



MARSHALL

C  COUNTY

T E N N E S S E E

# Welcome to Your Benefits

Welcome to the 2023 Benefit Guide for Marshall County Government. This guide provides a quick overview of the benefits program. The benefits program was structured to provide comprehensive coverage for you and your family members. This guide provides a general overview of your benefit choices to help you select the coverage that is right for you. Please refer to your Summary of Benefits and Coverage for detailed information.

Elections you make during open enrollment will become effective on January 1, 2023. Should you choose to waive any of the benefit options, you will not have another opportunity to elect them until the next open enrollment unless a qualifying event occurs.

## Who is Eligible for Benefits?

You are considered an eligible employee if you work at least 30 hours per week. Benefits would become effective the first of the month following 30 days of employment with Marshall County Government.

Eligible Dependents:

- Legal Spouse
- Children from birth to the age of 26
- Dependent children past the age of 26 that are disabled (documentation will be required).

## Paying for your Benefits

The cost of your benefits will be automatically deducted from your paycheck.

Medical, Dental, and Vision changes are payroll deducted in December.

All other benefits changes are payroll deducted beginning the first payroll of January.

**Please compare your enrollment confirmation to your deductions on your paycheck!**

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## Qualifying Life Events

If you experience a qualifying event, you will have the opportunity to make mid-year changes to your benefit elections if you experience an event such as:

- Marriage
- Divorce
- Birth of your child or Adoption of or placement for adoption of a child
- Spouse or Dependents losing or gaining eligibility for other coverage
- New entitlement to Medicare or Medicaid
- Death of your spouse or dependent child

You must notify HR within 30 days of a qualifying event. Depending on the type of event, you may need proof of the event, HR will let you know what documentation you should provide. If you do not contact HR within 30 days of the qualified event, you will have to wait until the next open enrollment window to make changes (unless you experience another qualifying life event.)

## When Coverage Ends

Typically, benefits end on the last day of the month when your employment ends or when you cease to meet eligibility guidelines. Under certain circumstances, you may continue your benefit coverage under COBRA . COBRA applies to Medical, Dental, and Vision insurance. Voluntary and Supplemental benefits may be ported and taken with you. **Group Supplemental Term Life must be applied to port within 30 days of termination.**



# SGI Connect Login Instructions

Welcome to the Marshall County Government Benefits Web Portal!

## Curious as to what the SGI Connect Benefit portal has to offer:

- Complete Open Enrollment Online
- Access the following:
  - Current Benefits
  - Beneficiary Information
  - Benefit Guide
  - SBC'S (Summary of Benefits & Coverages)
- Claim Form's
  - Short/Long Term Disability
  - Critical Illness or Accident
  - Wellness Claims

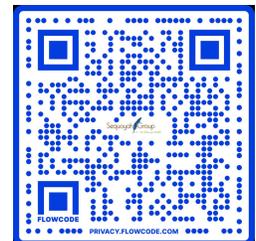


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## Let's make your Benefit experience as easy as 1, 2, 3!

### Follow the simple steps below:

- **Step 1** – Register (employeenavigator.com) OR Scan the QR Code
- **Step 2** – Enter Company Identifier: MarshallCnty
- **Step 3** – Enter your Username & Password



Username: \_\_\_\_\_

Password: \_\_\_\_\_

For assistance, [call @ 865-687-3088](tel:865-687-3088)



# Medical Plan –BCBS of TN

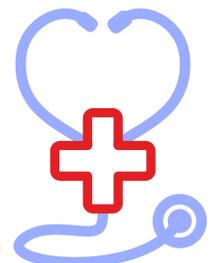
Marshall County Government offers medical insurance through BlueCross BlueShield of TN. The chart below outlines your benefits coverage. Please refer to the BlueCross BlueShield summary of benefits (SBC) for a more comprehensive summary. Please visit [www.bcbst.com](http://www.bcbst.com) to locate participating providers.

BCBS Plans - Network S	Option 1 PPO	Option 2 PPO	Option 3 QHDHP
<b>Annual Deductible</b>	\$500 / \$1,000	\$2,000/ \$4,000	\$3,000/ \$6,000
<b>Out of Pocket Max</b>	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000
<b>Deductible Basis</b>	Embedded	Embedded	Embedded
<b>Coinsurance</b>	70% / 30%	70% / 30%	50% / 50%
<b>Physician's Office Visit</b>	\$25 Copay	\$25 Copay	50% after Deductible
<b>Specialist Office Visit</b>	\$50 Copay	\$50 Copay	50% after Deductible
<b>Preventive Care</b>	100% Covered	100% Covered	100% Covered
<b>Inpatient / Outpatient</b>	30% after Deductible	30% after Deductible	50% after Deductible
<b>Urgent Care</b>	\$25 / \$50 Copay	\$25 / \$50 Copay	50% after Deductible
<b>PhysicianNow</b>	\$25 Copay	\$25 Copay	\$45 Cost
<b>Emergency Room</b>	\$250 Copay	\$250 Copay	50% after Deductible
<b>Prescription Drugs</b>			<b>Preventative</b>
<b>Generic</b>	\$10 Copay	\$10 Copay	\$10 Copay
<b>Preferred Brand</b>	\$45 Copay	\$45 Copay	\$45 Copay
<b>Non-Preferred Brand</b>	\$90 Copay	\$90 Copay	\$90 Copay
<b>Specialty</b>	\$180 Copay	\$180 Copay	\$180 Copay
<b>HSA Contribution</b>	N/A	N/A	\$1,200 for active employee class only
<b>Semi-Monthly Rates</b> (24 Deductions)	<b>Option 1 PPO</b>	<b>Option 2 PPO</b>	<b>Option 3 QHDHP</b>
<b>Employee Only</b>	\$13.78	\$0.00	\$0.00
<b>Employee + Spouse</b>	\$79.45	\$50.50	\$0.00
<b>Employee + Child(ren)</b>	\$25.22	\$0.00	\$0.00
<b>Family</b>	\$116.82	\$75.00	\$0.00

