

**PARTNERS
FOR HEALTH**

**LOCAL GOVERNMENT
ANNUAL ENROLLMENT**

Oct. 1 – Oct. 30, 2020, at 4:30 p.m. CT

Topics

- Annual Enrollment Period
- Important 2021 Updates
- What's Important/What's New
- To Do
- Here's Help
- Health Benefits and Premiums
- Other Benefits and Premiums
- Other Important Information
- Don't Forget!

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I'm [presenter name] and here is what we will cover today. This is basically an overview of the information found in your 2021 Annual Enrollment newsletter:

- Annual Enrollment Period
- Important 2021 Updates
- What's Important/What's New
- To Do
- Here's Help
- Health Benefits and Premiums
- Other Benefits and Premiums
- Other Important Information
- Don't Forget!

Annual Enrollment Period

Oct. 1 through Friday, Oct. 30 – deadline is 4:30 p.m. CT

- Your chance to choose or update benefits for 2021.
- Choices are effective for the plan year (January 1 – December 31, 2021).
- Enroll or re-enroll in a health savings account (HSA) if enrolled in the Local CDHP.
 - If your agency offers payroll deduction, let them know how much you want to contribute to your HSA in 2021.
- **Enrolling new dependents?**
 - We need documents to prove their relationship to you. The deadline for documents is Friday, October 30 at 4:30 p.m. CT.

After Annual Enrollment, you may only make changes to your coverage – if eligible, if you:

- Lose eligibility
- Have a qualifying event/family status change

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- Lose eligibility
- Have a qualifying event/family status change

Talk to your agency benefits coordinator if you have questions.

Important 2021 Updates

- **Local Government health insurance premiums will increase by 5.4%**
- **No premium increases for vision insurance plans.**
 - Dental - Cigna Prepaid premiums will increase by 3.0%;
 - Dental - MetLife DPPO premiums will not increase.

See all premiums at tn.gov/PartnersForHealth/insurance-premiums

- **Same health plans** as last year: Premier PPO, Standard PPO, Limited PPO and Local CDHP/HSA.
- **Same network options:** BlueCross BlueShield Network S, Cigna LocalPlus and Cigna Open Access Plus (OAP).
- **Health insurance copays, coinsurance and deductibles are staying the same.**

Your health, dental and vision choices are effective Jan. 1, 2021, until Dec. 31, 2021, subject to eligibility. After Annual Enrollment ends, you won't be able to change plans or networks for 2021. You may be able to make changes allowed by the plan if you have a qualifying event. A provider or hospital leaving a network is not a qualifying event.



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Important 2021 Information

- **2021 Insurance Carrier (vendor) Updates:**
 - Pharmacy vendor will remain CVS Caremark.
 - Dental prepaid vendor will remain Cigna.
 - Dental DPPO vendor will remain MetLife.
 - **HSA vendor will change to Optum Bank beginning Jan. 1, 2021.**
 - If you stay enrolled in the Local CDHP, **you will receive an Optum Bank HSA debit card** in December, and your funds will be automatically moved from PayFlex to Optum Bank in mid-January and your HSA will be shut down for approximately 2 weeks while this occurs. If you anticipate a large medical expense in January, you may want to remove those funds from your HSA in December so that you will have them on hand. If you currently are enrolled in the Local CDHP and switch to a PPO for 2021, then your HSA will remain with PayFlex and you will be responsible for the monthly account fee, which PayFlex will automatically deduct from your HSA each month.
- **Important!** Updates to coordination of benefits (COB) rules may impact claims payment and what you owe if you have more than one medical plan in 2021. **Go to the Carrier Information page** for more details.

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- **Important!** Updates to coordination of benefits (COB) rules may impact claims payment and what you owe if you have more than one medical plan in 2021. **Go to the Carrier Information page** for more details.

What's New!

Medical benefit improvement:

- **Some osteoporosis medications will be added to the maintenance tier drug list.**
 - The maintenance tier allows you to receive at 90-day supply of these drugs from a Retail-90 or mail order pharmacy at a reduced cost.
 - Go to tn.gov/PartnersForHealth under **Pharmacy** for more information about maintenance tier medications.

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We have this medical benefit improvement. This information is also on our website.

Medical benefit improvement:

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 - The maintenance tier allows you to receive at 90-day supply of these drugs from a Retail-90 or mail order pharmacy at a reduced cost.
 - Go to tn.gov/PartnersForHealth under **Pharmacy** for more information about maintenance tier medications.

To Do - Enrollment

Enroll or make changes online in Edison (unless otherwise noted):

- Go to www.edison.tn.gov
 - On the Edison homepage, look for the green “Benefits Annual Enrollment” button.
 - You can enroll on your computer or mobile device (use the web browser native to its operating system).
 - If you haven’t logged into Edison recently, you click the Acceptable User Policy “I Accept” button to access Edison.
- Find step-by-step login instructions at tn.gov/PartnersForHealth on the **About Enrollment** webpage.
 - **NEW!** For password reset help, call Edison at 866.376.0104.
- **Watch animated videos on how to enroll, change your password, and more!**
 - On tn.gov/PartnersForHealth – click the **Videos** link at the top.

