

January 3, 2020

*The following email was sent to agency benefits coordinators (ABCs) today.*

**ABC's Must Not Use Their Personal Emails to Sign Up Employees for BlueAccess or other Programs**

BlueCross BlueShield of Tennessee (BCBST) has alerted us that some ABCs have been entering their personal email addresses for some of their employees rather than entering the employee's email address to sign up for BlueAccess. This may occur because the employee does not have an email address or access to one, **however, this practice is inappropriate.** If an ABC enters his or her personal email address, the ABC will receive notifications when an electronic EOB is posted to the employee's account, as well as the employee's claims summaries and other private communications.

**Reminder - Important - ABC Call WebEx Change – Beginning January 14**

We are changing the WebEx login information for all ABC calls going forward. You will no longer use the WebEx link that has been included on the prior agendas as it will change to the new link below. This is because the link we used before belonged to Heather Pease, and she has moved to a new position with our vendor services team.

So, **for your January 14 ABC call**, please use the WebEx link and dial-in information below and **attached**. This same information is on the call agenda we send to you the Monday before the call.

<https://tngov.webex.com/meet/JoanWilliams>

Meeting Number: 312 015 255

Or, join by phone

+1-415-655-0003 US TOLL

Access code: 312 015 255

**Edison Down for Maintenance**

Edison will be performing scheduled system maintenance beginning on Sunday, January 5 at 6:00 a.m. until 10:00 p.m. Central. During this time, Edison will be unavailable.

Attachment: WebEx Login Instructions

## WebEx Login Instructions

### To join the ABC Conference Call:

Click on the following link:

<https://tngov.webex.com/meet/JoanWilliams>

If you don't have WebEx installed on your computer, you can run a temporary application. The system will prompt you to run the temporary application.

You will see **Joan Williams's Personal Room**

You will be asked to enter your name and email. Then click join meeting

You will see two options. **Select Audio Connection** on the left and **Select Video Connection** on the right

For **Video Connection**: Please click on the drop down box and click on "no video."

Audio and Video Connection

Select Audio Connection

Select Video Connection

Call Me

No Video

+1

Join the teleconference without pressing \*1

Connect Audio

For **Audio Connection**, you will have a few choices:

- Call me (**recommended**)
- I will call in
- Call using computer

**If you are only calling in to listen and not using a computer, please use the following phone number and access code:**

+1-415-655-0003 US TOLL

Access code: 312 015 255

**Tips:**

If you dial in using your phone, long distance charges may apply.

If you choose “call me” you can put any number into the box and click the box that says connect audio. The system will call you.

If you choose “I will call in” the phone number you need to dial will “pop up” on the screen and you will need to use the access code given to you in the pop up box. This phone number and access code is also listed above.

We do not recommend using the “call using computer” option unless you are using a headset connected to your computer.

If you call in using the 415-655-0003 telephone number, you will not need an attendee id number. You can just push the pound key.

**FAQS****Do I have to be sitting at my computer to participate, or can I just call in?**

No, you do not have to be sitting at your computer. You can call in using the following information:

+1-415-655-0003 US TOLL

Access code: 312 015 255

**Will the login information always be the same for each call/webinar?**

Yes, unless otherwise noted prior to the meeting.

January 10, 2020

***The following email was sent to agency benefits coordinators (ABCs) today.***

### **ABC Conference Calls**

The January monthly ABC conference calls are next week! We will have a presentation from Optum about EAP and Behavioral Health services.

**Higher Ed – Tuesday, Jan. 14 at 8:30 a.m. Central time**

**Local Ed – Tuesday, Jan. 14 at 10 a.m. Central time**

**Central State – Tuesday, Jan. 14 at 12:30 p.m. Central time**

**Local Government – Tuesday, Jan. 14 at 2 p.m. Central time**

**Webinar login instructions have changed! Instructions are included on the **attached agenda and below.****

### **Important Reminder for Next Week's ABC Calls WebEx Webinar Change**

We are changing the WebEx login information for all ABC calls going forward. You will no longer use the WebEx link that has been included on the prior agendas as it will change to the new link below.

So, for your **January 14 ABC call next week**, please use the WebEx link and dial-in information below and **attached**. This same information is on the call agenda.

**<https://tngov.webex.com/meet/JoanWilliams>**

Meeting Number: 312 015 255

Or, join by phone

+1-415-655-0003 US TOLL

Access code: 312 015 255

### **Zendesk Maintenance**

Zendesk will be performing server maintenance this Saturday, January 11, between 2 a.m. and 9 a.m. Central time. The Zendesk agent site and our Help Center may be unavailable or running slowly during this time, although Zendesk expects any outages to be brief (60-90 seconds).

Attachment: WebEx Login Instructions

## WebEx Login Instructions

### To join the ABC Conference Call:

Click on the following link:

<https://tngov.webex.com/meet/JoanWilliams>

If you don't have WebEx installed on your computer, you can run a temporary application. The system will prompt you to run the temporary application.

You will see **Joan Williams's Personal Room**

You will be asked to enter your name and email. Then click join meeting

You will see two options. **Select Audio Connection** on the left and **Select Video Connection** on the right

For **Video Connection**: Please click on the drop down box and click on "no video."

Audio and Video Connection

Select Audio Connection

Select Video Connection

Call Me

No Video

+1

Join the teleconference without pressing \*1

Connect Audio

For **Audio Connection**, you will have a few choices:

- Call me (**recommended**)
- I will call in
- Call using computer

**If you are only calling in to listen and not using a computer, please use the following phone number and access code:**

+1-415-655-0003 US TOLL

Access code: 312 015 255

**Tips:**

If you dial in using your phone, long distance charges may apply.

If you choose “call me” you can put any number into the box and click the box that says connect audio. The system will call you.

If you choose “I will call in” the phone number you need to dial will “pop up” on the screen and you will need to use the access code given to you in the pop up box. This phone number and access code is also listed above.

We do not recommend using the “call using computer” option unless you are using a headset connected to your computer.

If you call in using the 415-655-0003 telephone number, you will not need an attendee id number. You can just push the pound key.

**FAQS****Do I have to be sitting at my computer to participate, or can I just call in?**

No, you do not have to be sitting at your computer. You can call in using the following information:

+1-415-655-0003 US TOLL

Access code: 312 015 255

**Will the login information always be the same for each call/webinar?**

Yes, unless otherwise noted prior to the meeting.

***The following email was sent to agency benefits coordinators (ABCs) today.***

### **ABC Conference Call Notes**

The combined notes from the January 14 ABC conference calls are **attached**. A PDF of the Optum presentation is also **attached** for your reference.

### **Edison Update Reminder**

On Friday, January 17 beginning at 5:00 p.m. Central time, there will be an upgrade to the login application for the Edison website. Because of this upgrade, Edison will be unavailable for users from 5:00 p.m. Central time on Friday, January 17 until 5:00 p.m. Central time on Monday, January 20th. Users will not be able to log into the system during this time.

**Changes:** As a result of this upgrade, the web address to Edison will be changing. For users who have any links, shortcuts, or favorites saved using the old Edison web address, there will be a temporary redirect in place to take users directly to Edison using the new correct Edison web address. More information regarding this change will be coming once the upgrade is complete.

### **#4Mind4Body Lunch & Learns (state only)**

As presented during the ABC call this week, we've set up eight #4Mind4Body Lunch & Learns in 2020 with our vendors, Optum and ActiveHealth, three of which will be co-presented by both vendors. The lunch and learns will focus on a variety of topics to include aging healthfully, mindfulness, exercise, quitting nicotine, and more.

We've **attached** a flier for you to share with your employees that features the first four lunch and learns. Later this year, we'll share the flier for the last four sessions.

**\*\* You can share the flier and information below with your employees \*\***

Join us for our #4Mind4Body Lunch and Learns! ParTNers for Health has joined up with Optum and ActiveHealth to host a series of lunch and learn sessions on a variety of topics, ranging from aging healthfully and mindfulness, to exercise, quitting nicotine and more! Information about the first four sessions is on the attached flier and below.

**Join in-person or by webinar via WebEx. No pre-registration required.**

### **Aging Healthfully and Gracefully**

**Tuesday, February 11, 11:30 a.m. to 12:30 p.m. CT**

Learn how to enhance the "aging process" by staying active and discover types of safe and effective exercises for both cardiovascular and muscular conditioning.

### **Balance Your Diet and Your Life**

**Wednesday, March 18, 11:30 a.m. to 12:30 p.m. CT**

Get ready to discover how food provides energy for our bodies. And how to develop healthy eating habits. We'll also discuss how to set goals to help you change your eating habits for good.

### **Virtual Resources**

**Thursday, April 22, 11:30 a.m. to 12:30 p.m. CT**

Virtual resources are one easy way to get around barrier to accessing mental health care. This training will cover the virtual resources that are available to members and how to access them.

## **Mindfulness**

**Tuesday, June 16, 11:30 a.m. to 12:30 p.m. CT**

This session will explore the mind body connection. And how stress affects your body. Then, you'll learn about mindfulness and other strategies to reframe your thoughts.

- **In-person: TN Tower, 3<sup>rd</sup> floor, Rooms A&C**
- **Webinar: <https://tngov.webex.com/meet/JJoralemon>**

## **State Office and Benefits Administration (BA) Service Center Closed**

State offices and the BA service center will be closed Monday, January 20 for the Martin Luther King Jr. holiday. We hope you have a great weekend!

Attachments: 4Mind4Body Lunch & Learn Flier  
SOT Here4TN Presentation



# #4Mind4Body Lunch and Learns

## **Aging Healthfully and Gracefully**

Tuesday, February 11, 11:30 a.m. to 12:30 p.m. CT

Learn how to enhance the “aging process” by staying active and discover types of safe and effective exercises for both cardiovascular and muscular conditioning.

## **Balance Your Diet and Your Life**

Wednesday, March 18, 11:30 a.m. to 12:30 p.m. CT

Get ready to discover how food provides energy for our bodies. And how to develop healthy eating habits. We'll also discuss how to set goals to help you change your eating habits for good.

## **Virtual Resources**

Thursday, April 22, 11:30 a.m. to 12:30 p.m. CT

Virtual resources are one easy way to get around barrier to accessing mental health care. This training will cover the virtual resources that are available to members and how to access them.

## **Mindfulness**

Tuesday, June 16, 11:30 a.m. to 12:30 p.m. CT

This session will explore the mind body connection. And how stress affects your body. Then, you'll learn about mindfulness and other strategies to reframe your thoughts.

All sessions available **in-person or via webinar**. No pre-registration required.

In Person: TN Tower, 3rd floor, Rooms A&C

Webinar: <https://tngov.webex.com/meet/JJoralemon>





Your partner for Behavioral  
Health, Employee  
Assistance and WorkLife





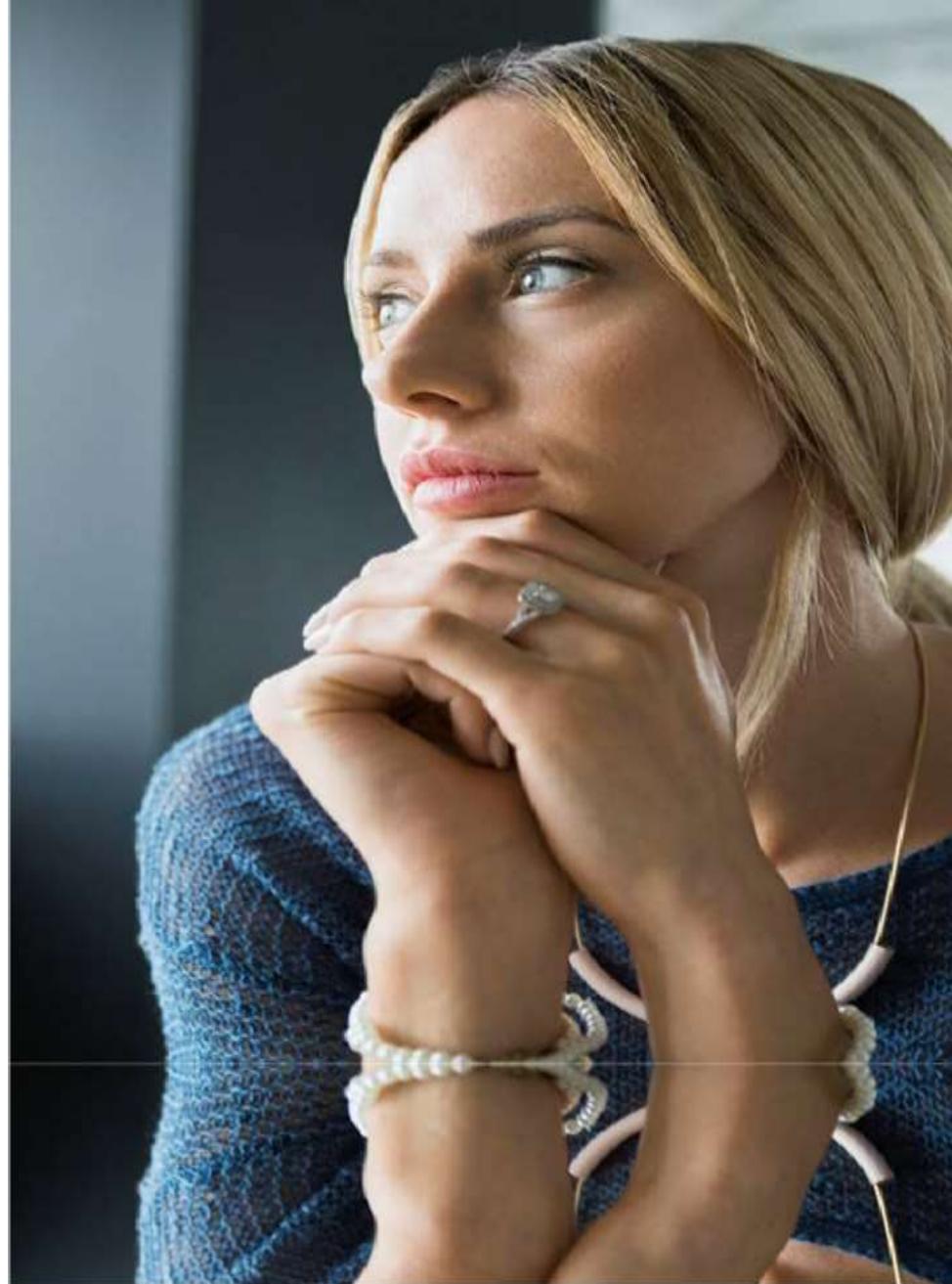
# SUBSTANCE USE DISORDER BENEFIT ENHANCEMENT

**Costs are waived for members who use certain preferred substance use treatment facilities**

- PPO members who use these high-quality facilities won't pay a deductible or coinsurance for facility-based substance use treatment
- CDHP/HSA members' coinsurance is waived after they meet their deductible
- Copays for PPO members and deductible/coinsurance for CDHP/HSA members will still apply for standard outpatient treatment services
- Find preferred Optum facilities at [Here4TN.com](https://www.here4tn.com) or by calling 855-Here4TN

## MEMBER EAP SERVICES

- Five visit EAP, per problem, per person, per year
- Dedicated line for TN members to access for help
- Access to Here4TN.com
- Virtual visits
- Legal counseling and mediation services
- Financial counseling and coaching
- WorkLife Services
- Take Charge At Work

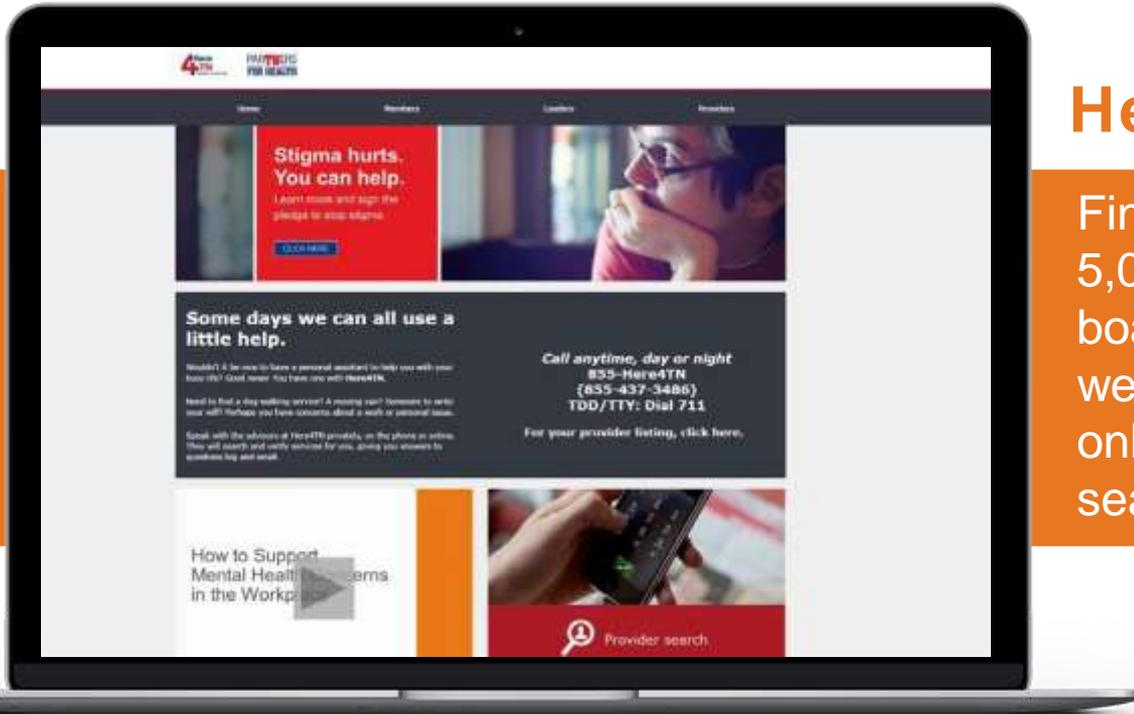


**CALL 855-Here4TN**  
**To connect with your  
dedicated Optum team**



Members call Master's-level employee assistance specialists for unlimited **consultations, risk screening, advocacy, referrals and educational materials.**

Five visit EAP, per problem, per person, per year.



## Here4TN.com

Find information you need from 5,000+ articles, discussion boards, videos, podcasts, webinars, newsletters and online condition centers, and search for a provider.

## VIRTUAL VISITS

Virtual visits are a covered treatment option that leverages HIPAA-compliant technology to deliver EAP, evaluation, therapy, medication management, information and education at a distance in real time.





## LEGAL COUNSELING AND MEDIATION SERVICES

Employees receive a free, half-hour consultation per separate legal issue on the phone or in person with an attorney or mediator in their state — part of a national network of **more than 28,000 attorneys and mediators**. Ongoing counsel is available at a **25% discount**.

## FINANCIAL COUNSELING & COACHING

Financial Well-being offers multiple ways to engage and access financial assistance. Members can access online financial stress assessments, self-guided learning modules, financial calculators and a learning library. Members may also receive 30-60 minutes of telephonic consultations per issue, per year with an experienced, credentialed financial coach to address a wide array of concerns.



Adult/eldercare services	Child/parenting services	Chronic condition support	Convenience services	Life learning
<ul style="list-style-type: none"> <li>• Financial planning</li> <li>• Retirement planning</li> <li>• Legal services</li> <li>• Housing assistance</li> <li>• Support services</li> <li>• Respite care insurance information</li> <li>• Transportation</li> <li>• Medicare/Medicaid support</li> <li>• Long-distance caregiving</li> <li>• Aids to daily living</li> </ul>	<ul style="list-style-type: none"> <li>• Childcare</li> <li>• Parenting support</li> <li>• Child development experts</li> <li>• Special needs support</li> <li>• Help for teens</li> <li>• Pregnancy services childbirth/nursing professionals</li> <li>• Camps</li> <li>• Family activities</li> <li>• Adoption support</li> <li>• Grand parenting assistance</li> <li>• Pet services</li> <li>• Help for non-traditional families</li> <li>• Communication training</li> <li>• Domestic relocation</li> </ul>	<ul style="list-style-type: none"> <li>• Aids to daily living</li> <li>• Medical suppliers</li> <li>• Food/nutrition assistance</li> <li>• Self care tools</li> <li>• Travel assistance</li> <li>• Social services</li> <li>• Home healthcare</li> <li>• Medical alert systems</li> <li>• Special housing</li> <li>• Help with work issues</li> <li>• Assistive technology</li> </ul>	<ul style="list-style-type: none"> <li>• Household needs</li> <li>• Personal issues</li> <li>• Recreational activities</li> <li>• Shopping</li> <li>• Entertainment</li> <li>• Dining</li> <li>• Nightlife options</li> <li>• Education</li> <li>• Health &amp; wellness</li> <li>• Care kits</li> </ul>	<ul style="list-style-type: none"> <li>• School issues</li> <li>• Special education resources</li> <li>• College selection</li> <li>• Lectures</li> <li>• Financial aid assistance</li> <li>• Online learning alternative education programs</li> <li>• Community education programs</li> <li>• Career consulting</li> <li>• Adult education classes</li> <li>• Enrichment classes</li> <li>• Music, dance, art and craft classes</li> </ul>

## TAKE CHARGE AT WORK

Take Charge at Work is a confidential program designed to help working adults recognize and manage symptoms of stress and depression. Call 855-Here4TN (437-3486) with questions or to enroll.

### Step 1

Answer a quick assessment with a Here4TN specialist.

### Step 2

Once enrolled members will have access to a program workbook and will work through each chapter at a pace that's right for them.

### Step 3

Together with a coach, members will create a personal plan so they can get work-life balance back and start enjoying life again.

**State of TN is offering TCAW participants an incentive\* of \$150 to complete the TCAW Engagement Activity.**  
Engagement Activity (session one) is defined by completion of the first coaching session.  
Incentive tracked through ActiveHealth Management.

\*The TCAW incentive is offered to eligible state and higher ed. active members only.

## LEADER AND MANAGER RESOURCES

- Training and development for managers and employees
- Management consultation services
- Critical incident response services



## TRAINING AND DEVELOPMENT FOR MANAGERS AND EMPLOYEES



A wide range of informative seminars and webcasts help managers and employees address **life, health and workplace challenges.**



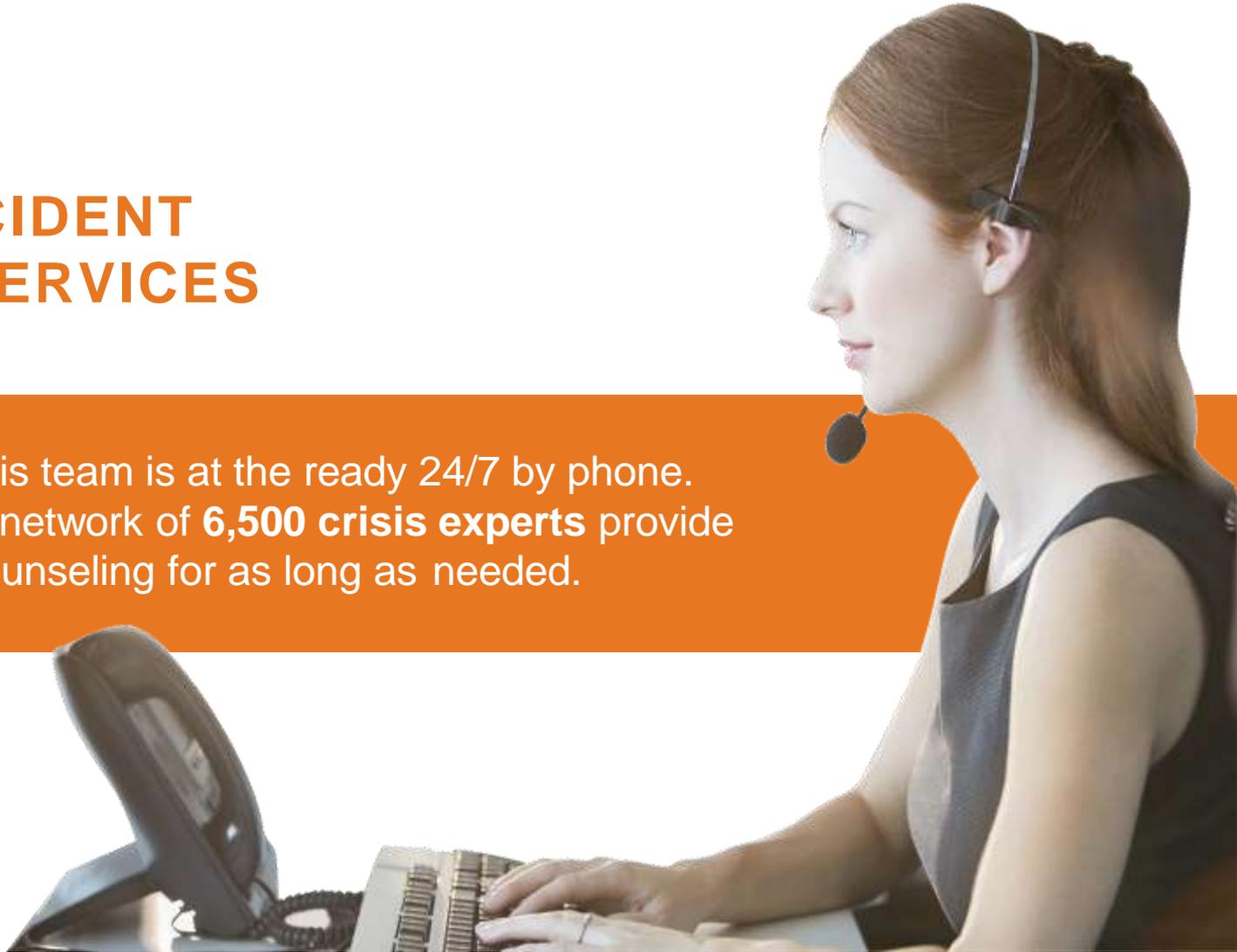
## MANAGEMENT CONSULTATION SERVICES

As much as they need to, managers can consult with EAP specialists and licensed management consultants on any workplace issue, including management referrals.



## CRITICAL INCIDENT RESPONSE SERVICES

A specialized crisis team is at the ready 24/7 by phone. Clinicians from a network of **6,500 crisis experts** provide urgent, on-site counseling for as long as needed.





January 24, 2020

**The following email was sent to agency benefits coordinators (ABCs) today.**

### **Health Savings Account (HSA) 1099-SA Mailing (all plans)**

On Tuesday, January 28, 2020, PayFlex will begin mailing HSA Form 1099-SA to HSA account holders.

- This form will only be generated for HSA account holders with 2019 distributions. **If an account holder didn't withdraw or use any of their HSA funds in 2019, they won't receive a Form 1099-SA.**
- Members can choose to go paperless and retrieve their 1099-SA form online. They can also choose to receive a mailed paper-copy. Regardless of their preference, all forms will be uploaded to the member portal. Additional details are below.
- An HSA Form 1099-SA insert will be included with each mailed form (**attached**).
- **On 12/27/2019**, a *News You Can Use* article was posted on the member portal for all HSA members. Members will see this *after they log in*.
- **01/30/2020 by end of day**, forms will be uploaded to the member portal.
- **01/31/2020 by end of day**, PayFlex will file copies with the Internal Revenue Service (IRS).

### **Plan Document Updates (all plans)**

On Monday, January 27, we will post updated 2020 Plan Documents on the [ABC webpage](#) under Plan Documents. Benefits Administration will walk through the changes with ABCs during the February 11 ABC conference calls.

### **ActiveHealth to Send Member Survey (all plans)**

On Monday, February 3, ActiveHealth will start sending out surveys to all members who have engaged in any activity associated with the wellness program. This includes accessing the ActiveHealth website, the Quest biometric screening site or any coaching program, including disease management and weight management. Enrolled local education and local government members or retirees who have participated in disease management will also receive the survey.

We have **attached** sample copies of the emails associated with the survey. There are three: the email that comes with the initial survey, a follow up email after 14 days if the survey has not been completed or is incomplete, and a thank you email for completing the survey. Members are not required to complete the survey, but we are encouraging members to complete the survey to help us improve the program.

Attachments: HSA 1099-SA Insert  
Wellness Program Survey

## Important information for Form 1099-SA

This **Form 1099-SA** is for your PayFlex Health Savings Account (HSA). It shows your HSA **distributions in 2019**. This includes what you paid for with your PayFlex debit card, payments to health care providers, and amounts paid to you from your HSA. We sent a copy of this form to the Internal Revenue Service (IRS). Below are some Frequently Asked Questions (FAQs) about this form.

### What do I need to do with Form 1099-SA?

Save it. You'll **use it to complete IRS Form 8889**. As an HSA account holder, you must complete Form 8889 when you file your federal tax return. You can find more information on Form 8889 at [www.irs.gov](http://www.irs.gov). Click **Forms & Instructions > List All Current Forms & Instructions >** In the **Find** box type in **8889 >** Click the **Find** button.

### Can I find my HSA tax forms online?

Yes. Log in to the PayFlex member website. Click **Documents & Forms** and select **My Documents**. From the drop down, select **HSA Tax Documents**.

### How do I sign up for "paperless" tax forms?

If you no longer want to get your tax forms in the mail, log in to the PayFlex member website. Click **Account Settings** and select **Account notifications**. Under Health Savings Account, select "Paperless" for your tax documents.

### Is this the only tax form I'll receive for my HSA?

No. In May, we'll send you Form 5498-SA. You won't need to include that form when you file your taxes. We'll send it to the IRS for you. Form 5498-SA includes pre-tax contributions from your paycheck, any contributions you made on your own (post-tax), and any employer contributions you received. You can make contributions for 2019 until the tax filing deadline. For 2019, the tax filing deadline is April 15, 2020.

## Field descriptions for Form 1099-SA

**Box 1: Gross distribution** – Total withdrawals from your HSA that posted from January 1 through December 31. This includes debit card payments, payments to health care providers, and amounts paid to you.

**Box 2: Earnings on excess cont.** – Includes earnings on any excess contributions you may have withdrawn and received from your HSA in 2019. It also includes interest or investment earnings that apply to these funds.

**Box 3: Distribution code** – Identifies the type of distributions from your HSA.

**1** = Normal distribution\*

**2** = Excess contributions\*

**3** = Disability

**4** = Death distribution other than code 6

**5** = Prohibited transaction

**6** = Death distribution after year of death to a non-spouse beneficiary

**Box 4: FMV on date of death** – This is reported only if the account holder has passed away. The Fair Market Value (FMV) is the total value of the account on the date of death. Otherwise, this box will be blank.

**Box 5: HSA/Archer HSA/MA MSA** – This will be marked for HSA; MA MSA stands for Medicare Advantage Medical Savings Account.

**Account number** – The unique number that PayFlex has for your HSA.

\*If you have normal distributions and a return of excess contributions, you'll receive two forms. You'll receive one form for each distribution code.

There may be fees associated with a Health Savings Account ("HSA"). These are the same types of fees you may pay for checking account transactions. Please see the HSA fee schedule in your HSA enrollment materials for more information.

This material is for informational purposes only and is not an offer of coverage. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. It does not contain legal or tax advice. You should contact your legal counsel if you have any questions or if you need additional information. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (US) economic or trade sanctions. For more information about PayFlex, go to **payflex.com**.

© 2019 PayFlex Systems USA, Inc.  
69.03.584.1 D (12/19)

## ParTNers For Health Wellness Program-2019 Member Satisfaction Survey Email Examples

**Initial Survey:**

**Subject Line:**

5 Minute Survey from ParTNers For Health Wellness Program and ActiveHealth Management

**Body:**

### ParTNers for Health Wellness Program- 2019 Member Satisfaction Survey

Hello,

We'd like to hear about your experience in the 2019 ParTNers For Health Wellness program. It takes no more than 5 minutes to do.

Survey answers are private and your feedback can help us improve the program in 2020. Please click the blue Start Survey button to begin.

Thank you,  
ActiveHealth Management

Start Survey

Please do not forward this email as its survey link is unique to you.  
[Privacy](#) | [Unsubscribe](#)

Powered by  SurveyMonkey

**Follow Up Email after 14 days- incomplete or partially complete surveys:**

**Subject Line:**

**We want your feedback- ParTNers for Health Wellness Program Survey**

**Body:**

## ParTNers For Health Wellness Program- 2019 Member Satisfaction Survey

We recently contacted you about a survey, but haven't received your responses. We'd really appreciate your participation.

Click the button below to start or continue the survey. Thank you for your time.

Begin Survey

Please do not forward this email as its survey link is unique to you.  
[Privacy](#) | [Unsubscribe](#)

**Thank you email for completed survey:**

**Subject Line:**

Thank you for taking our survey

**Body:**

## ParTNers For Health Wellness Program- 2019 Member Satisfaction Survey

Thank you for completing our survey! We appreciate your feedback to help make 2020 a better year in health.

Please do not forward this email as its survey link is unique to you.

[Privacy](#) | [Unsubscribe](#)

Powered by  SurveyMonkey

January 31, 2020

***The following email was sent to agency benefits coordinators (ABCs) today.***

### **Premium Holiday Announcement (state and higher ed only)**

The State Insurance Committee approved a premium holiday for state and higher education active members which will be reflected in May paychecks for June coverage. We will share more information during an upcoming ABC call.

### **Beware of Phishing Emails**

Earlier this week, Benefits Administration (BA) received notification from an ABC that they had received a suspicious email that contained the name of a BA staff member in the from line but the email was not sent from BA or a tn.gov email address. The email contained a link to click that was not to a tn.gov site, nor was the site from one of our vendor partners, and the email asked for personal information.

This was a phishing email, similar in nature to scams you may have heard about where someone impersonates a bank in an attempt to gather financial information.

Here are some helpful tips on how to recognize and avoid phishing scams.

Examples of Phishing Messages:

- "We suspect an unauthorized transaction on your account. To ensure that your account is not compromised, please click the link below and confirm your identity."
- "During our regular verification of accounts, we couldn't verify your information. Please click here to update and verify your information."
- "Our records indicate that your account was overcharged. You must call us within 7 days to receive your refund."

The senders are phishing for your information so they can use it to commit fraud.

How to Deal with Phishing Scams

- Delete email and text messages that ask you to confirm or provide personal information (credit card and bank account numbers, Social Security numbers, passwords, etc.). Legitimate companies don't ask for this information via email or text.
- The messages may appear to be from organizations you do business with – banks, for example. They might threaten to close your account or take other action if you don't respond.
- Don't reply, and don't click on links or call phone numbers provided in the message, either. These messages direct you to spoof sites – sites that look real but whose purpose is to steal your information so a scammer can run up bills or commit crimes in your name.
- If you're concerned about your account or need to reach an organization you do business with, call the number on your financial statements or on the back of your credit card.

Please take care in downloading any email attachments or clicking on links in emails you were not expecting, and always verify the sender.

**Reminder - #4Mind4Body Lunch & Learns (state only)**

We've set up eight #4Mind4Body Lunch & Learns in 2020 with our vendors, Optum and ActiveHealth, three of which will be co-presented by both vendors. The lunch and learns will focus on a variety of topics to include aging healthfully, to exercise, quitting nicotine, and more.

We've **attached** a flier for you to share with your employees that features the first four lunch and learns. Later this year, we'll share the flier for the last four sessions.

**\*\* You can share the flier and information below with your employees \*\***

Join us for our #4Mind4Body Lunch and Learns! ParTNeers for Health has joined up with Optum and ActiveHealth to host a series of lunch and learn sessions on a variety of topics, ranging from aging healthfully and gracefully, developing healthy eating habits, to exercise, quitting nicotine and more! Information about the first four sessions is on the attached flier and below.

**Join in-person or by webinar via WebEx. No pre-registration required.**

- **In-person: TN Tower, 3<sup>rd</sup> floor, Rooms A&C**
- **Webinar: <https://tngov.webex.com/meet/JJoralemon>**

### **Aging Healthfully and Gracefully**

**Tuesday, February 11, 11:30 a.m. to 12:30 p.m. CT**

Learn how to enhance the "aging process" by staying active and discover types of safe and effective exercises for both cardiovascular and muscular conditioning.

### **Balance Your Diet and Your Life**

**Wednesday, March 18, 11:30 a.m. to 12:30 p.m. CT**

Get ready to discover how food provides energy for our bodies. And how to develop healthy eating habits. We'll also discuss how to set goals to help you change your eating habits for good.

### **Virtual Resources**

**Wednesday, April 22, 11:30 a.m. to 12:30 p.m. CT**

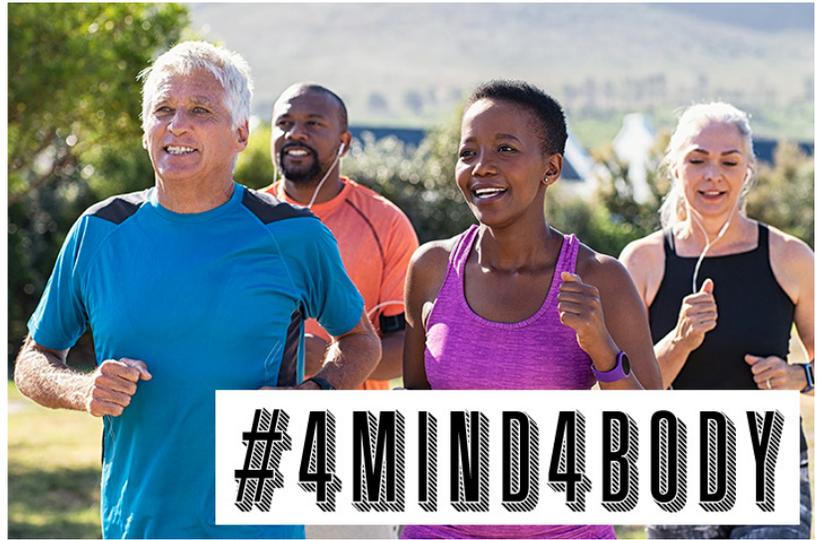
Virtual resources are one easy way to get around barriers to accessing mental health care. This training will cover the virtual resources that are available to members and how to access them.

### **Healthy Body, Healthy Mind**

**Tuesday, June 16, 11:30 a.m. to 12:30 p.m. CT**

This session will explore the mind body connection. And how stress affects your body. Then, you'll learn about mindfulness and other strategies to reframe your thoughts.

Attachment: #4Mind4Body Lunch & Learn Flier



# #4Mind4Body Lunch and Learns

## **Aging Healthfully and Gracefully**

Tuesday, February 11, 11:30 a.m. to 12:30 p.m. CT

Learn how to enhance the “aging process” by staying active and discover types of safe and effective exercises for both cardiovascular and muscular conditioning.

## **Balance Your Diet and Your Life**

Wednesday, March 18, 11:30 a.m. to 12:30 p.m. CT

Get ready to discover how food provides energy for our bodies. And how to develop healthy eating habits. We’ll also discuss how to set goals to help you change your eating habits for good.

## **Virtual Resources**

Wednesday, April 22, 11:30 a.m. to 12:30 p.m. CT

Virtual resources are one easy way to get around barriers to accessing mental health care. This training will cover the virtual resources that are available to members and how to access them.

## **Healthy Mind, Healthy Body**

Tuesday, June 16, 11:30 a.m. to 12:30 p.m. CT

This session will explore the mind body connection. And how stress affects your body. Then, you’ll learn about mindfulness and other strategies to reframe your thoughts.

All sessions available **in-person or via webinar**. No pre-registration required.

In Person: TN Tower, 3rd floor, Rooms A&C

Webinar: <https://tngov.webex.com/meet/JJoralemon>



February 7, 2020

*The following email was sent to agency benefits coordinators (ABCs) today.*

**ABC Conference Calls**

The February monthly ABC conference calls are next week! We will have a presentation outlining the recent Plan Document changes.

**Higher Ed – Tuesday, Feb. 11 at 8:30 a.m. Central time**

**Local Ed – Tuesday, Feb. 11 at 10 a.m. Central time**

**Central State – Tuesday, Feb. 11 at 12:30 p.m. Central time**

**Local Government – Tuesday, Feb. 11 at 2 p.m. Central time**

Reminder – use the webinar (WebEx) login link and instructions on the attached agenda (same as the January calls).

**2020 Plan Document Updates**

The 2020 Plan Documents for State, Local Education and Local Government are posted on the ParTNers For Health website under Publications at <https://www.tn.gov/partnersforhealth/publications/publications.html>. Attached is a list summarizing what has been updated since the 2019 versions. We will go over these changes and answer your questions during next week's ABC conference calls.

**Edison Scheduled Maintenance**

Edison will be performing scheduled system maintenance beginning on Sunday, February 9 at 6:00 a.m. until 10:00 p.m. Central time. During this maintenance window, Edison will be unavailable.

Attachments: Plan Document Summary for ABCs\_Higher Ed  
Plan Document Summary for ABCs\_Local Ed  
Plan Document Summary for ABCs\_Local Gov  
Plan Document Summary for ABCs\_State

Posted on the PartNers For Health website under Publications at

<https://www.tn.gov/partnersforhealth/publications/publications.html>

- Date change on the cover indicates the document is for the 2020 plan year
- Date in the footer beginning on page one reflects the date of most recent updates – 1/24/2020

**Section 4.07 “Continuation of Health Coverage for Retirees”** - added language approved by the State Insurance Committee allowing a choice of retiree classification, subject to satisfying eligibility criteria: **“Employment with the Employer”** is defined as creditable service in a position where the incumbent qualifies for insurance coverage with the State of Tennessee or any agency participating in the state or local education plans.

*For purposes of this plan, accumulated unused sick leave is defined as employment with the employer. When eligible for retiree coverage by combining creditable state service and local education service, the retiree will be classified as a retiree in the plan from which employment ended immediately preceding retirement. When eligible for retiree coverage without combining creditable service, the retiree may choose to be classified as a retiree in the plan in which he or she first satisfied eligibility criteria, or in the plan from which the employment ended immediately preceding retirement.*

#### **Section 6.05 “Appeals Provision” - Clarification**

- Inserted language to clarify that either the covered person or their authorized representative may request an appeal; and
- Updated language to recognize that not all appeals follow the same path during internal review (some cases are approved at level I making other levels unnecessary, some cases move from level I to IRO because a level II is highly unlikely to result in a reversal and would only consume time best spent in independent review, some cases proceed through all levels, etc.):

*The covered person ~~must first exhaust any and all levels of~~ or their authorized representative should **exhaust** the internal complaint or grievance process available through the claims administrator before initiating an external level of appeal.*

#### **Section 8.01 “Employee Contributions” – Changes approved by Insurance Committees 1/24/2020**

- Changed section title from Employee Contributions to Contributions by Covered Persons
- “Employee” and “Employee or dependent” language replaced with Covered Person
- Added language to clarify that premium deferral is specific to direct bill premiums
- Added language to permit a one-time coverage reinstatement when direct billed premiums are not paid within the premium deferral period:

*The plan permits a **30 day premium deferral period** of ~~premium~~ **a full calendar month for premiums being billed directly instead of through payroll deduction**. If the premium is not paid ~~at the end of that~~ **within the deferral period**, coverage will be canceled retroactive to the ~~day a premium was last paid with no provision for reinstatement of coverage last month for which the premium was paid~~.*

*When coverage for Covered Persons who are billed directly has been canceled for failure to pay within the deferral period, the plan permits a one-time opportunity for coverage reinstatement. Covered Persons seeking reinstatement of coverage must request reinstatement within 30 days of being notified that coverage was canceled. The Covered Person must sign and return the required documentation, and all current and past due premiums must be received within a 30-day deadline.*

### **Section 11.03 “Hospital-Based Providers” – Clarification**

- Refers to providers such as emergency room physicians, anesthesiologists, radiologists and pathologists who are generally not contracted with the insurance carriers
- Inserted language to clarify that reimbursement at network levels is specific to care at an in-network facility – Example: in-network hospital, out-of-network ER physician
- Added language to clarify member responsibility at an out-of-network facility:  
*Covered Persons will be responsible for expenses exceeding the maximum allowable charge for hospital-based providers at an out-of-network facility unless the claims administrator determines that the expenses were for emergency care.*

### **Section 13.02 “Covered Expenses”**

**Item (I) – clarification – updated language to remove “from” language which has caused some confusion; during a transport, the ambulance is going “to” another location:**

*Charges for medically necessary transportation by professional ambulance service (ground and air) ~~to and from~~ the nearest general hospital or specialty hospital which is equipped to furnish treatment incident to such illness or injury. Air ambulance charges and all other professional ambulance charges (including ground ambulance) are covered as detailed in Attachment A of the plan.*

### **Section 13.02 “Covered Expenses”**

**Item (J) – change – added language reflecting new acupuncture benefit approved by the IC**

*Charges for treatment received by a licensed doctor of podiatric medicine or, for treatment by a licensed doctor of chiropractic, ~~or for treatment by a licensed acupuncturist~~ provided treatment was within the scope of his/her license, unless excluded under Section 13.04.*

### **Section 13.03 “Other Covered Expenses”**

**Item (I) – change – added language reflecting improved coverage for dental expenses approved by the Insurance Committees (this is coverage specific to medical plan benefits):**

*Covered Dental Expenses.*

*Charges for treatment of accidental injury ~~or damage~~ to sound natural teeth ~~and/or jaw (other than by eating or chewing)~~. Treatment of accidental injury as described in this section ~~is~~ *does not include injury from eating or chewing. Damage means deterioration or loss documented to be the direct result of medically necessary treatment that significantly impairs a covered person’s ability to masticate and maintain a healthy weight. Services are limited to the cost of bridgework unless the claims administrator determines that teeth implants are medically necessary (for example if implants are medically necessary to anchor or support the**

*bridgework). Treatment will not be covered if the claims administrator determines services are cosmetic or otherwise not medically necessary.*

**Attachment A – inserted new benefit grids for 2020 plan year**

- Acupuncture added to Chiropractic line item; 50 visits of each noted
- Footnote added to the bottom of the grid - enhanced benefit approved for facility-based substance treatment at select substance use treatment facilities

**Updated sections of Part II of the State Plan Document – this part of the PD deals with Flexible Benefits**

- Updated plan year references throughout – Introduction, Section 1.06, Article II, Sections 2.16 and 4.01
- Introduction – added language to clarify payroll deductions:  
*Employees applying to enroll in the FSA or limited purpose FSA must consent to a payroll deduction agreement in Edison as a condition for being allowed to participate in either plan. This consent allows the State to make deductions from employee wages to repay expenses that employees fail to substantiate to the claims administrator.*
- Updated Medical Flexible Spending Account (FSA) maximum contribution amount from ~~\$2,650~~ to **\$2,700** – Article II, Sections 2.16 and 2.26

Posted on the PartNers For Health website under Publications at

<https://www.tn.gov/partnersforhealth/publications/publications.html>

- Date change on the cover indicates the document is for the 2020 plan year
- Date in the footer beginning on page one reflects the date of most recent updates – 1/24/2020

**Section 1.17 “Employer”** - updated section references to match current numbering in the plan document; outdated references 1.26 and 1.19 changed to 1.37 and 1.17

**Section 4.06 “Continuation of Health Coverage for Retirees”** – added language approved by the Local Education Insurance Committee allowing a choice of retiree classification, subject to satisfying eligibility criteria:

*“**Employment with the Employer**” is defined as creditable service in a position where the incumbent qualifies for insurance coverage with a local education agency in Tennessee that participates in the state-sponsored local education insurance plan or with the State of Tennessee or a higher education institution.*

*When eligible for retiree coverage by combining creditable state and local education service, the retiree will be classified as a retiree in the plan and employee classification from which employment ended immediately preceding retirement. When eligible for retiree coverage under another employee classification within the state or local education plan without combining creditable service, the retiree may choose to be classified as a retiree in the plan in which he or she first satisfied eligibility criteria, or in the plan and classification from which the employment ended immediately preceding retirement.*

**Section 6.05 “Appeals Provision” - Clarification**

- Inserted language to clarify that either the covered person or their authorized representative may request an appeal; and
- Updated language to recognize that not all appeals follow the same path during internal review (some cases are approved at level I making other levels unnecessary, some cases move from level I to IRO because a level II is highly unlikely to result in a reversal and would only consume time best spent in independent review, some cases proceed through all levels, etc.):

*The covered person ~~must first exhaust any and all levels of~~ or their authorized representative should **exhaust** the internal complaint or grievance process available through the claims administrator before initiating an external level of appeal.*

**Section 8.01 “Employee Contributions” – Changes approved by Insurance Committees 1/24/2020**

- Changed section title from Employee Contributions to Contributions by Covered Persons
- “Employee” and “Employee or dependent” language replaced with Covered Person
- Added language to clarify that premium deferral is specific to direct bill premiums
- Added language to permit a one-time coverage reinstatement when direct billed premiums are not paid within the premium deferral period:

*The plan permits a 30 day premium deferral period of ~~premium~~ a full calendar month for premiums being billed directly instead of through payroll deduction. If the premium is not paid ~~at the end of that~~ within the deferral period, coverage will be canceled retroactive to the ~~day a premium was last paid with no provision for reinstatement of coverage~~ last month for which the premium was paid.*

*When coverage for Covered Persons who are billed directly has been canceled for failure to pay within the deferral period, the plan permits a one-time opportunity for coverage reinstatement. Covered Persons seeking reinstatement of coverage must request reinstatement within 30 days of being notified that coverage was canceled. The Covered Person must sign and return the required documentation, and all current and past due premiums must be received within a 30-day deadline.*

### **Section 11.03 “Hospital-Based Providers” – Clarification**

- Refers to providers such as emergency room physicians, anesthesiologists, radiologists and pathologists who are generally not contracted with the insurance carriers
- Inserted language to clarify that reimbursement at network levels is specific to care at an in-network facility – Example: in-network hospital, out-of-network ER physician
- Added language to clarify member responsibility at an out-of-network facility:  
*Covered Persons will be responsible for expenses exceeding the maximum allowable charge for hospital-based providers at an out-of-network facility unless the claims administrator determines that the expenses were for emergency care.*

### **Section 13.02 “Covered Expenses”**

**Item (I) – clarification – updated language to remove “from” language which has caused some confusion; during a transport, the ambulance is going “to” another location:**

*Charges for medically necessary transportation by professional ambulance service (ground and air) ~~to and from~~ the nearest general hospital or specialty hospital which is equipped to furnish treatment incident to such illness or injury. Air ambulance charges and all other professional ambulance charges (including ground ambulance) are covered as detailed in Attachment A of the plan.*

### **Section 13.02 “Covered Expenses”**

**Item (J) – change – added language reflecting new acupuncture benefit approved by the IC**

*Charges for treatment received by a licensed doctor of podiatric medicine or, for treatment by a licensed doctor of chiropractic, ~~or for treatment by a licensed acupuncturist~~ provided treatment was within the scope of his/her license, unless excluded under Section 13.04.*

### **Section 13.03 “Other Covered Expenses”**

**Item (I) – change – added language reflecting improved coverage for dental expenses approved by the Insurance Committees (this is coverage specific to medical plan benefits):**

*Covered Dental Expenses.*

*Charges for treatment of accidental injury ~~or damage~~ to sound natural teeth ~~and/or jaw (other than by eating or chewing)~~. Treatment of accidental injury as described in this section ~~is~~ does not include injury from eating*

*or chewing. Damage means deterioration or loss documented to be the direct result of medically necessary treatment that significantly impairs a covered person's ability to masticate and maintain a healthy weight. Services are limited to the cost of bridgework unless the claims administrator determines that teeth implants are medically necessary (for example if implants are medically necessary to anchor or support the bridgework). Treatment will not be covered if the claims administrator determines services are cosmetic or otherwise not medically necessary.*

**Attachment A – inserted new benefit grids for 2020 plan year**

- Acupuncture added to Chiropractic line item; 50 visits of each noted
- Footnote added to the bottom of the grid - enhanced benefit approved for facility-based substance treatment at select substance use treatment facilities

Posted on the PartNers For Health website under Publications at

<https://www.tn.gov/partnersforhealth/publications/publications.html>

- Date change on the cover indicates the document is for the 2020 plan year
- Date in the footer beginning on page one reflects the date of most recent updates – 1/24/2020

**Section 1.17 “Employer”** - updated section references to match current numbering in the plan document; outdated references 1.26 and 1.19 changed to 1.37 and 1.17

**Section 1.37 “Memorandum of Understanding (MOU)”** – fixed outdated reference:

*Benefits Administration acting as the committee’s representative, supersedes and replaces all prior MOUs. A participating employer failing to complete and return a MOU as provided in this section, or failing to abide by all provisions of the MOU, shall be subject to administrative action as specified in TCA ~~8-27-303~~ 8-27-703 or the MOU, up to and including, delayed enrollment, suspension of claims payment for persons covered through the employer, and an employer’s termination from the plan. Benefits Administration reserves the authority to determine appropriate action for a participating employer’s non-compliance or to extend compliance deadlines based on extenuating circumstances.*

**Section 6.05 “Appeals Provision” - Clarification**

- Inserted language to clarify that either the covered person or their authorized representative may request an appeal; and
- Updated language to recognize that not all appeals follow the same path during internal review (some cases are approved at level I making other levels unnecessary, some cases move from level I to IRO because a level II is highly unlikely to result in a reversal and would only consume time best spent in independent review, some cases proceed through all levels, etc.):

*The covered person ~~must first exhaust any and all levels of~~ or their authorized representative should ~~exhaust~~ the internal complaint or grievance process available through the claims administrator before initiating an external level of appeal.*

**Section 8.01 “Employee Contributions” – Changes approved by Insurance Committees 1/24/2020**

- Changed section title from Employee Contributions to Contributions by Covered Persons
- “Employee” and “Employee or dependent” language replaced with Covered Person
- Added language to clarify that premium deferral is specific to direct bill premiums
- Added language to permit a one-time coverage reinstatement when direct billed premiums are not paid within the premium deferral period:

*The plan permits a 30 day premium deferral period of ~~premium~~ a full calendar month for premiums being billed directly instead of through payroll deduction. If the premium is not paid ~~at the end of that~~ within the deferral period, coverage will be canceled retroactive to the ~~day a premium was last paid with no provision for reinstatement of coverage~~ last month for which the premium was paid.*

*When coverage for Covered Persons who are billed directly has been canceled for failure to pay within the deferral period, the plan permits a one-time opportunity for coverage reinstatement.*

*Covered Persons seeking reinstatement of coverage must request reinstatement within 30 days of being notified that coverage was canceled. The Covered Person must sign and return the required documentation, and all current and past due premiums must be received within a 30-day deadline.*

### **Section 11.03 “Hospital-Based Providers” – Clarification**

- Refers to providers such as emergency room physicians, anesthesiologists, radiologists and pathologists who are generally not contracted with the insurance carriers
- Inserted language to clarify that reimbursement at network levels is specific to care at an in-network facility – Example: in-network hospital, out-of-network ER physician
- Added language to clarify member responsibility at an out-of-network facility:  
*Covered Persons will be responsible for expenses exceeding the maximum allowable charge for hospital-based providers at an out-of-network facility unless the claims administrator determines that the expenses were for emergency care.*

### **Section 13.02 “Covered Expenses”**

**Item (I) – clarification – updated language to remove “from” language which has caused some confusion; during a transport, the ambulance is going “to” another location:**

*Charges for medically necessary transportation by professional ambulance service (ground and air) ~~to and from~~ the nearest general hospital or specialty hospital which is equipped to furnish treatment incident to such illness or injury. Air ambulance charges and all other professional ambulance charges (including ground ambulance) are covered as detailed in Attachment A of the plan.*

### **Section 13.02 “Covered Expenses”**

**Item (J) – change – added language reflecting new acupuncture benefit approved by the IC**

*Charges for treatment received by a licensed doctor of podiatric medicine or, for treatment by a licensed doctor of chiropractic, ~~or for treatment by a licensed acupuncturist~~ provided treatment was within the scope of his/her license, unless excluded under Section 13.04.*

### **Section 13.03 “Other Covered Expenses”**

**Item (I) – change – added language reflecting improved coverage for dental expenses approved by the Insurance Committees (this is coverage specific to medical plan benefits):**

*Covered Dental Expenses.*

*Charges for treatment of accidental injury ~~or damage~~ to sound natural teeth ~~and/or jaw (other than by eating or chewing)~~. Treatment of accidental injury as described in this section ~~is~~ does not include injury from eating or chewing. Damage means deterioration or loss documented to be the direct result of medically necessary treatment that significantly impairs a covered person’s ability to masticate and maintain a healthy weight. Services are limited to the cost of bridgework unless the claims administrator determines that teeth implants are medically necessary (for example if implants are medically necessary to anchor or support the bridgework). Treatment will not be covered if the claims administrator determines services are cosmetic or otherwise not medically necessary.*

**Attachment A – inserted new benefit grids for 2020 plan year**

- Acupuncture added to Chiropractic line item; 50 visits of each noted
- Footnote added to the bottom of the grid - enhanced benefit approved for facility-based substance treatment at select substance use treatment facilities

Posted on the PartNers For Health website under Publications at

<https://www.tn.gov/partnersforhealth/publications/publications.html>

- Date change on the cover indicates the document is for the 2020 plan year
- Date in the footer beginning on page one reflects the date of most recent updates – 1/24/2020

**Section 4.07 “Continuation of Health Coverage for Retirees”** - added language approved by the State Insurance Committee allowing a choice of retiree classification, subject to satisfying eligibility criteria: **“Employment with the Employer”** is defined as creditable service in a position where the incumbent qualifies for insurance coverage with the State of Tennessee or any agency participating in the state or local education plans.

