,556.00	\$14,100.00	\$19,248.00	\$22,224.00
Total Monthly Premium	\$713.00	\$1,175.00	\$1,604.00	\$1,852.00
Monthly Board Share	\$606.05	\$822.50	\$1,122.80	\$1,296.40
Monthly Employee Share	\$106.95	\$352.50	\$481.20	\$555.60
20 Payperiods*	\$64.17	\$211.50	\$288.72	\$333.36
<i>Annualized Premiums</i>	<i>\$1,283.40</i>	<i>\$4,230.00</i>	<i>\$5,774.40</i>	<i>\$6,667.20</i>

STANDARD PPO

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(ren)
Total Annual Premium	\$7,944.00	\$13,104.00	\$17,880.00	\$20,652.00
Total Monthly Premium	\$662.00	\$1,092.00	\$1,490.00	\$1,721.00
Monthly Board Share	\$562.70	\$764.40	\$1,043.00	\$1,204.70
Monthly Employee Share	\$99.30	\$327.60	\$447.00	\$516.30
20 Payperiods*	\$59.58	\$196.56	\$268.20	\$309.78
<i>Annualized Premiums</i>	<i>\$1,191.60</i>	<i>\$3,931.20</i>	<i>\$5,364.00</i>	<i>\$6,195.60</i>

LIMITED PPO

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(ren)
Total Annual Premium	\$7,500.00	\$12,372.00	\$16,884.00	\$19,500.00
Total Monthly Premium	\$625.00	\$1,031.00	\$1,407.00	\$1,625.00
Monthly Board Share	\$531.25	\$721.70	\$984.90	\$1,137.50
Monthly Employee Share	\$93.75	\$309.30	\$422.10	\$487.50
20 Payperiods*	\$56.25	\$185.58	\$253.26	\$292.50
<i>Annualized Premiums</i>	<i>\$1,125.00</i>	<i>\$3,711.60</i>	<i>\$5,065.20</i>	<i>\$5,850.00</i>

LOCAL CDHP/HSA

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(ren)
Total Annual Premium	\$6,552.00	\$10,800.00	\$14,736.00	\$17,028.00
Total Monthly Premium	\$546.00	\$900.00	\$1,228.00	\$1,419.00
Monthly Board Share	\$464.10	\$630.00	\$859.60	\$993.30
Monthly Employee Share	\$81.90	\$270.00	\$368.40	\$425.70
20 Payperiods*	\$49.14	\$162.00	\$221.04	\$255.42
<i>Annualized Premiums</i>	<i>\$982.80</i>	<i>\$3,240.00</i>	<i>\$4,420.80</i>	<i>\$5,108.40</i>

* NOTES Deductions taken per paycheck.

Stated premiums are for full-time employees.

Board Share of premiums will be adjusted for licensed part time employees based on percentage of employment.

Monthly premiums are deducted over twenty pays.

The Board pays 85% of the cost for Full Time Employee Only premiums and

70% of the cost for Full Time Employee + (Family) premiums.

2024 ORS HEALTH INSURANCE PREMIUMS

BCBST NETWORK P and CIGNA OPEN ACCESS

PREMIER PPO

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(ren)
Total Annual Premium	\$9,456.00	\$15,120.00	\$21,048.00	\$24,024.00
Total Monthly Premium	\$788.00	\$1,260.00	\$1,754.00	\$2,002.00
Monthly Board Share	\$669.80	\$882.00	\$1,227.80	\$1,401.40
Monthly Employee Share	\$118.20	\$378.00	\$526.20	\$600.60
20 Payperiods*	\$70.92	\$226.80	\$315.72	\$360.36
<i>Annualized Premiums</i>	<i>\$1,418.40</i>	<i>\$4,536.00</i>	<i>\$6,314.40</i>	<i>\$7,207.20</i>

STANDARD PPO

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(ren)
Total Annual Premium	\$8,844.00	\$14,124.00	\$19,680.00	\$22,452.00
Total Monthly Premium	\$737.00	\$1,177.00	\$1,640.00	\$1,871.00
Monthly Board Share	\$626.45	\$823.90	\$1,148.00	\$1,309.70
Monthly Employee Share	\$110.55	\$353.10	\$492.00	\$561.30
20 Payperiods*	\$66.33	\$211.86	\$295.20	\$336.78
<i>Annualized Premiums</i>	<i>\$1,326.60</i>	<i>\$4,237.20</i>	<i>\$5,904.00</i>	<i>\$6,735.60</i>