Please note – This is a summary of your coverage only. Please refer to your summary plan description for the full scope of coverage. All local hospitals are participating providers for Network S with BCBST. Also, the network is not limited to the area.

### Provider Lookup:

- Visit [www.bcbst.com](http://www.bcbst.com).
- Click on "Find a doctor"
- Click on Find A Doctor on the next page
- On the pop-up box, select the bottom link" Select your plan to continue"
- Select "Blue Network S" from the drop-down list
- Change "My Location" at the top of the page to your area of search
- Click "Find Medical Care"
- Select the type of provider
- Results will be displayed



# HSA and FSA Information

## **What is a Health Savings Account (“HSA”)?**

A Health Savings Account is a banking arrangement which enables you to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis. An HSA is a savings account that is held at a financial institution, and you are the account holder. There are many tax advantages to owning a Health Savings Account.

**For current full-time active employees participating in Plan 3 HDHP who are eligible for pre-tax HSA contributions per IRS regulations, Marshall County will contribute \$1,200 into their HSA in January. Employees participating in coverage as a retiree class are not eligible for this contribution. New hires electing coverage in Plan 3 HDHP medical option will receive a pro-rated \$100 monthly into their HSA account, i.e. if your effective date is July 1, 2023, Marshall County will contribute \$600 into your account. We encourage you to make additional contributions, either as a lump sum or through your payroll deductions.**

## **ELIGIBILITY – Do you Qualify?**

You must be covered by a Qualified High Deductible Health Plan (QHDHP) plan to be able to take advantage of HSAs. (Option 3 offered by Marshall County does qualify as a QHDHP plan).

You cannot be covered by other health insurance that is not a QHDHP or have “first dollar coverage” by IRS guidelines. (If your spouse is also offered medical coverage that is not a QHDHP through their employer, you cannot be covered on that plan as well and still qualify to make contributions to an HSA). You are not eligible to contribute to an HSA after you have enrolled in Medicare. If you have received any health benefits from the Veterans Administration or one of their facilities, including prescription drugs, in the last three months, you may not be eligible for an HSA at this time. If your spouse has a Health Care Flexible Spending Account (FSA) through their employer, then you or your spouse cannot establish or contribute to an HSA. If you have money left in your FSA which has a grace period, then you cannot establish an HSA until the first day of the month, following the end of the FSA plan year if funds are depleted. If funds are not depleted, then you cannot contribute until after the end of the grace period.

## **How much can I contribute to a Health Savings Account (HSA)?**

Your total contribution to the HSA (employer and employee contributions combined) cannot exceed annual limits of \$3,850 individual and \$7,750 for family in 2023. If you are 55 or older, you can make additional catch-up contributions each year until you enroll in Medicare. The catch-up contribution limit is an additional \$1,000.

## **Expenses – Using the Money in your HSA account:**

You may withdraw the funds to pay for qualified medical expenses for yourself, your spouse, or your eligible dependents. A partial list of “qualified medical expenses” is provided in IRS Publication 502 (available at [www.irs.gov](http://www.irs.gov)). To be an expense for medical care, the expense must be primarily for the prevention or alleviation of a physical or mental defect of illness.

If you make the decision to spend the money in your account on “non-qualified” expenses, the amount withdrawn will be taxed, and will be subject to a 20% penalty (unless you are over age 65 or disabled).

## **Keep ALL of your receipts!**

You are responsible for maintaining records on distributions, in the event you are audited by the IRS. You will file a Form 8889 with your Individual 1040 tax return; however, it does not impact your taxable income if funds are distributed for qualified expenses.

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## **Flexible Spending Account (FSA)**

You can take advantage of an FSA to help pay for out-of-pocket healthcare expenses with pre-tax money. Each pay period, funds are deducted from your pay on a pre-tax basis and deposited into your Health Care FSA. You receive a debit card that you can use to pay for qualified expenses for you or your dependents.

You can elect the FSA even if you are not enrolled in medical coverage.

Your FSA election will run January 1st through December 31st each year.

You can only roll-over up to \$610 on unused money to the next plan year for use, so any amount of unused funds in excess of \$550 by December 31st, will be forfeited.