*For purposes of this plan, accumulated unused sick leave is defined as employment with the employer. When eligible for retiree coverage by combining creditable state service and local education service, the retiree will be classified as a retiree in the plan from which employment ended immediately preceding retirement. When eligible for retiree coverage without combining creditable service, the retiree may choose to be classified as a retiree in the plan in which he or she first satisfied eligibility criteria, or in the plan from which the employment ended immediately preceding retirement.*

#### **Section 6.05 “Appeals Provision” - Clarification**

- Inserted language to clarify that either the covered person or their authorized representative may request an appeal; and
- Updated language to recognize that not all appeals follow the same path during internal review (some cases are approved at level I making other levels unnecessary, some cases move from level I to IRO because a level II is highly unlikely to result in a reversal and would only consume time best spent in independent review, some cases proceed through all levels, etc.):

*The covered person ~~must first exhaust any and all levels of~~ or their authorized representative should ~~exhaust~~ the internal complaint or grievance process available through the claims administrator before initiating an external level of appeal.*

#### **Section 8.01 “Employee Contributions” – Changes approved by Insurance Committees 1/24/2020**

- Changed section title from Employee Contributions to Contributions by Covered Persons
- “Employee” and “Employee or dependent” language replaced with Covered Person
- Added language to clarify that premium deferral is specific to direct bill premiums
- Added language to permit a one-time coverage reinstatement when direct billed premiums are not paid within the premium deferral period:

*The plan permits a 30 day premium deferral period of ~~premium~~ a full calendar month for premiums being billed directly instead of through payroll deduction. If the premium is not paid ~~at the end of that~~ within the deferral period, coverage will be canceled retroactive to the ~~day a premium was last paid with no provision for reinstatement of coverage~~ last month for which the premium was paid.*

*When coverage for Covered Persons who are billed directly has been canceled for failure to pay within the deferral period, the plan permits a one-time opportunity for coverage reinstatement.*

*Covered Persons seeking reinstatement of coverage must request reinstatement within 30 days of being notified that coverage was canceled. The Covered Person must sign and return the required documentation, and all current and past due premiums must be received within a 30-day deadline.*

### **Section 11.03 “Hospital-Based Providers” – Clarification**

- Refers to providers such as emergency room physicians, anesthesiologists, radiologists and pathologists who are generally not contracted with the insurance carriers
- Inserted language to clarify that reimbursement at network levels is specific to care at an in-network facility – Example: in-network hospital, out-of-network ER physician
- Added language to clarify member responsibility at an out-of-network facility:  
*Covered Persons will be responsible for expenses exceeding the maximum allowable charge for hospital-based providers at an out-of-network facility unless the claims administrator determines that the expenses were for emergency care.*

### **Section 13.02 “Covered Expenses”**

**Item (I) – clarification – updated language to remove “from” language which has caused some confusion; during a transport, the ambulance is going “to” another location:**

*Charges for medically necessary transportation by professional ambulance service (ground and air) ~~to and from~~ the nearest general hospital or specialty hospital which is equipped to furnish treatment incident to such illness or injury. Air ambulance charges and all other professional ambulance charges (including ground ambulance) are covered as detailed in Attachment A of the plan.*

### **Section 13.02 “Covered Expenses”**

**Item (J) – change – added language reflecting new acupuncture benefit approved by the IC**

*Charges for treatment received by a licensed doctor of podiatric medicine or, for treatment by a licensed doctor of chiropractic, ~~or for treatment by a licensed acupuncturist~~ provided treatment was within the scope of his/her license, unless excluded under Section 13.04.*

### **Section 13.03 “Other Covered Expenses”**

**Item (I) – change – added language reflecting improved coverage for dental expenses approved by the Insurance Committees (this is coverage specific to medical plan benefits):**

*Covered Dental Expenses.*

*Charges for treatment of accidental injury ~~or damage~~ to sound natural teeth ~~and/or jaw (other than by eating or chewing)~~. Treatment of accidental injury as described in this section ~~is~~ does not include injury from eating or chewing. Damage means deterioration or loss documented to be the direct result of medically necessary treatment that significantly impairs a covered person’s ability to masticate and maintain a healthy weight. Services are limited to the cost of bridgework unless the claims administrator determines that teeth implants are medically necessary (for example if implants are medically necessary to anchor or support the bridgework). Treatment will not be covered if the claims administrator determines services are cosmetic or otherwise not medically necessary.*

**Attachment A – inserted new benefit grids for 2020 plan year**

- Acupuncture added to Chiropractic line item; 50 visits of each noted
- Footnote added to the bottom of the grid - enhanced benefit approved for facility-based substance treatment at select substance use treatment facilities

**Updated sections of Part II of the State Plan Document – this part of the PD deals with Flexible Benefits**

- Updated plan year references throughout – Introduction, Section 1.06, Article II, Sections 2.16, 4.01 and 6.01
- Introduction – added language to clarify payroll deductions:  
*Employees applying to enroll in the FSA or limited purpose FSA must consent to a payroll deduction agreement in Edison as a condition for being allowed to participate in either plan. This consent allows the State to make deductions from employee wages to repay expenses that employees fail to substantiate to the claims administrator.*
- Updated Medical Flexible Account (FSA) maximum contribution amount from ~~\$2,650~~ to **\$2,700** – Article II, Sections 2.16 and 2.26
- Updated Parking and Transportation maximum contribution amount from ~~\$260~~ to **\$265** – Introduction, Sections 5.05, 5.06 and 6.01
- Added language to clarify eligibility for the P&T Reimbursement Account, Section 5.01:  
*Who is eligible for the plan?*  
*Any State of Tennessee employee who has transportation expenses may participate in the P&T Reimbursement Account. Claims for your parking FSA and/or transportation FSA may only be incurred by yourself, as the state employee, as part of your daily parking at work or transportation to and from work. Expenses for other family members (spouse, children) are not allowed.*
- Updated web address for locating the appropriate form for enrolling in a Transportation Account and/or Parking Account, Section 5.03:  
...An employee may enroll by completing the appropriate form and faxing to 615-741-8196. The form can be accessed at  
<https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/1020.pdf>  
<https://www.tn.gov/partnersforhealth/other-benefits/flexible-benefits.html>.

February 14, 2020

*The following email was sent to agency benefits coordinators (ABCs) today.*

**ABC Conference Call Notes**

The combined notes from the February 11 ABC conference calls are **attached**.

**Fitness Center Discounts Listed on Wellness Page**

Soon Benefits Administration will no longer post fitness center discounts on the ParTNers for Health Wellness page. We found the list more and more difficult to accurately maintain. We strive to provide the most up to date information as possible. When facilities closed or changed or stopped offering a discount, they did not always communicate that to their own staffs or to the State. This caused member confusion and dissatisfaction. However, before making the decision to stop posting this list, we contacted every fitness center on the current list and found that in counties where we had participating facilities, many of these facilities were also in the BlueCross BlueShield and Cigna network. If the facility was not participating, there were other facilities in those counties that did participate in their networks. Members can go to BlueCross BlueShield and Cigna's websites to learn more. Discounts specific to state employees will be moved to the [Employee Discount Page](#). Click on For Employees then scroll down to Recreational Activities.

**State Offices and Benefits Administration Service Center Closed Monday**

State offices and the Benefits Administration service center are closed Monday, Feb. 17 for the Presidents' Day holiday. We hope you have a great holiday weekend!

February 21, 2020

***The following email was sent to agency benefits coordinators (ABCs) today.***

**PPACA Update – Form 1095-C Reminder (state only)**

In November, the IRS extended the upcoming ACA employer reporting deadline to furnish Form 1095-C and the due date for employers to issue the form is March 2, 2020, (previously January 31, 2020).

The 2019 1095-C forms are being prepared, and for employees who will receive it by mail, the 1095-C will be in the mail by March 2, 2020. Employees who elected to receive their 1095-C electronically will have access to it sooner. If employees elected to receive their 1095 electronically last year, they will receive it electronically this year as well. Any employees who elected to receive the form electronically but have since terminated will be updated so that they receive a paper copy in the mail.

As a reminder, employees do not have to send this form to the IRS with their individual tax filings.

**Zendesk Update**

We are still experiencing an issue with Zendesk. If you attempt to use the “Submit a Request” link on our Help Center at <https://benefitssupport.tn.gov>, it is not allowing you to upload file attachments. We are working with our technical support to resolve this issue.

Please continue to use this temporary workaround:

Instead of clicking the “Submit a Request” link, click the green “Help” button on the bottom-left of any page on our Help Center.

- When the chat bot tells you to ask a question, click “Get in touch.” (the “get in touch” button will appear in approximately 5 seconds)
- When the chat bot asks how you want to get in touch, click “Leave a message.”
- From there, you should be able to submit a request the same way as the “Submit a Request” link, and the file attachments are working.

February 28, 2020

***The following email was sent to agency benefits coordinators (ABCs) today.***

**Employee 2020 Benefits Confirmation Email – (state only)**

The week of March 2<sup>nd</sup>, all employees who have an email address in Edison will receive an email notifying them that their 2020 Benefits Confirmation statement is available. **Even if employees did not make any benefit changes for 2020, they will receive the notice.** You may get questions from your employees, especially if they did not make any changes.

This new notification is being sent to ensure that **all employees who filed appeals** receive an updated statement. We are unable to only generate the statements for those who have had changes since the initial statements were generated. The emails will come from [Edison.erp@tn.gov](mailto:Edison.erp@tn.gov) instead of appearing to come from the employees themselves.

**Here is the email that will be sent to all state employees:**

This email is to notify you that Benefits Administration has confirmed your benefits enrollment for 2020.

**Please note, even if you did not make any benefits changes for 2020, you will still have an online confirmation statement available to view, save, or print directly from Edison.** This new notification is being sent to ensure that all employees who filed appeals receive an updated statement. We are unable to generate the statements just for those who have had changes since the first time the statements were generated.

Your Benefits Confirmation Statement has been posted in Edison. Once you log into [Edison](#), follow these steps for the navigation: In the top right corner, click on the compass icon. Select Navigator. Then use this navigation: HCM > Self Service > Benefits > Benefit Details > Benefit Statements.

If you have any questions about your benefits, please feel free to chat with us or submit a request to our Service Center by clicking [here](#).

**Zendesk Update**

We are still experiencing an issue with Zendesk. If you attempt to use the “Submit a Request” link on our Help Center at <https://benefitssupport.tn.gov>, it is not allowing you to upload file attachments. We are working with our technical support to resolve this issue.

We will send an email to you as soon as the issue is resolved.

Meanwhile please continue to use this temporary workaround: Instead of clicking the “Submit a Request” link, click the green “Help” button on the bottom-left of any page on our Help Center.

- When the chat bot tells you to ask a question, click “Get in touch.” (the “get in touch” button will appear in approximately 5 seconds)
- When the chat bot asks how you want to get in touch, click “Leave a message.”
- From there, you should be able to submit a request the same way as the “Submit a Request” link, and the file attachments are working.

March 6, 2020

***The following email was sent to agency benefits coordinators (ABCs) today.***

### **ABC Conference Calls**

The March monthly ABC conference calls are next week! We will have presentations from Optum and Cigna.

**Higher Ed – Tuesday, March 10 at 8:30 a.m. Central time**

**Local Ed – Tuesday, March 10 at 10 a.m. Central time**

**Central State – Tuesday, March 10 at 12:30 p.m. Central time**

**Local Government – Tuesday, March 10 at 2 p.m. Central time**

**Reminder – use the webinar (WebEx) login link and instructions on the **attached** agenda.**

### **New Employee Orientation (state only)**

Beginning Monday, March 9th, we will discontinue the weekly New Employee Orientation held on Mondays. Instead, we will be posting a recording to the training like we did last fall. This recording will be available on demand and will be especially useful to those employees working 2nd and 3rd shifts, or who work jobs that don't allow for them to attend the training at the specific time it is offered. It can also be watched at home, with spouses, or other family members who will be impacted by the insurance decisions. We will also add a link to the webpage for employees to submit a request to our service center if they have questions during or after the presentation. Beginning on Monday, the orientation will be found on the [New Employees page](#) on the ParTNers for Health website.

### **Coronavirus Questions and Resources**

You may be receiving questions from members about the Coronavirus (COVID-19). We are sharing information from the Tennessee Department of Health (TDH).

TDH has launched a Tennessee Coronavirus Public Information Line in partnership with the Tennessee Poison Center. The hotline number is 877-857-2945 and will be available from 10 a.m. to 10 p.m. Central daily. Call volume has been high; callers are urged to be patient if they receive a busy signal and try their call at a later time.

People with concerns about their health should contact their health care providers. TDH has additional information available at [www.tn.gov/health/cedep/ncov.html](http://www.tn.gov/health/cedep/ncov.html). The CDC has updated information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html)

Members can call their health care provider's office to be evaluated over the phone instead of going to their office if you think you have coronavirus or have been exposed to it. They may send you to an FDA-approved testing lab instead of their office.

We have posted more information, as well as information about Telehealth services for members on our homepage [found here](#).

### **ABC and Member Storm Resources**

Following this week's devastating storms and tornados, we want to let you know that there are resources to help you, all state and higher education employees and our local education and local government plan members.

As always, you and our members can reach out to our Service Center, M-F, 8 a.m. to 4:30 p.m. CT, at 800.253.9981, or visit [tn.gov/ParTNersForHealth](https://tn.gov/ParTNersForHealth) and click the [blue Questions button](#) on the homepage or click the [green "Help" button](#) to chat during business hours.

We've added more resource information to the email sent to you on March 3, and [posted this information on our website here](#). Included below is information about EAP, pharmacy, Telehealth, vision and PayFlex resources for members enrolled in a CDHP/HSA and for state and higher education members enrolled in flexible spending accounts (FSA). Please share or post this information for your state employees and health plan members.

**Please share the information below with your state employees and health plan members:**

### **Benefits and Resources for Members Affected by March 3 Storms and Tornadoes**

Following the recent devastating storms and tornadoes, we want to let you know that there are resources to help state and higher education employees, and our local education and local government health insurance plan members.

If you have questions, you can reach out to our Service Center, M-F, 8 a.m. to 4:30 p.m. CT, at 800.253.9981, or visit [tn.gov/ParTNersForHealth](https://tn.gov/ParTNersForHealth) and click the [blue Questions button](#) on the homepage or click the [green "Help" button](#) to chat during business hours.

### **EAP Services**

If you need it, Here4TN is here for you. Through EAP, you can receive five counseling sessions at no cost. We also offer many referral services, such as:

- Financial assistance services
- Legal consultation services
- Help applying for disaster relief
- Temporary housing assistance
- Recommendations for home repair contractors
- Transportation assistance
- Assistance understanding how to replace important documents
- And more

Please give us a call anytime, day or night, at 855-Here4TN (855-437-3486) or go to [Here4TN.com](https://Here4TN.com)

### **Pharmacy Services**

For members in affected areas with prescription needs, Customer Care will approve one-time emergency refills of a 10-day supply of medication. Just call the number found on the back of your Caremark pharmacy card, 877.522.TNRX (8679).

If you are within the emergency area taking specialty medications, you will be contacted to discuss alternate delivery arrangements if needed. The use of courier services will be engaged

as necessary. If an override is needed for a Specialty medication, Specialty operations will contact account management for approval.

If you have questions about a medication delivery, you can call Customer Care at the toll-free number, 877.522.TNRX (8679), found on your Caremark pharmacy ID card.

### **Telehealth Services (virtual medical visit) for Cigna Members**

MDLIVE, the Telehealth service for Cigna members, is offering medical consults to members impacted by the recent tornado. A promo code has been generated and is active until the end of March 2020. It is good for one free consult, so affected members would not have to pay a copay or coinsurance for the virtual visit. You will need to create your user profile with your current health information.

#### **Cigna Members**

- Log into [MyCigna.com](https://mycigna.com)
- Look for MDLive
- Or, call 888.726.3171 for MDLive
- and use the following promo code: NASHTORNADO for Medical Services

### **Telehealth Services (virtual medical visit) for BlueCross BlueShield Members**

PhysicianNow program powered by MDLive, the Telehealth service for BlueCross BlueShield members, is offering medical consults to members impacted by the tornado who are residents of Nashville and the surrounding areas. The promo code will run until the end of March 2020. MDLive will offer one free medical consultation for affected individuals. You will need to create your user profile with your current health information.

#### **BlueCross BlueShield Members**

- Log into BlueAccess at [bcbst.com/members/tn\\_state/](https://bcbst.com/members/tn_state/)
- Look for and select Talk With a Doctor Now
- Or, call 888.283.6691
- And use the following promo code: NASHTORNADO for Medical Services

### **PayFlex Services for CDHP/HSA and FSA Members**

Members enrolled in a CDHP with a health savings account (HSA) and our state and higher education members with flexible spending accounts (FSA) who were negatively affected by the storms can reach out for expedited service. Affected members with lost or missing PayFlex debit cards can have them reissued and delivered overnight upon request. Affected members with deactivated accounts can request hardship assistance and have their cards reactivated. For questions or more information, please call PayFlex at (855) 288-7936.

### **Davis Vision Services for Members**

Many weather-related events nationwide cause broken or lost eyewear, and Davis Vision does assist in most cases.

- On the Davis Vision global website's landing page, [www.davisvision.com](https://www.davisvision.com), there is a "Disaster Relief" link.

- Clicking on the link brings up the guidance on disaster related support, available here: <https://davisvision.com/eyewear-replacement-assistance/>

It is recommended that members have their eyecare professional call Davis to go through the process for obtaining replacement eyewear lost or damaged due to a natural disaster.

### **Other Resources**

Tennessee Emergency Management Association (TEMA) has created a [recovery resource page](#) for those affected by the severe weather.

March 13, 2020

***The following email was sent to agency benefits coordinators (ABCs) today.***

### **ABC Conference Call Notes**

The combined notes from the March 10 ABC conference calls are **attached**.

### **Coronavirus Resources**

We have updated the coronavirus (COVID-19) resource document on the [ParTners for Health homepage](#), found by clicking the button titled **Coronavirus Public Information found here**. We will immediately update it with any relevant benefits information as decisions are made.

Please [share this link/document](#) with your employees and health plan members who may have questions.

**The CDC has also created this page to help prevent illness:**

[https://www.cdc.gov/coronavirus/2019-ncov/about/prevention.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fprevention-treatment.html](https://www.cdc.gov/coronavirus/2019-ncov/about/prevention.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fprevention-treatment.html)

**This information is from the Tennessee Department of Health (TDH):**

TDH has launched a Tennessee Coronavirus Public Information Line in partnership with the Tennessee Poison Center. The hotline number is 877-857-2945 and will be available from 10 a.m. to 10 p.m. Central daily. Call volume has been high; callers are urged to be patient if they receive a busy signal and try their call at a later time.

People with concerns about their health should contact their health care providers. TDH has additional information available at [www.tn.gov/health/cedep/ncov.html](http://www.tn.gov/health/cedep/ncov.html). The CDC has updated information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html)

Members can call their health care provider's office to be evaluated over the phone instead of going to their office if they think they have coronavirus or have been exposed to it. They may send them to an FDA-approved testing lab instead of their office.

### **Edison Down for Maintenance**

Edison will be performing scheduled system maintenance beginning this Sunday, March 15 at 6:00 a.m. until 10:00 p.m. Central. During this maintenance window, Edison will be unavailable.

March 17, 2020

### **Coronavirus COVID-19 Benefits Announcement**

In addition to sharing this information with all ABCs, we will also share this announcement with all plan members for whom we have an email address in Edison. Retirees will receive an email if we have their address or a letter in the mail.

Today, March 17, The State Group Insurance Program received approval from the State, Local Education and Local Government Insurance Committees to **waive member cost-sharing for in-network COVID-19 testing and in-network outpatient visits associated with this test.**

This includes testing and visits in a provider's office, urgent care, telehealth and emergency room when the visit leads to a COVID-19 test, as well as any services performed at the visit during which the COVID-19 test is performed. For telehealth visits, a COVID-19 test must occur within 48 hours from when the telehealth visit occurs for the cost of the telehealth visit to be waived. This waiver of cost-sharing applies to members in all plans, Premier PPO, Standard PPO, Limited PPO, CDHP/HSA and Local CDHP/HSA.

The benefit does **not** include waiving member cost-sharing for subsequent treatment associated with COVID-19, which would fall under the current cost-sharing based on the plan members are enrolled in.

Benefits Administration (BA) is working with our medical carriers to implement this benefit as soon as possible. There are coding and systems issues that must be addressed for claims to automatically process as intended. **While every effort will be made to pay claims accurately, the complexity and short timeframe in which to make the needed changes may lead to some members receiving a bill or an Explanation of Benefits (EOB) showing member cost for a service where cost-sharing should be waived.** BA and the medical carriers will work with any member who feels their claims have processed incorrectly to correct the issue as appropriate.

If members pay upfront, once they receive their EOB and it shows no member cost share, members will then have to ask for a refund from their provider. If members feel their claim has been processed incorrectly, once they receive their EOBs showing they owe more than expected, the members should call BlueCross BlueShield or Cigna member services at the phone number listed on the back of their insurance ID cards.

#### **What this means for our members?**

- Cost-sharing (copays, coinsurance and meeting a deductible) will **not** apply to in-network COVID-19 testing and in-network outpatient visits leading to COVID-19 testing for ALL members in any plan (Premier, Standard, Limited, CDHP) with either carrier (BCBST, Cigna).
- Benefit will take effect immediately and could also include claims prior to 3/17/20 which meet these requirements.

- Regular cost-sharing will apply for any treatment associated with COVID-19 under the current cost-sharing based on the plan members are enrolled in.
- If you use telehealth you will be charged at the time of service. If you have a COVID-19 test within 48 hours you will receive a refund after all claims are processed. Refunds may take a few weeks after you receive your EOB. Call BCBST or Cigna if you have questions.
- Because we are implementing this change quickly, we are still working with our medical carriers on coding and system changes for COVID-19 coverage. Some members may still receive a bill or Explanation of Benefits (EOB) showing a member cost when it should be waived. BA and our medical carriers will work with members to correct this if it occurs.
  - If a member believes they have a claim issue, here is what they can do:
    - If members paid upfront, once they receive their EOB, they can contact the provider or hospital and ask for a refund.
    - If members believe their claims were processed incorrectly, once they receive their EOB, members should call their carrier, BlueCross BlueShield or Cigna member services for a correction.
  - Members who have questions should call BCBS and Cigna member services:
    - BlueCross BlueShield of Tennessee  
800.558.6213  
Monday - Friday, 7 - 5 CT  
[bcbst.com/members/tn\\_state/](http://bcbst.com/members/tn_state/)
    - Cigna  
800.997.1617  
24/7  
[cigna.com/stateoftn](http://cigna.com/stateoftn)

### **Pharmacy Benefits**

Make the most of your **CVS/caremark Pharmacy Benefit**. You can prepare ahead and avoid crowds by setting up mail order prescription fills, refilling prescriptions before you run out, and filling your 30-day or 90-day supplies on most of your prescriptions (excluding controlled substances, like opioids, and specialty medications).

If you have concerns about picking up your prescription in person you may want to call your pharmacy and ask about shipping and delivery options. Some pharmacies are offering to mail or deliver prescriptions at no additional cost.

Here is some additional information about your CVS/caremark pharmacy benefit. You may take advantage of:

**Relaxed refill restrictions.** We are temporarily waiving early refill limits on 30-day and 90-day prescriptions for maintenance medications (such as high blood pressure, high cholesterol, coronary artery disease, congestive heart failure,

depression, and asthma/chronic obstructive pulmonary disease (COPD) at any in-network pharmacy. You can now fill maintenance medication prescriptions ahead of schedule.

If you have any trouble, tell your pharmacy staff to check for messaging in their system from CVS/caremark and that your plan sponsor is temporarily allowing early refill overrides. If they have trouble with the override, they should contact the CVS/Caremark pharmacy help desk (your pharmacy has the phone number).

For more help with your **CVS/caremark pharmacy benefits**, visit [info.caremark.com/stateoftn](https://info.caremark.com/stateoftn) or call 877.522.TNRX (8679) 24/7.

March 20, 2020

***The following email was sent to agency benefits coordinators (ABCs) today.***

### **COVID-19 Resources and Updates**

We have updated the coronavirus (COVID-19) resource document on the [ParTNers for Health homepage](#), found by clicking the red button titled **Coronavirus Public Information**. Additional information about EAP, behavioral health and wellness resources available for eligible employees and members is included. The current version is **attached**, dated March 20, 2020.

**Please continue to share this resource with your employees.**

We will continue to immediately update this document with any relevant benefits information as decisions are made.

**To stay informed on the status of COVID-19 in Tennessee, the following resources are available to you and your employees:**

- For a comprehensive list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://tn.gov/governor/covid-19.html)
- The Department of Health (TDH) continues to be a primary resource for up-to-date information for the status of COVID-19 in Tennessee. [Click here](#) to visit the TDH website.
- Review the COVID-19 symptoms found on the CDC website by [clicking here](#)
- The CDC has updated information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html)

### **Optum EAP/Behavioral Health COVID-19 Email**

We will be sending you an email specific to EAP and behavioral health resources available for eligible employees, members and dependents. **We will ask that you share this information with your eligible employees and members.**

### **Benefits Administration Closed to In-Person Retirement Counseling**

In accordance with the state's COVID-19 guidance, the majority of Benefits Administration's staff is working remotely. The only small change in our regular services for members and ABCs is this: we will not be conducting any in-person retirement counseling sessions for now.

If you have employees who have questions about retirement, please ask them to call our service center at 800-253-9981 and press option 2 to speak to a retirement representative.

### **Edison Workcenter Issue Resolved**

The Edison issue where you received the message "Cannot derive pagelet configuration ID" when using the Benefits Workcenter is resolved. All Workcenters are functioning normally; however, we recommend you delete your browsing history and cookies before using the Workcenter.

Attachment: Coronavirus Public Info-March 20, 2020

## Coronavirus Public Information – March 20, 2020

With news of coronavirus, also called COVID-19, spreading in the U.S., here is some helpful information for our health plan members. We will immediately update it with any relevant benefits information as decisions are made:

### COVID-19 Benefits for State Health Plan Members and Retirees

The State Group Insurance Program has approved waiving all costs for COVID-19 in-network testing and in-network outpatient visits associated with these tests.

### What does this mean for our members?

- Waiving costs for in-network testing and outpatient visits is for ALL health plan members – in all plans, and with both carriers: BlueCross BlueShield and Cigna.
- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and visits when the visit leads to a COVID-19 test, as well as any services performed at the visit during which the COVID-19 test is performed in the following:
  - Provider's office
  - Urgent care facility
  - Convenience clinic
  - Telehealth (a COVID-19 test must occur within 48 hours of the Telehealth visit to be waived)
  - Emergency Room

The benefit does **not** include waiving member cost-sharing for subsequent treatment associated with COVID-19, which would fall under the benefit cost-sharing the health plan members are currently enrolled in.

**See Frequently Asked Questions below for more member COVID-19 benefit information.**

### To stay informed on the status of COVID-19 in Tennessee, the following resources are available to you:

- For a comprehensive list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://tn.gov/governor/covid-19.html)
- The Department of Health (TDH) continues to be a primary resource for up-to-date information for the status of COVID-19 in Tennessee. [Click here](#) to visit the TDH website.
- Review the COVID-19 symptoms found on the CDC website by [clicking here](#).
- The CDC has updated information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

### Telehealth

- **Cigna members** can use your telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
  - Log into [MyCigna.com](https://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

- **BlueCross Blue Shield members** can use your PhysicianNow telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
  - Log into BlueAccess at [bcbst.com/members/tn\\_state/](https://bcbst.com/members/tn_state/)
  - Look for and select Talk With a Doctor Now
  - Or, call 888.283.6691

### Pharmacy Benefits

Make the most of your **CVS/caremark Pharmacy Benefit**. You can prepare ahead and avoid crowds by setting up mail order prescription fills, refilling prescriptions before you run out, and filling your 30-day or 90-day supplies on most of your prescriptions (excluding controlled substances, like opioids, and specialty medications).

If you have concerns about picking up your prescription in person you may want to call your pharmacy and ask about shipping and delivery options. Some pharmacies are offering to mail or deliver prescriptions at no additional cost.

Here is some additional information about your CVS/caremark pharmacy benefit. You may take advantage of:

**Relaxed refill restrictions.** We are temporarily waiving early refill limits on 30-day and 90-day prescriptions for maintenance medications (such as high blood pressure, high cholesterol, coronary artery disease, congestive heart failure, depression, asthma/chronic obstructive pulmonary disease (COPD) at any in-network pharmacy. You can now fill maintenance medication prescriptions ahead of schedule.

If you have any trouble, tell your pharmacy staff to check for messaging in their system from CVS/caremark and that your plan sponsor is temporarily allowing early refill overrides. If they have trouble with the override, they should contact the CVS/Caremark pharmacy help desk (your pharmacy has the phone number).

For more help with your **CVS/caremark pharmacy benefits**, visit [info.caremark.com/stateoftn](https://info.caremark.com/stateoftn) or call 877.522.TNRX (8679) 24/7.

### Mental Health and Emotional Well-Being Resources (EAP and Behavioral Health Benefits)

#### EAP Eligibility

**State and Higher Education Employees:** EAP services are available to all benefits-eligible employees and their eligible family members, even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

**Local Education, Local Government, COBRA and Retirees:** EAP services are available to those who are enrolled in medical insurance. Dependents are eligible even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

**Virtual Visits:** available for EAP and Behavioral Health

- Schedule a visit with a psychiatrist or therapist using secure video-conferencing

**Talkspace online therapy:** available for all members with behavioral health benefits

- Download the Talkspace app on your mobile device or computer through [Here4TN.com](https://www.here4tn.com)
- Communicate safely and securely with a therapist from your phone or desktop
- Message a licensed therapist 24/7 – includes text, audio or video messages within the secure app

**Sanvello:** On-demand help with stress, anxiety and depression – anytime

- Download the Sanvello app on your mobile device or computer through [Here4TN.com](https://www.here4tn.com)
- The premium version of the app is available free to all with behavioral health benefits. Register using your behavioral health ID card.
- Members with EAP only benefits have access to the free, standard version of the app
- Clinical tools and techniques to help manage the symptoms of stress, anxiety and depression

**EAP services:** Master’s level specialists are available around the clock to assist with stress, legal, financial, mediation and work/life services.

- Preauthorization is required to utilize your Employee Assistance Program. Simply call 855.437.3486 or go to [Here4TN.com](https://www.here4tn.com) to obtain your preauthorization. If you prefer to access services over the phone, telephonic counseling is available as well as face-to-face appointments.

**Call 855-Here4TN (855-437-3486) for more information.**

### **Physical Well-Being Resources**

**MyActiveHealth:** available to all state employees (even if you are not enrolled in the health plan) and enrolled health plan members

- Access to health education topics, activity trackers for sleep and exercise as well as other tools to keep your physical health on track
- Log on to [www.myactivehealth.com/wellnesstn](https://www.myactivehealth.com/wellnesstn) to get started

**Working for a Healthier Tennessee (WFHT)** pulled together links to home workouts (yoga, cardio, body weight training, etc.)

- Microworkouts <https://darebee.com/pdf/fitness/microworkouts.pdf>
- Indoor Cardio <https://darebee.com/workouts/indoor-cardio-workout>
- Popsugar Fitness <https://www.youtube.com/user/popsugartvfit>
- Yoga with Adrienne <https://www.youtube.com/user/yogawithadriene>
- Quiet Apartment Cardio [https://www.youtube.com/watch?v=gke\\_wunq7Ng](https://www.youtube.com/watch?v=gke_wunq7Ng)
- Lululemon at-home workouts <http://bit.ly/2TWiTAr>

### **COVID-19 Benefits Frequently Asked Questions (FAQs)**

1. **What should I do if I think I might have the COVID-19 virus? Should I go to the emergency room?**
  - People with concerns about their health should contact their health care providers.
  - Additional resources:
    - The Tennessee Department of Health - [www.tn.gov/health/cedep/ncov.html](https://www.tn.gov/health/cedep/ncov.html)
    - CDC - [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).
  - Generally speaking, people should seek care if they experience a high fever, significant cough and shortness of breath or fatigue.

**2. What exactly is covered?**

- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and visits in a provider's office, urgent care, convenience clinic, emergency room and by Telehealth when the visit leads to a COVID-19 test. For Telehealth, a COVID-19 test must occur within 48 hours from when the test is ordered for the Telehealth visit cost to be waived.

**3. What will my Explanation of Benefits (EOB) show?**

- We are working closely with our carriers so that your EOB shows that you do not owe member cost share for in-network COVID-19 tests and in-network outpatient visits that lead to a test. However, if your EOB shows you owe member cost share please contact your carrier, either BlueCross BlueShield or Cigna, by calling the number on the back of your ID card for help.

**4. What if I pre-paid at the doctor's office or hospital, will I get that money back?**

- If it is an eligible waived in-network COVID-19 charge, you can get your money back. Once you have your EOB, you can contact the provider or hospital and request a refund, or you can contact your carrier, BlueCross BlueShield or Cigna, by calling the number on the back of your ID card and request help.

**5. What if I go to the emergency room for a test and then I am hospitalized? What will I have to pay for?**

- The State Group Insurance Program is waiving cost sharing for in-network COVID-19 testing and in-network outpatient visits associated with these tests. The benefit does not include waiving member cost-sharing for subsequent treatment associated with COVID-19, which would fall under the current benefit cost-sharing based on the health plan you are enrolled in.

**6. I'm in the CDHP, will I have to pay for a test? Do I have to pay my deductible first?**

- If the eligible COVID-19 testing is in-network, then no, you would not have to pay anything toward your deductible for testing and in-network outpatient visits associated with the test.

**7. Does this apply for all health plan members, in all networks, BlueCross BlueShield Network S, Cigna LocalPlus and Cigna OAP?**

- Yes, it applies to all members and retirees in all plans.

**8. What if I use Telehealth?**

- Telehealth is available for members and requires payment for the visit at the time of service. A COVID-19 test must occur within 48 hours of the Telehealth visit for the cost to be waived. The Telehealth provider will process a refund once the carriers process all related claims. If you have questions contact your carrier, BlueCross BlueShield or Cigna, by calling the number on the back of your ID card and request help.

**9. What if I get a bill saying I owe money for a test? What do I do?**

- If you get a bill for a test, wait until you have your Explanation of Benefits (EOB). If the EOB shows you owe money for the test, then call your carrier, BlueCross BlueShield or Cigna, at the number on the back of your card and ask for help with the bill. If the EOB shows you do not owe money for the test, then contact your provider to request a bill correction.

**10. What if I get a test and it's negative, and then I need to go and get another test? Is the second test covered?**

- Member cost share for all in-network COVID-19 testing and in-network outpatient visits associated with these tests is waived even if you require an additional test.

**11. When will these COVID-19 benefits take effect?**

- This benefit takes effect immediately and could also include prior claims, which meet these requirements.

**12. How long will this benefit last?**

- An end date has not been determined.

March 23, 2020

*The following email was sent to agency benefits coordinators (ABCs) today.*

Dear ABCs,

Please share this information below (and attached) with your eligible employees and members.

Thank you.

-Benefits Administration



## **Information on COVID-19 – Here4TN Can Help You**

If you believe you might have been exposed to COVID-19 or have symptoms, call your primary care provider right away. Your provider may offer a telehealth or virtual option and determine if additional testing is needed.

For non-COVID-19 services, an Employee Assistance Program (EAP) or behavioral health virtual visit may be ideal by allowing you to stay in the safety and comfort of your home.

### **EAP Support for Employees and Their Families**

While people may be impacted in different ways, there are support resources available to you. Your Here4TN EAP offers several coping and crisis resources for you.

- Simply log on [Here4TN.com](https://www.here4tn.com). Once there, look for the COVID-19 spotlight to access helpful information, including webinars on dealing with stress and traumatic events. If you are asked for a company code, use: Here4TN.
- The EAP provides you with someone to talk to about your feelings, concerns and questions. Services are confidential in accordance with the law, and up to five no-cost counseling sessions are also available.
- Here4TN's virtual options allow you to seek confidential care without leaving home.

Call Here4TN at [855-Here4TN](tel:855-437-3486) (855-437-3486) or visit [Here4TN.com](https://www.here4tn.com) for support. Eligible employees, members and dependents\* can utilize EAP services and resources.

## Here are some additional EAP and Behavioral Health resources:

**Virtual Visits:** available for EAP and Behavioral Health

- Schedule a visit with a psychiatrist or therapist using secure video-conferencing

**Talkspace online therapy:** available for all members with behavioral health benefits

- Download the Talkspace app on your mobile device or computer
- Communicate safely and securely with a therapist from your phone or desktop
- Message a licensed therapist 24/7 – includes text, audio or video messages within the secure app

**Sanvello:** Sanvello is an on demand app for stress, anxiety and depression.

- Connect with powerful tools that are there for you right as symptoms come up
- Stay engaged each day for benefits you can feel
- Sanvello is compatible with iOS and Android operating systems. Members may have a better experience if they download the Sanvello app.

We are committed to making sure you have access to the information you need for the health and well-being of you and your family.

Optum has a team of experts closely monitoring COVID-19. As with any public health issue, we are working with and following all guidance and protocols issued by the U.S. Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), Food and Drug Administration (FDA), and state and local public health departments in supporting your needs.

### **\*EAP Eligibility**

**State and Higher Education Employees:** EAP services are available to all benefits-eligible employees and their eligible family members, even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

**Local Education, Local Government, COBRA and Retirees:** EAP services are available to those who are enrolled in medical insurance. Dependents are eligible even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

This service is confidential in accordance with the law. **This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.** This program is not a substitute for a doctor's or professional's

care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.



Attachment: Optum Information on COVID19 – March 23, 2020



## **Information on COVID-19 – Here4TN Can Help You**

If you believe you might have been exposed to COVID-19 or have symptoms, call your primary care provider right away. Your provider may offer a telehealth or virtual option and determine if additional testing is needed.

For non-COVID-19 services, an Employee Assistance Program (EAP) or behavioral health virtual visit may be ideal by allowing you to stay in the safety and comfort of your home.

### **EAP Support for Employees and Their Families**

While people may be impacted in different ways, there are support resources available to you. Your Here4TN EAP offers several coping and crisis resources for you.

- Simply log on [Here4TN.com](https://www.here4tn.com). Once there, look for the COVID-19 spotlight to access helpful information, including webinars on dealing with stress and traumatic events. If you are asked for a company code, use: Here4TN.
- The EAP provides you with someone to talk to about your feelings, concerns and questions. Services are confidential in accordance with the law, and up to five no-cost counseling sessions are also available.
- Here4TN's virtual options allow you to seek confidential care without leaving home.

Call Here4TN at [855-Here4TN](tel:855-Here4TN) (855-437-3486) or visit [Here4TN.com](https://www.here4tn.com) for support. Eligible employees, members and dependents\* can utilize EAP services and resources.

**Here are some additional EAP and Behavioral Health resources:**

**Virtual Visits:** available for EAP and Behavioral Health

- Schedule a visit with a psychiatrist or therapist using secure video-conferencing

**Talkspace online therapy:** available for all members with behavioral health benefits

- Download the Talkspace app on your mobile device or computer
- Communicate safely and securely with a therapist from your phone or desktop
- Message a licensed therapist 24/7 – includes text, audio or video messages within the secure app

**Sanvello:** Sanvello is an on demand app for stress, anxiety and depression.

- Connect with powerful tools that are there for you right as symptoms come up
- Stay engaged each day for benefits you can feel
- Sanvello is compatible with iOS and Android operating systems. Members may have a better experience if they download the Sanvello app.

We are committed to making sure you have access to the information you need for the health and well-being of you and your family.

Optum has a team of experts closely monitoring COVID-19. As with any public health issue, we are working with and following all guidance and protocols issued by the U.S. Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), Food and Drug Administration (FDA), and state and local public health departments in supporting your needs.

**\*EAP Eligibility**

**State and Higher Education Employees:** EAP services are available to all benefits-eligible employees and their eligible family members, even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

**Local Education, Local Government, COBRA and Retirees:** EAP services are available to those who are enrolled in medical insurance. Dependents are eligible even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

This service is confidential in accordance with the law. This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. This program is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

March 27, 2020

***The following email was sent to agency benefits coordinators this morning.***

### **COVID-19 Benefits Announcement**

In addition to sharing this information with all ABCs, we will also share this announcement with all plan members and retirees for whom we have an email address in Edison.

We continue to provide the latest information in our coronavirus COVID-19 resource document on the [ParTNeRS for Health homepage](#), found by clicking the **gold band** across the top **Coronavirus Benefits Information from Partners for Health**.

On March 26, the State, Local Education and Local Government Insurance Committees made additional temporary updates to our State Group Health Insurance Program benefits in response to the COVID-19 Coronavirus.

From March 17 – May 31, 2020:

- Benefits Administration will waive member cost-sharing for all Telehealth visits conducted through our carrier-sponsored medical Telehealth programs (BlueCross BlueShield: PhysicianNow and Cigna: MDLive/AmWell) from March 17, 2020, through May 31, 2020, **regardless of the reason for the visit.**
- For members in The Tennessee Plan UMR/POMCO (Supplemental Medical Insurance for Retirees with Medicare): Benefits Administration will pay any Part B deductible expenses (up to \$198) incurred by members through May 31, 2020, for Telehealth visits related to COVID-19 when the provider chooses not to waive member cost-sharing. Refer any questions to UMR/POMCO - 888.477.9307, Monday - Friday, 7-5 CT [umr.com/thetennesseeplaninfo](http://umr.com/thetennesseeplaninfo).

COVID-19 benefits are in place. You will be provided with updates when information changes. To recap COVID-19 benefits information for plan members:

- Members won't pay for Telehealth visits from March 17 – May 31, 2020, through carrier-sponsored Telehealth programs, (Cigna: MDLive/AmWell and BCBS: PhysicianNow) **even if the visit is for something other than COVID-19.**
- For members in The Tennessee Plan UMR/POMCO (Supplemental Medical Insurance for Retirees with Medicare), up to \$198 will be paid toward Telehealth visits related to COVID-19 that occur through May 31, 2020, when the provider chooses not to waive member cost-sharing.
- Members have no copayment, no deductible, and no coinsurance for COVID-19 in-network testing and in-network outpatient visits associated with testing.
- Members won't pay for in-network visits to provider's offices, urgent care facilities, convenience clinics, or emergency rooms that lead to a COVID-19 test.
- Members won't pay for in-network visits to provider's offices, urgent care facilities, convenience clinics, or emergency rooms if a COVID-19 test is performed during the visit, even if they receive other services during the same visit.

- Benefits waivers described above do **not** apply to monthly coverage premiums or any COVID-19 treatment that follows outpatient testing and associated visits that lead to testing.
- Members who believe they have been charged costs that should be waived should call their insurance carrier at the number on the back of their insurance card and ask for help.



March 27, 2020

***The following email was sent to agency benefits coordinators (ABCs) today.***

### **COVID-19 Resources and Updates**

We have updated the COVID-19 resource document on the [ParTNers for Health homepage](#), found by clicking the **gold band** titled **Coronavirus Benefits Information for Partners for Health**. The State Group Insurance Program Insurance Committees approved waiving costs for all Telehealth visits from March 17 to May 31. Cigna is delayed in implementing the cost share waiver so Cigna members may have to pay up front and then request a refund from Cigna. Information about this change is included in the **attached** version **dated March 27, 2020**.

**Please continue to share this resource with your employees.**

We will update this document with any relevant benefits information as decisions are made.

**To stay informed on the status of COVID-19 in Tennessee, the following resources are available to you and your employees:**

- For a comprehensive list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://tn.gov/governor/covid-19.html)
- The Department of Health (TDH) continues to be a primary resource for up-to-date information for the status of COVID-19 in Tennessee. [Click here](#) to visit the TDH website.
- Review the COVID-19 symptoms found on the CDC website by [clicking here](#)
- The CDC has updated information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html)

### **HIPAA Training Suspended in 2020 for Current ABCs**

Due to the current national health crisis, Benefits Administration has decided to suspend the annual 2020 HIPAA training for current ABCs. The annual HIPAA training will resume in 2021 during our regular training schedule.

**All new ABCs are still required to take the HIPAA training within first 30 days of employment.** This requirement has not been waived. While we are all dealing with the uncertainties of the COVID-19 pandemic; we are still focused and committed to protecting our members' privacy and maintaining the security of their protected health information.

If you have any related HIPAA questions or concerns, please contact HIPAA Compliance Officer at [Chanda.Rainey@tn.gov](mailto:Chanda.Rainey@tn.gov).

### **HIPAA Compliance and the COVID-19 Coronavirus Pandemic**

There is understandably concern about HIPAA compliance and the COVID-19 Coronavirus pandemic and how the HIPAA Privacy Rule and Security Rule apply.

It is important to remember that during a public health emergency such as a disease outbreak like COVID-19, the HIPAA Privacy and Security Rules still apply. The HIPAA Security Rule ensures the security of patients' protected health information (PHI) and requires reasonable safeguards to be implemented to protect PHI against impermissible uses and disclosures. The HIPAA Privacy Rule restricts the uses and disclosures of PHI to those related to treatment, payment, and healthcare operations.

Benefits Administration's YouTube channel has a video for HIPAA compliance. Take a few minutes to refresh your HIPAA knowledge and skills. There is no quiz involved. Click on the link to watch: <https://youtu.be/D5pS3Q2VD18>

There is a HIPAA reference guide on the ABC information page. The link is [https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/abc\\_hipaa\\_reference\\_guide.pdf](https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/abc_hipaa_reference_guide.pdf)

### **Working Remotely Safeguards**

Many of us are working remotely to continue to support our insurance members' needs. Benefits Administration is dedicated to safeguarding and maintain the confidentiality, integrity, and availability of our member, employee, and proprietary information (collectively "Confidential Information") regardless of whether the information is written, electronic, or verbal while working remotely. Here are best practices:

- Have a secured private designated workspace
- Use JVPN every time you access state networks
- Update virus/malware protection software as required
- Use lockable file cabinet to secure documents while unattended
- No Benefits Administration documents should be placed in the trash without being properly shredded
- All laptops will be properly secured while transporting to and from remote work location

If you have questions, please contact Chanda Rainey, BA's privacy officer at 615-741-3590.

### **IRS Extension to File 2019 Income Taxes**

Notice came out today (Wednesday) that due to the IRS extension to file 2019 incomes taxes from April 15<sup>th</sup> to July 15<sup>th</sup>, the IRS and Treasury departments will now also allow participants in a qualifying HDHP who have an HSA to continue contributing to their HSA until July 15, 2020, **if they have not already reached the applicable IRS 2019 HSA limit** (\$3,500 for those with single coverage/\$7,000 for those with family coverage, with an additional \$1,000 catch up contribution allowed for HSA holders who are 55 or older (\$4,500 for those with single coverage / \$8,000 for those with family coverage) **AND if they have not already filed their 2019 income tax return.**

If members have not already maxed out their 2019 plan year HSA contributions nor filed their 2019 federal tax return and they still wish to contribute to their 2019 HSA, they can access the HSA Contribution Form (coupon) at the bottom of this page: <https://stateoftn.payflex.com/stateoftn/index.html>. Fill it out and send it to PayFlex along with a check.

Members should be directed to the following links for more information:

- <https://www.irs.gov/pub/irs-drop/n-20-18.pdf>
- <https://www.irs.gov/newsroom/filing-and-payment-deadlines-questions-and-answers> (Question 21 is specific to HSAs)
- <https://www.irs.gov/publications/p969>

### **April/May Onsite Screenings Cancelled**

For the health and safety of plan members and Quest staff, we have decided to cancel all onsite screening events for April and May. Everyone who registered will receive an email notifying

them of the cancellation. ActiveHealth and Quest will work with these sites to reschedule for a date later this year, if the site wants to reschedule. We will continue to keep you updated with the new schedule and any other changes due to COVID-19.

**April Preferred Drug List (PDL)**

[Linked is the April 2020 State of Tennessee Preferred Drug List \(PDL\)](#). As with each quarterly formulary update, Caremark will mail notification letters to members who are affected by tier changes or drug exclusions. There are no drugs being added or removed from the formulary in April. There were 75 members who filled for an impacted drug in the past four months that is moving to tier 3.

Shown below are drugs changing to tier 3 (nonpreferred). Please encourage employees to use the state’s specific webpage at [info.caremark.com/stateoftn](http://info.caremark.com/stateoftn) to view the most current version of the drug list, as well as to review their prescription drug benefit information, request mail service orders and research drug information.

**CVS/CAREMARK HAS MADE THE FOLLOWING CHANGES TO THE PREFERRED DRUG LIST (“PDL” OR FORMULARY) AS OF April 1, 2020:**

<b>Drugs being added to the PDL April 1, 2020, are as follows:</b>	
<b><u>Drug name</u></b>	<b><u>Indication</u></b>
N/A	
<b>Drugs changing from Preferred (Tier 2) to Non-Preferred status (Tier 3) that will have a higher copay starting April 1, 2020, are as follows:</b>	
<b><u>Drug name</u></b>	<b><u>Indication</u></b>
Lyrica capsule	seizures; nerve pain, muscle pain, fibromyalgia
Lyrica solution	seizures; nerve pain, muscle pain, fibromyalgia
<b>Drugs being deleted from the PDL April 1, 2020, are as follows:</b>	
<b><u>Drug name</u></b>	<b><u>Indication</u></b>
N/A	

Attachments: Coronavirus Benefits Info March 27, 2020

## Coronavirus Benefits Information – March 27, 2020

With news of coronavirus, also called COVID-19, spreading in the U.S., here is some helpful information for our health plan members. We will immediately update it with any relevant benefits information as decisions are made:

### COVID-19 Benefits for State Health Plan Members and Retirees

The State Group Insurance Program has approved waiving all costs for Telehealth visits through carrier-sponsored Telehealth programs from March 17 – May 31.

**-Cigna is delayed in implementing the cost share waiver so Cigna members may have to pay up front for Telehealth services and then request a refund from Cigna.**

The State Group Insurance Program has also approved waiving all costs for COVID-19 in-network testing and in-network outpatient visits associated with these tests. Not everyone needs to be tested for COVID-19. Talk to your doctor, or other healthcare provider, about your need for a test.

### What does this mean for our members?

- These benefit changes apply to health plan members, in all plans; Premier PPO, Standard PPO, Limited PPO, CDHP/HSA and Local CDHP/HSA, with both carriers: BlueCross BlueShield and Cigna.
- Members won't pay for any Telehealth visits through carrier-sponsored Telehealth programs, (Cigna: MDLive/AmWell and BlueCross BlueShield: Physician Now) **even if the visit is for something other than COVID-19 from March 17 – May 31.** (To access Telehealth benefits, see Telehealth heading below).
- Members won't have to pay a copay, coinsurance or any money toward your deductible for in-network COVID-19 tests and in-network visits when the visit leads to a COVID-19 test, as well as any services performed at the visit during which the COVID-19 test is performed in the following:
  - Provider's office
  - Urgent care facility
  - Convenience clinic
  - Telehealth
  - Emergency Room

The benefit does **not** include waiving member cost-sharing for subsequent treatment associated with COVID-19, which would fall under the benefit cost-sharing the health plan members are currently enrolled in.

**See Frequently Asked Questions below for more member COVID-19 benefit information.**

### To stay informed on the status of COVID-19 in Tennessee, the following resources are available to you:

- For a comprehensive list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://tn.gov/governor/covid-19.html)
- The Department of Health (TDH) continues to be a primary resource for up-to-date information for the status of COVID-19 in Tennessee. [Click here](#) to visit the TDH website.
- Review the COVID-19 symptoms found on the CDC website by [clicking here](#).
- The CDC has updated information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

## Telehealth

- **Cigna members** can use your telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
  - Log into [MyCigna.com](https://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
- **BlueCross BlueShield members** can use your PhysicianNow telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
  - Log into BlueAccess at [bcbst.com/members/tn\\_state/](https://bcbst.com/members/tn_state/)
  - Look for and select Talk With a Doctor Now
  - Or, call 888.283.6691

## Pharmacy Benefits

Make the most of your **CVS/caremark Pharmacy Benefit**. Members can prepare ahead and avoid crowds by setting up mail order prescription fills, refilling prescriptions before you run out, and filling your 30-day or 90-day supplies on most of your prescriptions (excluding controlled substances, like opioids, and specialty medications).

If you have concerns about picking up your prescription in person you may want to call your pharmacy and ask about shipping and delivery options. Some pharmacies are offering to mail or deliver prescriptions at no additional cost.

Here is some additional information about your CVS/caremark pharmacy benefit. You may take advantage of:

**Relaxed refill restrictions.** We are temporarily waiving early refill limits on 30-day and 90-day prescriptions for maintenance medications such as high blood pressure, high cholesterol, coronary artery disease, congestive heart failure, depression, asthma/COPD at any in-network pharmacy. You can now fill maintenance medication prescriptions ahead of schedule.

If you have any trouble, tell your pharmacy staff to check for messaging in their system from CVS/caremark and that your plan sponsor is temporarily allowing early refill overrides. If they have trouble with the override, they should contact the CVS/Caremark pharmacy help desk (your pharmacy has the phone number).

For more help with your **CVS/caremark pharmacy benefits**, visit [info.caremark.com/stateoftn](https://info.caremark.com/stateoftn) or call 877.522.TNRX (8679) 24/7.

## Partners Health & Wellness Center

The Partners Health & Wellness Center on the 3<sup>rd</sup> floor of the TN Tower is continuing to provide limited services for state and higher education employees enrolled in the State Group Health Insurance Program. The center is not a COVID-19 testing site, but the staff has created a webpage to keep you updated on how coronavirus is changing the way they do business. Regular updates can be found at <https://www.partnershealthcenter.com/covid19>.

## Mental Health and Emotional Well-Being Resources (EAP and Behavioral Health Benefits)

### Online and Virtual Resources

**Virtual Visits:** available for EAP and Behavioral Health

- Schedule a visit with a psychiatrist or therapist using secure video-conferencing

**Talkspace online therapy:** available for all members with behavioral health benefits

- Download the Talkspace app on your mobile device or computer through [Here4TN.com](https://www.here4tn.com)
- Communicate safely and securely with a therapist from your phone or desktop
- Message a licensed therapist 24/7 – includes text, audio or video messages within the secure app

**Sanvello:** On-demand help with stress, anxiety and depression – anytime

- Download the Sanvello app on your mobile device or computer through [Here4TN.com](https://www.here4tn.com)
- The premium version of the app is available free to all with behavioral health benefits. Register using your behavioral health ID card.
- Members with EAP only benefits have access to the free, standard version of the app
- Clinical tools and techniques to help manage the symptoms of stress, anxiety and depression

**EAP services:** Master's level specialists are available around the clock to assist with stress, legal, financial, mediation and work/life services.

- Preauthorization is required to utilize your Employee Assistance Program. Simply call 855.437.3486 or go to [Here4TN.com](https://www.here4tn.com) to obtain your preauthorization. If you prefer to access services over the phone, telephonic counseling is available as well as face-to-face appointments. **Call 855-Here4TN (855-437-3486) for more information.**

### EAP Eligibility

**State and Higher Education Employees:** EAP services are available to all benefits-eligible employees and their eligible family members, even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

**Local Education, Local Government, COBRA and Retirees:** EAP services are available to those who are enrolled in medical insurance. Dependents are eligible even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

### Physical Well-Being Resources

**MyActiveHealth:** available to all state employees (even if you are not enrolled in the health plan) and enrolled health plan members

- Access to health education topics, activity trackers for sleep and exercise as well as other tools to keep your physical health on track
- Log on to [www.myactivehealth.com/wellnesstn](https://www.myactivehealth.com/wellnesstn) to get started

**Working for a Healthier Tennessee (WFHT)** pulled together links to home workouts (yoga, cardio, body weight training, etc.)

- Microworkouts <https://darebee.com/pdf/fitness/microworkouts.pdf>

- Indoor Cardio <https://darebee.com/workouts/indoor-cardio-workout>
- Popsugar Fitness <https://www.youtube.com/user/popsugartvfit>
- Yoga with Adrienne <https://www.youtube.com/user/yogawithadriene>
- Quiet Apartment Cardio [https://www.youtube.com/watch?v=gke\\_wunq7Ng](https://www.youtube.com/watch?v=gke_wunq7Ng)
- Lululemon at-home workouts <http://bit.ly/2TWiTAr>

## **COVID-19 Benefits Frequently Asked Questions (FAQs)**

- 1. What should I do if I think I might have the COVID-19 virus? Should I go to the emergency room?**
  - Not everyone needs to be tested for COVID-19. Talk to your doctor, or other healthcare provider, about your need for a test.
  - Additional resources:
    - The Tennessee Department of Health - [www.tn.gov/health/cedep/ncov.html](http://www.tn.gov/health/cedep/ncov.html)
    - CDC - [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html).
  - Generally speaking, people should seek care if they experience a high fever, significant cough and shortness of breath or fatigue.
- 2. What exactly is covered?**
  - Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and in-network visits in a provider's office, urgent care, convenience clinic, emergency room and by Telehealth. For Telehealth, from March 17 through May 31, members won't pay for any Telehealth visits through carrier-sponsored Telehealth programs, (Cigna: MDLive/AmWell and BlueCross BlueShield: Physician Now) even if the visit is for something other than COVID-19. **Cigna is delayed in implementing the cost share waiver so Cigna members may have to pay up front for Telehealth services and then request a refund from Cigna.**
- 3. What will my Explanation of Benefits (EOB) show?**
  - We are working closely with our carriers so that your EOB shows that you do not owe member cost share for in-network COVID-19 tests and in-network outpatient visits that lead to a test. However, if your EOB shows you owe a cost share, please contact either BlueCross BlueShield or Cigna, by calling the number on the back of your ID card for help.
- 4. What if I pre-paid at the doctor's office or hospital, will I get that money back?**
  - If it is an eligible in-network COVID-19 charge, you can get your money back. Once you have your EOB, you can contact the provider or hospital and request a refund, or you can call BlueCross BlueShield or Cigna at the number on the back of your ID card and ask for help.
- 5. What if I go to the emergency room for a test and then I am hospitalized? What will I have to pay for?**
  - The State Group Insurance Program is waiving cost sharing for in-network COVID-19 testing and in-network outpatient visits associated with these tests. The benefit does not include waiving

member cost-sharing for subsequent treatment associated with COVID-19, which would fall under the current benefit cost-sharing based on the health plan you are enrolled in. So, members will only have to pay their share for the hospitalization and other inpatient services. Generally, these services require you to pay a deductible and coinsurance amount based on the health plan you are enrolled in.

