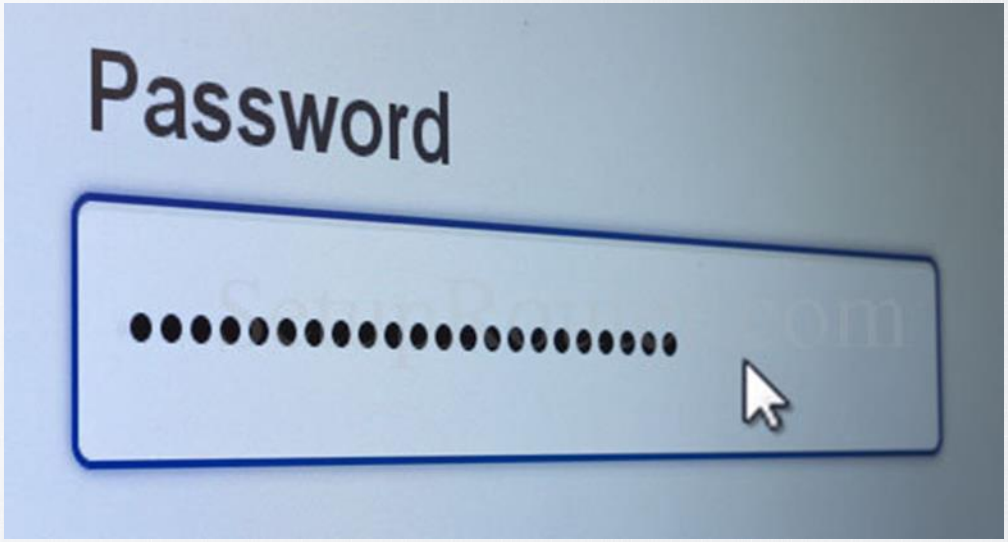
TN Department of Finance & Administration