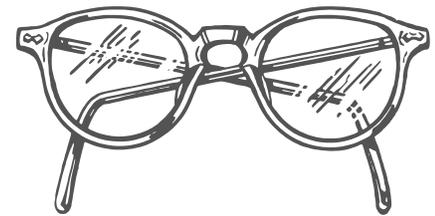
The maximum annual contribution for 2023 is \$3,050

# Dental Plan - BCBS

Key Dental Benefits	Base Plan	Buy-Up Plan
Calendar Year Deductible Individual/Family	\$25 / \$75	\$25 / \$75
<b>Preventative Services</b> Oral Exams, X-rays, Teeth Cleaning every 6 months Fluoride Treatment for children up to age 16 Topical sealants up age 16, Space maintainers through age 16	100% (no deductible)	100% (no deductible)
<b>Basic Services</b> Emergency care for pain, Basic oral surgery services, Basic extractions of erupted tooth or root, Fillings (amalgams, composite for anterior teeth)	50% after deductible	80% after deductible
<b>Major Services</b> Crowns, Inlays, Onlays, Bridgework, Dentures, Denture relines & rebases, Denture repair & adjustments, Complex Oral Surgery, Major Periodontics and Endodontics	Not Covered	50% after deductible
Orthodontia to age 18 (12 month waiting period)	Not Covered	\$1,500 Lifetime Benefit
Annual Maximum (preventative not counted towards annual max)	\$500 per person	\$1,500 per person



Dental Coverage Tier	Base Up	Buy-Up Plan
Employee Only	\$7.41	\$13.03
Employee + Spouse	\$16.31	\$29.96
Employee + Child(ren)	\$13.34	\$24.61
Family	\$24.31	\$48.19



# Vision Plan - VSP

Key Vision Benefits	In-Network
<b>Exam</b> (1x every 12 months)	\$10 Copay / Contact Lens Fit and Follow-Up - \$60 Copay
<b>Lenses/Materials</b> (1X every 12 months)	
Single Vision	\$25 Copay
Bifocal	\$25 Copay
Trifocal	\$25 Copay
<b>Frames</b> (1x every 24 months)	\$150 Allowance ; 20% Discount over allowance \$170 Allowance for featured brands; 20% Discount over allowance
<b>Contact Lenses</b> (1x every 24 months)	\$150 Allowance for Conventional/Disposable Paid-in-full for medically necessary

Vision Coverage Tier	Semi - Monthly Rate
Employee Only	\$2.86
Employee + Spouse	\$5.72
Employee + Child(ren)	\$6.01
Family	\$9.44

# Life Insurance - One America

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death. Accidental Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

## Basic Life/AD&D (Employer-paid)

This benefit is provided at **NO COST** to you .

<b>Benefit Amount</b>	<b>\$15,000</b>	<b>Benefit Reduction Schedule</b>	<b>35% at age 65 50% at age 70</b>
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Coverage terminates upon termination of employment

## Supplemental Group Life and AD&D

Employees who want to supplement their basic life insurance benefit can purchase additional coverage with OneAmerica. **You must purchase additional coverage on yourself to purchase additional coverage on your dependents.** If you have previously waived the life coverage and you want to elect this year, you will need to complete an EOI.

	Benefit Option	Guarantee Issue
<b>Employee</b>	\$10,000 to \$150,000 (or 5x your annual salary, whichever is less)	\$100,000 (for newly eligible)
<b>Spouse</b>	\$10,000 - \$150,000 not to exceed 100% of employee's benefit. <i>Spouses Rates are based off employee's age.</i>	\$30,000 (for newly eligible)
<b>Children</b>	\$10,000 (Birth to 6 months \$1,000)	\$10,000 (for newly eligible)

**All voluntary supplemental life insurance is also subject to the age reduction schedule**



**During your initial eligibility period only, you can receive coverage up to the Guarantee Issue amounts without having to provide Evidence of Insurability (information about your health). Coverage amounts that require Evidence of Insurability will not be effective unless approved by the insurance carrier.**

## Semi-Monthly Rates - Age as of 01/01/2023 (Please Note: Premium Increases with Age)

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
< 25	\$0.72	\$1.43	\$2.15	\$2.86	\$3.58	\$4.29	\$5.01	\$5.72	\$6.44	\$7.15
25 - 29	\$0.72	\$1.44	\$2.16	\$2.88	\$3.60	\$4.32	\$5.04	\$5.76	\$6.48	\$7.20
30 - 34	\$0.77	\$1.53	\$2.30	\$3.06	\$3.83	\$4.59	\$5.36	\$6.12	\$6.89	\$7.65
35 - 39	\$0.87	\$1.73	\$2.60	\$3.46	\$4.33	\$5.19	\$6.06	\$6.92	\$7.79	\$8.65
40 - 44	\$1.15	\$2.29	\$3.44	\$4.58	\$5.73	\$6.87	\$8.02	\$9.16	\$10.31	\$11.45
45 - 49	\$1.57	\$3.14	\$4.71	\$6.28	\$7.85	\$9.42	\$10.99	\$12.56	\$14.13	\$15.70
50 - 54	\$2.24	\$4.47	\$6.71	\$8.94	\$11.18	\$13.41	\$15.65	\$17.88	\$20.12	\$22.35
55 - 59	\$3.00	\$5.99	\$8.99	\$11.98	\$14.98	\$17.97	\$20.97	\$23.96	\$26.96	\$29.95
60 - 64	\$5.42	\$10.84	\$16.26	\$21.68	\$27.10	\$32.52	\$37.94	\$43.36	\$48.78	\$54.20
65 - 69	\$8.56	\$17.11	\$25.67	\$34.22	\$42.78	\$51.33	\$59.89	\$68.44	\$77.00	\$85.55
70 - 74	\$13.64	\$27.27	\$40.91	\$54.54	\$68.18	\$81.81	\$95.45	\$109.08	\$122.72	\$136.35
75+	\$22.66	\$45.31	\$67.97	\$90.62	\$113.28	\$135.93	\$158.59	\$181.24	\$203.90	\$226.55