**6. I'm in the CDHP, will I have to pay for a test? Do I have to pay my deductible first?**

- If the eligible COVID-19 testing is in-network, then no, you would not have to pay anything toward your deductible for testing and in-network outpatient visits associated with the test.

**7. Does this apply for all health plan members, in all networks, BlueCross BlueShield Network S, Cigna LocalPlus and Cigna OAP?**

- Yes, it applies to all members and retirees in all plans and in all networks.

**8. What if I use Telehealth?**

- Telehealth visits through carrier-sponsored Telehealth programs, (Cigna: MDLive/AmWell and BlueCross BlueShield: Physician Now) are available for members and require NO payment for the visit at the time of service if the visit occurs between March 17 – May 31. **Cigna is delayed in implementing the cost share waiver so Cigna members may have to pay up front for Telehealth services and then request a refund from Cigna.** If you have questions, call BlueCross BlueShield or Cigna at the number on the back of your ID card and ask for help.

**9. What if I get a bill saying I owe money for a COVID-19 test? What do I do?**

- If you get a bill for a test or a visit, wait until you have your Explanation of Benefits (EOB). If the EOB shows you owe money then call BlueCross BlueShield or Cigna at the number on the back of your card and ask for help. If the EOB shows you do not owe money for the test, then contact your provider to request a bill correction.

**10. What if I get a test and it's negative, and then I need to go and get another test? Is the second test covered?**

- Yes, member cost share for all in-network COVID-19 testing and in-network outpatient visits associated with these tests is waived even if you require an additional test.

**11. When will these COVID-19 benefits take effect?**

- This benefit takes effect immediately and could also include prior claims, which meet these requirements.

**12. How long will these COVID-19 benefits last?**

- The cost waiver for carrier-sponsored Telehealth program benefits goes through May 31, 2020. There is no specific end date at this time for the other COVID-19 benefits. Benefit updates will be provided as decisions are made.

April 3, 2020

***The following email was sent to agency benefits coordinators (ABCs) today.***

### **COVID-19 Resources and Updates**

We have **updated** the **attached** COVID-19 resource document, **dated April 2**, found on the [ParTNers for Health homepage](#) by clicking the **gold band** titled **Coronavirus Benefits Information for Partners for Health**. PayFlex provided information as a result of the CARES Act and how it may impact members with health savings accounts (HSAs), and state and higher education members with flexible spending accounts (FSAs).

**Please continue to share this resource with your employees.**

We will update this document with any relevant benefits information as decisions are made.

**To stay informed on the status of COVID-19 in Tennessee, the following are available to you and your employees:**

- For a comprehensive list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://www.tn.gov/governor/covid-19.html)
- The Department of Health (TDH) continues to provide up-to-date information for the status of COVID-19 in Tennessee at <https://www.tn.gov/health/cedep/ncov.html>.
- Review the COVID-19 symptoms found on the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>.
- The CDC has updated information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html)

### **LOA - Insurance Coverage Related to COVID-19 Leave**

**Benefits Administration also emailed this information to ABCs, Wednesday, April 1.**

If you find that during this uncertain period you may need to put any of your employees enrolled in the State Group Insurance Program on a leave of absence (LOA), please submit a Zendesk ticket or call the BA Service Center as soon as possible. We will work with you on what you need to know about how these changes will impact insurance coverage for your employees.

Contact us by submitting a Zendesk ticket with **“COVID-19 leave question”** in the subject line or call us at 800.253.9981 or 615.741.3590, Monday - Friday, 8 a.m. - 4:30 p.m. CT.

### **COVID-19 Benefits Webinar w/ Optum and ActiveHealth (state only)**

We have **attached** the slides from the state employee COVID-19 benefits webinar we hosted this week with Optum and ActiveHealth. You are welcome to share the PDF with your state employees.

Both webinars held last week and this week were at or near capacity, so if you or your employees were not able to attend, we are recording this webinar for employees to view on-demand. We will have it available early next week and will let you know as soon as it is posted on our ParTNers for Health YouTube page.

### **State and BA Service Center Closed – Friday, April 10**

State offices and the Benefits Administration (BA) Service Center will be closed Friday, April 10 in observance of Good Friday. We will send an ABC email prior to the holiday.

Attachments: Coronavirus Benefits Info April 2, 2020  
COVID-19 Resources Webinar Slides



## Coronavirus Benefits Information – April 2, 2020

### A message from Governor Lee:

COVID-19 is an unprecedented crisis. It has created both an economic and a health crisis, and the governor's response is working to address both aspects. Our goal is to keep the public, especially vulnerable populations, safe while doing everything possible to keep Tennesseans in a financially stable position.

- This is a rapidly evolving situation that the governor is continuously monitoring. He is committed to acting in the best interest of Tennesseans to protect their health and livelihood.
- The scope and magnitude of this pandemic requires governments across the world to completely rethink the traditional approach to problem solving.

### ParTNers for Health Members

Here is some helpful information for our ParTNers for Health plan members. We will immediately update it with any relevant benefits information as decisions are made:

#### COVID-19 Benefits for State Health Plan Members and Retirees

The State Group Insurance Program has approved waiving all costs for Telehealth visits through carrier-sponsored Telehealth programs from March 17 – May 31.

The State Group Insurance Program has also approved waiving all costs for COVID-19 in-network testing and in-network outpatient visits associated with these tests. Not everyone needs to be tested for COVID-19. Talk to your doctor, or other healthcare provider, about your need for a test.

#### What does this mean for our members?

- These benefit changes apply to health plan members, in all plans: Premier PPO, Standard PPO, Limited PPO, CDHP/HSA and Local CDHP/HSA, with both carriers: BlueCross BlueShield and Cigna.
- Members won't pay for any Telehealth visits from March 17 – May 31 through carrier-sponsored Telehealth programs, (Cigna: MDLive/AmWell and BlueCross BlueShield: PhysicianNow), **even if the visit is for something other than COVID-19.** (See Telehealth heading below).
- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and in-network visits when the visit leads to a COVID-19 test, as well as any services performed at the visit during which the COVID-19 test is performed in the following:
  - Provider's office
  - Urgent care facility
  - Convenience clinic
  - Telehealth
  - Emergency Room

The benefit does **not** include waiving member cost-sharing for subsequent treatment associated with COVID-19, which would fall under the benefit cost-sharing the health plan members are currently enrolled in.

**See Frequently Asked Questions below for more member COVID-19 benefit information.**

**To stay informed on the status of COVID-19 in Tennessee, the following resources are available to you:**

- For a comprehensive list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://tn.gov/governor/covid-19.html).
  - The Department of Health (TDH) continues to be a primary resource for up-to-date information for the status of COVID-19 in Tennessee. [Click here](#) to visit the TDH website.
  - Review the COVID-19 symptoms found on the CDC website by [clicking here](#).
  - The CDC has updated information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).
- 

**Telehealth**

- **Cigna members** can use your Telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
    - Log into [MyCigna.com](https://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
  - **BlueCross BlueShield members** can use your PhysicianNow Telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
    - Log into BlueAccess at [bcbst.com/members/tn\\_state/](https://bcbst.com/members/tn_state/)
    - Look for and select Talk With a Doctor Now
    - Or, call 888.283.6691
- 

**Pharmacy Benefits**

Make the most of your **CVS/caremark Pharmacy Benefit**. Members can prepare ahead and avoid crowds by setting up mail order prescription fills, refilling prescriptions before they run out, and filling 30-day or 90-day supplies on most of prescriptions (excluding controlled substances, like opioids, and specialty medications).

If you have concerns about picking up your prescription in person, you may want to call your pharmacy and ask about shipping and delivery options. Some pharmacies are offering to mail or deliver prescriptions at no additional cost.

Additional information about your CVS/caremark pharmacy benefit. You may take advantage of:

**Relaxed refill restrictions.** We are temporarily waiving early refill limits on 30-day and 90-day prescriptions for maintenance medications such as high blood pressure, high cholesterol, coronary artery disease, congestive heart failure, depression, and asthma/COPD at any in-network pharmacy. You can now fill maintenance medication prescriptions ahead of schedule.

If you have any trouble, your pharmacy staff should check for messaging in their system from CVS/caremark that your plan sponsor is temporarily allowing early refill overrides. If your pharmacy has trouble with the override, they should contact the CVS/Caremark pharmacy help desk (your pharmacy has the phone number).

For more help with your **CVS/caremark pharmacy benefits**, visit [info.caremark.com/stateoftn](https://info.caremark.com/stateoftn) or call 877.522.TNRX (8679) 24/7.

---

## **PAYFLEX Information about the CARES Act: Potential impact for HSA and FSA participants**

On March 27, Congress passed the CARES (COVID-19 Aid, Relief, and Economic Security) Act, which may benefit members with PayFlex health savings accounts (HSAs) and our state and higher education members with flexible spending accounts (FSAs).

NOTE: These changes are effective for expenses incurred after December 31, 2019. These changes don't have an expiration date.

### **Over-the-Counter Drugs and Medicines without a Prescription**

- The CARES Act allows patients to use HSA and FSA funds to purchase over-the-counter (OTC) drugs and medicines, *including those needed in quarantine and social distancing*, without a prescription from a physician.
- This law also adds feminine hygiene products to the list of eligible OTC items.

### **Using a PayFlex Debit Card for Newly Eligible OTC Items:**

- HSA members will not be asked to provide substantiation or documentation for their over-the-counter (OTC) drugs and medicines purchased with the PayFlex debit card (though please keep all receipts in case for future reference).
- FSA members who use their PayFlex debit card for OTC drugs and medicines will likely have to provide a receipt for their purchase. However, work is being done to try to auto-substantiate these OTC products at the point of sale.
- If the PayFlex debit card doesn't work at time of purchase, members can pay out of pocket and request reimbursement from their PayFlex account funds. This potential issue is a result of a new update to the debit card system's verification process. PayFlex does not have control over the update.

---

## **Partners Health & Wellness Center**

The Partners Health & Wellness Center on the 3<sup>rd</sup> floor of the TN Tower is continuing to provide limited services for state and higher education employees enrolled in the State Group Health Insurance Program. The center is not a COVID-19 testing site, but the staff has created a webpage to keep you updated on how coronavirus is changing the way they do business. Regular updates can be found at <https://www.partnershealthcenter.com/covid19>.

---

## **Mental Health and Emotional Well-Being Resources (EAP and Behavioral Health Benefits)**

### **Online and Virtual Resources**

**Virtual Visits:** available for EAP and behavioral health

- Schedule a visit with a psychiatrist or therapist using secure video-conferencing
- Go to [Here4TN.com](https://www.here4tn.com) to learn more

**Talkspace online therapy:** available for all members with behavioral health benefits

- Download the Talkspace app on your mobile device or computer through [Here4TN.com](https://www.here4tn.com)
- Communicate safely and securely with a therapist from your phone or desktop
- Message a licensed therapist 24/7 – includes text, audio or video messages within the secure app

**Sanvello:** on-demand help with stress, anxiety and depression – available anytime

- Download the Sanvello app on your mobile device or computer through [Here4TN.com](http://Here4TN.com)
- The premium version of the app is available free to all with behavioral health benefits. Register using your behavioral health ID card.
- Members with EAP-only benefits have access to the free, standard version of the app
- Clinical tools and techniques to help manage the symptoms of stress, anxiety and depression

**EAP services:** Master’s level specialists are available around the clock to assist with stress, legal, financial, mediation and work/life services.

- Preauthorization is required to utilize your Employee Assistance Program. Simply call 855.437.3486 or go to [Here4TN.com](http://Here4TN.com) to obtain your preauthorization. If you prefer to access services over the phone, telephonic counseling is available as well as face-to-face appointments. **Call 855-Here4TN (855-437-3486) for more information.**

### EAP Eligibility

**State and Higher Education Employees:** EAP services are available to all benefits-eligible employees and their eligible family members, even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

**Local Education, Local Government, COBRA and Retirees:** EAP services are available to those who are enrolled in medical insurance. Dependents are eligible even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

### Physical Well-Being Resources

**MyActiveHealth:** available to all state employees (even if you are not enrolled in the health plan) and enrolled health plan members

- Access to health education topics, activity trackers for sleep and exercise as well as other tools to keep your physical health on track
- Log on to [www.myactivehealth.com/wellnesstn](http://www.myactivehealth.com/wellnesstn) to get started

**Working for a Healthier Tennessee (WFHT)** pulled together links to home workouts (yoga, cardio, body weight training, etc.)

- Microworkouts <https://darebee.com/pdf/fitness/microworkouts.pdf>
- Indoor Cardio <https://darebee.com/workouts/indoor-cardio-workout>
- Popsugar Fitness <https://www.youtube.com/user/popsugartvfit>
- Yoga with Adrienne <https://www.youtube.com/user/yogawithadriene>
- Quiet Apartment Cardio [https://www.youtube.com/watch?v=gke\\_wunq7Ng](https://www.youtube.com/watch?v=gke_wunq7Ng)

### COVID-19 Benefits Frequently Asked Questions (FAQs)

1. **What should I do if I think I might have the COVID-19 virus? Should I go to the emergency room?**
  - Not everyone needs to be tested for COVID-19. Talk to your doctor, or other healthcare provider, about your need for a test.
  - Additional resources:
    - The Tennessee Department of Health - [www.tn.gov/health/cedep/ncov.html](http://www.tn.gov/health/cedep/ncov.html)

- CDC - [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html).

- Generally speaking, people should seek care if they experience a high fever, significant cough, shortness of breath or fatigue.

## **2. What exactly is covered?**

- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and in-network visits in a provider's office, urgent care, convenience clinic, emergency room and by Telehealth. For Telehealth, from March 17 through May 31, members won't pay for any Telehealth visits through carrier-sponsored Telehealth programs, (Cigna: MDLive/AmWell and BlueCross BlueShield: Physician Now) even if the visit is for something other than COVID-19.

## **3. What will my Explanation of Benefits (EOB) show?**

- We are working closely with our carriers so that your EOB shows that you do not owe member cost share for in-network COVID-19 tests and in-network outpatient visits that lead to a test. However, if your EOB shows you owe a cost share, please contact either BlueCross BlueShield or Cigna, by calling the number on the back of your ID card for help.

## **4. What if I pre-paid at the doctor's office or hospital, will I get that money back?**

- If it is an eligible in-network COVID-19 charge, you can get your money back. Once you have your EOB, you can contact the provider or hospital and request a refund, or you can call BlueCross BlueShield or Cigna at the number on the back of your ID card and ask for help.

## **5. What if I go to the emergency room for a test and then I am hospitalized? What will I have to pay for?**

- The State Group Insurance Program is waiving cost sharing for in-network COVID-19 testing and in-network outpatient visits associated with these tests. The benefit does not include waiving member cost-sharing for subsequent treatment associated with COVID-19, which would fall under the current benefit cost-sharing based on the health plan you are enrolled in. So, members will only have to pay their share for the hospitalization and other inpatient services. Generally, these services require you to pay a deductible and coinsurance amount based on the health plan you are enrolled in.

## **6. I'm in the CDHP, will I have to pay for a test? Do I have to pay my deductible first?**

- If the eligible COVID-19 testing is in-network, then no, you would not have to pay anything toward your deductible for testing and in-network outpatient visits associated with the test.

## **7. Does this apply for all health plan members, in all networks, BlueCross BlueShield Network S, Cigna LocalPlus and Cigna OAP?**

- Yes, it applies to all members and retirees in all plans and in all networks.

**8. What if I use Telehealth?**

- Telehealth visits through carrier-sponsored Telehealth programs, (Cigna: MDLive/AmWell and BlueCross BlueShield: Physician Now) are available for members and require NO payment for the visit at the time of service if the visit occurs between March 17 – May 31. If you have questions, call BlueCross BlueShield or Cigna at the number on the back of your ID card and ask for help.

**9. What if I get a bill saying I owe money for a COVID-19 test? What do I do?**

- If you get a bill for a test or a visit, wait until you have your Explanation of Benefits (EOB). If the EOB shows you owe money then call BlueCross BlueShield or Cigna at the number on the back of your card and ask for help. If the EOB shows you do not owe money for the test, then contact your provider to request a bill correction.

**10. What if I get a test and it's negative, and then I need to go and get another test? Is the second test covered?**

- Yes, member cost share for all in-network COVID-19 testing and in-network outpatient visits associated with these tests is waived even if you need to get an additional test.

**11. When will these COVID-19 benefits take effect?**

- This benefit takes effect immediately and could also include prior claims, which meet these requirements.

**12. How long will these COVID-19 benefits last?**

- The cost waiver for carrier-sponsored Telehealth program benefits goes through May 31, 2020. There is no specific end date at this time for the other COVID-19 benefits. Benefit updates will be provided as decisions are made.

## State of Tennessee Group Insurance Program COVID-19 Resources

1

### Agenda

- **Benefits Administration: Paige Turner**
  - Benefit Changes and Updates
- **ActiveHealth: Devyn Hanly**
  - Addressing stress and anxiety, social distancing and ways to cope with isolation
- **Optum: Matt Cramer**
  - Digital Resources for Mental and Emotional Health

2

## COVID-19 Benefits Information

- **Go to [tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth)**
- **Yellow banner at the top links to benefits specific information related to COVID-19, including:**
  - **Medical Telehealth** – The plan is waiving all member cost share for all medical Telehealth visits through carrier-sponsored Telehealth programs (PhysicianNow / MDLive / AmWell) from March 17 – May 31.
  - **Pharmacy relaxed refill restrictions** – temporarily waiving early refill limits on 30 and 90-day prescriptions for maintenance medications (high blood pressure, high cholesterol, coronary artery disease, congestive heart failure, depression, asthma/COPD at any in-network pharmacy.
    - If you have trouble at the pharmacy, ask the pharmacy staff to check for messaging in their system from CVS/Caremark and you may need to advise the pharmacy staff that your plan sponsor is allowing early refill overrides.
    - If they have trouble with the override, they should contact the CVS/Caremark pharmacy help desk (your pharmacy has the phone number).

**PARTNERS  
FOR HEALTH**

3

3

## COVID-19 Benefits Information continued

- **COVID-19 Testing** – Health plan is waiving all costs for in-network COVID-19 testing and in-network outpatient visits associated with the tests.
  - **No copay, coinsurance or any money toward your deductible** for in-network COVID-19 tests and in-network visits when the visit leads to COVID-19 testing, as well as any services performed at the visit which the COVID-19 test is performed in the following: Provider's Office, Urgent Care Facility, Convenience clinic, Telehealth or Emergency Room
  - **Applies to health plan members in all plans** – Premier PPO, Standard PPO, Limited PPO, CDHP/HSA and Local Ed CDHP/HSA
  - **Note:** benefit does not include waiving member cost share for subsequent treatment associated with COVID-19
- **Testing** - If you think you have been exposed and develop a fever and symptoms of respiratory illness, such as a cough or difficulty breathing, call your health care provider. They will determine if you need to be tested. If you don't have a doctor, call your local health department.
  - **Testing Sites** - <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>

**PARTNERS  
FOR HEALTH**

4

4



## Strategies to cope and healthy habits during Coronavirus

Healthy You session  
An ActiveHealth Management® presentation

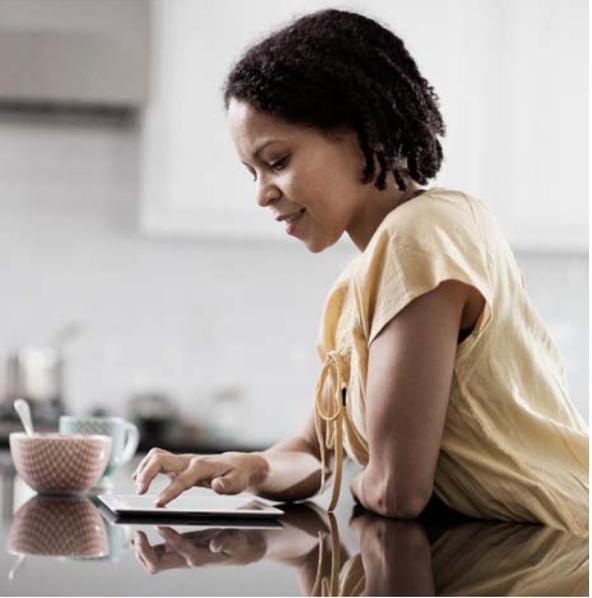
**PARTNERS FOR HEALTH.** ActiveHealth MANAGEMENT.

This information is general in nature. It's not meant to replace the advice or care you get from your doctor or other health professional. ActiveHealth isn't responsible for the decisions you make based on this information. Only your medical provider can diagnose, prescribe, or give medical advice. Contact your provider first with any questions or concerns regarding your health care needs. (3/20)

5

## Learning objectives

- Talk about where to find information you can trust.
- Review basic ways to prevent the spread of germs.
- Learn about social distancing.
- Discuss ways to manage stress and anxiety.
- Explore ways to cope with quarantine.



6 ©2020 ActiveHealth Management, Inc. Proprietary and confidential. Do not distribute. Proprietary

ActiveHealth MANAGEMENT.

6

## True or false?

If you Google “coronavirus” you get more than 7 billion results.



7 ©2020 ActiveHealth Management, Inc. Proprietary and confidential. Do not distribute.

Proprietary

ActiveHealth  
MANAGEMENT

7

## Information overload

You may feel stressed and anxious about the coronavirus (COVID-19) pandemic. It's new and it's scary.

There's a lot of information floating around in the news and on social media. It can be hard to tell what's true from what's not.

So where can you find information you can trust? We encourage you to visit the Centers for Disease Control and Prevention (CDC) website. They have a lot of information there, including frequently asked questions. You can also look to your local or state updates.

[Coronavirus.gov](https://www.coronavirus.gov), [CDC.gov](https://www.cdc.gov) or [tn.gov/governor/covid-19](https://www.tn.gov/governor/covid-19)

8 ©2020 ActiveHealth Management, Inc. Proprietary and confidential. Do not distribute.

Proprietary

ActiveHealth  
MANAGEMENT

8

## Timeless tips for staying healthy

9 ©2020 ActiveHealth Management, Inc. Proprietary and confidential. Do not distribute.

Proprietary



9

## Back to basics

### Clean your hands often.

- Wash your hands with soap and warm water for 20 seconds.
- Use hand sanitizer if you don't have soap and water.
  - Look for at least 60% alcohol.
  - Cover your hands and rub them together until they feel dry.

### Try not to touch your face.

- Avoid touching your eyes, nose and mouth with unwashed hands.

### Cover your nose and mouth.

- Use a tissue if you need to sneeze or cough. And throw it away immediately.
  - You can use the inside of your elbow if you don't have a tissue.
- Wash your hands as soon as you can or use hand sanitizer.



10 ©2020 ActiveHealth Management, Inc. Proprietary and confidential. Do not distribute.

Proprietary



10

**Clean and disinfect** surfaces that you touch often. Like faucets, countertops and tables.

Don't forget:

- Keyboards
- Remotes
- Cell phones
- Light switches
- Doorknobs



11 ©2020 ActiveHealth Management, Inc. Proprietary and confidential. Do not distribute.  
Proprietary

ActiveHealth  
MANAGEMENT

11

**Do your best to stay healthy**

- Aim for eight hours of sleep.
- Drink plenty of fluids
- Eat a well-balanced diet.
- Stay physically active.
  - There are fun, easy ways to be active at home.



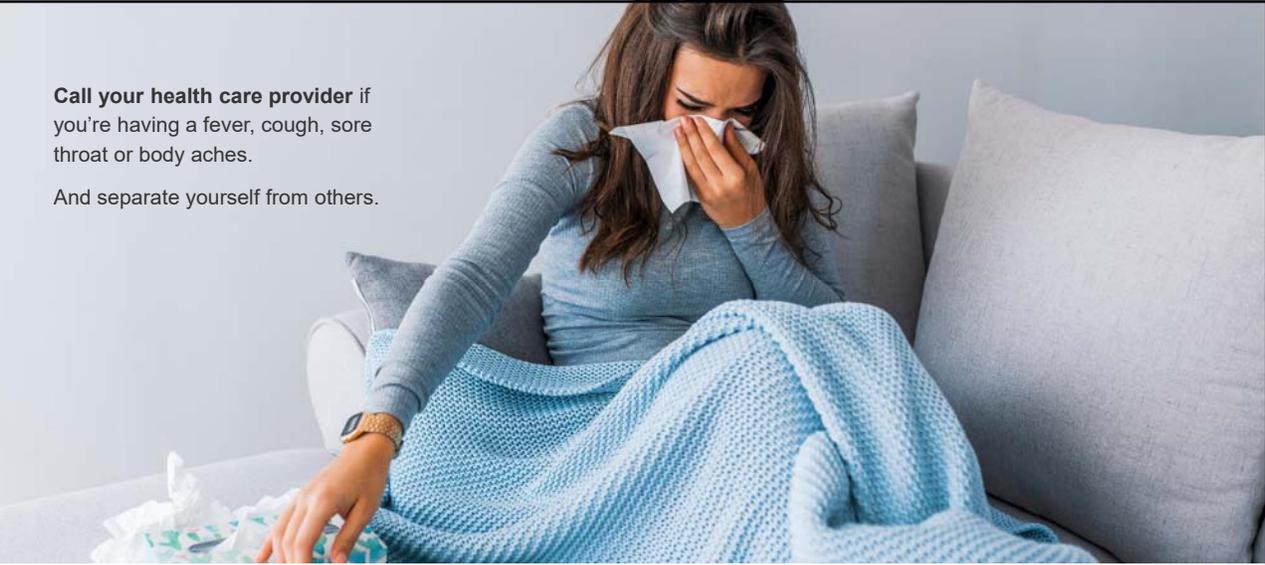
12 ©2020 ActiveHealth Management, Inc. Proprietary and confidential. Do not distribute.  
Proprietary

ActiveHealth  
MANAGEMENT

12

**Call your health care provider** if you're having a fever, cough, sore throat or body aches.

And separate yourself from others.



13 ©2020 ActiveHealth Management, Inc. Proprietary and confidential. Do not distribute.  
Proprietary 

13



**“The best way to prevent illness is to avoid being exposed to this virus.”**

- CDC

14 ©2020 ActiveHealth Management, Inc. Proprietary and confidential. Do not distribute.  
Proprietary 

14

## What is social distancing?

COVID-19 mostly spreads from person to person through people who are in close contact with each other. In this case, that's within about six feet.

The CDC is encouraging "social distancing." Especially if COVID-19 is present in your community. It not only protects you but people around you.

You can help protect others around you that may be at higher risk.



Check with the CDC or your local health department to find out what's recommended in your area.

15 ©2020 ActiveHealth Management, Inc. Proprietary and confidential. Do not distribute.

Proprietary

ActiveHealth  
MANAGEMENT

15

## It's polite to keep your distance

You can still get outside. Just be thoughtful about it.

- Spend time in your yard.
- Take a walk or go to a park.

Just try to stay six feet away from others that you meet. And don't let your kids play on playground equipment that may not have been disinfected recently.

We're social creatures by nature and we need to feel connected. Find creative ways to reach out.

- It's a good time to call family and friends.
- Have a video chat to get some face-to-face contact.



16 ©2020 ActiveHealth Management, Inc. Proprietary and confidential. Do not distribute.

Proprietary

ActiveHealth  
MANAGEMENT

16



**Manage your stress and anxiety**

17 ©2020 ActiveHealth Management, Inc. Proprietary and confidential. Do not distribute.

Proprietary

ActiveHealth  
MANAGEMENT

17

## It's natural to worry

COVID-19 is new, and scientists learn more about it every day. New things that we don't fully understand can be scary.

You might be worried about this virus even if you're not usually a worrier.

- Accept how you're feeling. It's a natural response to an emergency.
- Take care of your emotional health. It will help you:
  - Think more clearly
  - React to changing needs



18 ©2020 ActiveHealth Management, Inc. Proprietary and confidential. Do not distribute.

Proprietary

ActiveHealth  
MANAGEMENT

18

## Everyone reacts differently

Children and teens may show signs of stress differently than adults do. Watch out for:

- Crying and irritability
- Too much worry or sadness
- Unhealthy eating or sleeping habits

Their daily routines may be very different right now. Especially if their schools are closed. And they may not understand why social distancing is important. You can help by:

- Being aware of the media coverage they're seeing
- Answering their questions in a way they'll understand
- Letting them know that it's ok to be worried or upset
- Creating a new routine that includes learning, activities and fun

### Other people who may respond strongly:

- People at higher risk, like:
  - Older people
  - People with certain chronic conditions
- People in health care
- People with existing behavioral health conditions

19 ©2020 ActiveHealth Management, Inc. Proprietary and confidential. Do not distribute.

Proprietary

19

## Take care of yourself

Stay informed but avoid information overload. Take breaks from the news and social media.

Find time to unwind. Do activities you enjoy. Take some deep breaths.

Reach out for support if you need it. Talk to friends or family.

20 ©2020 ActiveHealth Management, Inc. Proprietary and confidential. Do not distribute.

Proprietary

 ActiveHealth  
MANAGEMENT

20

## Coping with quarantine

21 ©2020 ActiveHealth Management, Inc. Proprietary and confidential. Do not distribute.

Proprietary



21

## Stay active

There are a lot of things you can do to stay active at home.

- Doing housework not only cleans and disinfects, it keeps your body in motion.
- It's spring – now's your chance to get out in the yard and plan your garden.
- Download an exercise app or do online exercise videos.
- Turn up the music and dance.

## Battle boredom

- Use technology to stay in touch with family and friends.
- Set up a daily routine that includes time for both work and fun.
- Make family dinners an event. Ask your children to help plan the menu and cook.
- Be creative!

22 ©2020 ActiveHealth Management, Inc. Proprietary and confidential. Do not distribute.

Proprietary



22

## Practice deep breathing

**Technique**

- Lie down or sit comfortably.
- Close your eyes and place one hand on your belly and the other on your chest.
- Begin to breathe slowly and deeply through your nose. Expand your belly, chest and lungs. Let the belly push your hand back as you breathe.
- Slowly breathe out through your mouth.



23 ©2020 ActiveHealth Management, Inc. Proprietary and confidential. Do not distribute.  
Proprietary



23

## Summary

Look for information from sources you can trust:

- CDC
- Your local health department

Take basic steps to help prevent spreading germs.

Practice social distancing.

Manage your stress and anxiety.

Reach out for help if you need it.

↓

CDC.gov or Coronavirus.gov  
TN.gov/governor/covid-19

↓

Employee Assistance Program  
855-Here4TN (855-437-3486)  
here4tn.com

24 ©2020 ActiveHealth Management, Inc. Proprietary and confidential. Do not distribute.  
Proprietary



24

# Visit MyActiveHealth today

Connect your devices or apps. Access trackers. Watch videos and webinars. See your action items. And more.



25 ©2020 ActiveHealth Management, Inc. Proprietary and confidential. Do not distribute.

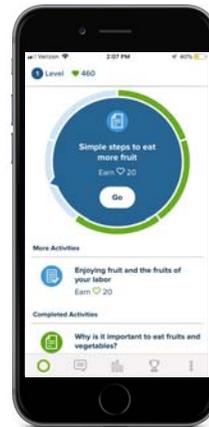
Proprietary

25

## Prefer to use a mobile phone at home?

- Go to the Apple App Store or Google Play.
- Search for ActiveHealth.
- Download and install the app to your mobile device
- Sign in using your existing account from myactivehealth.com. If you don't have one, register for a new account.

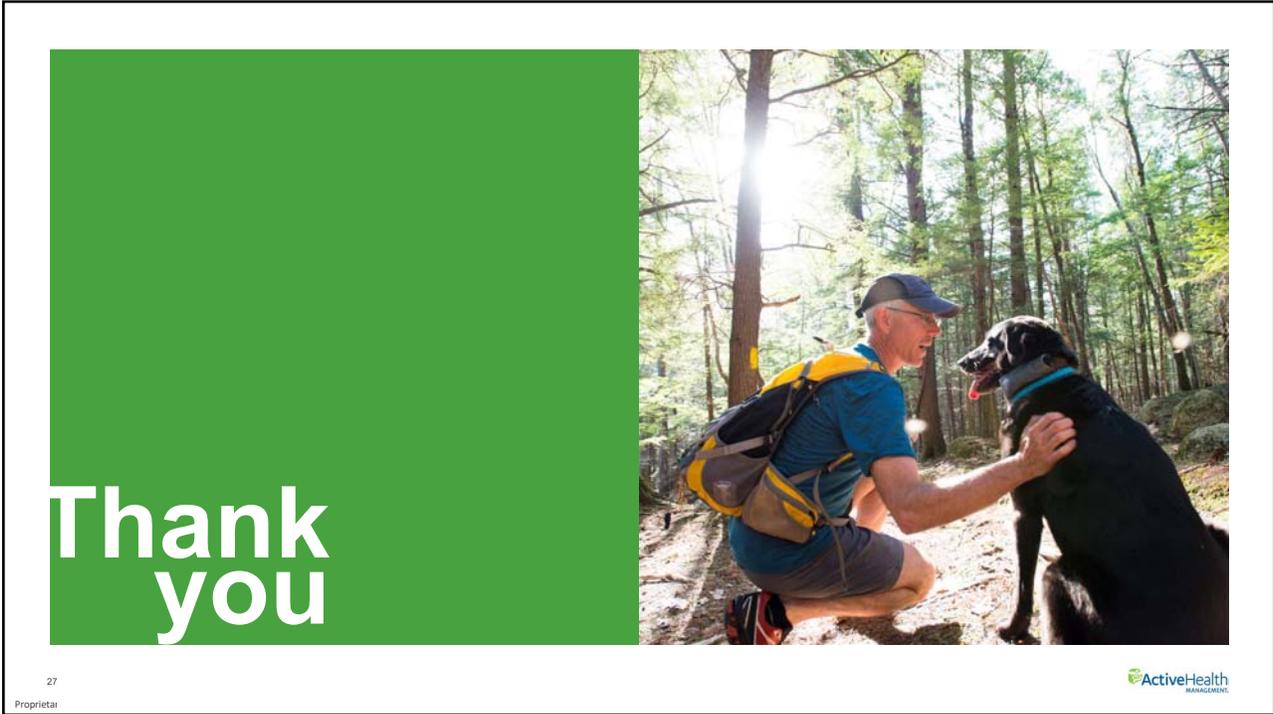
Use your account wherever, however you want. Your account information is the same whether you use the mobile app or computer.



26 ©2020 ActiveHealth Management, Inc. Proprietary and confidential. Do not distribute.

Proprietary

26



27

A woman with curly hair, wearing a white blouse and dark pants, is sitting on a bed and looking at a tablet. The room has a window with plants on the sill and a bookshelf. At the top left is the "OPTUM" logo. At the top right is the "Here 4 TN Support For Your Life" logo. At the bottom center, the text reads "Digital Resources for Social Distancing" and "3/26/2020". At the very bottom, there is a small disclaimer: "Confidential property of Optum. Do not distribute or reproduce without express permission from Optum."

28



## Resources

- ❖ Dedicated EAP Team
  - ❖ 855-Here4TN
- ❖ Here4TN.com
  - ❖ COVID-19 Resources
- ❖ Leadership Resources
  - ❖ Critical Incident Response Services (CIRS)
  - ❖ Management Consultations
- ❖ Virtual Visits
  - ❖ Behavioral Health
  - ❖ EAP
- ❖ Talkspace
  - ❖ Behavioral Health
- ❖ Sanvello
- ❖ Take Charge at Work



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

29



## Dedicated EAP Team

**CALL 855-Here4TN  
To connect with your  
dedicated Optum team**

- ❖ Unlimited consultations
- ❖ Risk screening Advocacy
- ❖ Referrals
- ❖ Educational materials.
- ❖ Five visit EAP, per problem, per person,  
per year.





Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

30

## Here4TN.com – COVID-19 Resources



Home      Members      Leaders      Providers

### Coronavirus (COVID-19)

Learn ways to be mindful and keep your stress in check so you can plan, not panic.

[CLICK HERE](#)

If prompted for your company access code, use Here4TN.



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

31

31

## Leadership Resources



### Management Consultations

As much as they need to, managers can consult with EAP specialists and licensed management consultants on any workplace issue, including management referrals.

### CIRS

A specialized crisis team is at the ready 24/7 by phone. Clinicians from a network of 6,500 crisis experts provide urgent, on-site counseling for as long as needed.



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

32

32

## Virtual Visits



Virtual visits are a covered treatment option that leverages HIPAA-compliant technology to deliver EAP, evaluation, therapy, medication management, information and education at a distance in real time.



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

33

33

## Virtual Visit Member Experience



Home   **Members**   Leaders   Providers

**Members**

- Benefits and Services
- Work life Services
- Provider Search
- Virtual Visits**
- TalkSpace
- Articles and Resources
- Claims Login
- Take Charge at Work
- Substance Use
- Newsletters

**About/FAQs**



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

34

## Talkspace



Talkspace is a digital platform that offers an effective alternative to face-to-face therapy through text, voice and video messaging with over 5,000 licensed, master's-level or higher behavioral health clinicians available nationwide.



\*Talkspace is only available through Behavioral Health benefits and not through EAP



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

35

35

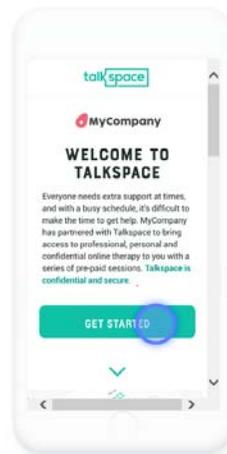
## Talkspace Home Page



Computer view

Accessible through Here4TN.com or [www.talkspace.com/connect](http://www.talkspace.com/connect)

\*Supported browsers for Talkspace include: Chrome, Microsoft Edge, FireFox or Safari.



Mobile view

Accessible through the app store or play store

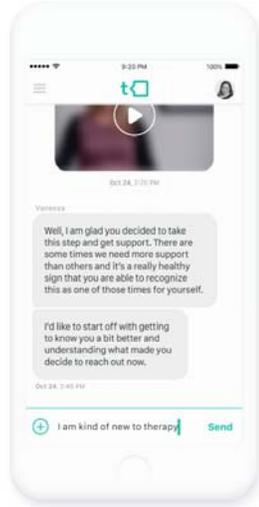


Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

36

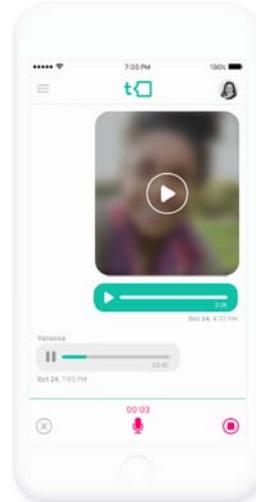
36

### Talkspace- App Experience



## Text, Video, & Audio

Talkspace offers a wide range of digital messaging including text, video, and audio messages to efficiently facilitate a meaningful therapeutic experience. Therapists can also deliver informational clinical content.



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

37

37

### Sanvello



On-demand help for stress, anxiety and depression – anytime.



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

38

38

## Sanvello- App Experience



Daily mood tracking and personalized progress



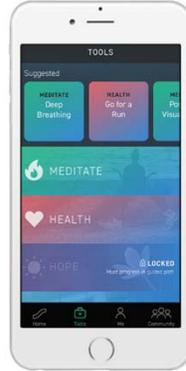
Members answer questions to capture their mood, take weekly assessments and can track where they are over time

Guided Journeys



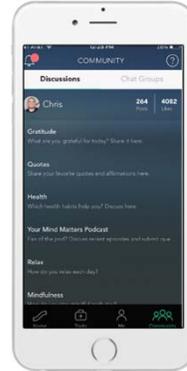
Clinical techniques help members feel more in control and build long-term life skills

Coping tools



Members can find tools to help them relax, be in the moment or manage stressful situations

Community support



Members can connect with each other anonymously and share advice



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

39

39

## Take Charge At Work



Take Charge at Work is a confidential program designed to help working adults recognize and manage symptoms of stress and depression. Call 855-Here4TN (437-3486) with questions or to enroll. Visit Here4TN.com for more information.

Step 1	Step 2	Step 3
Answer a quick assessment with a Here4TN specialist.	Once enrolled members will have access to a program workbook and will work through each chapter at a pace that's right for them.	Together with a coach, members will create a personal plan so they can get work-life balance back and start enjoying life again.

State of TN is offering TCAW participants an incentive\* of \$150 to complete the TCAW Engagement Activity.

Engagement Activity (session one) is defined by completion of the first coaching session.

Incentive tracked through ActiveHealth Management.

\*The TCAW incentive is offered to eligible state and higher ed. active members only.



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

40



# Live Demo



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

41



## Questions?



Please email [benefits.info@tn.gov](mailto:benefits.info@tn.gov) if you have a question or want a copy of this presentation.



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

42



# Appendix



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

43



## Virtual Visits FAQs

- **What is a virtual visit?**  
A virtual visit is a real time, online visit with a provider. Virtual visits are an additional way to see a provider, when in person visits may not be accessible or convenient.
- **What equipment will I need?**  
For a virtual visit, you'll need a desktop or laptop computer, tablet, or smartphone with a camera, and an internet connection.
- **Does my provider have to be licensed in the state where I'm located?**  
Yes. Your provider must be licensed in the state where you're physically located in at the time of the visit. The provider doesn't necessarily have to be located in your state.
- **Can a psychiatrist prescribe medication if they're located in a different state than me?**  
Psychiatrists can prescribe in the states where they're licensed and as regulations allow.
- **How are virtual visits different than in-person visits?**  
There really is no difference as far as the quality of your visit goes. The same professional standards are followed, and studies show that the two are equivalent in terms of effectiveness and outcomes. The only difference is that the virtual visit takes place at home, work or any private location with internet connection.
- **How much does a virtual visit cost?**  
Virtual visits are subject to the same fees you would pay for an in-person office visit (after deductible). EAP visits (virtual and in-person) are at no cost to the member.



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

44

44

## Virtual Visits FAQs, Continued



- **How do I pay for my virtual visit?**

If your provider is using the Optum platform, your copay will be collected two hours before your visit. Additional fees will be collected directly through your provider's billing service after your virtual visit. If your provider is using their own technology, the provider will collect your copay before your visit, and will bill you for additional fees through their own billing service. Providers who participate in Doctor on Demand and American Well will collect all fees before your visit.

- **Do EAP providers offer services via virtual visits?**

Yes.

- **How do minors participate in virtual visits?**

The minor member must log in with their HealthSafe ID. The provider will typically require that a parent or guardian be present for the first visit. Continued parent/guardian participation is up to the provider.

- **How is my privacy verified? How does the provider know the correct member is in the session?**

The member must present their insurance ID card for verification.

- **Are virtual visit sessions recorded?**

No. Providers do not record virtual visits sessions.

- **How can I view my virtual visits claim information?**

Claims information can be found on the Claims page on Liveandworkwell.com, the same place you find claims for in-person visits.

- **Can I use my smartphone or tablet for virtual visits?**

Yes. We recommend you check with individual providers what technology you can use before your appointment.



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

45

45

## Talkspace FAQs



- **What is Talkspace?**

Developed by team of health care industry professionals, Talkspace is a digital platform that offers an effective alternative to face-to-face therapy through text, voice and video messaging with over 5,000 licensed, master's-level or higher behavioral health clinicians available nationwide.

- As a contracted virtual visit provider group, Talkspace is a convenient, safe and secure way to access behavioral health therapy via smart phone or desktop, giving individuals greater flexibility to engage with their care and improve their overall health.

- **How is Talkspace different from Optum's virtual visits program?**

Just like virtual visits, Talkspace provides the opportunity to connect with a therapist, no in-person office visit required. Additionally, Talkspace offers messaging including text, audio or video message, within the secure app.

- **For which conditions is Talkspace recommended?**

Talkspace is recommended for members dealing with many common behavioral health issues such as anxiety, depression, post-traumatic stress disorder (PTSD) or compulsive disorders. It is also recommended for members who may not seek treatment through traditional in-person methods for various reasons — such as access barriers or fear of stigmatization. Talkspace is not recommended for members in acute crisis or with severe mental illness (SMI).



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

46

46

## Talkspace FAQs, Continued



- **Are there costs associated with Talkspace for members?**  
Just like other virtual visits, Talkspace sessions are subject to the same cost share or coinsurance rate (after deductible) as an outpatient office visit. Generally, one week (seven days) of unlimited messaging or one live video session is equivalent to one outpatient visit, with providers attesting to session completion.
- It's the clinical determination of the therapist at the time of service to determine if an initial assessment is needed.
  - Standard clinical practice is to bill the first visit as the initial evaluation
  - Subsequent visit will be billed as therapy
- Cost share will be the same as an in person visit:
  - If you have a PPO you may be responsible for a co-pay
  - If you have a CDHP you may be responsible for your deductible/coinsurance
- Payment will be collected via credit card at the beginning of each session and a confirmation email will be sent. No bill will be received, as members give consent for Talkspace to charge their credit card prior to beginning visits.
- Members can use their FSA or HSA card to cover the cost of the initial evaluation and therapy.



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

47

47

## Talkspace FAQs, Continued



- **What technology requirements are necessary for accessing Talkspace?**  
A desktop computer and a smartphone or tablet with internet access are required to access Talkspace. Talkspace is compatible with iOS and Android operating systems. Members have the option of downloading the app, or utilizing their web browser during therapy. In order to access the video or audio capabilities, devices must have a camera and microphone.
- **Is Talkspace secure?**  
Talkspace technology is protected using banking-grade encryption and externally audited in compliance with the Health Insurance Portability and Accountability Act (HIPAA). For more information on the complete Privacy Policy, visit [talkspace.com/public/privacy-policy](https://talkspace.com/public/privacy-policy).
- **What are the age requirements for using Talkspace?**  
Talkspace is available to eligible individuals ages 13 or older. Individuals under the age of 18 are matched with providers that have specialties in adolescent behaviors. Parental consent is obtained based on state requirements for minors.
- **What are the Talkspace guidelines on when and how to refer a member to in-person care?**  
If a Talkspace provider feels that the member would benefit from in-person care, but is not in acute crisis, they will walk the member through how to find a provider through their insurance plan. If the provider makes the clinical decision that the member is a danger to themselves or others, they follow the same state and federal guidelines as in-person therapy.



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

48

48

## Sanvello FAQs



- **What is Sanvello?**

Created by psychologists, Sanvello is a top-rated self-help app that uses clinically validated techniques such as cognitive behavioral therapy (CBT) — a type of psychotherapy that has been shown to be especially effective for individuals experiencing high levels of stress, or symptoms of anxiety and depression.

Sanvello empowers individuals to engage with activities to improve their mental health from the convenience of their mobile device anytime, anywhere — helping relieve symptoms and build life skills that can reduce potential high-cost interventions in the future.

- **For which conditions is Sanvello recommended?**

Sanvello is recommended for members experiencing high levels of stress, and/or those with anxiety and depression — especially those who may not seek treatment through traditional methods due to various reasons. Members may benefit from using Sanvello whether or not they have a diagnosis of a behavioral health condition. Sanvello can also be used in conjunction with conventional therapy.

- **Is support available for specialized conditions, such as substance use and eating disorders?**

Not at this time. Guided Journeys and activities are geared toward individuals with generalized anxiety disorders and/or depression. However, individuals with these specialized conditions could still benefit from the app's capabilities and can call **855-Here4TN** for additional support.



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

49

49

## Sanvello FAQs, Continued



- **Are there costs associated with Sanvello?**

There is no cost to members with behavioral health coverage for downloading, registering and utilizing the app. Members with EAP benefits only have access to the free, standard version of the app, with no upgrade covered. Register using your behavioral health ID to access the premium version. If you have lost your ID card, call 855-Here4TN to request your behavioral health ID and a new card.

- **What technology requirements are necessary for accessing Sanvello?**

Members need a mobile device (smartphone or tablet) with access to the internet. Sanvello is compatible with iOS and Android operating systems. Members may have a better experience if they download the Sanvello app. However, there is a web version of the application available with limited functionality that can be accessed on any desktop or mobile browser.

- **Is Sanvello secure?**

Yes, Sanvello uses secure access login with two-factor identification, enterprise-grade password requirements and login detection from other devices.

- **What are the age requirements for using Sanvello?**

Sanvello is available to individuals ages 13 and older.



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

50

50



## Take Charge at Work FAQs

- **What is the Take Charge at Work program?**

Take Charge at Work is a telephonic coaching program designed, by Optum, to help people with depression improve performance at work. Interested individuals take an online assessment consisting of 12 questions to determine if they show signs of depression and if their work life is negatively impacted. The assessment calculates a score and the individual receives a message with suggested next steps.

Qualified and enrolled participants will work with an Optum coach for up to eight telephonic coaching sessions. Optum utilizes the Creating a Balance workbook to facilitate the coaching sessions. The workbook is broken into eight chapters and is available printed or electronically in a pdf.

- **Who is eligible for the program?**

All State and Higher Education benefit-eligible employees, all Local Education and Local Government and Retiree State health insurance plan members, and dependents eligible for EAP, who are working either full or part time. Participants must be over the age of 18.

- **How does the assessment work?**

Our assessment is an industry-standard survey designed to measure the symptoms of depression and whether a person's depression is affecting their performance in the workplace. The Take Charge at Work program initially uses the assessment to determine if an individual would benefit from the program. Then throughout our coaching program, the assessment is used to measure an individual's progress.



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

51

51

## Take Charge at Work FAQs, Continued

- **Are my results confidential?**

Yes. The results of all assessments and program participation are confidential and are not shared with your employer. If you decide to participate in Take Charge at Work, you may choose to have Optum notify any treating physicians you are currently seeing, in compliance with relevant privacy laws.

- **What if I don't qualify for the program?**

If your assessment scores indicate that Take Charge at Work is not appropriate for you, there are still other services available through Optum. These will be presented on the results screen.

- **Will my regular doctor know that I am participating in the program?**

If you decide to participate in Take Charge at Work, you may choose to have Optum notify any treating physicians you are currently seeing. You are also welcome to discuss your participation in the program with any of your current treating physicians directly.

- **What are the qualifications of Optum's coaches?**

Our coaches are licensed masters-level mental health professionals or licensed PhDs. They have direct clinical mental health experience in employee assistance programs, health care companies, and public as well as private clinics. Our coaches are experienced with chemical dependency and workplace issues and possess knowledge of behavioral risk factors and performance issue resolution.



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

52

52

## Take Charge at Work FAQs, Continued

---

- **How can this program help me?**

Take Charge at Work has been developed to help people experiencing workplace issues as a result of depression. The program can help you improve your attention span, increase memory, guide you regarding workplace conflict and help you develop skills to make your work day more pleasurable. Through our Creating a Balance workbook, you will work on ideas and exercises to help you overcome your challenges.

- **What should I expect?**

You will first complete the online assessment and receive a score. This will take a couple of minutes to complete. Depending on your assessment score, you may be eligible to participate in a screening call. You will be prompted to call 855-Here4TN to complete this call, which can take up to 20 minutes.

Once you have been screened, you are eligible to enroll in the Take Charge at Work program. Participants will meet telephonically with a coach bi-weekly for eight sessions. These sessions are expected to be 30–45 minutes. It's up to you to pace the program to meet your own personal schedule. Your coach will help you determine the best pace for you.

- **Will my employer know that I'm participating?**

The privacy of participation in the Take Charge at Work program is protected by reasonable safeguards (administrative, physical and technical) and in compliance with relevant privacy laws.

Your employer will not be informed that you took our assessment or are participating in the program.



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

53

53

## Take Charge at Work FAQs, Continued

---

- **I'm already in counseling. Should I do this too?**

Yes. The Take Charge at Work program is designed to help you deal with workplace issues associated with depression. If you are already participating in other counseling, you might benefit from participating in Take Charge at Work as well.

- **How much does Take Charge at work cost?**

The Take Charge at Work program is available to you through your employer benefits. There is no additional cost to you to take the assessment or participate in the program.



Confidential property of Optum. Do not distribute or reproduce without express permission from Optum.

54

54

April 9, 2020

### **ABC Conference Calls**

The April monthly ABC conference calls will be held next week. Our Benefits Administration staff will be joining you remotely via WebEx.

**Higher Ed – Tuesday, April 14 at 8:30 a.m. Central time**

**Local Ed – Tuesday, April 14 at 10 a.m. Central time**

**Central State – Tuesday, April 14 at 12:30 p.m. Central time**

**Local Government – Tuesday, April 14 at 2 p.m. Central time**

**Reminder – use the webinar (WebEx) login link and instructions on the attached agenda.**

### **COVID-19 Resources and Updates**

We have updated the attached COVID-19 resource document, dated April 9, found on the [ParTNers for Health homepage](#) by clicking the yellow band titled **Coronavirus Benefits Information for Partners for Health**. The updated document includes the COVID-19 benefit changes below with additional frequently asked questions (FAQs).

Benefits Administration has made the decision to waive member cost share (PPO and CDHP) for **COVID-19 related medical treatment** through May 31, 2020.

- This includes medical treatment provided at in-network provider offices, urgent care centers, emergency rooms and inpatient hospital stays.
- The medical treatment must be directly related to a COVID-19 diagnosis, and claims must be coded accordingly by the provider.
- Medications that may be prescribed and obtained at a pharmacy by a member's provider will still have applicable member cost share. Currently the FDA has not approved any prescription medications for the treatment of COVID-19.

Additional state resources listed below have been added, as well as information about an emotional support line that is available to employees who do not have access to the state's Employee Assistance Program (EAP).

Information has been changing often, and it is a good idea to regularly check this document as we are updating it with any relevant benefits information as decisions are made. We change the date at the top every time new information is added.

**Please continue to share this resource with your employees.**

**To stay informed on the status of COVID-19, the following are available to you and your employees:**

- For a comprehensive list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://www.tn.gov/governor/covid-19.html)
- The Department of Health (TDH) continues to provide up-to-date information for the status of COVID-19 in Tennessee at <https://www.tn.gov/health/cedep/ncov.html>.
- Review the COVID-19 symptoms found on the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>.
- The CDC has updated information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html)

**Additional state resources – please share with your employees:**

- Do Your Part. Stay Apart. - [tn.gov/health](http://tn.gov/health)
- COVID-19 Unified Command – [www.tn.gov/unifiedcommand](http://www.tn.gov/unifiedcommand)
- Daily COVID-19 Media Briefings - <https://sts.streamingvideo.tn.gov/Mediasite/Catalog/catalogs/mediasiteadmin-covid-19-media-briefing>
- Essential Businesses and Services - <https://www.tn.gov/governor/covid-19/essential-services.html>
- COVID-19 Small Business Resources - <https://www.tn.gov/e.cd/covid-19-small-business-resources>

**Optum Emotional Support Help Line Available to Anyone (local ed and local gov)**

The Optum Emotional Support Help Line is available 24/7 to anyone in need, even if they are not enrolled in the state's benefit plan. The help line **866-342-6892** is staffed by professionally trained mental health experts and free of charge.

**COVID-19 Resources On-Demand Video (state)**

We have posted a pre-recorded video of the COVID-19 resources webinar held in partnership with Optum and ActiveHealth for you and your employees to watch on-demand. You can find it and a copy of the webinar slides at the top of the [ParTNers for Health EAP page](#).

The video is also found on our ParTNers YouTube page: <https://youtu.be/K3zMbp9Sf5g>

**COVID-19 Resources On-Demand Video (higher ed/local ed/local gov)**

We have posted a pre-recorded video of a COVID-19 resources webinar held in partnership with Optum and ActiveHealth for you and your employees to watch on-demand.

**About the webinar:**

While people may be impacted from COVID-19 in different ways, support resources are available. Here4TN EAP offers several coping resources. In this webinar, members will learn about the COVID-19 benefit information offered through the State Health Plan, the various digital resources available including Virtual Visits, Talkspace, Sanvello and more. ActiveHealth reviews basic ways to prevent the spread of germs, helps you understand social distancing and explores ways to cope with isolation during this time.

The video and webinar slides are found at the top of our [ParTNers for Health EAP page](#).

The video is also found on our ParTNers YouTube page: <https://youtu.be/K3zMbp9Sf5g>

**State and BA Service Center Closed Friday, April 10**

State offices and the Benefits Administration (BA) Service Center will be closed this Friday, April 10 in observance of Good Friday. BlueCross BlueShield and Cigna will be open with their usual hours. We hope you have a safe holiday weekend.