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Here is what you can do:

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Here's Help!

Visit tn.gov/PartnersForHealth - here you'll find:

- **Videos** about your benefits
- A blue **Questions** button to the help desk:
 - <https://benefitssupport.tn.gov/hc/en-us>
- A green **Help** button to CHAT with a representative during business hours
- Call Benefits Administration at 800.253.9981, M-F, 8-4:30, CT
- For password reset help, call Edison at 866.376.0104

Find the Annual Enrollment newsletter and more on the [Enrollment Materials](#) page.

Join an employee webinar to learn more about all benefits changes!

- Webinars are held in Sept. and Oct.

New! Join a webinar and hear directly from our insurance carriers, also known as vendors, about your medical, dental and vision coverage options (if offered by your agency) and more!

All webinar dates/times are found at tn.gov/PartnersForHealth. Click on the **About Enrollment** page and scroll down for instructions.



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Benefits

Health plans

**You have the choice between four different plans.
Preventive care is free in all plans, if you use an in-network provider.**

- **Premier PPO:** Higher monthly premium – but lower out-of-pocket costs for deductible, copays and coinsurance.
- **Standard PPO:** Lower monthly premium than the Premier PPO – but higher out-of-pocket costs for deductible, copays and coinsurance.
- **Limited PPO:** Lower monthly premiums than the other PPOs - higher out-of-pocket costs than the other PPOs.
- **Local CDHP/HSA:** Lowest monthly premium – but you pay your deductible first before the plan pays anything for most services. Then you pay coinsurance, not copays.

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Here are the health plans you can choose from. And as a reminder with all health plans, you won't pay anything for in-network preventive care, if you use an in-network provider:

- **Premier PPO:** Higher monthly premium – but lower out-of-pocket costs for deductible, copays and coinsurance.
- **Standard PPO:** Lower monthly premium than the Premier PPO – but higher out-of-pocket costs for deductible, copays and coinsurance.
- **Limited PPO:** Lower monthly premiums than the other PPOs - higher out-of-pocket costs than the other PPOs.
- **Local CDHP/HSA:** Lowest monthly premium – but you pay your deductible first before the plan pays anything for most services. Then you pay coinsurance, not copays.

Benefits

More about the **Local CDHP/HSA:**

- The **HSA** can help you **save** for healthcare costs.
- You get tax benefits, the money rolls over each year and you keep the money if you leave/retire. You can put the premium savings into your HSA to pay your deductible!
 - Learn more at tn.gov/PartnersForHealth under **CDHP/HSA Insurance Options**.
- **HSA IRS max contributions** – There are limits on how much money you can put in your HSA for 2021:
 - \$3,600 for employee only coverage
 - \$7,200 for all other tiers
 - Members 55 or older can contribute \$1,000 more each year

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 - \$3,600 for employee only coverage
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Important HSA Information

- **Important!** Your total HSA contribution is **not** available upfront at the beginning of the year or after you enroll. Your pledged amount is taken out of each paycheck, each pay period if your employer offers payroll deduction. Otherwise, you will need to fund your HSA on your own with after-tax dollars, and then take an above-the-line tax credit when you file your taxes to receive the tax deduction. You may only spend the money that is in your HSA at the time of service or care. But you can pay out of your own pocket and pay yourself back later with funds from your HSA.
- **Debit card:** Local CDHP/HSA members will get a new debit card from our vendor, Optum Bank, to use for qualified expenses. Affected members will get more information later in 2020.
- **Employees who enroll in the Local CDHP** will need to check if your employer allows you to contribute to your HSA through payroll deduction. You may need to update this amount each year. You would provide this amount to your employer.
- Enrolling in Social Security at age 65 automatically triggers Medicare Part A enrollment. If enrolled in a CDHP, this may have tax consequences and affect your HSA contribution. Consult with your tax advisor for advice.

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- Enrolling in Social Security at age 65 automatically triggers Medicare Part A enrollment. If enrolled in a CDHP, this may have tax consequences and affect your HSA contribution. Consult with your tax advisor for advice.

CDHP/HSA and FSA restrictions

Restrictions with a CDHP/HSA: You cannot enroll in the Local CDHP if:

- you are enrolled in another plan, including a PPO, your spouse's plan or any government plan (e.g., Medicare A and/or B, Medicaid, TRICARE, Social Security benefits),
- if you have received care from any Veterans Affairs (VA) facility or the Indian Health Services (IHS) within the past three months. Generally, members receiving free care at any VA facility cannot enroll in the Local CDHP because a HSA is automatically opened for them. Individuals are not eligible to make HSA contributions for any month if they receive medical benefits from the VA at any time during the previous three months. However, members may be eligible if the member did not receive any care from a VA facility for three months, or member only receives care from a VA facility for a service-connected disability (it must be a disability).
- Go to https://www.irs.gov/irb/2004-33_IRB/ar08.html for HSA eligibility information.

