BENEFITS
2022 RETIREE GUIDE
CITY OF KNOXVILLE
We are pleased to provide you with this 2022 Retiree Benefits Guide. This guide includes all of the benefit options offered to retirees so that you and your family can make informed choices about the plans that best fit your needs. More information and forms can be found at: www.knoxvilletn.gov/enroll. If you have any questions, you can always call Employee Benefits at 865.215.2111.

☐ Review materials
☐ Complete the 2022 Medicare Affidavit (required)
☐ Complete the 2022 Retiree Annual Enrollment form (if changing current elections) or enrolling in My Health
☐ Mail forms to Employee Benefits at: 400 Main St., Room 504, Knoxville, TN 37902

Deadline to return forms is November 30th.
Call us at 865.215.2111 or email CityBenefits@knoxvilletn.gov if you have any questions.

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

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

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

■ The retiree’s current legal spouse or qualified same or opposite gender domestic partner, excluding a common-law spouse.

■ A dependent child, up to age 26, who is the retiree or retiree’s spouse or qualified domestic partner’s natural child, legally adopted child (including children placed for adoption), step-child, or child for whom the retiree or retiree’s spouse is the legal guardian or legal custodian, or a child of the retiree, retiree’s spouse or qualified domestic partner or whom a Qualified Medical Child Support Order has been issued.

■ An incapacitated child of the retiree, retiree’s spouse or qualified domestic partner.

■ Dependents who permanently reside outside the United States are not eligible for coverage.

■ The plan’s determination of eligibility under the terms of this provision shall be conclusive. The plan reserves the right to require proof of eligibility, including but not limited to a certified copy of any Qualified Medical Child Support Order, birth certificate, and/or proof of court-granted legal guardianship, legal custody and/or legal adoption.

How does Medicare affect eligibility?

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

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

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

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

1. Your network

BCBST offers a choice of two networks:

- Network S — As of June 1, 2021, Tennova Healthcare North Knoxville Medical Center and Tennova Healthcare Turkey Creek Medical Center are no longer in Network S.
- Network P — The larger of the 2 networks. 98% of Knox County doctors and all area hospitals participate.

To see if your doctor participates in either network, check the provider directory at bcbst.com or link to the directory through the City’s online annual enrollment tool in PeopleSoft. Remember, you have to use BCBST network providers to get in-network benefits. It’s important to make sure you take an active role in ensuring the providers you see are in the network, including providers you are referred to for follow-up visits after an emergency situation. The network you select during annual enrollment is the one you’ll use throughout 2022. You cannot change networks during the year unless you experience a life event as outlined on page 1.

2. Your deductible

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

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

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

Preventive Benefits

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

- Annual well woman exam (including screening and counseling for HIV and domestic violence, counseling for sexually transmitted infections and pregnancy prevention)
- High risk HPV testing beginning at age 30 (every three years)
- Contraceptive methods and sterilization procedures including tubal ligations and vasectomies
- Gestational diabetes screening if high risk for diabetes
- Generic prescription and over-the-counter contraceptives
- Lactation support and counseling
- Age-appropriate health screenings (e.g., cholesterol, blood pressure, colorectal cancer, depression, diabetes, obesity, osteoporosis)
- Preventive care and screenings for infants and children
- Preventive care and screenings for women (e.g., breast cancer screening, cervical cancer screening)
- Preventive care and screenings for men (e.g., PSA test)
- Immunizations for adults and children
- Flu and pneumonia shots
- Annual exams (including x-rays and lab)
- Vision and hearing screenings (as part of an annual exam)

Exception: A preventive care service must be billed by the provider as preventive care to assure 100% coverage. If a preventive service is billed separately from an office visit, you may be required to share in the cost of the office visit. For example, if you seek a preventive service such as an annual well-woman exam (Pap) or well-man exam (PSA test) and also receive some other kind of treatment (such as care for a sinus infection), cost sharing may apply to your office visit. In other words, the preventive portion of the visit will be covered at 100%, and the illness portion may be covered with applicable cost sharing.