# Short-Term Disability - One America

Short term disability insurance insures your paycheck and income in case you are unable to work. **Disability benefits are payable in addition to PTO.**

**Important - Please read regarding maternity disability - Even though FMLA allows for up to 3 months maternity leave, STD will only pay for the time you are considered disabled. The standard time that STD will pay is 6 weeks for a normal delivery and 9 weeks for a c-section delivery. Please note that there are circumstances where the benefit payment duration can be extended, but medical documentation from your physician is required before the benefit duration can be extended.**

Injury Elimination Period: 7 Days  
 Sickness Elimination Period: 7 Day  
 Maximum Benefit Duration: 12 Weeks  
 Benefit Percentage: 60%  
 Maximum Weekly Benefit: \$750  
 Pre-Existing Condition: Applies during first 12 months of coverage only

Short-Term Disability - Semi-Monthly Rate (Estimate Tables)												
Age	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	\$55,000	\$60,000	\$70,000	\$75,000	\$80,000
< 20	\$5.88	\$7.36	\$8.83	\$10.30	\$11.77	\$13.24	\$14.71	\$16.18	\$17.65	\$20.60	\$22.07	\$23.54
20 - 24	\$5.90	\$7.37	\$8.84	\$10.32	\$11.79	\$13.27	\$14.74	\$16.21	\$17.69	\$20.64	\$22.11	\$23.58
25 - 29	\$6.20	\$7.75	\$9.29	\$10.84	\$12.39	\$13.94	\$15.49	\$17.04	\$18.59	\$21.69	\$23.24	\$24.78
30 - 34	\$5.61	\$7.01	\$8.41	\$9.81	\$11.22	\$12.62	\$14.02	\$15.42	\$16.82	\$19.63	\$21.03	\$22.43
35 - 39	\$5.18	\$6.48	\$7.77	\$9.07	\$10.36	\$11.66	\$12.95	\$14.25	\$15.54	\$18.13	\$19.43	\$20.72
40 - 44	\$5.05	\$6.32	\$7.58	\$8.84	\$10.11	\$11.37	\$12.63	\$13.90	\$15.16	\$17.69	\$18.95	\$20.22
45 - 49	\$5.30	\$6.62	\$7.94	\$9.27	\$10.59	\$11.92	\$13.24	\$14.56	\$15.89	\$18.54	\$19.86	\$21.18
50 - 54	\$6.43	\$8.03	\$9.64	\$11.25	\$12.85	\$14.46	\$16.07	\$17.67	\$19.28	\$22.49	\$24.10	\$25.71
55 - 59	\$8.38	\$10.47	\$12.57	\$14.66	\$16.75	\$18.85	\$20.94	\$23.04	\$25.13	\$29.32	\$31.41	\$33.51
60 - 64	\$10.41	\$13.01	\$15.61	\$18.21	\$20.82	\$23.42	\$26.02	\$28.62	\$31.22	\$36.43	\$39.03	\$41.63
65 - 69	\$10.64	\$13.30	\$15.96	\$18.62	\$21.28	\$23.94	\$26.60	\$29.26	\$31.92	\$37.23	\$39.89	\$42.55
70+	\$12.02	\$15.03	\$18.03	\$21.04	\$24.05	\$27.05	\$30.06	\$33.06	\$36.07	\$42.08	\$45.09	\$48.09

# Long-Term Disability - One America

Long Term Disability is provided at no cost to full-time employees by Marshall County through OneAmerica. Pre-existing condition "exclusions" may apply. Please note that long term disability benefits may be offset by other income, including Social Security disability.

<b>Benefit Percentage:</b>	60%
<b>Maximum Monthly Benefit:</b>	\$5,000
<b>Minimum Monthly Benefit</b>	\$50
<b>Elimination Period:</b>	90 Days
<b>Maximum Benefit Duration:</b>	SSFRA
<b>Pre-Existing Condition Exclusion:</b>	Applies during first 12 months of coverage only

# Universal Life with Long Term Care - Trustmark

Protect Your Love Ones and Assets with Universal Life with Long Term Care by Trustmark!



## Universal Life and Universal LifeEvents

- Flexible death benefits to meet your budget
- Fully portable
- Family coverage available
- Long Term Care Benefit
- Death Benefit is not reduced by LTC benefit, if utilized
- Terminal Illness Rider allows terminally ill members to receive 75% benefit early
- Waiver of Premium
- EZ Value provides increases to benefits annually without additional underwriting
- Guarantee and Modified Guarantee Issue Amounts Available

## Long Term Care

- Included coverage with both the Universal Life and Universal LifeEvents
- Pays 4% of the policy amount monthly for up to 25 months without reducing the death benefit
- LTC payable for certified care when a member suffers 2 losses of ADLs OR is diagnosed with health condition impairing mental cognitive ability
- Can be used for certified in-home care as well as a facility

### **IMPORTANT INFORMATION**

**Enrollment is only permitted with Trustmark during the annual open enrollment. If you have been hired since the last open enrollment period, then you are eligible for guaranteed issue and will need to speak with a representative from Sequoyah Group.**