You cannot enroll in the Local CDHP/HSA if either you or your spouse have a medical flexible spending account (FSA) or health reimbursement account (HRA) at either employer. You can have a limited purpose FSA (L-FSA) for dental and vision expenses.

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There are restrictions with a CDHP/HSA and enrolling in other plans and/or FSAs:

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Carrier Networks

Choose between three networks (doctors, hospitals, facilities) for your medical care.

There are two narrow networks, BlueCross BlueShield (BCBST) Network S and Cigna LocalPlus. The narrow networks exclude some providers to keep premiums and costs low. There is also one broad network, Cigna OAP, for maximum choice.

- **BCBST Network S**
- **Cigna LocalPlus (LP)**
- **Cigna Open Access Plus (OAP)** is a broad network with the most providers in Tennessee. OAP gives you access to more providers than the other networks, but this broad choice costs more. You pay a monthly surcharge of \$40/\$80, which is added to the premium.
 - \$40 more for Employee only/Employee+child(ren) tiers
 - \$80 more for Employee+spouse/Employee+spouse+child(ren) tiers
- **Surgical and Treatment Support Program:** Cigna members can also access this program, which offers 100% coverage (after deductible for Local CDHP) for some hip, knee and back surgeries with program providers. Members must enroll in the program prior to surgery. Go to cigna.com/stateoftn to learn more.

To find out if your doctor/hospital are in a network, go to tn.gov/PartnersForHealth under **Health Options** and **Carrier Information**.

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Carrier Networks

Important! Carrier Network Information

Each network (BCBST S, Cigna LP and OAP) has providers (doctors, hospitals and facilities) throughout Tennessee and across the country. It's important to check the networks carefully. The network choice you make during Annual Enrollment is for the entire plan year (Jan.1 until Dec. 31), subject to eligibility. After Annual Enrollment ends, you won't be able to change plans or networks for 2021. You may be able to make changes in enrollment of plan members and dependents as a special enrollment.

Network providers and hospitals can and do change. Benefits Administration cannot guarantee that all providers and hospitals that are in a network at the beginning of the year will stay in that network for the entire year. **A provider or hospital leaving a network is not a qualifying event and does not allow you to make coverage changes.**

Your carrier (BlueCross or Cigna) network's website has tools and resources to help you find out how much a procedure or test could cost.

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Pharmacy Benefits

All health plans include full prescription drug benefits. The health plan you choose determines your out-of-pocket prescription costs (copay, coinsurance, deductible and out-of-pocket maximum).

- How much you pay will depend on three things (**benefits chart on next page**):
 - the drug tier - if you choose a generic, preferred brand, non-preferred brand or specialty drug (called tiers) drug;
 - the day supply you receive - 30-day (or <30) supply or a 90-day (>31) supply; and
 - where you fill your prescription – at a retail, Retail-90 or mail order pharmacy.
- **NEW!** In 2021, the covered drug list (formulary) will change. In some cases, if there are other drugs that offer the same or similar clinical benefits at a lower cost, the plan will no longer cover certain drugs and other products on the current drug list. If you are taking one of these drugs, you and your prescribing physician will receive a letter from CVS Caremark in November. The letter will explain which drug(s) will be no longer covered under the plan, provide your covered drug options, and the appeal process for possible continued coverage.
- **NEW!** In 2021, some osteoporosis medications will be added to the maintenance tier drug list.

Information about pharmacy benefits, vaccines and ways to save money is at tn.gov/PartnersForHealth under **Health Options** and **Pharmacy**.

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Information about pharmacy benefits, vaccines and ways to save money is at tn.gov/PartnersForHealth under **Health Options** and **Pharmacy**.

Pharmacy Benefits

*These are the in-network pharmacy benefits (copays and coinsurance). If out of network pharmacy benefits are available, they are different and will cost you more.

** Specialty Network Pharmacy: Specialty drugs must be filled through a Specialty Network Pharmacy and can only be filled every 30 days.

PHARMACY (IN-NETWORK)*	PREMIER PPO	STANDARD PPO	LIMITED PPO	LOCAL CDHP/HSA
30-DAY SUPPLY				
Generic	\$7	\$14	\$14	30% coinsurance after deductible is met
Brand	\$40	\$50	\$60	
Non-preferred brand	\$90	\$100	\$110	
90-DAY SUPPLY (Retail-90 network pharmacy or mail order)				
Generic	\$14	\$28	\$28	30% coinsurance after deductible is met
Brand	\$80	\$100	\$120	
Non-preferred brand	\$180	\$200	\$220	
90-DAY SUPPLY (certain maintenance medications from a Retail-90 network pharmacy or mail order)				
Generic	\$7	\$14	\$14	20% coinsurance without having to meet deductible
Brand	\$40	\$50	\$60	
Non-preferred brand	\$160	\$180	\$200	
SPECIALTY PHARMACY**				
Coinsurance	10% (min \$50; max \$150)	10% (min \$50; max \$150)	10% (min \$50; max \$150)	30% after deductible

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Here are the pharmacy copays and coinsurance costs by plan. Find the full comparison charts at tn.gov/PartnersForHealth under **Health Options** and **Pharmacy**.