# Agency Benefits Coordinator Meeting

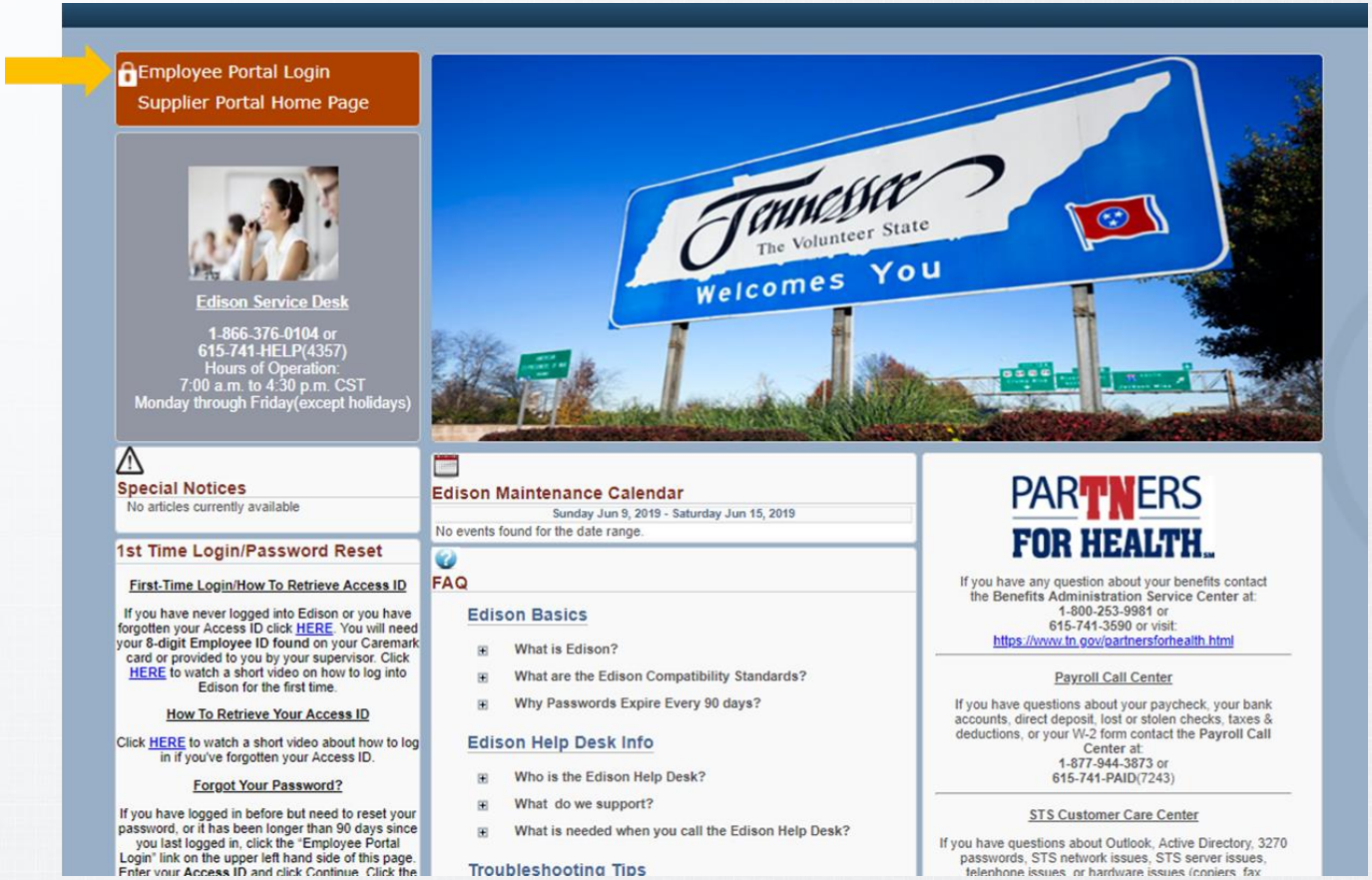
## Edison Benefits Enrollment

August 2019

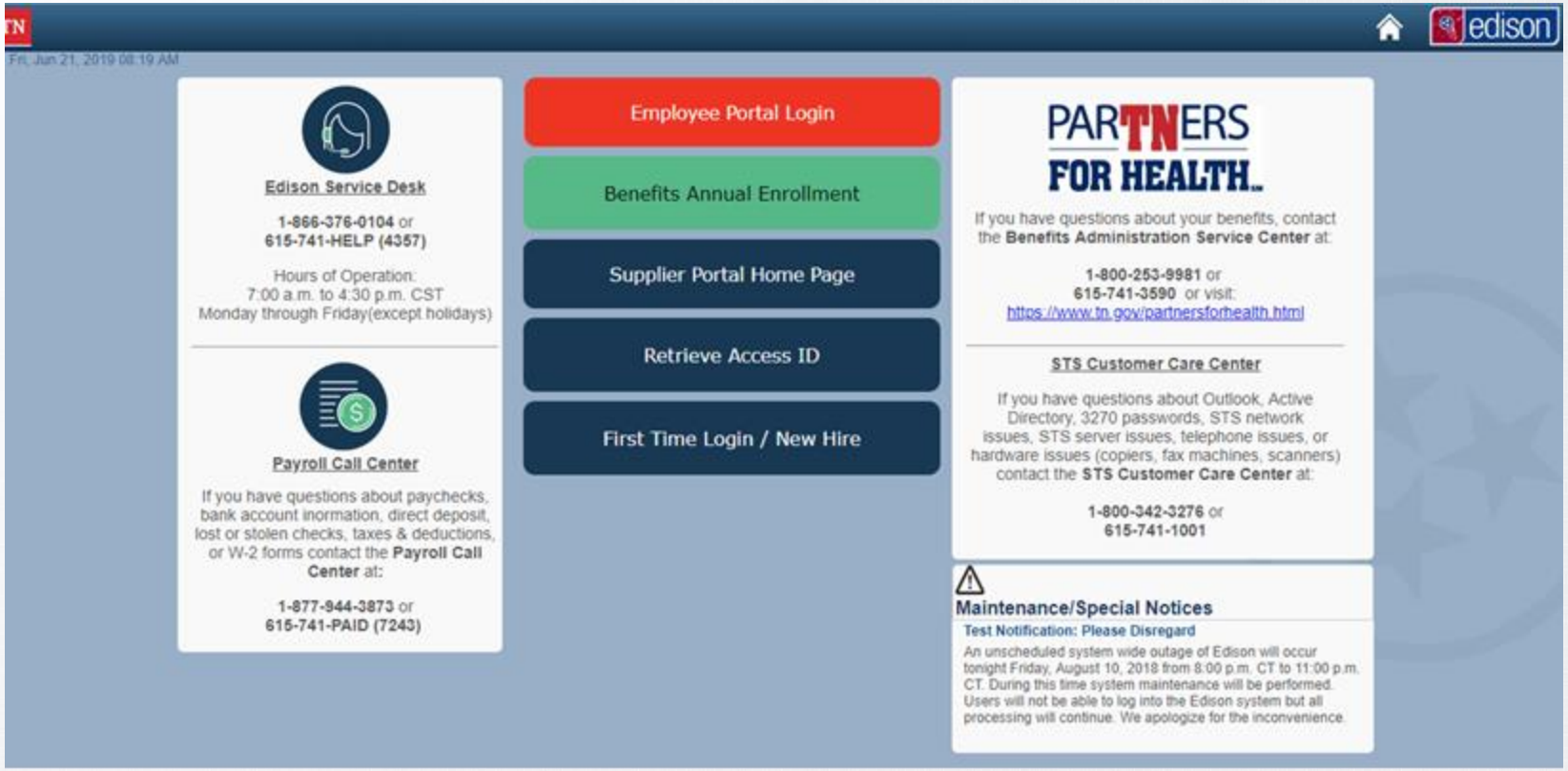
# Password Reset



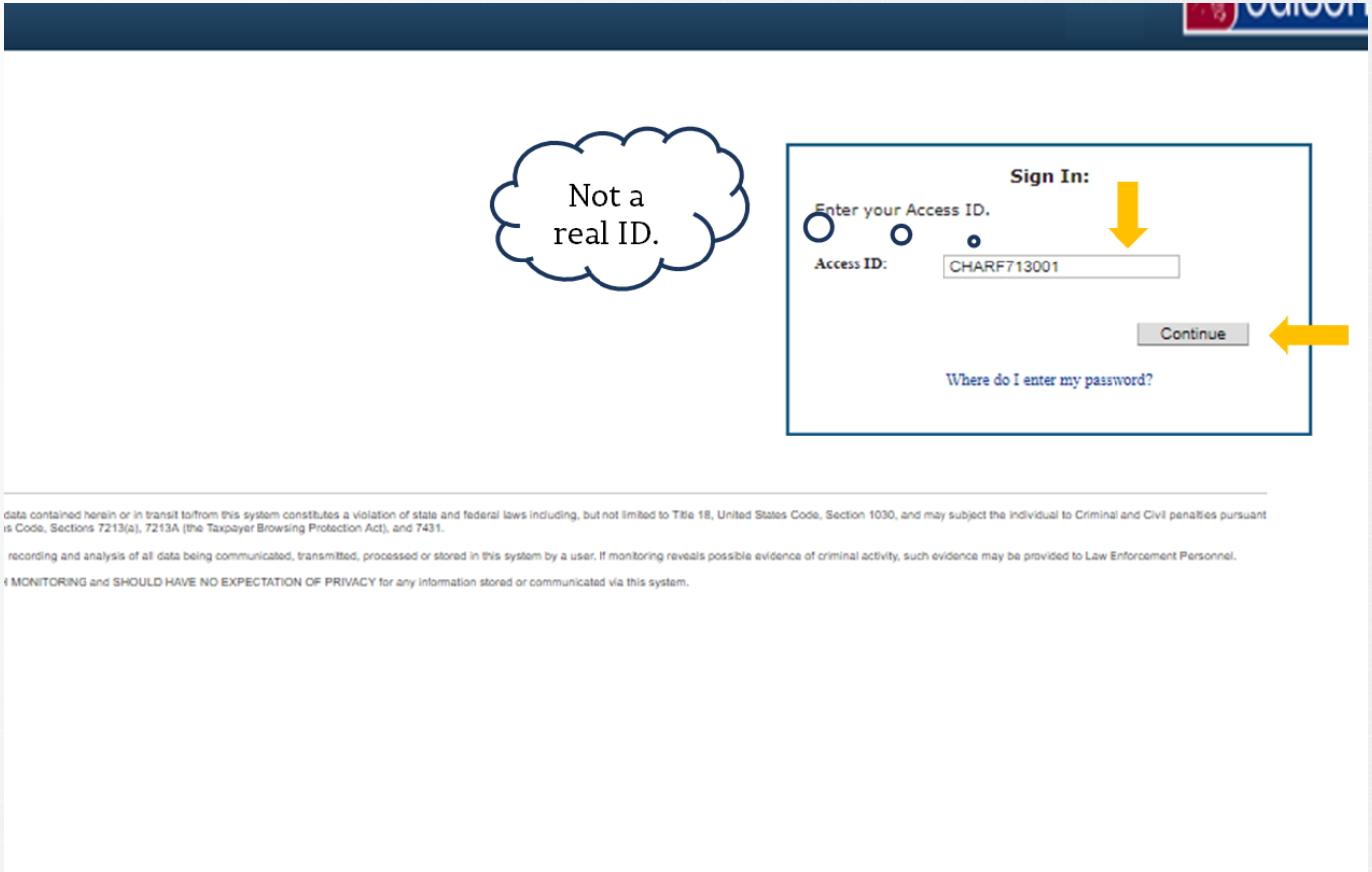
# Password reset: Current Front Page



# New Front Page



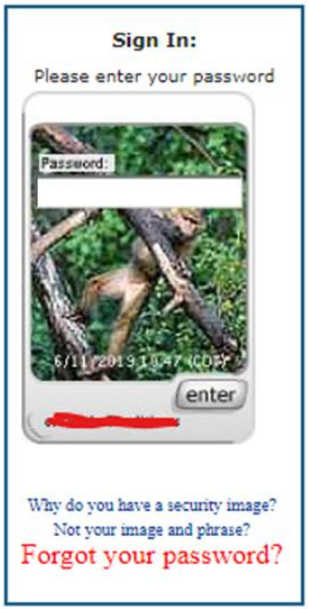
# Standard Sign In Page



# Password Page

Security features, both randomly generated when first selecting password:

- Image
- Two Word Phrase



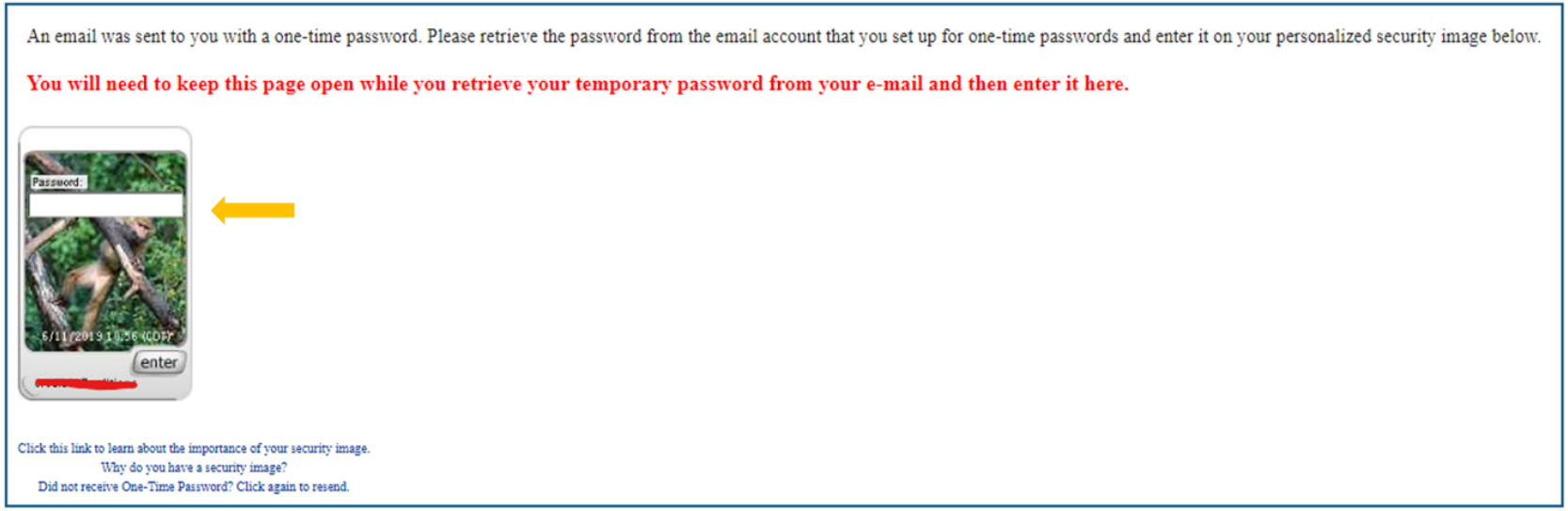

system constitutes a violation of state and federal laws including, but not limited to Title 18, United States Code, Section 1030, and may subject the individual to Criminal and Civil penalties pursuant
yer Browsing Protection Act), and 7431.

municated, transmitted, processed or stored in this system by a user. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to Law Enforcement Personnel.

PECTATION OF PRIVACY for any information stored or communicated via this system.

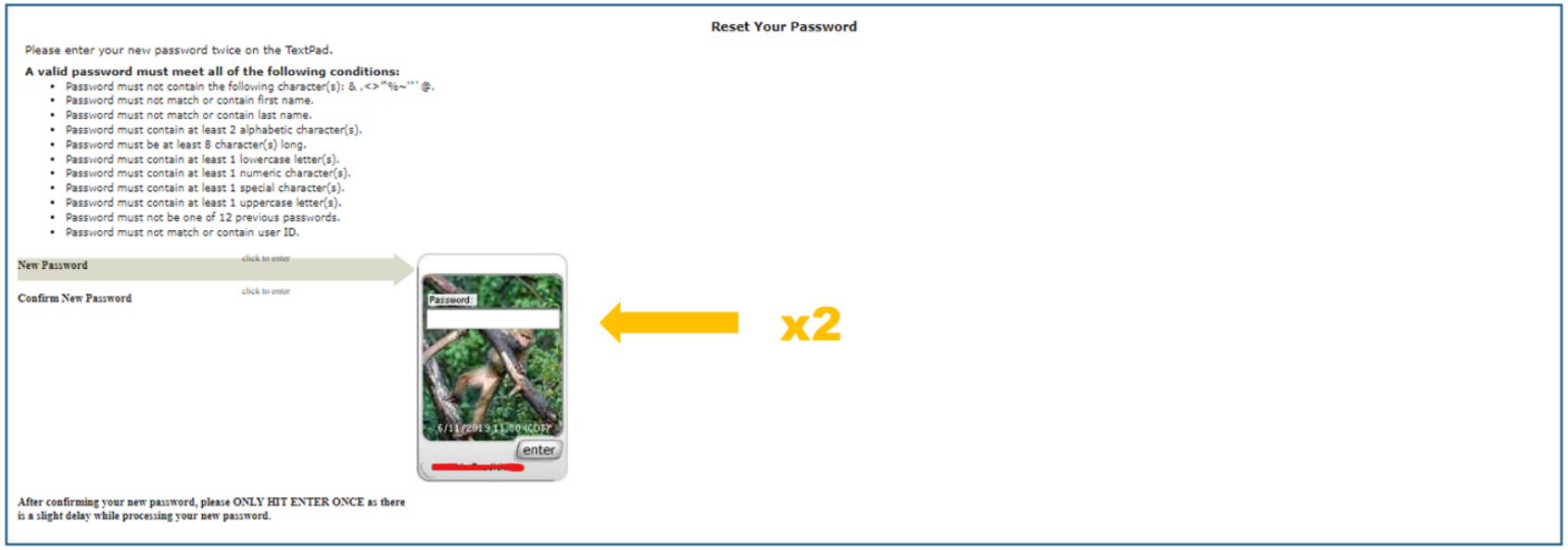
# Password Reset

- **Make sure your employees' emails are up-to-date in Edison before Annual Enrollment!**
- Enter temporary password.
- Image and two-word phrase will stay the same.