LIMITED PPO

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(ren)
Total Annual Premium	\$8,400.00	\$13,392.00	\$18,684.00	\$21,300.00
Total Monthly Premium	\$700.00	\$1,116.00	\$1,557.00	\$1,775.00
Monthly Board Share	\$595.00	\$781.20	\$1,089.90	\$1,242.50
Monthly Employee Share	\$105.00	\$334.80	\$467.10	\$532.50
20 Payperiods*	\$63.00	\$200.88	\$280.26	\$319.50
<i>Annualized Premiums</i>	<i>\$1,260.00</i>	<i>\$4,017.60</i>	<i>\$5,605.20</i>	<i>\$6,390.00</i>

LOCAL CDHP/HSA

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(ren)
Total Annual Premium	\$7,452.00	\$11,820.00	\$16,536.00	\$18,828.00
Total Monthly Premium	\$621.00	\$985.00	\$1,378.00	\$1,569.00
Monthly Board Share	\$527.85	\$689.50	\$964.60	\$1,098.30
Monthly Employee Share	\$93.15	\$295.50	\$413.40	\$470.70
20 Payperiods*	\$55.89	\$177.30	\$248.04	\$282.42
<i>Annualized Premiums</i>	<i>\$1,117.80</i>	<i>\$3,546.00</i>	<i>\$4,960.80</i>	<i>\$5,648.40</i>

* NOTES Deductions taken per paycheck.

Stated premiums are for full-time employees.

Board Share of premiums will be adjusted for licensed part time employees based on percentage of employment.

Monthly premiums are deducted over twenty pays.

The Board pays 85% of the cost for Full Time Employee Only premiums and

70% of the cost for Full Time Employee + (Family) premiums.

2024 Health Plan Comparison of Member Costs — Local Education and Local Government

PPO services in this table ARE NOT subject to a deductible. CDHP/HSA services in this table ARE subject to a deductible and coinsurance with the exception of in-network preventive care and maintenance medications.