Attachment: Coronavirus Benefits Info April 9, 2020

## Coronavirus Benefits Information – April 9, 2020

### A message from Governor Lee:

COVID-19 is an unprecedented crisis. It has created both an economic and a health crisis, and the governor's response is working to address both aspects. Our goal is to keep the public, especially vulnerable populations, safe while doing everything possible to keep Tennesseans in a financially stable position. Here are some resources:

- Do Your Part. Stay Apart. - [tn.gov/health](https://www.tn.gov/health)
- COVID-19 Unified Command – [www.tn.gov/unifiedcommand](https://www.tn.gov/unifiedcommand)
- Daily COVID-19 Media Briefings - <https://sts.streamingvideo.tn.gov/Mediasite/Catalog/catalogs/mediasiteadmin-covid-19-media-briefing>
- Essential Businesses and Services - <https://www.tn.gov/governor/covid-19/essential-services.html>
- COVID-19 Small Business Resources - <https://www.tn.gov/ecd/covid-19-small-business-resources>

### ParTNers for Health Members

Here is some helpful information for our ParTNers for Health plan members. We will immediately update it with any relevant benefits information as decisions are made:

#### COVID-19 Benefits for State Health Plan Members and Retirees

The State Group Insurance Program has approved waiving all costs for Telehealth visits through carrier-sponsored Telehealth programs from March 17 – May 31, 2020.

The State Group Insurance Program has also approved waiving all member costs for COVID-19 in-network testing and in-network outpatient visits associated with these tests. Not everyone needs to be tested for COVID-19. Talk to your doctor, or other healthcare provider, about your need for a test.

The State Group Insurance Program has also approved waiving all member costs for in-network COVID-19 medical treatment.

#### What does this mean for our members?

- These benefit changes apply to health plan members, in all plans: Premier PPO, Standard PPO, Limited PPO, CDHP/HSA and Local CDHP/HSA, with both carriers: BlueCross BlueShield and Cigna.
- Members won't pay for any Telehealth visits from March 17 – May 31 through carrier-sponsored Telehealth programs, (Cigna: MDLive/AmWell and BlueCross BlueShield: PhysicianNow), **even if the visit is for something other than COVID-19.** (See Telehealth heading below).
- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and in-network visits when the visit leads to a COVID-19 test, as well as any services performed at the visit during which the COVID-19 test is performed in the following:
  - Provider's office
  - Urgent care facility
  - Convenience clinic
  - Telehealth

- Emergency Room
- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 medical treatment received in the following:
  - Provider's office
  - Urgent care facility
  - Convenience clinic
  - Emergency Room
  - Inpatient/Outpatient Hospital Facility

**See Frequently Asked Questions below for more member COVID-19 benefit information.**

**To stay informed on the status of COVID-19 in Tennessee, the following resources are available to you:**

- For a comprehensive list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://www.tn.gov/governor/covid-19.html).
- The Department of Health (TDH) continues to be a primary resource for up-to-date information for the status of COVID-19 in Tennessee found by going to <https://www.tn.gov/health/cedep/ncov.html>.
- Review the COVID-19 symptoms found on the CDC website by [clicking here](#).
- The CDC has updated information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

---

## Telehealth

- **Cigna members** can use your Telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
  - Log into [MyCigna.com](https://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
- **BlueCross BlueShield members** can use your PhysicianNow Telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
  - Log into BlueAccess at [bcbst.com/members/tn\\_state/](https://bcbst.com/members/tn_state/)
  - Look for and select Talk With a Doctor Now
  - Or, call 888.283.6691

---

## Pharmacy Benefits

Make the most of your **CVS/caremark Pharmacy Benefit**. Members can prepare ahead and avoid crowds by setting up mail order prescription fills, refilling prescriptions before they run out, and filling 30-day or 90-day supplies on most of prescriptions (excluding controlled substances, like opioids, and specialty medications).

If you have concerns about picking up your prescription in person, you may want to call your pharmacy and ask about shipping and delivery options. Some pharmacies are offering to mail or deliver prescriptions at no additional cost.

Additional information about your CVS/caremark pharmacy benefit. You may take advantage of:

**Relaxed refill restrictions.** We are temporarily waiving early refill limits on 30-day and 90-day prescriptions for maintenance medications such as high blood pressure, high cholesterol, coronary artery disease, congestive heart failure, depression, and asthma/COPD at any in-network pharmacy. You can now fill maintenance medication prescriptions ahead of schedule.

If you have any trouble, your pharmacy staff should check for messaging in their system from CVS/caremark that your plan sponsor is temporarily allowing early refill overrides. If your pharmacy has trouble with the override, they should contact the CVS/Caremark pharmacy help desk (your pharmacy has the phone number).

For more help with your **CVS/caremark pharmacy benefits**, visit [info.caremark.com/stateoftn](http://info.caremark.com/stateoftn) or call 877.522.TNRX (8679) 24/7.

---

### **PAYFLEX Information about the CARES Act: Potential impact for HSA and FSA participants**

On March 27, Congress passed the CARES (COVID-19 Aid, Relief, and Economic Security) Act, which may benefit members with PayFlex health savings accounts (HSAs) and our state and higher education members with flexible spending accounts (FSAs).

NOTE: These changes are effective for expenses incurred after December 31, 2019. These changes don't have an expiration date.

#### **Over-the-Counter Drugs and Medicines without a Prescription**

- The CARES Act allows patients to use HSA and FSA funds to purchase over-the-counter (OTC) drugs and medicines, *including those needed in quarantine and social distancing*, without a prescription from a physician.
- This law also adds feminine hygiene products to the list of eligible OTC items.

#### **Using a PayFlex Debit Card for Newly Eligible OTC Items:**

- HSA members will not be asked to provide substantiation or documentation for their over-the-counter (OTC) drugs and medicines purchased with the PayFlex debit card (though please keep all receipts in case for future reference).
- FSA members who use their PayFlex debit card for OTC drugs and medicines will likely have to provide a receipt for their purchase. However, work is being done to try to auto-substantiate these OTC products at the point of sale.
- If the PayFlex debit card doesn't work at time of purchase, members can pay out of pocket and request reimbursement from their PayFlex account funds. This potential issue is a result of a new update to the debit card system's verification process. PayFlex does not have control over the update.

---

### **Partners Health & Wellness Center**

The Partners Health & Wellness Center on the 3<sup>rd</sup> floor of the TN Tower is continuing to provide limited services for state and higher education employees enrolled in the State Group Health Insurance Program. The center is not a COVID-19 testing site, but the staff has created a webpage to keep you updated on how coronavirus is changing the way they do business. Regular updates can be found at <https://www.partnershealthcenter.com/covid19>.

## Mental Health and Emotional Well-Being Resources (EAP and Behavioral Health Benefits)

### Online and Virtual Resources

**Virtual Visits:** available for EAP and behavioral health

- Schedule a visit with a psychiatrist or therapist using secure video-conferencing
- Go to [Here4TN.com](http://Here4TN.com) to learn more

**Talkspace online therapy:** available for all members with behavioral health benefits

- Download the Talkspace app on your mobile device or computer through [Here4TN.com](http://Here4TN.com)
- Communicate safely and securely with a therapist from your phone or desktop
- Message a licensed therapist 24/7 – includes text, audio or video messages within the secure app

**Sanvello:** on-demand help with stress, anxiety and depression – available anytime

- Download the Sanvello app on your mobile device or computer through [Here4TN.com](http://Here4TN.com)
- The premium version of the app is available free to all with behavioral health benefits. Register using your behavioral health ID card.
- Members with EAP-only benefits have access to the free, standard version of the app
- Clinical tools and techniques to help manage the symptoms of stress, anxiety and depression

**EAP services:** Master’s level specialists are available around the clock to assist with stress, legal, financial, mediation and work/life services.

- Preauthorization is required to utilize your Employee Assistance Program. Simply call 855.437.3486 or go to [Here4TN.com](http://Here4TN.com) to obtain your preauthorization. If you prefer to access services over the phone, telephonic counseling is available as well as face-to-face appointments. **Call 855-Here4TN (855-437-3486) for more information.**

### EAP Eligibility

**State and Higher Education Employees:** EAP services are available to all benefits-eligible employees and their eligible family members, even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

**Local Education, Local Government, COBRA and Retirees:** EAP services are available to those who are enrolled in medical insurance. Dependents are eligible even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

### Note: Optum Emotional Support Help Line Available to Anyone

The Optum Emotional Support Help Line is available 24/7 to anyone in need, even if they are not enrolled in the benefit plan. The help line 866-342-6892 is staffed by professionally trained mental health experts and free of charge.

---

### Physical Well-Being Resources

**MyActiveHealth:** available to all state employees (even if you are not enrolled in the health plan) and enrolled health plan members

- Access to health education topics, activity trackers for sleep and exercise as well as other tools to keep your physical health on track
- Log on to [www.myactivehealth.com/wellnesstn](http://www.myactivehealth.com/wellnesstn) to get started

**Working for a Healthier Tennessee (WFHT)** pulled together links to home workouts (yoga, cardio, body weight training, etc.)

- Microworkouts <https://darebee.com/pdf/fitness/microworkouts.pdf>
  - Indoor Cardio <https://darebee.com/workouts/indoor-cardio-workout>
  - Popsugar Fitness <https://www.youtube.com/user/popsugartvfit>
  - Yoga with Adrienne <https://www.youtube.com/user/yogawithadriene>
  - Quiet Apartment Cardio [https://www.youtube.com/watch?v=gke\\_wunq7Ng](https://www.youtube.com/watch?v=gke_wunq7Ng)
- 

## **COVID-19 Benefits Frequently Asked Questions (FAQs) for State Health Plan Members**

### **1. What should I do if I think I might have the COVID-19 virus? Should I go to the emergency room?**

- Not everyone needs to be tested for COVID-19. Talk to your doctor, or other healthcare provider, about your need for a test.
- Additional resources:
  - The Tennessee Department of Health - [www.tn.gov/health/cedep/ncov.html](http://www.tn.gov/health/cedep/ncov.html)
  - CDC - [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html).
- Generally speaking, people should seek care if they experience a high fever, significant cough, shortness of breath or fatigue.

### **2. Is COVID-19 testing covered?**

- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and in-network visits in a provider's office, urgent care, convenience clinic, emergency room or by Telehealth.

### **3. Is COVID-19 treatment covered?**

- Members won't have to pay a copay, coinsurance, or any money toward their deductible for in-network COVID-19 medical treatment received in a provider's office, urgent care, convenience clinic, emergency room, or inpatient/outpatient hospital facility as long as the visit is directly related to a COVID-19 diagnosis. All medical treatment not directly related to a COVID-19 diagnosis will be covered under the member's enrolled health plan benefits with applicable member cost share.

### **4. What about Telehealth?**

- Members will not be required to pay for any Telehealth visits through carrier-sponsored Telehealth programs, (Cigna: MDLive/AmWell and BlueCross BlueShield: PhysicianNow), from March 17 through May 31, even if the visit is for something other than COVID-19. If you have questions, call BlueCross BlueShield or Cigna at the number on the back of your ID card and ask for help.

### **5. What will my Explanation of Benefits (EOB) show?**

- We are working closely with our carriers so that your EOB shows that you do not owe member cost share for in-network COVID-19 tests, in-network outpatient visits that lead to a test, and in-network medical treatment. However, for member cost share to be waived, the claim must be coded with a COVID-19 diagnosis code. If your EOB shows you owe a cost share, please contact either BlueCross BlueShield or Cigna, by calling the number on the back of your ID card for help. They will be able to explain the status of your claim and provide you with more information. Your provider may need to resubmit your claim with updated coding.

**6. What if I pre-paid at the doctor's office or hospital, will I get that money back?**

- If it is an eligible in-network COVID-19 charge, you can get your money back. Once you have your EOB, you can contact the provider or hospital and request a refund, or you can call BlueCross BlueShield or Cigna at the number on the back of your ID card and ask for help.

**7. What if I go to the emergency room for a test and then I am hospitalized? What will I have to pay for?**

- The State Group Insurance Program is waiving cost sharing for in-network COVID-19 testing, in-network outpatient visits associated with these tests, and in-network medical treatment for a COVID-19 diagnosis. The benefit does not include waiving member cost-sharing for treatment that is not related to a COVID-19 diagnosis, which would fall under the current benefit cost-sharing based on the health plan you are enrolled in.

**8. I'm in the CDHP, will I have to pay for a test? Do I have to pay my deductible first?**

- If the eligible COVID-19 testing is in-network, then no, you would not have to pay anything toward your deductible for testing and in-network outpatient visits associated with the test.

**9. Does this apply for all health plan members, in all networks, BlueCross BlueShield Network S, Cigna LocalPlus and Cigna OAP?**

- Yes, it applies to all members and retirees in all plans and in all networks.

**10. What if I get a bill saying I owe money for a COVID-19 test? What do I do?**

- If you get a bill for a test, a COVID-19 related visit, or COVID-19 related treatment, wait until you have your Explanation of Benefits (EOB). If the EOB shows you owe money then call BlueCross BlueShield or Cigna at the number on the back of your card and ask for help. If the EOB shows you do not owe money for the test, then contact your provider to request a bill correction.

**11. What if I get a test and it's negative, and then I need to go and get another test? Is the second test covered?**

- Yes, member cost share for all in-network COVID-19 testing and in-network outpatient visits associated with these tests is waived even if you need to get an additional test.

**12. Are prescriptions for COVID-19 treatment covered?**

- Currently the FDA has not approved any prescription medications for the treatment of COVID-19. Medications prescribed by your provider and obtained at a pharmacy will still have applicable member cost share.

**13. When will these COVID-19 benefits take effect?**

- This benefit takes effect immediately and could also include prior claims, which meet these requirements.

**14. How long will these COVID-19 benefits last?**

- The cost waiver for carrier-sponsored Telehealth program benefits goes through May 31, 2020. There is no specific end date at this time for the other COVID-19 benefits. Benefit updates will be provided as decisions are made.

April 17, 2020

***The following email was sent to agency benefits coordinators (ABCs) today.***

### **ABC Combined Conference Call Notes**

The combined April 14 ABC conference call notes are attached. You will also find them [posted on the ABC webpage](#) under Conference Call Notes.

### **COVID-19 Resources and Updates**

We have **updated** the **attached** COVID-19 resource document, **dated April 17**, found on the [ParTNers for Health homepage](#) by clicking the yellow band titled **Coronavirus Benefits Information from Partners for Health**. We've added information about additional drive-through testing sites available across the state.

This information has been changing often. It is a good idea to regularly check this document as we are updating it with any relevant benefits information as decisions are made. We change the date at the top every time new information is added.

**Please continue to share this resource with your employees.**

**To stay informed on the status of COVID-19, the following are available to you and your employees:**

- For a comprehensive list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://www.tn.gov/governor/covid-19.html)
- The Department of Health (TDH) provides up-to-date information for the status of COVID-19 in Tennessee at <https://www.tn.gov/health/cedep/ncov.html>
- COVID-19 symptoms found on the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>
- The CDC has updated information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html)

**Additional state resources – please share with your employees:**

- Do Your Part. Stay Apart. - [tn.gov/health](https://www.tn.gov/health)
- COVID-19 Unified Command - [www.tn.gov/unifiedcommand](https://www.tn.gov/unifiedcommand)
- Daily COVID-19 Media Briefings - <https://sts.streamingvideo.tn.gov/Mediasite/Catalog/catalogs/mediasiteadmin-covid-19-media-briefing>
- Essential Businesses and Services - <https://www.tn.gov/governor/covid-19/essential-services.html>
- COVID-19 Small Business Resources - <https://www.tn.gov/e cd/covid-19-small-business-resources>

### **Edison Upgrade**

Reminder, at 5:00 p.m. CT Friday, all general Edison users will be locked out in preparation for an Edison upgrade this weekend. The outage will last until 7:00 a.m. CT, Monday, April 20, 2020.

Please pay attention to the tips and tricks listed below as they contain important information on preparing for this upgrade as well as alleviating future problems within Edison.

**Navigation:**

On Monday, April 20, please remember to make sure and use proper navigation to the Edison Portal via TN.gov > Government > State Employees > Edison.

**Clearing Browser Cache/Cookies:**

To make things go as easily as possible for this upgrade and to alleviate other everyday issues, Edison suggests users clear their browsing cache/cookies before logging into Edison on the morning of Monday, April 20. Below is a link to a document that will walk users through clearing their browsing cache/cookies in Internet Explorer, Firefox, Google Chrome and Edge.

<https://upk.edison.tn.gov/EHD/CacheCookies.pdf>

If you have questions Monday morning, please first check the Edison Portal as any important information or outage information will be posted there. If you do not see the answer to your question on the Edison Portal, please contact the Edison Help Desk at 615-741-HELP or 1-866-376-0104. The Edison Help Desk is open from 7:00 a.m. - 4:30 p.m. CT.

**HIPAA Training Announcement**

The 2020 HIPAA training is available in Edison for all **new** ABCs. All ABCs who are new to their positions and have access to Edison **must** take the training within the first 30 days of their new role.

For all other ABCs, the annual HIPAA training for 2020 has been waived due to pandemic. You will not have to take the online training this year. Regular annual training will resume in 2021.

**HIPAA Annual Training Instructions for New ABCs**

Make sure you have the most current version of Internet Explorer and Adobe Flash. You must allow pop-ups. If you do not have the most current versions or don't allow pop-ups the training will NOT run.

Edison will record every year you have completed the course. The course takes approximately 30 minutes to complete. There is a 10-question quiz at the end of the course. You must make at least an **80 percent** otherwise you will be required to take the quiz again.

**New ABCs will take the ABC\_HIPAA\_2020 class.**

Here is the navigation after you log in to Edison at [www.edison.tn.gov](http://www.edison.tn.gov):

**NAV BAR >Navigator>ELM>Learning Home>Search for Learning type HIPAA > Annual HIPAA Training (HIPAA 2000)> BA\_HIPAA\_2020.**

For further instructions on accessing HIPAA Annual training, please **click the link below to watch a video** (found on YouTube channel)

<https://www.youtube.com/watch?v=nq3NVNnxpN4>.

**ActiveHealth Congestive Heart Failure Pilot**

ActiveHealth has asked the State Health Plan to be part of a 12-month pilot program for high-risk members with congestive heart failure (CHF) using remote patient monitoring. The pilot officially starts on May 1.

ActiveHealth currently provides disease management support for members with CHF as part of our population health contract, which will continue for low and medium risk members. During the

pilot, ActiveHealth will provide the enhanced program for high-risk members across all three plans.

For members identified as high-risk CHF patients, a remote monitoring program could provide better support of symptom management and reduce hospital admissions. Each participant who agrees to participate in the pilot will receive a home monitoring kit which includes a tablet for daily symptoms survey along with a blood pressure cuff for blood pressure and heart rate monitoring and a weight scale to monitor fluid retention. The biometric data, along with the answers from the member's daily health assessment, will trigger specific actions or interventions from a care manager or other health care team member. At the end of the 12 months, ActiveHealth will provide outcomes of the pilot, looking at avoided utilization (emergency room (ER)/hospital) and cost savings, member survey results, and other data trends.

ActiveHealth will decide at the end of the 12-month pilot to continue or end the remote monitoring program based on the results of the pilot. If ActiveHealth keeps the program, and the Insurance Committees approve adding the enhanced program for our high-risk CHF members, we will let you know.

Attachment: Coronavirus Benefits Info

## Coronavirus Benefits Information – April 17, 2020

### A message from Governor Lee:

COVID-19 is an unprecedented crisis. It has created both an economic and a health crisis, and the governor's response is working to address both aspects. Our goal is to keep the public, especially vulnerable populations, safe while doing everything possible to keep Tennesseans in a financially stable position. Here are some resources:

- Do Your Part. Stay Apart. - [tn.gov/health](https://www.tn.gov/health)
- COVID-19 Unified Command – [www.tn.gov/unifiedcommand](https://www.tn.gov/unifiedcommand)
- Daily COVID-19 Media Briefings - <https://sts.streamingvideo.tn.gov/Mediasite/Catalog/catalogs/mediasiteadmin-covid-19-media-briefing>
- Essential Businesses and Services - <https://www.tn.gov/governor/covid-19/essential-services.html>
- COVID-19 Small Business Resources - <https://www.tn.gov/economic-development/covid-19-small-business-resources>

### ParTNers for Health Members

Here is some helpful information for our ParTNers for Health plan members. We will immediately update it with any relevant benefits information as decisions are made:

#### COVID-19 Benefits for State Health Plan Members and Retirees

The State Group Insurance Program has approved waiving all costs for Telehealth visits through carrier-sponsored Telehealth programs from March 17 – May 31, 2020.

The State Group Insurance Program has also approved waiving all member costs for COVID-19 in-network testing and in-network outpatient visits associated with these tests. You can talk to your doctor, or other healthcare provider, about your need for a test.

**Free COVID-19 Drive-Through Testing Locations:** Additional drive-through sites will now be available for any Tennessean who isn't feeling well, even if you don't have traditional COVID-19 symptoms. If you need a test, you can go out and get one at one of the State or Tennessee Department of Health's assessment sites found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

The State Group Insurance Program has also approved waiving all member costs for in-network COVID-19 medical treatment.

#### What does this mean for our members?

- These benefit changes apply to health plan members, in all plans: Premier PPO, Standard PPO, Limited PPO, CDHP/HSA and Local CDHP/HSA, with both carriers: BlueCross BlueShield and Cigna.
- Members won't pay for any Telehealth visits from March 17 – May 31 through carrier-sponsored Telehealth programs, (Cigna: MDLive/AmWell and BlueCross BlueShield: PhysicianNow), **even if the visit is for something other than COVID-19.** (See Telehealth heading below).

- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and in-network visits when the visit leads to a COVID-19 test, as well as any services performed at the visit during which the COVID-19 test is performed in the following:
  - Provider's office
  - Urgent care facility
  - Convenience clinic
  - Telehealth
  - Emergency Room
- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 medical treatment received in the following:
  - Provider's office
  - Urgent care facility
  - Convenience clinic
  - Emergency Room
  - Inpatient/Outpatient Hospital Facility

**See Frequently Asked Questions below for more member COVID-19 benefit information.**

**To stay informed on the status of COVID-19 in Tennessee, the following resources are available to you:**

- For a comprehensive list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://www.tn.gov/governor/covid-19.html).
- The Department of Health (TDH) continues to be a primary resource for up-to-date information for the status of COVID-19 in Tennessee found by going to <https://www.tn.gov/health/cedep/ncov.html>.
- Review the COVID-19 symptoms found on the CDC website by [clicking here](#).
- The CDC has updated information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

---

### Telehealth

- **Cigna members** can use your Telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
  - Log into [MyCigna.com](https://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
- **BlueCross BlueShield members** can use your PhysicianNow Telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
  - Log into BlueAccess at [bcbst.com/members/tn\\_state/](https://bcbst.com/members/tn_state/)
  - Look for and select Talk With a Doctor Now
  - Or, call 888.283.6691

---

### Pharmacy Benefits

Make the most of your **CVS/caremark Pharmacy Benefit**. Members can prepare ahead and avoid crowds by setting up mail order prescription fills, refilling prescriptions before they run out, and filling 30-day or 90-day supplies on most of prescriptions (excluding controlled substances, like opioids, and specialty medications).

If you have concerns about picking up your prescription in person, you may want to call your pharmacy and ask about shipping and delivery options. Some pharmacies are offering to mail or deliver prescriptions at no additional cost.

Additional information about your CVS/caremark pharmacy benefit. You may take advantage of:

**Relaxed refill restrictions.** We are temporarily waiving early refill limits on 30-day and 90-day prescriptions for maintenance medications such as high blood pressure, high cholesterol, coronary artery disease, congestive heart failure, depression, and asthma/COPD at any in-network pharmacy. You can now fill maintenance medication prescriptions ahead of schedule.

If you have any trouble, your pharmacy staff should check for messaging in their system from CVS/caremark that your plan sponsor is temporarily allowing early refill overrides. If your pharmacy has trouble with the override, they should contact the CVS/Caremark pharmacy help desk (your pharmacy has the phone number).

For more help with your **CVS/caremark pharmacy benefits**, visit [info.caremark.com/stateoftn](https://info.caremark.com/stateoftn) or call 877.522.TNRX (8679) 24/7.

---

### **PAYFLEX Information about the CARES Act: Potential impact for HSA and FSA participants**

On March 27, Congress passed the CARES (COVID-19 Aid, Relief, and Economic Security) Act, which may benefit members with PayFlex health savings accounts (HSAs) and our state and higher education members with flexible spending accounts (FSAs).

NOTE: These changes are effective for expenses incurred after December 31, 2019. These changes don't have an expiration date.

#### **Over-the-Counter Drugs and Medicines without a Prescription**

- The CARES Act allows patients to use HSA and FSA funds to purchase over-the-counter (OTC) drugs and medicines, *including those needed in quarantine and social distancing*, without a prescription from a physician.
- This law also adds feminine hygiene products to the list of eligible OTC items.

#### **Using a PayFlex Debit Card for Newly Eligible OTC Items:**

- HSA members will not be asked to provide substantiation or documentation for their over-the-counter (OTC) drugs and medicines purchased with the PayFlex debit card (though please keep all receipts in case for future reference).
  - FSA members who use their PayFlex debit card for OTC drugs and medicines will likely have to provide a receipt for their purchase. However, work is being done to try to auto-substantiate these OTC products at the point of sale.
  - If the PayFlex debit card doesn't work at time of purchase, members can pay out of pocket and request reimbursement from their PayFlex account funds. This potential issue is a result of a new update to the debit card system's verification process. PayFlex does not have control over the update.
-

## Partners Health & Wellness Center

The Partners Health & Wellness Center on the 3<sup>rd</sup> floor of the TN Tower is continuing to provide limited services for state and higher education employees enrolled in the State Group Health Insurance Program. The center is not a COVID-19 testing site, but the staff has created a webpage to keep you updated on how coronavirus is changing the way they do business. Regular updates can be found at <https://www.partnershealthcenter.com/covid19>.

---

## Mental Health and Emotional Well-Being Resources (EAP and Behavioral Health Benefits)

### Online and Virtual Resources

**Virtual Visits:** available for EAP and behavioral health

- Schedule a visit with a psychiatrist or therapist using secure video-conferencing
- Go to [Here4TN.com](https://www.here4tn.com) to learn more

**Talkspace online therapy:** available for all members with behavioral health benefits

- Download the Talkspace app on your mobile device or computer through [Here4TN.com](https://www.here4tn.com)
- Communicate safely and securely with a therapist from your phone or desktop
- Message a licensed therapist 24/7 – includes text, audio or video messages within the secure app

**Sanvello:** on-demand help with stress, anxiety and depression – available anytime

- Download the Sanvello app on your mobile device or computer through [Here4TN.com](https://www.here4tn.com)
- The premium version of the app is available free to all with behavioral health benefits. Register using your behavioral health ID card.
- Members with EAP-only benefits have access to the free, standard version of the app
- Clinical tools and techniques to help manage the symptoms of stress, anxiety and depression

**EAP services:** Master's level specialists are available around the clock to assist with stress, legal, financial, mediation and work/life services.

- Preauthorization is required to utilize your Employee Assistance Program. Simply call 855.437.3486 or go to [Here4TN.com](https://www.here4tn.com) to obtain your preauthorization. If you prefer to access services over the phone, telephonic counseling is available as well as face-to-face appointments. **Call 855-Here4TN (855-437-3486) for more information.**

### COVID-19 Resources On-Demand Video

A pre-recorded video of a COVID-19 resources webinar, held in partnership with Optum and ActiveHealth, is posted for you to watch at your convenience.

**About the webinar:** While people may be impacted from COVID-19 in different ways, support resources are available. Here4TN EAP offers several coping resources. In this webinar, members will learn about the COVID-19 benefit information offered through the State Health Plan, the various digital resources available including Virtual Visits, Talkspace, Sanvello and more. ActiveHealth reviews basic ways to prevent the spread of germs, helps you understand social distancing and explores ways to cope with isolation during this time.

- Video and webinar slides are found at the top of the [ParTNers for Health EAP page](#).
- Video is also found on the ParTNers YouTube page: <https://youtu.be/K3zMbp9Sf5g>.

## EAP Eligibility

**State and Higher Education Employees:** EAP services are available to all benefits-eligible employees and their eligible family members, even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

**Local Education, Local Government, COBRA and Retirees:** EAP services are available to those who are enrolled in medical insurance. Dependents are eligible even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

## Note: Optum Emotional Support Help Line Available to Anyone

The Optum Emotional Support Help Line is available 24/7 to anyone in need, even if they are not enrolled in the benefit plan. The help line 866-342-6892 is staffed by professionally trained mental health experts and free of charge.

---

## Physical Well-Being Resources

**MyActiveHealth:** available to all state employees (even if you are not enrolled in the health plan) and enrolled health plan members

- Access to health education topics, activity trackers for sleep and exercise as well as other tools to keep your physical health on track
- Log on to [www.myactivehealth.com/wellnesstn](http://www.myactivehealth.com/wellnesstn) to get started

**Working for a Healthier Tennessee (WFHT)** pulled together links to home workouts (yoga, cardio, body weight training, etc.)

- Microworkouts <https://darebee.com/pdf/fitness/microworkouts.pdf>
- Indoor Cardio <https://darebee.com/workouts/indoor-cardio-workout>
- Popsugar Fitness <https://www.youtube.com/user/popsugartvfit>
- Yoga with Adrienne <https://www.youtube.com/user/yogawithadriene>
- Quiet Apartment Cardio [https://www.youtube.com/watch?v=gke\\_wunq7Ng](https://www.youtube.com/watch?v=gke_wunq7Ng)

---

## COVID-19 Benefits Frequently Asked Questions (FAQs) for State Health Plan Members

1. **What should I do if I think I might have the COVID-19 virus? Should I go to the emergency room?**
  - You can talk to your doctor, or other healthcare provider, about your need for a COVID-19 test or if you think you have the virus.
  - Additional resources:
    - The Tennessee Department of Health - [www.tn.gov/health/cedep/ncov.html](http://www.tn.gov/health/cedep/ncov.html)
    - CDC - [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html).
  - Generally speaking, people should seek care if they experience a high fever, significant cough, shortness of breath or fatigue.
  - **Free COVID-19 Drive-Through Testing Locations:** Additional drive-through sites will now be available for any Tennessean who isn't feeling well, even if you don't have traditional COVID-19 symptoms. If you need a test, you can go out and get one for free at the State or Tennessee

Department of Health's assessment sites found here:

<https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

## 2. Is COVID-19 testing covered?

- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and in-network visits in a provider's office, urgent care, convenience clinic, emergency room or by Telehealth.
- **Free COVID-19 Drive-Through Testing Locations:** Additional drive-through sites will now be available for any Tennessean who isn't feeling well, even if you don't have traditional COVID-19 symptoms. If you need a test, you can go out and get one for free at one of the State or Tennessee Department of Health's assessment sites found here:  
<https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

## 3. Is COVID-19 treatment covered?

- Members won't have to pay a copay, coinsurance, or any money toward their deductible for in-network COVID-19 medical treatment received in a provider's office, urgent care, convenience clinic, emergency room, or inpatient/outpatient hospital facility as long as the visit is directly related to a COVID-19 diagnosis. All medical treatment not directly related to a COVID-19 diagnosis will be covered under the member's enrolled health plan benefits with applicable member cost share.

## 4. What about Telehealth?

- Members will not be required to pay for any Telehealth visits through carrier-sponsored Telehealth programs, (Cigna: MDLive/AmWell and BlueCross BlueShield: PhysicianNow), from March 17 through May 31, even if the visit is for something other than COVID-19. If you have questions, call BlueCross BlueShield or Cigna at the number on the back of your ID card and ask for help.

## 5. What will my Explanation of Benefits (EOB) show?

- We are working closely with our carriers so that your EOB shows that you do not owe member cost share for in-network COVID-19 tests, in-network outpatient visits that lead to a test, and in-network medical treatment. However, for member cost share to be waived, the claim must be coded with a COVID-19 diagnosis code. If your EOB shows you owe a cost share, please contact either BlueCross BlueShield or Cigna, by calling the number on the back of your ID card for help. They will be able to explain the status of your claim and provide you with more information. Your provider may need to resubmit your claim with updated coding.

## 6. What if I pre-paid at the doctor's office or hospital, will I get that money back?

- If it is an eligible in-network COVID-19 charge, you can get your money back. Once you have your EOB, you can contact the provider or hospital and request a refund, or you can call BlueCross BlueShield or Cigna at the number on the back of your ID card and ask for help.

- 7. What if I go to the emergency room for a test and then I am hospitalized? What will I have to pay for?**
- The State Group Insurance Program is waiving cost sharing for in-network COVID-19 testing, in-network outpatient visits associated with these tests, and in-network medical treatment for a COVID-19 diagnosis. The benefit does not include waiving member cost-sharing for treatment that is not related to a COVID-19 diagnosis, which would fall under the current benefit cost-sharing based on the health plan you are enrolled in.
- 8. I'm in the CDHP, will I have to pay for a test? Do I have to pay my deductible first?**
- If the eligible COVID-19 testing is in-network, then no, you would not have to pay anything toward your deductible for testing and in-network outpatient visits associated with the test.
- 9. Does this apply for all health plan members, in all networks, BlueCross BlueShield Network S, Cigna LocalPlus and Cigna OAP?**
- Yes, it applies to all members and retirees in all plans and in all networks.
- 10. What if I get a bill saying I owe money for a COVID-19 test? What do I do?**
- If you get a bill for a test, a COVID-19 related visit, or COVID-19 related treatment, wait until you have your Explanation of Benefits (EOB). If the EOB shows you owe money then call BlueCross BlueShield or Cigna at the number on the back of your card and ask for help. If the EOB shows you do not owe money for the test, then contact your provider to request a bill correction.
- 11. What if I get a test and it's negative, and then I need to go and get another test? Is the second test covered?**
- Yes, member cost share for all in-network COVID-19 testing and in-network outpatient visits associated with these tests is waived even if you need to get an additional test.
  - **Free COVID-19 Drive-Through Testing Locations:** Additional drive-through sites will now be available for any Tennessean who isn't feeling well, even if you don't have traditional COVID-19 symptoms. If you need a test, you can go out and get one for free at one of the State or Tennessee Department of Health's assessment sites found here:  
<https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>
- 12. Are prescriptions for COVID-19 treatment covered?**
- Currently the FDA has not approved any prescription medications for the treatment of COVID-19. Medications prescribed by your provider and obtained at a pharmacy will still have applicable member cost share.
- 13. When will these COVID-19 benefits take effect?**

- This benefit takes effect immediately and could also include prior claims, which meet these requirements.

**14. How long will these COVID-19 benefits last?**

- The cost waiver for carrier-sponsored Telehealth program benefits goes through May 31, 2020. There is no specific end date at this time for the other COVID-19 benefits. Benefit updates will be provided as decisions are made.

April 24, 2020

***The following email was sent to agency benefits coordinators (ABCs) today.***

### **COVID-19 Resources and Updates**

We have **updated** the **attached** COVID-19 resource document, **dated April 24**, found on the [ParTNers for Health homepage](#) by clicking the yellow band titled **Coronavirus Benefits Information from Partners for Health**. We've added a link to information about the Tennessee Pledge: Reopening Tennessee Responsibly, and information about Cigna prepaid dental benefits as they relate to COVID-19.

This information has been changing often. It is a good idea to regularly check this document as we are updating it with any relevant benefits information as decisions are made. We change the date at the top every time new information is added.

**Please continue to share this resource with your employees.**

**To stay informed on the status of COVID-19, the following are available to you and your employees:**

- For a comprehensive list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://www.tn.gov/governor/covid-19.html)
- The Department of Health (TDH) provides up-to-date information on the status of COVID-19 in Tennessee at <https://www.tn.gov/health/cedep/ncov.html>
- COVID-19 symptoms found on the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>
- The CDC has updated information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html)

**Additional state resources – please share with your employees:**

- **New information** - Tennessee Pledge: Reopening Tennessee Responsibly - <https://www.tn.gov/governor/covid-19/economic-recovery.html>
- Do Your Part. Stay Apart. - [tn.gov/health](https://www.tn.gov/health)
- COVID-19 Unified Command - [www.tn.gov/unifiedcommand](https://www.tn.gov/unifiedcommand)
- Daily COVID-19 Media Briefings - <https://sts.streamingvideo.tn.gov/Mediasite/Catalog/catalogs/mediasiteadmin-covid-19-media-briefing>
- Essential Businesses and Services - <https://www.tn.gov/governor/covid-19/essential-services.html>
- COVID-19 Small Business Resources - <https://www.tn.gov/ecd/covid-19-small-business-resources>

### **Change to Zendesk Live Chat Effective 4/30**

On Thursday, April 30, the standalone “Chat with Us” panel on the bottom-right of our Zendesk Help Center (Image 1 below) will go away. Live Chat with Benefits Administration will still be available during regular business hours via the **green “Help” button** (Image 2 below), which is present on both our [Help Center](#) and on the [ParTNers For Health website](#), on the bottom left of the page. This change is to present a unified standard Chat functionality across both sites.

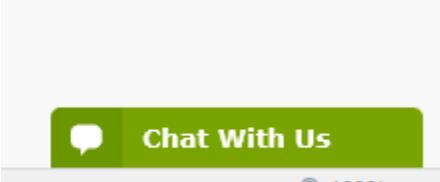


Image 1

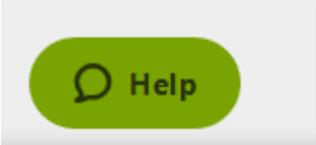


Image 2

Attachment: Coronavirus Benefits Info

## Coronavirus Benefits Information – April 24, 2020

### A message from Governor Lee:

COVID-19 is an unprecedented crisis. It has created both an economic and a health crisis, and the governor's response is working to address both aspects. Our goal is to keep the public, especially vulnerable populations, safe while doing everything possible to keep Tennesseans in a financially stable position. Here are some resources:

- **New Information** - Tennessee Pledge: Reopening Tennessee Responsibly - <https://www.tn.gov/governor/covid-19/economic-recovery.html>
- Do Your Part. Stay Apart. - [tn.gov/health](https://www.tn.gov/health)
- COVID-19 Unified Command – [www.tn.gov/unifiedcommand](https://www.tn.gov/unifiedcommand)
- Daily COVID-19 Media Briefings - <https://sts.streamingvideo.tn.gov/Mediasite/Catalog/catalogs/mediasiteadmin-covid-19-media-briefing>
- Essential Businesses and Services - <https://www.tn.gov/governor/covid-19/essential-services.html>
- COVID-19 Small Business Resources - <https://www.tn.gov/e cd/covid-19-small-business-resources>

### ParTners for Health Members

Here is some helpful information for our ParTners for Health plan members. We will immediately update it with any relevant benefits information as decisions are made:

#### COVID-19 Benefits for State Health Plan Members and Retirees

The State Group Insurance Program has approved waiving all costs for Telehealth visits through carrier-sponsored Telehealth programs from March 17 – May 31, 2020.

The State Group Insurance Program has also approved waiving all member costs for COVID-19 in-network testing and in-network outpatient visits associated with these tests. You can talk to your doctor, or other healthcare provider, about your need for a test.

**Free COVID-19 Drive-Through Testing Locations:** Additional drive-through sites will now be available for any Tennessean who isn't feeling well, even if you don't have traditional COVID-19 symptoms. If you need a test, you can go out and get one at one of the State or Tennessee Department of Health's assessment sites found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

The State Group Insurance Program has also approved waiving all member costs for in-network COVID-19 medical treatment.

#### What does this mean for our members?

- These benefit changes apply to health plan members, in all plans: Premier PPO, Standard PPO, Limited PPO, CDHP/HSA and Local CDHP/HSA, with both carriers: BlueCross BlueShield and Cigna.

- Members won't pay for any Telehealth visits from March 17 – May 31 through carrier-sponsored Telehealth programs, (Cigna: MDLive/AmWell and BlueCross BlueShield: PhysicianNow), **even if the visit is for something other than COVID-19.** (See Telehealth heading below).
- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and in-network visits when the visit leads to a COVID-19 test, as well as any services performed at the visit during which the COVID-19 test is performed in the following:
  - Provider's office
  - Urgent care facility
  - Convenience clinic
  - Telehealth
  - Emergency Room
- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 medical treatment received in the following:
  - Provider's office
  - Urgent care facility
  - Convenience clinic
  - Emergency Room
  - Inpatient/Outpatient Hospital Facility

**See Frequently Asked Questions below for more member COVID-19 benefit information.**

**To stay informed on the status of COVID-19 in Tennessee, the following resources are available to you:**

- For a comprehensive list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://www.tn.gov/governor/covid-19.html).
- The Department of Health (TDH) continues to be a primary resource for up-to-date information for the status of COVID-19 in Tennessee found by going to <https://www.tn.gov/health/cedep/ncov.html>.
- Review the COVID-19 symptoms found on the CDC website by [clicking here](#).
- The CDC has updated information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

## Telehealth

- **Cigna members** can use your Telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
  - Log into [MyCigna.com](https://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
- **BlueCross BlueShield members** can use your PhysicianNow Telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
  - Log into BlueAccess at [bcbst.com/members/tn\\_state/](https://bcbst.com/members/tn_state/)
  - Look for and select Talk With a Doctor Now
  - Or, call 888.283.6691

## Pharmacy Benefits

Make the most of your **CVS/caremark Pharmacy Benefit**. Members can prepare ahead and avoid crowds by setting up mail order prescription fills, refilling prescriptions before they run out, and filling 30-day or 90-day supplies on most of prescriptions (excluding controlled substances, like opioids, and specialty medications).

If you have concerns about picking up your prescription in person, you may want to call your pharmacy and ask about shipping and delivery options. Some pharmacies are offering to mail or deliver prescriptions at no additional cost.

Additional information about your CVS/caremark pharmacy benefit. You may take advantage of:

**Relaxed refill restrictions.** We are temporarily waiving early refill limits on 30-day and 90-day prescriptions for maintenance medications such as high blood pressure, high cholesterol, coronary artery disease, congestive heart failure, depression, and asthma/COPD at any in-network pharmacy. You can now fill maintenance medication prescriptions ahead of schedule.

If you have any trouble, your pharmacy staff should check for messaging in their system from CVS/caremark that your plan sponsor is temporarily allowing early refill overrides. If your pharmacy has trouble with the override, they should contact the CVS/Caremark pharmacy help desk (your pharmacy has the phone number).

For more help with your **CVS/caremark pharmacy benefits**, visit [info.caremark.com/stateoftn](https://info.caremark.com/stateoftn) or call 877.522.TNRX (8679) 24/7.

---

## PAYFLEX Information about the CARES Act: Potential impact for HSA and FSA participants

On March 27, Congress passed the CARES (COVID-19 Aid, Relief, and Economic Security) Act, which may benefit members with PayFlex health savings accounts (HSAs) and our state and higher education members with flexible spending accounts (FSAs).

NOTE: These changes are effective for expenses incurred after December 31, 2019. These changes don't have an expiration date.

### Over-the-Counter Drugs and Medicines without a Prescription

- The CARES Act allows patients to use HSA and FSA funds to purchase over-the-counter (OTC) drugs and medicines, *including those needed in quarantine and social distancing*, without a prescription from a physician.
- This law also adds feminine hygiene products to the list of eligible OTC items.

### Using a PayFlex Debit Card for Newly Eligible OTC Items:

- HSA members will not be asked to provide substantiation or documentation for their over-the-counter (OTC) drugs and medicines purchased with the PayFlex debit card (though please keep all receipts in case for future reference).
- FSA members who use their PayFlex debit card for OTC drugs and medicines will likely have to provide a receipt for their purchase. However, work is being done to try to auto-substantiate these OTC products at the point of sale.

- If the PayFlex debit card doesn't work at time of purchase, members can pay out of pocket and request reimbursement from their PayFlex account funds. This potential issue is a result of a new update to the debit card system's verification process. PayFlex does not have control over the update.
- 

## Dental Benefits – Cigna PrePaid Members

### Cigna Dental Virtual Care

Cigna Dental Virtual Care is available 24 hours a day, seven days a week at no additional cost to Cigna Dental customers, through May 31, 2020.

**Click the link to learn more:**

[http://images.connecting.cigna.com/Web/CIGNACorporation/%7B30462794-442d-43b4-9c95-1edc2f8e99d9%7D\\_Teleden\\_Flyer.pdf](http://images.connecting.cigna.com/Web/CIGNACorporation/%7B30462794-442d-43b4-9c95-1edc2f8e99d9%7D_Teleden_Flyer.pdf)

### Cigna Dental Emergency

In the event of a dental emergency, Cigna suggests patients contact their dentists to service and guide their care options. If the dental office is closed, Cigna can assist you in finding care by calling 1.800.244.6224 or customers can locate care on **mycigna.com** at <https://my.cigna.com/web/public/guest>.

**Click the link to learn more:**

<http://app.connecting.cigna.com/e/es?s=1399&e=398867&elqTrackId=1f467d54f6314a1ab8a667d1e5cbf7d1&elq=8c13224976bc4b0887cc46f6130f7aaa&elqaid=18785&elqat=1>

---

## Partners Health & Wellness Center

The Partners Health & Wellness Center on the 3<sup>rd</sup> floor of the TN Tower is continuing to provide limited services for state and higher education employees enrolled in the State Group Health Insurance Program. The center is not a COVID-19 testing site, but the staff has created a webpage to keep you updated on how coronavirus is changing the way they do business. Regular updates can be found at <https://www.partnershealthcenter.com/covid19>.

---

## Mental Health and Emotional Well-Being Resources (EAP and Behavioral Health Benefits)

### Online and Virtual Resources

**Virtual Visits:** available for EAP and behavioral health

- Schedule a visit with a psychiatrist or therapist using secure video-conferencing
- Go to [Here4TN.com](http://Here4TN.com) to learn more

**Talkspace online therapy:** available for all members with behavioral health benefits

- Download the Talkspace app on your mobile device or computer through [Here4TN.com](http://Here4TN.com)
- Communicate safely and securely with a therapist from your phone or desktop
- Message a licensed therapist 24/7 – includes text, audio or video messages within the secure app

**Sanvello:** on-demand help with stress, anxiety and depression – available anytime

- Download the Sanvello app on your mobile device or computer through [Here4TN.com](http://Here4TN.com)
- The premium version of the app is available free to all with behavioral health benefits. Register using your behavioral health ID card.
- Members with EAP-only benefits have access to the free, standard version of the app

- Clinical tools and techniques to help manage the symptoms of stress, anxiety and depression

**EAP services:** Master’s level specialists are available around the clock to assist with stress, legal, financial, mediation and work/life services.

- Preauthorization is required to utilize your Employee Assistance Program. Simply call 855.437.3486 or go to [Here4TN.com](http://Here4TN.com) to obtain your preauthorization. If you prefer to access services over the phone, telephonic counseling is available as well as face-to-face appointments. **Call 855-Here4TN (855-437-3486) for more information.**

### **COVID-19 Resources On-Demand Video**

A pre-recorded video of a COVID-19 resources webinar, held in partnership with Optum and ActiveHealth, is posted for you to watch at your convenience.

**About the webinar:** While people may be impacted from COVID-19 in different ways, support resources are available. Here4TN EAP offers several coping resources. In this webinar, members will learn about the COVID-19 benefit information offered through the State Health Plan, the various digital resources available including Virtual Visits, Talkspace, Sanvello and more. ActiveHealth reviews basic ways to prevent the spread of germs, helps you understand social distancing and explores ways to cope with isolation during this time.

- Video and webinar slides are found at the top of the [ParTNers for Health EAP page](#).
- Video is also found on the ParTNers YouTube page: <https://youtu.be/K3zMbp9Sf5g>.

### **EAP Eligibility**

**State and Higher Education Employees:** EAP services are available to all benefits-eligible employees and their eligible family members, even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

**Local Education, Local Government, COBRA and Retirees:** EAP services are available to those who are enrolled in medical insurance. Dependents are eligible even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

### **Note: Optum Emotional Support Help Line Available to Anyone**

The Optum Emotional Support Help Line is available 24/7 to anyone in need, even if they are not enrolled in the benefit plan. The help line 866-342-6892 is staffed by professionally trained mental health experts and free of charge.

---

### **Physical Well-Being Resources**

**MyActiveHealth:** available to all state employees (even if you are not enrolled in the health plan) and enrolled health plan members

- Access to health education topics, activity trackers for sleep and exercise as well as other tools to keep your physical health on track
- Log on to [www.myactivehealth.com/wellnesstn](http://www.myactivehealth.com/wellnesstn) to get started

**Working for a Healthier Tennessee (WFHT)** pulled together links to home workouts (yoga, cardio, body weight training, etc.)

- Microworkouts <https://darebee.com/pdf/fitness/microworkouts.pdf>

- Indoor Cardio <https://darebee.com/workouts/indoor-cardio-workout>
  - Popsugar Fitness <https://www.youtube.com/user/popsugartvfit>
  - Yoga with Adrienne <https://www.youtube.com/user/yogawithadriene>
  - Quiet Apartment Cardio [https://www.youtube.com/watch?v=gke\\_wunq7Ng](https://www.youtube.com/watch?v=gke_wunq7Ng)
- 

## COVID-19 Benefits Frequently Asked Questions (FAQs) for State Health Plan Members

- 1. What should I do if I think I might have the COVID-19 virus? Should I go to the emergency room?**
  - You can talk to your doctor, or other healthcare provider, about your need for a COVID-19 test or if you think you have the virus.
  - Additional resources:
    - The Tennessee Department of Health - [www.tn.gov/health/cedep/ncov.html](http://www.tn.gov/health/cedep/ncov.html)
    - CDC - [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html).
  - Generally speaking, people should seek care if they experience a high fever, significant cough, shortness of breath or fatigue.
  - **Free COVID-19 Drive-Through Testing Locations:** Additional drive-through sites will now be available for any Tennessean who isn't feeling well, even if you don't have traditional COVID-19 symptoms. If you need a test, you can go out and get one for free at the State or Tennessee Department of Health's assessment sites found here:  
<https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.
- 2. Is COVID-19 testing covered?**
  - Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and in-network visits in a provider's office, urgent care, convenience clinic, emergency room or by Telehealth.
  - **Free COVID-19 Drive-Through Testing Locations:** Additional drive-through sites will now be available for any Tennessean who isn't feeling well, even if you don't have traditional COVID-19 symptoms. If you need a test, you can go out and get one for free at one of the State or Tennessee Department of Health's assessment sites found here:  
<https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.
- 3. Is COVID-19 treatment covered?**
  - Members won't have to pay a copay, coinsurance, or any money toward their deductible for in-network COVID-19 medical treatment received in a provider's office, urgent care, convenience clinic, emergency room, or inpatient/outpatient hospital facility as long as the visit is directly related to a COVID-19 diagnosis. All medical treatment not directly related to a COVID-19 diagnosis will be covered under the member's enrolled health plan benefits with applicable member cost share.
- 4. What about Telehealth?**

- Members will not be required to pay for any Telehealth visits through carrier-sponsored Telehealth programs, (Cigna: MDLive/Amwell and BlueCross BlueShield: PhysicianNow), from March 17 through May 31, even if the visit is for something other than COVID-19. If you have questions, call BlueCross BlueShield or Cigna at the number on the back of your ID card and ask for help.

**5. What will my Explanation of Benefits (EOB) show?**

- We are working closely with our carriers so that your EOB shows that you do not owe member cost share for in-network COVID-19 tests, in-network outpatient visits that lead to a test, and in-network medical treatment. However, for member cost share to be waived, the claim must be coded with a COVID-19 diagnosis code. If your EOB shows you owe a cost share, please contact either BlueCross BlueShield or Cigna, by calling the number on the back of your ID card for help. They will be able to explain the status of your claim and provide you with more information. Your provider may need to resubmit your claim with updated coding.

**6. What if I pre-paid at the doctor's office or hospital, will I get that money back?**

- If it is an eligible in-network COVID-19 charge, you can get your money back. Once you have your EOB, you can contact the provider or hospital and request a refund, or you can call BlueCross BlueShield or Cigna at the number on the back of your ID card and ask for help.

**7. What if I go to the emergency room for a test and then I am hospitalized? What will I have to pay for?**

- The State Group Insurance Program is waiving cost sharing for in-network COVID-19 testing, in-network outpatient visits associated with these tests, and in-network medical treatment for a COVID-19 diagnosis. The benefit does not include waiving member cost-sharing for treatment that is not related to a COVID-19 diagnosis, which would fall under the current benefit cost-sharing based on the health plan you are enrolled in.

**8. I'm in the CDHP, will I have to pay for a test? Do I have to pay my deductible first?**

- If the eligible COVID-19 testing is in-network, then no, you would not have to pay anything toward your deductible for testing and in-network outpatient visits associated with the test.

**9. Does this apply for all health plan members, in all networks, BlueCross BlueShield Network S, Cigna LocalPlus and Cigna OAP?**

- Yes, it applies to all members and retirees in all plans and in all networks.

**10. What if I get a bill saying I owe money for a COVID-19 test? What do I do?**

- If you get a bill for a test, a COVID-19 related visit, or COVID-19 related treatment, wait until you have your Explanation of Benefits (EOB). If the EOB shows you owe money then call BlueCross BlueShield or Cigna at the number on the back of your card and ask for help. If the

EOB shows you do not owe money for the test, then contact your provider to request a bill correction.

**11. What if I get a test and it's negative, and then I need to go and get another test? Is the second test covered?**

- Yes, member cost share for all in-network COVID-19 testing and in-network outpatient visits associated with these tests is waived even if you need to get an additional test.
- **Free COVID-19 Drive-Through Testing Locations:** Additional drive-through sites will now be available for any Tennessean who isn't feeling well, even if you don't have traditional COVID-19 symptoms. If you need a test, you can go out and get one for free at one of the State or Tennessee Department of Health's assessment sites found here:  
<https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>

**12. Are prescriptions for COVID-19 treatment covered?**

- Currently the FDA has not approved any prescription medications for the treatment of COVID-19. Medications prescribed by your provider and obtained at a pharmacy will still have applicable member cost share.

**13. When will these COVID-19 benefits take effect?**

- This benefit takes effect immediately and could also include prior claims, which meet these requirements.

**14. How long will these COVID-19 benefits last?**

- The cost waiver for carrier-sponsored Telehealth program benefits goes through May 31, 2020. There is no specific end date at this time for the other COVID-19 benefits. Benefit updates will be provided as decisions are made.

May 1, 2020

***The following email was sent to agency benefits coordinators (ABCs) today.***

### **COVID-19 Resources and Updates**

We have **updated** the **attached** COVID-19 resource document, **dated May 1**, found on the [ParTNers for Health homepage](#) by clicking the yellow band titled **Coronavirus Benefits Information from Partners for Health**. We've added information about MetLife preferred dental benefits and MetLife disability benefits as they relate to COVID-19, and there is additional information and a FAQ about in-network visits.

This information has been changing often. It is a good idea to regularly check this document as we are updating it with any relevant benefits information as decisions are made. We change the date at the top every time new information is added.

**Please continue to share this resource with your employees.**

**To stay informed on the status of COVID-19, the following are available to you and your employees:**

- For a comprehensive list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://www.tn.gov/governor/covid-19.html)
- The Department of Health (TDH) provides up-to-date information on the status of COVID-19 in Tennessee at <https://www.tn.gov/health/cedep/ncov.html>
- COVID-19 symptoms found on the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>
- The CDC has updated information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html)

**Additional state resources – please share with your employees:**

- Tennessee Pledge: Reopening Tennessee Responsibly - <https://www.tn.gov/governor/covid-19/economic-recovery.html>
- Do Your Part. Stay Apart. - <https://www.tn.gov/governor/covid-19/do-your-part--stay-apart.html>
- COVID-19 Unified Command - [www.tn.gov/unifiedcommand](http://www.tn.gov/unifiedcommand)
- Daily COVID-19 Media Briefings - <https://sts.streamingvideo.tn.gov/Mediasite/Catalog/catalogs/mediasiteadmin-covid-19-media-briefing>
- COVID-19 Small Business Resources - <https://www.tn.gov/ecd/covid-19-small-business-resources>

### **Dental Discounts for Cigna and MetLife Members**

Good news – both of our dental vendors, MetLife and Cigna, will give a dental premium discount to our enrolled members! Cigna will give members a 25% discount for March, April and May coverage, and MetLife will give members a 25% discount for April and May coverage.

We are finalizing details of when this will be applied to paychecks or pension checks. We will send you more information as soon as it is available, as well as information you can share with your members.

**April 22 #4Mind4Body Lunch and Learn On-Demand Video (state only)**

We recorded the recent April 22 #4Mind4Body webinar presented by Optum on Virtual Resources and WorkLife Services. You can find it at the bottom of our [ParTNers Video page](#) and ParTNers YouTube page for you and members to watch at your convenience. Find the video here: <https://www.youtube.com/watch?v=iduM78Fjv3A>

Attachment: Coronavirus Benefits Info

## Coronavirus Benefits Information – May 1, 2020

### A message from Governor Lee:

COVID-19 is an unprecedented crisis. It has created both an economic and a health crisis, and the governor's response is working to address both aspects. Our goal is to keep the public, especially vulnerable populations, safe while doing everything possible to keep Tennesseans in a financially stable position. Here are some resources:

- Tennessee Pledge: Reopening Tennessee Responsibly - <https://www.tn.gov/governor/covid-19/economic-recovery.html>
- Do Your Part. Stay Apart. - <https://www.tn.gov/governor/covid-19/do-your-part--stay-apart.html>
- COVID-19 Unified Command – [www.tn.gov/unifiedcommand](http://www.tn.gov/unifiedcommand)
- Daily COVID-19 Media Briefings - <https://sts.streamingvideo.tn.gov/Mediasite/Catalog/catalogs/mediasiteadmin-covid-19-media-briefing>
- COVID-19 Small Business Resources - <https://www.tn.gov/ece/covid-19-small-business-resources>

### ParTNers for Health Members

Here is some helpful information for our ParTNers for Health plan members. We will immediately update it with any relevant benefits information as decisions are made:

#### COVID-19 Benefits for State Health Plan Members and Retirees

The State Group Insurance Program has approved waiving all costs for Telehealth visits through carrier-sponsored Telehealth programs from March 17 – May 31, 2020.