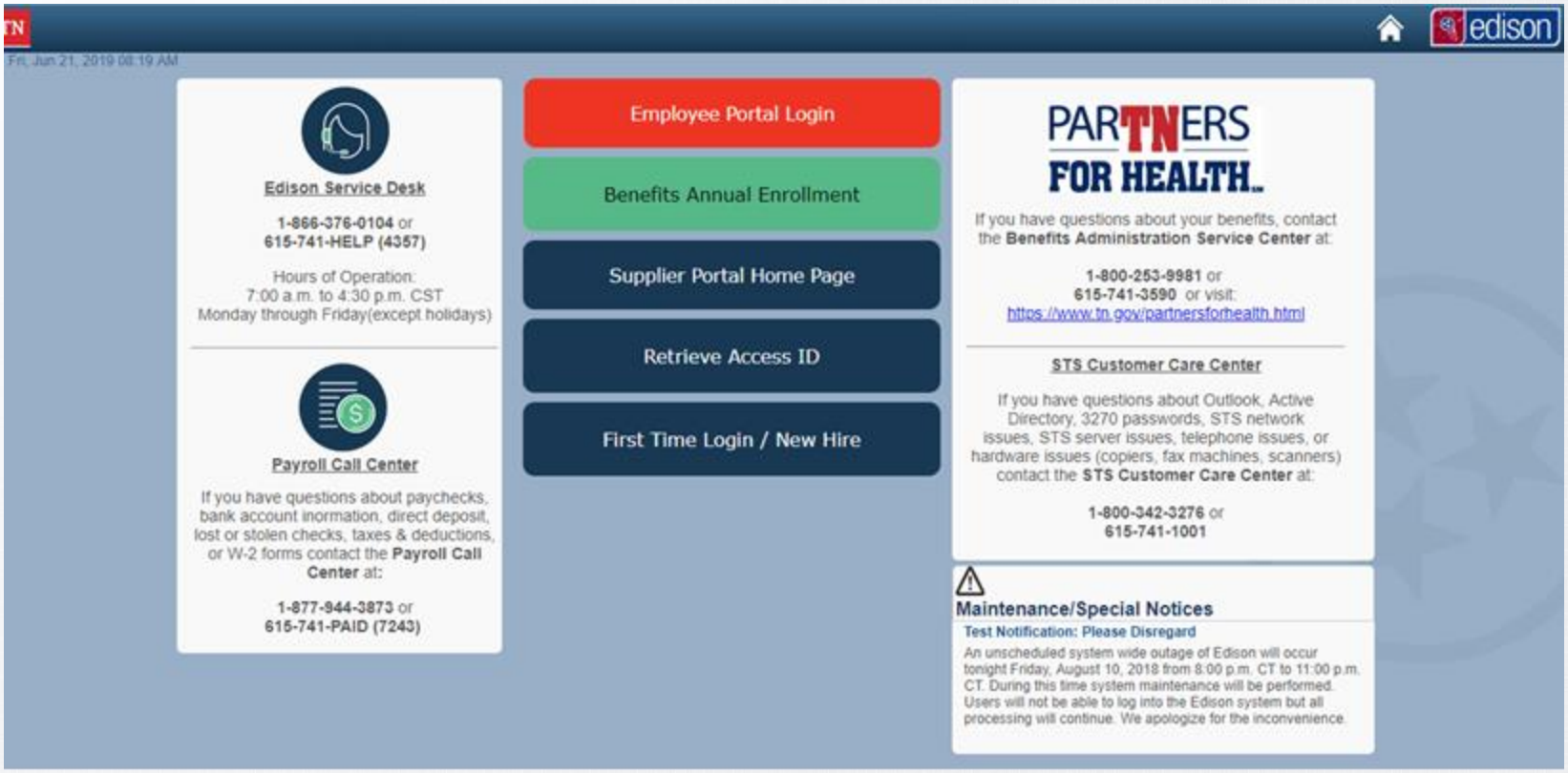
# Select a New Password

- Do: Enter new password twice
- Do not: Hit enter more than once when you are done!