HEALTHCARE OPTION	PREMIER PPO		STANDARD PPO		LIMITED PPO		LOCAL CDHP/HSA	
COVERED SERVICES	IN-NETWORK ⁽¹⁾	OUT-OF-NETWORK ⁽¹⁾	IN-NETWORK ⁽¹⁾	OUT-OF-NETWORK ⁽¹⁾	IN-NETWORK ⁽¹⁾	OUT-OF-NETWORK ⁽¹⁾	IN-NETWORK ⁽¹⁾	OUT-OF-NETWORK ⁽¹⁾
PREVENTIVE CARE — OFFICE VISITS								
<ul style="list-style-type: none"> Well-baby, well-child visits as recommended Adult annual physical exam Annual well-woman exam Immunizations as recommended Annual hearing and non-refractive vision screening Screenings including Pap smears, labs, nutritional guidance, tobacco cessation counseling and other services as recommended 	No charge	\$45	No charge	\$50	No charge	\$50	No charge	50%
OUTPATIENT SERVICES — SERVICES SUBJECT TO A COINSURANCE MAY BE EXTRA								
Primary Care Office Visit <ul style="list-style-type: none"> Family practice, general practice, internal medicine, OB/GYN and pediatrics Provider based telehealth Nurse practitioners, physician assistants and nurse midwives (licensed healthcare facility only) working under the supervision of a primary care provider Including surgery in office setting and initial maternity visit 	\$25	\$45	\$30	\$50	\$35	\$55	30%	50%
Specialist Office Visit <ul style="list-style-type: none"> Including surgery in office setting Provider based telehealth Nurse practitioners, physician assistants and nurse midwives (licensed healthcare facility only) working under the supervision of a specialist 	\$45	\$70	\$50	\$75	\$55	\$80	30%	50%
Behavioral Health and Substance Use ⁽²⁾ <ul style="list-style-type: none"> Including virtual visits 	\$25	\$45	\$30	\$50	\$35	\$55	30%	50%
Telehealth Carrier Programs (MDLive/Teledoc)	\$15	N/A	\$15	N/A	\$15	N/A	30%	N/A
Allergy Injection Without an Office Visit <ul style="list-style-type: none"> Allergy Serum has additional member cost 	100% covered	100% covered up to MAC	100% covered	100% covered up to MAC	100% covered	100% covered up to MAC	30%	50%
Chiropractic and Acupuncture <ul style="list-style-type: none"> Limit of 50 visits of each per year 	Visits 1-20: \$25 Visits 21-50: \$45	Visits 1-20: \$45 Visits 21-50: \$70	Visits 1-20: \$30 Visits 21-50: \$50	Visits 1-20: \$50 Visits 21-50: \$75	Visits 1-20: \$35 Visits 21-50: \$55	Visits 1-20: \$55 Visits 21-50: \$80	30%	50%
Convenience Clinic	\$25	\$45	\$30	\$50	\$35	\$55	30%	50%
Urgent Care Facility	\$45	\$70	\$50	\$75	\$55	\$80	30%	50%
PHARMACY								
30-Day Supply	\$7 generic; \$40 preferred brand; \$90 non-preferred	copay plus amount exceeding MAC	\$14 generic; \$50 preferred brand; \$100 non-preferred	copay plus amount exceeding MAC	\$14 generic; \$60 preferred brand; \$110 non-preferred	copay plus amount exceeding MAC	30%	50% plus amount exceeding MAC
90-Day Supply (90-day network pharmacy or mail order)	\$14 generic; \$80 preferred brand; \$180 non-preferred	N/A - no network	\$28 generic; \$100 preferred brand; \$200 non-preferred	N/A - no network	\$28 generic; \$120 preferred brand; \$220 non-preferred	N/A - no network	30%	N/A - no network
Maintenance Medications (90-day supply of certain maintenance medications from 90-day network pharmacy or mail order) ⁽³⁾	\$7 generic; \$40 preferred brand; \$160 non-preferred	N/A - no network	\$14 generic; \$50 preferred brand; \$180 non-preferred	N/A - no network	\$14 generic; \$60 preferred brand; \$200 non-preferred	N/A - no network	20% without first having to meet deductible	N/A - no network
Specialty Medication Tier 1 (generics; 30-day supply from a specialty network pharmacy)	20%; min \$100; max \$200	N/A - no network	20%; min \$100; max \$200	N/A - no network	20%; min \$100; max \$200	N/A - no network	30%	N/A - no network
Specialty Medication Tier 2 (all brands; 30-day supply from a specialty network pharmacy)	30%; min \$200; max \$400		30%; min \$200; max \$400		30%; min \$200; max \$400			

2024 Health Plan Comparison of Member Costs — Local Education and Local Government

PPO services in this table ARE subject to a deductible unless noted with a [5]. Local CDHP/HSA services in this table ARE subject to a deductible and coinsurance with the exception of in-network preventive care.