Telehealth – 24/7 virtual medical care

Talk to a doctor for non-emergency medical care, 24/7, by phone, computer or tablet from anywhere, at any time. The cost is less than a typical office visit when you use PhysiciansNow, MDLive or Amwell programs sponsored by BlueCross BlueShield (BCBST) and Cigna.

- Schedule an appointment for minor illnesses (cold, flu, allergies, etc.) for you or your family at a time that works for you, in the comfort of your own home.

Save time – create your user profile in advance.

- **BCBST members:**
 - Log into BlueAccess at bcbst.com/members/tn_state/
 - Look for and select **Talk With a Doctor Now**
 - Or, call 888.283.6691
- **Cigna members:**
 - Log into MyCigna.com
 - Look for **MDLive** or **Amwell** and select the vendor of your choice
 - Or, call 888.726.3171 for MDLive or 855.667.9722 for Amwell

Cost:

- **PPO members:** Copay is \$15
- **Local CDHP members:** You pay the negotiated rate per visit until you reach your deductible, then the primary care office visit coinsurance applies

Find more information at tn.gov/PartnersForHealth under **Health Options** and **Telehealth**.

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Cost:

- **PPO members:** Copay is \$15
- **CDHP members:** You pay the negotiated rate per visit until you reach your deductible, then the primary care office visit coinsurance applies

Find more information at tn.gov/PartnersForHealth under **Health Options** and **Telehealth**.

Behavioral Health & Substance Use Services – managed by Optum

All health plan members and enrolled dependents have access to the same behavioral health and substance use disorder services.

Newly enrolled members will get an ID card to use for services.

- **Optum can:** Find a network provider (in person or virtual visits); schedule an appointment; explain benefits; identify best treatment options; and answer questions.
- **New! Talkspace online therapy:** Members with behavioral health benefits can get more information on HERE4TN.com including how to download the app. Communicate securely, 24/7, with a therapist from your smartphone or desktop. It includes text, audio or video within the secure app. Talkspace sessions are subject to the same cost share or coinsurance rate (after deductible) as an outpatient office visit.

Find more information at tn.gov/PartnersForHealth under **Health Options** and **Behavioral Health**.

To access all programs and services, **and get help finding a provider**, contact Optum at 855.HERE4TN (855.437.3486), 24/7, or HERE4TN.com



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To access all programs and services, **and get help finding a provider**, contact Optum at 855.HERE4TN (855.437.3486), 24/7, or HERE4TN.com

Employee Assistance Program (EAP) – managed by Optum

EAP services are available to all enrolled health plan members and their eligible dependents – even if they are not enrolled in a health plan.

- Members get five EAP counseling visits, per problem, per year, per individual at no cost.
 - Available in person or by **virtual visit**.
- **New! Sanvello** is an on-demand mobile app to help with stress, anxiety and depression. The premium app version is available through your benefits any time at no extra cost. Get more information at HERE4TN.com including how to register and download the app.
- A telephonic coaching program, **Take Charge at Work**, helps members who are 18+ (EAP-eligible and working part/full time) deal with stress and depression. Available at no additional cost, if you qualify.

Find more information at tn.gov/PartnersForHealth under **Other Benefits** and **EAP**.

For EAP programs and services, **and help finding a provider**, contact Optum at 855.HERE4TN (855.437.3486), 24/7, or Here4TN.com



tn.gov/PartnersForHealth

EAP services are available to all enrolled health plan members and their eligible dependents – even if your dependents are not enrolled in a health plan.

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For EAP programs and services, **and help finding a provider**, contact Optum at 855.HERE4TN (855.437.3486), 24/7, or Here4TN.com

Wellness Program

In 2021, the wellness program will be offered to enrolled health plan members and adult dependents. Members must qualify for the program.

- **Disease management:** Members with chronic diseases such as asthma, diabetes, coronary artery disease, congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD) will have access to this program to better manage their chronic condition.

Members also have access to the online health assessment with ActiveHealth. After members complete the health assessment, they may use the online educational resources, including health education and digital coaching, on their website.

Information about programs and activities are at tn.gov/PartnersForHealth under **Wellness**.

tn.gov/PartnersForHealth



In 2021, the wellness program will be offered to enrolled health plan members and adult dependents. Members must qualify for the program.