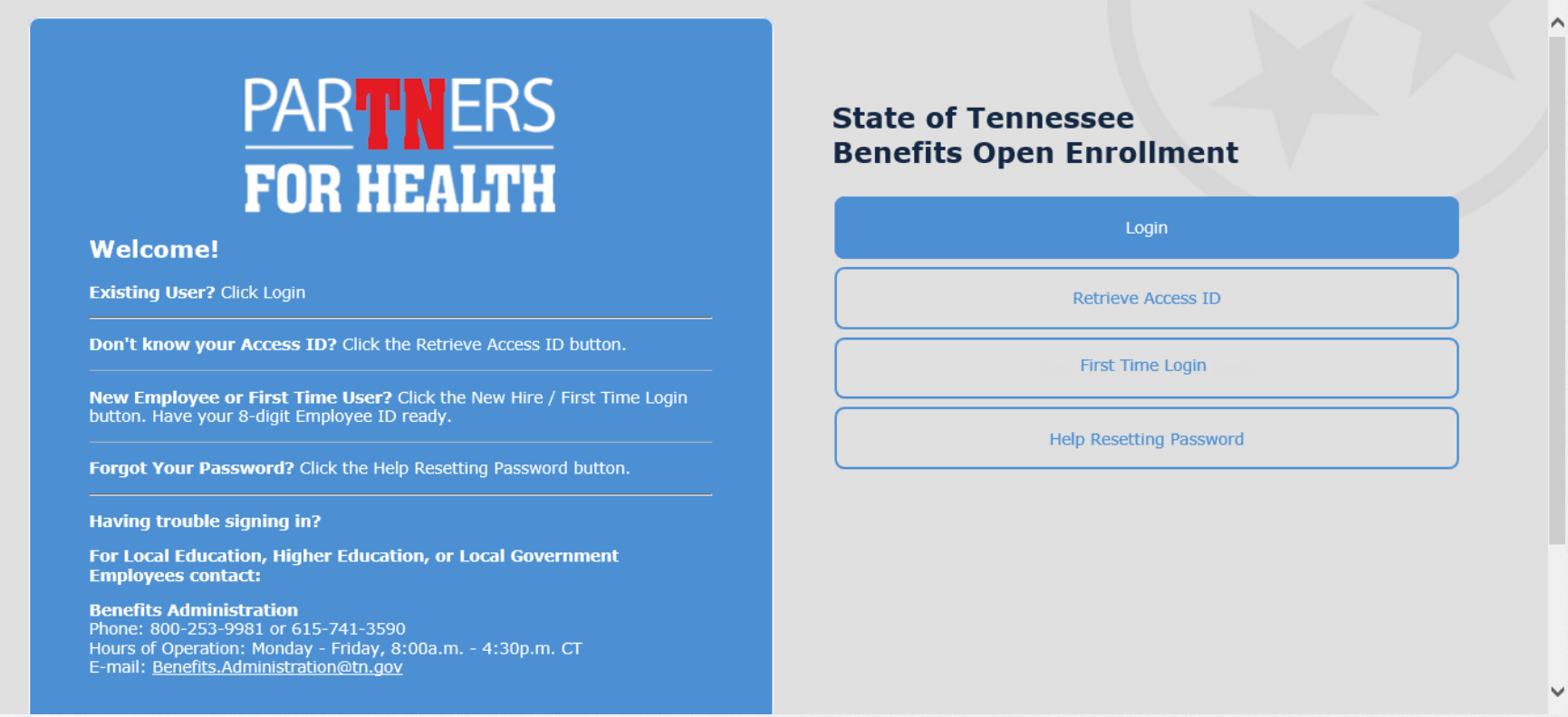


# Benefits Annual Enrollment

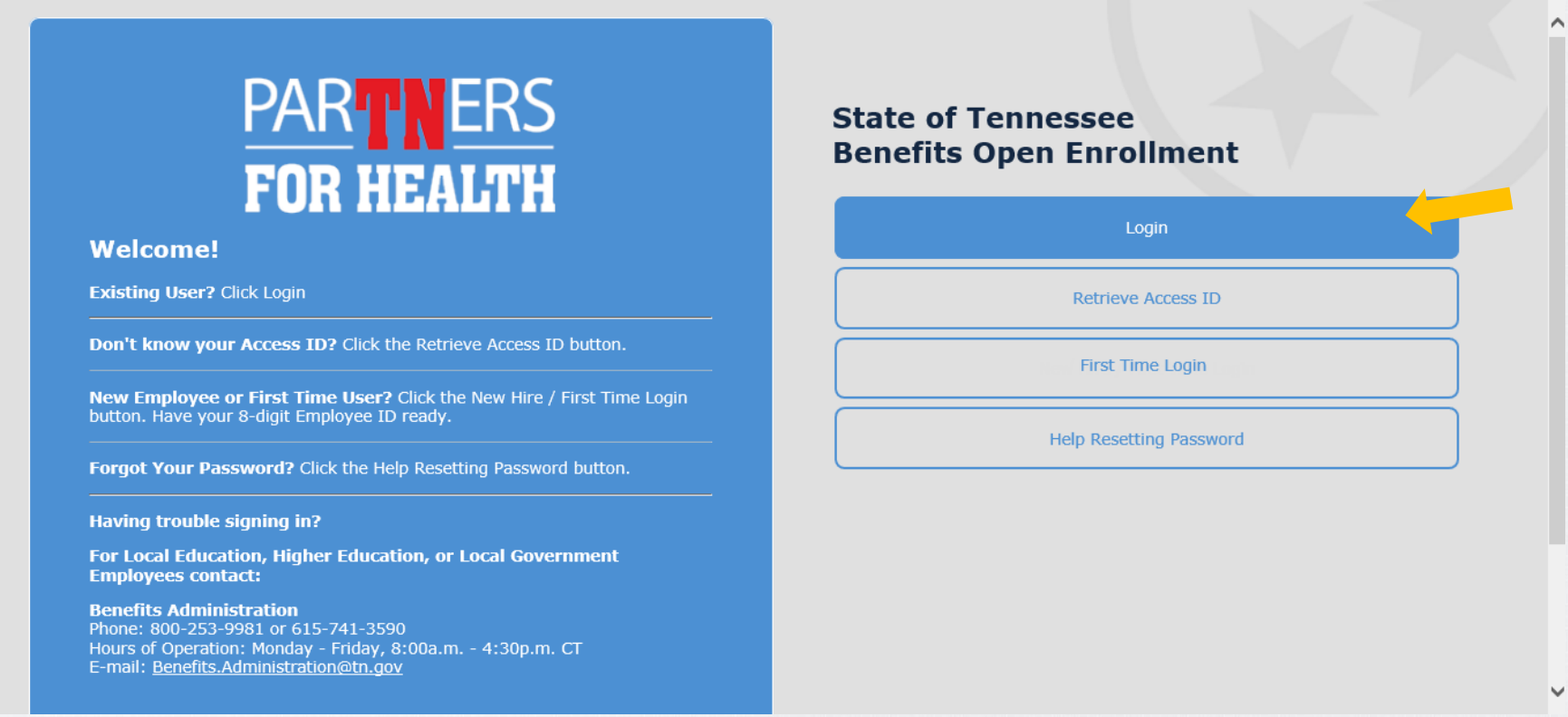
# New Front Page



# Log In: Options



# Option One: Already Know Information



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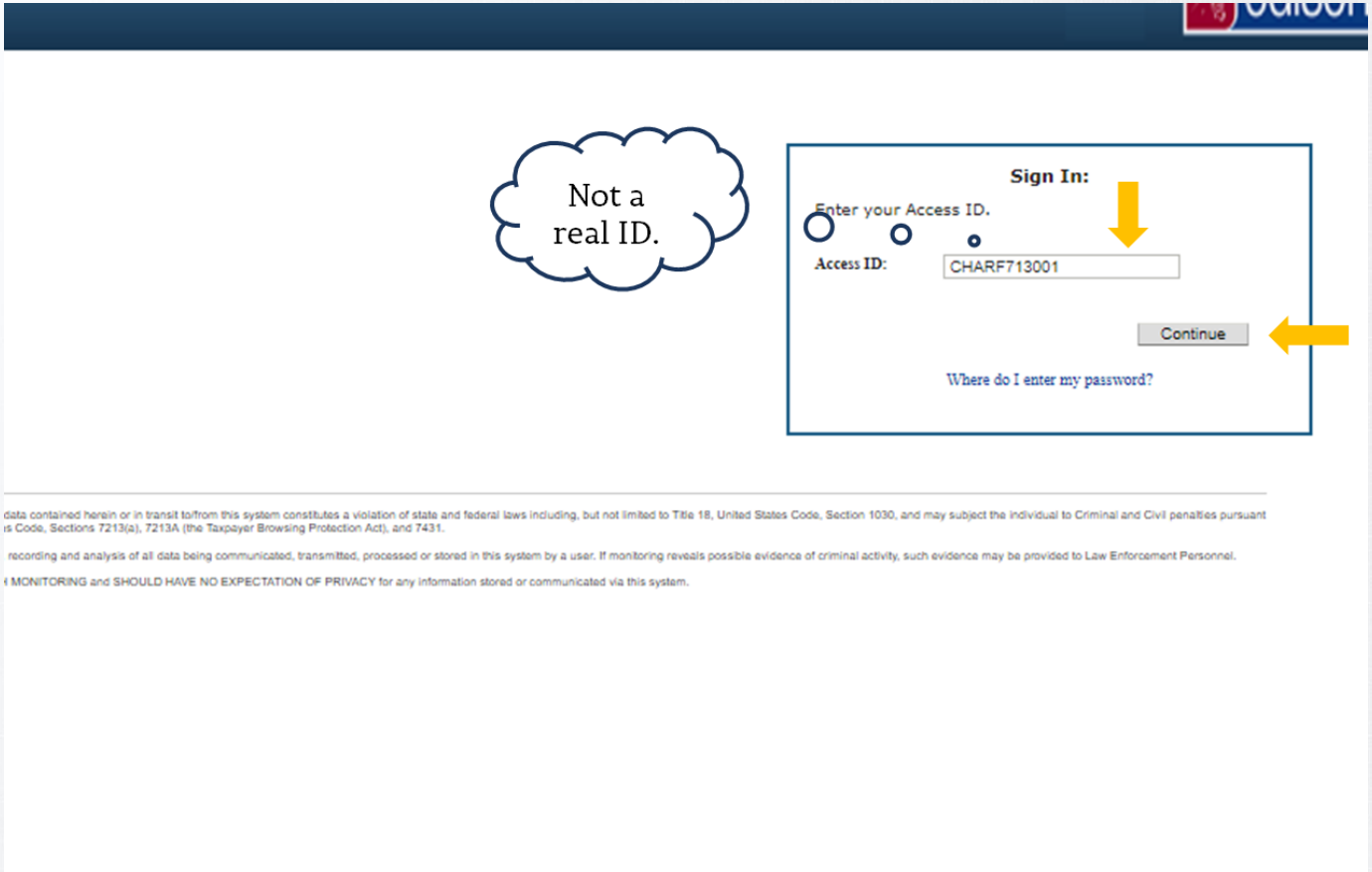
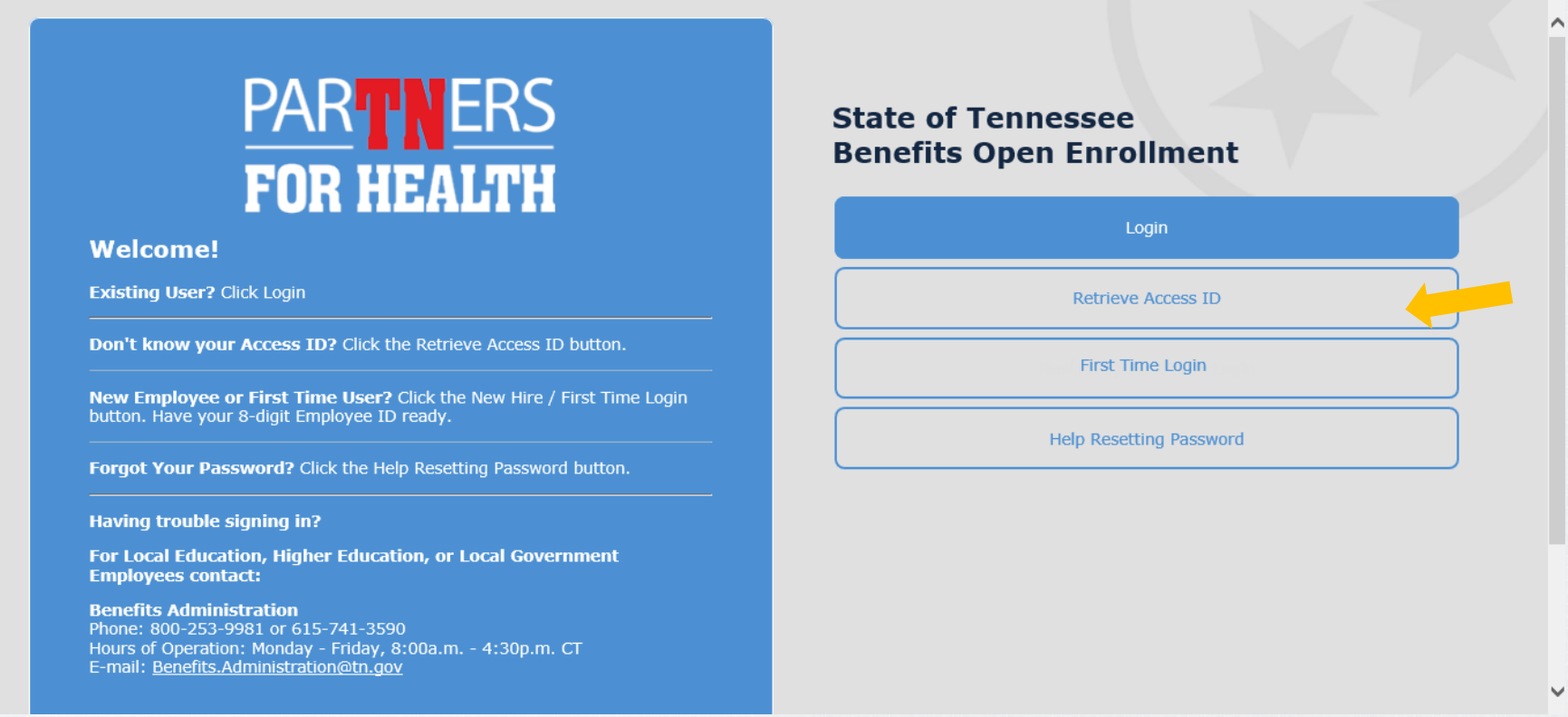


