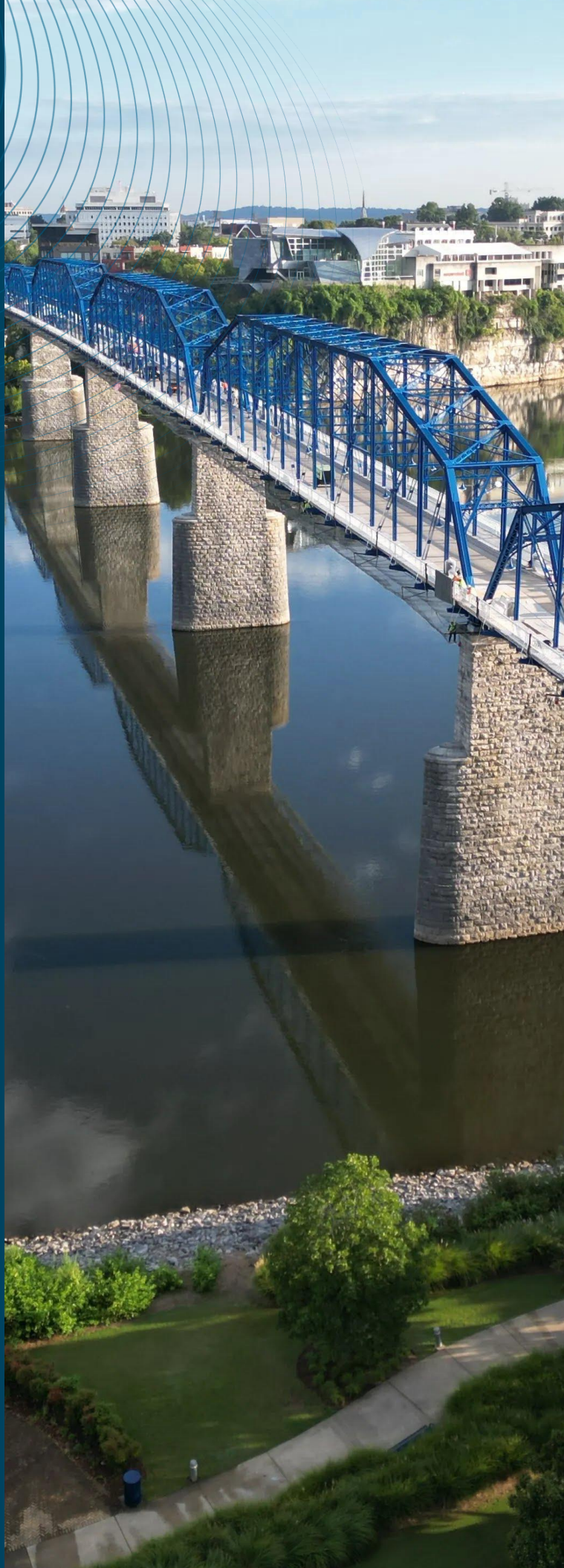
Employee Benefits Guide



Benefits Period:

01/01/2027 - 12/31/2027

THE CITY OF CHATTANOOGA TENNESSEE

Welcome to The City of Chattanooga

Come be here.

At The City of Chattanooga, we're committed to supporting your physical, mental, and financial well-being with a comprehensive and competitive benefits package. Our goal is to provide high-quality benefits while balancing value and affordability.

For a quick summary, refer to the Benefits-at-a-Glance section on page 4. Additional resources, including Summary Plan Descriptions, Summary of Benefits and Coverage, carrier plan documents, and more, are available by logging into Oracle Cloud System.

This guide offers an overview of the benefits available to you, helping you make informed choices for yourself and your family. We encourage you to explore the details and reach out to Human Resources with any questions—we're here to help you make the most of your benefits.

Our benefits are effective:

01/01/2027 through 12/31/2027 of each year

This benefits guide serves as a Summary of Material Modification (SMM) and notification of your rights related to the 2027 plan year. All detailed information is available online on Oracle Cloud System. This document is for informational purposes only. If there is a disagreement between the benefits described in this guide and information included in the complete plan documents this guide summarizes, the plan documents will govern. In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is provided in compliance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact Human Resources.

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Benefits-at-a-Glance

What's Included in Your Benefits Package?

Your benefits help you stay healthy, protect your income, and plan for the future. Your benefits are part of your compensation at The City of Chattanooga — we encourage you to explore your options, discover what's available to you, and make the most of these resources.

Health and Wellness	
Medical, Dental and Vision Insurance	Choose from a range of plans to find the coverage that best meets your needs.
Virtual Visits - TextCare	Save time and money with visits via text for conditions that don't require in-person care.
Onsite Health Center	Convenient access to a low-cost doctor office visits, as well pharmacy needs and onsite fitness center.
Mental and Emotional Well-being Resources	Learn about the benefits offered by your medical plan and Employee Assistance Program (EAP).
Wellness Program	Access to fitness discounts and wellness incentives.

Financial Security	
Flexible Spending Accounts (FSA) and Health Savings Account (HSA)	Tax-advantaged ways to manage healthcare and dependent care expenses.
Life Insurance	Coverage to protect your loved ones in case of the unexpected.
Disability Insurance	Income protection if you're unable to work due to a covered illness or injury.
General Pension Plan and/or Deferred Compensation (457b)	With company-matching contributions to help you plan for the future.

2027 Plan Year Highlights

- As a full-time benefit eligible employee, you will have access to the Employee Care Center of The Baldwin Group. They are available to help you navigate your benefits program, work through claims issues and more!
- There will be a small increase to the 2027 Medical, Dental, and Vision premiums.
- If you want to elect a Flexible Spending Account for the 2027 plan year, you **MUST** enroll in the Oracle Cloud System accessed through landing.chattanooga.gov. Your election from last year will NOT carry over.
- To enroll in Unum Whole Life Insurance, you will need to call Unum directly at 1-866-643- 9404 during the open enrollment dates. A representative will be available from 8:00 AM - 8:00 PM EST to assist you with the process.

Enrollment Information

Enrollment Changes

Changes to your enrollment may be made annually during open enrollment each year. Mid-year changes may be made for the following qualifying events such as marriage/divorce, birth/adoption, death, change in job status of yourself or your spouse, and/or change in Medicaid/CHIP eligibility.

However, all changes must be made within 31 days of your qualifying event.

The *only* exception is Medicaid/CHIP, which gives you up to 60 days to make a change. You must notify the Benefits Office immediately when you experience a qualifying event.

Review your benefit options detailed in this booklet and at www.mychattanoogabenefits.com. This site is available 24/7 for employees to reference benefit option details. Please contact Human Resources if you have any questions regarding your benefits plan.

31:

the number of days from the date of a qualifying event that you have to notify HR of the event

Qualifying Life Events (QLEs)

During Open Enrollment, you have the opportunity to elect the benefit plan that is best for you and your family. Carefully review all your options; once you make an election, you cannot change it until the next enrollment period unless you experience a Qualifying Life Event (QLE), sometimes referred to as a family status change. A QLE is an event that *may impact your eligibility or a dependent's eligibility. Examples* of QLEs include:

- Marriage, divorce, legal separation or annulment
- Birth or adoption (including placement for adoption) of a child
- Performance of a Qualified Medical Child Support Order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a federal or state premium assistance program under Medicare, Medicaid, or CHIP
- Upon the occurrence of significant cost or coverage changes to your underlying coverage
- Upon your qualifying enrollment in a coverage option offered on the federal marketplace or on a state-based exchange

Enrollment Checklist

Before Enrollment

Take the time to learn more about all of the benefit options that are available to you. The City of Chattanooga provides you with tools and other resources to help you make your benefit decisions.

- Review the 2027 Benefits Guide carefully as you consider your plan choices.
- Review the plan summaries for the plans you are enrolling in as these provide a more detailed overview of the plan.
- View the online benefits presentation at www.mychattanoogabenefits.com.
- Decide if you want to enroll in a Flexible Spending Account (Health Care and/or Dependent Day Care) or Health Savings Account (HSA).
- **Remember: you must actively enroll in the FSA each year.**

During Enrollment - Enroll between November 2 - 16, 2026.