**If you are interested in this coverage, please speak to a representative from Sequoyah Group.**

**This coverage is 100% portable at the same rate and coverage until age 100.**

# Critical Illness Coverage - Allstate

**IMPORTANT - ALL EMPLOYEES AND SPOUSES CAN ENROLL DURING OPEN ENROLLMENT WITHOUT HEALTH QUESTIONS**

Initial Critical Illness Benefits	Plan 1	Plan 2
Heart Attack (100%)	\$10,000	\$20,000
Stroke	\$10,000	\$20,000
End Stage Renal Failure from Illness (100%)	\$10,000	\$20,000
Major Organ Transplant (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,500
Waiver of Premium (employee only)	Yes	Yes
Cancer Critical Illness Benefits	Plan 1	Plan 2
Invasive Cancer (100%)	\$10,000	\$20,000
Carcinoma (25%)	\$2,500	\$5,000

Additional Included Benefits	Plan 1	Plan 2
Sudden Cardiac Arrest (25%)	\$2,500	\$5,000
Pulmonary Embolism (25%)	\$2,500	\$5,500
Pulmonary Fibrosis (25%)	\$2,500	\$5,500
Lifestyle Enhancement Rider	\$25	\$25
Second Evaluation Benefit	\$1,000	\$1,000
Non-Local transportation/ mileage	Yes	Yes
Non-Local Lodging Per Day	Yes	Yes
Supplemental and Specified Benefits	Plan 1	Plan 2
Advanced Alzheimer's Disease	\$10,000	\$20,000
Advanced Parkinson's Disease	\$10,000	\$20,000
Benign Brain Tumor	\$10,000	\$20,000
Coma	\$10,000	\$20,000
Complete Hearing Loss in Both Ears	\$10,000	\$20,000
Complete Loss of Sight in Both Eyes	\$10,000	\$20,000
Complete Loss of Speech	\$10,000	\$20,000
Paralysis	\$10,000	\$20,000



## Benefit Highlights

### Lump Sum Payments

Payment issued directly to the policy holder upon diagnosis.

### Issue Age

Cost of policy is locked in at the age you purchase it and will not increase.

### 100% Portable

Policy is portable at the same cost and coverage. Benefits do not reduce or terminate until age 100.

### Spouse and Children Coverage

Covered dependents receive 50% of employee benefit. Children under 26 are covered at no additional cost.

### \$100 Annual Wellness Benefit

Receive \$100 annually for specified wellness screenings for yourself and covered spouse.

### Reoccurrence Benefit

Will pay 100% for a second occurrences if there is a 12 month gap between diagnosis.

### File Claims Online

[www.allstatebenefits.com/mybenefits](http://www.allstatebenefits.com/mybenefits)

## Semi-Monthly Rates

Non-Tobacco	Plan 1		Tobacco	Plan 1	
	Employee Only	Employee & Spouse		Employee Only	Employee & Spouse
18-29	\$4.17	\$7.50	18-29	\$4.85	\$8.50
30-39	\$6.27	\$10.68	30-39	\$8.01	\$13.29
40-49	\$10.31	\$16.81	40-49	\$14.56	\$23.18
50-59	\$16.47	\$26.16	50-59	\$24.36	\$37.99
60-64	\$21.66	\$34.00	60-64	\$32.19	\$49.78
65+	\$33.43	\$51.72	65+	\$49.51	\$75.83
Non-Tobacco	Plan 2		Tobacco	Plan 2	
	Employee Only	Employee & Spouse		Employee Only	Employee & Spouse
18-29	\$5.88	\$10.03	18-29	\$7.21	\$12.04
30-39	\$10.01	\$16.26	30-39	\$13.47	\$21.46
40-49	\$17.93	\$28.22	40-49	\$26.41	\$40.95
50-59	\$30.04	\$46.50	50-59	\$45.81	\$70.15
60-64	\$40.28	\$61.93	60-64	\$61.32	\$93.49
65+	\$63.70	\$97.11	65+	\$95.86	\$145.34

# 24 Hour Accident Coverage - Allstate

Hospital Confinement	Plan 1	Plan 2
Initial Confinement (annual)	\$1,000	\$2,000
Daily Confinement (per day)	\$200	\$400
Daily ICU Confinement	\$400	\$800
Treatment and Care Benefits	Plan 1	Plan 2
Ambulance	\$200/\$600	\$400/\$1,200
Initial Accident Treatment	\$100	\$200
X-Ray	\$200	\$400
Urgent Care	\$100	\$200
Emergency Room Services	\$200	\$400
Accident Follow-up Treatment	\$100	\$200
Lacerations requiring sutures	\$100	\$200
Burns	\$200/\$1,000	\$400/\$2,000
Skin Graft (% of burn benefit)	50%	50%
Brain Injury Diganosis	\$600	\$1,200
CT Scan and MRI (annual)	\$100	\$200
Coma with Respiratory Assistance	\$20,000	\$40,000
Open Abdominal or Thoracic Surgery	\$2,000	\$4,000
Raptured Spinal Disc Surgery	\$1,000	\$2,000
Eye Surgery	\$200	\$400
General Anesthesia	\$200	\$400
Blood and Plasma	\$600	\$1,200
Medical Supplies	\$10	\$20
Medicine	\$10	\$20
Physical, Occupational, Speech Therapy (6 visits)	\$60	\$120
Rehabilitation Unit	\$200	\$400
Broken Tooth	\$200	\$400
Pain Management (Epidural injection)	\$100	\$200
Miscellaneous Outpatient Surgery	\$200	\$400
Non-Local Transportation	\$500	\$1,000
Non-Local Lodging	\$200	\$400
Complete Dislocation Injury	Plan 1	Plan 2
Hip Joint	\$4,000	\$8,000
Knee, Ankle joint	\$1,600	\$3,200
Wrist joint	\$1,400	\$2,800
Shoulder joint	\$800	\$1,600