The State Group Insurance Program has also approved waiving all member costs for COVID-19 in-network testing and in-network outpatient visits associated with these tests. You can talk to your doctor, or other healthcare provider, about your need for a test.

**Free COVID-19 Drive-Through Testing Locations:** Additional drive-through sites will now be available for any Tennessean who isn't feeling well, even if you don't have traditional COVID-19 symptoms. If you need a test, you can go out and get one at one of the State or Tennessee Department of Health's assessment sites found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

The State Group Insurance Program has also approved waiving all member costs for in-network COVID-19 medical treatment.

#### What does this mean for our members?

- These benefit changes apply to health plan members, in all plans: Premier PPO, Standard PPO, Limited PPO, CDHP/HSA and Local CDHP/HSA, with both carriers: BlueCross BlueShield and Cigna.
- Members won't pay for any Telehealth visits from March 17 – May 31 through carrier-sponsored Telehealth programs, (Cigna: MDLive/AmWell and BlueCross BlueShield: PhysicianNow), **even if the visit is for something other than COVID-19.** (See **Telehealth** heading below).

- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and in-network visits when the visit leads to a COVID-19 test, as well as any services performed at the visit during which the COVID-19 test is performed in the following:
  - Provider's office
  - Urgent care facility
  - Convenience clinic
  - Telehealth with your provider (BlueCross and Cigna-sponsored Telehealth also has no member cost-share)
  - Emergency Room

The COVID-19 test must be performed during the in-network visit or on the **same or next date of service**, in order for the member to not have a cost-share. The test result (positive or negative) does not impact cost-share. Carriers (BlueCross and Cigna) may need to reprocess a claim and this may take some time. Members can call their carrier to check on the status of the claim. Some providers may request members pay upfront for the in-network visit. If this occurs, members will have to request a refund from the provider once the claim is reprocessed.

- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 medical treatment received in the following:
  - Provider's office
  - Urgent care facility
  - Convenience clinic
  - Emergency Room
  - Inpatient/Outpatient Hospital Facility

**See Frequently Asked Questions below for more member COVID-19 benefit information.**

**To stay informed on the status of COVID-19 in Tennessee, the following resources are available to you:**

- For a comprehensive list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://www.tn.gov/governor/covid-19.html).
- The Department of Health (TDH) continues to be a primary resource for up-to-date information for the status of COVID-19 in Tennessee found by going to <https://www.tn.gov/health/cedep/ncov.html>.
- Review the COVID-19 symptoms found on the CDC website by [clicking here](#).
- The CDC has updated information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

---

### **Telehealth (carrier-sponsored)**

- **Cigna members** can use your Telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
  - Log into [MyCigna.com](https://www.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
- **BlueCross BlueShield members** can use your PhysicianNow Telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
  - Log into BlueAccess at [bcbst.com/members/tn\\_state/](https://www.bcbst.com/members/tn_state/)
  - Look for and select Talk With a Doctor Now

- Or, call 888.283.6691
- 

## Pharmacy Benefits

Make the most of your **CVS/caremark Pharmacy Benefit**. Members can prepare ahead and avoid crowds by setting up mail order prescription fills, refilling prescriptions before they run out, and filling 30-day or 90-day supplies on most of prescriptions (excluding controlled substances, like opioids, and specialty medications).

If you have concerns about picking up your prescription in person, you may want to call your pharmacy and ask about shipping and delivery options. Some pharmacies are offering to mail or deliver prescriptions at no additional cost.

Additional information about your CVS/caremark pharmacy benefit. You may take advantage of:

**Relaxed refill restrictions.** We are temporarily waiving early refill limits on 30-day and 90-day prescriptions for maintenance medications such as high blood pressure, high cholesterol, coronary artery disease, congestive heart failure, depression, and asthma/COPD at any in-network pharmacy. You can now fill maintenance medication prescriptions ahead of schedule.

If you have any trouble, your pharmacy staff should check for messaging in their system from CVS/caremark that your plan sponsor is temporarily allowing early refill overrides. If your pharmacy has trouble with the override, they should contact the CVS/Caremark pharmacy help desk (your pharmacy has the phone number).

For more help with your **CVS/caremark pharmacy benefits**, visit [info.caremark.com/stateoftn](https://info.caremark.com/stateoftn) or call 877.522.TNRX (8679) 24/7.

---

## PAYFLEX Information about the CARES Act: Potential impact for HSA and FSA participants

On March 27, Congress passed the CARES (COVID-19 Aid, Relief, and Economic Security) Act, which may benefit members with PayFlex health savings accounts (HSAs) and our state and higher education members with flexible spending accounts (FSAs).

NOTE: These changes are effective for expenses incurred after December 31, 2019. These changes don't have an expiration date.

### Over-the-Counter Drugs and Medicines without a Prescription

- The CARES Act allows patients to use HSA and FSA funds to purchase over-the-counter (OTC) drugs and medicines, including those needed in quarantine and social distancing, without a prescription from a physician.
- This law also adds feminine hygiene products to the list of eligible OTC items.

### Using a PayFlex Debit Card for Newly Eligible OTC Items:

- HSA members will not be asked to provide substantiation or documentation for their over-the-counter (OTC) drugs and medicines purchased with the PayFlex debit card (though please keep all receipts in case for future reference).

- FSA members who use their PayFlex debit card for OTC drugs and medicines will likely have to provide a receipt for their purchase. However, work is being done to try to auto-substantiate these OTC products at the point of sale.
- If the PayFlex debit card doesn't work at time of purchase, members can pay out of pocket and request reimbursement from their PayFlex account funds. This potential issue is a result of a new update to the debit card system's verification process. PayFlex does not have control over the update.

---

## Dental Benefits

### Cigna PrePaid Members

#### Cigna Dental Virtual Care

Cigna Dental Virtual Care is available 24 hours a day, seven days a week at no additional cost to Cigna Dental customers, through May 31, 2020.

**Click the link to learn more:**

[http://images.connecting.cigna.com/Web/CIGNACorporation/%7B30462794-442d-43b4-9c95-1edc2f8e99d9%7D\\_Teleden\\_Flyer.pdf](http://images.connecting.cigna.com/Web/CIGNACorporation/%7B30462794-442d-43b4-9c95-1edc2f8e99d9%7D_Teleden_Flyer.pdf)

### Cigna Dental Emergency

In the event of a dental emergency, Cigna suggests patients contact their dentists to service and guide their care options. If the dental office is closed, Cigna can assist you in finding care by calling 1.800.244.6224 or customers can locate care on **mycigna.com** at <https://my.cigna.com/web/public/guest>.

**Click the link to learn more:**

<http://app.connecting.cigna.com/e/es?s=1399&e=398867&elqTrackId=1f467d54f6314a1ab8a667d1e5cbf7d1&elq=8c13224976bc4b0887cc46f6130f7aaa&elqaid=18785&elqat=1>

### MetLife Dental Plan Members

#### MetLife Teledentistry Benefit

MetLife's teledentistry benefit enables you to talk with your dentist and get necessary treatment, such as emergency care, when you need it. You and your dentist choose the method that works best for you and claims are submitted as usual. Questions? Call 1-855-700-8001; representatives are available 7:00 a.m. - 10:00 p.m. CT, Monday through Friday.

**Click the link to learn more:**

<https://www.metlife.com/content/dam/metlifecom/us/homepage/stateoftn/dental/metlife-teledentistry-benefit.pdf>

---

## Disability Benefits

### MetLife Short-term Disability (STD) and Long-term Disability (LTD)

Beginning Wednesday, April 8, 2020, if a claimant is unable to secure medical documentation to substantiate a new STD or LTD claim due to the current COVID-19 crisis, MetLife will conditionally approve STD claims for 14 calendar days and LTD claims for 30 days as these situations arise, pending supporting medical evidence. With respect to existing claims, dependent upon the medical evidence already received, MetLife will extend an STD claim for up to 14 calendar days and LTD claims for up to 30 days, pending medical evidence. To the extent a particular jurisdiction mandates additional time, MetLife will comply with such mandate. This process will be maintained for an initial 30-day period, then reassessed based on continued need.

---

## Partners Health & Wellness Center

The Partners Health & Wellness Center on the 3<sup>rd</sup> floor of the TN Tower is continuing to provide limited services for state and higher education employees enrolled in the State Group Health Insurance Program. The center is not a COVID-19 testing site, but the staff has created a webpage to keep you updated on how coronavirus is changing the way they do business. Regular updates can be found at <https://www.partnershealthcenter.com/covid19>.

---

## Mental Health and Emotional Well-Being Resources (EAP and Behavioral Health Benefits)

### Online and Virtual Resources

**Virtual Visits:** available for EAP and behavioral health

- Schedule a visit with a psychiatrist or therapist using secure video-conferencing
- Go to [Here4TN.com](https://www.here4tn.com) to learn more

**Talkspace online therapy:** available for all members with behavioral health benefits

- Download the Talkspace app on your mobile device or computer through [Here4TN.com](https://www.here4tn.com)
- Communicate safely and securely with a therapist from your phone or desktop
- Message a licensed therapist 24/7 – includes text, audio or video messages within the secure app

**Sanvello:** on-demand help with stress, anxiety and depression – available anytime

- Download the Sanvello app on your mobile device or computer through [Here4TN.com](https://www.here4tn.com)
- The premium version of the app is available free to all with behavioral health benefits. Register using your behavioral health ID card.
- Members with EAP-only benefits have access to the free, standard version of the app
- Clinical tools and techniques to help manage the symptoms of stress, anxiety and depression

**EAP services:** Master's level specialists are available around the clock to assist with stress, legal, financial, mediation and work/life services.

- Preauthorization is required to utilize your Employee Assistance Program. Simply call 855.437.3486 or go to [Here4TN.com](https://www.here4tn.com) to obtain your preauthorization. If you prefer to access services over the phone, telephonic counseling is available as well as face-to-face appointments. **Call 855-Here4TN (855-437-3486) for more information.**

### COVID-19 Resources On-Demand Video

A pre-recorded video of a COVID-19 resources webinar, held in partnership with Optum and ActiveHealth, is posted for you to watch at your convenience.

**About the webinar:** While people may be impacted from COVID-19 in different ways, support resources are available. Here4TN EAP offers several coping resources. In this webinar, members will learn about the COVID-19 benefit information offered through the State Health Plan, the various digital resources available including Virtual Visits, Talkspace, Sanvello and more. ActiveHealth reviews basic ways to prevent the spread of germs, helps you understand social distancing and explores ways to cope with isolation during this time.

- Video and webinar slides are found at the top of the [ParTNers for Health EAP page](#).
- Video is also found on the ParTNers YouTube page: <https://youtu.be/K3zMbp9Sf5g>.

## EAP Eligibility

**State and Higher Education Employees:** EAP services are available to all benefits-eligible employees and their eligible family members, even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

**Local Education, Local Government, COBRA and Retirees:** EAP services are available to those who are enrolled in medical insurance. Dependents are eligible even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

## Optum Emotional Support Help Line Available to Anyone

The Optum Emotional Support Help Line is available 24/7 to anyone in need, even if they are not enrolled in the benefit plan. The help line 866-342-6892 is staffed by professionally trained mental health experts and free of charge.

---

## Physical Well-Being Resources

**MyActiveHealth:** available to all state employees (even if you are not enrolled in the health plan) and enrolled health plan members

- Access to health education topics, activity trackers for sleep and exercise as well as other tools to keep your physical health on track
- Log on to [www.myactivehealth.com/wellnesstn](http://www.myactivehealth.com/wellnesstn) to get started

**Working for a Healthier Tennessee (WFHT)** pulled together links to home workouts (yoga, cardio, body weight training, etc.)

- Microworkouts <https://darebee.com/pdf/fitness/microworkouts.pdf>
- Indoor Cardio <https://darebee.com/workouts/indoor-cardio-workout>
- Popsugar Fitness <https://www.youtube.com/user/popsugartvfit>
- Yoga with Adrienne <https://www.youtube.com/user/yogawithadriene>
- Quiet Apartment Cardio [https://www.youtube.com/watch?v=gke\\_wunq7Ng](https://www.youtube.com/watch?v=gke_wunq7Ng)

---

## COVID-19 Benefits Frequently Asked Questions (FAQs) for State Health Plan Members

1. **What should I do if I think I might have the COVID-19 virus? Should I go to the emergency room?**
  - You can talk to your doctor, or other healthcare provider, about your need for a COVID-19 test or if you think you have the virus.
  - Additional resources:
    - The Tennessee Department of Health - [www.tn.gov/health/cedep/ncov.html](http://www.tn.gov/health/cedep/ncov.html)
    - CDC - [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html).
  - Generally speaking, people should seek care if they experience a high fever, significant cough, shortness of breath or fatigue.
  - **Free COVID-19 Drive-Through Testing Locations:** Additional drive-through sites will now be available for any Tennessean who isn't feeling well, even if you don't have traditional COVID-19 symptoms. If you need a test, you can go out and get one at the State or Tennessee

Department of Health's assessment sites found here:

<https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

## 2. Is COVID-19 testing covered?

- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and in-network visits in a provider's office, urgent care, convenience clinic, emergency room or Telehealth with your provider (BlueCross and Cigna-sponsored Telehealth currently has no member cost-share) .
- **Free COVID-19 Drive-Through Testing Locations:** Additional drive-through sites will now be available for any Tennessean who isn't feeling well, even if you don't have traditional COVID-19 symptoms. If you need a test, you can go out and get one at one of the State or Tennessee Department of Health's assessment sites found here:  
<https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

## 3. What if I have to pay for, or receive a bill for my in-network visit when I have a COVID-19 test?

- The COVID-19 test must be performed during the in-network visit or on the same date or next date of service, in order for you to not have a cost-share. The test result (positive or negative) does not affect cost share. Your carrier may need to reprocess a claim and this may take some time. You can call your carrier, BlueCross BlueShield or Cigna, at the number on the back of your ID card to check on the status of the claim. Some providers may request that members pay upfront for the in-network visit. If this occurs, you will have to request a refund from the provider once the claim is reprocessed.

## 4. Is COVID-19 treatment covered?

- Members won't have to pay a copay, coinsurance, or any money toward their deductible for in-network COVID-19 medical treatment received in a provider's office, urgent care, convenience clinic, emergency room, or inpatient/outpatient hospital facility as long as the visit is directly related to a COVID-19 diagnosis. All medical treatment not directly related to a COVID-19 diagnosis will be covered under the member's enrolled health plan benefits with applicable member cost share.

## 5. What about BlueCross/Cigna-sponsored Telehealth?

- Members will not be required to pay for any Telehealth visits through carrier-sponsored Telehealth programs, (Cigna: MDLive/Amwell and BlueCross BlueShield: PhysicianNow), from March 17 through May 31, even if the visit is for something other than COVID-19. If you have questions, call BlueCross BlueShield or Cigna at the number on the back of your ID card and ask for help.

## 6. What will my Explanation of Benefits (EOB) show?

- We are working closely with our carriers so that your EOB shows that you do not owe member cost share for in-network COVID-19 tests, in-network outpatient visits that lead to a test, and

in-network medical treatment. However, for member cost share to be waived, the claim must be coded with a COVID-19 diagnosis code. If your EOB shows you owe a cost share, please contact either BlueCross BlueShield or Cigna, by calling the number on the back of your ID card for help. They will be able to explain the status of your claim and provide you with more information. Your provider may need to resubmit your claim with updated coding.

**7. What if I pre-paid at the doctor's office or hospital, will I get that money back?**

- If it is an eligible in-network COVID-19 charge, you can get your money back. Your carrier, BlueCross or Cigna, may need to reprocess a claim and this may take some time. Once you have your EOB, you can contact the provider or hospital and request a refund, or you can call BlueCross or Cigna at the number on the back of your ID card and ask for help.

**8. What if I go to the emergency room for a test and then I am hospitalized? What will I have to pay for?**

- The State Group Insurance Program is waiving cost sharing for in-network COVID-19 testing, in-network outpatient visits associated with these tests, and in-network medical treatment for a COVID-19 diagnosis. The benefit does not include waiving member cost-sharing for treatment that is not related to a COVID-19 diagnosis, which would fall under the current benefit cost-sharing based on the health plan you are enrolled in.

**9. I'm in the CDHP, will I have to pay for a test? Do I have to pay my deductible first?**

- If the eligible COVID-19 testing is in-network, then no, you would not have to pay anything toward your deductible for testing and in-network outpatient visits associated with the test.

**10. Does this apply for all health plan members, in all networks, BlueCross BlueShield Network S, Cigna LocalPlus and Cigna OAP?**

- Yes, it applies to all members and retirees in all plans and in all networks.

**11. What if I get a bill saying I owe money for a COVID-19 test? What do I do?**

- If you get a bill for a test, a COVID-19 related visit, or COVID-19 related treatment, wait until you have your Explanation of Benefits (EOB). If the EOB shows you owe money then call BlueCross BlueShield or Cigna at the number on the back of your card and ask for help. If the EOB shows you do not owe money for the test, then contact your provider to request a bill correction.

**12. What if I get a test and it's negative, and then I need to go and get another test? Is the second test covered?**

- Yes, member cost share for all in-network COVID-19 testing and in-network outpatient visits associated with these tests is waived even if you need to get an additional test.
- **Free COVID-19 Drive-Through Testing Locations:** Additional drive-through sites will now be available for any Tennessean who isn't feeling well, even if you don't have traditional COVID-19

symptoms. If you need a test, you can go out and get one at one of the State or Tennessee Department of Health's assessment sites found here:

<https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>

**13. Are prescriptions for COVID-19 treatment covered?**

- Currently the FDA has not approved any prescription medications for the treatment of COVID-19. Medications prescribed by your provider and obtained at a pharmacy will still have applicable member cost share.

**14. When will these COVID-19 benefits take effect?**

- This benefit takes effect immediately and could also include prior claims, which meet these requirements.

**15. How long will these COVID-19 benefits last?**

- The cost waiver for carrier-sponsored Telehealth program benefits goes through May 31, 2020. There is no specific end date at this time for the other COVID-19 benefits. Benefit updates will be provided as decisions are made.

April 29, 2020

***The following email will be sent to agency benefits coordinators (ABCs) later today.***

**Important - HCA TriStar Out-of-Network for Cigna LocalPlus Members on June 1**

**Effective June 1, 2020, HCA TriStar will no longer be a part of Cigna's LocalPlus provider network.** On this same date, **St. Thomas facilities and affiliated providers will join the LocalPlus network.** The LocalPlus network already includes Vanderbilt University Medical Center, Vanderbilt Wilson County Hospital, Vanderbilt Children's, Williamson Medical Center, Nashville General Hospital Meharry, Northcrest Medical Center and the Erlanger hospitals in east Tennessee.

This means that as of June 1, 2020, HCA TriStar providers and facilities will be out-of-network. Members will pay out-of-network cost sharing for most services received from HCA TriStar providers and facilities. They may utilize their out-of-network benefits but will pay more. The member cost share is higher, and providers and hospitals may "balance bill" them for amounts above the maximum allowable charge. The exception is emergency care services, which will still be covered at the in-network benefit level under a member's health plan emergency room coverage.

Details about this change and out-of-network benefits are included in the **attached** letters Cigna will send to impacted members on April 29, 2020. Letters will be mailed to the head of contracts for the 4,277 middle Tennessee LocalPlus members and 237 east Tennessee LocalPlus members who have utilized a HCA TriStar facility or provider within the last 12 months. Impacted members will also receive the **attached** HCA Physician Groups Termination document.

Letters include a list of major hospitals and a list of HCA Physician Groups that will be out-of-network and the list of St. Thomas facilities that will join the LocalPlus network. Letters also include information on finding a new in-network provider, member FAQs and information regarding eligibility for Continuity of Care. A Continuity of Care exception may be available for up to 90 days if members are undergoing active treatment for a serious medical condition (i.e., pregnancy or cancer). Members can call Cigna at 800-997-1617 to see if they qualify. Members must be aware that any charges above the maximum allowable charge will be their responsibility, if the provider chooses to bill for those charges. Members and their current HCA TriStar providers have to apply for a Continuity of Care exception within 30 days of the June 1 termination date.

As a reminder, Benefits Administration (BA) does not contract directly with hospitals or providers. Our contracts with Cigna and BlueCross BlueShield of Tennessee use the carriers' commercial networks. We had several conversations with Cigna about this issue and contacted HCA TriStar during the negotiations to request both parties work to a satisfactory solution, including a request for a limited agreement just on behalf of the state. Unfortunately, both parties were unable to reach an agreement.

In addition to the FAQs in the letters, we've **attached a list of Cigna HCA FAQs** to help you with member questions. An updated Cigna LocalPlus participating hospital list has been posted on the website under Carrier Information, [found here](#). Members can also search for providers on the carrier's website at <https://my.cigna.com/web/public/quest>.

**To note:**

- HCA TriStar facilities and affiliated providers will be no longer be part of the LocalPlus network effective 6/1/20.
- St. Thomas facilities and affiliated providers in middle Tennessee will join the LocalPlus network effective 6/1/20. The Erlanger hospitals in east Tennessee will continue to be in the LocalPlus network, as well as other non-HCA hospitals including Vanderbilt facilities in middle Tennessee.
- Members who used a HCA TriStar facility or affiliated provider in the past 12 months will receive a letter (sent to HOC) from Cigna explaining the situation, new in-network options, and FAQs regarding eligibility for continued medical treatment at the in-network benefit level for up to 90 days by applying for a Continuity of Care exception. Any charges above the maximum allowable charge will be the member's responsibility, if the provider chooses to bill for those charges.
- Members can go to the [ParTNers for Health website, Carrier Information](#) page for information, a list of [Cigna LocalPlus participating network providers](#), and a list of [HCA Physician Groups terming](#) on June 1, 2020. The Cigna online search tool will be updated on the carriers website at <https://my.cigna.com/web/public/guest>.
- Members can call Cigna anytime, 24/7, at 800.997.1617 for help.
- You can always reach out to the BA Service Center with any questions at 800.253.9981, M-F, 8 a.m. – 4:30 p.m. CT, or submit a Zendesk ticket.

Attachments: LP Middle TN Tristar Letter

LP East TN Tristar Letter

HCA Physicians Groups Terming

Cigna HCA FAQs

April 29, 2020

THE <LAST\_NM> FAMILY  
<ADDR>  
<CITY\_NM>, <ST\_CD> <ZIP\_CD>



## TriStar Health System, Inc. (HCA) is going out-of-network June 1. Here's what you need to know, and how we can help.

Dear <Last Name> family,

TriStar Health System, Inc. (HCA) includes many hospitals and providers and is currently part of your LocalPlus Network. We want you to know, however, that starting June 1, 2020, TriStar Health System, Inc. (HCA) will leave the LocalPlus network. Once TriStar Health System, Inc. (HCA) is out-of-network you will pay more to get care from the affiliated hospitals and providers. This includes the following hospitals, which are all part of TriStar Health System, Inc.:

- TriStar Ashland City Medical Center, Ashland City, TN
- TriStar Centennial Medical Center, Nashville, TN
- TriStar Hendersonville Medical Center, Hendersonville, TN
- TriStar Horizon Medical Center, Dickson, TN
- TriStar Skyline Medical Center, Nashville, TN
- TriStar Southern Hills Medical Center, Nashville, TN
- TriStar StoneCrest Medical Center, Smyrna, TN
- TriStar Summit Medical Center, Hermitage, TN

Included with this letter is a list of TriStar Health System, Inc. (HCA) provider groups leaving the LocalPlus network on June 1. We worked diligently with TriStar Health System, Inc. (HCA) to renew our contract and keep them in your LocalPlus network. However, when they leave the LocalPlus network you will still have access to high quality providers at a reasonable cost.

### What happens when TriStar Health System, Inc. (HCA) goes out-of-network?

Out-of-network benefits will apply, and TriStar Health System, Inc. (HCA) hospitals and providers can bill you for any service not covered by your plan. You will pay more for most services received from this system.

If you receive emergency care from a TriStar (HCA) hospital, your emergency care services will still be covered at the in-network level under your plan's emergency room coverage.

You will pay more for all other services billed by a TriStar (HCA) hospital or provider beginning on June 1, 2020, including charges for non-emergency services, non-covered services, and charges not otherwise authorized by Cigna. **Your out-of-network copay, deductible, and coinsurance amounts will be more than the copay, deductible, and coinsurance you pay when you visit in-network hospitals and providers. You will also pay for any charges above the allowed amount (the most**

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Health Management, Inc., Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

Cat #862511 Hub 01/19 © 2019 Cigna

**the plan will pay for a covered service), if the hospital or provider sends you a bill for those charges.**

Once TriStar Health System, Inc. (HCA) leaves LocalPlus, you will want to find a new in-network hospital — and we're happy to help you do that. You can call us anytime at 1.800.997.1617. Our Customer Service Advocates are available 24/7/365, and can help you find an in-network hospital in your area. We can also help with other transitions, including new referrals, prescriptions, and more. See Frequently Asked Questions and Continuity of Care pages enclosed with this letter for details.

You can also visit [cigna.com/stateoftn](http://cigna.com/stateoftn) or use the **myCigna**® mobile app or **myCigna**® website to find an in-network hospital in your area. See the table below for some in-network hospitals in your area.

<b>Facilities in the LocalPlus Network</b>	<b>City, State</b>	<b>Mileage from TriStar Health System, Inc.</b>
Vanderbilt University Medical Center & Children's Hospital	Nashville, TN	0.8 miles
St. Thomas West Hospital	Nashville, TN	3 miles
St. Thomas Midtown Hospital	Nashville, TN	0.6 miles
St. Thomas Rutherford	Murfreesboro, TN	13 miles
Williamson Medical Center	Franklin, TN	15 miles
Nashville General Hospital – Meharry	Nashville, TN	1.6 miles
Vanderbilt Wilson County Hospital	Lebanon, TN	18 miles
Maury Regional Hospital	Columbia, TN	44 miles
Tenova Healthcare Clarksville	Clarksville, TN	30 miles
Trousdale Medical Center	Hartsville, TN	17 miles
Northcrest Medical Center	Springfield, TN	20 miles

*NOTE: Network participation is subject to change. You should verify that the hospital is in your plan's network prior to receiving care*

**Call us anytime at 800.Cigna24 (800.997.1617)**

Sincerely,

Cigna

## Frequently Asked Questions

---

### **What if I am admitted before June 1, 2020, but my stay continues past this date?**

Approvals usually cover specific days. As long as Cigna has approved your stay, the medically necessary services you receive on approved days will be covered at the in-network benefit level, even if you stay after June 1, 2020.

### **What if I am receiving ongoing treatment on June 1, 2020?**

You may be eligible for Continuity of Care. See the Continuity of Care page included in this mailing for more information.

### **I've been approved for services that start after June 1, 2020. What should I do?**

Please call Cigna at the toll-free number on your Cigna ID card, 800.997.1617. A Customer Service Advocate will help you get approval for treatment at another hospital in your network. They can also work with you to determine if you're eligible for Continuity of Care.

### **What if my primary care or specialist provider admits patients only to TriStar Health System, Inc.?**

You'll need to choose an in-network primary care provider (PCP) and/or specialist to continue receiving in-network benefits for services. Cigna can help you find a new PCP or specialist. Please call us at the toll-free number on your Cigna ID card. You can also visit [cigna.com/stateoftn](https://cigna.com/stateoftn) or use the **myCigna**® mobile app or **myCigna**® website to find a list of PCPs and specialists in your network.

### **What if I receive emergency care at TriStar Health System, Inc.?**

Your emergency care services will be covered at the in-network level under your plan's emergency room coverage. If you're admitted to the hospital from the emergency room, and Cigna has approved your stay, medically necessary services for the approved days will be covered at the in-network level. If Cigna decides you're stable and can transfer to an in-network hospital, but you continue to stay at the out-of-network hospital, further covered services will be subject to out-of-network benefits. This means you must pay for any charges above the plan's out-of-network payment for the rest of your stay.

### **What hospitals have been added to the LocalPlus Network in place of the HCA Tri Star hospitals?**

St. Thomas hospitals and affiliated provider groups have been added to the LocalPlus network effective June 1, 2020.

### **After the June 1, 2020, if I continue to go to my primary care provider or specialist who is now out-of-network, will I pay out-of-network rates?**

You will pay your out-of-network copays, deductible, and coinsurance amounts which are more than the copays, deductible, and coinsurance you pay when you visit in-network providers. You will also pay for any charges above the allowed amount (the most the plan will pay for a covered service), if the provider sends you a bill for those charges. You may be eligible for Continuity of Care for a period of time. See the Continuity of Care page included in this mailing for more information.

## Continuity of Care

---

### **What is the Continuity of Care program and what do I have to do to see if I qualify for Continuity of Care?**

The Continuity of Care program lets you to continue to get in-network coverage for certain medical treatment from your provider or at a hospital for a specific period of time—even after the provider or hospital leaves your plan's Cigna network. This means that the plan will pay the provider or hospital as if they were still in-network, and you will pay your in-network deductible and coinsurance amounts. You will have to pay more than usual, however, if the hospital decides to bill you for more than the maximum allowable charge. There are two ways to find out more:

1. Call the number on your Cigna ID card, 800.997.1617. Let the Customer Service Advocate know you're in the middle of treatment. They'll work with you to determine your eligibility for Continuity of Care. They can also help you complete the request form.
2. Use myCigna.com
  - a. Go to myCigna.com and click **Forms**.
  - b. Scroll to the bottom of the page to **All Other Forms**.
  - c. Select **Medical**, and then choose **Continuity of Care Form**.
  - d. print it, and fill it out, or request that your provider fill it out.
  - e. The form will have the mailing address you must send it to.

*Once you submit the request form, Cigna will send you a letter with our decision. If you have any questions, we're happy to help. Please call us at the number on your Cigna ID card. Customer Service Advocates are available 24/7.*

### **Is There a Deadline For Requesting Continuity of Care?**

Yes. You must apply within 30 days of your health care provider's termination date of June 1, 2020. This is the date that your provider is leaving your plan's network.

### **How long will Continuity of Care services be covered at the in-network rate?**

If Continuity of Care is approved before July 1, 2020, you may be able to receive in-network coverage for care from the hospital and/or your provider for up to ninety (90) days. The Continuity of Care period begins when your provider leaves the network. If you're pregnant and in your second trimester on the date of your provider's network termination, you may be able to continue to receive care from the hospital and/or your provider at the in-network rate for the remainder of your pregnancy, as well as during your post-partum care.

### **Will care from my provider be covered at in-network benefits under approved Continuity of Care?**

If your provider agrees to provide Continuity of Care, he or she is agreeing to continue coverage of your care at the in-network rate. He or she must also:

- continue to accept reimbursement from Cigna at the rates we agreed to before the transitional period as payment in full;
- follow Cigna quality assurance requirements and provide Cigna with necessary medical information related to your care; and
- follow Cigna policies and procedures, including but not limited to, referrals, pre-authorizations and treatment plans approved by Cigna.

April 29, 2020



THE <LAST\_NM> FAMILY  
<ADDR>  
<CITY\_NM>, <ST\_CD> <ZIP\_CD>

**TriStar Health System, Inc. (HCA) is going out-of-network June 1.  
Here's what you need to know, and how we can help.**

Dear <Last Name> family,

TriStar Health System, Inc. (HCA) includes hospitals and providers and is currently part of your LocalPlus Network. We want you to know, however, that starting June 1, 2020, TriStar Health System, Inc. (HCA) will leave the LocalPlus network. Once TriStar Health System, Inc (HCA) is out-of-network you will pay more to get care from the affiliated hospitals and providers. This includes the following hospitals, which are all part of TriStar Health System, Inc.:

- TriStar Parkridge East Medical Center, Chattanooga, TN
- TriStar Parkridge Medical Center, Chattanooga, TN
- TriStar Parkridge West Medical Center, Jasper, TN

Included with this letter is a list of TriStar Health System, Inc. (HCA) provider groups leaving the LocalPlus network on June 1. We worked diligently with TriStar Health System, Inc. (HCA) to renew our contract and keep them in your LocalPlus network. However, when they leave the LocalPlus network you will still have access to high quality providers at a reasonable cost.

**What happens when TriStar Health System, Inc. (HCA) goes out-of-network?**

Out-of-network benefits will apply, and TriStar Health System, Inc. (HCA) hospitals and providers can bill you for any service not covered by your plan. You will pay more for most services received from this system.

If you receive emergency care from a TriStar (HCA) hospital, your emergency care services will still be covered at the in-network level under your plan's emergency room coverage. You will pay more for all other services billed by a TriStar (HCA) hospital or provider beginning on June 1, 2020, including charges for non-emergency services, non-covered services, and charges not otherwise authorized by Cigna. **Your out-of-network copay, deductible, and coinsurance amounts will be more than the copay, deductible, and coinsurance you pay when you visit in-network hospitals and providers. You will also pay for any charges above the allowed amount (the most the plan will pay for a covered service), if the hospital or provider sends you a bill for those charges.**

(over)

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Health Management, Inc., Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.  
Cat #862511 Hub 01/19 © 2019 Cigna

Once TriStar Health System, Inc. (HCA) leaves LocalPlus, you will want to find a new in-network hospital — and we're happy to help you do that. You can call us anytime at 1.800.997.1617. Our Customer Service Advocates are available 24/7/365, and can help you find an in-network hospital in your area. We can also help with other transitions, including new referrals, prescriptions, and more. See Frequently Asked Questions and Continuity of Care page enclosed with this letter for details.

You can also visit [cigna.com/stateoftn](http://cigna.com/stateoftn) or use the **myCigna**® mobile app or **myCigna**® website to find an in-network hospital in your area. See the table below for some in-network hospitals in your area.

<b>Facilities in the LocalPlus Network</b>	<b>City, State</b>	<b>Mileage from TriStar Health System, Inc.</b>
<b>Baroness Erlanger Hospital</b>	Chattanooga, TN	1.9 miles
<b>Emerald Hodgson Hospital</b>	Sewanee, TN	27 miles
<b>Erlanger East Hospital</b>	Chattanooga, TN	5 miles
<b>Erlanger North Hospital</b>	Chattanooga, TN	9 miles
<b>Southern Tennessee Medical Center</b>	Winchester, TN	45 miles
<b>TC Thompson Children's (Children's Hospital at Erlanger)</b>	Chattanooga, TN	1.9 miles
<b>Tennova Cleveland</b>	Cleveland, TN	30 miles

*NOTE: Network participation is subject to change. You should verify that the hospital is in your plan's network prior to receiving care*

**Call us anytime at 800.Cigna24 (800.997.1617)**

Sincerely,

Cigna

## Frequently Asked Questions

---

### **What if I am admitted before June 1, 2020, but my stay continues past this date?**

Approvals usually cover specific days. As long as Cigna has approved your stay, the medically necessary services you receive on approved days will be covered at the in-network benefit level, even if you stay after June 1, 2020.

### **What if I am receiving ongoing treatment on June 1, 2020?**

You may be eligible for Continuity of Care. See the Continuity of Care page included in this mailing for more information.

### **I've been approved for services that start after June 1, 2020. What should I do?**

Please call Cigna at the toll-free number on your Cigna ID card, 800.997.1617. A Customer Service Advocate will help you get approval for treatment at another hospital in your network. They can also work with you to determine if you're eligible for Continuity of Care.

### **What if my primary care or specialist provider admits patients only to TriStar Health System, Inc.?**

You'll need to choose an in-network primary care provider (PCP) and/or specialist to continue receiving in-network benefits for services. Cigna can help you find a new PCP or specialist. Please call us at the toll-free number on your Cigna ID card. You can also visit [cigna.com/stateoftn](https://cigna.com/stateoftn) or use the **myCigna**® mobile app or **myCigna**® website to find a list of PCPs and specialists in your network.

### **What if I receive emergency care at TriStar Health System, Inc.?**

Your emergency care services will be covered at the in-network level under your plan's emergency room coverage. If you're admitted to the hospital from the emergency room, and Cigna has approved your stay, medically necessary services for the approved days will be covered at the in-network level. If Cigna decides you're stable and can transfer to an in-network hospital, but you continue to stay at the out-of-network hospital, further covered services will be subject to out-of-network benefits. This means you must pay for any charges above the plan's out-of-network payment for the rest of your stay.

### **What hospitals have been added to the LocalPlus Network in place of the HCA Tri Star hospitals?**

St. Thomas hospitals and affiliated provider groups have been added to the LocalPlus network effective June 1, 2020.

### **After the June 1, 2020, if I continue to go to my primary care provider or specialist who is now out-of-network, will I pay out-of-network rates?**

You will pay your out-of-network copays, deductible, and coinsurance amounts which are more than the copays, deductible, and coinsurance you pay when you visit in-network providers. You will also pay for any charges above the allowed amount (the most the plan will pay for a covered service), if the provider sends you a bill for those charges. You may be eligible for Continuity of Care for a period of time. See the Continuity of Care page included in this mailing for more information.

## Continuity of Care

---

### What is the Continuity of Care program and what do I have to do to see if I qualify for Continuity of Care?

The Continuity of Care program lets you to continue to get in-network coverage for certain medical treatment from your provider or at a hospital for a specific period of time—even after the provider or hospital leaves your plan's Cigna network. This means that the plan will pay the provider or hospital as if they were still in-network, and you will pay your in-network deductible and coinsurance amounts. You will have to pay more than usual, however, if the hospital decides to bill you for more than the maximum allowable charge. There are two ways to find out more:

1. Call the number on your Cigna ID card, 800.997.1617. Let the Customer Service Advocate know you're in the middle of treatment. They'll work with you to determine your eligibility for Continuity of Care. They can also help you complete the request form.
2. Use myCigna.com
  - a. Go to myCigna.com and click **Forms**.
  - b. Scroll to the bottom of the page to **All Other Forms**.
  - c. Select **Medical**, and then choose **Continuity of Care Form**.
  - d. print it, and fill it out, or request that your provider fill it out.
  - e. The form will have the mailing address you must send it to.

*Once you submit the request form, Cigna will send you a letter with our decision. If you have any questions, we're happy to help. Please call us at the number on your Cigna ID card. Customer Service Advocates are available 24/7.*

### Is There a Deadline For Requesting Continuity of Care?

Yes. You must apply within 30 days of your health care provider's termination date of June 1, 2020. This is the date that your provider is leaving your plan's network.

### How long will Continuity of Care services be covered at the in-network rate?

If Continuity of Care is approved before July 1, 2020, you may be able to receive in-network coverage for care from the hospital and/or your provider for up to ninety (90) days. The Continuity of Care period begins when your provider leaves the network. If you're pregnant and in your second trimester on the date of your provider's network termination, you may be able to continue to receive care from the hospital and/or your provider at the in-network rate for the remainder of your pregnancy, as well as during your post-partum care.

### Will care from my provider be covered at in-network benefits under approved Continuity of Care?

If your provider agrees to provide Continuity of Care, he or she is agreeing to continue coverage of your care at the in-network rate. He or she must also:

- continue to accept reimbursement from Cigna at the rates we agreed to before the transitional period as payment in full;
- follow Cigna quality assurance requirements and provide Cigna with necessary medical information related to your care; and
- follow Cigna policies and procedures, including but not limited to, referrals, pre-authorizations and treatment plans approved by Cigna.

## **HCA Physician Groups/ Providers who will terminate June 1, 2020**

**Chattanooga Diagnostic Associates, LLC**

**Columbia Medical Group-Parkridge Inc.**

**Intensive Care Consortium, Inc**

**Centennial Women's Group, LLC**

**Tristar Medical Group-Centennial Primary Care, LLC**

**Centennial Hospitalist, LLC.**

**Medical Group-Summit, Inc.**

**Tristar Family Care, LLC**

**Sterling Primary Care Associates, LLC**

**Portland Primary Care, LLC**

**Madison Behavioral Health, LLC**

**Hermitage Primary Care, LLC**

**Centennial Heart, LLC**

**Skyline Medical Group, LLC**

**Centennial Surgical Associates, LLC**

**Gastroenterology Specialists of Middle Tennessee, LLC**

**Internal Medicine Associates of Southern Hills, LLC**

**Centennial Neuroscience, LLC**

**Skyline Neuroscience Associates, LLC**

**Spring Hill Physicians, LLC**

**Columbia Medical Group-Centennial, Inc.**

**Southern Hills Neurology Consultants, LLC**

**Centennial Psychiatric Associates, LLC**

**Columbia Medical Group – The Frist Clinic, Inc.**

**Columbia Medical Group – Southern Hills, Inc.**

**Medical Group – Stonecrest, Inc.**

**Medical Group – Stonecrest FP, Inc.**

**Hendersonville OBGYN LLC**

**Centennial Surgical Clinic, LLC**

**Middle Tennessee Neurology LLC**

**TriStar Cardiovascular Surgery, LLC**

**TriStar Radiation Oncology, LLC**

**TriStar Gynecology Oncology, LLC**

**Womens and Childrens Specialists, LLC**

**TriStar Joint Replacement Institute LLC**

**TriStar Bone Marrow Transplant, LLC**

**TriStar Medical Group – Legacy Health, LLC**

**Med Group-Southern Hills Hospitalists, LLC**

**Natchez Medical Associates, LLC**

## Cigna HCA Frequently Asked Questions (FAQs)

**Why won't HCA hospitals be in the Cigna LocalPlus?** Cigna and HCA could not come to an agreement on future contract terms and reimbursement rates. St. Thomas is being added to the middle TN LocalPlus network as they agreed to more competitive terms.

**When does this change take effect?** 6/1/2020.

**Why can't Benefits Administration make HCA stay in the network?** Benefits Administration does not contract directly with hospitals or providers. Our contracts with Cigna and BlueCross include using the carriers' networks. We did contact HCA during the negotiations and requested that they work out an agreement. Unfortunately, the two parties could not come to an agreement.

**Will HCA hospitals be in the Cigna Open Access Plus (OAP) network?** HCA will remain in OAP until at least 8/1/20, however, the OAP contract is still under active negotiations and the status could change after 8/1/20. Cigna will communicate the outcome to impacted members as soon as they can.

**If HCA will be out as of 6/1/20, what hospitals and affiliated providers will be in LocalPlus? Where can I find the list?** St. Thomas hospitals and affiliated providers will be in LocalPlus. The Erlanger hospitals in east Tennessee will continue to be in the LocalPlus network, as well as other non-HCA hospitals including Vanderbilt facilities in middle Tennessee. Network information can be found on the [ParTNers for Health website under Carrier Information](#), you may call Cigna for assistance at 800-997-1617, or you can use the [Cigna online provider search tool](#) which will be updated to reflect this change on 6/1/2020.

**Why is the Cigna online provider search tool still showing the HCA facilities and providers as in-network?** The Cigna online provider search tool reflects current provider network status as of the search date. The changes effective 6/1/2020 will not be shown in the search results using the Cigna online provider search tool until 6/1/2020.

**Exactly which hospitals will now be out-of-network and which ones will be in-network going forward?** We have updated our [online network hospital list](#) which can be found on the [ParTNers for Health website under Carrier Information](#). We have also provided a list of the providers going out-of-network [found here](#).

**Exactly which doctors will be in-network going forward?** In addition to the current in-network non-HCA affiliated providers, the St. Thomas affiliated providers will now be in-network. The Cigna online provider search tool found at <https://my.cigna.com/web/public/guest> will be updated on 6/1/20 to reflect the in-network providers effective 6/1/2020. You may call Cigna for assistance anytime, 24/7, at 800-997-1617 for help.

**If I want to continue to use HCA providers and hospitals, what options do I have going forward?** You may utilize your out-of-network benefits, but you will pay more. Your member cost share is higher, and providers and hospitals may "balance bill" you for amounts above the

maximum allowable charge. A Continuity of Care exception may be available for up to 90 days if you are undergoing active treatment for a serious medical condition (i.e., pregnancy or cancer). Call Cigna at 800-997-1617 to see if you qualify. Be aware that any charges above the maximum allowable charge will be your/member's responsibility if the provider chooses to bill for those charges.

**What if I am in the middle of treatment for say, cancer? I can't leave my doctors or treatment program...what are my options?** A Continuity of Care exception may be available if you are undergoing medical treatment plan for a serious medical condition (i.e., pregnancy or cancer). Be aware that any charges above the maximum allowable charge will be your/member's responsibility if the provider chooses to bill for those charges. Call Cigna at 800-997-1617 to see if you qualify.

**What if I am pregnant and my OB is an HCA doctor and I am set to deliver at and HCA hospital?** A Continuity of Care exception may be available if you are undergoing treatment for a serious medical condition (i.e., pregnancy or cancer). Be aware that any charges above the maximum allowable charge will be your/member's responsibility if the provider chooses to bill for those charges. Call Cigna at 800-997-1617 to see if you qualify.

**Does this impact Cigna Open Access Plus network?** Not at this time. HCA TriStar providers and facilities currently remain the Open Access Plus network.

**Who can help me find new doctors who are in-network?** Cigna is available to assist you find a new in-network doctor. Call 800-997-1617, 24/7, for assistance.

May 11, 2020

**The following email was sent to agency benefits coordinators (ABCs) today.**

### **May ABC Conference Calls**

The May monthly ABC conference calls will take place next week! We'll share brief updates and Benefits Administration staff will be joining you remotely via WebEx.

**Higher Ed – Tuesday, May 12 at 8:30 a.m. Central time**

**Local Ed – Tuesday, May 12 at 10 a.m. Central time**

**Central State – Tuesday, May 12 at 12:30 p.m. Central time**

**Local Government – Tuesday, May 12 at 2 p.m. Central time**

**Reminder – use the webinar (WebEx) login link and instructions on the attached agenda.**

### **Annual Enrollment Dates**

Here are the annual enrollment dates for 2021 benefits:

- Annual Enrollment for state and higher education is Oct. 1-16, 2020
- Annual Enrollment for local education, local government and retirees is Oct. 1-30, 2020

### **COVID-19 Resources and Updates**

We have updated the attached COVID-19 resource document, dated May 8, found on the [ParTNers for Health homepage](#) by clicking the yellow band titled **Coronavirus Benefits Information from Partners for Health** with updated Tennessee state resources.

This information has been changing often. Please regularly check this document as we are updating it with any relevant benefits information as decisions are made. We change the date at the top every time new information is added.

**Please continue to share this resource with your employees.**

**To stay informed on the status of COVID-19, the following are available to you and your employees:**

- For a list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://tn.gov/governor/covid-19.html)
- Tennessee Department of Health continues to provide the status of COVID-19 in Tennessee at <https://www.tn.gov/health/cedep/ncov.html>
- COVID-19 symptoms found on the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>
- The CDC has information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html)

**Additional state resources – please share with your employees:**

- Tennessee Pledge: Reopening Tennessee Responsibly - <https://www.tn.gov/governor/covid-19/economic-recovery.html>
- Do Your Part. Stay Apart. - <https://www.tn.gov/governor/covid-19/do-your-part--stay-apart.html>
- COVID-19 Unified Command - [www.tn.gov/unifiedcommand](https://www.tn.gov/unifiedcommand)
- COVID-19 Media Briefings - <https://sts.streamingvideo.tn.gov/Mediasite/Catalog/catalogs/mediasiteadmin-covid-19-media-briefing>

Access to up-to-date guidance from Tennessee's Economic Recovery Group:

- Universal Guidance for Tennessee Businesses can be accessed [here](#).
- COVID-19 Small Business Resources - <https://www.tn.gov/ecd/covid-19-small-business-resources>
- Additional information on Tennessee's Economic Recovery Group is available [here](#).

### **Dental Discounts for Cigna and MetLife Members**

As we relayed last week, our dental vendors MetLife and Cigna will give members a dental premium discount. MetLife will give a 25% discount for April and May coverage, and Cigna will give a 25% discount for March, April and May coverage. Discounts will impact May paychecks and direct bills for June 2020 coverage.

**Member communications:** Next week, BA will send emails to all Cigna and MetLife dental plan members (with email addresses in Edison) letting them know they will receive the premium discounts. Member emails will include links to letters from our vendors and a flier with a chart showing the member discounts. Cigna and MetLife will also send letters and emails to enrolled retirees letting them know about the discounts. Note: members will only receive the 25% discount for the months they were actually enrolled. The June 2020 premium may be different than what is shown in the premium discount charts.

- For MetLife DPPO dental plan members, we have **attached** the MetLife member letter and MetLife premium discount flier.
- For Cigna prepaid dental plan members, we have **attached** the Cigna member letter and Cigna premium discount flier.

### **Optum Virtual Resources and WorkLife Video (higher ed, local ed and local gov)**

We recorded a recent webinar presented by Optum on Virtual Resources and WorkLife Services. You can find it at the bottom of our [ParTNers Video page](#) and on the ParTNers YouTube page. It's available for higher ed employees eligible for EAP, and all members enrolled in BCBS or Cigna and therefore eligible for EAP and behavioral health benefits to watch on-demand. Find the video here: <https://www.youtube.com/watch?v=iduM78Fjv3A>.

Attachments: Coronavirus Benefits Info 050820  
MetLife Premium Discount Letter  
Dental Discount MetLife Flier  
Cigna Dental Premium Discount Letter  
Dental Discount Cigna Flier



## Coronavirus Benefits Information – May 8, 2020

### A message from Governor Lee:

COVID-19 is an unprecedented crisis. It has created both an economic and a health crisis, and the governor's response is working to address both aspects. Our goal is to keep the public, especially vulnerable populations, safe while doing everything possible to keep Tennesseans in a financially stable position.

### State resources:

- Tennessee Pledge: Reopening Tennessee Responsibly - <https://www.tn.gov/governor/covid-19/economic-recovery.html>
- Do Your Part. Stay Apart. - <https://www.tn.gov/governor/covid-19/do-your-part--stay-apart.html>
- COVID-19 Unified Command – [www.tn.gov/unifiedcommand](http://www.tn.gov/unifiedcommand)
- COVID-19 Media Briefings - <https://sts.streamingvideo.tn.gov/Mediasite/Catalog/catalogs/mediasiteadmin-covid-19-media-briefing>

Access to up-to-date guidance from Tennessee's Economic Recovery Group:

- Universal Guidance for Tennessee Businesses can be accessed [here](#).
- COVID-19 Small Business Resources - <https://www.tn.gov/ecd/covid-19-small-business-resources>
- Additional information on Tennessee's Economic Recovery Group is available [here](#).

### ParTNers for Health Members

Here is some helpful information for our ParTNers for Health plan members. We will immediately update it with any relevant benefits information as decisions are made:

#### COVID-19 Benefits for State Health Plan Members and Retirees

The State Group Insurance Program has approved waiving all costs for Telehealth visits through carrier-sponsored Telehealth programs from March 17 – May 31, 2020.

The State Group Insurance Program has also approved waiving all member costs for COVID-19 in-network testing and in-network outpatient visits associated with these tests. You can talk to your doctor, or other healthcare provider, about your need for a test.

**State Health Department test sites:** If you need a test, you can go and get one for free, Monday – Friday, at all local county health departments in Tennessee. A list of sites is found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

The State Group Insurance Program has also approved waiving all member costs for in-network COVID-19 medical treatment.

#### What does this mean for our members?

- These benefit changes apply to health plan members, in all plans: Premier PPO, Standard PPO, Limited PPO, CDHP/HSA and Local CDHP/HSA, with both carriers: BlueCross BlueShield and Cigna.

- Members won't pay for any Telehealth visits from March 17 – May 31 through carrier-sponsored Telehealth programs, (Cigna: MDLive/AmWell and BlueCross BlueShield: PhysicianNow), **even if the visit is for something other than COVID-19.** (See **Telehealth** heading below).
- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and in-network visits when the visit leads to a COVID-19 test, as well as any services performed at the visit during which the COVID-19 test is performed in the following:
  - Provider's office
  - Urgent care facility
  - Convenience clinic
  - Telehealth with your provider (BlueCross and Cigna-sponsored Telehealth also has no member cost-share)
  - Emergency Room

The COVID-19 test must be performed during the in-network visit or on the **same or next date of service**, in order for the member to not have a cost-share. The test result (positive or negative) does not impact cost-share. Carriers (BlueCross and Cigna) may need to reprocess a claim and this may take some time. Members can call their carrier to check on the status of the claim. Some providers may request members pay upfront for the in-network visit. If this occurs, members will have to request a refund from the provider once the claim is reprocessed.

- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 medical treatment received in the following:
  - Provider's office
  - Urgent care facility
  - Convenience clinic
  - Emergency Room
  - Inpatient/Outpatient Hospital Facility

**See Frequently Asked Questions below for more member COVID-19 benefit information.**

**To stay informed on the status of COVID-19, the following resources are available to you:**

- For a comprehensive list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://tn.gov/governor/covid-19.html).
- The Department of Health (TDH) continues to be a primary resource for up-to-date information for the status of COVID-19 in Tennessee found by going to <https://www.tn.gov/health/cedep/ncov.html>.
- Review the COVID-19 symptoms found on the CDC website by [clicking here](#).
- The CDC has updated information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

---

### **Telehealth (carrier-sponsored)**

- **Cigna members** can use your Telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
  - Log into [MyCigna.com](https://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

- **BlueCross BlueShield members** can use your PhysicianNow Telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
    - Log into BlueAccess at [bcbst.com/members/tn\\_state/](http://bcbst.com/members/tn_state/)
    - Look for and select Talk With a Doctor Now
    - Or, call 888.283.6691
- 

### Pharmacy Benefits

Make the most of your **CVS/caremark Pharmacy Benefit**. Members can prepare ahead and avoid crowds by setting up mail order prescription fills, refilling prescriptions before they run out, and filling 30-day or 90-day supplies on most of prescriptions (excluding controlled substances, like opioids, and specialty medications).

### Shipping or Delivery

If you have concerns about picking up your prescription in person, you may want to call your pharmacy and ask about shipping and delivery options. Some pharmacies are offering to mail or deliver prescriptions at no additional cost.

Additional information about your CVS/caremark pharmacy benefit. You may take advantage of:

**Relaxed refill restrictions.** We are temporarily waiving early refill limits on 30-day and 90-day prescriptions for maintenance medications such as high blood pressure, high cholesterol, coronary artery disease, congestive heart failure, depression, and asthma/COPD at any in-network pharmacy. You can now fill maintenance medication prescriptions ahead of schedule.

If you have any trouble, your pharmacy staff should check for messaging in their system from CVS/caremark that your plan sponsor is temporarily allowing early refill overrides. If your pharmacy has trouble with the override, they should contact the CVS/Caremark pharmacy help desk (your pharmacy has the phone number).

For more help with your **CVS/caremark pharmacy benefits**, visit [info.caremark.com/stateoftn](http://info.caremark.com/stateoftn) or call 877.522.TNRX (8679) 24/7.

---

### PAYFLEX Information about the CARES Act: Potential impact for HSA and FSA participants

On March 27, Congress passed the CARES (COVID-19 Aid, Relief, and Economic Security) Act, which may benefit members with PayFlex health savings accounts (HSAs) and our state and higher education members with flexible spending accounts (FSAs).

NOTE: These changes are effective for expenses incurred after December 31, 2019. These changes don't have an expiration date.

### Over-the-Counter Drugs and Medicines without a Prescription

- The CARES Act allows patients to use HSA and FSA funds to purchase over-the-counter (OTC) drugs and medicines, including those needed in quarantine and social distancing, without a prescription from a physician.
- This law also adds feminine hygiene products to the list of eligible OTC items.

### **Using a PayFlex Debit Card for Newly Eligible OTC Items:**

- HSA members will not be asked to provide substantiation or documentation for their over-the-counter (OTC) drugs and medicines purchased with the PayFlex debit card (though please keep all receipts in case for future reference).
  - FSA members who use their PayFlex debit card for OTC drugs and medicines will likely have to provide a receipt for their purchase. However, work is being done to try to auto-substantiate these OTC products at the point of sale.
  - If the PayFlex debit card doesn't work at time of purchase, members can pay out of pocket and request reimbursement from their PayFlex account funds. This potential issue is a result of a new update to the debit card system's verification process. PayFlex does not have control over the update.
- 

## **Dental Benefits**

### **Cigna PrePaid Members**

#### **Cigna Dental Virtual Care**

Cigna Dental Virtual Care is available 24 hours a day, seven days a week at no additional cost to Cigna Dental customers, through May 31, 2020.

**Click the link to learn more:**

[http://images.connecting.cigna.com/Web/CIGNACorporation/%7B30462794-442d-43b4-9c95-1edc2f8e99d9%7D\\_Teleden\\_Flyer.pdf](http://images.connecting.cigna.com/Web/CIGNACorporation/%7B30462794-442d-43b4-9c95-1edc2f8e99d9%7D_Teleden_Flyer.pdf)

#### **Cigna Dental Emergency**

In the event of a dental emergency, Cigna suggests patients contact their dentists to service and guide their care options. If the dental office is closed, Cigna can assist you in finding care by calling 1.800.244.6224 or customers can locate care on **mycigna.com** at <https://my.cigna.com/web/public/guest>.

**Click the link to learn more:**

<http://app.connecting.cigna.com/e/es?s=1399&e=398867&elqTrackId=1f467d54f6314a1ab8a667d1e5cbf7d1&elq=8c13224976bc4b0887cc46f6130f7aaa&elqaid=18785&elqat=1>

### **MetLife Dental Plan Members**

#### **MetLife Teledentistry Benefit**

MetLife's teledentistry benefit enables you to talk with your dentist and get necessary treatment, such as emergency care, when you need it. You and your dentist choose the method that works best for you and claims are submitted as usual. Questions? Call 1-855-700-8001; representatives are available 7:00 a.m. - 10:00 p.m. CT, Monday through Friday.