Please log in to Oracle and confirm all elections for 2027

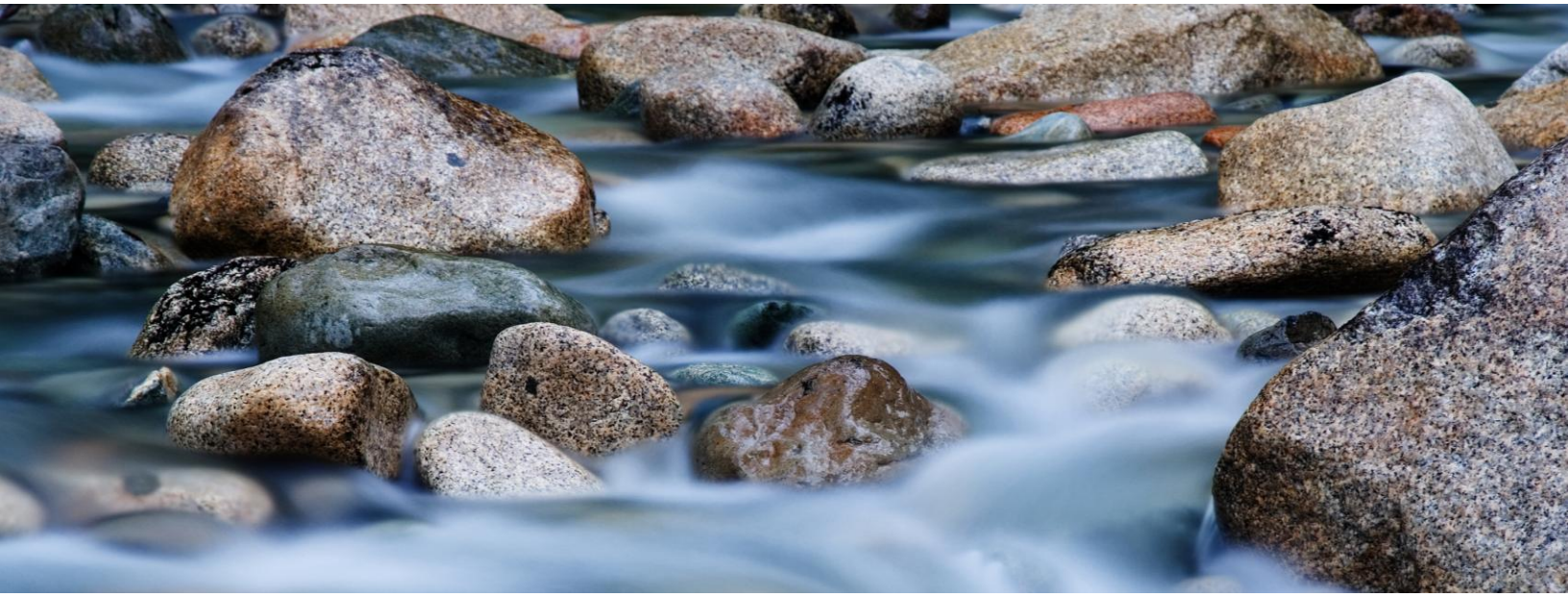
- Complete your enrollment using the Oracle Cloud System, **save or print a copy of your confirmation statement**, review it for accuracy and retain it. *This is your record of enrollment. The Benefits Department does not mail confirmations to your home address.*
- Make sure you have designated a beneficiary assigned to the life benefits. Make any necessary updates to ensure the Oracle system reflects the correct information.
- Save your Oracle password in a secure place so you can log back into your account throughout the year.

After Enrollment

- **Verify your 2027 elections.** Your 2027 benefit elections will be deducted starting on the December 31st paycheck. Please check your paystub to ensure your payroll deductions are accurate.
- **If you notice any errors, notify the HR Benefits Department immediately**. Most elections cannot be changed after Open Enrollment except within 31 days of a qualifying event change.

To Enroll or Make Changes to Your Benefits

- **Web:** Go to Oracle Cloud System at landing.chattanooga.gov.
- **Username and Password:** You will receive an email with information that is unique to you.



Things to Know

The choices you make during open enrollment will take effect on January 1, 2027, and remain in effect until December 31, 2027. Only qualifying life events will allow you to make a change before that date (see Mid-Year Life Changes listed below for more information).

Remember!

Even if you do not wish to make any benefit changes for the upcoming plan year, you must confirm all elections in Oracle for 2027.

- The Flexible Spending Account (FSA) requires an annual election for either Health or Dependent Care.
- You may participate in a Flexible Spending Account even if you do not make medical plan elections.
- You may participate in the Dependent Care FSA to pay for daycare or elder care expenses, regardless of your health care election.
- Maintain your Unum Worksite benefits through the Oracle system.

Benefit Eligibility - Dependents

- Your legal spouse
- Your or your spouse's: (1) natural child; (2) legally adopted child (including children placed for the purpose of adoption); (3) step-child(ren); or (4) children for whom the employee or employee's spouse is the legal guardian; who are less than 26 years old; or
- Your child or your spouse's child for whom a Qualified Medical Child Support Order has been issued; or
- Your Incapacitated Child or your spouse's Incapacitated Child

Mid-Year Life Changes - Qualifying Events

Each year you have the opportunity to make changes to your benefits package during an Annual Open Enrollment. With the exception of certain qualifying events, open enrollment is the only time benefit changes may be made. A qualifying event is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of a Qualifying event are listed below as defined by the IRS:

- Change in legal marital status, including marriage, death of a spouse, divorce, legal separation and annulment.
- A change in the number of dependents, including birth, death, adoption, and placement for adoption.
- A change in employment status.
- A dependent ceasing to satisfy eligibility requirements for coverage due to attainment of age 26, change in marital status, or other similar circumstances.

Documentation

In order to cover your dependents on The City of Chattanooga benefit plans, you must provide the following documentation before the coverage effective date:

- Marriage Certificate or 1040 for the addition of a spouse.
- Birth certificate for the addition of a child or children.
- Social security cards must be submitted for **all dependents that will be covered under medical, dental and vision benefits**.

Most documents can be uploaded directly into the Oracle Cloud System. For assistance, contact the Benefits Office. Date of birth and the social security number are needed for all dependents who will be covered under the medical, dental and vision benefits.

If you are not sure whether your change is a qualifying event, please ask!

It is the employee's responsibility to notify the Benefits Office at (423) 643-7220 or benefits@chattanooga.gov of any life change that results in a gain or loss of dependent eligibility within **31 days** *of the date of the event. The employee may be responsible for any costs associated with misrepresentation.*

Employee Contributions

To make health coverage more affordable, The City of Chattanooga pays a substantial portion of the premiums. Your share is deducted from your paycheck, making it easy to stay covered and manage costs.

Your Monthly Cost

Medical and Prescription Drugs*

Plan Name	Network S PPO	Network S HDHP	Network P PPO	Network P HDHP
Employee Only	$118.34	$61.14	$144.42	$77.68
Employee + Child(ren)	$218.42	$112.28	$266.50	$142.00
Employee + Spouse	$253.96	$128.02	$310.34	$162.96
Employee + Family	$361.58	$184.16	$441.12	$236.40

**If either you or your covered spouse use tobacco products, as defined by the policy, we will add an additional $15 per month to your rate. This applies to both Network S and Network P.*

Dental

Plan Name	Dental 1000	Dental 1500-O	Dental HMO
Employee Only	$29.76	$34.58	$14.88
Employee + Child(ren)	$56.04	$65.08	$24.12
Employee + Spouse	$68.54	$79.62	$24.12
Employee + Family	$94.98	$110.30	$36.74

Vision

Plan Name	EyeMed
Employee Only	$5.80
Employee + Child(ren)	$11.94
Employee + Spouse	$11.38
Employee + Family	$16.96

Note: For your convenience, your age-banded Voluntary Life/AD&D and Short-Term Disability premiums have been pre-calculated for you in Oracle Cloud System.