The City encourages you to have health screenings and immunizations at appropriate times and frequency, based on your age, gender, personal and family health history, and other special needs.
## 2022 Medical options...at a glance

<table>
<thead>
<tr>
<th></th>
<th>$500 deductible option</th>
<th>$1,000 deductible option</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-network</td>
<td>Out-of-network¹</td>
</tr>
<tr>
<td>You pay...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calendar-year deductible</td>
<td>$500/individual</td>
<td>$1,000/individual</td>
</tr>
<tr>
<td></td>
<td>$1,000/family</td>
<td>$2,000/family</td>
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<tr>
<td>Then the plan pays...</td>
<td></td>
<td></td>
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<tr>
<td>Physician office visits</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Hospital care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most other services</td>
<td>100% (no deductible²)</td>
<td>100% (no deductible²)</td>
</tr>
<tr>
<td>Preventive care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Mental Health Office visits</td>
<td>80% (no deductible)</td>
<td>60% after deductible</td>
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<tr>
<td>Emergency care</td>
<td>100% after $150 copay³</td>
<td>80% after deductible</td>
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<tr>
<td>Until you reach...</td>
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<tr>
<td>Calendar Year out-of-pocket maximum⁴</td>
<td>$2,500/individual</td>
<td>$7,500/individual</td>
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<tr>
<td></td>
<td>$5,000/family</td>
<td>$15,000/family</td>
</tr>
</tbody>
</table>

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

²Limits for certain services may apply. See preventive benefits on Page 4.

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

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

### 2022 Medical & Rx Rates

There are no changes to your benefits or increases in rates from 2021. As retiree, you pay 60% of the premium while the City pays the other 40%. Below are the monthly Retiree rates for the medical and prescription drug plans.

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

### Wellness Credits

If you had a biometric screening at The Center by November 30th, 2021, you will receive a year-long wellness credit to help offset the cost of the medical premiums in 2022. The credit will reduce your monthly rate and the net amount deducted from your Pension check each month.
The City is committed to helping you and your family live a healthy lifestyle. That’s why we’ve created the My Health 2022 Wellness Program, and given you a choice in how you want to participate. If your spouse is covered on the Medical plan, they may also choose to participate in the wellness program. By completing a health screening and personal health questionnaire at The Center, you’ve taken the first step to qualify for the rewards of the program.

First, those who complete the screening and questionnaire are guaranteed a year-long wellness credit (Part A). Any biometric screening completed at The Center in 2021 is eligible for the wellness credit in 2022. If you haven’t had your screening yet, make sure to have it completed at The Center by November 30th, and elect Part A in PeopleSoft.

In addition to the wellness credit, you also have the option to follow the newly revised My Health program (Part B) to earn quarterly Health Reimbursement Account (HRA) dollars.

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

Questions? Email cokmyhealth@knoxvilletn.gov

**Verify Your Enrollment**

**(Part A) Wellness Credit Only**

Complete your Biometric Screening and Health Risk Assessment by November 30, 2021 to receive:
- $40 wellness credit and
- $20 wellness credit if children are covered on BCBST medical plan.

Maximum monthly credit – $80 per employee

**Part A must be complete to participate in Part B**

**(Part B) Quarterly Incentive Health Reimbursement Account + Wellness Credit**

Earn health reimbursement dollars in your Health Equity Account and a wellness credit

Maximum quarterly incentive – $150 per participant
We’re excited to announce a new Wellness Plan for 2022 that offers multiple ways for participants to earn quarterly funds in your health reimbursement account! Whether you choose daily or quarterly challenges, lifestyle programs facilitated by a health coach, or community activities, the new My Health 2022 Wellness Plan has many options to earn funds that benefit you and your family.

When you’ve completed your screening and questionnaire at The Center (Part A), you may also choose to do the additional My Health requirements in Part B. If you want to participate in Part B and earn quarterly RHRA dollars, Make sure you have elected this option on your Enrollment form.

Beginning on January 3rd, go to COKMyHealth.com to register for the new portal. All of the following programs and features will be available for you to earn quarterly HRA dollars! See the list below for the many new ways you can earn money for your health dollars.

- **Healthy Biometrics – Meet or Improve by 5% Year Over Year**
  - Waist Circumference • Glucose • Blood Pressure • HDL Cholesterol • Triglycerides
  - earn $20 for each healthy biometric (all individual – not all or nothing)
- **Wellness Challenge**
  - 1 challenge per quarter – walking, mindfulness, water, healthy habits, etc.
- **Education Courses**
  - Found on wellness portal – including Virtual Grocery Store
- **Premise Lifestyle Programs**
  - Programs designed/facilitated by Health Coaches – 80% complete to earn incentive
- **Daily Mini Challenges**
  - Mark completion in portal (physical, social, emotional, financial)
- **Community Activities**
  - Volunteer, donate blood, 5K, fun run, etc.
- **Smart Goals**
  - Approved goals found in portal – 1 per quarter
- **Preventive Care**
  - Dental Exams • Vision Exam • Flu Shot • COVID Vaccine • Colonoscopy • Mammogram • Skin Wellness Exam • Prostate Exam • Gynecological Exam

**YMCA Membership**

As a City Retiree, you are eligible for a 50% discount off a membership with the YMCA. Dues are set up as a monthly draft from your checking account.