# Option Two: Need to Retrieve Access ID



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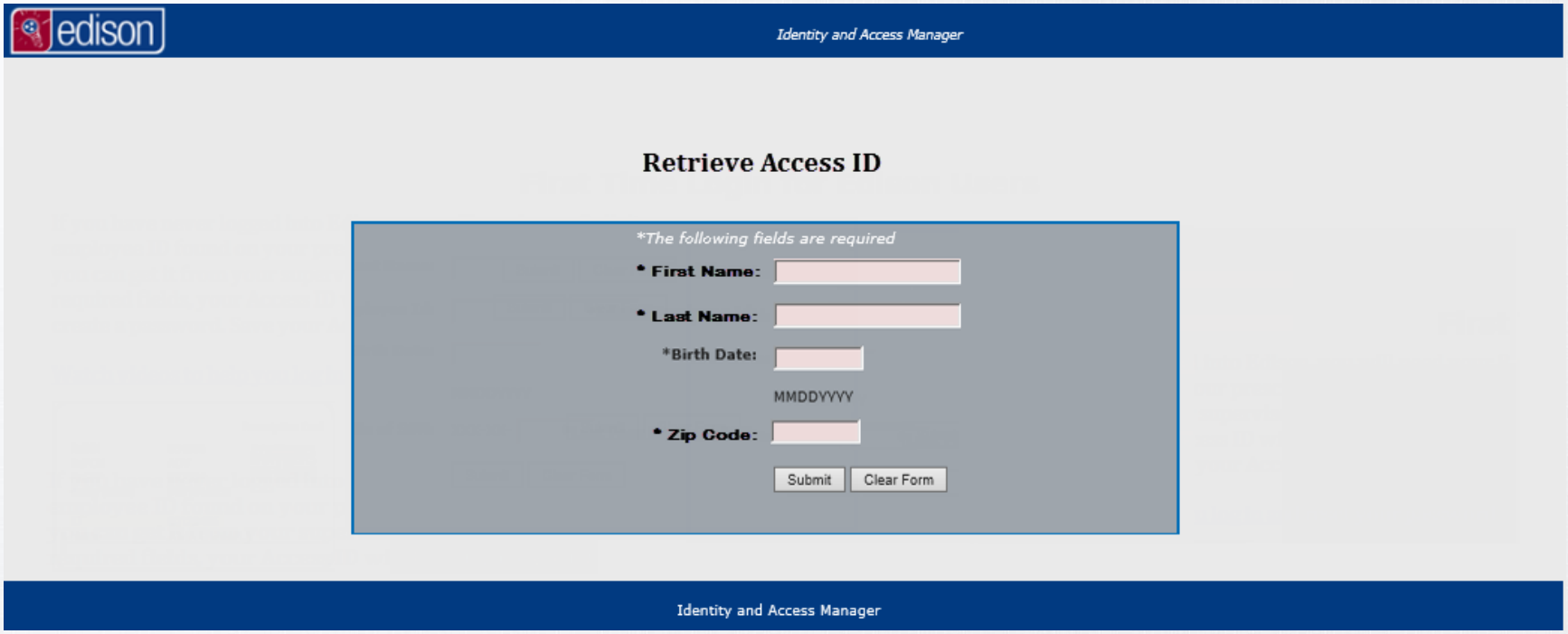

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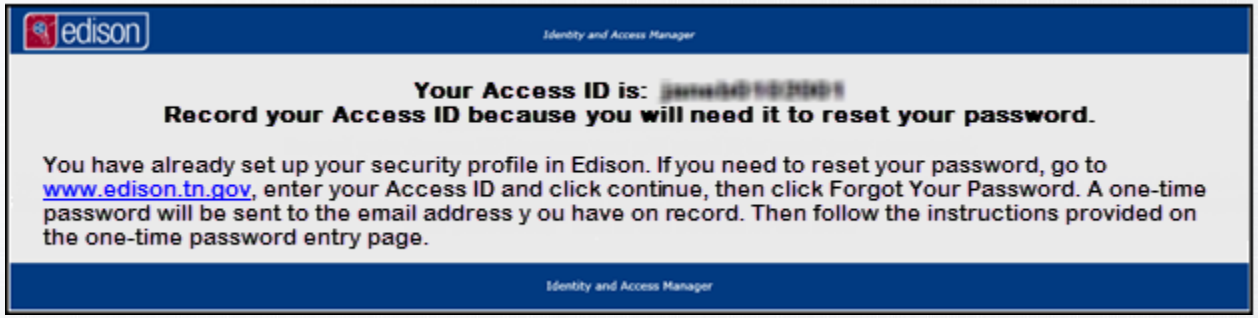


edison

Identity and Access Manager

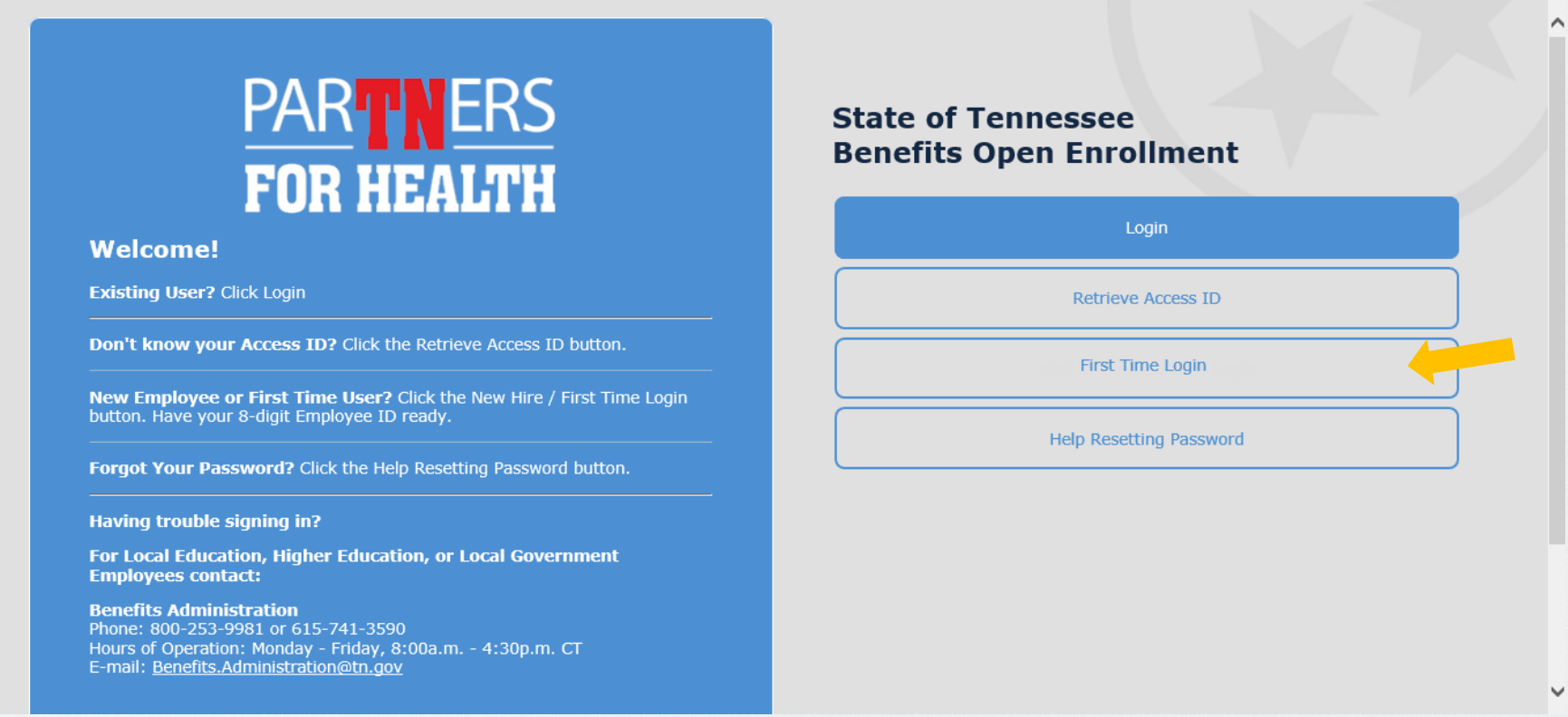
**Your Access ID is:** [redacted]
**Record your Access ID because you will need it to reset your password.**

You have already set up your security profile in Edison. If you need to reset your password, go to www.edison.tn.gov, enter your Access ID and click continue, then click Forgot Your Password. A one-time password will be sent to the email address y ou have on record. Then follow the instructions provided on the one-time password entry page.

Identity and Access Manager

TN

# Option Three: New Hire/First Time



# Option Three: New Hire/First Time

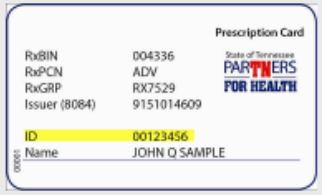
edison

*Identity and Access Manager*

## First Time Login for Edison Users

If you have never logged into Edison, you will need your 8-digit employee ID found on your prescription card (see example), or you can get it from your supervisor. Once you submit the 4 required fields, your Access ID will display, and you will need to create a password. Save your Access ID and Password.