IRS Code Section 125

The The City of Chattanooga benefits plans are designed under Section 125 of the IRS Code. This allows you to take advantage of federal laws by purchasing some of your benefits with pre-tax dollars. Under Section 125, your Medical, Dental, Vision, and Flexible Spending Account contributions are deducted before taxes are withheld, which saves you tax dollars. Paying for benefits before tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event. You may waive participation in the Section 125 Plan and elect to pay all contributions with after-tax dollars. Contact Human Resources if you wish to pay for your benefits with after-tax dollars.

Understanding Your Medical Benefits

The City of Chattanooga operates a self-funded medical insurance plan. **BlueCross BlueShield of Tennessee** (**BCBST**) is the administrator of the City's insurance plan.

The Plan has two options – a Preferred Provider Organization Plan (PPO) and a High Deductible Health Plan (HDHP). The PPO plan has copays, a deductible and coinsurance after the deductible has been met. The HDHP has a deductible and coinsurance after the deductible has been met. A Health Savings Account (HSA) is used with the HDHP to set aside savings for future medical expenses.

The plan offers options in the BCBST S and P Networks. You have the flexibility to go to any provider that you choose; however, anytime you select an in-network physician or facility, you will see significant discounts and savings. In Tennessee, both networks include the Vanderbilt and St. Thomas hospital systems. BCBST makes it easy to determine whether your providers are in-network for the network choice you make.

To find an in-network provider near you, go to www.bcbst.com and click on "Find A Doctor." You can sort by Network P or S to see which of your providers participate in each network. You can also consult either the online directory or the BlueCross BlueShield of TN Customer Service department at 1-800-565-9140 to confirm that your provider participates in the network.

Finding a Medical Provider

- **Call:** 1-800-565-9140.
- **Web:** www.bcbst.com
  - Refer to the "S" or "P" network.

Plan Options	
PPO – P or S Network	HDHP – P or S Network
• Higher Premium • Not eligible for HSA • Deductible: $1,000 for single or $2,000 for family. The plan pays after reaching the deductible. • 100% Preventive Coverage • Copays for select services	• Lower Premium • HSA eligible • Deductible: $2,000 for single or $4,000 for family. The plan pays after reaching the deductible. • 100% Preventive Coverage

Terms to Remember

Copay (Copayment) – The set fee you have to pay "out-of-pocket" for certain services, such as a doctor's office visit or prescription drug.

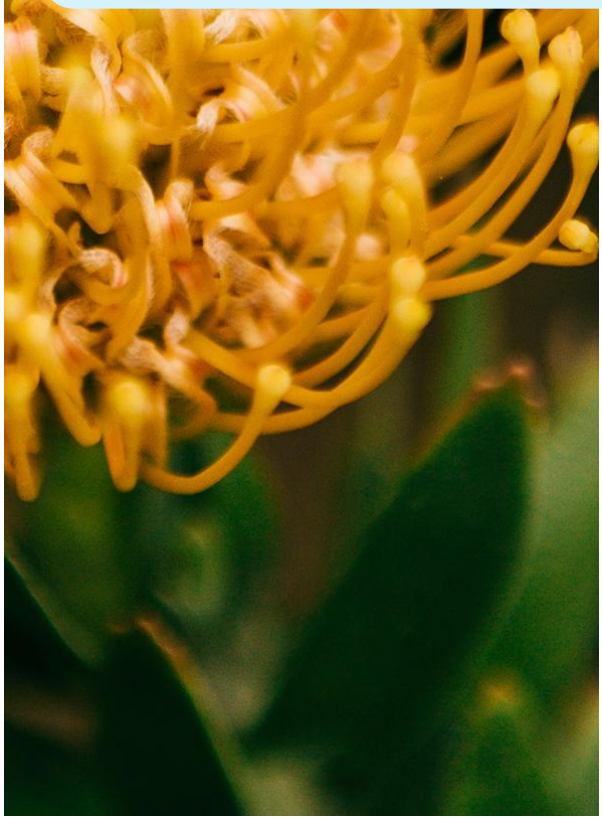
Deductible – The amount you pay "out-of-pocket" before the health plan will start to pay its share of covered expenses.

Coinsurance – The percentage of total costs that you pay "out-of-pocket" for covered expenses after you meet the deductible.

Out-of-Pocket Maximum (OOPM) – The maximum amount an individual or family will pay (in addition to premiums) for covered services during a plan year. This amount includes all money paid for eligible expenses toward the deductible, coinsurance and copays.

Network – The doctors, pharmacists and/or other health care providers who make up the plan's preferred providers. When you use in-network providers, you pay less because they have agreed to pre-negotiated pricing. Also called in-network.

Preventive Care Services – Health care services you receive to help you stay healthy (rather than when you are sick or injured). Preventive care services include annual physicals, wellness screenings and well-baby care.



Medical Plan Highlights

Plan Name	PPO	HDHP*
Network Name	Network S or P	Network S or P
Preventive Care (See full list page 12)	100% Coverage	100% Coverage
Annual Deductible • Individual / Family	$1,000 / $2,000	$2,000 / $4,000
Annual Out-of-Pocket Max • Individual /Family	$3,200 / $6,400	$4,000 / $8,000
Non-Network Benefits (Non-Network benefits are available; however, your cost share will increase.)	2x In-Network Deductible and Out-of-Pocket Max coinsurance will increase to 40%.	
Covered Services & Copay		
WellAdvantage Clinic	$0	$20 charge applied towards deductible
Office Visit • Primary Care / Specialist	$30 / $40	20% after deductible
Urgent Care	$75	20% after deductible
Routine Diagnostic Lab/X-ray (In-office)	No additional copay	20% after deductible
Non-Routine Diagnostic Services (Includes MRI, CT scan, PET scan, nuclear medicine and other technologies)	20% after deductible	20% after deductible
Emergency Services (ER)	$300	20% after deductible
Ambulance	20% after deductible	20% after deductible
Provider Administered Specialty Drugs	$100	20% after deductible
Services Received at a Facility (Inpatient, Outpatient, Radiology, etc.)	20% after deductible	20% after deductible
Behavioral Health		
Outpatient Behavioral Health	$30 copay	20% after deductible
Inpatient Behavioral Health	20% after deductible	20% after deductible

Pharmacy – Navitus – See page 11 for more details.		
WellAdvantage Pharmacy (Generic / Preferred / Non-Preferred)	$4 / $27 / $52	20% after deductible
WellAdvantage Pharmacy (90-Day Supply) (Generic / Preferred / Non-Preferred)	$10 / $67.50 / $130	20% after deductible
Retail (Generic / Preferred / Non-Preferred)	$12 / $42 / $67	20% after deductible
Mail Order Copay (90-Day Supply) (Generic / Preferred / Non-Preferred)	$30 / $105 / $167.50	20% after deductible

**If more than one person is covered under the High-Deductible Health Plan (HDHP), the full family deductible must be satisfied before benefits will be paid for the employee or any covered family members.*

Pharmacy Benefits

The City of Chattanooga offers pharmacy benefits through Navitus. Navitus has the tools to help you and your physician make the best decisions possible for your care. Their network of over 64,000 pharmacies includes all major pharmacy chains.

To find a list of covered drugs and preferred pharmacies near you, visit www.navitus.com. If you need assistance with a prescription, contact Navitus Member Services.

Copay Assistance

Many medications have copay assistance programs where drug manufacturers pay a part of the medication cost to make it more affordable. If you do not currently use a copay assistance program, the Navitus Customer Care team can help you enroll to take advantage of these savings. If you already use copay assistance, your out-of-pocket cost will not change. With copay assistance, only the amount you have paid out-of-pocket will apply to your annual deductible and/or out-of-pocket maximum. Some copay assistance programs require re-enrollment annually.