**Click the link to learn more:**

<https://www.metlife.com/content/dam/metlifecom/us/homepage/stateoftn/dental/metlife-teledentistry-benefit.pdf>

---

## **Disability Benefits**

### **MetLife Short-term Disability (STD) and Long-term Disability (LTD)**

Beginning Wednesday, April 8, 2020, if a claimant is unable to secure medical documentation to substantiate a new STD or LTD claim due to the current COVID-19 crisis, MetLife will conditionally approve STD claims for 14 calendar days and LTD claims for 30 days as these situations arise, pending supporting medical evidence. With respect to existing claims, dependent upon the medical evidence already received, MetLife will extend an STD

05/08/20

claim for up to 14 calendar days and LTD claims for up to 30 days, pending medical evidence. To the extent a particular jurisdiction mandates additional time, MetLife will comply with such mandate. This process will be maintained for an initial 30-day period, then reassessed based on continued need.

---

### Partners Health & Wellness Center

The Partners Health & Wellness Center on the 3<sup>rd</sup> floor of the TN Tower is continuing to provide limited services for state and higher education employees enrolled in the State Group Health Insurance Program. The center is not a COVID-19 testing site, but the staff has created a webpage to keep you updated on how coronavirus is changing the way they do business. Regular updates can be found at <https://www.partnershealthcenter.com/covid19>.

---

### Mental Health and Emotional Well-Being Resources (EAP and Behavioral Health Benefits)

#### Online and Virtual Resources

**Virtual Visits:** available for EAP and behavioral health

- Schedule a visit with a psychiatrist or therapist using secure video-conferencing
- Go to [Here4TN.com](https://www.here4tn.com) to learn more

**Talkspace online therapy:** available for all members with behavioral health benefits

- Download the Talkspace app on your mobile device or computer through [Here4TN.com](https://www.here4tn.com)
- Communicate safely and securely with a therapist from your phone or desktop
- Message a licensed therapist 24/7 – includes text, audio or video messages within the secure app

**Sanvello:** on-demand help with stress, anxiety and depression – available anytime

- Download the Sanvello app on your mobile device or computer through [Here4TN.com](https://www.here4tn.com)
- The premium version of the app is available free to all with behavioral health benefits. Register using your behavioral health ID card.
- Members with EAP-only benefits have access to the free, standard version of the app
- Clinical tools and techniques to help manage the symptoms of stress, anxiety and depression

**EAP services:** Master's level specialists are available around the clock to assist with stress, legal, financial, mediation and work/life services.

- Preauthorization is required to utilize your Employee Assistance Program. Simply call 855.437.3486 or go to [Here4TN.com](https://www.here4tn.com) to obtain your preauthorization. If you prefer to access services over the phone, telephonic counseling is available as well as face-to-face appointments. **Call 855-Here4TN (855-437-3486) for more information.**

#### COVID-19 Resources On-Demand Video

A pre-recorded video of a COVID-19 resources webinar, held in partnership with Optum and ActiveHealth, is posted for you to watch at your convenience.

**About the webinar:** While people may be impacted from COVID-19 in different ways, support resources are available. Here4TN EAP offers several coping resources. In this webinar, members will learn about the COVID-19 benefit information offered through the State Health Plan, the various digital resources available including Virtual Visits, Talkspace, Sanvello and more. ActiveHealth reviews basic ways to prevent the spread of germs, helps you understand social distancing and explores ways to cope with isolation during this time.

- Video and webinar slides are found at the top of the [ParTNers for Health EAP page](#).
- Video is also found on the ParTNers YouTube page: <https://youtu.be/K3zMbp9Sf5g>.

## EAP Eligibility

**State and Higher Education Employees:** EAP services are available to all benefits-eligible employees and their eligible family members, even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

**Local Education, Local Government, COBRA and Retirees:** EAP services are available to those who are enrolled in medical insurance. Dependents are eligible even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

## Optum Emotional Support Help Line Available to Anyone

The Optum Emotional Support Help Line is available 24/7 to anyone in need, even if they are not enrolled in the benefit plan. The help line 866-342-6892 is staffed by professionally trained mental health experts and free of charge.

---

## Physical Well-Being Resources

**MyActiveHealth:** available to all state employees (even if you are not enrolled in the health plan) and enrolled health plan members

- Access to health education topics, activity trackers for sleep and exercise as well as other tools to keep your physical health on track
- Log on to [www.myactivehealth.com/wellnesstn](http://www.myactivehealth.com/wellnesstn) to get started

**Working for a Healthier Tennessee (WFHT)** pulled together links to home workouts (yoga, cardio, body weight training, etc.)

- Microworkouts <https://darebee.com/pdf/fitness/microworkouts.pdf>
- Indoor Cardio <https://darebee.com/workouts/indoor-cardio-workout>
- Popsugar Fitness <https://www.youtube.com/user/popsugartvfit>
- Yoga with Adrienne <https://www.youtube.com/user/yogawithadriene>
- Quiet Apartment Cardio [https://www.youtube.com/watch?v=gke\\_wunq7Ng](https://www.youtube.com/watch?v=gke_wunq7Ng)

---

## COVID-19 Benefits Frequently Asked Questions (FAQs) for State Health Plan Members

### 1. What should I do if I think I might have the COVID-19 virus? Should I go to the emergency room?

- You can talk to your doctor, or other healthcare provider, about your need for a COVID-19 test or if you think you have the virus.
- Additional resources:
  - The Tennessee Department of Health - [www.tn.gov/health/cedep/ncov.html](http://www.tn.gov/health/cedep/ncov.html)
  - CDC - [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html).
- Generally speaking, people should seek care if they experience a high fever, significant cough, shortness of breath or fatigue.

- **State Health Department test sites:** If you need a test, you can go and get one for free, Monday – Friday, at all local county health departments in Tennessee. A list of sites is found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

## 2. Is COVID-19 testing covered?

- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and in-network visits in a provider's office, urgent care, convenience clinic, emergency room or Telehealth with your provider (BlueCross and Cigna-sponsored Telehealth currently has no member cost-share) .
- **State Health Department test sites:** If you need a test, you can go and get one for free, Monday – Friday, at all local county health departments in Tennessee. A list of sites is found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

## 3. What if I have to pay for, or receive a bill for my in-network visit when I have a COVID-19 test?

- The COVID-19 test must be performed during the in-network visit or on the same date or next date of service, in order for you to not have a cost-share. The test result (positive or negative) does not affect cost share. Your carrier may need to reprocess a claim and this may take some time. You can call your carrier, BlueCross BlueShield or Cigna, at the number on the back of your ID card to check on the status of the claim. Some providers may request that members pay upfront for the in-network visit. If this occurs, you will have to request a refund from the provider once the claim is reprocessed.

## 4. Is COVID-19 treatment covered?

- Members won't have to pay a copay, coinsurance, or any money toward their deductible for in-network COVID-19 medical treatment received in a provider's office, urgent care, convenience clinic, emergency room, or inpatient/outpatient hospital facility as long as the visit is directly related to a COVID-19 diagnosis. All medical treatment not directly related to a COVID-19 diagnosis will be covered under the member's enrolled health plan benefits with applicable member cost share.

## 5. What about BlueCross/Cigna-sponsored Telehealth?

- Members will not be required to pay for any Telehealth visits through carrier-sponsored Telehealth programs, (Cigna: MDLive/Amwell and BlueCross BlueShield: PhysicianNow), from March 17 through May 31, even if the visit is for something other than COVID-19. If you have questions, call BlueCross BlueShield or Cigna at the number on the back of your ID card and ask for help.

## 6. What will my Explanation of Benefits (EOB) show?

- We are working closely with our carriers so that your EOB shows that you do not owe member cost share for in-network COVID-19 tests, in-network outpatient visits that lead to a test, and in-network medical treatment. However, for member cost share to be waived, the claim must

be coded with a COVID-19 diagnosis code. If your EOB shows you owe a cost share, please contact either BlueCross BlueShield or Cigna, by calling the number on the back of your ID card for help. They will be able to explain the status of your claim and provide you with more information. Your provider may need to resubmit your claim with updated coding.

**7. What if I pre-paid at the doctor's office or hospital, will I get that money back?**

- If it is an eligible in-network COVID-19 charge, you can get your money back. Your carrier, BlueCross or Cigna, may need to reprocess a claim and this may take some time. Once you have your EOB, you can contact the provider or hospital and request a refund, or you can call BlueCross or Cigna at the number on the back of your ID card and ask for help.

**8. What if I go to the emergency room for a test and then I am hospitalized? What will I have to pay for?**

- The State Group Insurance Program is waiving cost sharing for in-network COVID-19 testing, in-network outpatient visits associated with these tests, and in-network medical treatment for a COVID-19 diagnosis. The benefit does not include waiving member cost-sharing for treatment that is not related to a COVID-19 diagnosis, which would fall under the current benefit cost-sharing based on the health plan you are enrolled in.

**9. I'm in the CDHP, will I have to pay for a test? Do I have to pay my deductible first?**

- If the eligible COVID-19 testing is in-network, then no, you would not have to pay anything toward your deductible for testing and in-network outpatient visits associated with the test.

**10. Does this apply for all health plan members, in all networks, BlueCross BlueShield Network S, Cigna LocalPlus and Cigna OAP?**

- Yes, it applies to all members and retirees in all plans and in all networks.

**11. What if I get a bill saying I owe money for a COVID-19 test? What do I do?**

- If you get a bill for a test, a COVID-19 related visit, or COVID-19 related treatment, wait until you have your Explanation of Benefits (EOB). If the EOB shows you owe money then call BlueCross BlueShield or Cigna at the number on the back of your card and ask for help. If the EOB shows you do not owe money for the test, then contact your provider to request a bill correction.

**12. What if I get a test and it's negative, and then I need to go and get another test? Is the second test covered?**

- Yes, member cost share for all in-network COVID-19 testing and in-network outpatient visits associated with these tests is waived even if you need to get an additional test.
- **State Health Department test sites:** If you need a test, you can go and get one for free, Monday – Friday, at all local county health departments in Tennessee. A list of sites is found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

**13. Are prescriptions for COVID-19 treatment covered?**

- Currently the FDA has not approved any prescription medications for the treatment of COVID-19. Medications prescribed by your provider and obtained at a pharmacy will still have applicable member cost share.

**14. When will these COVID-19 benefits take effect?**

- This benefit takes effect immediately and could also include prior claims, which meet these requirements.

**15. How long will these COVID-19 benefits last?**

- The cost waiver for carrier-sponsored Telehealth program benefits goes through May 31, 2020. There is no specific end date at this time for the other COVID-19 benefits. Benefit updates will be provided as decisions are made.



Dear Valued Customer

MetLife understands the difficulty surrounding the COVID-19 pandemic and the uncertainty generated. We remain committed to ensuring our customers get the service they expect, maintain the coverages they need, and that we process all appropriate claims in a timely manner.

The COVID-19 pandemic has resulted in the shutdown of most dental offices for non-emergency services. Therefore, many people will postpone non-emergency dental work to when dental offices re-open. We expect to see guidance shortly from the American Dental Association letting us know when and how dental offices will reopen. We realize that many services will be deferred or cancelled altogether, so customers with fully insured dental PPO plans will receive a 25% premium credit for the months of April and May 2020. We are working with regulators where approval of this change is required. This credit will be automatically applied to a future bill and no further action is required on your part.

As this situation evolves, we will continue to monitor it carefully and stay in close contact with the dental community. Our team is here and ready to help, so that you can focus on the health and well-being of you and your family. Thank you for choosing MetLife.

Please visit [www.metlife.com](http://www.metlife.com) for additional information and resources regarding COVID-19 or call us at 1-855-700-8001 from 7am to 10pm CT with any questions.

Sincerely

The MetLife Account Team

The discount will be applied to your premium payment for June 2020 coverage.

<b>MetLife DPPD Premium Adjustments</b>				
<b>Active Members</b>	<b>Regular Premium</b>	<b>Twenty-five Percent Monthly Discount</b>	<b>Two Month Total Savings (Monthly Discount x 2 Months – April &amp; May)</b>	<b>Regular Monthly Premium minus Total Discount = Premium to be Deducted after Adjustment</b>
Employee Only	\$23.64	\$5.91	\$11.82	\$11.82
Employee + Child(ren)	\$54.36	\$13.59	\$27.18	\$27.18
Employee + Spouse	\$44.72	\$11.18	\$22.36	\$22.36
Employee + Spouse + Children	\$87.50	\$21.88	\$43.75	\$43.75
<b>COBRA Participants</b>				
Employee Only	\$24.11	\$6.03	\$12.06	\$12.06
Employee + Child(ren)	\$55.45	\$13.86	\$27.73	\$27.73
Employee + Spouse	\$45.61	\$11.40	\$22.81	\$22.81
Employee + Spouse + Children	\$89.25	\$22.31	\$44.63	\$44.63
<b>Retiree Participants</b>				
Retiree Only	\$30.52	\$7.63	\$15.26	\$15.26
Retiree + Child(ren)	\$70.18	\$17.55	\$35.09	\$35.09
Retiree + Spouse	\$57.74	\$14.44	\$28.87	\$28.87
Retiree + Spouse + Children	\$112.98	\$28.25	\$56.49	\$56.49

# MetLife Dental Preferred Provider Organization (DPPO)



## 2020 PREMIUM DISCOUNTS

	Regular Monthly Premiums	25% Monthly Discount	2-Month Total Savings (*applies to April and May)	Regular Monthly Premium Minus Total Discount
<b>ACTIVE MEMBERS</b>				
Employee Only	\$23.64	\$5.91	\$11.82	\$11.82
Employee + Child(ren)	\$54.36	\$13.59	\$27.18	\$27.18
Employee + Spouse	\$44.72	\$11.18	\$22.36	\$22.36
Employee + Spouse + Child(ren)	\$87.50	\$21.88	\$43.75	\$43.75
<b>COBRA PARTICIPANTS</b>				
Employee Only	\$24.11	\$6.03	\$12.06	\$12.06
Employee + Child(ren)	\$55.45	\$13.86	\$27.73	\$27.73
Employee + Spouse	\$45.61	\$11.40	\$22.81	\$22.81
Employee + Spouse + Child(ren)	\$89.25	\$22.31	\$44.63	\$44.63
<b>RETIREE PARTICIPANTS</b>				
Employee Only	\$30.52	\$7.63	\$15.26	\$15.26
Employee + Child(ren)	\$70.18	\$17.55	\$35.09	\$35.09
Employee + Spouse	\$57.74	\$14.44	\$28.87	\$28.87
Employee + Spouse + Child(ren)	\$112.98	\$28.25	\$56.49	\$56.49

**\*NOTE: Members will receive the 25% credit only for the months they were enrolled during this time period. June 2020 premium may be different than what is shown in chart.**

# HELPING OUR CUSTOMERS WEATHER THE STORM

The impact of the devastating tornadoes in Tennessee combined with the COVID-19 pandemic has been significant. At Cigna, we know that the body and mind are connected – so the increased stress, anxiety and worry that many people are experiencing at this time may be impacting their overall health and well-being. We are here to help our customers weather this storm.

## Premium adjustments for customers enrolled in the Cigna Prepaid Dental Plan

We are pleased to adjust 25% of the costs paid by customers enrolled in the Cigna Prepaid Dental Plan during the months of March, April and May. This three-month adjustment will be calculated based on the type of coverage you're enrolled in, and will be applied to dental premiums collected for June 2020.

## Emergency limits waived

To further help Cigna Prepaid Dental Plan customers during the pandemic, we are waiving the limits on emergency care (normal cost-share amounts will still apply) through May 31, 2020. If you need emergency care and your network dentist is unavailable, we can help you find care or approve out-of-network care. Call the number on your ID card for assistance.

## No-cost virtual dental consults

We've also made virtual dental care available through The TeleDentists to customers at no cost, through May 31, 2020.<sup>1</sup> If your dentist is unavailable, you can connect to a licensed dentist 24/7 by going to your myCigna.com account. By logging in to your myCigna.com account, you can access virtual dental care and take advantage of no-cost consults for urgent dental needs.

We know that everyone is facing their own individual challenges right now. This premium adjustment and special dental care options are just some of the ways we're working to help support our customers during the crisis.

**Because together, we can weather this storm. Together all the way.**

## How to access virtual dental care.

If your dentist is unable to assist with your urgent dental care need, simply log on to your **myCigna.com** account and follow the prompts to the virtual care portal.

- ▶ You **must** connect to the portal via your **myCigna.com** account in order to use the service without having to enter a payment method.
- ▶ Once you've entered the online portal, you will be prompted to create an account on "The TeleDentists" website, and provide basic health information.
- ▶ You will be prompted to download and install a video chat application, and then confirm whether you want to see a dentist now, or schedule an appointment for a later time.
- ▶ When you are ready to consult with a dentist, you'll enter a virtual waiting room where a dentist will connect with you in ten minutes or less.
- ▶ Note: Wait times may be longer due to increased demand, and if your wait time exceeds ten minutes, a virtual customer service representative will join you in the waiting room for an update.

**Together, all the way.®**



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

946510 05/20



1. Availability of Cigna Dental Virtual Care services may vary by location and plan type and is subject to change.

All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, see your plan documents. The TeleDentists is an independent company and is not affiliated with Cigna. Providers are solely responsible for any treatment provided. Video chat may not be available in all areas. Services are separate from the Cigna dental plan provider networks.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries, including Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes, Cigna Dental Health of Kansas, Inc., Cigna Dental Health of Kentucky, Inc., Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. CHLIC policy forms: OK – Indemnity/DPPO: HP-POL99/HP-POL-388, DHMO: POL115; OR – Indemnity/DPPO/DEPO: HP-POL68/HP-POL352, DHMO: HP-POL121 04-10; TN – Indemnity/DPPO/DEPO: HP-POL69/HC-CER2V1/HP-POL389, et al., DHMO: HP-POL134/HC-CER17V1 et al. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

## Cigna Dental Care® Prepaid Plan



### 2020 PREMIUM DISCOUNTS

	Regular Monthly Premiums	25% Monthly Discount	3-Month Total Savings (*for March, April, May)	Regular Monthly Premium Minus Total Discount
<b>ACTIVE MEMBERS</b>				
Employee Only	\$13.44	\$3.36	\$10.08	\$3.36
Employee + Child(ren)	\$27.91	\$6.98	\$20.93	\$6.98
Employee + Spouse	\$23.83	\$5.96	\$17.87	\$5.96
Employee + Spouse + Child(ren)	\$32.76	\$8.19	\$24.57	\$8.19
<b>COBRA PARTICIPANTS</b>				
Employee Only	\$13.71	\$3.43	\$10.28	\$3.43
Employee + Child(ren)	\$28.47	\$7.12	\$21.35	\$7.12
Employee + Spouse	\$24.31	\$6.08	\$18.23	\$6.08
Employee + Spouse + Child(ren)	\$33.42	\$8.36	\$25.07	\$8.36
<b>RETIREE PARTICIPANTS</b>				
Employee Only	\$14.79	\$3.70	\$11.09	\$3.70
Employee + Child(ren)	\$30.71	\$7.68	\$23.03	\$7.68
Employee + Spouse	\$26.22	\$6.56	\$19.67	\$6.56
Employee + Spouse + Child(ren)	\$36.02	\$9.01	\$27.02	\$9.01

**\*NOTE: Members will receive the 25% credit only for the months they were enrolled during this time period. June 2020 premium may be different than what is shown in the chart.**

May 15, 2020

***The following email was sent to agency benefits coordinators (ABCs) today.***

### **ABC Combined Conference Call Notes**

The combined May 12 ABC conference call notes are attached. You will also find them [posted on the ABC webpage](#) under Conference Call Notes.

### **Cigna LocalPlus HCA Network Change Information**

Information about the Cigna LocalPlus HCA network change is posted on the ParTNers for Health website found by clicking a red button on the homepage – **Cigna LocalPlus Network Change** which takes you to the [ParTNers for Health Carrier Information page](#). Here you'll find:

- a [list of Cigna LocalPlus participating network hospitals](#),
- [list of HCA Physician Groups terming](#),
- spreadsheet of HCA Physicians/Group Practices terming,
- [list of St. Thomas Medical Partners joining LocalPlus](#),
- copies of the letters sent to [Middle TN members](#) and [East TN members](#),
- [Cigna HCA FAQs](#),
- and the [Cigna Continuity of Care document](#).

### **COVID-19 Resources and Updates**

We have **updated** the **attached** COVID-19 resource document, **dated May 15**, found on the [ParTNers for Health homepage](#) by clicking the yellow band titled **Coronavirus Benefits Information from Partners for Health** with updated information about the dental premium discounts, and a minor update for state and higher education disability plan members.

This information has been changing often. Please regularly check this document as we are updating it with any relevant benefits information as decisions are made. We change the date at the top every time new information is added.

**Please continue to share this resource with your employees.**

**To stay informed on COVID-19, the following are available:**

- For a list of statewide resources, please visit: [tn.gov/governor/covid-19.html](http://tn.gov/governor/covid-19.html)
- Tennessee Department of Health continues to provide the status of COVID-19 in Tennessee at <https://www.tn.gov/health/cedep/ncov.html>
- COVID-19 symptoms found on the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>
- The CDC has information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html)

**Additional state resources – please share with your employees:**

- Tennessee Pledge: Reopening Tennessee Responsibly - <https://www.tn.gov/governor/covid-19/economic-recovery.html>
- Do Your Part. Stay Apart. - <https://www.tn.gov/governor/covid-19/do-your-part--stay-apart.html>
- COVID-19 Unified Command - [www.tn.gov/unifiedcommand](http://www.tn.gov/unifiedcommand)

- COVID-19 Media Briefings - <https://sts.streamingvideo.tn.gov/Mediasite/Catalog/catalogs/mediasiteadmin-covid-19-media-briefing>

**Access to up-to-date guidance from Tennessee's Economic Recovery Group:**

- Universal Guidance for Tennessee Businesses can be accessed [here](#).
- COVID-19 Small Business Resources - <https://www.tn.gov/e cd/covid-19-small-business-resources>

**Annual Enrollment Dates**

Here are the annual enrollment dates for 2021 benefits:

- State and higher education is Oct. 1-16, 2020
- Local education, local government and retirees is Oct. 1-30, 2020

Attachments: Coronavirus Benefits Info 051520  
Feb. 2020 HIPAA Novel Coronavirus



## Coronavirus Benefits Information – May 15, 2020

### A message from Governor Lee:

COVID-19 is an unprecedented crisis. It has created both an economic and a health crisis, and the governor's response is working to address both aspects. Our goal is to keep the public, especially vulnerable populations, safe while doing everything possible to keep Tennesseans in a financially stable position.

### State resources:

- Tennessee Pledge: Reopening Tennessee Responsibly - <https://www.tn.gov/governor/covid-19/economic-recovery.html>
- Do Your Part. Stay Apart. - <https://www.tn.gov/governor/covid-19/do-your-part--stay-apart.html>
- COVID-19 Unified Command – [www.tn.gov/unifiedcommand](http://www.tn.gov/unifiedcommand)
- COVID-19 Media Briefings - <https://sts.streamingvideo.tn.gov/Mediasite/Catalog/catalogs/mediasiteadmin-covid-19-media-briefing>

Access to up-to-date guidance from Tennessee's Economic Recovery Group:

- Universal Guidance for Tennessee Businesses can be accessed [here](#).
- COVID-19 Small Business Resources - <https://www.tn.gov/economic-recovery/covid-19-small-business-resources>

### ParTNers for Health Members

Here is some helpful information for our ParTNers for Health plan members. We will immediately update it with any relevant benefits information as decisions are made:

#### COVID-19 Benefits for State Health Plan Members and Retirees

The State Group Insurance Program has approved waiving all costs for Telehealth visits through carrier-sponsored Telehealth programs from March 17 – May 31, 2020.

The State Group Insurance Program has also approved waiving all member costs for COVID-19 in-network testing and in-network outpatient visits associated with these tests. You can talk to your doctor, or other healthcare provider, about your need for a test.

**State Health Department test sites:** If you need a test, you can go and get one for free, Monday – Friday, at all local county health departments in Tennessee. A list of sites is found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

The State Group Insurance Program has also approved waiving all member costs for in-network COVID-19 medical treatment.

#### What does this mean for our members?

- These benefit changes apply to health plan members, in all plans: Premier PPO, Standard PPO, Limited PPO, CDHP/HSA and Local CDHP/HSA, with both carriers: BlueCross BlueShield and Cigna.

- Members won't pay for any Telehealth visits from March 17 – May 31 through carrier-sponsored Telehealth programs, (Cigna: MDLive/AmWell and BlueCross BlueShield: PhysicianNow), **even if the visit is for something other than COVID-19.** (See **Telehealth** heading below).
- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and in-network visits when the visit leads to a COVID-19 test, as well as any services performed at the visit during which the COVID-19 test is performed in the following:
  - Provider's office
  - Urgent care facility
  - Convenience clinic
  - Telehealth with your provider (BlueCross and Cigna-sponsored Telehealth also has no member cost-share)
  - Emergency Room

The COVID-19 test must be performed during the in-network visit or on the **same or next date of service**, in order for the member to not have a cost-share. The test result (positive or negative) does not impact cost-share. Carriers (BlueCross and Cigna) may need to reprocess a claim and this may take some time. Members can call their carrier to check on the status of the claim. Some providers may request members pay upfront for the in-network visit. If this occurs, members will have to request a refund from the provider once the claim is reprocessed.

- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 medical treatment received in the following:
  - Provider's office
  - Urgent care facility
  - Convenience clinic
  - Emergency Room
  - Inpatient/Outpatient Hospital Facility

**See Frequently Asked Questions below for more member COVID-19 benefit information.**

**To stay informed on COVID-19, the following resources are available to you:**

- For a comprehensive list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://tn.gov/governor/covid-19.html).
- The Department of Health (TDH) continues to be a primary resource for up-to-date information for the status of COVID-19 in Tennessee found by going to <https://www.tn.gov/health/cedep/ncov.html>.
- Review the COVID-19 symptoms found on the CDC website by [clicking here](#).
- The CDC has updated information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

---

### **Telehealth (carrier-sponsored)**

- **Cigna members** can use your Telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
  - Log into [MyCigna.com](https://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

- **BlueCross BlueShield members** can use your PhysicianNow Telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
    - Log into BlueAccess at [bcbst.com/members/tn\\_state/](http://bcbst.com/members/tn_state/)
    - Look for and select Talk With a Doctor Now
    - Or, call 888.283.6691
- 

### Pharmacy Benefits

Make the most of your **CVS/caremark Pharmacy Benefit**. Members can prepare ahead and avoid crowds by setting up mail order prescription fills, refilling prescriptions before they run out, and filling 30-day or 90-day supplies on most of prescriptions (excluding controlled substances, like opioids, and specialty medications).

### Shipping or Delivery

If you have concerns about picking up your prescription in person, you may want to call your pharmacy and ask about shipping and delivery options. Some pharmacies are offering to mail or deliver prescriptions at no additional cost.

Additional information about your CVS/caremark pharmacy benefit. You may take advantage of:

**Relaxed refill restrictions.** We are temporarily waiving early refill limits on 30-day and 90-day prescriptions for maintenance medications such as high blood pressure, high cholesterol, coronary artery disease, congestive heart failure, depression, and asthma/COPD at any in-network pharmacy. You can now fill maintenance medication prescriptions ahead of schedule.

If you have any trouble, your pharmacy staff should check for messaging in their system from CVS/caremark that your plan sponsor is temporarily allowing early refill overrides. If your pharmacy has trouble with the override, they should contact the CVS/Caremark pharmacy help desk (your pharmacy has the phone number).

For more help with your **CVS/caremark pharmacy benefits**, visit [info.caremark.com/stateoftn](http://info.caremark.com/stateoftn) or call 877.522.TNRX (8679) 24/7.

---

### PAYFLEX Information about the CARES Act: Potential impact for HSA and FSA participants

On March 27, Congress passed the CARES (COVID-19 Aid, Relief, and Economic Security) Act, which may benefit members with PayFlex health savings accounts (HSAs) and our state and higher education members with flexible spending accounts (FSAs).

NOTE: These changes are effective for expenses incurred after December 31, 2019. These changes don't have an expiration date.

### Over-the-Counter Drugs and Medicines without a Prescription

- The CARES Act allows patients to use HSA and FSA funds to purchase over-the-counter (OTC) drugs and medicines, including those needed in quarantine and social distancing, without a prescription from a physician.
- This law also adds feminine hygiene products to the list of eligible OTC items.

### **Using a PayFlex Debit Card for Newly Eligible OTC Items:**

- HSA members will not be asked to provide substantiation or documentation for their over-the-counter (OTC) drugs and medicines purchased with the PayFlex debit card (though please keep all receipts in case for future reference).
  - FSA members who use their PayFlex debit card for OTC drugs and medicines will likely have to provide a receipt for their purchase. However, work is being done to try to auto-substantiate these OTC products at the point of sale.
  - If the PayFlex debit card doesn't work at time of purchase, members can pay out of pocket and request reimbursement from their PayFlex account funds. This potential issue is a result of a new update to the debit card system's verification process. PayFlex does not have control over the update.
- 

## **Dental Benefits**

### **Dental Premium Discounts for Cigna and MetLife Members**

In response to COVID-19, Cigna and MetLife will give a dental premium discount to enrolled members.

Click the links below for details.

- [A message from Cigna about the 2020 premium discount](#)
- [Cigna 2020 premium discount savings by plan](#)
- [A message from MetLife about the 2020 premium discount](#)
- [MetLife 2020 premium discount savings by plan](#)

### **Cigna PrePaid Members**

#### **Cigna Dental Virtual Care**

Cigna Dental Virtual Care is available 24 hours a day, seven days a week at no additional cost to Cigna Dental customers, through May 31, 2020.

**Click the link to learn more:**

[http://images.connecting.cigna.com/Web/CIGNACorporation/%7B30462794-442d-43b4-9c95-1edc2f8e99d9%7D\\_Teleden\\_Flyer.pdf](http://images.connecting.cigna.com/Web/CIGNACorporation/%7B30462794-442d-43b4-9c95-1edc2f8e99d9%7D_Teleden_Flyer.pdf)

### **Cigna Dental Emergency**

In the event of a dental emergency, Cigna suggests patients contact their dentists to service and guide their care options. If the dental office is closed, Cigna can assist you in finding care by calling 1.800.244.6224 or customers can locate care on [mycigna.com](http://mycigna.com) at <https://my.cigna.com/web/public/guest>.

**Click the link to learn more:**

<http://app.connecting.cigna.com/e/es?s=1399&e=398867&elqTrackId=1f467d54f6314a1ab8a667d1e5cbf7d1&elq=8c13224976bc4b0887cc46f6130f7aaa&elqaid=18785&elqat=1>

### **MetLife Dental Plan Members**

#### **MetLife Teledentistry Benefit**

MetLife's teledentistry benefit enables you to talk with your dentist and get necessary treatment, such as emergency care, when you need it. You and your dentist choose the method that works best for you and claims are submitted as usual. Questions? Call 1-855-700-8001; representatives are available 7:00 a.m. - 10:00 p.m. CT, Monday through Friday.

**Click the link to learn more:**

## **Disability Benefits**

### **MetLife Short-term Disability (STD) and Long-term Disability (LTD)**

Beginning Wednesday, April 8, 2020, if a claimant is unable to secure medical documentation to substantiate a new STD or LTD claim due to the current COVID-19 crisis, MetLife will conditionally approve STD claims for 14 calendar days and LTD claims for 30 days as these situations arise, pending supporting medical evidence. With respect to existing claims, dependent upon the medical evidence already received, MetLife will extend an STD claim for up to 14 calendar days and LTD claims for up to 30 days, pending medical evidence. To the extent a particular jurisdiction mandates additional time, MetLife will comply with such mandate. MetLife will continue this practice until further notice.

---

## **Partners Health & Wellness Center**

The Partners Health & Wellness Center on the 3<sup>rd</sup> floor of the TN Tower is continuing to provide limited services for state and higher education employees enrolled in the State Group Health Insurance Program. The center is not a COVID-19 testing site, but the staff has created a webpage to keep you updated on how coronavirus is changing the way they do business. Regular updates can be found at <https://www.partnershealthcenter.com/covid19>.

---

## **Mental Health and Emotional Well-Being Resources (EAP and Behavioral Health Benefits)**

### **Online and Virtual Resources**

**Virtual Visits:** available for EAP and behavioral health

- Schedule a visit with a psychiatrist or therapist using secure video-conferencing
- Go to [Here4TN.com](https://www.here4tn.com) to learn more

**Talkspace online therapy:** available for all members with behavioral health benefits

- Download the Talkspace app on your mobile device or computer through [Here4TN.com](https://www.here4tn.com)
- Communicate safely and securely with a therapist from your phone or desktop
- Message a licensed therapist 24/7 – includes text, audio or video messages within the secure app

**Sanvello:** on-demand help with stress, anxiety and depression – available anytime

- Download the Sanvello app on your mobile device or computer through [Here4TN.com](https://www.here4tn.com)
- The premium version of the app is available free to all with behavioral health benefits. Register using your behavioral health ID card.
- Members with EAP-only benefits have access to the free, standard version of the app
- Clinical tools and techniques to help manage the symptoms of stress, anxiety and depression

**EAP services:** Master's level specialists are available around the clock to assist with stress, legal, financial, mediation and work/life services.

- Preauthorization is required to utilize your Employee Assistance Program. Simply call 855.437.3486 or go to [Here4TN.com](https://www.here4tn.com) to obtain your preauthorization. If you prefer to access services over the phone, telephonic counseling is available as well as face-to-face appointments. **Call 855-Here4TN (855-437-3486) for more information.**

## COVID-19 Resources On-Demand Video

A pre-recorded video of a COVID-19 resources webinar, held in partnership with Optum and ActiveHealth, is posted for you to watch at your convenience.

**About the webinar:** While people may be impacted from COVID-19 in different ways, support resources are available. Here4TN EAP offers several coping resources. In this webinar, members will learn about the COVID-19 benefit information offered through the State Health Plan, the various digital resources available including Virtual Visits, Talkspace, Sanvello and more. ActiveHealth reviews basic ways to prevent the spread of germs, helps you understand social distancing and explores ways to cope with isolation during this time.

- Video and webinar slides are found at the top of the [ParTNers for Health EAP page](#).
- Video is also found on the ParTNers YouTube page: <https://youtu.be/K3zMbp9Sf5g>.

## EAP Eligibility

**State and Higher Education Employees:** EAP services are available to all benefits-eligible employees and their eligible family members, even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

**Local Education, Local Government, COBRA and Retirees:** EAP services are available to those who are enrolled in medical insurance. Dependents are eligible even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

## Optum Emotional Support Help Line Available to Anyone

The Optum Emotional Support Help Line is available 24/7 to anyone in need, even if they are not enrolled in the benefit plan. The help line 866-342-6892 is staffed by professionally trained mental health experts and free of charge.

---

## Physical Well-Being Resources

**MyActiveHealth:** available to all state employees (even if you are not enrolled in the health plan) and enrolled health plan members

- Access to health education topics, activity trackers for sleep and exercise as well as other tools to keep your physical health on track
- Log on to [www.myactivehealth.com/wellnesstn](http://www.myactivehealth.com/wellnesstn) to get started

**Working for a Healthier Tennessee (WFHT)** pulled together links to home workouts (yoga, cardio, body weight training, etc.)

- Microworkouts <https://darebee.com/pdf/fitness/microworkouts.pdf>
- Indoor Cardio <https://darebee.com/workouts/indoor-cardio-workout>
- Popsugar Fitness <https://www.youtube.com/user/popsugartvfit>
- Yoga with Adrienne <https://www.youtube.com/user/yogawithadriene>
- Quiet Apartment Cardio [https://www.youtube.com/watch?v=gke\\_wunq7Ng](https://www.youtube.com/watch?v=gke_wunq7Ng)

## COVID-19 Benefits Frequently Asked Questions (FAQs) for State Health Plan Members

### 1. What should I do if I think I might have the COVID-19 virus? Should I go to the emergency room?

- You can talk to your doctor, or other healthcare provider, about your need for a COVID-19 test or if you think you have the virus.
- Additional resources:
  - The Tennessee Department of Health - [www.tn.gov/health/cedep/ncov.html](http://www.tn.gov/health/cedep/ncov.html)
  - CDC - [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html).
- Generally speaking, people should seek care if they experience a high fever, significant cough, shortness of breath or fatigue.
- **State Health Department test sites:** If you need a test, you can go and get one for free, Monday – Friday, at all local county health departments in Tennessee. A list of sites is found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

### 2. Is COVID-19 testing covered?

- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and in-network visits in a provider's office, urgent care, convenience clinic, emergency room or Telehealth with your provider (BlueCross and Cigna-sponsored Telehealth currently has no member cost-share) .
- **State Health Department test sites:** If you need a test, you can go and get one for free, Monday – Friday, at all local county health departments in Tennessee. A list of sites is found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

### 3. What if I have to pay for, or receive a bill for my in-network visit when I have a COVID-19 test?

- The COVID-19 test must be performed during the in-network visit or on the same date or next date of service, in order for you to not have a cost-share. The test result (positive or negative) does not affect cost share. Your carrier may need to reprocess a claim and this may take some time. You can call your carrier, BlueCross BlueShield or Cigna, at the number on the back of your ID card to check on the status of the claim. Some providers may request that members pay upfront for the in-network visit. If this occurs, you will have to request a refund from the provider once the claim is reprocessed.

### 4. Is COVID-19 treatment covered?

- Members won't have to pay a copay, coinsurance, or any money toward their deductible for in-network COVID-19 medical treatment received in a provider's office, urgent care, convenience clinic, emergency room, or inpatient/outpatient hospital facility as long as the visit is directly related to a COVID-19 diagnosis. All medical treatment not directly related to a COVID-19 diagnosis will be covered under the member's enrolled health plan benefits with applicable member cost share.

### 5. What about BlueCross/Cigna-sponsored Telehealth?

- Members will not be required to pay for any Telehealth visits through carrier-sponsored Telehealth programs, (Cigna: MDLive/Amwell and BlueCross BlueShield: PhysicianNow), from March 17 through May 31, even if the visit is for something other than COVID-19. If you have questions, call BlueCross BlueShield or Cigna at the number on the back of your ID card and ask for help.

**6. What will my Explanation of Benefits (EOB) show?**

- We are working closely with our carriers so that your EOB shows that you do not owe member cost share for in-network COVID-19 tests, in-network outpatient visits that lead to a test, and in-network medical treatment. However, for member cost share to be waived, the claim must be coded with a COVID-19 diagnosis code. If your EOB shows you owe a cost share, please contact either BlueCross BlueShield or Cigna, by calling the number on the back of your ID card for help. They will be able to explain the status of your claim and provide you with more information. Your provider may need to resubmit your claim with updated coding.

**7. What if I pre-paid at the doctor's office or hospital, will I get that money back?**

- If it is an eligible in-network COVID-19 charge, you can get your money back. Your carrier, BlueCross or Cigna, may need to reprocess a claim and this may take some time. Once you have your EOB, you can contact the provider or hospital and request a refund, or you can call BlueCross or Cigna at the number on the back of your ID card and ask for help.

**8. What if I go to the emergency room for a test and then I am hospitalized? What will I have to pay for?**

- The State Group Insurance Program is waiving cost sharing for in-network COVID-19 testing, in-network outpatient visits associated with these tests, and in-network medical treatment for a COVID-19 diagnosis. The benefit does not include waiving member cost-sharing for treatment that is not related to a COVID-19 diagnosis, which would fall under the current benefit cost-sharing based on the health plan you are enrolled in.

**9. I'm in the CDHP, will I have to pay for a test? Do I have to pay my deductible first?**

- If the eligible COVID-19 testing is in-network, then no, you would not have to pay anything toward your deductible for testing and in-network outpatient visits associated with the test.

**10. Does this apply for all health plan members, in all networks, BlueCross BlueShield Network S, Cigna LocalPlus and Cigna OAP?**

- Yes, it applies to all members and retirees in all plans and in all networks.

**11. What if I get a bill saying I owe money for a COVID-19 test? What do I do?**

- If you get a bill for a test, a COVID-19 related visit, or COVID-19 related treatment, wait until you have your Explanation of Benefits (EOB). If the EOB shows you owe money then call BlueCross BlueShield or Cigna at the number on the back of your card and ask for help. If the

EOB shows you do not owe money for the test, then contact your provider to request a bill correction.

**12. What if I get a test and it's negative, and then I need to go and get another test? Is the second test covered?**

- Yes, member cost share for all in-network COVID-19 testing and in-network outpatient visits associated with these tests is waived even if you need to get an additional test.
- **State Health Department test sites:** If you need a test, you can go and get one for free, Monday – Friday, at all local county health departments in Tennessee. A list of sites is found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

**13. Are prescriptions for COVID-19 treatment covered?**

- Currently the FDA has not approved any prescription medications for the treatment of COVID-19. Medications prescribed by your provider and obtained at a pharmacy will still have applicable member cost share.

**14. When will these COVID-19 benefits take effect?**

- This benefit takes effect immediately and could also include prior claims, which meet these requirements.

**15. How long will these COVID-19 benefits last?**

- The cost waiver for carrier-sponsored Telehealth program benefits goes through May 31, 2020. There is no specific end date at this time for the other COVID-19 benefits. Benefit updates will be provided as decisions are made.

February 2020

Office for Civil Rights, U.S. Department of Health and Human Services

## BULLETIN: HIPAA Privacy and Novel Coronavirus

---

In light of the Novel Coronavirus (2019-nCoV) outbreak, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) is providing this bulletin to ensure that HIPAA covered entities and their business associates are aware of the ways that patient information may be shared under the HIPAA Privacy Rule in an outbreak of infectious disease or other emergency situation, and to serve as a reminder that the protections of the Privacy Rule are not set aside during an emergency.

The HIPAA Privacy Rule protects the privacy of patients' health information (protected health information) but is balanced to ensure that appropriate uses and disclosures of the information still may be made when necessary to treat a patient, to protect the nation's public health, and for other critical purposes.

The U.S. Centers for Disease Control and Prevention (CDC) has advised: if you were in China within the past 14 days and feel sick with fever, cough, or difficulty breathing, you should get medical care. Call the office of your health care provider before you go and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others. More information from the CDC available at: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf>.

### Sharing Patient Information

**Treatment** Under the Privacy Rule, covered entities may disclose, without a patient's authorization, protected health information about the patient as necessary to treat the patient or to treat a different patient. Treatment includes the coordination or management of health care and related services by one or more health care providers and others, consultation between providers, and the referral of patients for treatment. See 45 CFR §§ 164.502(a)(1)(ii), 164.506(c), and the definition of "treatment" at 164.501.

**Public Health Activities** The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information that is necessary to carry out their public health mission. Therefore, the Privacy Rule permits covered entities to disclose needed protected health information without individual authorization:

- **To a public health authority**, such as the CDC or a state or local health department, that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability. This would include, for example, the reporting of disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. A "public health authority" is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR §§ 164.501 and 164.512(b)(1)(i). For example, a covered entity may disclose to the CDC protected health information on an ongoing basis as needed to report all prior and prospective cases of patients exposed to or suspected or confirmed to have Novel Coronavirus (2019-nCoV).

- ***At the direction of a public health authority, to a foreign government agency*** that is acting in collaboration with the public health authority. See 45 CFR 164.512(b)(1)(i).
- ***To persons at risk*** of contracting or spreading a disease or condition if other law, such as state law, authorizes the covered entity to notify such persons as necessary to prevent or control the spread of the disease or otherwise to carry out public health interventions or investigations. See 45 CFR 164.512(b)(1)(iv).

***Disclosures to Family, Friends, and Others Involved in an Individual's Care and for Notification*** A covered entity may share protected health information with a patient's family members, relatives, friends, or other persons identified by the patient as involved in the patient's care. A covered entity also may share information about a patient as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the patient's care, of the patient's location, general condition, or death. This may include, where necessary to notify family members and others, the police, the press, or the public at large. See 45 CFR 164.510(b).

- The covered entity should get verbal permission from individuals or otherwise be able to reasonably infer that the patient does not object, when possible; if the individual is incapacitated or not available, covered entities may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.
- For patients who are unconscious or incapacitated: A health care provider may share relevant information about the patient with family, friends, or others involved in the patient's care or payment for care, if the health care provider determines, based on professional judgment, that doing so is in the best interests of the patient. For example, a provider may determine that it is in the best interests of an elderly patient to share relevant information with the patient's adult child, but generally could not share unrelated information about the patient's medical history without permission.
- In addition, a covered entity may share protected health information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, for the purpose of coordinating the notification of family members or other persons involved in the patient's care, of the patient's location, general condition, or death. It is unnecessary to obtain a patient's permission to share the information in this situation if doing so would interfere with the organization's ability to respond to the emergency.

***Disclosures to Prevent a Serious and Imminent Threat*** Health care providers may share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public – consistent with applicable law (such as state statutes, regulations, or case law) and the provider's standards of ethical conduct. See 45 CFR 164.512(j). Thus, providers may disclose a patient's health information to anyone who is in a position to prevent or lessen the serious and imminent threat, including family, friends, caregivers, and law enforcement without a patient's permission. HIPAA expressly defers to the professional judgment of health professionals in making determinations about the nature and severity of the threat to health and safety. See 45 CFR 164.512(j).

***Disclosures to the Media or Others Not Involved in the Care of the Patient/Notification*** In general, except in the limited circumstances described elsewhere in this Bulletin, affirmative reporting to the media or the public at large about an identifiable patient, or the disclosure to the public or media of specific information about treatment of an identifiable patient, such as specific tests, test results or details of a patient's illness, may not be done without the patient's written authorization (or the written authorization of a personal representative who is a person legally authorized to make health care

decisions for the patient). See 45 CFR 164.508 for the requirements for a HIPAA authorization. Where a patient has not objected to or restricted the release of protected health information, a covered hospital or other health care facility may, upon a request to disclose information about a particular patient asked for by name, release limited facility directory information to acknowledge an individual is a patient at the facility, and may provide basic information about the patient's condition in general terms (e.g., critical or stable, deceased, or treated and released). Covered entities may also disclose information when the patient is incapacitated, if the disclosure is believed to be in the best interest of the patient and is consistent with any prior expressed preferences of the patient. See 45 CFR 164.510(a).

**Minimum Necessary** For most disclosures, a covered entity must make reasonable efforts to limit the information disclosed to that which is the "minimum necessary" to accomplish the purpose. (Minimum necessary requirements do not apply to disclosures to health care providers for treatment purposes.) Covered entities may rely on representations from a public health authority or other public official that the requested information is the minimum necessary for the purpose, when that reliance is reasonable under the circumstances. For example, a covered entity may rely on representations from the CDC that the protected health information requested by the CDC about all patients exposed to or suspected or confirmed to have Novel Coronavirus (2019-nCoV) is the minimum necessary for the public health purpose. In addition, internally, covered entities should continue to apply their role-based access policies to limit access to protected health information to only those workforce members who need it to carry out their duties. See 45 CFR §§ 164.502(b), 164.514(d).

### Safeguarding Patient Information

In an emergency situation, covered entities must continue to implement reasonable safeguards to protect patient information against intentional or unintentional impermissible uses and disclosures. Further, covered entities (and their business associates) must apply the administrative, physical, and technical safeguards of the HIPAA Security Rule to electronic protected health information.

### HIPAA Applies Only to Covered Entities and Business Associates

The HIPAA Privacy Rule applies to disclosures made by employees, volunteers, and other members of a covered entity's or business associate's workforce. Covered entities are health plans, health care clearinghouses, and those health care providers that conduct one or more covered health care transactions electronically, such as transmitting health care claims to a health plan. Business associates generally are persons or entities (other than members of the workforce of a covered entity) that perform functions or activities on behalf of, or provide certain services to, a covered entity that involve creating, receiving, maintaining, or transmitting protected health information. Business associates also include subcontractors that create, receive, maintain, or transmit protected health information on behalf of another business associate. The Privacy Rule does not apply to disclosures made by entities or other persons who are not covered entities or business associates (although such persons or entities are free to follow the standards on a voluntary basis if desired). There may be other state or federal rules that apply.

**Business Associates** A business associate of a covered entity (including a business associate that is a subcontractor) may make disclosures permitted by the Privacy Rule, such as to a public health authority, on behalf of a covered entity or another business associate to the extent authorized by its business associate agreement.

## *Other Resources*

For more information on HIPAA and Public Health, please visit:

<https://www.hhs.gov/hipaa/for-professionals/special-topics/public-health/index.html>

For more information on HIPAA and Emergency Preparedness, Planning, and Response, please visit:

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

General information on understanding the HIPAA Privacy Rule may be found at:

<https://www.hhs.gov/hipaa/for-professionals/privacy/index.html>

For information regarding how Federal civil rights laws apply in an emergency, please visit:

<https://www.hhs.gov/civil-rights/for-individuals/special-topics/emergency-preparedness/index.html>

May 22, 2020

**The following email was sent to agency benefits coordinators (ABCs) today.**

### **2021 Premiums Announcement**

Next week, we will send you and your appropriate agency heads, directors and fiscal officers a memo that details the 2021 premiums and benefits decisions known at this point, following the Insurance Committee meeting held on May 21.

As many of you have asked about premiums for budgetary purposes, we wanted to send 2021 premium information to you as quickly as possible.

### **2021 health insurance:**

Active state and higher education employees – 2.8% premium increase

State and higher education retirees – 3.6% premium increase

Local education employees and local education retirees – 2% premium increase

Local government employees and local government retirees – 5.4% premium increase

### **Voluntary benefits:**

Vision coverage – no premium increase for either the Basic or Expanded plans

Dental coverage – vendors and premium rates to be announced as soon as the procurement process is final

**Please watch for the memo to be sent to you early next week with more benefits updates for 2021.**

### **COVID-19 Resources and Updates**

We have updated the attached COVID-19 resource document, dated May 22, found on the [ParTNers for Health homepage](#) by clicking the yellow band titled **Coronavirus Benefits Information from Partners for Health** with updated information about the Telehealth benefit for members.

This information changes often. Please continue to check this document as we are updating it with any relevant benefits information as decisions are made. We change the date at the top when new information is added.

**Please continue to share this resource with your employees.**

### **To stay informed on COVID-19, the following are available:**

- For a list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://tn.gov/governor/covid-19.html)
- Tennessee Department of Health continues to provide the status of COVID-19 in Tennessee at <https://www.tn.gov/health/cedep/ncov.html>
- COVID-19 symptoms found on the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>
- The CDC has information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html)

### **Additional state resources – please share with your employees:**

- Tennessee Pledge: Reopening Tennessee Responsibly- <https://www.tn.gov/governor/covid-19/economic-recovery.html>

- Do Your Part. Stay Apart. - <https://www.tn.gov/governor/covid-19/do-your-part--stay-apart.html>
- COVID-19 Unified Command - [www.tn.gov/unifiedcommand](http://www.tn.gov/unifiedcommand)
- COVID-19 Media Briefings - <https://sts.streamingvideo.tn.gov/Mediasite/Catalog/catalogs/mediasiteadmin-covid-19-media-briefing>

**Access to up-to-date guidance from Tennessee’s Economic Recovery Group:**

- Universal Guidance for Tennessee Businesses can be accessed [here](#).
- COVID-19 Small Business Resources - <https://www.tn.gov/ecd/covid-19-small-business-resources>

**Annual Enrollment Dates for 2021 Benefits**

- Annual enrollment for state and higher education is Oct. 1-16, 2020.
- Annual enrollment for local education, local government and retirees is Oct. 1-30, 2020.

**State Offices and Benefits Administration Service Center - Closed Monday, May 25**

State offices and the BA service center will be closed Monday, May 25 for the Memorial Day holiday. We hope you have a safe and memorable holiday weekend!

**Here are the vendor office closings and holiday hours we have available:**

ActiveHealth – Monday, May 25 – Closed

BlueCross BlueShield – Monday, May 25 – Closed

Cigna (medical and Dental Prepaid) – Monday, May 25 – Available 24/7

CVS/caremark – Monday, May 25 – Available 24/7

Davis Vision – Monday, May 25 – Closed

MetLife Dental DPPO – Monday, May 25 – Closed

MetLife Disability – Monday, May 25 – Closed

Optum HERE4TN call center – Monday, May 25 – After hours EAP/Care team will be available

PayFlex – Monday, May 25 – **Closed**

Securian Financial (life insurance) – Monday, May 25 – **Closed**

Attachment: Coronavirus Benefits Info 052220



## Coronavirus Benefits Information – May 22, 2020

### A message from Governor Lee:

COVID-19 is an unprecedented crisis. It has created both an economic and a health crisis, and the governor's response is working to address both aspects. Our goal is to keep the public, especially vulnerable populations, safe while doing everything possible to keep Tennesseans in a financially stable position.

### State resources:

- Tennessee Pledge: Reopening Tennessee Responsibly - <https://www.tn.gov/governor/covid-19/economic-recovery.html>
- Do Your Part. Stay Apart. - <https://www.tn.gov/governor/covid-19/do-your-part--stay-apart.html>
- COVID-19 Unified Command – [www.tn.gov/unifiedcommand](http://www.tn.gov/unifiedcommand)
- COVID-19 Media Briefings (typically held once a week) - <https://sts.streamingvideo.tn.gov/Mediasite/Catalog/catalogs/mediasiteadmin-covid-19-media-briefing>

Access to up-to-date guidance from Tennessee's Economic Recovery Group:

- Universal Guidance for Tennessee Businesses can be accessed [here](#).
- COVID-19 Small Business Resources - <https://www.tn.gov/ecd/covid-19-small-business-resources>

### ParTNers for Health Members

Here is some helpful information for our ParTNers for Health plan members. We will immediately update it with any relevant benefits information as decisions are made:

#### COVID-19 Benefits for State Health Plan Members and Retirees

The State Group Insurance Program has approved waiving all costs for Telehealth visits through carrier-sponsored Telehealth programs from March 17 – July 31, 2020.

The State Group Insurance Program has also approved waiving all member costs for COVID-19 in-network testing and in-network outpatient visits associated with these tests. You can talk to your doctor, or other healthcare provider, about your need for a test.

**State Health Department test sites:** If you need a test, you can go and get one for free, Monday – Friday, at all local county health departments in Tennessee. A list of sites is found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

The State Group Insurance Program has also approved waiving all member costs for in-network COVID-19 medical treatment.

#### What does this mean for our members?

- These benefit changes apply to health plan members, in all plans: Premier PPO, Standard PPO, Limited PPO, CDHP/HSA and Local CDHP/HSA, with both carriers: BlueCross BlueShield and Cigna.

- Members won't pay for any Telehealth visits from March 17 – July 31, 2020, through carrier-sponsored Telehealth programs, (Cigna: MDLive/AmWell and BlueCross BlueShield: PhysicianNow), **even if the visit is for something other than COVID-19.** (See **Telehealth** heading below).
- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and in-network visits when the visit leads to a COVID-19 test, as well as any services performed at the visit during which the COVID-19 test is performed in the following:
  - Provider's office
  - Urgent care facility
  - Convenience clinic
  - Telehealth with your provider (BlueCross and Cigna-sponsored Telehealth also has no member cost-share)
  - Emergency Room

The COVID-19 test must be performed during the in-network visit or on the **same or next date of service**, in order for the member to not have a cost-share. The test result (positive or negative) does not impact cost-share. Carriers (BlueCross and Cigna) may need to reprocess a claim and this may take some time. Members can call their carrier to check on the status of the claim. Some providers may request members pay upfront for the in-network visit. If this occurs, members will have to request a refund from the provider once the claim is reprocessed.

- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 medical treatment received in the following:
  - Provider's office
  - Urgent care facility
  - Convenience clinic
  - Emergency Room
  - Inpatient/Outpatient Hospital Facility

**See Frequently Asked Questions below for more member COVID-19 benefit information.**

**To stay informed on COVID-19, the following resources are available to you:**

- For a list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://www.tn.gov/governor/covid-19.html).
- The Department of Health (TDH) continues to be a primary resource for up-to-date information about the status of COVID-19 in Tennessee found by going to <https://www.tn.gov/health/cedep/ncov.html>.
- Review the COVID-19 symptoms found on the CDC website by [clicking here](#).
- The CDC has updated information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

---

### **Telehealth (carrier-sponsored)**

- **Cigna members** can use your Telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
  - Log into [MyCigna.com](https://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

- **BlueCross BlueShield members** can use your PhysicianNow Telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
    - Log into BlueAccess at [bcbst.com/members/tn\\_state/](http://bcbst.com/members/tn_state/)
    - Look for and select Talk With a Doctor Now
    - Or, call 888.283.6691
- 

### Pharmacy Benefits

Make the most of your **CVS/caremark Pharmacy Benefit**. Members can prepare ahead and avoid crowds by setting up mail order prescription fills, refilling prescriptions before they run out, and filling 30-day or 90-day supplies on most of prescriptions (excluding controlled substances, like opioids, and specialty medications).

### Shipping or Delivery

If you have concerns about picking up your prescription in person, you may want to call your pharmacy and ask about shipping and delivery options. Some pharmacies are offering to mail or deliver prescriptions at no additional cost.

Additional information about your CVS/caremark pharmacy benefit. You may take advantage of:

**Relaxed refill restrictions.** We are temporarily waiving early refill limits on 30-day and 90-day prescriptions for maintenance medications such as high blood pressure, high cholesterol, coronary artery disease, congestive heart failure, depression, and asthma/COPD at any in-network pharmacy. You can now fill maintenance medication prescriptions ahead of schedule.