HEALTHCARE OPTION	PREMIER PPO		STANDARD PPO		LIMITED PPO		LOCAL CDHP/HSA	
COVERED SERVICES	IN-NETWORK ⁽¹⁾	OUT-OF-NETWORK ⁽¹⁾	IN-NETWORK ⁽¹⁾	OUT-OF-NETWORK ⁽¹⁾	IN-NETWORK ⁽¹⁾	OUT-OF-NETWORK ⁽¹⁾	IN-NETWORK ⁽¹⁾	OUT-OF-NETWORK ⁽¹⁾
PREVENTIVE CARE — OUTPATIENT FACILITIES								
• Recommended screenings such as colonoscopy, mammogram, colorectal, lung imaging and bone density scans	No charge ⁽⁵⁾	40%	No charge ⁽⁵⁾	40%	No charge ⁽⁵⁾	50%	No charge	50%
OTHER SERVICES								
Hospital/Facility Services ⁽⁴⁾ • Inpatient care ⁽⁷⁾ ; outpatient surgery ⁽⁷⁾ • Inpatient behavioral health and substance use ^{(2), (6)} • Emergency room services ⁽⁷⁾	15%	40%	20%	40%	30%	50%	30%	50%
Maternity • Global billing for labor and delivery and routine services beyond the initial office visit	15%	40%	20%	40%	30%	50%	30%	50%
Home Care ⁽⁴⁾ • Home health; home infusion therapy	15%	40%	20%	40%	30%	50%	30%	50%
Rehabilitation and Therapy Services • Inpatient and skilled nursing facility ⁽⁴⁾ • Outpatient PT/ST/OT/ABA ⁽⁵⁾ ; Other therapy	15%	40%	20%	40%	30%	50%	30%	50%
X-Ray, Lab and Diagnostics (not including advanced x-rays, scans and imaging) ⁽⁵⁾	15%		20%		30%		30%	50%
Advanced X-Ray, Scans and Imaging • Including MRI, MRA, MRS, CT, CTA, PET and nuclear cardiac imaging studies ⁽⁴⁾	15%	40%	20%	40%	30%	50%	30%	50%
Pathology and Radiology Reading, Interpretation and Results ⁽⁵⁾	15%		20%		30%		30%	
Ambulance (medically necessary, air and ground)	15%		20%		30%		30%	
Equipment and Supplies ⁽⁴⁾ • Durable medical equipment and external prosthetics • Other supplies (i.e., ostomy, bandages, dressings)	15%	40%	20%	40%	30%	50%	30%	50%
Allergy Serum	15%	40%	20%	40%	30%	50%	30%	50%
Also Covered	Certain limited Dental benefits, Hospice Care and Out-of-Country Charges are also covered. See Member Handbook for coverage details.							
DEDUCTIBLE — ONLY ELIGIBLE EXPENSES COUNT TOWARD THE DEDUCTIBLE								
Employee Only	\$750	\$1,500	\$1,300	\$2,600	\$1,800	\$3,600	\$2,000	\$4,000
Employee + Child(ren)	\$1,125	\$2,250	\$1,950	\$3,900	\$2,500	\$4,800	\$4,000	\$8,000
Employee + Spouse	\$1,500	\$3,000	\$2,600	\$5,200	\$2,800	\$5,500	\$4,000	\$8,000
Employee + Spouse + Child(ren)	\$1,875	\$3,750	\$3,250	\$6,500	\$3,600	\$7,200	\$4,000	\$8,000
OUT-OF-POCKET MAXIMUM — MEDICAL AND PHARMACY COMBINED — ELIGIBLE EXPENSES, INCLUDING DEDUCTIBLE, COUNT TOWARD THE OUT-OF-POCKET MAXIMUM								
Employee Only	\$3,600	\$7,200	\$4,400	\$8,800	\$6,800	\$13,600	\$5,000	\$10,000
Employee + Child(ren)	\$5,400	\$10,800	\$6,600	\$13,200	\$13,600	\$27,200	\$10,000	\$20,000
Employee + Spouse	\$7,200	\$14,400	\$8,800	\$17,600	\$13,600	\$27,200	\$10,000	\$20,000
Employee + Spouse + Child(ren)	\$9,000	\$18,000	\$11,000	\$22,000	\$13,600	\$27,200	\$10,000	\$20,000

For PPO Plans, no single family member will be subject to a deductible or out-of-pocket maximum greater than the "employee only" amount. Once two or more family members (depending on premium level) have met the total deductible and/or out-of-pocket maximum, it will be met by all covered family members. For Local CDHP Plan, the deductible and out-of-pocket maximum amount can be met by one or more persons, but must be met in full before it is considered satisfied for the family. No one family member may contribute more than \$8,700 to the in-network family out-of-pocket maximum total.

[1] Subject to maximum allowable charge. The MAC is the most a plan will pay for a covered service. For non-emergent care from an out-of-network provider who charges more than the MAC, you will pay the copay or coinsurance PLUS the difference between MAC and actual charge, unless otherwise specified by state or federal law.

[2] The following behavioral health services are treated as "inpatient" for the purpose of determining member cost-sharing: residential treatment, partial hospitalization/day treatment programs and intensive outpatient therapy. In addition to services treated as "inpatient," prior authorization (PA) is required for certain outpatient behavioral health services including, but not limited to, applied behavioral analysis, transcranial magnetic stimulation, electroconvulsive therapy, psychological testing, and other behavioral health services as determined by the Contractor's clinical staff.