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Members also have access to the online health assessment with ActiveHealth. After members complete the health assessment, they may use the online educational resources, including health education and digital coaching, on their website.

Information about programs and activities are at tn.gov/PartnersForHealth under **Wellness**.

Diabetes Prevention Program

Diabetes Prevention Program (DPP)* will again be offered **free** to you in 2021. If eligible, the DPP helps adult health plan members prevent or delay type 2 diabetes.

- Offered as a part of health insurance
- No cost if you use an in-network provider
- Must meet certain criteria*

Two online programs offered:

- **Cigna Omada program** – for enrolled Cigna health plan members
- **BlueCross BlueShield Livongo program** – for enrolled BCBST plan members

*Those already diagnosed with diabetes are not eligible for the DPP, but if a health plan member, you can contact ActiveHealth to enroll in a diabetes program.

For details, go to tn.gov/PartnersForHealth under **Other Benefits** and **Wellness** on the **DPP webpage**.

tn.gov/PartnersForHealth



Diabetes Prevention Program (DPP)* will again be offered **free** to you in 2021. If eligible, the DPP helps adult health plan members prevent or delay type 2 diabetes.

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- No cost if you use an in-network provider
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*Those already diagnosed with diabetes are not eligible for the DPP, but if a health plan member, you can contact ActiveHealth to enroll in a diabetes program.

For details, go to tn.gov/PartnersForHealth under **Other Benefits** and **Wellness** on the **DPP webpage**.

2021 Monthly Premiums: Local Government – Level 1

Employee Share of Monthly Premiums

Premium Level	Premier PPO	Standard PPO	Limited PPO	Local CDHP/HSA
Employee Only	\$698	\$654	\$507	\$458
Employee + Child(ren)	\$1,083	\$1,014	\$788	\$708
Employee + Spouse	\$1,501	\$1,407	\$1,092	\$982
Employee + Spouse + Child(ren)	\$1,886	\$1,767	\$1,373	\$1,234

- Here are the health insurance premiums for active local government employees – level 1. The premium amounts reflect the total monthly premium. There are different levels based on the demographics of your agency. Please see your agency benefits coordinator for your monthly deduction, your employer's contribution or if you are unsure as to which premium level applies to you.
- Complete premium charts are found at tn.gov/partnersforhealth. Click on **Premiums** in the top navigation.
- Premiums are for the BCBST Network S or Cigna LocalPlus network. Premiums do **NOT** include the cost for the broad Cigna OAP network – which would add \$40 to \$80 more EACH MONTH depending on your tier.

tn.gov/partnersforhealth



Here are the 2021 health insurance premiums for **active local government employees – level 1**.

The premium amounts reflect the total monthly premium. There are different levels based on the demographics of your agency. Please see your agency benefits coordinator (ABC) for your monthly deduction, your employer's contribution or if you are unsure as to which premium level applies to you.

These premiums do not include the cost for the broad Cigna OAP network – which would add \$40 to \$80 more to your premium each month.

Premium charts are found on the **Premiums** page on the website.

2021 Monthly Premiums: Local Government – Level 2

Employee Share of Monthly Premiums

Premium Level	Premier PPO	Standard PPO	Limited PPO	Local CDHP/HSA
Employee Only	\$780	\$731	\$567	\$509
Employee + Child(ren)	\$1,208	\$1,132	\$879	\$791
Employee + Spouse	\$1,677	\$1,570	\$1,220	\$1,096
Employee + Spouse + Child(ren)	\$2,106	\$1,973	\$1,531	\$1,377

- Here are the health insurance premiums for active local government employees – level 2. The premium amounts reflect the total monthly premium. There are different levels based on the demographics of your agency. Please see your agency benefits coordinator for your monthly deduction, your employer's contribution or if you are unsure as to which premium level applies to you.
- Complete premium charts are found at tn.gov/partnersforhealth. Click on **Premiums** in the top navigation.
- Premiums are for the BCBST Network S or Cigna LocalPlus network. Premiums do **NOT** include the cost for the broad Cigna OAP network – which would add \$40 to \$80 more EACH MONTH depending on your tier.



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Here are the 2021 health insurance premiums for **active local government employees – level 2**.

The premium amounts reflect the total monthly premium. There are different levels based on the demographics of your agency. Please see your agency benefits coordinator (ABC) for your monthly deduction, your employer's contribution or if you are unsure as to which premium level applies to you.

These premiums do not include the cost for the broad Cigna OAP network – which would add \$40 to \$80 more to your premium each month.

Premium charts are found on the **Premiums** page on the website.