Watch videos to help you log in and reset your password




*The following fields are required

*Last Name:

*Edison Employee Id:

*Birth Date:

MMDDYYYY

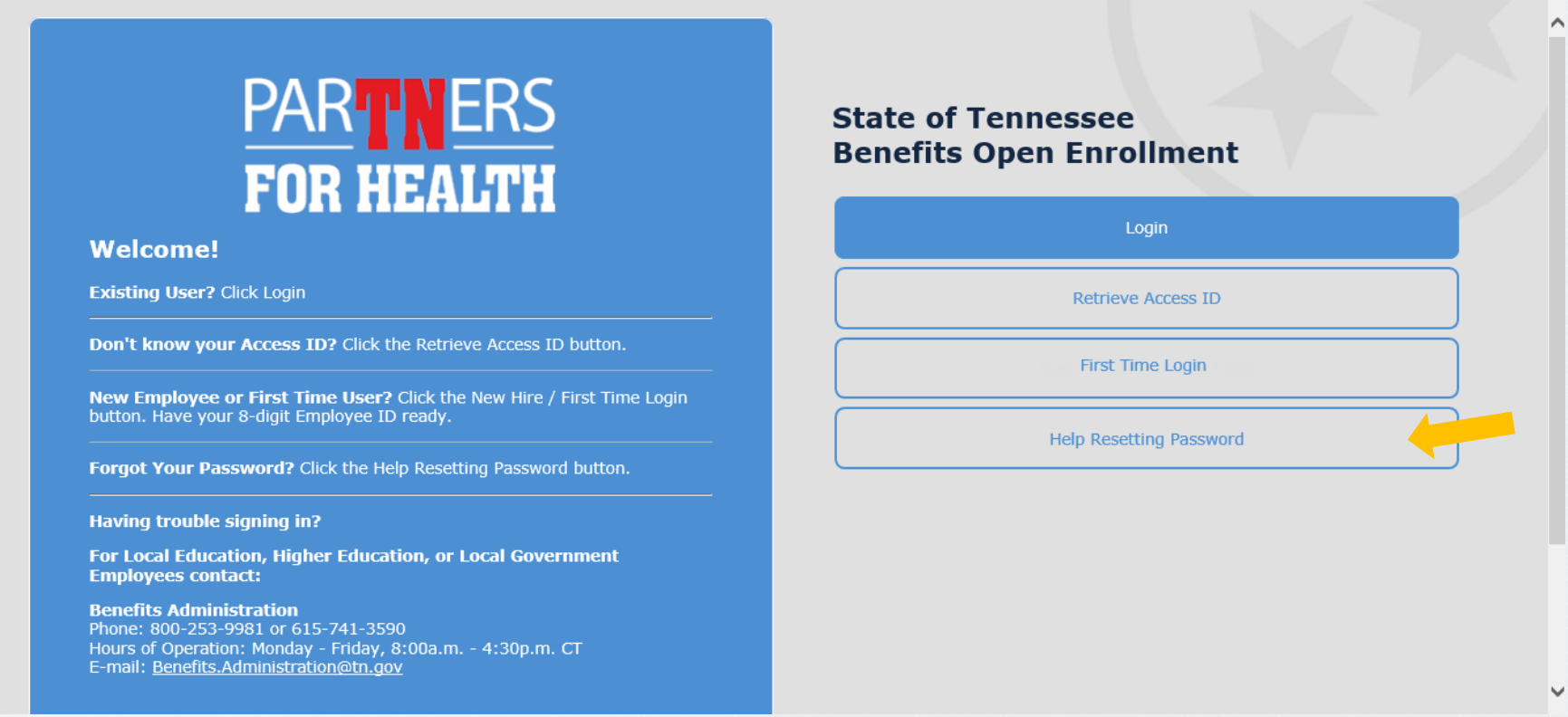
*Last Four Digits of SSN: XXX-XX-

Submit Clear Form

Identity and Access Manager

TN

# Option Four: Help Resetting Password



# Option Four: Help Resetting Password

# User ID vs Access ID: What's the difference?

# User ID vs. Access ID

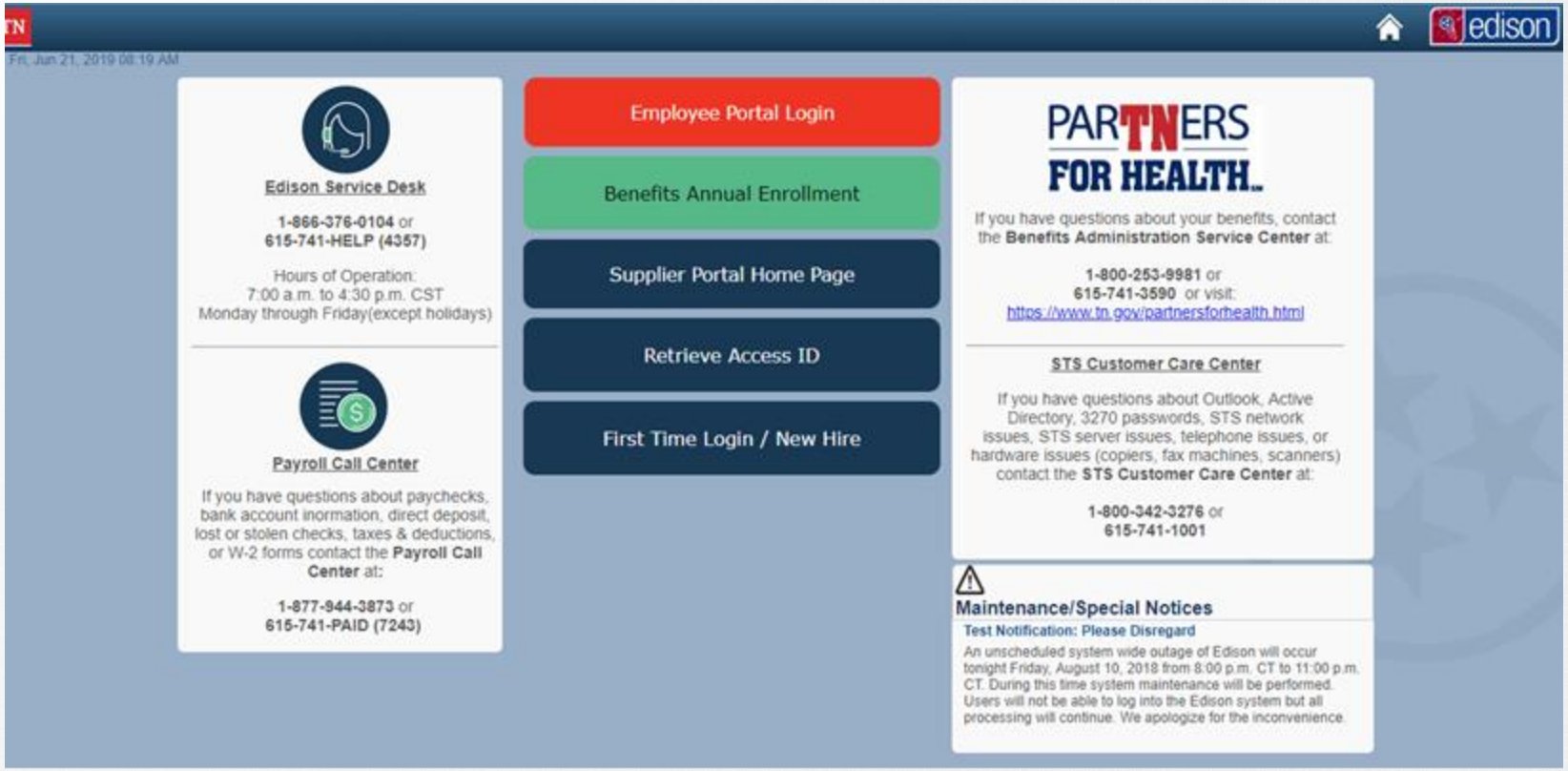
- When it comes to Edison, the terms mean exactly the same thing.

- Higher Education (which has its own user ID) is different than the Edison ID.