[3] CDHP list of eligible medications, PPO list of eligible medication classes, and a list of participating Retail-90 pharmacies can be found at <https://www.tn.gov/partnersforhealth/health-options/pharmacy.html>.

[4] Prior authorization required, for non-emergent services. When using out-of-network providers, benefits for non-emergent medically necessary services will be reduced by half if PA is required but not obtained, subject to the maximum allowable charge. If services are not medically necessary, no benefits will be provided.

[5] For PPO plans, the deductible DOES NOT apply to IN-NETWORK outpatient PT/ST/OT/ABA and other PPO services as noted.

[6] Select Substance Use Treatment Facilities are preferred with an enhanced benefit - PPO members won't have to pay a deductible or coinsurance for facility-based substance use treatment; CDHP members must meet their deductible first, then coinsurance is waived. Copays for PPO and deductible/coinsurance for CDHP will apply for standard outpatient treatment services. Call 855-Here4TN for assistance.

[7] In-network benefits apply to certain out-of-network professional services at certain in-network facilities.

Get answers to your questions — **big and small**



Juggling everything on your to-do list while taking care of your own health — mental and physical — can be challenging. With additional stressors like relationship challenges, home repairs, childcare and eldercare, many people are feeling overwhelmed these days. **Here4TN** can help.

WorkLife Services

WorkLife Services help make life a little less stressful by connecting you with:

- ▶ Child, family and parenting support services
- ▶ Education resources for kindergarten through adult
- ▶ Adult care and eldercare support services
- ▶ Chronic illness and condition support services
- ▶ Discounted legal services
- ▶ Personal services such as finding a plumber or concert tickets

Employee Assistance Program

The EAP connects you with specialists 24/7 and offers five confidential counseling sessions per issue, per year at no additional cost* to you. **Here4TN** can help with topics including:

- ▶ Depression, anxiety and stress
- ▶ Living with chronic conditions
- ▶ Sleep disorders
- ▶ Substance use issues
- ▶ Relationship and family concerns

Call to speak confidentially** with a specialist or to get referrals or prior approval for services, including virtual visits.



Child, family and
parenting support
services



Education resources



Adult care and eldercare
support services



Chronic illness and
condition support
services



Personal services



Talk with a specialist
who cares, 24/7:

855-Here4TN

(855-437-3486)

Or visit:

Here4TN.com

Take Charge at Work

Trouble concentrating? Feeling sluggish? This may be a sign of something more. **Take Charge at Work** can help you recognize and manage stress and depression at your workplace. Start with an assessment, and then work with a coach to create a personal plan.

"The person I spoke to had the kindest voice. They were **professional and compassionate.**"

Behavioral Health Services

Optum is your behavioral health and substance use benefits administrator, and **Here4TN** can help you learn about your benefits, search for in-network providers and connect for a virtual visit. To get details about what's covered and to view your member handbook and plan documents, visit tn.gov/partnersforhealth.



To connect with any of these resources, contact **Here4TN**.

855-Here4TN
(855-437-3486)

Or visit:

Here4TN.com

Substance Use

If you or someone in your family has substance use concerns, connect with a highly trained and licensed advocate at **Here4TN**. Your advocate will talk with you about your unique situation, answer questions, help create a personalized treatment plan and help with family support. The service is completely confidential.

Talkspace

Regularly communicate with a therapist safely and securely from your phone or desktop with **Talkspace**. You can start therapy within hours of choosing your therapist, and it's secure and confidential.

Sanvello

Get the **Sanvello app** for tools to help you manage stress. Sanvello can also support you if you're dealing with ongoing concerns like depression and anxiety.



**PARTNERS
FOR HEALTH**



***Here4TN** Employee Assistance Program (EAP) services are available to you and your family at no extra cost as part of your benefits. The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health Services.

State and Higher Education: EAP services are available to all benefits-eligible employees and their eligible family members, even if they are not enrolled in medical insurance.

Local Education and Local Government: EAP services are available to employees who are enrolled in medical insurance. Dependents are eligible even if they are not enrolled in medical insurance.

All members (employees and dependents) enrolled in medical insurance are also eligible for behavioral health benefits.