- Senior Adult (55+): $21/ month
- Senior Family (55+): $30/ month

If you are interested, please complete a Membership Application at the local YMCA.
The City has an onsite health clinic available to employees and their qualifying dependents. The Center is staffed with a full-time doctor and a full-time Nurse Practitioner. The Center is a convenient, affordable option to all employees, spouses, domestic partners, and children (ages 2 and up) who are covered on the City of Knoxville medical plan. The Center provides a wide range of services. Price ranges from free to a $10 copay:

- Acute/urgent care for illnesses and injuries
- Some chronic disease management, depending on co-morbidities
- Skin cancer screenings,
- Sports/ daycare worker/ adoption/ foster care physicals
- Wellness/ dietary nutrition coaching
- Condition management, diabetes education and assistance
- Laboratory services
- Smoking cessation visits and medication management
- EKG
- X-ray, limited scope
- Audiogram
- Spirometry
- Immunizations (Influenza, Tdap, Td) and allergy shots
- Annual My Health biometric and laboratory services

For services not available, The Center staff will work with BCBST to arrange care from outside providers

**Privacy:**
One of our most important responsibilities is to ensure the security of private information. Premise Health maintains all of your records, and we follow the same state and federal laws as any healthcare organization. We can't share any information without your permission, unless it pertains directly to a workplace injury or illness.

**Location:**
3131 Morris Avenue, Knoxville, TN 37909
1st floor of the Public Works Building, enter from Harris Avenue

**Contact:**
If you have a portal account, visit [MyPremiseHealth.com](http://MyPremiseHealth.com), use the My Premise Health app, or call directly at 865-215-6150.
Your RHRA Dollars

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

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

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

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

Spending Your HRA Dollars

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

1. **Use your HealthEquity debit card.***
   
   It contains your HRA balance and works like cash at any vendor that accepts healthcare debit cards. If you participate in the Healthcare FSA, your debit card includes your Healthcare FSA contributions, which will be deducted first.

2. **Pay My Provider.**
   
   Log onto your HRA/FSA account at healthequity.com and use the Pay My Provider function to have a check sent directly from your account to the provider’s office.

3. **Pay Me Back.** Pay the expense as you normally would. Then submit your receipts, along with a HealthEquity claim form via mail (to the address on the form), email, fax or electronically through the mobile app (see page 12).

* If you’re new to the My Health/HRA program, you’ll receive a debit card in the mail after enrollment. If you already have a HealthEquity debit card, check the expiration date. If it is not set to expire, your 2022 HRA/FSA dollars will automatically be loaded on it and you can continue to use the card in 2022.
Prescription Drugs

Beginning on January 1, 2022, the City will have a new Prescription Drug vendor, Capital Rx. **Please make sure to present your new Capital Rx ID card when visiting the pharmacy in 2022.**

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

You have three ways to purchase prescription drugs:

- **At a network retail pharmacy**
- **Walmart Home Delivery Pharmacy**
  
  If you have a prescription for a maintenance medication (i.e., long-term conditions like arthritis, asthma, diabetes, high blood pressure or high cholesterol), mail order delivery may be a great solution for you. You will find mail order provides greater savings on most prescription benefit plans and saves time typically spent traveling and waiting at a retail pharmacy.

- **At participating 90-day retail pharmacies** (you may purchase up to a 90-day supply at these designated pharmacies if your prescription drug does not have quantity limits)

### Prescription drug benefits...at a glance

<table>
<thead>
<tr>
<th>Level</th>
<th>Preventive Prescriptions</th>
<th>Non-Preventive Prescriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> (preferred generics)</td>
<td>$0.00</td>
<td>$5.00</td>
</tr>
<tr>
<td><strong>Level 2</strong> (non-preferred generics)</td>
<td>$5.00</td>
<td>$10.00</td>
</tr>
<tr>
<td><strong>Level 3</strong> (preferred brand)</td>
<td>$10.00</td>
<td>$20.00</td>
</tr>
<tr>
<td><strong>Level 4</strong> (non-preferred brand)</td>
<td>$20.00</td>
<td>$40.00</td>
</tr>
<tr>
<td><strong>Level 5</strong> (specialty)*</td>
<td>$40.00</td>
<td>$80.00</td>
</tr>
</tbody>
</table>

90 day at retail locations can be filled 3 times the copay / 90 at mail will continue to be filled at 3 times the copay

### Prescription Drug Rules

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

**Generics vs. Brand Name**

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

**Step Therapy Program (ST)**

The step therapy (ST) program is a feature of your prescription benefit plan that requires you try another medication (usually a generic) before being prescribed the medication designated with step therapy (usually a brand). This requirement exists to prevent inappropriate prescribing of certain medications and to ensure the lowest cost alternative is used. If your physician prescribes, or wants to prescribe, a medication designated with step therapy, please have them call your dedicated Capital Rx Customer Care team 1-855-922-7799.