# Going Mobile for Annual Enrollment

# What is Mobile-Friendly?

# What does this mean for Annual Enrollment?

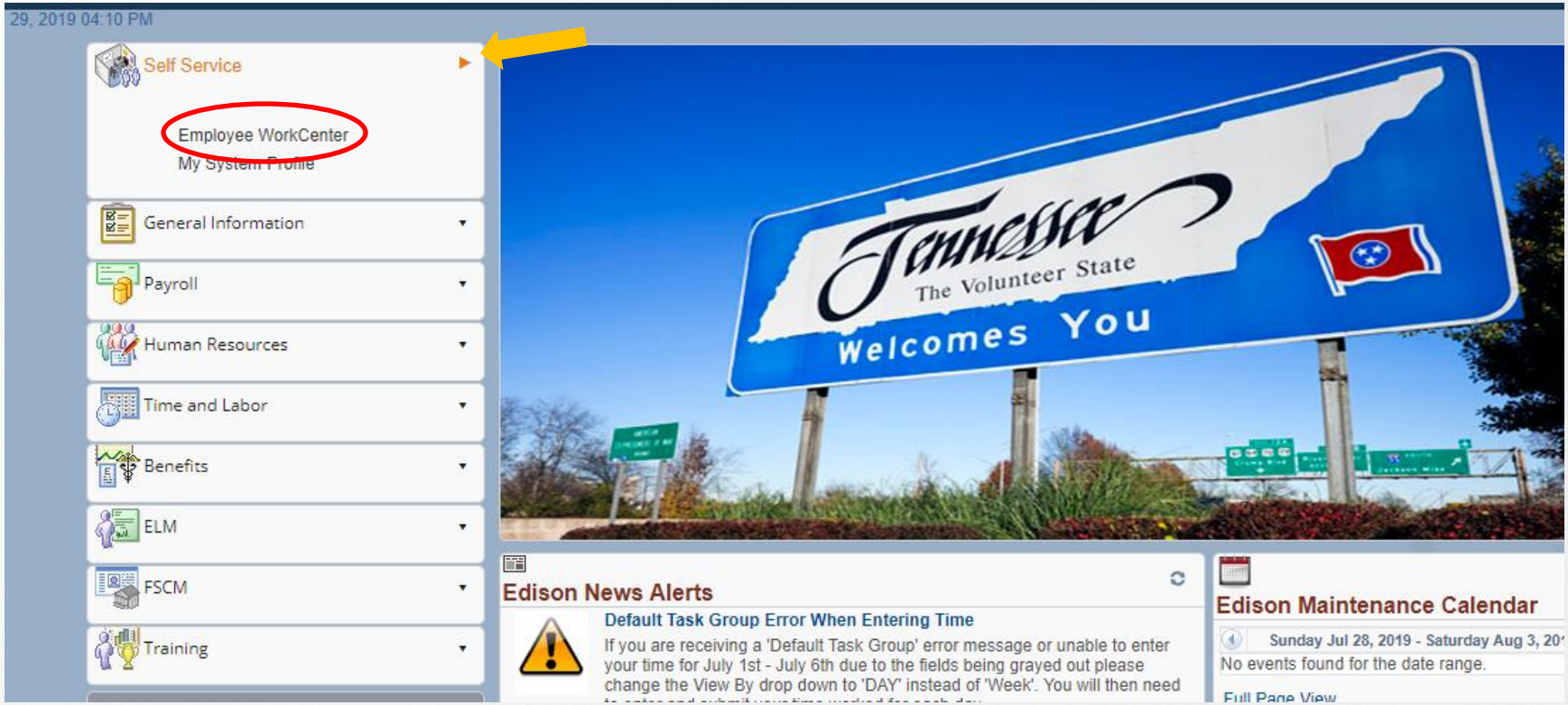


# ALWAYS HIT SUBMIT!

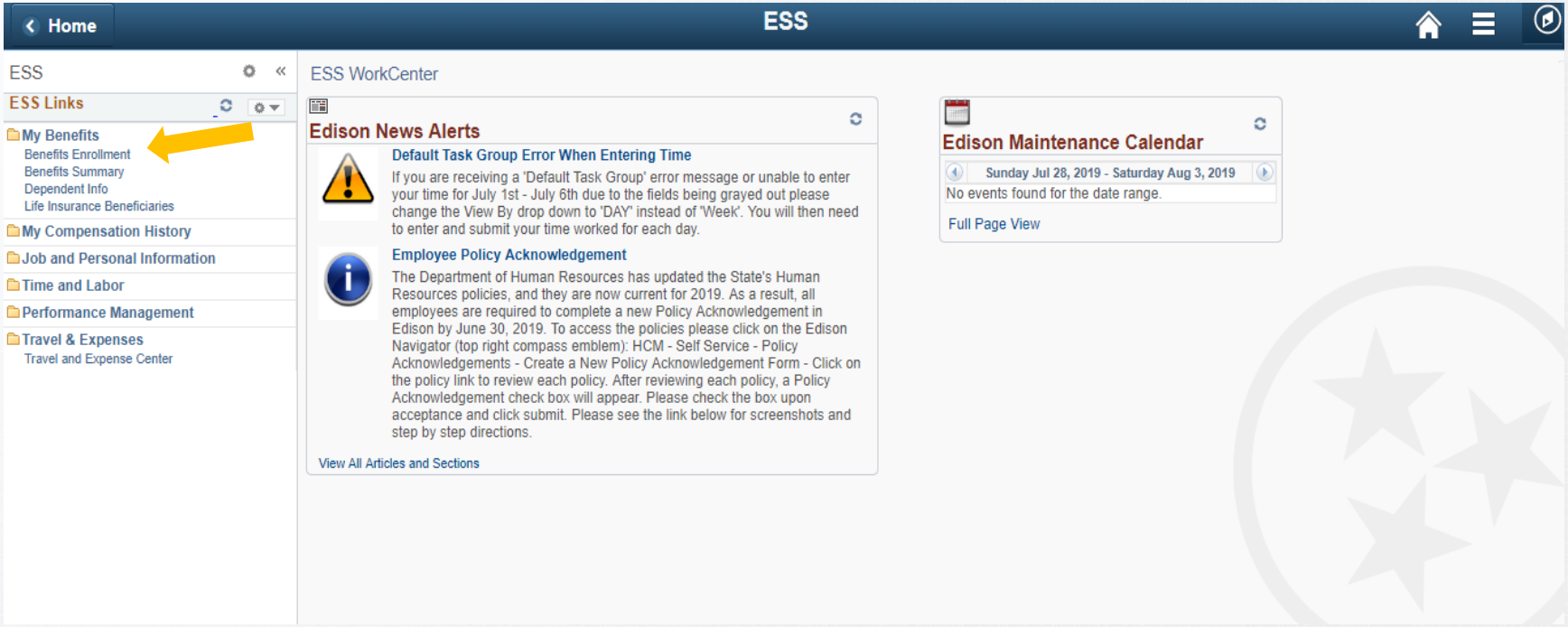
# User Experience

- Edison Home Page may look different on a computer than it does on a mobile device
- When you log in, the system will know what type of device you are on and will optimize the home page based on that device