**This program is confidential in accordance with the law.

Please note: While **WorkLife Services** and all referrals are included as part of your benefits, you will have to pay for any **WorkLife Services** you decide to use. Our specialists cannot book or purchase services on your behalf. This is an educational referral-based service only. Certain services may not be available in some benefit plans. Consult your benefit plan to know what is available.

This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. This program is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and are subject to change. Coverage exclusions and limitations may apply.

Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability in its health programs and activities. If you have a complaint regarding discrimination, please call 866-576-0029 or 615-741-4517.

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DENTAL & VISION FY24 SEMI-MONTHLY PREMIUMS

DELTA DENTAL (Semi-Monthly Rates)

Plan	Employee Share	ORS Share	Total Cost
Employee Only	No Cost	\$17.97	\$17.97
Employee & Spouse	\$18.15	\$17.97	\$36.11
Employee & Children	\$21.72	\$17.97	\$39.69
Family	\$48.40	\$17.97	\$66.37

VSP VISION (Semi- Monthly Rates)

Plan	Employee Share	ORS Share	Total Cost
Employee Only	No Cost	\$5.41	\$5.42
Employee & Spouse	\$5.41	\$5.41	\$10.85
Employee & Children	\$6.17	\$5.41	\$11.58
Family	\$13.16	\$5.41	\$18.57

Delta Dental of Tennessee Welcomes Employees Of Oak Ridge City Schools

Your Delta Dental Benefit Highlights

Group #8627 coverage effective July 01, 2023

Network	Delta Dental PPO	Delta Dental Premier	*Out of Network**
Services			
Delta Dental Pays*			
Diagnostic & Preventive			
Oral examinations, cleanings, x-rays, fluoride treatments, space maintainers	100%	100%	100%
Basic Services			
Restorative (fillings), general anesthesia, simple extractions	80%	80%	80%
Periodontic Therapy <i>treatment of gums and bones supporting teeth</i>	80%	80%	80%
Endodontic Therapy <i>root canal therapy</i>	80%	80%	80%
Complex Oral Surgery	80%	80%	80%
Major Services			
Complex Restorations & Related Services <i>crowns, bridges, dentures, implants</i>	50%	50%	50%
Orthodontic Services			
Straightening of teeth for dependents to age 18	50%	50%	50%
Maximums			
Benefit Year – Per Person <i>Excludes Orthodontics</i>	\$1,000		
Lifetime Orthodontics	\$1,000		
Annual Deductible			
Per Person	\$25		
Family	\$75		
<i>Deductible excludes Diagnostic & Preventive & Orthodontic Services</i>			

You're now a member of Tennessee's largest dental benefits family!

As a member of Delta Dental of Tennessee, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier. With 3 out of 4 dentists participating, these two networks provide great access to care as well as the privilege of reduced rates through our agreed upon fees with dentists. When seeing a dentist in either the Premier or PPO networks you cannot be balance billed – giving you added savings. You are also free to visit non-network dentists, but you may be balance billed.

Finding a Delta Dental provider

Finding a dentist in one of our networks is easy. Simply visit our Web site, www.DeltaDentalTN.com, or call our Customer Service hotline at 800-223-3104.

When do benefits start?

Your benefits begin on the effective date indicated on the highlight form. You may visit a dentist at any time following that date. If you do not enroll when first eligible, you must wait until the first open enrollment period to enroll in the plan. Please refer to your Certificate of Coverage for re-enrollment requirements.

View your benefit details online

You can get information on your Delta Dental benefits at your convenience using our Consumer Toolkit. Review claims, amounts used toward annual maximum, print ID cards, and more. Visit www.DeltaDentalTN.com and select the login for Subscribers.

Questions?

If you have questions about your Delta Dental benefits, visit our Web site, www.DeltaDentalTN.com, call our Customer Service hotline at 800-223-3104, or consult your Benefits Administrator.

**You are not responsible for charges exceeding the maximum plan allowance (MPA) if you go to a participating Delta Dental dentist. You are responsible for charges exceeding the MPA if you go to a non-participating dentist. The MPA charges are based on fees charged in your geographic area.*

***Non Participating Dentists are paid at the 90th percentile.*

Age and frequency limitations apply. For a detailed description of your benefit plan, please refer to your Certificate of Coverage. This form is not a contract of insurance. Terms and conditions are set forth in the Master Group Policy issued directly to your group administrator.