If you have any trouble, your pharmacy staff should check for messaging in their system from CVS/caremark that your plan sponsor is temporarily allowing early refill overrides. If your pharmacy has trouble with the override, they should contact the CVS/Caremark pharmacy help desk (your pharmacy has the phone number).

For more help with your **CVS/caremark pharmacy benefits**, visit [info.caremark.com/stateoftn](http://info.caremark.com/stateoftn) or call 877.522.TNRX (8679) 24/7.

---

### PAYFLEX Information about the CARES Act: Potential impact for HSA and FSA participants

On March 27, Congress passed the CARES (COVID-19 Aid, Relief, and Economic Security) Act, which may benefit members with PayFlex health savings accounts (HSAs) and our state and higher education members with flexible spending accounts (FSAs).

NOTE: These changes are effective for expenses incurred after December 31, 2019. These changes don't have an expiration date.

### Over-the-Counter Drugs and Medicines without a Prescription

- The CARES Act allows patients to use HSA and FSA funds to purchase over-the-counter (OTC) drugs and medicines, including those needed in quarantine and social distancing, without a prescription from a physician.
- This law also adds feminine hygiene products to the list of eligible OTC items.

### **Using a PayFlex Debit Card for Newly Eligible OTC Items:**

- HSA members will not be asked to provide substantiation or documentation for their over-the-counter (OTC) drugs and medicines purchased with the PayFlex debit card (though please keep all receipts in case for future reference).
  - FSA members who use their PayFlex debit card for OTC drugs and medicines will likely have to provide a receipt for their purchase. However, work is being done to try to auto-substantiate these OTC products at the point of sale.
  - If the PayFlex debit card doesn't work at time of purchase, members can pay out of pocket and request reimbursement from their PayFlex account funds. This potential issue is a result of a new update to the debit card system's verification process. PayFlex does not have control over the update.
- 

## **Dental Benefits**

### **Dental Premium Discounts for Cigna and MetLife Members**

In response to COVID-19, Cigna and MetLife will give a dental premium discount to enrolled members.

Click the links below for details.

- [A message from Cigna about the 2020 premium discount](#)
- [Cigna 2020 premium discount savings by plan](#)
- [A message from MetLife about the 2020 premium discount](#)
- [MetLife 2020 premium discount savings by plan](#)

### **Cigna PrePaid Members**

#### **Cigna Dental Virtual Care**

Cigna Dental Virtual Care is available 24 hours a day, seven days a week at no additional cost to Cigna Dental customers, through May 31, 2020.

**Click the link to learn more:**

[http://images.connecting.cigna.com/Web/CIGNACorporation/%7B30462794-442d-43b4-9c95-1edc2f8e99d9%7D\\_Teleden\\_Flyer.pdf](http://images.connecting.cigna.com/Web/CIGNACorporation/%7B30462794-442d-43b4-9c95-1edc2f8e99d9%7D_Teleden_Flyer.pdf)

### **Cigna Dental Emergency**

In the event of a dental emergency, Cigna suggests patients contact their dentists to service and guide their care options. If the dental office is closed, Cigna can assist you in finding care by calling 1.800.244.6224 or customers can locate care on [mycigna.com](http://mycigna.com) at <https://my.cigna.com/web/public/guest>.

**Click the link to learn more:**

<http://app.connecting.cigna.com/e/es?s=1399&e=398867&elqTrackId=1f467d54f6314a1ab8a667d1e5cbf7d1&elq=8c13224976bc4b0887cc46f6130f7aaa&elqaid=18785&elqat=1>

### **MetLife Dental Plan Members**

#### **MetLife Teledentistry Benefit**

MetLife's teledentistry benefit enables you to talk with your dentist and get necessary treatment, such as emergency care, when you need it. You and your dentist choose the method that works best for you and claims are submitted as usual. Questions? Call 1-855-700-8001; representatives are available 7:00 a.m. - 10:00 p.m. CT, Monday through Friday.

**Click the link to learn more:**

## **Disability Benefits**

### **MetLife Short-term Disability (STD) and Long-term Disability (LTD)**

Beginning Wednesday, April 8, 2020, if a claimant is unable to secure medical documentation to substantiate a new STD or LTD claim due to the current COVID-19 crisis, MetLife will conditionally approve STD claims for 14 calendar days and LTD claims for 30 days as these situations arise, pending supporting medical evidence. With respect to existing claims, dependent upon the medical evidence already received, MetLife will extend an STD claim for up to 14 calendar days and LTD claims for up to 30 days, pending medical evidence. To the extent a particular jurisdiction mandates additional time, MetLife will comply with such mandate. MetLife will continue this practice until further notice.

---

## **Partners Health & Wellness Center**

The Partners Health & Wellness Center on the 3<sup>rd</sup> floor of the TN Tower is continuing to provide limited services for state and higher education employees enrolled in the State Group Health Insurance Program. The center is not a COVID-19 testing site, but the staff has created a webpage to keep you updated on how coronavirus is changing the way they do business. Regular updates can be found at <https://www.partnershealthcenter.com/covid19>.

---

## **Mental Health and Emotional Well-Being Resources (EAP and Behavioral Health Benefits)**

### **Online and Virtual Resources**

**Virtual Visits:** available for EAP and behavioral health

- Schedule a visit with a psychiatrist or therapist using secure video-conferencing
- Go to [Here4TN.com](https://www.here4tn.com) to learn more

**Talkspace online therapy:** available for all members with behavioral health benefits

- Download the Talkspace app on your mobile device or computer through [Here4TN.com](https://www.here4tn.com)
- Communicate safely and securely with a therapist from your phone or desktop
- Message a licensed therapist 24/7 – includes text, audio or video messages within the secure app

**Sanvello:** on-demand help with stress, anxiety and depression – available anytime

- Download the Sanvello app on your mobile device or computer through [Here4TN.com](https://www.here4tn.com)
- The premium version of the app is available free to all with behavioral health benefits. Register using your behavioral health ID card.
- Members with EAP-only benefits have access to the free, standard version of the app
- Clinical tools and techniques to help manage the symptoms of stress, anxiety and depression

**EAP services:** Master's level specialists are available around the clock to assist with stress, legal, financial, mediation and work/life services.

- Preauthorization is required to utilize your Employee Assistance Program. Simply call 855.437.3486 or go to [Here4TN.com](https://www.here4tn.com) to obtain your preauthorization. If you prefer to access services over the phone, telephonic counseling is available as well as face-to-face appointments. **Call 855-Here4TN (855-437-3486) for more information.**

## COVID-19 Resources On-Demand Video

A pre-recorded video of a COVID-19 resources webinar, held in partnership with Optum and ActiveHealth, is posted for you to watch at your convenience.

**About the webinar:** While people may be impacted from COVID-19 in different ways, support resources are available. Here4TN EAP offers several coping resources. In this webinar, members will learn about the COVID-19 benefit information offered through the State Health Plan, the various digital resources available including Virtual Visits, Talkspace, Sanvello and more. ActiveHealth reviews basic ways to prevent the spread of germs, helps you understand social distancing and explores ways to cope with isolation during this time.

- Video and webinar slides are found at the top of the [ParTNers for Health EAP page](#).
- Video is also found on the ParTNers YouTube page: <https://youtu.be/K3zMbp9Sf5g>.

## EAP Eligibility

**State and Higher Education Employees:** EAP services are available to all benefits-eligible employees and their eligible family members, even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

**Local Education, Local Government, COBRA and Retirees:** EAP services are available to those who are enrolled in medical insurance. Dependents are eligible even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

## Optum Emotional Support Help Line Available to Anyone

The Optum Emotional Support Help Line is available 24/7 to anyone in need, even if they are not enrolled in the benefit plan. The help line 866-342-6892 is staffed by professionally trained mental health experts and free of charge.

---

## Physical Well-Being Resources

**MyActiveHealth:** available to all state employees (even if you are not enrolled in the health plan) and enrolled health plan members

- Access to health education topics, activity trackers for sleep and exercise as well as other tools to keep your physical health on track
- Log on to [www.myactivehealth.com/wellnesstn](http://www.myactivehealth.com/wellnesstn) to get started

**Working for a Healthier Tennessee (WFHT)** pulled together links to home workouts (yoga, cardio, body weight training, etc.)

- Microworkouts <https://darebee.com/pdf/fitness/microworkouts.pdf>
- Indoor Cardio <https://darebee.com/workouts/indoor-cardio-workout>
- Popsugar Fitness <https://www.youtube.com/user/popsugartvfit>
- Yoga with Adrienne <https://www.youtube.com/user/yogawithadriene>
- Quiet Apartment Cardio [https://www.youtube.com/watch?v=gke\\_wunq7Ng](https://www.youtube.com/watch?v=gke_wunq7Ng)

## COVID-19 Benefits Frequently Asked Questions (FAQs) for State Health Plan Members

### 1. What should I do if I think I might have the COVID-19 virus? Should I go to the emergency room?

- You can talk to your doctor, or other healthcare provider, about your need for a COVID-19 test or if you think you have the virus.
- Additional resources:
  - The Tennessee Department of Health - [www.tn.gov/health/cedep/ncov.html](http://www.tn.gov/health/cedep/ncov.html)
  - CDC - [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html).
- Generally speaking, people should seek care if they experience a high fever, significant cough, shortness of breath or fatigue.
- **State Health Department test sites:** If you need a test, you can go and get one for free, Monday – Friday, at all local county health departments in Tennessee. A list of sites is found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

### 2. Is COVID-19 testing covered?

- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and in-network visits in a provider's office, urgent care, convenience clinic, emergency room or Telehealth with your provider (BlueCross and Cigna-sponsored Telehealth currently has no member cost-share) .
- **State Health Department test sites:** If you need a test, you can go and get one for free, Monday – Friday, at all local county health departments in Tennessee. A list of sites is found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

### 3. What if I have to pay for, or receive a bill for my in-network visit when I have a COVID-19 test?

- The COVID-19 test must be performed during the in-network visit or on the same date or next date of service, in order for you to not have a cost-share. The test result (positive or negative) does not affect cost share. Your carrier may need to reprocess a claim and this may take some time. You can call your carrier, BlueCross BlueShield or Cigna, at the number on the back of your ID card to check on the status of the claim. Some providers may request that members pay upfront for the in-network visit. If this occurs, you will have to request a refund from the provider once the claim is reprocessed.

### 4. Is COVID-19 treatment covered?

- Members won't have to pay a copay, coinsurance, or any money toward their deductible for in-network COVID-19 medical treatment received in a provider's office, urgent care, convenience clinic, emergency room, or inpatient/outpatient hospital facility as long as the visit is directly related to a COVID-19 diagnosis. All medical treatment not directly related to a COVID-19 diagnosis will be covered under the member's enrolled health plan benefits with applicable member cost share.

### 5. What about BlueCross/Cigna-sponsored Telehealth?

- Members will not be required to pay for any Telehealth visits through carrier-sponsored Telehealth programs, (Cigna: MDLive/Amwell and BlueCross BlueShield: PhysicianNow), from March 17 through July 31, even if the visit is for something other than COVID-19. If you have questions, call BlueCross BlueShield or Cigna at the number on the back of your ID card and ask for help.

**6. What will my Explanation of Benefits (EOB) show?**

- We are working closely with our carriers so that your EOB shows that you do not owe member cost share for in-network COVID-19 tests, in-network outpatient visits that lead to a test, and in-network medical treatment. However, for member cost share to be waived, the claim must be coded with a COVID-19 diagnosis code. If your EOB shows you owe a cost share, please contact either BlueCross BlueShield or Cigna, by calling the number on the back of your ID card for help. They will be able to explain the status of your claim and provide you with more information. Your provider may need to resubmit your claim with updated coding.

**7. What if I pre-paid at the doctor's office or hospital, will I get that money back?**

- If it is an eligible in-network COVID-19 charge, you can get your money back. Your carrier, BlueCross or Cigna, may need to reprocess a claim and this may take some time. Once you have your EOB, you can contact the provider or hospital and request a refund, or you can call BlueCross or Cigna at the number on the back of your ID card and ask for help.

**8. What if I go to the emergency room for a test and then I am hospitalized? What will I have to pay for?**

- The State Group Insurance Program is waiving cost sharing for in-network COVID-19 testing, in-network outpatient visits associated with these tests, and in-network medical treatment for a COVID-19 diagnosis. The benefit does not include waiving member cost-sharing for treatment that is not related to a COVID-19 diagnosis, which would fall under the current benefit cost-sharing based on the health plan you are enrolled in.

**9. I'm in the CDHP, will I have to pay for a test? Do I have to pay my deductible first?**

- If the eligible COVID-19 testing is in-network, then no, you would not have to pay anything toward your deductible for testing and in-network outpatient visits associated with the test.

**10. Does this apply for all health plan members, in all networks, BlueCross BlueShield Network S, Cigna LocalPlus and Cigna OAP?**

- Yes, it applies to all members and retirees in all plans and in all networks.

**11. What if I get a bill saying I owe money for a COVID-19 test? What do I do?**

- If you get a bill for a test, a COVID-19 related visit, or COVID-19 related treatment, wait until you have your Explanation of Benefits (EOB). If the EOB shows you owe money then call BlueCross BlueShield or Cigna at the number on the back of your card and ask for help. If the

EOB shows you do not owe money for the test, then contact your provider to request a bill correction.

**12. What if I get a test and it's negative, and then I need to go and get another test? Is the second test covered?**

- Yes, member cost share for all in-network COVID-19 testing and in-network outpatient visits associated with these tests is waived even if you need to get an additional test.
- **State Health Department test sites:** If you need a test, you can go and get one for free, Monday – Friday, at all local county health departments in Tennessee. A list of sites is found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

**13. Are prescriptions for COVID-19 treatment covered?**

- Currently the FDA has not approved any prescription medications for the treatment of COVID-19. Medications prescribed by your provider and obtained at a pharmacy will still have applicable member cost share.

**14. When will these COVID-19 benefits take effect?**

- This benefit takes effect immediately and could also include prior claims, which meet these requirements.

**15. How long will these COVID-19 benefits last?**

- The cost waiver for carrier-sponsored Telehealth program benefits goes through July 31, 2020. There is no specific end date at this time for the other COVID-19 benefits. Benefit updates will be provided as decisions are made.

May 29, 2020

**The following email was sent to agency benefits coordinators (ABCs) today.**

**Important - Limited Opportunity for Cigna LocalPlus Members to Change to OAP Network**

The IRS issued guidance and the Insurance Committees approved a special mid-year opportunity for certain plan members to enroll in the Cigna Open Access Plus (OAP) network from June 8-19, 2020.

This limited opportunity allows all members enrolled in a narrow network (Cigna LocalPlus or BlueCross BlueShield (BCBST) Network S) as of May 21, 2020, to change their coverage from the narrow network to the broad Cigna OAP Network **only if the member's current network has lost 5 or more participating hospitals between January 1, 2020 and June 1, 2020.**

This change is important because the **HCA/TriStar providers are leaving Cigna LocalPlus** on June 1, so members of **Cigna LocalPlus ARE eligible to change their enrollment to Cigna OAP.** The BCBST Network S has **not** lost 5 or more participating hospitals over this time period, so **members in BCBST Network S DO NOT MEET the eligibility requirements and cannot enroll in OAP in June.**

**Member Communications:** Next week, Benefits Administration (BA) will send members in Cigna LocalPlus and BCBST Network S (our narrow networks) an email or a letter, if we don't have an email address, letting them know about this change in IRS guidance, but **only Cigna LocalPlus members ARE ELIGIBLE to change their enrollment to Cigna OAP.**

- Letters/emails include instructions on how to enroll and FAQs. The member letter and FAQs are **attached** for your reference.
- **Find the special mid-year OAP enrollment premium charts, member letter, FAQs, Enrollment Change Application, enrollment instructions, OAP Provider Directory, and more on the [ParTNers for Health website, Carrier Information page.](#)**

**How to Enroll:** LocalPlus members who wish to and agree to pay the OAP surcharge can enroll in OAP between June 8-19, 2020, by completing an **[Enrollment Change Application](#)**. Coverage would be effective July 1, 2020.

**To Process Forms:** Members can submit the form to their agency benefits coordinators, **or may leave the Agency Section blank and submit the enrollment form directly to Benefits Administration (BA).**

**ABC Webinars:** Next Tuesday, June 2, BA will hold ABC webinars to go over this special mid-year opportunity and answer your questions.

- **State/Higher Education:** Tuesday, June 2, at 9:30 a.m. CT
- **Local Ed/Local Gov:** Tuesday, June 2 at 2 p.m. CT

**To join the ABC June 2 webinars (same link as ABC conference calls)**

- Click on the link: **<https://tngov.webex.com/meet/JoanWilliams>**
- If you don't have WebEx installed on your computer, you can run a temporary application. The system will prompt you to run the temporary application.
- You will see **Joan Williams' Personal Room.**

- You will be asked to enter your name and email. Then click join meeting.
- You will see two options. “Select Audio Connection” on the left and “Select Video Connection” on the right.
- For “Video Connection”: Please click on the drop down-box and click on “no video.”
- For “Audio Connection”, you will have a few choices:
  - Call me (**recommended**)
  - I will call in
  - Call using computer

**If you are only calling in to listen and not using a computer, please use the following phone number and access code:**

+1-415-655-0003 US TOLL

Access code: 312 015 255

### **Entering New Hire Information in Edison**

Please be sure you do not include non-letters, like numbers and apostrophes in an employee’s first name when adding a new hire into the Edison system. If the new hire does happen to have a non-letter in his/her first name, you will need to omit it when entering the information in Edison.

### **Edison Maintenance**

Edison will be down Sunday, May 31 from 6 a.m. – 10 p.m. CT, for regular monthly maintenance. During this maintenance window, Edison will be unavailable.

Attachments: Mid-Year Plan Election Letter  
Cigna LocalPlus to OAP FAQs



# State of Tennessee Group Insurance Program

Department of Finance and Administration • Benefits Administration  
Suite 1900 WRS Tennessee Tower • 312 Rosa L. Parks Avenue • Nashville, TN 37243  
Phone: 800.253.9981 • [www.tn.gov/finance](http://www.tn.gov/finance)

**To: Cigna LocalPlus and BlueCross BlueShield Members**  
**From: Benefits Administration**  
**Date: June 1, 2020**

## LIMITED OPPORTUNITY FOR MEMBERS TO CHANGE TO CIGNA OPEN ACCESS PLUS NETWORK

The IRS issued guidance and the Insurance Committees approved a special mid-year opportunity for certain plan members to enroll in the Cigna Open Access Plus (OAP) network. This limited offer allows all members enrolled in a narrow network (BlueCross BlueShield (BCBST) Network S or Cigna LocalPlus) as of May 21, 2020, to change their coverage from the narrow network to the broad Cigna OAP Network **only if the member's current network has lost 5 or more participating hospitals between January 1, 2020 and June 1, 2020.**

**This change is important because the HCA/TriStar providers are leaving Cigna LocalPlus on June 1 so members of Cigna LocalPlus ARE eligible to change their enrollment to Cigna OAP. The BCBST Network S has not lost 5 or more participating hospitals over this time period, so members in BCBST Network S DO NOT MEET the eligibility requirements.**

Members who choose to enroll in Cigna OAP must pay the higher premium which includes a monthly surcharge of \$40 for employee only or employee+child(ren) coverage or \$80 for employee+spouse and employee+spouse+child(ren) coverage. Your new OAP coverage would begin July 1, 2020.

The OAP total premium costs can be found here: <https://www.tn.gov/partnersforhealth/health-options/carrier-network.html>. Local Education and Local Government premiums do not reflect any employers' contributions.

Members who want to make a change must submit their requests between **June 8-19, 2020**, following the directions below. This network change is effective on July 1, 2020. It does not cover out-of-network claims in the month of June.

### Here's how affected members will change to OAP:

You will need to submit an Enrollment Change Application between **June 8-19, 2020**, to Benefits Administration. The Enrollment Change Application can be found here:  
[https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/1043\\_2018.pdf](https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/1043_2018.pdf).

### Here are the steps to fill out the form and submit it:

- In the **Type of Action** box, select **Change coverage**
- In the **Coverage** box, select **Health**
- Leave the **Participants Affected** box blank, as we will apply the coverage change to all enrolled family members
- In the **Reason for this Action** box, mark **Other** and write **Network Change** on the line
- Fill out the information in Part 2
- In Part 3, leave the **Option** box blank because you will remain enrolled in the plan (Premier PPO, Standard PPO, Limited PPO, CDHP/HSA or Local CDHP/HSA) you are currently enrolled in
- In the **Select a Carrier** box, select the **Cigna Open Access**
- Leave the **Region Where You Live or Work** box blank since you will remain enrolled in the same region you currently have
- Leave the **Health Premium Level** box blank because you will remain enrolled in the premium level you are currently enrolled in
- Leave Parts 4, 6, and 7 blank as no changes are permitted in those sections

- Check the box to **Accept** in Part 8, and fill in the requested information

**To process your form:**

Submit the form to your agency benefits coordinator, **or you may leave the Agency Section blank and submit the enrollment form directly to Benefits Administration (BA).**

The quickest way to submit a request is through our BA Help Center: <https://benefitssupport.tn.gov/hc/en-us>.

- In the upper right corner, select **Submit a Request**
- In the **My issue concerns a/an** box, select the **Document Uploads for Active Employees** option
- Enter your email address
- In the **Subject** box, enter **Network Change**
- In the **Description** box, enter **Network Change**
- In the **Coverage Effective Date** box, enter **7/1/2020**
- Enter your **Edison Employee ID** (the 8-digit number found on your Caremark card) if you know it
- Enter your Social Security Number in the **SSN** field
- In the **Type of Document** dropdown, select **Enrollment Change Application**
- Select your group in the **Entity** box
- Click the **Add file** link to attach your signed enrollment change application. **\*\*You must attach your document for the change to be processed\*\***
- Click the **Submit** button

**Or, fax your document to 615-741-8196, or mail it with a postmark by June 19, 2020, to the address at the top of the form.**

- For help, call Benefits Administration at 800.253.9981 or 615.741.3590, M – F, 8 - 4:30 CT, or send an email to [benefits.administration@tn.gov](mailto:benefits.administration@tn.gov).
- For premiums and more information, go to <https://www.tn.gov/partnersforhealth/health-options/carrier-network.html>.
- For questions about Cigna hospitals/providers, call 800.997.1617, 24/7, for assistance.
- For questions about BlueCross hospitals/providers, call 800.558.6213, M – F, 7 – 5 CT, for assistance.

**FAQs For Open Access Plus (OAP) Mid-year Enrollment Opportunity  
Enrollment – June 8-19, 2020**

**I am in BCBST Network S. Why did I get this letter if I cannot change to Cigna OAP?** While legal notice of this plan document change is required to be sent to all state plan members in a narrow network (BCBST Network S and Cigna LocalPlus), at this time only members who are currently enrolled in Cigna LocalPlus are eligible to change their coverage to the broad Cigna OAP network because the HCA/Tri-Star providers are leaving LocalPlus on June 1. The BCBST network S has not lost 5 or more participating hospitals between January 1, 2020 and June 1, 2020.

**If I change my enrollment to OAP, and I need to see my HCA or other out-of-network provider in June 2020, will I have to pay the out-of-network rates?** Yes, unless you are eligible for Continuity of Care. You can submit the Continuity of Care form found here <https://www.cigna.com/sites/stateoftn/pdf/medical-transition-of-care.pdf> to see if you qualify.

**Can I or my dependents enroll in vision, dental or add or remove dependents from my insurance coverage?** No, not at this time. You can make a change if you experience a special qualifying event or during the next fall annual enrollment in October 2020.

**If I change to OAP does that mean I have to start all over with meeting my deductible and out-of-pocket expenses?** No, if you switch from Cigna LocalPlus to Cigna OAP, any money you paid toward your deductible and out-of-pocket expenses will transfer and apply to Cigna OAP and current plan year.

**See the complete list of FAQs on the Partners for Health website under Carrier Information found here:** <https://www.tn.gov/partnersforhealth/health-options/carrier-network.html>.

## FAQs For Open Access Plus (OAP) Mid-year Enrollment Opportunity Enrollment – June 8-19, 2020

1. **Why did I receive this letter telling me about a change to Cigna OAP?** HCA/TriStar hospitals and providers will no longer be in the Cigna LocalPlus network as of June 1. However, these hospitals and providers will remain in the Cigna OAP network.

As a result of a change in IRS guidance, on May 21, Insurance Committees approved a mid-year special enrollment for certain plan members – for those members whose current carrier network has lost 5 or more participating hospitals between January 1, 2020 and June 1, 2020. Members in Cigna LocalPlus qualify for this special mid-year enrollment.

If you are an eligible LocalPlus member and you wish to, you will be allowed to enroll in Cigna OAP between June 8-19 for coverage in the OAP network effective July 1 through Dec. 31, 2020 – but you have to agree to pay the OAP premiums and surcharge of either \$40 or \$80 each month, depending on the type of coverage you need for you and your family.

2. **I am in BCBST Network S. Why did I get this letter if I cannot change to Cigna OAP?** While legal notice of this plan document change is required to be sent to all state plan members in a narrow network (BCBST Network S and Cigna LocalPlus), at this time only members who are currently enrolled in Cigna LocalPlus are eligible to change their coverage to the broad Cigna OAP network because the HCA/Tri-Star providers are leaving LocalPlus on June 1. The BCBST network S has NOT lost 5 or more participating hospitals between January 1, 2020 and June 1, 2020.
3. **I thought we could not make changes outside Annual Enrollment unless we had a Special Qualifying Event? What changed?** As permitted by IRS Notice 2020-29- concerning COVID-19 Guidance Under § 125 Cafeteria Plans issued on May 12, 2020, and approved by the Insurance Committees on May 21, all members enrolled in a narrow network (BCBST Network S and Cigna LocalPlus) as of May 21, 2020, have the option to change their coverage to the broad Cigna OAP network provided that the member's current network has lost 5 or more participating hospitals between January 1, 2020 and June 1, 2020.
4. **What hospitals and providers are in the OAP network?** OAP is a larger network than Cigna LocalPlus with the maximum number of hospitals/providers, so you would have access to more statewide. Network information can be found on the [ParTNers for Health website under Carrier Information](#), you may call Cigna for assistance at 800-997-1617, or you can use the [Cigna online provider search tool](#).
5. **Where are the OAP premiums?** Premiums are based on the plan you are in, either the State/Higher Education, Local Education, Local Government or Retiree Plan. Special premium charts that show the change from LocalPlus to OAP are found on the [ParTNers for Health website on the Carrier Information page](#). Members pay a monthly surcharge, either \$40 or \$80 more per month depending on if you enroll in employee only or some type of family coverage.
6. **Why does the OAP premium cost \$40 (employee, employee+child(ren)) or \$80 (employee+spouse, employee+spouse and child(ren)) more per month?** The network includes more hospitals/providers in Tennessee compared to the other two more narrow networks offered by the state.
7. **What is my deadline to enroll in OAP?** June 19, 2020. Benefits Administration must receive your completed [Enrollment Change Application](#) by this date.
8. **When does this OAP coverage take effect? And how long does it last?** Coverage would start July 1, 2020, through Dec. 31, 2020. During the next fall annual enrollment period, which will occur in October for your 2021 benefits, you can choose to stay in the OAP network or make a change to another network.

9. **If I change my enrollment to OAP, and I need to see my HCA or other out-of-network provider in June 2020, will I have to pay the out-of-network rates?** Yes, unless you are eligible for Continuity of Care. You can submit the Continuity of Care form found here <https://www.cigna.com/sites/stateoftn/pdf/medical-transition-of-care.pdf> to see if you qualify.
10. **Can I move to BlueCross BlueShield?** No, only Cigna LocalPlus members are eligible to move to Cigna OAP due to losing 5 or more participating hospitals in the LocalPlus network between January 1, 2020, and June 1, 2020.
11. **Do I have to change to the Cigna OAP network?** No, you can stay with the current network carrier you have now.
12. **If I want to change to OAP, what do I have to do?** If eligible, to change to the Cigna OAP network, you will need to submit an Enrollment Change Application found here [https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/1043\\_2018.pdf](https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/1043_2018.pdf) to Benefits Administration between June 8 – June 19, 2020.
13. **Can someone help me fill out this Enrollment Change Application?** Yes. Instructions are [found in the member letter](#) posted on the [ParTNers for Health website under Carrier Information](#).
14. **Can I or my dependents enroll in vision, dental or add or remove dependents from my insurance coverage?** No, not at this time. You can make a change if you experience a special qualifying event or during the next fall annual enrollment in October 2020.
15. **Can I change from Cigna LocalPlus to Cigna OAP?** Yes.
16. **Can I change from OAP to LocalPlus?** No. The Insurance Committees only approved permitting members to make a change to move **to OAP** if their current network lost 5 or more participating hospitals between January 1, 2020 and June 1, 2020. No mid-year change was authorized to move **from OAP**.
17. **Can I change from BlueCross to Cigna OAP?** No. This mid-year enrollment opportunity only allows for members to make a change if their current network lost 5 or more participating hospitals between January 1, 2020 and June 1, 2020. Fortunately, that has not occurred in the narrow BlueCross network S at this time.
18. **Can you assure me that my preferred doctors/providers will stay in Cigna OAP?** Providers do move in and out of networks and can change at any time. While we cannot make assurances that your preferred doctor/provider will stay in the Cigna OAP network, Cigna has assured us that HCA/TriStar providers will remain in Cigna OAP through Dec. 31, 2020.
19. **If I make a change now, will I still be able to change again during annual enrollment for the 2021 Plan Year?** Yes.
20. **If I change to OAP does that mean I have to start all over with meeting my deductible and out-of-pocket expenses?** No, if you switch from Cigna LocalPlus to Cigna OAP, any money you paid toward your deductible and out-of-pocket expenses will transfer and apply to Cigna OAP and current plan year.
21. **I've been told that I can stay with the plan I have and ask for "Continuity of Care" to keep seeing the doctors I have now. Can I still do that if I make a change to another plan, or do I have to choose between staying where I am and requesting Continuity of Care or moving to another plan?** If you request and get approved for Continuity of Care, you may not need to change to OAP. You should pay attention to when the Continuity of Care ends. If you did not get approved for Continuity of Care or you do not want to submit a request, you can switch from Cigna LocalPlus to Cigna OAP. You should still confirm that your current provider is in the Cigna OAP network and will be able to provide in-network care.

22. **What if I switch from LocalPlus to OAP now, and I realize afterwards that the doctors and hospitals I want to visit are not in Cigna OAP. Can I change plans again?** You would have to wait until the fall annual enrollment period in October for coverage that starts January 1, 2021, or if you had a special qualifying event, you may be able to make a change.
23. **What if the doctors and hospitals I want to visit are in Cigna OAP, but they leave before the end of the current plan year, when can I make another change?** You could make a change during the fall annual enrollment period in October for coverage that starts January 1, 2021.
24. **I don't like having to stay in the same plan until the end of the year if my favorite doctors and hospitals leave the network. If that happens to me again (in another plan year), will the Plan keep allowing me to change outside of the annual enrollment periods?** No. This change is only available for this plan year because of an IRS ruling only effective in 2020.

June 3, 2020

***The following email was sent to agency benefits coordinators (ABCs) today.***

**ABC June 2 Webinar Call Notes and PPT Slides**

**Attached** are the call notes and PowerPoint slides from the June 2 ABC webinars about the limited opportunity for Cigna LocalPlus members to change to Cigna OAP.

You can find the special mid-year OAP enrollment premium charts, member letter, FAQs, Enrollment Change Application, enrollment instructions, OAP Provider Directory, and more on the [ParTNers for Health website, Carrier Information page.](#)

**Attached** you'll find:

- Copy of the member letter
- Cigna LocalPlus to OAP FAQs

And here is the link to the email sent to members:

<https://mailchi.mp/tn.gov/important-limited-opportunity-for-members-to-change-to-cigna-oap-network>

**You are welcome to share the letter, FAQs and email link with your members.**

Attachments: Limited Opportunity to Enroll Webinar PPT Slides  
Mid-Year Plan Election Letter  
Cigna LocalPlus to OAP FAQs

# ABC WEBINAR – LIMITED ENROLLMENT OPPORTUNITY



HIGHER ED, LOCAL  
EDUCATION, STATE AND  
LOCAL GOVERNMENT

June 2, 2020

Follow us:

[www.Facebook.com/ParTNersforHealthTN](http://www.Facebook.com/ParTNersforHealthTN)

[www.Twitter.com/ParTnerHealthTN](http://www.Twitter.com/ParTnerHealthTN)

[www.Pinterest.com/ParTNers4Health](http://www.Pinterest.com/ParTNers4Health)

# Communications

## Limited Opportunity for Cigna LocalPlus members to change to Cigna OAP network:

- The IRS issued guidance and the Insurance Committees approved a special mid-year opportunity for certain plan members to enroll in the Cigna Open Access Plus (OAP) network from June 8-19, 2020.
- This limited offer allows all members enrolled in a narrow network (Cigna LocalPlus and BlueCross BlueShield (BCBST) Network S) as of May 21, 2020, to change their coverage from the narrow network to the broad Cigna OAP Network **only if the member's current network has lost 5 or more participating hospitals between January 1, 2020 and June 1, 2020.**
- This change is important because the **HCA/TriStar providers are leaving Cigna LocalPlus** on June 1, so members of **Cigna LocalPlus ARE eligible to change their enrollment to Cigna OAP.** The BCBST Network S has **not** lost 5 or more participating hospitals over this time period, so **members in BCBST Network S DO NOT MEET the eligibility requirements and cannot enroll in OAP in June.**

# Communications

## Limited Opportunity (continued):

- The reason someone might want to change from LocalPlus to Cigna OAP is because HCA hospitals and providers are staying in the OAP network.
- LocalPlus members who choose to enroll in Cigna OAP must pay the higher premium which includes a monthly surcharge:
  - \$40 for employee only or employee+child(ren) coverage, or
  - \$80 for employee+spouse and employee+spouse+child(ren) coverage.
- New OAP coverage would begin July 1, 2020.
- **Member Communications:** Members in Cigna LocalPlus and BCBST Network S (our narrow networks) were sent an email or a letter (if we don't have an email address) letting them know about this change in IRS guidance, but **only Cigna LocalPlus members ARE ELIGIBLE to change their enrollment to Cigna OAP.**
  - Letters/emails include instructions on how to enroll and FAQs.
  - Copies were sent to ABCs on Friday, May 29.
  - **The operations team is reaching out to everyone who contacted the service center and was told they could not enroll mid-year in OAP to let them know that they now can.**



# Communications

## Limited Opportunity (continued):

- **All member communications and information are found on the ParTNers for Health website > health - options > carrier-information**
  - Find special mid-year **OAP enrollment premium charts**, member letter, FAQs, Enrollment Change Application and enrollment instructions, OAP Provider Directory, and more on the [ParTNers for Health website, Carrier Information page.](#)
- **OAP total premium charts are on the website:**
  - [State and Higher Education active employees](#)
  - [State and Higher Education retirees](#)
  - [State and Higher Education COBRA participants](#)
  - [Local Education active employees](#)
  - [Local Education teacher retirees](#)
  - [Local Education support staff retirees](#)
  - [Local Education COBRA participants](#)
  - [Local Government active employees](#)
  - [Local Government retirees](#)
  - [Local Government COBRA participants](#)
  - Local Education and Local Government premiums do not reflect any employers' contributions.
- **As a reminder, HCA/TriStar providers are out of Cigna LocalPlus but St. Thomas facilities and providers are now in the LocalPlus network.**

# Operations

## How to enroll:

- LocalPlus members who wish to and agree to pay the OAP surcharge can enroll in OAP between June 8-19, 2020, by completing an Enrollment Change Application. Coverage would be effective July 1, 2020.
- We have posted the [Enrollment Change Application](#) and instructions on the **ParTNers for Health website > Health - Options > Carrier Information**
- **Steps to fill out the form:**
  - In the **Type of Action** box, select **Change coverage**
  - In the **Coverage** box, select **Health**
  - Leave the **Participants Affected** box blank, as we will apply the coverage change to all enrolled family members
  - In the **Reason for this Action** box, mark **Other** and write **Network Change** on the line
  - Fill out the information in Part 2
  - In Part 3, leave the **Option** box blank because you will remain enrolled in the plan (Premier PPO, Standard PPO, Limited PPO, CDHP/HSA or Local CDHP/HSA) you are currently enrolled in
  - In the **Select a Carrier** box, select the **Cigna Open Access**
  - Leave the **Region Where You Live or Work** box blank since you will remain enrolled in the same region you currently have
  - Leave the **Health Premium Level** box blank because you will remain enrolled in the premium level you are currently enrolled in
  - Leave Parts 4, 6, and 7 blank as no changes are permitted in those sections
  - Check the box to **Accept** in Part 8, and fill in the requested information



# Operations

## To process the form:

- Submit the form to your agency benefits coordinator, or you may leave the Agency Section blank and submit the enrollment form directly to Benefits Administration (BA).
- The quickest way to submit a request is through our BA Help Center:  
<https://benefitssupport.tn.gov/hc/en-us>.
  - In the upper right corner, select **Submit a Request**
  - In the **My issue concerns a/an** box, select the **Document Uploads for Active Employees** option
  - Enter your email address
  - In the **Subject** box, enter **Network Change**
  - In the **Description** box, enter **Network Change**
  - In the **Coverage Effective Date** box, enter **7/1/2020**
  - Enter your **Edison Employee ID** (the 8-digit number found on your Caremark card) if you know it
  - Enter your Social Security Number in the **SSN** field
  - In the **Type of Document** dropdown, select **Enrollment Change Application**
  - Select your group in the **Entity** box
  - Click the **Add file** link to attach your signed enrollment change application. **\*\*You must attach your document for the change to be processed\*\***
  - Click the **Submit** button
- Or, fax the form to 615-741-8196, or mail it with a postmark by June 19, 2020, to the address at the top of the form.

# Communications

## ABC Conference Calls next week

- The June monthly ABC conference calls will be held next week.
  - **Higher Ed – Tuesday, June 9 at 8:30 a.m. Central time**
  - **Local Ed – Tuesday, June 9 at 10 a.m. Central time**
  - **Central State – Tuesday, June 9 at 12:30 p.m. Central time**
  - **Local Government – Tuesday, June 9 at 2 p.m. Central time**
- Use the same webinar (WebEx) login link and instructions used today – ABC conference call link.
- Agenda and information will be sent on Friday.



**QUESTIONS?**

**Press \*6 to un-mute your line**

**Use the chat function at the bottom left of the screen**

**[www.tn.gov/PartnersForHealth](http://www.tn.gov/PartnersForHealth)**

**Email: [Benefits.info@tn.gov](mailto:Benefits.info@tn.gov)**



# State of Tennessee Group Insurance Program

Department of Finance and Administration • Benefits Administration  
Suite 1900 WRS Tennessee Tower • 312 Rosa L. Parks Avenue • Nashville, TN 37243  
Phone: 800.253.9981 • [www.tn.gov/finance](http://www.tn.gov/finance)

**To: Cigna LocalPlus and BlueCross BlueShield Members**  
**From: Benefits Administration**  
**Date: June 1, 2020**

## LIMITED OPPORTUNITY FOR MEMBERS TO CHANGE TO CIGNA OPEN ACCESS PLUS NETWORK

The IRS issued guidance and the Insurance Committees approved a special mid-year opportunity for certain plan members to enroll in the Cigna Open Access Plus (OAP) network. This limited offer allows all members enrolled in a narrow network (BlueCross BlueShield (BCBST) Network S or Cigna LocalPlus) as of May 21, 2020, to change their coverage from the narrow network to the broad Cigna OAP Network **only if the member's current network has lost 5 or more participating hospitals between January 1, 2020 and June 1, 2020.**

**This change is important because the HCA/TriStar providers are leaving Cigna LocalPlus on June 1 so members of Cigna LocalPlus ARE eligible to change their enrollment to Cigna OAP. The BCBST Network S has not lost 5 or more participating hospitals over this time period, so members in BCBST Network S DO NOT MEET the eligibility requirements.**

Members who choose to enroll in Cigna OAP must pay the higher premium which includes a monthly surcharge of \$40 for employee only or employee+child(ren) coverage or \$80 for employee+spouse and employee+spouse+child(ren) coverage. Your new OAP coverage would begin July 1, 2020.

The OAP total premium costs can be found here: <https://www.tn.gov/partnersforhealth/health-options/carrier-network.html>. Local Education and Local Government premiums do not reflect any employers' contributions.

Members who want to make a change must submit their requests between **June 8-19, 2020**, following the directions below. This network change is effective on July 1, 2020. It does not cover out-of-network claims in the month of June.

### Here's how affected members will change to OAP:

You will need to submit an Enrollment Change Application between **June 8-19, 2020**, to Benefits Administration. The Enrollment Change Application can be found here:  
[https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/1043\\_2018.pdf](https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/1043_2018.pdf).

### Here are the steps to fill out the form and submit it:

- In the **Type of Action** box, select **Change coverage**
- In the **Coverage** box, select **Health**
- Leave the **Participants Affected** box blank, as we will apply the coverage change to all enrolled family members
- In the **Reason for this Action** box, mark **Other** and write **Network Change** on the line
- Fill out the information in Part 2
- In Part 3, leave the **Option** box blank because you will remain enrolled in the plan (Premier PPO, Standard PPO, Limited PPO, CDHP/HSA or Local CDHP/HSA) you are currently enrolled in
- In the **Select a Carrier** box, select the **Cigna Open Access**
- Leave the **Region Where You Live or Work** box blank since you will remain enrolled in the same region you currently have
- Leave the **Health Premium Level** box blank because you will remain enrolled in the premium level you are currently enrolled in
- Leave Parts 4, 6, and 7 blank as no changes are permitted in those sections

- Check the box to **Accept** in Part 8, and fill in the requested information

**To process your form:**

Submit the form to your agency benefits coordinator, **or you may leave the Agency Section blank and submit the enrollment form directly to Benefits Administration (BA).**

The quickest way to submit a request is through our BA Help Center: <https://benefitssupport.tn.gov/hc/en-us>.

- In the upper right corner, select **Submit a Request**
- In the **My issue concerns a/an** box, select the **Document Uploads for Active Employees** option
- Enter your email address
- In the **Subject** box, enter **Network Change**
- In the **Description** box, enter **Network Change**
- In the **Coverage Effective Date** box, enter **7/1/2020**
- Enter your **Edison Employee ID** (the 8-digit number found on your Caremark card) if you know it
- Enter your Social Security Number in the **SSN** field
- In the **Type of Document** dropdown, select **Enrollment Change Application**
- Select your group in the **Entity** box
- Click the **Add file** link to attach your signed enrollment change application. **\*\*You must attach your document for the change to be processed\*\***
- Click the **Submit** button

**Or, fax your document to 615-741-8196, or mail it with a postmark by June 19, 2020, to the address at the top of the form.**

- For help, call Benefits Administration at 800.253.9981 or 615.741.3590, M – F, 8 - 4:30 CT, or send an email to [benefits.administration@tn.gov](mailto:benefits.administration@tn.gov).
- For premiums and more information, go to <https://www.tn.gov/partnersforhealth/health-options/carrier-network.html>.
- For questions about Cigna hospitals/providers, call 800.997.1617, 24/7, for assistance.
- For questions about BlueCross hospitals/providers, call 800.558.6213, M – F, 7 – 5 CT, for assistance.

**FAQs For Open Access Plus (OAP) Mid-year Enrollment Opportunity  
Enrollment – June 8-19, 2020**

**I am in BCBST Network S. Why did I get this letter if I cannot change to Cigna OAP?** While legal notice of this plan document change is required to be sent to all state plan members in a narrow network (BCBST Network S and Cigna LocalPlus), at this time only members who are currently enrolled in Cigna LocalPlus are eligible to change their coverage to the broad Cigna OAP network because the HCA/Tri-Star providers are leaving LocalPlus on June 1. The BCBST network S has not lost 5 or more participating hospitals between January 1, 2020 and June 1, 2020.

**If I change my enrollment to OAP, and I need to see my HCA or other out-of-network provider in June 2020, will I have to pay the out-of-network rates?** Yes, unless you are eligible for Continuity of Care. You can submit the Continuity of Care form found here <https://www.cigna.com/sites/stateoftn/pdf/medical-transition-of-care.pdf> to see if you qualify.

**Can I or my dependents enroll in vision, dental or add or remove dependents from my insurance coverage?** No, not at this time. You can make a change if you experience a special qualifying event or during the next fall annual enrollment in October 2020.

**If I change to OAP does that mean I have to start all over with meeting my deductible and out-of-pocket expenses?** No, if you switch from Cigna LocalPlus to Cigna OAP, any money you paid toward your deductible and out-of-pocket expenses will transfer and apply to Cigna OAP and current plan year.

**See the complete list of FAQs on the Partners for Health website under Carrier Information found here:** <https://www.tn.gov/partnersforhealth/health-options/carrier-network.html>.

**FAQs For Open Access Plus (OAP) Mid-year Enrollment Opportunity**  
**Enrollment – June 8-19, 2020**

1. **Why did I receive this letter telling me about a change to Cigna OAP?** HCA/TriStar hospitals and providers will no longer be in the Cigna LocalPlus network as of June 1. However, these hospitals and providers will remain in the Cigna OAP network.

As a result of a change in IRS guidance, on May 21, Insurance Committees approved a mid-year special enrollment for certain plan members – for those members whose current carrier network has lost 5 or more participating hospitals between January 1, 2020 and June 1, 2020. Members in Cigna LocalPlus qualify for this special mid-year enrollment.

If you are an eligible LocalPlus member and you wish to, you will be allowed to enroll in Cigna OAP between June 8-19 for coverage in the OAP network effective July 1 through Dec. 31, 2020 – but you have to agree to pay the OAP premiums and surcharge of either \$40 or \$80 each month, depending on the type of coverage you need for you and your family.

2. **I am in BCBST Network S. Why did I get this letter if I cannot change to Cigna OAP?** While legal notice of this plan document change is required to be sent to all state plan members in a narrow network (BCBST Network S and Cigna LocalPlus), at this time only members who are currently enrolled in Cigna LocalPlus are eligible to change their coverage to the broad Cigna OAP network because the HCA/TriStar providers are leaving LocalPlus on June 1. The BCBST network S has NOT lost 5 or more participating hospitals between January 1, 2020 and June 1, 2020.
3. **I thought we could not make changes outside Annual Enrollment unless we had a Special Qualifying Event? What changed?** As permitted by IRS Notice 2020-29- concerning COVID-19 Guidance Under § 125 Cafeteria Plans issued on May 12, 2020, and approved by the Insurance Committees on May 21, all members enrolled in a narrow network (BCBST Network S and Cigna LocalPlus) as of May 21, 2020, have the option to change their coverage to the broad Cigna OAP network provided that the member's current network has lost 5 or more participating hospitals between January 1, 2020 and June 1, 2020.
4. **Why would I want to change to Cigna OAP?** Because the HCA/TriStar providers will stay in the Cigna OAP network.
5. **Does the limited opportunity to enroll in Cigna OAP apply to state/higher education, local education and local government plan members?** Yes.
6. **What hospitals and providers are in the OAP network?** OAP is a larger network than Cigna LocalPlus with the maximum number of hospitals/providers, so you would have access to more statewide. Network information can be found on the [ParTNers for Health website under Carrier Information](#), you may call Cigna for assistance at 800-997-1617, or you can use the [Cigna online provider search tool](#).
7. **Where are the OAP premiums?** Premiums are based on the plan you are in, either the State/Higher Education, Local Education, Local Government or Retiree Plan. Special premium charts that show the change from LocalPlus to OAP are found on the [ParTNers for Health website on the Carrier Information page](#). Members pay a monthly surcharge, either \$40 or \$80 more per month depending on if you enroll in employee only or some type of family coverage.
8. **Why does the OAP premium cost \$40 (employee, employee+child(ren)) or \$80 (employee+spouse, employee+spouse and child(ren)) more per month?** The network includes more hospitals/providers in Tennessee compared to the other two more narrow networks offered by the state.
9. **What is my deadline to enroll in OAP?** June 19, 2020. Benefits Administration must receive your completed [Enrollment Change Application](#) by this date.

10. **When does this OAP coverage take effect? And how long does it last?** Coverage would start July 1, 2020, through Dec. 31, 2020. During the next fall annual enrollment period, which will occur in October for your 2021 benefits, you can choose to stay in the OAP network or make a change to another network.
11. **If I change my enrollment to OAP, and I need to see my HCA or other out-of-network provider in June 2020, will I have to pay the out-of-network rates?** Yes, unless you are eligible for Continuity of Care. You can submit the Continuity of Care form found here <https://www.cigna.com/sites/stateoftn/pdf/medical-transition-of-care.pdf> to see if you qualify.
12. **Can I move to BlueCross BlueShield?** No, only Cigna LocalPlus members are eligible to move to Cigna OAP due to losing 5 or more participating hospitals in the LocalPlus network between January 1, 2020, and June 1, 2020.
13. **Do I have to change to the Cigna OAP network?** No, you can stay with the current network carrier you have now.
14. **If I want to change to OAP, what do I have to do?** If eligible, to change to the Cigna OAP network, you will need to submit an Enrollment Change Application found here [https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/1043\\_2018.pdf](https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/1043_2018.pdf) to Benefits Administration between June 8 – June 19, 2020.
15. **Can someone help me fill out this Enrollment Change Application?** Yes. Instructions are [found in the member letter](#) posted on the [ParTNers for Health website under Carrier Information](#).
16. **Can I or my dependents enroll in vision, dental or add or remove dependents from my insurance coverage?** No, not at this time. You can make a change if you experience a special qualifying event or during the next fall annual enrollment in October 2020.
17. **Can I change from Cigna LocalPlus to Cigna OAP?** Yes.
18. **Can I change from OAP to LocalPlus?** No. The Insurance Committees only approved permitting members to make a change to move **to OAP** if their current network lost 5 or more participating hospitals between January 1, 2020 and June 1, 2020. No mid-year change was authorized to move **from OAP**.
19. **Can I change from BlueCross to Cigna OAP?** No. This mid-year enrollment opportunity only allows for members to make a change if their current network lost 5 or more participating hospitals between January 1, 2020 and June 1, 2020. Fortunately, that has not occurred in the narrow BlueCross network S at this time.
20. **Can you assure me that my preferred doctors/providers will stay in Cigna OAP?** Providers do move in and out of networks and can change at any time. While we cannot make assurances that your preferred doctor/provider will stay in the Cigna OAP network, Cigna has assured us that HCA/TriStar providers will remain in Cigna OAP through Dec. 31, 2020.
21. **If I make a change now, will I still be able to change again during annual enrollment for the 2021 Plan Year?** Yes.
22. **If I change to OAP does that mean I have to start all over with meeting my deductible and out-of-pocket expenses?** No, if you switch from Cigna LocalPlus to Cigna OAP, any money you paid toward your deductible and out-of-pocket expenses will transfer and apply to Cigna OAP and current plan year.
23. **I've been told that I can stay with the plan I have and ask for "Continuity of Care" to keep seeing the doctors I have now. Can I still do that if I make a change to another plan, or do I have to choose between staying where I am and requesting Continuity of Care or moving to another plan?** If you request and get approved for Continuity of

Care, you may not need to change to OAP. You should pay attention to when the Continuity of Care ends. If you did not get approved for Continuity of Care or you do not want to submit a request, you can switch from Cigna LocalPlus to Cigna OAP. You should still confirm that your current provider is in the Cigna OAP network and will be able to provide in-network care.

24. **What if I switch from LocalPlus to OAP now, and I realize afterwards that the doctors and hospitals I want to visit are not in Cigna OAP. Can I change plans again?** You would have to wait until the fall annual enrollment period in October for coverage that starts January 1, 2021, or if you had a special qualifying event, you may be able to make a change.
25. **What if the doctors and hospitals I want to visit are in Cigna OAP, but they leave before the end of the current plan year, when can I make another change?** You could make a change during the fall annual enrollment period in October for coverage that starts January 1, 2021.
26. **I don't like having to stay in the same plan until the end of the year if my favorite doctors and hospitals leave the network. If that happens to me again (in another plan year), will the Plan keep allowing me to change outside of the annual enrollment periods?** No. This change is only available for this plan year because of an IRS ruling only effective in 2020.
27. **Since HCA/TriStar providers are leaving Cigna LocalPlus, why aren't the Cigna LocalPlus premiums going down?** Because St. Thomas Hospital System facilities and affiliated providers are joining LocalPlus in their place.

June 5, 2020

***The following email was sent to agency benefits coordinators (ABCs) today.***

### **ABC Conference Calls Next Week**

The June monthly ABC conference calls will be held next week. Benefits Administration staff will join you remotely via WebEx.

- **Higher Ed** – Tuesday, June 9 at 8:30 a.m. Central time
- **Local Ed** – Tuesday, June 9 at 10 a.m. Central time
- **Central State** – Tuesday, June 9 at 12:30 p.m. Central time
- **Local Government** – Tuesday, June 9 at 2 p.m. Central time

**Reminder – use the webinar (WebEx) login link and instructions on the attached agenda.**

### **2021 Health Insurance Premium Charts**

**Attached** are the 2021 premium charts for health insurance coverage.

In 2021, our carrier networks will remain the same: **BlueCross BlueShield Network S, Cigna LocalPlus** and **Cigna Open Access Plus (OAP)**. The surcharge for Cigna's large OAP statewide network will remain the same: \$40 more each month for employee only and employee+child(ren) coverage and \$80 more each month for employee+spouse and employee+spouse+child(ren) coverage.

During next week's ABC conference call, we'll go over additional 2021 benefit information available at this time.

### **ABC Survey**

The annual ABC survey will be sent to **primary ABCs** next Wednesday, June 10. You'll have until Wednesday, June 24 to complete the survey. Although not required, we welcome your feedback.

### **Updated Digital Behavioral Care Flier**

**Attached** is an updated flier about the virtual care options available through Here4TN. As a reminder, you can find this flier and more on the [ParTNers for Health website > ABC Webpage > Optum/Behavioral Health > ABC Marketing eToolkit](#). Link is below.  
<https://cx.optum.com/content/cex-consumer/here4tn-etoolkit/en.html>

Attachments: 2021 State Premiums  
2021 State Cobra Premiums  
2021 State Cobra Retirees Premiums  
2021 State Retirees Premiums  
2021 LE Premiums  
2021 LE Cobra Premiums  
2021 LE Support Staff Retirees Premiums  
2021 LE Teachers Retirees Premiums  
2021 LG Premiums  
2021 LG Cobra Premiums  
2021 LG Retirees Premiums  
Here4TN Covid-19 Digital Behavioral Care Flier

**2021 Active Employees Monthly Health Premiums**

<b>ALL REGIONS</b>				
	<b>BCBST</b>	<b>CIGNA LOCALPLUS</b>	<b>CIGNA OPEN ACCESS</b>	<b>EMPLOYER SHARE</b>
<b>PREMIER PPO</b>				
Employee Only	\$140	\$140	\$180	\$558
Employee + Child(ren)	\$210	\$210	\$250	\$837
Employee + Spouse	\$292	\$292	\$372	\$1,172
Employee + Spouse + Child(ren)	\$362	\$362	\$442	\$1,451
<b>STANDARD PPO</b>				
Employee Only	\$95	\$95	\$135	\$558
Employee + Child(ren)	\$143	\$143	\$183	\$837
Employee + Spouse	\$200	\$200	\$280	\$1,172
Employee + Spouse + Child(ren)	\$248	\$248	\$328	\$1,451
<b>CDHP/HSA</b>				
Employee Only	\$62	\$62	\$102	\$558
Employee + Child(ren)	\$91	\$91	\$131	\$837
Employee + Spouse	\$129	\$129	\$209	\$1,172
Employee + Spouse + Child(ren)	\$158	\$158	\$238	\$1,451

**2021 COBRA Participants Monthly Health Premiums**

<b>ALL REGIONS</b>			
	<b>BCBST</b>	<b>CIGNA LOCALPLUS</b>	<b>CIGNA OPEN ACCESS</b>
<b>PREMIER PPO</b>			
Employee Only/Single	\$711.96	\$711.96	\$752.76
Employee + Child(ren)	\$1,067.94	\$1,067.94	\$1,108.74
Employee + Spouse	\$1,493.28	\$1,493.28	\$1,574.88
Employee + Spouse + Child(ren)	\$1,849.26	\$1,849.26	\$1,930.86
<b>STANDARD PPO</b>			
Employee Only/Single	\$666.06	\$666.06	\$706.86
Employee + Child(ren)	\$999.60	\$999.60	\$1,040.40
Employee + Spouse	\$1,399.44	\$1,399.44	\$1,481.04
Employee + Spouse + Child(ren)	\$1,732.98	\$1,732.98	\$1,814.58
<b>CDHP/HSA</b>			
Employee Only/Single	\$632.40	\$632.40	\$673.20
Employee + Child(ren)	\$946.56	\$946.56	\$987.36
Employee + Spouse	\$1,327.02	\$1,327.02	\$1,408.62
Employee + Spouse + Child(ren)	\$1,641.18	\$1,641.18	\$1,722.78

\*COBRA participants enrolled in the CDHP/HSA do not receive a state contribution to their HSA.