2021 Monthly Premiums: Local Government – Level 3

Employee Share of Monthly Premiums

Premium Level	Premier PPO	Standard PPO	Limited PPO	Local CDHP/HSA
Employee Only	\$848	\$794	\$617	\$554
Employee + Child(ren)	\$1,314	\$1,232	\$956	\$859
Employee + Spouse	\$1,823	\$1,708	\$1,326	\$1,191
Employee + Spouse + Child(ren)	\$2,290	\$2,145	\$1,666	\$1,497

- Here are the health insurance premiums for active local government employees – level 3. The premium amounts reflect the total monthly premium. There are different levels based on the demographics of your agency. Please see your agency benefits coordinator for your monthly deduction, your employer's contribution or if you are unsure as to which premium level applies to you.
- Complete premium charts are found at tn.gov/partnersforhealth. Click on **Premiums** in the top navigation.
- Premiums are for the BCBST Network S or Cigna LocalPlus network. Premiums do **NOT** include the cost for the broad Cigna OAP network – which would add \$40 to \$80 more EACH MONTH depending on your tier.

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Here are the 2021 health insurance premiums for **active local government employees – level 3**.

The premium amounts reflect the total monthly premium. There are different levels based on the demographics of your agency. Please see your agency benefits coordinator (ABC) for your monthly deduction, your employer's contribution or if you are unsure as to which premium level applies to you.

These premiums do not include the cost for the larger Cigna OAP network – which would add \$40 to \$80 more to your premium each month.

Premium charts are found on the **Premiums** page on the website.

2021 Deductibles and Out-of-Pocket Maximums (same as 2020)

	Premier PPO	Standard PPO	Limited PPO	Local CDHP/HSA
	In-Network	In-Network	In-Network	In-Network
Deductibles				
Employee only	\$500	\$1,000	\$1,800	\$2,000
Employee + Child(ren)	\$750	\$1,500	\$2,500	\$4,000
Employee + Spouse	\$1,000	\$2,000	\$2,800	\$4,000
Employee + Spouse + Child(ren)	\$1,250	\$2,500	\$3,600	\$4,000
Out of Pocket Maximum				
Employee only	\$3,600	\$4,000	\$6,800	\$5,000
Employee + Child(ren)	\$5,400	\$6,000	\$13,600	\$10,000
Employee + Spouse	\$7,200	\$8,000	\$13,600	\$10,000
Employee + Spouse + Child(ren)	\$9,000	\$10,000	\$13,600	\$10,000

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- This chart shows the **annual deductible** and **out-of-pocket maximums**.
- The **annual deductible** is the amount you must pay each year before your plan pays hospital or other charges that are covered through co-insurance.
 - Your annual deductible is lower for in-network services.
- The plans also have **out-of-pocket maximums** for both in-network and out-of-network services.
 - The **out-of-pocket maximums** limit how much co-insurance and copays you would have to pay in any given year if you or a covered family member had a serious illness or injury.
 - After you reach your out-of-pocket maximum level for in-network services, the plan would pay 100% of in-network costs for the rest of the year.
 - The out-of-pocket maximums provide you and your covered dependents with peace of mind and financial protection against a catastrophic illness or injury.

Dental Benefits (employee paid) if offered by your agency

Two different Dental plans are offered. Members pay the full monthly premium.

- **MetLife DPPO: Monthly premium rates will stay the same.** Use any Dentist, but save money staying in-network.
 - Discuss any estimated expenses with your dentist or specialist. Maximum Allowable Charges for dental procedures are subject to change. Members pay deductibles and coinsurance.
 - Waiting periods apply to select procedures.
- **Cigna Prepaid plan: 3% monthly premium rate increase.** Required to use a Network Dentist. You select your Network General Dentist and notify Cigna. See the list of Dentists on the Cigna website.
 - Members pay copays and they may have changed for dental procedures. Review the Patient Charge Schedule on the Partners website under **Publications**, then **Dental**.
 - Completion of crowns, bridges, dentures, implants, root canal, or orthodontic treatment already in progress on a new member's effective date will not be covered.
 - **New** – now covering dental implants.

Information, including a comparison of the two plan options is at tn.gov/PartnersForHealth under **Other Benefits** and **Dental**.

Contact: **MetLife**, 855.700.8001, M-F, 7 a.m. - 10 p.m.; metlife.com/StateofTN

Contact: **Cigna**, 800.997.1617, 24/7; cigna.com/stateofTN



tn.gov/PartnersForHealth

Two different Dental plans are offered. Members pay the full monthly premium.

- **MetLife DPPO: Monthly premium rates will stay the same.** Use any Dentist, but save money staying in-network.
 - Discuss any estimated expenses with your dentist or specialist. Maximum Allowable Charges for dental procedures are subject to change. Members pay deductibles and coinsurance.
 - Waiting periods apply to select procedures.
- **Cigna Prepaid plan: 3% monthly premium rate increase.** Required to use a Network Dentist. You select your Network General Dentist and notify Cigna. See the list of Dentists on the Cigna website.
 - Members pay copays and they may have changed for dental procedures. Review the Patient Charge Schedule on the Partners website under **Publications**, then **Dental**.
 - Completion of crowns, bridges, dentures, implants, root canal, or orthodontic treatment already in progress on a new member's effective date will not be covered.
 - **New** – now covering dental implants.