Bone Fractures	Plan 1	Plan 2
Hip, Thigh, Pelvis (except coccyx)	\$4,000	\$8,000
Skull	\$3,800	\$7,600
Arm	\$2,200	\$4,400
Foot	\$1,400	\$2,800
Death Benefit	Plan 1	Plan 2
Accidental	\$40,000	\$80,000
Common Carrier	\$100,000	\$200,000

*This is just a summary of coverages. Please refer to full policy for details, limitatians, and definitions.*

## Benefit Highlights

### Lump Sum Payments

Payment issued directly to the policy holder upon diagnosis.

### 100% Portable

Policy is portable at the same cost and coverage. Benefits do not reduce or terminate until age 100.

### \$50 Annual Wellness Benefit

Receive \$50 twice per person, limit 4 per family annually.

### File Claims Online.

[www.allstatebenefits.com/mybenefits](http://www.allstatebenefits.com/mybenefits)

## Semi-Monthly Rates

Coverage	Plan 1	Plan 2
Employee Only	\$6.11	\$10.87
Employee & Spouse	\$10.57	\$18.81
Employee & Child(ren)	\$12.99	\$23.35
Family	\$16.91	\$29.77

*Benefits are payable for treatment due to an accident only (exception for outpatient treatment for wellness benefit).*

# Retirement Planning Financial Services & Medicare

Our comprehensive, three-step planning process is designed to help identify your needs and to help you stay on course.

## Wealth Management Needs

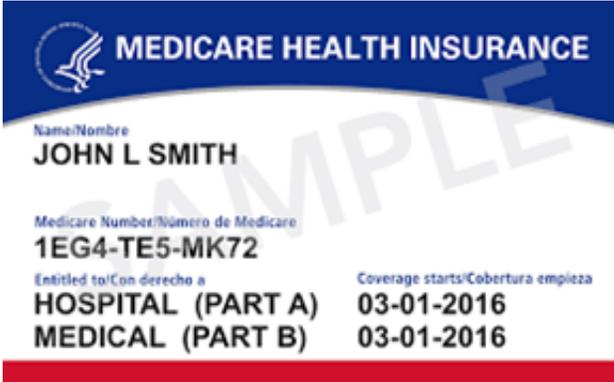
- Retirement and Investment Planning
- Estate Planning
- Insurance Options
- Risk Management
- Small Business Strategies
- Gifting and Tax Strategies



**FB**  
**FirstBank**  
*Investment Partners*  
A Division of FirstBank

**Hays Culbreth: 865-545-5137**  
**Email: [hculbreth@firstbankinvest.com](mailto:hculbreth@firstbankinvest.com)**

## Medicare



**MEDICARE HEALTH INSURANCE**

Name/Nombre  
**JOHN L SMITH**

Medicare Number/Número de Medicare  
**1EG4-TE5-MK72**

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
<b>HOSPITAL (PART A)</b>	<b>03-01-2016</b>
<b>MEDICAL (PART B)</b>	<b>03-01-2016</b>

### Medicare Questions?

Sequoyah Group understands reaching this milestone can be exciting and overwhelming. We understand the stress of wondering if your current doctors and prescriptions will be covered, and how to navigate Medicare eligibility rules to avoid penalties. The staff at Sequoyah Group will make this transition easy and stress-free, by helping you consider all your options. Contact us today and we will help you in your transition.

**Jeff Harris | Medicare Specialist**

**C: 423-488-3323 F: 888-267-3476**

**[jeff.harris.compassadvisors@gmail.com](mailto:jeff.harris.compassadvisors@gmail.com)**

# Employee Assistance Program (EAP)



## Call Your ComPsych® GuidanceResources® program anytime for confidential assistance.

Call: **855.387.9727**

Go online: [guidanceresources.com](http://guidanceresources.com)

TDD: 800.697.0353

Your company Web ID: **ONEAMERICA3**

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your GuidanceResources program provides support, resources and information for personal and work-life issues. The program is company-sponsored, confidential and provided at no charge to you and your dependents. This flyer explains how GuidanceResources can help you and your family deal with everyday challenges.

### Confidential Counseling

#### 3 Session Plan

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultants<sup>SM</sup>—highly trained master's and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling (up to 3 sessions per issue per year) and other resources for:

- › Stress, anxiety and depression
- › Relationship/marital conflicts
- › Problems with children
- › Job pressures
- › Grief and loss
- › Substance abuse

### Financial Information and Resources

#### Discover your best options.

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- › Getting out of debt
- › Credit card or loan problems
- › Tax questions
- › Retirement planning
- › Estate planning
- › Saving for college

### Legal Support and Resources

#### Expert info when you need it.

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter.