Lumicera Specialty Pharmacy

If you are taking a specialty medication, Lumicera will be your specialty pharmacy. A Navitus representative will reach out to you to talk about this transition. If you have questions beforehand, please call member services or Lumicera directly.

Mail Order Pharmacy - Costco

For maintenance medications, you can use our preferred mail order pharmacy, Costco Home Delivery. Costco offers convenient delivery options and makes refilling your medications easy with the ability to refill by phone call, text message, or online.

To get started, go to pharmacy.costco.com and click on "Get Started" to create your account. You do not have to be a Costco member to take advantage of savings offered by this service. If you need assistance, you can call Costco Monday - Friday from 8:00 am - 10:00 pm ET, or Saturday from 12:30 pm - 5:00 pm ET.

Terms to Remember

Formulary – A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list. Drugs are chosen for the formulary depending on their effectiveness, safety and appropriateness.

Drug Tier – Drugs are placed in tiers based on the type of drug: generic, preferred brand, non-preferred brand, and specialty. Drugs in lower tiers will cost less and those in higher tiers will cost more.

Specialty Drug – A medication used to treat complex and rare diseases that is either a self-administered (nondiabetic) injectable medication; a medication that requires special handling, special administration, or monitoring; or, is a high-cost oral medication.

Prior Authorization – Your physician must follow a process to obtain prior approval from your insurance company when administering specific medications, medical devices and medical procedures. Prior authorization must be performed before the insurance company or plan will provide full or partial coverage.

Medication adherence – The degree to which patients take their medications as prescribed (eg, twice daily), as well as whether they continue to take a prescribed medication.

Accessing Your Pharmacies

- **Navitus Member Services:** 1-855-847-1025
- **Lumicera Specialty Pharmacy:** 1-855-847-3553
- **Costco Mail Order Pharmacy**: 1-800-607-6861

Preventive Care

Preventive Care is Covered 100% With In-Network Providers!

As part of your The City of Chattanooga medical plan, preventive care is covered at no cost, when you use an in-network provider. Preventive care is an important way to detect health issues early, when they're most treatable, so it's important to get your annual checkup and recommended screenings.

All Adults

Preventive Care Covered for All Adults

- Wellness visits and screenings, including blood pressure, cholesterol, diabetes, depression, and others
- Screenings for certain types of cancer, including lung cancer
- Alcohol and tobacco use screening and counseling
- HIV and Hepatitis B/C screenings (for certain ages and risk factors), and HIV prevention medication
- Obesity screening and counseling
- Certain vaccinations (Flu, COVID-19, Hepatitis A & B, HPV, MMR, Tdap, and others)

Women

Preventive Care for Women (Including Pregnant Women)

- Well-woman visits
- Osteoporosis screening (for women 65+ or younger with risk factors)
- Gestational diabetes screening (for pregnant women)
- Preeclampsia screening (during pregnancy)
- STI screenings & counseling
- FDA-approved birth control methods (pills, IUDs, implants, etc.) and counseling
- Lactation counseling and breast pump coverage

Children and Adolescents

Preventive Care for Children and Adolescents

- Wellness screenings, including vision, hearing, depression, and others
- Newborn screenings (hearing, PKU, sickle cell, hypothyroidism, etc.)
- Autism screening (at 18 and 24 months)
- Obesity screening and counseling
- Certain vaccinations (DTaP, polio, MMR, Hepatitis A & B, flu, HPV, COVID-19, and more)

TextCare

Text **423-481-9760** to Initiate Care

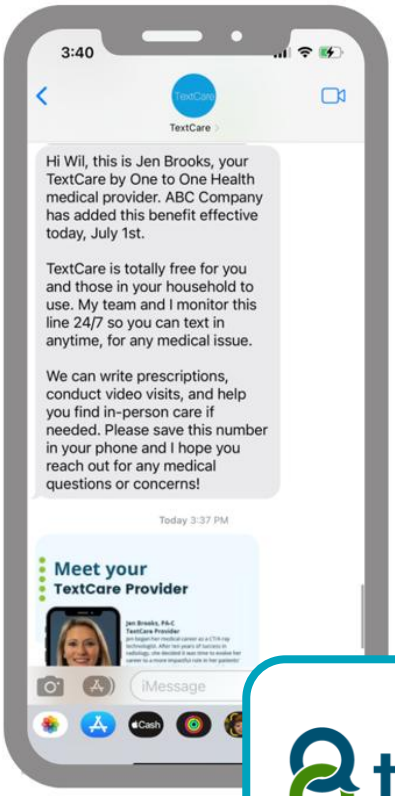
Ever wish you could just text a doctor whenever you needed it? Now you can.

TextCare is available to all employees enrolled in the medical plan and their entire household.

TextCare provides 24/7 access to One to One Health board-certified providers via text message and video chat. Your care team can help with any health or medical question and should be your first point of contact for any issue. Even if your issue cannot be resolved virtually, the care team provides expert care navigation and will refer you to specialty providers.

TextCare assists with:

- General care, preventative check-ins, personal wellbeing and urgent care needs (aches, injuries, colds, sickness)
- Pediatric wellbeing (2+ years old)
- Managing a chronic condition (diabetes, hypertension) with provider follow-up
- In-person care coordination (specialists, imaging and prescriptions)
- Ordering labs and reviewing results
- Prescription drug orders or refill



Scan to start your TextCare appointment!

When you text TextCare, your care team will respond within 5 minutes. Appointments are not required, and there is no app to download.

textcare®

Health Savings Account

A Health Savings Account (HSA) allows you to set aside a portion of your paycheck, pretax, for healthcare expenses or to use as a retirement savings tool.

If you enroll in our HSA-eligible medical plan – High Deductible Health Plan (HDHP) – you are eligible to enroll in the HSA offered by The City of Chattanooga and administered by HealthEquity.

See the chart below for the IRS-mandated annual contribution maximums.

Annual Limits	IRS Contribution Limit
Employee Only	$4,500
Employee + Dependent	$9,000
Employee + Family	$9,000
Catch-Up (Age 55+)	$1,000

The IRS allows you to contribute the maximum annual contribution as long as you remain eligible through December 31 of the following year. If you are concerned that you may not remain eligible for the entire period, you may wish to prorate contributions based on the number of months you were HSA eligible.

Using Your Funds

Upon enrollment, HealthEquity will send you a debit card, which can be used at the time of purchase of HSA-eligible items.

The account acts like a regular checking account with a debit card that accrues interest. All money in the account is owned by you and is fully vested as soon as it is deposited. Funds can accumulate over time, and the account is portable.

Any unused monies left in your HSA at the end of the calendar year will roll over to the next year for you to use.

When you use the funds for qualified health expenses, you will not pay taxes. If you use the money for other expenses, you'll pay a tax and a penalty fee.

Examples of Eligible HSA Expenses

For a complete list of IRS-qualified healthcare expenses, visit www.irs.gov/publications/p502.

MEDICAL

- Doctors, Nurses
- Prescription Drugs
- Hospital Services
- Lab and X-Ray
- Emergency Services
- Acupuncture / Chiropractic

DENTAL

- Dentists, Orthodontists
- Teeth Cleaning
- Dental Treatment
- Orthodontia

VISION

- Optometrists, Ophthalmologists
- Exams
- Glasses
- Contact Lenses
- Lasik Surgery

PREMIUMS

- COBRA
- Long-Term Care
- Medicare

Examples of Ineligible HSA Expenses

Expenses that are not medical or health-related as well as cosmetic surgery.

High Deductible Health Plans & HSAs
https://info.baldwin.com/hdhp/

Flexible Spending Accounts

The Flexible Spending Account rules require that you enroll each year. If you own a Health Savings Account (HSA), you are not eligible to enroll in the City's Health Care FSA.

