



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

EMPLOYEE INSURANCE CHECKLIST — LOCAL GOVERNMENT PLAN

State of Tennessee • Department of Finance and Administration • Benefits Administration
312 Rosa L. Parks Avenue, 19th Floor • Nashville, Tennessee 37243 • 615.741.3590 or 800.253.9981

DO NOT submit this form to Benefits Administration. This form must be completed during an employee's initial enrollment period. Place a check mark beside each item discussed. After completing the form, place the original in the employee's insurance or personnel file and give the employee a copy.

EMPLOYEE INFORMATION

Table with 3 columns: NAME, EDISON ID, AGENCY

ELIGIBILITY AND ENROLLMENT

- Explain the eligibility criteria for employees and dependents.
Explain enrollment must be completed within 30 days of their eligibility date.
Explain new hire coverage start date.
Explain if not enrolled when first eligible, the employee will only be allowed insurance coverage during the year by approval through a special enrollment provision.
Explain changes which can be made during the fall annual enrollment period.

INSURANCE PRODUCTS

- Health Options — each allows a choice of carrier and network
Premier Preferred Provider Organization
Standard PPO
Limited PPO
Local Consumer-driven Health Plan with a health savings account
Other
Dental —Prepaid and Preferred Provider
Vision — Basic and Expanded Plans

INFORMATION TO BE PROVIDED

- Provide Edison login, password and ESS instructions.
If the Edison password is not set up timely to complete ESS, provide an application to process insurance elections.
Explain that BA/ParTners for Health will communicate to member using contact information provided, including email address.
Provide the ParTners for Health URL, https://www.tn.gov/partnersforhealth.
Explain where to find online forms for health, dental, vision, retirement, leave of absence and miscellaneous forms, provide printed copies if requested.
Provide access to the eligibility and enrollment guide and HIPAA privacy notice or printed copies if requested.
Explain the benefits available through the Employee Assistance Program (EAP) and the wellness program.
Explain the benefits available in the health, dental and vision insurance programs.
Explain monthly premiums, including employee deduction and employer contribution (if applicable).
Explain the Summary of Benefits and Coverage and the marketplace letter and provide the web address or printed copies if requested.
Provide the web address to the TennCare notice so employee is aware of responsibilities if they or their dependents are enrolled in TennCare.

EMPLOYEE SIGNATURE

AGENCY BENEFITS COORDINATOR SIGNATURE

DATE

DATE