Call about:

- › Divorce and family law
- › Debt and bankruptcy
- › Landlord/tenant issues
- › Real estate transactions
- › Civil and criminal actions
- › Contracts

### Work-Life Solutions

#### Delegate your "to-do" list.

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- › Child and elder care
- › Moving and relocation
- › Making major purchases
- › College planning
- › Pet care
- › Home repair

OneAmerica is the marketing name for American United Life Insurance Company(R) (AUL). AUL markets ComPsych services. ComPsych Corporation is not an affiliate of AUL and is not a OneAmerica company.

### GuidanceResources® Online

#### Knowledge at your fingertips.

GuidanceResources Online is your one stop for expert information on the issues that matter most to you...relationships, work, school, children, wellness, legal, financial, free time and more.

- › Timely articles, HelpSheets<sup>SM</sup>, tutorials, streaming videos and self-assessments
- › "Ask the Expert" personal responses to your questions
- › Child care, elder care, attorney and financial planner searches

### Free Online Will Preparation

#### Get peace of mind.

EstateGuidance® lets you quickly and easily write a will on your computer. Just go to [www.guidanceresources.com](http://www.guidanceresources.com) and click on the EstateGuidance link. Follow the prompts to create and download your will at no cost. Online support and instructions for executing and filing your will are included. You can:

- › Name an executor to manage your estate
- › Choose a guardian for your children
- › Specify your wishes for your property
- › Provide funeral and burial instructions

*Just call or click to access your services.*



### Your ComPsych® GuidanceResources® Program

CALL ANYTIME

Call: **855.387.9727**

TDD: 800.697.0353

Online: [guidanceresources.com](http://guidanceresources.com)

Your company Web ID: **ONEAMERICA3**

## PLEASE READ - Important Notice from Marshall County Government Co About Your Prescription Drug Coverage and Medicare

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

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

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

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

### When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current coverage will not be affected.

Prescription Drug Coverage	Option 3 Prev / Others	Option 2	Option 1
Generic	\$10 / Ded, Coins	\$10	\$10
Preferred Brand	\$35 / Ded, Coins	\$45	\$45
Non-Preferred Brand	\$60 / Ded, Coins	\$90	\$90

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will not be able to get this coverage back.

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

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

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

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

Contact the person listed below for further information

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

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

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

For more information about Medicare prescription drug coverage: Visit [www.medicare.gov](http://www.medicare.gov)  
Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date: 01/01/2023

Name of Entity: Marshall County Government

Contact: Beth Stockwell / Tara Ewing

Address: 3309 Courthouse Annex, Lewisburg, TN 37091

Phone Number: 931-422-2314

# Importance Notice for The Marshall County Government Health and Welfare Plan

## Patient Protection Model Disclosure

**Marshall County Government** Health and Welfare Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from BCBS or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your local Human Resources department at the phone number on the contact list included in this packet for more information.

## HIPAA SPECIAL ENROLLMENT NOTICE

If you are declining enrollment 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 or our dependents in this plan if you or your dependents lose eligibility for that coverage (or if the employer stops contributing towards 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).

In addition, if you have a new dependent as result of 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, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage, and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30-day period applies to most special enrollments.

To request special enrollment or obtain more information, contact the Plan Administrator.

## Notice of Availability Marshall County Government Employer Notice of Privacy Practices

Marshall County Government Health and Welfare Plan (the "Plan") provides health benefits to eligible employees of Marshall County Government (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains, and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information. To receive a copy of the Plan's Notice of Privacy Practices you should contact the plan administrator, who has been designated as the Plan's contact person for all issues regarding the Plan's privacy practices and covered individuals. Privacy rights.

## Women's Health and Cancer Rights Act Notices

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 has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis; and
- Treatment of physical complication of Mastectomy, including lymphedema.

These benefits will be provided subject of the deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: \$500 deductible 70/30 coinsurance, \$2,000 deductible 70/30 coinsurance, \$3,000 deductible 50/50 coinsurance.

If you would like more information on WHCRA benefits, call your plan administration at 931-723-5100.

## Newborns' and Mothers' Health Protection Act

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

## Notice of Extended Coverage to Participants Covered Under a Group Health Plan

Coverage is offered to the child an employee up to age 26 (or until the end of the calendar month in which the child turns 26) regardless of residency, support or student status. Thus, the provisions of Michelle's law will not be applicable since coverage is not dependent upon child being a full-time student.

## Title VI Rights and Procedures

Marshall County Government does not discriminate based on race, color, or national origin in federal or state sponsored programs, pursuant to Title VI of the Civil Right Act of 1964 (42 U.S.C. 2000d). It is the policy of Marshall County Government not to discriminate based on race, color, national origin, age, sex, or disability in its hiring and employment practices, or in admission to, access to, or operation of its programs, services, and activities.

## What is Title VI of the 1964 Civil Rights Act?

No person in the United States shall on the grounds of race, color, or national origin be excluded from participation in, or denied the benefits of, or be subjected to discrimination under a program or activity receiving federal financial assistance. It covers all forms of federal aid except those federally funded contracts of insurance and guaranty. It does not cover employment except where employment practices result in discrimination against program beneficiaries or where the purpose of federal assistance is to provide employment. Nor does it apply to discrimination based on age, sex, geographical locale or wealth.

## What discrimination is prohibited by Title VI?

There are various forms of illegal discrimination based on race, color, or national origin that can limit the opportunity of minorities to gain equal access to services and programs either directly or through contractual means. Discrimination based on race, color, or national origin that: Denies program services, aids, or benefits, Provides a different service, aid or benefit or provides them in a manner different than they are provided to others, or Segregates or separately treats individuals in any matter related to the receipt of any service, aid, or benefit.