The City offers both a Health Care Flexible Spending Account (HC-FSA) and a Dependent Care Flexible Spending Account (DC-FSA) through **TASC** for employees to defer money on a pre-tax basis for use on approved medical and dependent care expenses. You can set money aside from your gross income, pre-tax for expenses that you anticipate for the plan year.

Budget your contributions to match your expected expenses. At the end of the plan year, any unspent funds up to a $680 limit are allowed to carryover (amounts unspent above $680 are lost).

By setting aside money pre-tax into your FSA, you save on taxes and take home more spendable income! Please contact customer service or Human Resources for a list of eligible health care expenses, which include:

- Prescription Drugs/Medications
- Medical/Dental Office Visit Copays
- Eye Exams and Prescription Glasses/Lenses
- Vaccinations
- Certain Over-the-Counter Medications

A complete list can be found at www.irs.gov in IRS Publications 502 & 503. Please note: insurance premiums are NOT eligible for reimbursement.

FSA Type	2027 Maximum Contribution
Health Care FSA *Savings & spending account for eligible health care related expenses*	$3,400* (*at date of publication, 2027 maximum has not been released*
Dependent Care Account (DCA) *For eligible dependent care expenses: day care, after-school programs, adult day care & summer camp*	$7,500/household

PLEASE NOTE:

- *This account is not portable. If you leave employment you cannot take your FSA with you.*
- *Remember to obtain itemized receipts to substantiate your claim.*

Managing Your FSAs

- **Call:** 800-422-4661
- **Web:** https://tasconline.com

Important!

You are not required to enroll in a medical plan to enroll in a Flexible Spending Account. The Flexible Spending Account enrollment is a one year election only. You must enroll each year to participate.

A Health Care FSA can help pay for eligible medical expenses for you or your dependents that you claim on your federal tax return.

Flexible Spending Accounts
https://info.baldwin.com/fsa/

Differences Between HSAs and FSAs

HSAs and Healthcare FSAs have different rules for eligibility, contributions, spending, and what happens to unused funds—it's important to know the difference!

Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs) are common tax-free benefits plans. You can save money with either, but there are many differences between them. Here is a brief outline:

HSA	VS	Healthcare FSA
Employee-Owned	**Ownership**	Employer-Owned
You must be enrolled in a High Deductible Health Plan, like the High Deductible Health Plan (HDHP).	**Eligibility**	Anyone is eligible, although you can't be enrolled in both an HSA and a Healthcare FSA.
Funds contributed can carry over from year to year.	**Carry Over**	The City of Chattanooga allows up to $680 to be rolled over into the next plan year. Any amount over $680 is forfeited.
The HSA is portable, so the funds in the account stay with you wherever you go.	**Portability**	FSAs are employer-owned accounts, so the funds are forfeited if you change jobs.
You can invest HSA funds.	**Investment Options**	You cannot invest FSA funds.
It's not required, but you'll want to keep all documentation in case you're ever the subject of an IRS audit.	**Substantiation**	The IRS requires substantiation for some FSA expenses to show the eligibility of the expense.
Only the funds that have been contributed are available to cover expenses.	**Funds Availability**	All funds for the plan year are available on the first day of the plan year.
You can change how much you contribute to an HSA any time of the year.	**Contribution Changes**	You cannot change your FSA contributions after the effective date, unless you experience a qualifying life event (QLE).

BCBST BlueAccess Features

BCBSTN App

The BCBSTN app is your mobile BlueAccess. Through this app, you can view the mobile version of your Rewards portal, as well as access many of your subscriber tools like finding a doctor and reviewing your claims (if a BCBST medical subscriber).

Log in to the BCBSTN app using your BlueAccess username and password. iPhone users can also choose fingerprint Touch ID in the app settings. ***Tip:*** you can access your digital ID card on the app!

Healthy Maternity

With a little one on the way, you have a lot on your mind. That's why BCBST created a program that matches you with your very own maternity nurse, who will be there to help however you need. Once you sign up, you'll get:

- One-on-one support from a maternity nurse
- Weekly emails for each stage of pregnancy and online pregnancy resources
- Immunization help
- Emotional support, during and after your pregnancy
- Help from high-risk maternity nurses or a certified lactation counselor if you need it

Log in or register now at:

- www.bcbst.com/myhealthymaternity
- Or call 1-800-818-8581

24/7 Nurseline

Log in or register now at www.bcbst.com/member.

- Choose the "Managing Your Health" tab
- Click on NurseChat

Nurses are here for you every day, around the clock. You can call when you need to talk. Or, if you prefer, chat with a nurse online through NurseChat on BlueAccess.

You can use Nurseline when you have questions about common health concerns - like a rash or a sprained ankle. Or you can talk with a nurse about big health decisions, like having back surgery or other treatments.

Call Nurseline at 1-800-818-8581 or 1-800-848-0298 (TTY).

BCBST Member Discounts

As a BlueCross member, you get exclusive discounts on health and wellness products and services, including vision and hearing products, through our members only discount program. They're available from big national chains, and your local favorites. These discounts change often, so you can check back frequently, or opt in to get a weekly email full of new discounts for you.

You can see all available discounts by logging in at www.bcbst.com/memberdiscounts, or through the BCBSTN app.

Onsite Health Center Benefits

WellAdvantage Health Center
423-481-9760 (O)
Hours of Operation: Monday, Wednesday & Friday: 7:30am - 5:00pm Tuesday & Thursday: 7:30am - 8:00pm Saturday: 8:00am - 12:00pm
TextCare *- 24/7 access to One to One Health board* ***certified*** *providers via text message.*

- No or low office visit copays
- Primary care for annual check-ups and physical exams
- Acute care visits for colds, sore throat, flu or other non-emergent concerns
- Health coaching to help with weight loss, physical activity plans or other chronic health conditions
- Onsite, convenient labs

All personal health information is protected and maintained in a HIPAA compliant manner. Health information will not be shared.

Who is Eligible?

WellAdvantage Health Center: City employees, retirees, and their dependents, who are covered by the City's health insurance, may utilize the health center and pharmacy. Dependents using the health center MUST be 2 years or older to be eligible.

WellAdvantage Fitness Center: All full-time employees, elected officials, pension-eligible employees, and retirees, regardless of insurance coverage, may utilize the fitness center. Dependents, who are covered by the City's health insurance, may use the fitness center. Dependents age 13-17 may use the Fitness Center but MUST be accompanied by a parent.

WellAdvantage Fitness Center	How do I join the Fitness Center?
620 E. 11th Street, Chattanooga, TN 37403 (423) 643-7970 Hours of Operation: Monday-Friday (Staffed Hours): 8:00am - 6:00pm 24/7 Access with your Key Card	If you are eligible to utilize the Fitness Center, you will need to attend a Fitness Center Orientation. In the orientation, you will receive your Fitness Center access card, as well as review the available equipment, guidelines for use and safety regulations. To schedule an appointment or for more information, call (423) 643-7982.

Onsite Pharmacy

Who is Eligible?

WellAdvantage On-Site Pharmacy: City employees, retirees, and their dependents, who are covered by the City's health insurance, may utilize the pharmacy.

WellAdvantage On-Site Pharmacy
423-266-1586 (O) | 423-266-3314 (F)
Hours of Operation: Monday-Friday: 8:00am - 6:00pm Closed for Lunch Daily 1:30pm - 2:00pm

Pharmacy Features

- Full service, onsite WellAdvantage Pharmacy offering generic, preferred, non-preferred and over-the-counter medications.
- WellAdvantage Pharmacy also offers pet medications including, but not limited to: Amlodipine, Fluoxetine, Gabapentin, Levothyroxine, Levetiracetam, Phenobarbital, Sertraline and Trazodone.
- The WellAdvantage On-Site Pharmacy is cashless. You can use your FSA, HSA, Credit/Debit/PrePaid cards for payment.