YOUR VSP VISION BENEFITS SUMMARY

OAK RIDGE SCHOOLS and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

07/01/2023



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$25	Every plan year*
PRESCRIPTION GLASSES			
FRAME	<ul style="list-style-type: none"> \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart*/Sam's Club*/Costco* frame allowance 	\$0	Every other plan year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	\$0	Every plan year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every plan year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every plan year
DIABETIC EYECARE PLUS PROGRAMSM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
ADDITIONAL PAIRS OF EYEWEAR			
FRAME	<ul style="list-style-type: none"> \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart/Sam's Club/Costco frame allowance 	\$0	Every other plan year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	\$0	Every plan year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for additional contacts Contact lens exam (fitting and evaluation) 	Up to \$60	Every plan year
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Plan year begins in July

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

Classification: Restricted

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VSP, VSP Vision Care for life, Eyeconic, and WellVision Exam are registered trademarks, VSP Diabetic Eyecare Plus Program is servicemark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.



A program of the Tennessee Treasury Department | David H. Lillard, Jr., Treasurer

TCRS Legacy Plan

The Legacy Plan is a defined benefit plan administered by the Tennessee Consolidated Retirement System (TCRS).

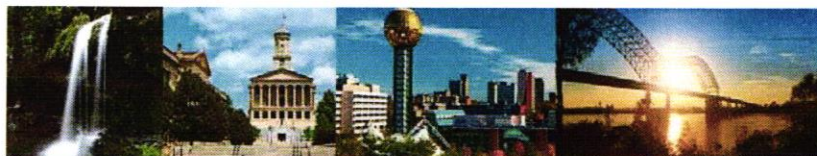
- Defined Benefit Plan - Guaranteed lifetime monthly benefit upon service retirement
- Benefit paid upon service retirement is calculated with a set formula
- Vesting - 5 years
- Required contributory rate is 5% of member's earnable compensation
- Covered members may voluntarily participate in the Deferred Compensation Program (401(k) program)
Member contributions only; Employer contributions do not apply
- Survivorship options available

What determines your TCRS Retirement Benefit?

- **Average Final Compensation (AFC)** - The average of your highest 60 consecutive months of salary.
Not necessarily your last 60 months of salary prior to retirement
- **Years of Service** - Your total number of years and months of creditable service
- **Age at Retirement** - Determines early retirement deduction factors and benefits paid under the optional survivor benefits plans

Legacy Plan Retirement Requirements

- **Service Retirement**
 - Member must be age 60 and vested or have 30 years of service, regardless
- **Early Retirement**
 - Member must be age 55 and vested
 - Once reduction factor will be applied
- **25-Year Early**
 - Member must be under the age of 55 and have 25 years of service
 - Two reduction factors will be applied



TCRS Hybrid Plan

The Hybrid Plan is a combination of a defined benefit plan administered by the Tennessee Consolidated Retirement System (TCRS) and the State of Tennessee's deferred compensation plan (401(k)).

Components:

- TCRS Defined Benefit Plan (Defined Benefit (DB) portion of your benefit
- State of TN 401(k) Plan (Defined Contribution (DC) portion of your benefit

Vesting:

- 5 years vesting with TCRS
- Immediate vesting in the 401(k) (DC) plan

Service Retirement:

- 65 years of age OR rule of 90 (service credit + age = 90)

What determines your TCRS Retirement Benefit?

- **Average Final Compensation (AFC)** - The average of your highest 60 consecutive months of salary.
Not necessarily your last 60 months of salary prior to retirement
- **Years of Service** - Your total number of years and months of creditable service
- **Age at Retirement** - Determines early retirement deduction factors and benefits paid under the optional survivor benefits plans

TCRS Hybrid Plan Component Features

Defined Benefit Plan (TCRS)

- Required contributory rate-5% off earnable compensation
- Benefits are calculated with a set formula
- Lifetime monthly benefit at retirement once eligible
- Survivorship options available
- Employer bears investment risk

Defined Contribution Plan (401(k))

- Multiple distribution options
- Member contribution may be adjusted
- Participant selects investments
- Participant bears investment risk
- Benefit in retirement is based upon participant's account balance

Contributions to the Hybrid Plan			
	Employer ³	Member	Total
TCRS	4%	5%	9%
401(k)	5%	2% ⁴	7%
TOTAL	9%	7%	16%

Deductions will not begin until completion of six-month probationary period (if applicable)

USAbLe Supplementary Benefits

New employees are eligible for USAbLe supplementary benefits offered to Oak Ridge Board of Education employees. New hires have 30 days from their date of hire to enroll in eligible benefits. Enrollment in USAbLe products is processed directly through USAbLe. To enroll, or for additional information, please contact Brian Gass at Brian.gass@usablelife.com or 423-653-8126.