**Prior Authorizations (PA)**

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

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

For more information, please visit: [cityofknoxvillerx.com](http://cityofknoxvillerx.com).
**PhysicianNow® connects you with doctors 24 hours a day, seven days a week**

For a $10 co-pay, PhysicianNow is a convenient way to talk with a doctor from your home, office or while traveling. All you need is a telephone, computer or mobile device. PhysicianNow is great when it's not an emergency, when it's after hours or you're unable to go to your doctor's office.

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

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

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

Go to bcbst.com/member and select Talk with a Doctor Now or call 888-283-6691.

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**Identity Theft Protection Services**

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

Your identity protection will cover a 12-month period. When that ends, you can renew for the next 12 months as long as you still have eligible BlueCross medical coverage. For more information or to enroll in coverage log into Blue Access and click on Benefits & Coverage (bcbst.com).

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**Blue365 Discount Deals**

Blue365 is a free health and wellness discount program offered to you as a member of the BlueCross and BlueShield System. We offer year-round discounts on:
- gym memberships
- fitness gear
- healthy eating options and more.

Go to blue365deals.com for more information.

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**Your BCBST Care Navigator**

The dedicated Health Care Navigator for the City of Knoxville, reaches out to BCBST members to educate them about the Care Management programs and the preventive services available through BlueCross BlueShield plan.

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

The BCBST Care Navigator office is located in the first floor of the Public Works Complex, across from The Center. He/She can be reached by phone at 215-6168.
## Important Contacts

<table>
<thead>
<tr>
<th>Benefit/Vendor</th>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Benefits Questions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Benefits Division</td>
<td><a href="http://www.knoxvilletn.gov/benefits">www.knoxvilletn.gov/benefits</a></td>
<td><a href="mailto:CityBenefits@knoxvilletn.gov">CityBenefits@knoxvilletn.gov</a></td>
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<tr>
<td><strong>Medical</strong></td>
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</tr>
<tr>
<td>BlueCross BlueShield of TN</td>
<td><a href="http://www.bcbst.com">www.bcbst.com</a></td>
<td>1.800.565.9140</td>
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<tr>
<td><strong>My Health Wellness Program</strong></td>
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<tr>
<td>Asset Health</td>
<td>COKMyHealth.com • <a href="mailto:support@assethealth.com">support@assethealth.com</a></td>
<td>1.855.444.1255</td>
</tr>
<tr>
<td><strong>Screening, Coaching, Acute Care</strong></td>
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<td></td>
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<tr>
<td>The Center, by Premise Health</td>
<td><a href="http://www.mypremisehealth.com">www.mypremisehealth.com</a></td>
<td>865.215.6150</td>
</tr>
<tr>
<td><strong>Telehealth Services</strong></td>
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<td></td>
</tr>
<tr>
<td>Physician Now</td>
<td><a href="http://www.bcbst.com/member">www.bcbst.com/member</a> (Talk with a Doctor Now)</td>
<td>1.888.283.6691</td>
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<tr>
<td><strong>Prescription Drugs</strong></td>
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<tr>
<td>Capital Rx</td>
<td>cap-rx.com</td>
<td>1.855.922.7799</td>
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<tr>
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<td><a href="https://app.cap-rx.com/login">https://app.cap-rx.com/login</a></td>
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<td><strong>FSA/HRA</strong></td>
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<tr>
<td>HealthEquity</td>
<td><a href="http://www.healthequity.com">www.healthequity.com</a></td>
<td>1.877.924.3967</td>
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<td><strong>Deferred Compensation</strong></td>
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<td>Prudential</td>
<td><a href="http://www.prudential.com/online/retirement">www.prudential.com/online/retirement</a></td>
<td>1.800.992.4472</td>
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<tr>
<td>Jessica Coleman</td>
<td></td>
<td>865.314.2109</td>
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<tr>
<td><strong>Pension</strong></td>
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<td></td>
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<tr>
<td>Pension Board</td>
<td><a href="http://cokpension.org">http://cokpension.org</a></td>
<td>865.215.1444</td>
</tr>
</tbody>
</table>

This brochure provides highlights of the City of Knoxville’s benefits program. It is not intended to include all of the benefit plan details. Complete details about how the plans work are included in the summary plan descriptions and plan documents, which are available upon request. If there are any inconsistencies between this brochure and the official plan documents, the plan documents will govern. The City reserves the right to change or end any of the plans at any time. This document does not constitute a contract or offer of employment.