90-Day Supply Comparison		
Generic Medication Examples	**WellAdvantage Pharmacy Copay**	**Network Pharmacy Copay**
Fluticasone 50 mcg Nasal Spray (Flonase)	$10.00	$30.00
Montelukast Sodium 10mg (Singulair)	$10.00	$30.00
Pantoprazole Sodium 40mg (Protonix)	$10.00	$30.00
Azithromycin 250mg (z-pak)	$10.00	$30.00
Vitamin D (ergocalcife 1.25 Mg)	$10.00	$30.00
Amlodipine Besylate 5mg (Norvasc)	$10.00	$30.00
Omeprazole 40mg (Prilosec)	$10.00	$30.00
Meloxicam 15mg (Mobic)	$10.00	$30.00
Brand Medication Examples	**WellAdvantage Pharmacy Copay**	**Network Pharmacy Copay**
Ozempic	$67.50	$105.00
Lantus	$67.50	$105.00
Freestyle Libre	$67.50	$105.00
Eliquis	$67.50	$105.00
Nurtec	$67.50	$105.00
Lo Loestrin Fe	$67.50	$105.00
Mounjaro	$67.50	$105.00
Vraylar	$130.00	$330.00

Savings Scenarios – WellAdvantage Pharmacy vs Retail Pharmacy

Example: Age 45 Male w/ Irritable Bowel Syndrome, Depression			
Rx (90-Day)	**Oxybutynin**	**Buproprion**	**Yearly Totals**
WellAdvantage Copay	$10.00	$10.00	$80.00
Network Copay	$30.00	$30.00	$240.00
Savings to Employee	$20.00	$20.00	$160.00

Example: Age 33 Female w/ Hypothyroidism, Diabetes, Dyslipidemia, Depression							
Rx (90-Day)	**Levothryoxine**	**Metformin**	**Humalog**	**Dexcom**	**Atorvastatin**	**Escitalopram**	**Yearly Totals**
WA Copay	$10.00	$10.00	$67.50	$67.50	$10.00	$10.00	$700.00
Network Copay	$30.00	$30.00	$105.00	$105.00	$30.00	$30.00	$1,320.00
Savings to Employee	$20.00	$20.00	$37.50	$35.70	$20.00	$20.00	$620.00

Employee Assistance Program

The **ComPsych® GuidanceResources®** employee assistance program services include counseling for marital/family, depression, addiction, stress/anger, life transitions or any issue for short term counseling for you or an immediate household family member.

Accessing the EAP:

- **Call:** 1-844-268-5475
- **Web:** www.guidanceresources.com **(Web ID: CHATTEAP)**

- In-person help with short-term issues
- Unlimited telephonic support - Legal service, financial service, work life service
- Financial consultations and referrals
- Work/life services for assistance with childcare, finding movers, kennels and pet care, vacation planning, and more.
- Toll-free phone and web access 24/7

Digital Solutions are available to help with financial wellness and taking care of yourself through a guided program.

Wellness Rewards Program

Download the app today!

The City of Chattanooga is proud to provide each employee with a comprehensive wellness program, Personify Health (administered by BCBST) to help you reach your health and wellness goals. The employee must be enrolled in the Medical Insurance to participate in this program.

	Level 1	Level 2	Level 3	Level 4	Total Rewards per Quarter
Points	1,000	4,000	10,000	15,000	
Rewards	Great Job!	$25	Keep it Up!	$50	$75
Rewards Cash Annual Max: $75 x 4 Quarters = $300					

Below are examples of ways you can earn points. Remember, **you MUST complete your personal health assessment before you can begin earning points**. Look for "How to Earn" in your account for a complete list of all the ways you can earn points.

Frequency	Do Healthy Things	Earn Points
Getting Started	• Complete the personal health assessment (Required before you start earning points) • Connect/sync first activity device	• 250 points • 100 points
Daily	• Track sleep nightly • Sync 20 active minutes	• 20 points • 100 points
Monthly	• Complete 20 Daily Cards in a month • Track sleep 20 days in a month	• 200 points • 200 points
Quarterly	• Set your interests once per quarter	• 50 points
Yearly	• Annual Preventive Exam • Cancer Screenings • Flu Shot	• 250 points • 250 points • 100 points

Dental Benefits

Your dental benefits are provided by **Cigna**. There are three dental plans offered.

Dental 1000 and **Dental 1500-O** are PPO plans. You may visit your provider of choice, however, you will receive the best benefits by using an in-network provider at the Cigna DPPO Advantage level in the Cigna Total DPPO network.

Dental HMO is an HMO plan. **You must choose your dentist before you receive services.** The cost of services is based on the Patient Charge Schedule. Find your dentist in the Cigna Dental Care Access Plus network.

To find a provider in the network, visit www.cigna.com and click on "Find A Doctor, Dentist or Facility."

Plan Name	Dental 1000	Dental 1500-O	Dental HMO
In-Network Benefits			
Calendar Year Annual Max Applies to all benefits including Preventive, Basic & Major services.	$1,000	$1,500	Unlimited annual maximum, refer to Schedule of Benefits
Calendar Year Deductible Per Individual / Family	$50 / $150	$50 /$150	None
Preventive & Diagnostic (Class I) Oral exams, cleanings, sealants, x-rays, fluoride treatment, space maintainers	Plan pays 100%	Plan Pays 100%	Refer to Schedule of Benefits GIV9 Reduced, fixed, pre-set charges apply for all services. Certain limitations apply and you must select and identify your dental provider prior to treatment. Once enrolled, you may access the Schedule of Benefits: www.mycigna.com.
Basic Services (Class II) Fillings, simple extractions, root canals, periodontal therapy and surgery, oral surgery	Plan pays 80%	Plan pays 80%	
Major Services (Class III) Crowns, bridges, dentures, inlays, onlays, implants	Plan pays 50%	Plan pays 50%	
Orthodontia Coinsurance Lifetime Limit - dependent children and adults	Not Covered	$1,500	Refer to Schedule of Benefits

Accessing your digital ID cards is easy!

1. Log in to www.mycigna.com or the myCIgna app.
2. Click or tap "ID Cards."
3. View your card(s), as well as any dependents' card(s).
4. Email cards directly to doctors.
5. Save your digital ID cards in your Apple Wallet.

Vision Benefits

The Vision plan is designed to encourage you and your family to visit the optometrist or ophthalmologist regularly to maintain your vision health. This benefit is administered by **EyeMed** and you must use an EyeMed provider.

The Vision Plan described below can be purchased with monthly premiums and offers covered benefits for exams, glasses and contacts. *New Plan Enhancement for 2027 – Frames are now available once every 12 months!*
For more information and for a list of providers, visit https://www.bcbst.com/members/chattanooga. **This is an EyeMed Benefit and you must use a Provider that is In-Network with BCBST/EyeMed to receive the full In-Network Benefit.**

Vision Plan	
In-Network Benefits	
Vision Exam (One every 12 months)	$10 copay
Lenses (Once every 12 months)	$25 copay (Single Vision / Bifocal / Trifocal)
Frames Allowance (Once every 12 months)	$150 allowance
Contact Lenses – *in lieu of frames and lenses* (Once every 12 months) • Cosmetic / Elective • Medically Necessary	$150 allowance Paid-in-full
Non-Network Benefits	
Vision Exam (One every 12 months)	$35 allowance
Lenses (Once every 12 months) • Single Vision • Bifocal • Trifocal	$30 allowance $45 allowance $60 allowance
Frames Allowance (Once every 12 months)	$75 allowance
Contact Lenses – *in lieu of frames and lenses* (Once every 12 months) • Cosmetic / Elective • Medically Necessary	$120 allowance $200 allowance

Finding a Vision Provider

- **Call:** 1-877-342-0737
- **Web:** https://www.bcbst.com/members/Chattanooga

Disability Insurance.

Short-Term Disability (STD) Insurance

Short-Term Disability (STD) Insurance can help support you and your family should you become temporarily disabled. This coverage is provided by **Unum** and is paid entirely by you.

PLEASE NOTE: Coverage is moving to Unum and all employees are eligible to enroll in STD, no medical questions required. If you decline coverage at this open enrollment but elect at a later date, you may be asked to answer health questions.