**2021 Retiree COBRA Participants Monthly Health Premiums**

<b>ALL REGIONS</b>			
	<b>BCBST</b>	<b>CIGNA LOCALPLUS</b>	<b>CIGNA OPEN ACCESS</b>
<b>PREMIER PPO</b>			
Employee Only/Single	\$845.58	\$845.58	\$886.38
Employee + Child(ren)	\$1,266.84	\$1,266.84	\$1,307.64
Employee + Spouse	\$1,773.78	\$1,773.78	\$1,855.38
Employee + Spouse + Child(ren)	\$2,196.06	\$2,196.06	\$2,277.66
Spouse Only	\$929.22	\$929.22	\$970.02
Child(ren) Only	\$421.26	\$421.26	\$462.06
Spouse + Child(ren)	\$1,350.48	\$1,350.48	\$1,391.28
<b>STANDARD PPO</b>			
Employee Only/Single	\$791.52	\$791.52	\$832.32
Employee + Child(ren)	\$1,186.26	\$1,186.26	\$1,227.06
Employee + Spouse	\$1,662.60	\$1,662.60	\$1,744.20
Employee + Spouse + Child(ren)	\$2,057.34	\$2,057.34	\$2,138.94
Spouse Only	\$871.08	\$871.08	\$911.88
Child(ren) Only	\$394.74	\$394.74	\$435.54
Spouse + Child(ren)	\$1,265.82	\$1,265.82	\$1,306.62
<b>CDHP/HSA</b>			
Employee Only/Single	\$751.74	\$751.74	\$792.54
Employee + Child(ren)	\$1,124.04	\$1,124.04	\$1,164.84
Employee + Spouse	\$1,575.90	\$1,575.90	\$1,657.50
Employee + Spouse + Child(ren)	\$1,949.22	\$1,949.22	\$2,030.82
Spouse Only	\$824.16	\$824.16	\$864.96
Child(ren) Only	\$373.32	\$373.32	\$414.12
Spouse + Child(ren)	\$1,198.50	\$1,198.50	\$1,239.30

\*COBRA participants enrolled in the CDHP/HSA do not receive a state contribution to their HSA.

**2021 Retirees Monthly Health Premiums**

<b>ALL REGIONS</b>						
	<b>AT LEAST 30 YEARS OF SERVICE</b>		<b>20-29 YEARS OF SERVICE</b>		<b>LESS THAN 20 YEARS OF SERVICE</b>	
	<b>BCBST &amp; CIGNA LOCALPLUS</b>	<b>CIGNA OPEN ACCESS</b>	<b>BCBST &amp; CIGNA LOCALPLUS</b>	<b>CIGNA OPEN ACCESS</b>	<b>BCBST &amp; CIGNA LOCALPLUS</b>	<b>CIGNA OPEN ACCESS</b>
<b>PREMIER PPO</b>						
Retiree Only	\$165.80	\$205.80	\$248.70	\$288.70	\$331.60	\$371.60
Retiree + Child(ren)	\$248.40	\$288.40	\$372.60	\$412.60	\$496.80	\$536.80
Retiree + Spouse	\$347.80	\$427.80	\$521.70	\$601.70	\$695.60	\$775.60
Retiree + Spouse + Child(ren)	\$430.60	\$510.60	\$645.90	\$725.90	\$861.20	\$941.20
Spouse Only	\$182.00	\$222.00	\$273.00	\$313.00	\$364.00	\$404.00
Child(ren) Only	\$82.60	\$122.60	\$123.90	\$163.90	\$165.20	\$205.20
Spouse + Child(ren)	\$264.80	\$304.80	\$397.20	\$437.20	\$529.60	\$569.60
<b>STANDARD PPO</b>						
Retiree Only	\$155.20	\$195.20	\$232.80	\$272.80	\$310.40	\$350.40
Retiree + Child(ren)	\$232.60	\$272.60	\$348.90	\$388.90	\$465.20	\$505.20
Retiree + Spouse	\$326.00	\$406.00	\$489.00	\$569.00	\$652.00	\$732.00
Retiree + Spouse + Child(ren)	\$403.40	\$483.40	\$605.10	\$685.10	\$806.80	\$886.80
Spouse Only	\$170.80	\$210.80	\$256.20	\$296.20	\$341.60	\$381.60
Child(ren) Only	\$77.40	\$117.40	\$116.10	\$156.10	\$154.80	\$194.80
Spouse + Child(ren)	\$248.20	\$288.20	\$372.30	\$412.30	\$496.40	\$536.40
<b>CDHP/HSA</b>						
Retiree Only	\$147.40	\$187.40	\$221.10	\$261.10	\$294.80	\$334.80
Retiree + Child(ren)	\$220.40	\$260.40	\$330.60	\$370.60	\$440.80	\$480.80
Retiree + Spouse	\$309.00	\$389.00	\$463.50	\$543.50	\$618.00	\$698.00
Retiree + Spouse + Child(ren)	\$382.20	\$462.20	\$573.30	\$653.30	\$764.40	\$844.40
Spouse Only	\$161.60	\$201.60	\$242.40	\$282.40	\$323.20	\$363.20
Child(ren) Only	\$73.00	\$113.00	\$109.50	\$149.50	\$146.00	\$186.00
Spouse + Child(ren)	\$234.80	\$274.80	\$352.20	\$392.20	\$469.60	\$509.60

**2021 Active Employees Monthly Health Premiums**

<b>ALL REGIONS</b>			
	<b>BCBST</b>	<b>CIGNA LOCALPLUS</b>	<b>CIGNA OPEN ACCESS</b>
<b>PREMIER PPO</b>			
Employee Only	\$640	\$640	\$680
Employee + Child(ren)	\$1,055	\$1,055	\$1,095
Employee + Spouse	\$1,247	\$1,247	\$1,327
Employee + Spouse + Child(ren)	\$1,663	\$1,663	\$1,743
<b>STANDARD PPO</b>			
Employee Only	\$599	\$599	\$639
Employee + Child(ren)	\$988	\$988	\$1,028
Employee + Spouse	\$1,169	\$1,169	\$1,249
Employee + Spouse + Child(ren)	\$1,557	\$1,557	\$1,637
<b>LIMITED PPO</b>			
Employee Only	\$548	\$548	\$588
Employee + Child(ren)	\$903	\$903	\$943
Employee + Spouse	\$1,068	\$1,068	\$1,148
Employee + Spouse + Child(ren)	\$1,423	\$1,423	\$1,503
<b>LOCAL CDHP/HSA</b>			
Employee Only	\$465	\$465	\$505
Employee + Child(ren)	\$766	\$766	\$806
Employee + Spouse	\$907	\$907	\$987
Employee + Spouse + Child(ren)	\$1,208	\$1,208	\$1,288

The premium amounts shown reflect the total monthly premium. Please see your agency benefits coordinator for your monthly deduction, the state's contribution and your employer's contribution, if applicable.

**2021 COBRA Participants Monthly Health Premiums**

<b>ALL REGIONS</b>			
	<b>BCBST</b>	<b>CIGNA LOCALPLUS</b>	<b>CIGNA OPEN ACCESS</b>
<b>PREMIER PPO</b>			
Employee Only/Single	\$652.80	\$652.80	\$693.60
Employee + Child(ren)	\$1,076.10	\$1,076.10	\$1,116.90
Employee + Spouse	\$1,271.94	\$1,271.94	\$1,353.54
Employee + Spouse + Child(ren)	\$1,696.26	\$1,696.26	\$1,777.86
<b>STANDARD PPO</b>			
Employee Only/Single	\$610.98	\$610.98	\$651.78
Employee + Child(ren)	\$1,007.76	\$1,007.76	\$1,048.56
Employee + Spouse	\$1,192.38	\$1,192.38	\$1,273.98
Employee + Spouse + Child(ren)	\$1,588.14	\$1,588.14	\$1,669.74
<b>LIMITED PPO</b>			
Employee Only/Single	\$558.96	\$558.96	\$599.76
Employee + Child(ren)	\$921.06	\$921.06	\$961.86
Employee + Spouse	\$1,089.36	\$1,089.36	\$1,170.96
Employee + Spouse + Child(ren)	\$1,451.46	\$1,451.46	\$1,533.06
<b>LOCAL CDHP/HSA</b>			
Employee Only/Single	\$474.30	\$474.30	\$515.10
Employee + Child(ren)	\$781.32	\$781.32	\$822.12
Employee + Spouse	\$925.14	\$925.14	\$1,006.74
Employee + Spouse + Child(ren)	\$1,232.16	\$1,232.16	\$1,313.76

**2021 Support Staff Retirees Monthly Health Premiums**

<b>ALL REGIONS</b>		
	<b>BCBST &amp; CIGNA LOCALPLUS</b>	<b>CIGNA OPEN ACCESS</b>
<b>PREMIER PPO</b>		
Retiree Only	\$640	\$680
Retiree + Child(ren)	\$1,055	\$1,095
Retiree + Spouse	\$1,247	\$1,327
Retiree + Spouse + Child(ren)	\$1,663	\$1,743
Spouse Only	\$607	\$647
Child(ren) Only	\$415	\$455
Spouse + Child(ren)	\$1,023	\$1,063
<b>STANDARD PPO</b>		
Retiree Only	\$599	\$639
Retiree + Child(ren)	\$988	\$1,028
Retiree + Spouse	\$1,169	\$1,249
Retiree + Spouse + Child(ren)	\$1,557	\$1,637
Spouse Only	\$570	\$610
Child(ren) Only	\$389	\$429
Spouse + Child(ren)	\$958	\$998
<b>LOCAL CDHP/HSA</b>		
Retiree Only	\$465	\$505
Retiree + Child(ren)	\$766	\$806
Retiree + Spouse	\$907	\$987
Retiree + Spouse + Child(ren)	\$1,208	\$1,288
Spouse Only	\$442	\$482
Child(ren) Only	\$301	\$341
Spouse + Child(ren)	\$743	\$783
<b>LIMITED PPO</b>		
Retiree Only	\$548	\$588
Retiree + Child(ren)	\$903	\$943
Retiree + Spouse	\$1,068	\$1,148
Retiree + Spouse + Child(ren)	\$1,423	\$1,503
Spouse Only	\$520	\$560
Child(ren) Only	\$355	\$395
Spouse + Child(ren)	\$875	\$915

**2021 Teacher Retirees Monthly Health Premiums**

<b>ALL REGIONS</b>						
	<b>AT LEAST 30 YEARS OF SERVICE</b>		<b>20-29 YEARS OF SERVICE</b>		<b>LESS THAN 20 YEARS OF SERVICE</b>	
	<b>BCBST &amp; CIGNA LOCALPLUS</b>	<b>CIGNA OPEN ACCESS</b>	<b>BCBST &amp; CIGNA LOCALPLUS</b>	<b>CIGNA OPEN ACCESS</b>	<b>BCBST &amp; CIGNA LOCALPLUS</b>	<b>CIGNA OPEN ACCESS</b>
<b>PREMIER PPO</b>						
Retiree Only	\$352.00	\$392.00	\$416.00	\$456.00	\$480.00	\$520.00
Retiree + Child(ren)	\$580.25	\$620.25	\$685.75	\$725.75	\$791.25	\$831.25
Retiree + Spouse	\$685.85	\$765.85	\$810.55	\$890.55	\$935.25	\$1,015.25
Retiree + Spouse + Child(ren)	\$914.65	\$994.65	\$1,080.95	\$1,160.95	\$1,247.25	\$1,327.25
Spouse Only	\$333.85	\$373.85	\$394.55	\$434.55	\$455.25	\$495.25
Child(ren) Only	\$228.25	\$268.25	\$269.75	\$309.75	\$311.25	\$351.25
Spouse + Child(ren)	\$562.65	\$602.65	\$664.95	\$704.95	\$767.25	\$807.25
<b>STANDARD PPO</b>						
Retiree Only	\$329.45	\$369.45	\$389.35	\$429.35	\$449.25	\$489.25
Retiree + Child(ren)	\$543.40	\$583.40	\$642.20	\$682.20	\$741.00	\$781.00
Retiree + Spouse	\$642.95	\$722.95	\$759.85	\$839.85	\$876.75	\$956.75
Retiree + Spouse + Child(ren)	\$856.35	\$936.35	\$1,012.05	\$1,092.05	\$1,167.75	\$1,247.75
Spouse Only	\$313.50	\$353.50	\$370.50	\$410.50	\$427.50	\$467.50
Child(ren) Only	\$213.95	\$253.95	\$252.85	\$292.85	\$291.75	\$331.75
Spouse + Child(ren)	\$526.90	\$566.90	\$622.70	\$662.70	\$718.50	\$758.50
<b>LOCAL CDHP/HSA</b>						
Retiree Only	\$255.75	\$295.75	\$302.25	\$342.25	\$348.75	\$388.75
Retiree + Child(ren)	\$421.30	\$461.30	\$497.90	\$537.90	\$574.50	\$614.50
Retiree + Spouse	\$498.85	\$578.85	\$589.55	\$669.55	\$680.25	\$760.25
Retiree + Spouse + Child(ren)	\$664.40	\$744.40	\$785.20	\$865.20	\$906.00	\$986.00
Spouse Only	\$243.10	\$283.10	\$287.30	\$327.30	\$331.50	\$371.50
Child(ren) Only	\$165.55	\$205.55	\$195.65	\$235.65	\$225.75	\$265.75
Spouse + Child(ren)	\$408.65	\$448.65	\$482.95	\$522.95	\$557.25	\$597.25
<b>LIMITED PPO</b>						
Retiree Only	\$301.40	\$341.40	\$356.20	\$396.20	\$411.00	\$451.00
Retiree + Child(ren)	\$496.65	\$536.65	\$586.95	\$626.95	\$677.25	\$717.25
Retiree + Spouse	\$587.40	\$667.40	\$694.20	\$774.20	\$801.00	\$881.00
Retiree + Spouse + Child(ren)	\$782.65	\$862.65	\$924.95	\$1,004.95	\$1,067.25	\$1,147.25
Spouse Only	\$286.00	\$326.00	\$338.00	\$378.00	\$390.00	\$430.00
Child(ren) Only	\$195.25	\$235.25	\$230.75	\$270.75	\$266.25	\$306.25
Spouse + Child(ren)	\$481.25	\$521.25	\$568.75	\$608.75	\$656.25	\$696.25

**2021 Active Employees Monthly Health Premiums**

<b>ALL REGIONS</b>						
	<b>LEVEL 1</b>		<b>LEVEL 2</b>		<b>LEVEL 3</b>	
	<b>BCBST &amp; CIGNA LOCALPLUS</b>	<b>CIGNA OPEN ACCESS</b>	<b>BCBST &amp; CIGNA LOCALPLUS</b>	<b>CIGNA OPEN ACCESS</b>	<b>BCBST &amp; CIGNA LOCALPLUS</b>	<b>CIGNA OPEN ACCESS</b>
<b>PREMIER PPO</b>						
Employee Only	\$698	\$738	\$780	\$820	\$848	\$888
Employee + Child(ren)	\$1,083	\$1,123	\$1,208	\$1,248	\$1,314	\$1,354
Employee + Spouse	\$1,501	\$1,581	\$1,677	\$1,757	\$1,823	\$1,903
Employee + Spouse + Child(ren)	\$1,886	\$1,966	\$2,106	\$2,186	\$2,290	\$2,370
<b>STANDARD PPO</b>						
Employee Only	\$654	\$694	\$731	\$771	\$794	\$834
Employee + Child(ren)	\$1,014	\$1,054	\$1,132	\$1,172	\$1,232	\$1,272
Employee + Spouse	\$1,407	\$1,487	\$1,570	\$1,650	\$1,708	\$1,788
Employee + Spouse + Child(ren)	\$1,767	\$1,847	\$1,973	\$2,053	\$2,145	\$2,225
<b>LIMITED PPO</b>						
Employee Only	\$507	\$547	\$567	\$607	\$617	\$657
Employee + Child(ren)	\$788	\$828	\$879	\$919	\$956	\$996
Employee + Spouse	\$1,092	\$1,172	\$1,220	\$1,300	\$1,326	\$1,406
Employee + Spouse + Child(ren)	\$1,373	\$1,453	\$1,531	\$1,611	\$1,666	\$1,746
<b>LOCAL CDHP/HSA</b>						
Employee Only	\$458	\$498	\$509	\$549	\$554	\$594
Employee + Child(ren)	\$708	\$748	\$791	\$831	\$859	\$899
Employee + Spouse	\$982	\$1,062	\$1,096	\$1,176	\$1,191	\$1,271
Employee + Spouse + Child(ren)	\$1,234	\$1,314	\$1,377	\$1,457	\$1,497	\$1,577

The premium amounts shown reflect the total monthly premium. The different premium levels are 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.

**2021 COBRA Participants Monthly Health Premiums**

<b>ALL REGIONS</b>						
	<b>LEVEL 1</b>		<b>LEVEL 2</b>		<b>LEVEL 3</b>	
	<b>BCBST &amp; CIGNA LOCALPLUS</b>	<b>CIGNA OPEN ACCESS</b>	<b>BCBST &amp; CIGNA LOCALPLUS</b>	<b>CIGNA OPEN ACCESS</b>	<b>BCBST &amp; CIGNA LOCALPLUS</b>	<b>CIGNA OPEN ACCESS</b>
<b>PREMIER PPO</b>						
Employee Only/Single	\$711.96	\$752.76	\$795.60	\$836.40	\$864.96	\$905.76
Employee + Child(ren)	\$1,104.66	\$1,145.46	\$1,232.16	\$1,272.96	\$1,340.28	\$1,381.08
Employee + Spouse	\$1,531.02	\$1,612.62	\$1,710.54	\$1,792.14	\$1,859.46	\$1,941.06
Employee + Spouse + Child(ren)	\$1,923.72	\$2,005.32	\$2,148.12	\$2,229.72	\$2,335.80	\$2,417.40
<b>STANDARD PPO</b>						
Employee Only/Single	\$667.08	\$707.88	\$745.62	\$786.42	\$809.88	\$850.68
Employee + Child(ren)	\$1,034.28	\$1,075.08	\$1,154.64	\$1,195.44	\$1,256.64	\$1,297.44
Employee + Spouse	\$1,435.14	\$1,516.74	\$1,601.40	\$1,683.00	\$1,742.16	\$1,823.76
Employee + Spouse + Child(ren)	\$1,802.34	\$1,883.94	\$2,012.46	\$2,094.06	\$2,187.90	\$2,269.50
<b>LIMITED PPO</b>						
Employee Only/Single	\$517.14	\$557.94	\$578.34	\$619.14	\$629.34	\$670.14
Employee + Child(ren)	\$803.76	\$844.56	\$896.58	\$937.38	\$975.12	\$1,015.92
Employee + Spouse	\$1,113.84	\$1,195.44	\$1,244.40	\$1,326.00	\$1,352.52	\$1,434.12
Employee + Spouse + Child(ren)	\$1,400.46	\$1,482.06	\$1,561.62	\$1,643.22	\$1,699.32	\$1,780.92
<b>LOCAL CDHP/HSA</b>						
Employee Only/Single	\$467.16	\$507.96	\$519.18	\$559.98	\$565.08	\$605.88
Employee + Child(ren)	\$722.16	\$762.96	\$806.82	\$847.62	\$876.18	\$916.98
Employee + Spouse	\$1,001.64	\$1,083.24	\$1,117.92	\$1,199.52	\$1,214.82	\$1,296.42
Employee + Spouse + Child(ren)	\$1,258.68	\$1,340.28	\$1,404.54	\$1,486.14	\$1,526.94	\$1,608.54

The premium amounts shown reflect the total monthly premium. The different premium levels are 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.

**2021 Retirees Monthly Health Premiums**

<b>ALL REGIONS</b>						
	<b>LEVEL 1</b>		<b>LEVEL 2</b>		<b>LEVEL 3</b>	
	<b>BCBST &amp; CIGNA LOCALPLUS</b>	<b>CIGNA OPEN ACCESS</b>	<b>BCBST &amp; CIGNA LOCALPLUS</b>	<b>CIGNA OPEN ACCESS</b>	<b>BCBST &amp; CIGNA LOCALPLUS</b>	<b>CIGNA OPEN ACCESS</b>
<b>PREMIER PPO</b>						
Retiree Only	\$698	\$738	\$780	\$820	\$848	\$888
Retiree + Child(ren)	\$1,083	\$1,123	\$1,208	\$1,248	\$1,314	\$1,354
Retiree + Spouse	\$1,501	\$1,581	\$1,677	\$1,757	\$1,823	\$1,903
Retiree + Spouse + Child(ren)	\$1,886	\$1,966	\$2,106	\$2,186	\$2,290	\$2,370
Spouse Only	\$803	\$843	\$897	\$937	\$975	\$1,015
Child(ren) Only	\$385	\$425	\$428	\$468	\$466	\$506
Spouse + Child(ren)	\$1,188	\$1,228	\$1,326	\$1,366	\$1,442	\$1,482
<b>STANDARD PPO</b>						
Retiree Only	\$654	\$694	\$731	\$771	\$794	\$834
Retiree + Child(ren)	\$1,014	\$1,054	\$1,132	\$1,172	\$1,232	\$1,272
Retiree + Spouse	\$1,407	\$1,487	\$1,570	\$1,650	\$1,708	\$1,788
Retiree + Spouse + Child(ren)	\$1,767	\$1,847	\$1,973	\$2,053	\$2,145	\$2,225
Spouse Only	\$753	\$793	\$839	\$879	\$914	\$954
Child(ren) Only	\$360	\$400	\$401	\$441	\$438	\$478
Spouse + Child(ren)	\$1,113	\$1,153	\$1,242	\$1,282	\$1,351	\$1,391
<b>LOCAL CDHP/HSA</b>						
Retiree Only	\$458	\$498	\$509	\$549	\$554	\$594
Retiree + Child(ren)	\$708	\$748	\$791	\$831	\$859	\$899
Retiree + Spouse	\$982	\$1,062	\$1,096	\$1,176	\$1,191	\$1,271
Retiree + Spouse + Child(ren)	\$1,234	\$1,314	\$1,377	\$1,457	\$1,497	\$1,577
Spouse Only	\$524	\$564	\$587	\$627	\$637	\$677
Child(ren) Only	\$250	\$290	\$282	\$322	\$305	\$345
Spouse + Child(ren)	\$776	\$816	\$868	\$908	\$943	\$983
<b>LIMITED PPO</b>						
Retiree Only	\$507	\$547	\$567	\$607	\$617	\$657
Retiree + Child(ren)	\$788	\$828	\$879	\$919	\$956	\$996
Retiree + Spouse	\$1,092	\$1,172	\$1,220	\$1,300	\$1,326	\$1,406
Retiree + Spouse + Child(ren)	\$1,373	\$1,453	\$1,531	\$1,611	\$1,666	\$1,746
Spouse Only	\$585	\$625	\$653	\$693	\$709	\$749
Child(ren) Only	\$281	\$321	\$312	\$352	\$339	\$379
Spouse + Child(ren)	\$866	\$906	\$964	\$1,004	\$1,049	\$1,089

## COVID-19 (coronavirus): Digital behavioral care

In light of the COVID-19 pandemic, it may be difficult to leave home for therapy appointments due to social distancing or quarantine. You may also be feeling increased stress or anxiety. Here are several virtual care options to help provide ongoing support during this time.

### See what's included in your benefits

#### Virtual visits

See and speak with a clinician who can evaluate and treat a variety of general mental health conditions, such as anxiety, depression or substance use disorder, and also prescribe medications, as needed. Go to the members page of [Here4TN.com](https://www.here4tn.com), and select “**virtual visits**” from the top navigation.

If you or your provider doesn't have the technology required for a video-enabled session, telephonic therapy is allowed at least until July 24, 2020. (This date may be extended as the situation evolves.) Ask your provider about video-enabled or telephonic visits.



#### Sanvello app

Connect with clinically-tested techniques and coping tools, like community support, to help dial down symptoms of stress, anxiety and depression — anytime. Find just the right tool to relax, be in the moment or manage stressful situations. To activate free premium access during this time, download Sanvello now from the App Store or Google Play.



#### Talkspace

Communicate with a licensed therapist from your smartphone or computer. Connect through secure text, video and audio message 5 days/week, and schedule live video sessions, when needed. Register (first visit only), then choose a provider on [talkspace.com/connect](https://www.talkspace.com/connect).



### Questions?

Call  
**855-Here4TN**  
(855-437-3486).

Visit [Here4TN.com](https://www.here4tn.com)

June 12, 2020

**The following email was sent to agency benefits coordinators (ABCs) today.**

**ABC Combined Conference Call Notes**

The combined June 9 ABC conference call notes are attached. You will also find them [posted on the ABC webpage](#) under Conference Call Notes.

**June 16 #4Mind4Body Webinar (state only)**

Today, the following message was sent to all state employees via the state email distribution list. **You are welcome to share the following with your employees.**

[ParTNers for Health](#) hosts the next #4Mind4Body webinar, Tuesday, June 16, 11:30 a.m. – 12:30 p.m. CT. **Optum**, our EAP and behavioral health vendor, and **ActiveHealth**, our wellness vendor, will present information on how to have a **Healthy Mind, Healthy Body**.

Your mind and body are connected. How you think can affect your health. This session will explore the mind body connection, and how stress affects your body. You'll learn about mindfulness and other strategies to reframe your thoughts.

**Join by webinar via WebEx. Pre-registration is required for this session.**

[Click Here to Register](#)

Or, [click here to register](#).

**Once you register, you will get an email letting you know your registration was received. The email will include the login information. To add the session to your calendar, click Accept at the top right corner.**

WebEx instructions are [found here](#). Any questions, email [partners.wellness@tn.gov](mailto:partners.wellness@tn.gov).

**COVID-19 Resources and Updates**

We have **updated** the **attached** COVID-19 resource document, **dated June 12**, found on the [ParTNers for Health homepage](#) by clicking the yellow band titled **Coronavirus Benefits Information from Partners for Health**. Changes include updates to the Cigna prepaid dental virtual care information and disability benefit information (state and higher education).

Please continue to check this document as we are updating it with any relevant benefits information as decisions are made. We change the date at the top when new information is added.

**Please continue to share this resource with your employees.**

**To stay informed on COVID-19, the following are available:**

- For a list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://tn.gov/governor/covid-19.html)
- Tennessee Department of Health continues to provide the status of COVID-19 in Tennessee at <https://www.tn.gov/health/cedep/ncov.html>

**Additional state resources – please share with your employees:**

- Tennessee Pledge: Reopening Tennessee Responsibly - <https://www.tn.gov/governor/covid-19/economic-recovery.html>
- Do Your Part. Stay Apart. - <https://www.tn.gov/governor/covid-19/do-your-part--stay-apart.html>
- COVID-19 Unified Command - [www.tn.gov/unifiedcommand](http://www.tn.gov/unifiedcommand)
- COVID-19 Media Briefings - <https://sts.streamingvideo.tn.gov/Mediasite/Catalog/catalogs/mediasiteadmin-covid-19-media-briefing>

**Access to up-to-date guidance from Tennessee’s Economic Recovery Group:**

- Universal Guidance for Tennessee Businesses can be accessed here - <https://www.tn.gov/governor/covid-19/economic-recovery/general-guidelines-for-businesses.html>
- COVID-19 Small Business Resources - <https://www.tn.gov/ecd/covid-19-small-business-resources>

Attachment: Coronavirus Benefits Info 061220



## Coronavirus Benefits Information – June 12, 2020

### A message from Governor Lee:

COVID-19 is an unprecedented crisis. It has created both an economic and a health crisis, and the governor's response is working to address both aspects. Our goal is to keep the public, especially vulnerable populations, safe while doing everything possible to keep Tennesseans in a financially stable position.

### State resources:

- Tennessee Pledge: Reopening Tennessee Responsibly - <https://www.tn.gov/governor/covid-19/economic-recovery.html>
- Do Your Part. Stay Apart. - <https://www.tn.gov/governor/covid-19/do-your-part--stay-apart.html>
- COVID-19 Unified Command – [www.tn.gov/unifiedcommand](http://www.tn.gov/unifiedcommand)
- COVID-19 Media Briefings (typically held once a week) - <https://sts.streamingvideo.tn.gov/Mediasite/Catalog/catalogs/mediasiteadmin-covid-19-media-briefing>

Access to up-to-date guidance from Tennessee's Economic Recovery Group:

- Universal Guidance for Tennessee Businesses can be accessed here - <https://www.tn.gov/governor/covid-19/economic-recovery/general-guidelines-for-businesses.html>
- COVID-19 Small Business Resources - <https://www.tn.gov/ecd/covid-19-small-business-resources>

### ParTNers for Health Members

Here is some helpful information for our ParTNers for Health plan members. We will immediately update it with any relevant benefits information as decisions are made:

### COVID-19 Benefits for State Health Plan Members and Retirees

The State Group Insurance Program has approved waiving all costs for Telehealth visits through carrier-sponsored Telehealth programs from March 17 – July 31, 2020.

The State Group Insurance Program has also approved waiving all member costs for COVID-19 in-network testing and in-network outpatient visits associated with these tests. You can talk to your doctor, or other healthcare provider, about your need for a test.

**State Health Department test sites:** If you need a test, you can go and get one for free, Monday – Friday, at all local county health departments in Tennessee. A list of sites is found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

The State Group Insurance Program has also approved waiving all member costs for in-network COVID-19 medical treatment.

### What does this mean for our members?

- These benefit changes apply to health plan members, in all plans: Premier PPO, Standard PPO, Limited PPO, CDHP/HSA and Local CDHP/HSA, with both carriers: BlueCross BlueShield and Cigna.

- Members won't pay for any Telehealth visits from March 17 – July 31, 2020, through carrier-sponsored Telehealth programs, (Cigna: MDLive/AmWell and BlueCross BlueShield: PhysicianNow), **even if the visit is for something other than COVID-19.** (See **Telehealth** heading below).
- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and in-network visits when the visit leads to a COVID-19 test, as well as any services performed at the visit during which the COVID-19 test is performed in the following:
  - Provider's office
  - Urgent care facility
  - Convenience clinic
  - Telehealth with your provider (BlueCross and Cigna-sponsored Telehealth also has no member cost-share)
  - Emergency Room

The COVID-19 test must be performed during the in-network visit or on the **same or next date of service**, in order for the member to not have a cost-share. The test result (positive or negative) does not impact cost-share. Carriers (BlueCross and Cigna) may need to reprocess a claim and this may take some time. Members can call their carrier to check on the status of the claim. Some providers may request members pay upfront for the in-network visit. If this occurs, members will have to request a refund from the provider once the claim is reprocessed.

- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 medical treatment received in the following:
  - Provider's office
  - Urgent care facility
  - Convenience clinic
  - Emergency Room
  - Inpatient/Outpatient Hospital Facility

**See Frequently Asked Questions below for more member COVID-19 benefit information.**

**To stay informed on COVID-19, the following resources are available to you:**

- For a list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://www.tn.gov/governor/covid-19.html).
- The Department of Health (TDH) is a primary resource for up-to-date information about the status of COVID-19 in Tennessee found by going to <https://www.tn.gov/health/cedep/ncov.html>.
- CDC has information and guidance available online at [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

---

### **Telehealth (carrier-sponsored)**

- **Cigna members** can use your Telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
  - Log into [MyCigna.com](https://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

- **BlueCross BlueShield members** can use your PhysicianNow Telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
    - Log into BlueAccess at [bcbst.com/members/tn\\_state/](http://bcbst.com/members/tn_state/)
    - Look for and select Talk With a Doctor Now
    - Or, call 888.283.6691
- 

### Pharmacy Benefits

Make the most of your **CVS/caremark Pharmacy Benefit**. Members can prepare ahead and avoid crowds by setting up mail order prescription fills, refilling prescriptions before they run out, and filling 30-day or 90-day supplies on most of prescriptions (excluding controlled substances, like opioids, and specialty medications).

### Shipping or Delivery

If you have concerns about picking up your prescription in person, you may want to call your pharmacy and ask about shipping and delivery options. Some pharmacies are offering to mail or deliver prescriptions at no additional cost.

Additional information about your CVS/caremark pharmacy benefit.

You may take advantage of:

**Relaxed refill restrictions.** We are temporarily waiving early refill limits on 30-day and 90-day prescriptions for maintenance medications such as high blood pressure, high cholesterol, coronary artery disease, congestive heart failure, depression, and asthma/COPD at any in-network pharmacy. You can now fill maintenance medication prescriptions ahead of schedule.

If you have any trouble, your pharmacy staff should check for messaging in their system from CVS/caremark that your plan sponsor is temporarily allowing early refill overrides. If your pharmacy has trouble with the override, they should contact the CVS/Caremark pharmacy help desk (your pharmacy has the phone number).

For more help with your **CVS/caremark pharmacy benefits**, visit [info.caremark.com/stateoftn](http://info.caremark.com/stateoftn) or call 877.522.TNRX (8679) 24/7.

---

### PAYFLEX Information about the CARES Act: Potential impact for HSA and FSA participants

On March 27, Congress passed the CARES (COVID-19 Aid, Relief, and Economic Security) Act, which may benefit members with PayFlex health savings accounts (HSAs) and our state and higher education members with flexible spending accounts (FSAs).

NOTE: These changes are effective for expenses incurred after December 31, 2019. These changes don't have an expiration date.

### Over-the-Counter Drugs and Medicines without a Prescription

- The CARES Act allows patients to use HSA and FSA funds to purchase over-the-counter (OTC) drugs and medicines, including those needed in quarantine and social distancing, without a prescription from a physician.
- This law also adds feminine hygiene products to the list of eligible OTC items.

### **Using a PayFlex Debit Card for Newly Eligible OTC Items:**

- HSA members will not be asked to provide substantiation or documentation for their over-the-counter (OTC) drugs and medicines purchased with the PayFlex debit card (though please keep all receipts in case for future reference).
  - FSA members who use their PayFlex debit card for OTC drugs and medicines will likely have to provide a receipt for their purchase. However, work is being done to try to auto-substantiate these OTC products at the point of sale.
  - If the PayFlex debit card doesn't work at time of purchase, members can pay out of pocket and request reimbursement from their PayFlex account funds. This potential issue is a result of a new update to the debit card system's verification process. PayFlex does not have control over the update.
- 

### **Dental Benefits**

#### **Dental Premium Discounts for Cigna and MetLife Members**

In response to COVID-19, Cigna and MetLife gave a dental premium discount to enrolled members.

Click the links below for details.

- [A message from Cigna about the 2020 premium discount](#)
- [Cigna 2020 premium discount savings by plan](#)
- [A message from MetLife about the 2020 premium discount](#)
- [MetLife 2020 premium discount savings by plan](#)

#### **Cigna PrePaid Members**

##### **Cigna Dental Virtual Care**

Cigna Dental Virtual Care is available 24 hours a day, seven days a week at no additional cost to Cigna Dental customers, through July 31, 2020.

**Click the link to learn more:**

[https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/dental\\_pre\\_virtual\\_care.pdf](https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/dental_pre_virtual_care.pdf)

##### **Cigna Dental Emergency**

In the event of a dental emergency, Cigna suggests patients contact their dentists to service and guide their care options. If the dental office is closed, Cigna can assist you in finding care by calling 1.800.244.6224 or customers can locate care on **mycigna.com** at <https://my.cigna.com/web/public/guest>.

**Click the link to learn more:**

<http://app.connecting.cigna.com/e/es?s=1399&e=398867&elqTrackId=1f467d54f6314a1ab8a667d1e5cbf7d1&elq=8c13224976bc4b0887cc46f6130f7aaa&elqaid=18785&elqat=1>

#### **MetLife Dental Plan Members**

##### **MetLife Teledentistry Benefit**

MetLife's teledentistry benefit enables you to talk with your dentist and get necessary treatment, such as emergency care, when you need it. You and your dentist choose the method that works best for you and claims are submitted as usual. Questions? Call 1-855-700-8001; representatives are available 7:00 a.m. - 10:00 p.m. CT, Monday through Friday.

**Click the link to learn more:**

<https://www.metlife.com/content/dam/metlifecom/us/homepage/stateoftn/dental/metlife-teledentistry-benefit.pdf>

---

## Disability Benefits

### MetLife Short-term Disability (STD) and Long-term Disability (LTD)

Previously, MetLife advised that due to the pandemic if a claimant was unable to secure medical documentation to substantiate a new STD or LTD claim due to the current crisis, MetLife would conditionally approve STD claims for 14 calendar days and LTD claims for 30 days as these situations arose, pending supporting medical evidence. With respect to existing claims, dependent upon the medical evidence already received, MetLife would extend an STD claim for up to 14 calendar days and LTD claims for up to 30 days, pending medical evidence. To the extent a particular jurisdiction mandated additional time, they would comply with such mandate. MetLife would also continue to apply any contractual eligibility provisions.

Based on the current status of the pandemic, and now that the country's medical offices have begun to re-open and most hospitals are in a steadier state, MetLife is not seeing medical record delays and has lifted the conditional approval process effective June 8th. Going forward, medical documentation will be required within the standard 90 business days and claim decisions will be communicated within 2 business days from receipt of all necessary information. On a case by case basis, should any claimant experience medical record delays due to the pandemic, MetLife will work with those claimants as needed. Please ***note we will continue to comply with all state and federal guidance that impacts our claims process.***

---

## Partners Health & Wellness Center

The Partners Health & Wellness Center on the 3<sup>rd</sup> floor of the TN Tower is continuing to provide limited services for state and higher education employees enrolled in the State Group Health Insurance Program. The center is not a COVID-19 testing site, but the staff has created a webpage to keep you updated on how coronavirus is changing the way they do business. Regular updates can be found at <https://www.partnershealthcenter.com/covid19>.

---

## Mental Health and Emotional Well-Being Resources (EAP and Behavioral Health Benefits)

### Online and Virtual Resources

**Virtual Visits:** available for EAP and behavioral health

- Schedule a visit with a psychiatrist or therapist using secure video-conferencing
- Go to [Here4TN.com](https://www.here4tn.com) to learn more

**Talkspace online therapy:** available for all members with behavioral health benefits

- Download the Talkspace app on your mobile device or computer through [Here4TN.com](https://www.here4tn.com)
- Communicate safely and securely with a therapist from your phone or desktop
- Message a licensed therapist 24/7 – includes text, audio or video messages within the secure app

**Sanvello:** on-demand help with stress, anxiety and depression – available anytime

- Download the Sanvello app on your mobile device or computer through [Here4TN.com](https://www.here4tn.com)
- The premium version of the app is available free to all with behavioral health benefits. Register using your behavioral health ID card.
- Members with EAP-only benefits have access to the free, standard version of the app
- Clinical tools and techniques to help manage the symptoms of stress, anxiety and depression

**EAP services:** Master's level specialists are available around the clock to assist with stress, legal, financial, mediation and work/life services.

- Preauthorization is required to utilize your Employee Assistance Program. Simply call 855.437.3486 or go to [Here4TN.com](http://Here4TN.com) to obtain your preauthorization. If you prefer to access services over the phone, telephonic counseling is available as well as face-to-face appointments. **Call 855-Here4TN (855-437-3486) for more information.**

### **COVID-19 Resources On-Demand Video**

A pre-recorded video of a COVID-19 resources webinar, held in partnership with Optum and ActiveHealth, is posted for you to watch at your convenience.

**About the webinar:** While people may be impacted from COVID-19 in different ways, support resources are available. Here4TN EAP offers several coping resources. In this webinar, members will learn about the COVID-19 benefit information offered through the State Health Plan, the various digital resources available including Virtual Visits, Talkspace, Sanvello and more. ActiveHealth reviews basic ways to prevent the spread of germs, helps you understand social distancing and explores ways to cope with isolation during this time.

- Video and webinar slides are found at the top of the [ParTNers for Health EAP page](#).
- Video is also found on the ParTNers YouTube page: <https://youtu.be/K3zMbp9Sf5g>.

### **EAP Eligibility**

**State and Higher Education Employees:** EAP services are available to all benefits-eligible employees and their eligible family members, even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

**Local Education, Local Government, COBRA and Retirees:** EAP services are available to those who are enrolled in medical insurance. Dependents are eligible even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

### **Optum Emotional Support Help Line Available to Anyone**

The Optum Emotional Support Help Line is available 24/7 to anyone in need, even if they are not enrolled in the benefit plan. The help line 866-342-6892 is staffed by professionally trained mental health experts and free of charge.

---

### **Physical Well-Being Resources**

**MyActiveHealth:** available to all state employees (even if you are not enrolled in the health plan) and enrolled health plan members

- Access to health education topics, activity trackers for sleep and exercise as well as other tools to keep your physical health on track
- Log on to [www.myactivehealth.com/wellnesstn](http://www.myactivehealth.com/wellnesstn) to get started

**Working for a Healthier Tennessee (WFHT)** pulled together links to home workouts (yoga, cardio, body weight training, etc.)

- Microworkouts <https://darebee.com/pdf/fitness/microworkouts.pdf>
- Indoor Cardio <https://darebee.com/workouts/indoor-cardio-workout>
- Popsugar Fitness <https://www.youtube.com/user/popsugartvfit>

- Yoga with Adrienne <https://www.youtube.com/user/yogawithadriene>
  - Quiet Apartment Cardio [https://www.youtube.com/watch?v=gke\\_wunq7Ng](https://www.youtube.com/watch?v=gke_wunq7Ng)
- 

## COVID-19 Benefits Frequently Asked Questions (FAQs) for State Health Plan Members

- 1. What should I do if I think I might have the COVID-19 virus? Should I go to the emergency room?**
  - You can talk to your doctor, or other healthcare provider, about your need for a COVID-19 test or if you think you have the virus.
  - Additional resources:
    - The Tennessee Department of Health - [www.tn.gov/health/cedep/ncov.html](http://www.tn.gov/health/cedep/ncov.html)
    - CDC - [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html).
  - Generally speaking, people should seek care if they experience a high fever, significant cough, shortness of breath or fatigue.
  - **State Health Department test sites:** If you need a test, you can go and get one for free, Monday – Friday, at all local county health departments in Tennessee. A list of sites is found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.
- 2. Is COVID-19 testing covered?**
  - Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and in-network visits in a provider's office, urgent care, convenience clinic, emergency room or Telehealth with your provider (BlueCross and Cigna-sponsored Telehealth currently has no member cost-share) .
  - **State Health Department test sites:** If you need a test, you can go and get one for free, Monday – Friday, at all local county health departments in Tennessee. A list of sites is found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.
- 3. What if I have to pay for, or receive a bill for my in-network visit when I have a COVID-19 test?**
  - The COVID-19 test must be performed during the in-network visit or on the same date or next date of service, in order for you to not have a cost-share. The test result (positive or negative) does not affect cost share. Your carrier may need to reprocess a claim and this may take some time. You can call your carrier, BlueCross BlueShield or Cigna, at the number on the back of your ID card to check on the status of the claim. Some providers may request that members pay upfront for the in-network visit. If this occurs, you will have to request a refund from the provider once the claim is reprocessed.
- 4. Is COVID-19 treatment covered?**
  - Members won't have to pay a copay, coinsurance, or any money toward their deductible for in-network COVID-19 medical treatment received in a provider's office, urgent care, convenience clinic, emergency room, or inpatient/outpatient hospital facility as long as the visit is directly related to a COVID-19 diagnosis. All medical treatment not directly related to a COVID-19 diagnosis will be covered under the member's enrolled health plan benefits with applicable member cost share.
- 5. What about BlueCross/Cigna-sponsored Telehealth?**
  - Members will not be required to pay for any Telehealth visits through carrier-sponsored Telehealth programs, (Cigna: MDLive/Amwell and BlueCross BlueShield: PhysicianNow), from March 17 through July 31, even if the visit is for something other than COVID-19. If you have

questions, call BlueCross BlueShield or Cigna at the number on the back of your ID card and ask for help.

**6. What will my Explanation of Benefits (EOB) show?**

- We are working closely with our carriers so that your EOB shows that you do not owe member cost share for in-network COVID-19 tests, in-network outpatient visits that lead to a test, and in-network medical treatment. However, for member cost share to be waived, the claim must be coded with a COVID-19 diagnosis code. If your EOB shows you owe a cost share, please contact either BlueCross BlueShield or Cigna, by calling the number on the back of your ID card for help. They will be able to explain the status of your claim and provide you with more information. Your provider may need to resubmit your claim with updated coding.

**7. What if I pre-paid at the doctor's office or hospital, will I get that money back?**

- If it is an eligible in-network COVID-19 charge, you can get your money back. Your carrier, BlueCross or Cigna, may need to reprocess a claim and this may take some time. Once you have your EOB, you can contact the provider or hospital and request a refund, or you can call BlueCross or Cigna at the number on the back of your ID card and ask for help.

**8. What if I go to the emergency room for a test and then I am hospitalized? What will I have to pay for?**

- The State Group Insurance Program is waiving cost sharing for in-network COVID-19 testing, in-network outpatient visits associated with these tests, and in-network medical treatment for a COVID-19 diagnosis. The benefit does not include waiving member cost-sharing for treatment that is not related to a COVID-19 diagnosis, which would fall under the current benefit cost-sharing based on the health plan you are enrolled in.

**9. I'm in the CDHP, will I have to pay for a test? Do I have to pay my deductible first?**

- If the eligible COVID-19 testing is in-network, then no, you would not have to pay anything toward your deductible for testing and in-network outpatient visits associated with the test.

**10. Does this apply for all health plan members, in all networks, BlueCross BlueShield Network S, Cigna LocalPlus and Cigna OAP?**

- Yes, it applies to all members and retirees in all plans and in all networks.

**11. What if I get a bill saying I owe money for a COVID-19 test? What do I do?**

- If you get a bill for a test, a COVID-19 related visit, or COVID-19 related treatment, wait until you have your Explanation of Benefits (EOB). If the EOB shows you owe money then call BlueCross BlueShield or Cigna at the number on the back of your card and ask for help. If the EOB shows you do not owe money for the test, then contact your provider to request a bill correction.

**12. What if I get a test and it's negative, and then I need to go and get another test? Is the second test covered?**

- Yes, member cost share for all in-network COVID-19 testing and in-network outpatient visits associated with these tests is waived even if you need to get an additional test.

- **State Health Department test sites:** If you need a test, you can go and get one for free, Monday – Friday, at all local county health departments in Tennessee. A list of sites is found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

**13. Are prescriptions for COVID-19 treatment covered?**

- Currently the FDA has not approved any prescription medications for the treatment of COVID-19. Medications prescribed by your provider and obtained at a pharmacy will still have applicable member cost share.

**14. When will these COVID-19 benefits take effect?**

- This benefit takes effect immediately and could also include prior claims, which meet these requirements.

**15. How long will these COVID-19 benefits last?**

- The cost waiver for carrier-sponsored Telehealth program benefits goes through July 31, 2020. There is no specific end date at this time for the other COVID-19 benefits. Benefit updates will be provided as decisions are made.

June 19, 2020

*The following email was sent to agency benefits coordinators (ABCs) today.*

**Last Chance - Cigna LocalPlus to OAP Limited Enrollment Ends Today, Friday, June 19**

Cigna LocalPlus members have until today, Friday, June 19, to make a special mid-year enrollment change to Cigna OAP. Cigna LocalPlus members who wish to make this change must submit an Enrollment Change Application to Benefits Administration today. [Click here for the Enrollment Change form.](#)

**Dependent Care FSA (DC-FSA) (state only)**

On Thursday, June 18, the following message was sent to all employees enrolled in the Dependent Care FSA (DC-FSA) for whom we have an email address on file.

**Please share the following with your members enrolled in the DC-FSA.**

**Our records indicate that you are enrolled in the dependent care flexible spending account for plan year 2020.** Benefits Administration will allow you to increase, decrease, or cease your contributions to the dependent care account if you choose to.

To do so, you should contact Benefits Administration at 1-800-253-9981, submit a Zendesk ticket at <https://benefitssupport.tn.gov/> or contact your Agency Benefits Coordinator (this person usually works in your human resources office) for assistance. You will not receive a refund of any contributions added to your account to-date, but you have until December 31, 2020 to incur expenses and until April 30, 2021 to file dependent care claims for reimbursement. Please remember that dependent care FSA contributions do not carry over from one year to the next. Also note that the sooner you make any changes, the sooner they will take effect.

These changes **do not** apply to the healthcare FSA or limited purpose FSA.

**August Summer Regional Virtual Training Dates**

This year, due to the challenges of COVID-19, BA will not be traveling to conduct summer regional trainings for ABCs – **but we will hold virtual summer regional training sessions for three weeks in August.**

Starting on August 11<sup>th</sup> through August 27<sup>th</sup>, we will conduct a session every Tuesday and repeat it on Thursday so you can choose the day and time that best suits your schedule for each training session.

- **State and Higher Education sessions** will be at 9 a.m. on Tuesdays and 1 p.m. on Thursdays. **All times are Central time.**
  - August 11 - 9 a.m. Session One
  - August 13 – 1 p.m.
  - August 18 – 9 a.m. Session Two
  - August 20 – 1 p.m.
  - August 25 – 9 a.m. Session Three

- August 27 - 1 p.m.
- **Local Education/Local Government sessions** will be at 1 p.m. on Tuesdays and 9 a.m. on Thursdays. **All times are Central time.**
  - August 11 – 1 p.m. Session One
  - August 13 – 9 a.m.
  - August 18 – 1 p.m. Session Two
  - August 20 – 9 a.m.
  - August 25 – 1 p.m. Session Three
  - August 27 – 9 a.m.

**During the monthly ABC July 14 conference calls, we will have more information about the agenda topics. Sign-up/registration emails will be sent separately.**

Due to the August virtual trainings, we will **not** have our regular monthly ABC conference calls on Tuesday, August 11.

#### **BlueCross BlueShield Specialty Medication Process Change**

This week, BlueCross will send letters to 929 of their members (894 PPO and 35 CDHP) about the way specialty medications will be ordered. This is a BCBST member program and will not result in any change to pharmacy benefits administered by CVS/caremark. If members receive a letter and have questions, they can call BCBST at the number in the letter, 800.558.6213, M-F, 7 a.m. – 5 p.m. CT.

#### **Magellan Health, former Behavioral Health Vendor News**

On April 11, 2020, Magellan Health, a former behavioral health vendor, discovered that they were the target of a ransomware attack. Magellan contacted Benefits Administration in mid-June to let us know that the breach may have affected the personal information for 198 of our members/former members who were enrolled in 2016. For these members, we were informed the breach did not include Social Security numbers. Letters are being sent by Magellan to these members letting them know what has occurred and the steps they can take. If a member receives a letter and has any questions or needs additional information, he/she can contact Magellan at 888-451-6558.

#### **July Preferred Drug List (PDL)**

**Attached** is the [July 2020 State of Tennessee Preferred Drug List \(PDL\)](#). As with each quarterly formulary update, Caremark will mail notification letters to members who are affected by tier changes or drug exclusions. In the past four months, there were 495 members who filled for a product that is being removed from the formulary or moving to tier 3.

Shown below are drugs being added to the PDL, changing to tier 3 (nonpreferred) or being removed from the PDL. Please encourage employees to use the state's specific webpage at [info.caremark.com/stateoftn](http://info.caremark.com/stateoftn) to view the most current version of the drug list, as well as to review their prescription drug benefit information, request mail service orders and research drug information.

**CVS/CAREMARK HAS MADE THE FOLLOWING CHANGES TO THE PREFERRED DRUG LIST (“PDL” OR FORMULARY) AS OF JULY 1, 2020:**

<b>Drugs being added to the PDL July 1, 2020, are as follows:</b>		
	<b><u>Drug name</u></b>	<b><u>Indication</u></b>
<b>Tier 2 preferred brands</b>	Annovera vaginal ring	Contraceptives
	Baqsimi nasal powder	Diabetes
	Nurtec orally disintegrating tablet (ODT)	Migraine
	Praluent pen/injection	High cholesterol
	Reyvow tablet	Migraine
	Rybelsus tablet	Diabetes
	Stelara vial	Crohn's disease, plaque psoriasis, psoriatic arthritis
	Symjepi injection	Emergency treatment of allergic reactions
	Symtuza tablet	HIV
	Takhzyro vial	Hereditary angioedema (HAE)
	Ubrelvy tablet	Migraine
	Vumerity capsule	Multiple Sclerosis
	Yupelri solution	Chronic obstructive pulmonary disease (COPD)
<b>Tier 3 non-preferred brands</b>	Verzenio tablet	HR+ and HER2 metastatic breast cancer
<b>Drugs changing from Preferred (Tier 2) to Non-Preferred status (Tier 3) that will have a higher copay starting July 1, 2020, are as follows:</b>		
	<b><u>Drug name</u></b>	<b><u>Indication</u></b>
	Apexicon E cream	Pain, itching and swelling
	Apriso capsule	Ulcerative colitis
	Halog ointment	Corticosteroids
	Lonhala Magnair inhalation solution	Chronic obstructive pulmonary disease (COPD)
	Nuvaring vaginal ring	Contraceptives
	Primlev tablet	Pain
	Prolate tablet	Pain
	Psorcon tablet	Pain, itching and swelling
	Sernivo spray	Plaque psoriasis
	Treximet tablet	Migraine
	Uloric tablet	Gout
<b>Drugs being deleted from the PDL July 1, 2020, are as follows:</b>		
	<b><u>Drug name</u></b>	<b><u>Indication</u></b>
	Belviq tablet	anti-obesity
	Belviq XR tablet	anti-obesity

	Repatha pushtronex system	High cholesterol
	Repatha syringe	High cholesterol
	Repatha sureclick pen	High cholesterol

June 26, 2020

**The following email was sent to agency benefits coordinators (ABCs) today.**

### **Dental Personal Protective Equipment Cost Update**

A question has come up about if members will be charged for additional Personal Protective Equipment (PPE) costs from dental providers.

#### **MetLife Dental**

Currently, members who have services performed by an in-network provider should not incur any additional costs for PPE per our network contracts with our providers. If members are surcharged by in-network providers for PPE upfront, they should follow our standard grievance process to report the concern. If members receive services from out-of-network providers, they may be responsible for any PPE charges billed by the provider. MetLife is continuing to monitor this issue as dental offices resume operations and may take additional actions.

#### **Cigna Dental**

Cigna dental will temporarily reimburse contracted dentists for billed PPE for claim process dates between June 15 and July 31, 2020.

Click the link to learn more:

<http://app.connecting.cigna.com/e/es?s=1399&e=417879&elqTrackId=1f467d54f6314a1ab8a667d1e5cbf7d1&elq=0c7ec982357e4ddf82fc819e1fc55d1d&elqaid=19303&elqat=1>

We have updated the **Coronavirus Benefits Information from Partners for Health document, dated June 26, found on the Partners website** to reflect this additional information. You can find the updated document here: [https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/coronavirus\\_public\\_info.pdf](https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/coronavirus_public_info.pdf)

### **Optum Member Webinars on Navigating Finances (state only)**

Optum will host a **series of five webinar sessions for members to help them navigate finances** during these uncertain times. The **attached** flier includes information and links to register.

**Please share this information and attached flier with members.**

Join Optum and their EAP partner for financial education, MSA, for a series of webinars focused on navigating your finances during these uncertain times. There will be a total of five webinars held from 11:00 a.m. – 12:00 p.m. CT.

The **attached** flier includes details about the sessions and **a registration link for each session.**

Here is an overview:

July 1 – Navigating Your Finances in Unpredictable Times

July 15 – Four Ways to Rebuild Money Confidence (Part 1 of 4)

July 22 – Prioritizing Savings (Part 2 of 4)

July 29 – Managing Debt (Part 3 of 4)

August 5 – Maintaining Excellent Credit (Part 4 of 4)

You can also view all of the webinars, after they have been completed at [Here4TN.com](http://Here4TN.com). Just go to the homepage, then click the “Financial Webinars” button.

**State Offices and Benefits Administration (BA) Closed Friday, July 3**

State offices and the BA service center will be closed next Friday, July 3 for the Independence Day holiday. We will send the regular weekly ABC email on Thursday, July 2.

Attachment: Optum and MSA Financial Wellness Webinar Flier

Join Optum and their EAP partner for financial education, MSA, for a series of webinars focused on navigating your finances during these uncertain times.

**All five sessions will be held from 11:00 a.m. – 12:00 p.m. CT.**

**July 1 - Navigating Your Finances in Unpredictable Times:** COVID-19 caught us all by surprise, and we've had to adjust as quickly as we can. The goal of this session is to help you get through the financial shock and prepare for any future challenge. We will walk you through a three-step process that includes assessing the scope of the current setback and the impact on your budget, communicating with your loved ones and creditors, and how to track your progress. We'll also talk about available resources and how to keep moving forward through these unpredictable times.

Register now!

### Four Part Financial Series

**Four Ways to Rebuild Money Confidence:** Financial confidence can be tough to maintain, especially when living through a global pandemic!

Following a plan with these four parts can significantly help: controlling spending, prioritizing savings, managing debt, and maintaining excellent credit. Regaining focus on these areas will help reduce financial stress in your life.

**July 15 - Controlling Spending (Part 1 of 4):** This class explains the importance of creating your plan with "controlling spending" and helps you get started.

Register now!

**July 22- Prioritizing Savings (Part 2 of 4):** This class explains the importance of each part of your plan and focuses on "prioritizing savings" to help you get back on track with your short, medium, and long-term goals.

Register now!

**July 29 - Managing Debt (Part 3 of 4):** This class explains the importance of each part of your plan and focuses on "managing debt" and available strategies to help you get started.

Register now!

**August 5 - Maintaining Excellent Credit (Part 4 of 4):** This class explains the importance of each part of your plan and focuses on helping you rebuild and "maintaining excellent credit."

Register now!



View all of the webinars, after they have been completed, at [Here4TN.com](https://www.here4tn.com).

Go to homepage > click the "Financial Webinars" button.