Information, including a comparison of the two plan options is at tn.gov/PartnersForHealth under **Other Benefits** and **Dental**.

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Contact: **Cigna**, 800.997.1617, 24/7; cigna.com/stateofTN

Dental Benefits (employee paid) if offered by your agency

Monthly Premiums

Tiers	Cigna Prepaid (DHMO) Plan	DPPO - MetLife
Employee Only	\$13.84	\$23.64
Employee + Child(ren)	\$28.75	\$54.36
Employee + Spouse	\$24.54	\$44.72
Employee + Spouse + Child(ren)	\$33.74	\$87.50

tn.gov/PartnersForHealth

**PARTNERS
FOR HEALTH**

Here are the 2021 dental premiums for active employees, **if offered by your agency**.

All premiums are employee paid. As mentioned early, Cigna Prepaid premiums will increase by 3%; MetLife DPPO premiums will stay the same in 2021.

You can find full benefits charts on the website at tn.gov/PartnersForHealth on the **Dental** webpage.

2021 premium information will be found on the **Premium** webpage.

Vision Benefits (employee paid) if offered by your agency

Vision insurance is offered through Davis Vision.

Members pay the full monthly premium. In 2021, premiums will stay the same. Choose from two options:

- **Basic Plan:** Pays for your eye exam and various “allowances” (dollar amounts) for materials such as eyeglass frames, lenses, contact lenses, etc.
- **Expanded Plan:** Includes greater “allowances” (dollar amounts) and additional materials versus the Basic Plan.

In both plans, you pay copays and coinsurance on materials or other services when the cost exceeds the allowed dollar amount.

- You'll save money when using in-network providers.

Members in both vision plans get routine eye exams every calendar year; frames once every two calendar years; and a choice of eyeglass lenses or contact lenses once every calendar year.

Information is at tn.gov/PartnersForHealth under **Other Benefits - Vision**.

Contact: Davis Vision, 800.208.6404, M-F, 7 a.m. - 10 p.m., Sat, 8 a.m. - 3 p.m., Sun 11 a.m. - 3 p.m.; davisvision.com/stateofTN



tn.gov/PartnersForHealth

Vision insurance is offered through Davis Vision, **if your agency chooses to participate.**

Members pay the full monthly premium.

In 2021, premiums will stay the same. Choose from two options:

- **Basic Plan:** Pays for your eye exam and various “allowances” (dollar amounts) for materials such as eyeglass frames, lenses, contact lenses, etc.
- **Expanded Plan:** Includes greater “allowances” (dollar amounts) and additional materials versus the Basic Plan.

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Vision Benefits (employee paid) if offered by your agency

Monthly Premiums

Tiers	Basic	Expanded
Employee Only	\$3.07	\$5.56
Employee + Child(ren)	\$6.13	\$11.12
Employee + Spouse	\$5.82	\$10.57
Employee + Spouse + Child(ren)	\$9.01	\$16.35

tn.gov/PartnersForHealth

PARTNERS
FOR HEALTH

Here are the premiums for vision benefits in 2021 – they are the same as last year.

The vision benefits grid is found on the website tn.gov/PartnersForHealth under **Vision**.

2021 premium information will be found on the **Premium** webpage.

Using ESS in Edison

You must use ESS in Edison to make changes – www.edison.tn.gov

- On the Edison homepage, look for the green “Benefits Annual Enrollment” button
 - You can enroll on your computer or mobile device.
 - When using Edison ESS, Internet Explorer 11 is the preferred browser.
 - You’ll have to click the Acceptable User Policy “I Accept” button.
- **Videos** can help you!
 - Go to tn.gov/PartnersForHealth and **click the Video link** at the top of the page.
 - **Find videos to:**
 - Reset your password
 - Retrieve your User ID (Access ID)
 - Log in to Edison for the first time
 - Enroll in Edison

Still need password login help?

- **All employees** - call the Edison help desk at 866.376.0104

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Other Important Information

Share your email ...

- Please log in to Edison and make sure your email address is correct. It's easy!
- Just go to **Self Service > My System Profile > Change or set up email address.**
- Benefits Administration uses email addresses in Edison to send you important insurance-related information.
- We do not share your information, ever. You can opt-out at any time.

tn.gov/PartnersForHealth

PARTNERS
FOR HEALTH

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Don't Forget!

- Use Edison - www.edison.tn.gov (unless otherwise noted).
- **Enroll early!** Enrollment ends at 4:30 p.m. CT on October 30. You must click "Submit Enrollment" in Edison to finalize your selections.
- **Dependent documents deadline: October 30 at 4:30 p.m. CT**
- **Local CDHP/HSA:** Employees should check with your ABC about the need to update your HSA contribution for 2021.

tn.gov/PartnersForHealth

PARTNERS
FOR HEALTH

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ID and Debit Card Information

ID cards

- Employees **new to coverage or employees who change/transfer plans** will receive new ID cards.
- **Current members** who don't make plan changes will use their same/current medical, pharmacy, dental and vision ID cards.
- Optum will mail behavioral health ID cards to all newly enrolled health plan members.