Short-Term Disability Premiums	
Age Last Birthday as of January 1, 2027	Monthly Rate per $10 of Benefit
Less than 55	$0.407
55-99	$0.631
60 and up	$1.063

Long-Term Disability (LTD) Insurance

Long-Term Disability (LTD) Insurance can protect your income in case of a long-term injury or illness. This coverage is provided through **Unum** and paid entirely by the City.

Contact the HR Benefits Office at (423) 643-7220 with your questions about this benefit.

Disability Details	Short-Term Disability	Long-Term Disability
Income Replacement	50% or 70% of weekly earnings	60% of monthly earnings*
Maximum Benefit	$2,000/week	Up to $5,000/month
Accident / Illness Elimination Period	14 days	180 days
Benefit Duration	Terminate after 24 weeks	Social Security Normal Retirement Age

**Partial disability benefits may be available.*

Important! Please refer to your plan documents for definitions and eligibility rules.

Basic and Supplemental Life

Basic Life/AD&D Insurance | *Paid for by the Employer*

At the City of Chattanooga, Basic Life/Accidental Death and Dismemberment (AD&D) Insurance is a provided benefit at no cost to you through Unum.

Basic Life/AD&D	
Coverage Amount	Coverage equal to employee's stated annual salary rounded to the next $1,000, but no more than $50,000
Age Reduction	Benefits reduce to 65% at age 70 and to 50% at age 75

Supplemental Life and AD&D Insurance | *Purchased by the Employee*

You have the option to purchase Supplemental Term Life and AD&D through Unum. You and your eligible spouse can elect up to the Guaranteed Issue Amount, with no medical questions asked, at this Open Enrollment ONLY. Health related questions may be required if you elect above the Guaranteed Issue amount or elect Supplemental Life outside of this annual enrollment period. You may purchase:

Supplemental Life/AD&D*			
	Employee	Spouse	Child(ren)
Coverage Amount	Increments of $10,000 up to 5 times salary, not to exceed $500,000	Increments of $5,000 up to the employee's amount, not to exceed $250,000	Birth to 6 Months: $1,000 6 Months - age 26: $10,000
Guaranteed Issue Amount	$150,000	$25,000	N/A
Age Reduction	Benefits reduce to 65% at age 70 and to 50% at age 75	Benefits reduce to 65% at employee's age 70 and to 50% at employee's age 75	Not Applicable

**If an employee and spouse are both City employees, they cannot cover each other.*

Important! Please refer to your Plan Documents for definitions and eligibility rules.

Employee & Spouse Age	Monthly Rate per $1,000
Under 25	$0.077
25-29	$0.088
30-34	$0.107
35-39	$0.148
40-44	$0.212
45-49	$0.337
50-54	$0.538
55-59	$0.832
60-64	$1.312
65-69	$2.293
70-74	$4.095
75-79	$7.948
80+	$7.948
Child(ren) Flat Rate per $1,000	$0.20
AD&D per $1,000	$0.04

Worksite Benefits

****You do not have to be enrolled in any other benefit to enroll in these plans.****

Unum will continue to provide additional voluntary worksite benefits for City employees and their families. You can enroll in these benefits through the Oracle system.

Group Hospital Indemnity

Group Hospital Indemnity Insurance pays a lump sum benefit for qualified hospital admissions and confinement.

- Cash benefits paid directly to you
- A "Be Well" benefit which pays $50 for specified exams, procedures, and screenings
- Rates will not go up as you age
- Coverage is available for employees, legal spouses, and dependent children

Monthly Payroll Premiums	*Group Hospital Indemnity*
Employee Only	$17.46
Employee + Child(ren)	$26.60
Employee + Spouse	$35.90
Employee + Family	$45.04

See the Highlight sheet at www.mychattanoogabenefits.com and The Landing for more information.

Group Accident Insurance

Accident Insurance pays benefits for covered off-the-job accidents based on the type of accident and the treatments received.

- Cash benefits paid directly to you
- A "Be Well" benefit which pays $75 for specified exams, procedures, and screenings
- Rates will not go up as you age
- Coverage is available for employees, legal spouses, and dependent children

Monthly Payroll Premiums	*Group Accident Insurance*
Employee Only	$9.06
Employee + Child(ren)	$22.82
Employee + Spouse	$16.62
Employee + Family	$30.38

See the Highlight sheet at www.mychattanoogabenefits.com and The Landing for more information.

Group Critical Illness Insurance

Critical Illness Insurance pays a lump-sum payment if you are diagnosed with a covered health condition.

- Cash benefit is paid directly to you.
- Includes a "Be Well" benefit that pays $50 for specified exams, procedures, and screenings
- Coverage is available for employees, legal spouses, and dependent children
- Rates are age banded and based on the Employee's age.

See the Highlight sheet at www.mychattanoogabenefits.com and The Landing for more information.

Monthly Payroll Premiums
(for $10,000 of Employee coverage and $5,000 of Spouse coverage)

Group Critical Illness Insurance		
Age**	**Employee**	**Employee & Spouse**
Under 25	$3.76	$6.48
25-29	$4.36	$7.38
30-34	$5.16	$8.58
35-39	$6.36	$10.38
40-44	$8.26	$13.22
45-49	$11.36	$17.88
50-54	$16.06	$24.92
55-59	$21.66	$33.32
60-64	$36.66	$55.82
65-69	$49.26	$74.72
70-74	$50.66	$76.82
75-79	$68.76	$103.98
80-84	$92.26	$139.22
85+	$134.46	$202.52

**Premiums for $20,000 and $30,000 are separate rate tables.*
***Age-banded rates are based on the Employee's age.*

Scan the QR code for more information on Unum worksite benefits!

Unum Voluntary Whole Life

Whole Life Insurance can provide added financial security for you and your family. This life insurance option is separate and different from your group term life insurance, in that it accumulates cash value over time. The premiums never increase, so the amount you pay when you sign up is the amount you will always pay.

The insurance also includes an option that will allow you to stop paying at age 70, while still keeping the coverage for life. Additionally, if you reach a point in life where your health condition qualifies, the policy can be used to pay for long-term care expenses. Coverage is available for employees, spouses, and children.

Unum will continue to provide this additional voluntary benefit for City employees and their families. You must contact Unum by calling 1-866-643-9404 to enroll.

For More Information

- **Enrollment Number:** 1-866-643-9404
- **Unum Member Services:** 1-800-635-5597

General Pension Plan

The City provides various benefits to assist with your future financial security as you plan for retirement or in the event of a disability. If you are a civilian full-time employee of the City, you are automatically a member of the General Pension Plan (Plan).

As a participant, you contribute 2% of your pensionable earnings to the Plan and the City contributes additional amounts sufficient to fund the future retirement benefit payments from the Plan. The City's contribution will vary from year to year based on the recommendations of the Plan's actuary and the General Pension Plan Board of Trustees. The Trustees direct the investment strategy and objectives for the growth of the Plan's assets. All combined, the Plan will furnish a lifetime of retirement benefits for its participants.

The Plan is a defined benefit plan, which means that your basic monthly benefit is based on your years of service in the Plan and the average of your three highest calendar year earnings while in the Plan. A participant becomes vested in the Plan after earning 60 pension service credits. The Plan's stated normal retirement age is 62; however, a vested participant can retire as early as age 55 with a reduced benefit. If a vested participant has met the Rule of 80 before age 62, the participant can retire early without reduction in benefits. The basic monthly pension benefit is a single life annuity. The Plan offers other payment options that may help the participant to reach personal retirement goals.

For more information about this valuable benefit and Plan features, please visit the web page: https://chattanooga.gov/careers/city-employees-resources/benefits-handbook. Contact the HR Benefits Office at (423) 643-7224 with your questions about this benefit.

Deferred Compensation (457b)

Regardless of your participation in a pension plan, if you have income, you can specify an amount to be set aside through payroll deduction in a deferred compensation plan.