Voluntary Group Term Life Insurance – Life insurance coverage that you can take out since you are an eligible member of the group:

- Employee – Guaranteed Issue up to \$200,000 or 5x salary – whichever is lower
 - o \$2.15/month per \$10,000 of coverage
- Spouse – Guaranteed Issue up to \$30,000 or 50% of Employee Coverage – whichever is lower
 - o \$2.15/month per \$10,000 of coverage
- Child – Blanket Coverage - \$10,000 on all children under age 26
 - o \$1.76/month

Disability – Educator LTD 3:

- USAbLe Life has a special disability program for the Education Industry
- It is short term and long term combined into 1 plan
- There are different elimination periods – elimination period is how long you have to be out of work before USAbLe Life would start to pay you a benefit.
 - o 1st day/4th day – starts to pay out immediately on accident or hospitalization, 4th day of illness
 - o 7/7 – Starts to pay after being out of work for 7 days
 - o 15/15 - Starts to pay after being out of work for 15 days
 - o 30/30 - Starts to pay after being out of work for 30 days
 - o 60/60 - Starts to pay after being out of work for 60 days

You have 2 opportunities to sign up for the coverage with no health questions asked (Guaranteed Issued):

- Now – signed applications must be dated and returned no later than 30 days after your hire date
 - o Enrollment Limited to Guaranteed Issue Products - Voluntary Group Life Insurance and Disability Insurance
- 1st Annual Enrollment following your hire date – our open enrollment occurs in September of each year, and the coverage becomes effective 1/1 of the following year.
 - o All products offered including FSA plans

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved

OMB No. 1210-0149

PART A: General Information

There is a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace is held annually in the fall. Check the www.healthcare.gov website for more information and deadlines.

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

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

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace? Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if

your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the

Affordable Care Act, you may be eligible for a tax credit.¹

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

How Can I Get More Information?

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

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

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Oak Ridge Schools		4. Employer Identification Number (EIN) 62-6014956	
5. Employer address 304 New York Avenue		6. Employer phone number 865-425-9008	
7. City Oak Ridge		8. State Tennessee	9. ZIP code 37830
10. Who can we contact about employee health coverage at this job? Tamara Jones			
11. Phone number (if different from above)		12. Email address: tjones@ortn.edu	

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

- As your employer, we offer a health plan to:
 - ☐ All employees.
 - ☒ Some employees. Eligible employees are:
 - Any employee scheduled to work at least 30 hours per week in a non-seasonal, non-temporary position
 - Any member of the chief legislative body of the county or municipal government (defined as only those elected officials who have the authority to pass local legislation)
 - Utility board members appointed or elected pursuant to TCA 7-82-307, but only during their term of service
 - County officials as defined in TCA 8-34-101(9) (A) and (B), regardless of whether the agency participates in the plan, pursuant to TCA 8-27-704
- All other individuals cited in state statute, approved as an exception by the Local Government Insurance Committee, or defined as full time employees for health insurance purposes by federal law
- With respect to dependents:
 - ☒ We do offer coverage. Eligible dependents are:
 - Your spouse (legally married); individual agencies may deny eligibility to the spouses of employees who are eligible for group health insurance through the spouse's employers
 - Natural or adopted children
 - Stepchildren
 - Children for whom you are the legal guardian
 - Children for whom the plan has qualified medical child support orders
 - ☐ We do not offer coverage.

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

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

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

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy)
(Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☒ **Yes** (Go to question 15) ☐ **No** (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered **only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.**

a. How much would the employee have to pay in premiums for this plan? \$101.93

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☒ Monthly ☐ Quarterly ☐ Yearly

• An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)