You can always request additional ID cards by contacting your carrier/vendor(s) or by using the vendor's mobile app.

Debit cards

- **New!** All Local CDHP/HSA members will receive a **new debit card from Optum Bank** to use starting Jan. 1, 2021.

tn.gov/PartnersForHealth

**PARTNERS
FOR HEALTH**

Here is 2021 ID card and Debit card information:

ID cards

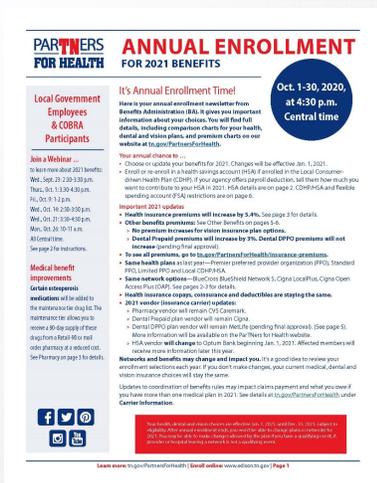
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Debit cards

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Annual Enrollment Newsletter



The 2021 Annual Enrollment newsletter was mailed to all benefits-eligible employees.

You can also find it online under Enrollment Materials

tn.gov/PartnersForHealth



All eligible employees were mailed a 2021 Annual Enrollment newsletter. It will include the important changes for 2021, and where you can go for more information.

You can also find a PDF copy on the website at tn.gov/PartnersForHealth on the **Enrollment Materials** page.

Employee Insurance Carrier Webinars - local education/local government employees

New! Join these webinars to hear directly from our insurance carriers (vendors) about products and ask them questions:

The webinar at 11 a.m. CT will repeat at 3 p.m. CT

- Friday, Sept. 11 – Medical options (BCBST and Cigna)
- Thursday, Sept. 17 – Davis Vision plan options
- Friday, Sept. 18 – Optum Bank HSA option
- Friday, Sept. 25 – Dental options (Cigna Prepaid and MetLife DPPO)

Go to tn.gov/PartnersForHealth and under **About Enrollment** for instructions on how to register and join the webinar.

tn.gov/PartnersForHealth



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The webinar at 11 a.m. CT will repeat at 3 p.m. CT

- Friday, Sept. 11 – Medical options (BCBST and Cigna)
- Thursday, Sept. 17 – Davis Vision plan options
- Friday, Sept. 18 – Optum Bank HSA option
- Friday, Sept. 25 – Dental options (Cigna Prepaid and MetLife DPPO)

You will have to register for the sessions you want to attend. Go to tn.gov/PartnersForHealth and under **About Enrollment** for instructions on how to register and join the webinar.

Employee Webinars – local education/local government employees

Join a webinar to learn more about your 2021 benefits and changes:

- **Local Education and Local Government (all CT)**
 - Wed., Sept. 23: 2:30-3:30 p.m.
 - Thurs., Oct. 1: 3:30-4:30 p.m.
 - Fri., Oct. 9: 1-2 p.m.
 - Wed., Oct. 14: 2:30-3:30 p.m.
 - Wed., Oct. 21: 3:30-4:30 p.m.
 - Mon., Oct. 26: 10-11 a.m.

Go to tn.gov/PartnersForHealth and under **About Enrollment** for instructions on how to log in to the webinar.

tn.gov/PartnersForHealth



Join a webinar to learn more about your 2021 benefits and changes:

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Go to tn.gov/PartnersForHealth and under **About Enrollment** for instructions on how to log in to the webinar.

Contact Info and Materials

- **Benefits Administration (BA):** 800.253.9981 or 615.741.3590, Mon.- Fri., 8 a.m. to 4:30 p.m. CT.
 - A **blue questions button** to our help desk:
<https://benefitssupport.tn.gov/hc/en-us>
 - A **green help button** to CHAT with a customer service representative during business hours.
- Each Insurance Carrier's (vendor) customer service center/website URL information is found at tn.gov/PartnersForHealth under **Customer Service**.
- Your **agency benefits coordinator (ABC)**, this person is usually in the human resources (HR) office.
- Find definitions, insurance terms and frequently asked questions (FAQ) at tn.gov/PartnersForHealth
- Publications and forms, brochures, member handbooks, plan documents, and summaries of benefits and coverage (SBC) are available on tn.gov/PartnersForHealth
- **Questions & Answers (Q&A)** for what is covered and not covered, including information about hospital-based providers, is found in the carriers' member handbooks.

tn.gov/PartnersForHealth



If you need more help:

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PARTNERS
FOR HEALTH

THANK YOU

Questions? Email benefits.info@tn.gov