The 457b deferred compensation plan is designed for governments and operates in a manner similar to a 401(k). There are four different programs available through the City. You may choose from Empower, Nationwide, Voya, and Mission Square to defer a portion of your income before tax to supplement your retirement. You select the assets that fit your 'risk profile' to allocate and grow your dollars and increase your retirement nest egg. Even if you only contribute a small amount, with your selection of assets to grow your dollars, the funds can help you to supplement your retirement or provide insurance against unforeseeable future expenses.

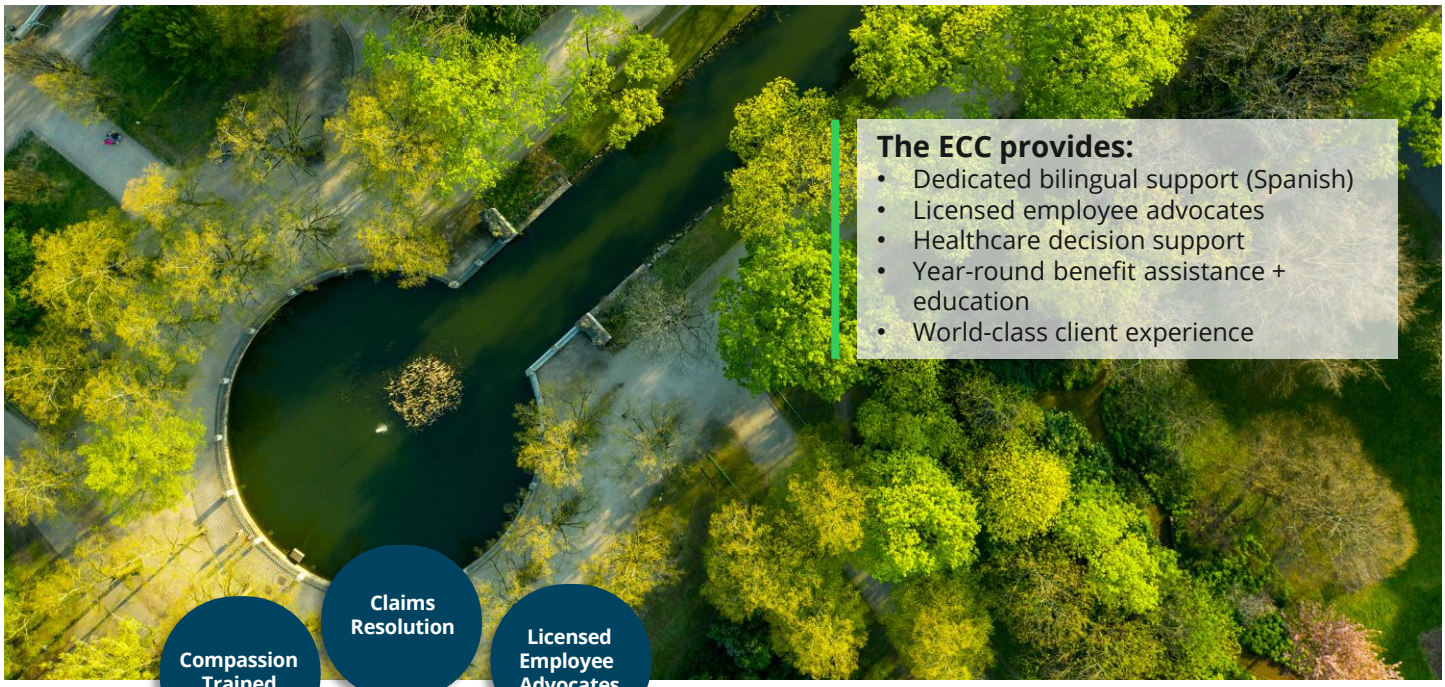
- Employee Contributions: Your pre-tax contributions are made through payroll deduction. You may stop deductions or make changes to your contribution percentage by completing a form.
- Elective Deferral Maximum Contribution: You can make elective deferrals up to the maximum allowed by federal regulations. The *estimated* maximum annual amount is $24,000 for 2026.*
- Catch-up Contribution: If you are age 50 or older and make the maximum allowable deferral, you are entitled to make additional 'catch-up' *estimated* contributions of $8,000 for 2026.* Special catch-up contribution rules for those near the normal retirement age allow for a higher contribution level.
- Rollovers: Employees may transfer balances from other tax-qualified plans, 403(b), 457(b), traditional IRA, 401(k).
- Withdrawals: Withdrawals are only available in extremely limited situations. Please reach out to HR if you feel you are eligible for a withdrawal from your 457b.

For further information about the City of Chattanooga's deferred compensation plan, contact Lindsay Lacy at (423) 643-7382 or visit https://chattanooga.gov/careers/city-employees-resources/benefits-handbook.
After 1/1/2027, please direct any questions to the HR Benefits Office at (423)643-7224.

**At the time of publication, the 2027 contribution limits have not been released. Visit www.irs.gov for updated information.*

Employee Care Center (ECC)

The Employee Care Center (ECC) is here to advocate on your behalf and provide benefits education to empower you to make smart decisions for your own health and the health of your family. Their dedicated HIPAA-certified team of licensed Benefits Specialists can assist you with any benefits-related questions like claim resolution, benefit enrollment assistance, benefit education, and healthcare decision support. The ECC's mission is to ensure that your needs are met accurately and timely.



The ECC provides:

- Dedicated bilingual support (Spanish)
- Licensed employee advocates
- Healthcare decision support
- Year-round benefit assistance + education
- World-class client experience

The ECC Team is here to help explain benefit plan offerings during Open Enrollment and throughout the year. They can guide you on how to access carrier sites to order ID cards and locate network providers. Additionally, the ECC Team can assist with escalated claims and advocate on your behalf.

Scan QR Code for ECC Card

Contacting the ECC

- **Call:** 866-784-2242
- **Email:** mybenefits@baldwin.com

The Baldwin Group

Carrier Contacts

Benefit Plan	Administrator	Phone Number	Website/Email
Medical	BCBS of Tennessee	1-800-539-0688	www.bcbst.com
Prescription Drugs	Navitus	1-855-847-1025	www.navitus.com
Telemedicine	TextCare	423-481-9760	N/A
Health Savings Account	HealthEquity	866-346-5800	https://www.healthequity.com
Flexible Spending Account	TASC	800-422-4661	https://www.tasconline.com
Dental	Cigna	1-800-244-6224	www.mycigna.com
Vision	BCBS of Tennessee - EyeMed	1-877-342-0737	www.bcbst.com
Employee Assistance Program	ComPsych® GuidanceResources®	1-844-268-5475	www.guidanceresources.com
Wellness Rewards	BCBS of Tennessee – Personify Health	1-844-269-2583	www.personifyhealth.com
Basic & Supplemental Life Insurance	Unum	1-800-445-0402	www.unum.com
FMLA	Unum	1-866-799-1054	www.unum.com
Short-Term Disability	Unum	1-866-799-1054	www.unum.com
Long-Term Disability	Unum	1-866-779-1054	www.unum.com
Worksite Benefits	Unum	1-800-635-5597	www.unum.com
Whole Life Insurance	Unum	1-800-635-5597	www.unum.com
Deferred Compensation Plan	City of Chattanooga	423-643-7382	https://chattanooga.gov/careers/city-employees-resources/benefits-handbook
General Pension Plan	City of Chattanooga	423-643-7224	https://chattanooga.gov/careers/city-employees-resources/benefits-handbook
Employee Care Center	The Baldwin Group	866-784-2242	mybenefits@baldwin.com

Visit the Chattanooga Employee Benefits Website for more information: www.mychattanoogabenefits.com.

If you have questions, please contact the Benefits Office at (866) 784-2242 or mybenefits@baldwin.com.

Notes

Notes

Learn more at **www.baldwin.com**

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment, nor is this guide a legal plan document. If there is a disagreement or an ambiguity between this guide and the official plan documents, the provisions of the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefits program, please contact Human Resources.

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