## How can I file a discrimination complaint?

You may file a signed written complaint within 180 days to the date of the alleged discrimination. The complaint should include the following:

Your name, address, and telephone number

The name and address of the agency, institution, or department you believe discriminated against you

How, why, and when you believe you were discriminated against (include as much specific detailed information as possible about the alleged acts of discrimination and any other relevant information)

The names of any persons, if known, whom could be contacted for clarity of your allegations

Your complaint must be signed

Please submit written complaints to the following:

Marshall County Government, Attention: Beth Stockwell, 3309 Courthouse Annex, Lewisburg, TN 37091

Phone # 931-422-2314

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility –

Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>ALASKA-Medicaid</b>	<b>COLORADO-Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
<b>ARKANSAS-Medicaid</b>	<b>FLORIDA-Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://www.flmedicaidplrecovery.com/flmedicaidplrecovery.com/hipp/index.html">https://www.flmedicaidplrecovery.com/flmedicaidplrecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

GEORGIA-Medicaid	MAINE-Medicaid
<p>A HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: (678) 564-1162, Press 2</p>	<p>Enrollment Website:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-442-6003  TTY: Maine relay 711    Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: -800-977-6740.  TTY: Maine relay 711</p>
INDIANA-Medicaid	MASSACHUSETTS-Medicaid and CHIP
<p>Healthy Indiana Plan for low-income adults 19-64  Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>  Phone: 1-877-438-4479  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  Phone 1-800-457-4584</p>	<p>Website: _____  <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone:  1-800-862-4840</p>
IOWA-Medicaid and CHIP (Hawki)	MINNESOTA-Medicaid
<p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  Hawki Phone: 1-800-257-8563  HIPP _____ Website:  <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>  HIPP Phone: 1-888-346-9562</p>	<p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>  Phone: 1-800-657-3739</p>
KANSAS-Medicaid	MISSOURI-Medicaid
<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>
KENTUCKY-Medicaid	MONTANA-Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>    KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084</p>
LOUISIANA-Medicaid	NEBRASKA-Medicaid
<p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>

<b>NEVAD A-Medicaid</b>	<b>SOUTH CAROLINA-Medicaid</b>
Medicaid Website: <a href="http://dhcftp.nv.gov">http://dhcftp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>NEW HAMPSHIRE-Medicaid</b>	<b>SOUTH DAKOTA-Medicaid</b>
Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>NEW JERSEY-Medicaid and CHIP</b>	<b>TEXAS-Medicaid</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
<b>NEW YORK-Medicaid</b>	<b>UTAH-Medicaid and CHIP</b>
Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>NORTH CAROLINA-Medicaid</b>	<b>VERMONT-Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>NORTH DAKOTA-Medicaid</b>	<b>VIRGINIA-Medicaid and CHIP</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid">http://www.nd.gov/dhs/services/medicalserv/medicaid</a> / Phone: 1-844-854-4825	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
<b>OKLAHOMA-Medicaid and CHIP</b>	<b>WASHINGTON-Medicaid</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>OREGON-Medicaid</b>	<b>WEST VIRGINIA-Medicaid and CHIP</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>PENNSYLVANIA-Medicaid</b>	<b>WISCONSIN-Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>RHODE ISLAND-Medicaid and CHIP</b>	<b>WYOMING-Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor U.S. Department of Health and Human Services  
Employee Benefits Security Administration Centers for Medicare & Medicaid Services  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa) [www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-866-444-EBSA (3272) 1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent.

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

OMB Control Number 1210-0137 (expires 1/31/2023)

# Notes



# Notes



# Notes



# Contact List

Providers	Phone	Website
<u>Broker/Consultant</u> <b>Timothy S. Helton/Sequoyah Group</b>	866-216-6038 865-687-3088	www.sequoyahgroup.com
<u>Medical, Dental</u> <b>BlueCross BlueShield</b>	800-565-9140	www.bcbst.com
<u>Vision</u> <b>VSP</b>	800-877-7195	www.vsp.com
<u>Life Insurance, Short and Long Term Disability</u> <b>One America</b>	800-553-5318	www.oneamerica.com
<u>Accident/Critical Illness</u> <b>AllState</b>	877-810-2920	www.allstatebenefits.com
<u>Employee Assistance Program</u> <b>ComPsych -All Employees</b>	866-899-1363	www.guideanceresources.com Company - ONEAMERICA3
<u>Universal Life with Long Term Care</u> <b>Trustmark</b>	800-918-8877	www.trustmarksolutions.com
<u>Medicare</u> <b>Jeff Harris</b>	423-488-3323	Jeff.Harris.compassadvisors@gmail.com
<u>Financial Planning</u> <b>First Bank - Hays Culbreth</b>	865-545-5137	email: hculbreth@firstbankinvest.com
<u>Marshall County Government</u> <b>Beth Stockwell Tara Ewing</b>	931-422-2314	email: bstockwell@marshallcountyttn.com email: tewing@marshallcountyttn.com

## Marshall County Government 2023 Benefit Guide

NOTE: This booklet is intended to summarize the benefits you receive from Marshall County Government. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact your benefits administration office or Sequoyah Group at 866-216-6038 or 865-687-3088.