# How to Enroll in Edison (Computer)

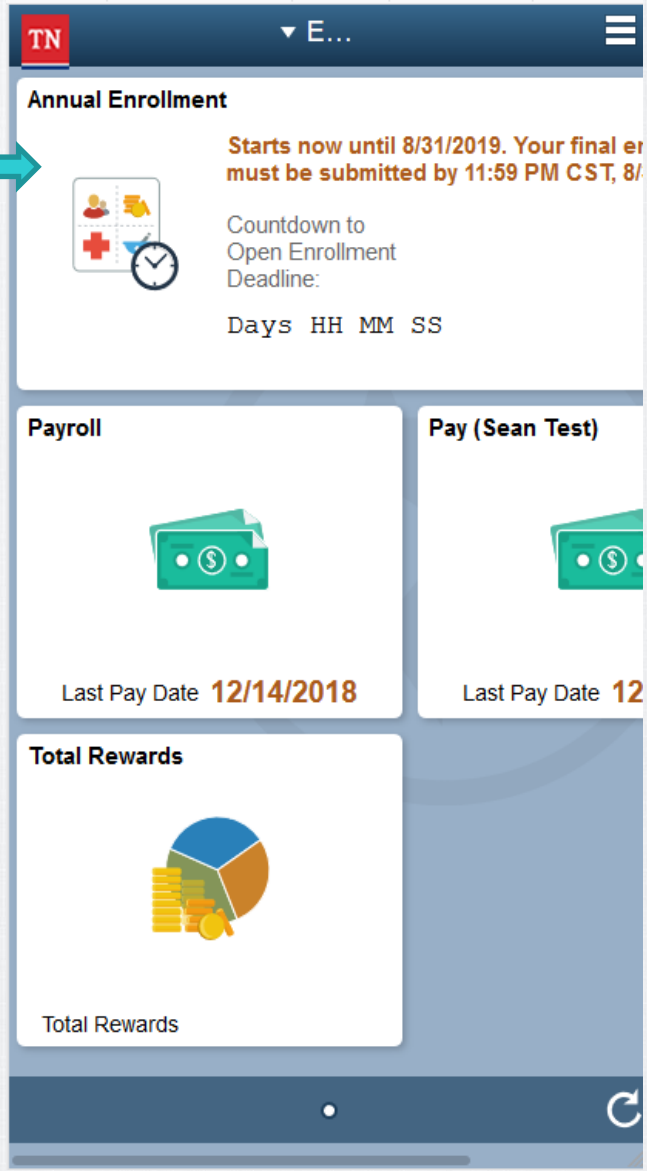


# Employee WorkCenter (Computer)

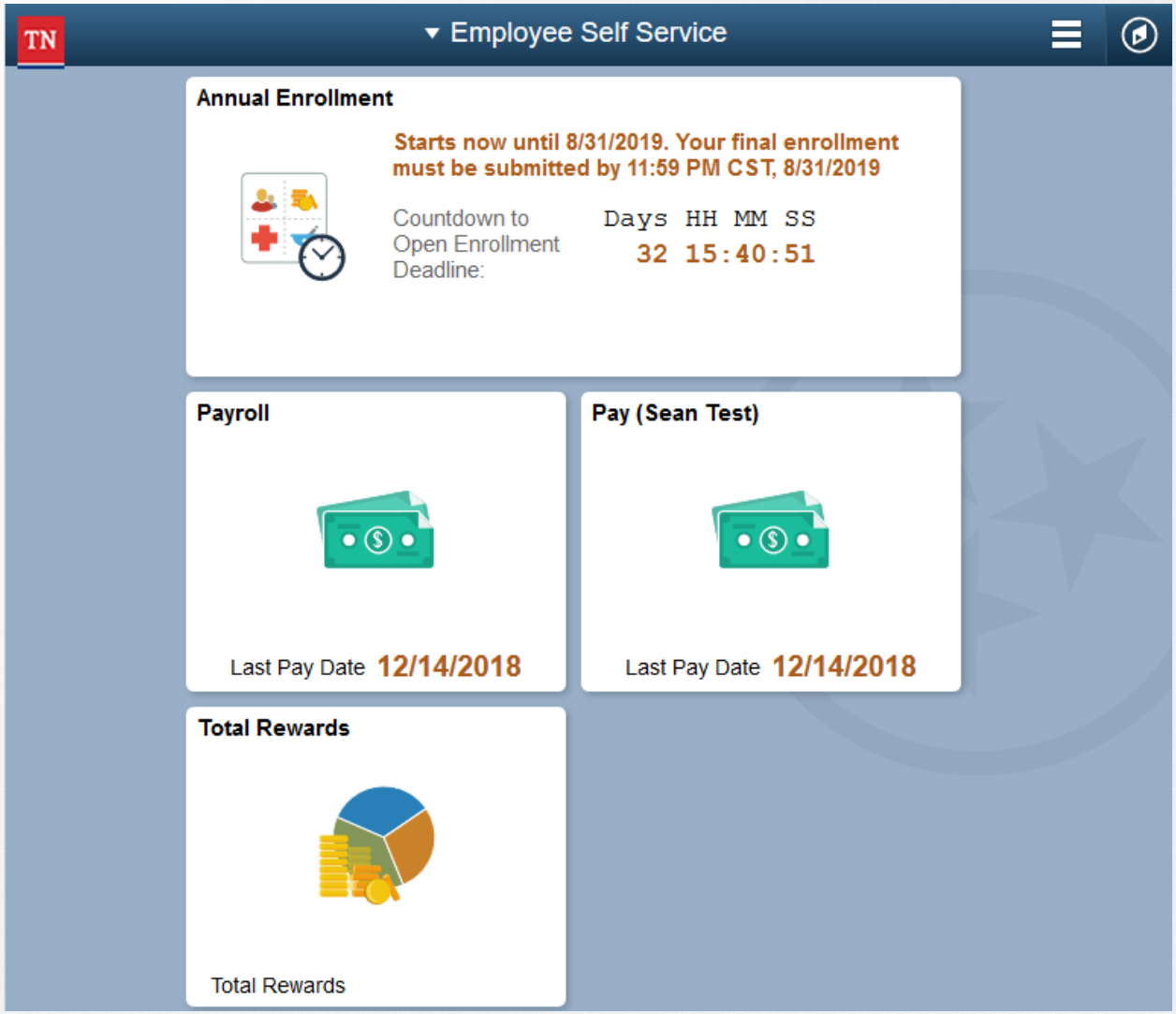


# How to Enroll in Edison (Phone)

Click the Annual Enrollment Tile

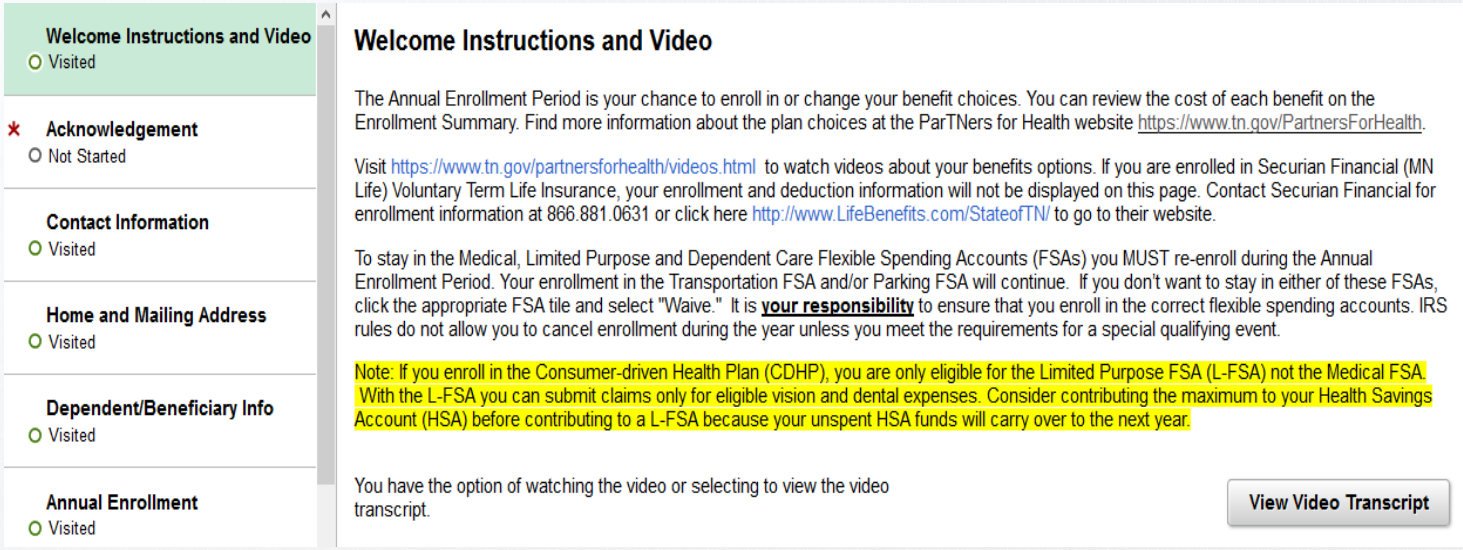


# How to Enroll in Edison (Tablet)



# Front Page for Annual Enrollment

- After logging in, and selecting Annual Enrollment, this is what an employee will see:



# Annual Enrollment

Exit | DEVTST1 | Previous | Next

**00497224**
Enrollment Period 7/1/2019 - 8/31/2019
OES19A

- **Welcome instruction and Video** — Visited
- **Summary Page** — Visited
- **FSA1** — Visited
- **Open Enrollment** — Complete
- **Dependent/Beneficiary Info** — Visited
- **Contact Information** — Visited
- **CDHP** — Visited
- **Benefits Statements** — Visited
- **Home and Mailing Address** — Visited
- **Acknowledgement** — Not Started

## Open Enrollment

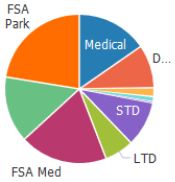
Submit Enrollment

The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.

### Enrollment Summary

Your Pay Period Cost $579.67
Full Cost $579.67
Status **Submitted**
*Excess Credit Cash

Review Enrollment




### Benefit Plans

**Medical**

Current Premier PPO Cigna LP Middle
New CDHP/HSA BCBS Middle
Status Changed
4 Dependents
Pay Period Cost $89.00
Review

**Dental**

Current Waive
New Dental Preferred Provider
Status Changed
4 Dependents
Pay Period Cost $54.36
Review

# Medical Benefits

Cancel | **Medical** | Done

The State provides a wide range of comprehensive and dependable coverage options. Find more information about your plan choices at the ParTNers for Health website https://www.tn.gov/partnersforhealth/

To learn more about the CDHP/HSA, please watch our video.

To learn more about PPOs, please watch our video.

## Enroll Your Dependents

This list shows the names of your dependents who may be eligible for coverage on our plans. Use the **Add Dependent** button to add new dependents to your list. Dependent verification will be required.

Enroll anyone on this list by checking the box next to the dependent's name. To drop a dependent from coverage, uncheck the box next to the name.

| | Dependents | Relationship |
|---|---|---|
| ☑ | Stephanie Lynn Brookes | Spouse |
| ☑ | Vickie Gilliam | Natural Child |
| ☑ | my son | Natural Child |
| ☐ | my daughter | Natural Child |

Add Dependent

# Medical Benefits, continued

Cancel | **Medical** | Done

Add Dependent

Enroll in Your Plan

Important! Your current coverage is: Employee plus 1 with coverage

| | Plan Name | Cost (Before Tax) | Cost (After Tax) | Pay Period Cost |
|---|---|---|---|---|
| Select | Premier PPO BCBS Middle | $284.00 | | $284.00 |
| Select | Premier PPO Cigna LP Middle | $284.00 | | $284.00 |
| Select | Premier Cigna OAP | $364.00 | | $364.00 |
| Select | Standard PPO BCBS Middle | $195.00 | | $195.00 |
| Select | Standard PPO Cigna LP Middle | $195.00 | | $195.00 |
| Select | Standard PPO Cigna OAP | $275.00 | | $275.00 |
| Select | CDHP/HSA BCBS Middle | $125.00 | | $125.00 |
| ✓ | CDHP/HSA Cigna LP Middle | $125.00 | | $125.00 |
| Select | CDHP/HSA Cigna OAP | $205.00 | | $205.00 |
| Select | Waive | | | $0.00 |

Overview of All Plans

# Overview of Medical Plans

Cancel

The Family Cost showing is based on the deper
coverage cost, select the help icon next to each

| | Plan Name |
|---|---|
| Select | Premier PPO BCBS Middle |
| Select | Premier PPO Cigna LP Middle |
| Select | Premier Cigna OAP |
| Select | Standard PPO BCBS Middle |
| Select | Standard PPO Cigna LP Middle |
| Select | Standard PPO Cigna OAP |
| Select | CDHP/HSA BCBS Middle |
| Select | CDHP/HSA Cigna LP Middle |
| ✓ | CDHP/HSA Cigna OAP |
| Select | Waive |

Overview of All Plans

## Overview of Medical Plans

### Premier PPO BCBS Middle

Blue Cross Blue Shield of Tennessee

Network S

bcbst.com/members/tn_state

| Coverage Level | Your Costs | Tax Class |
|---|---|---|
| Single | 136.00 | Before-Tax |
| Family | 352.00 | Before-Tax |
| Employee plus Spouse | 284.00 | Before-Tax |
| Employee + Child(ren) | 204.00 | Before-Tax |

### Premier PPO Cigna LP Middle

CIGNA

LocalPlus Network

cigna.com/stateoftn

| Coverage Level | Your Costs | Tax Class |
|---|---|---|
| Single | 136.00 | Before-Tax |

Done

e other

st

0

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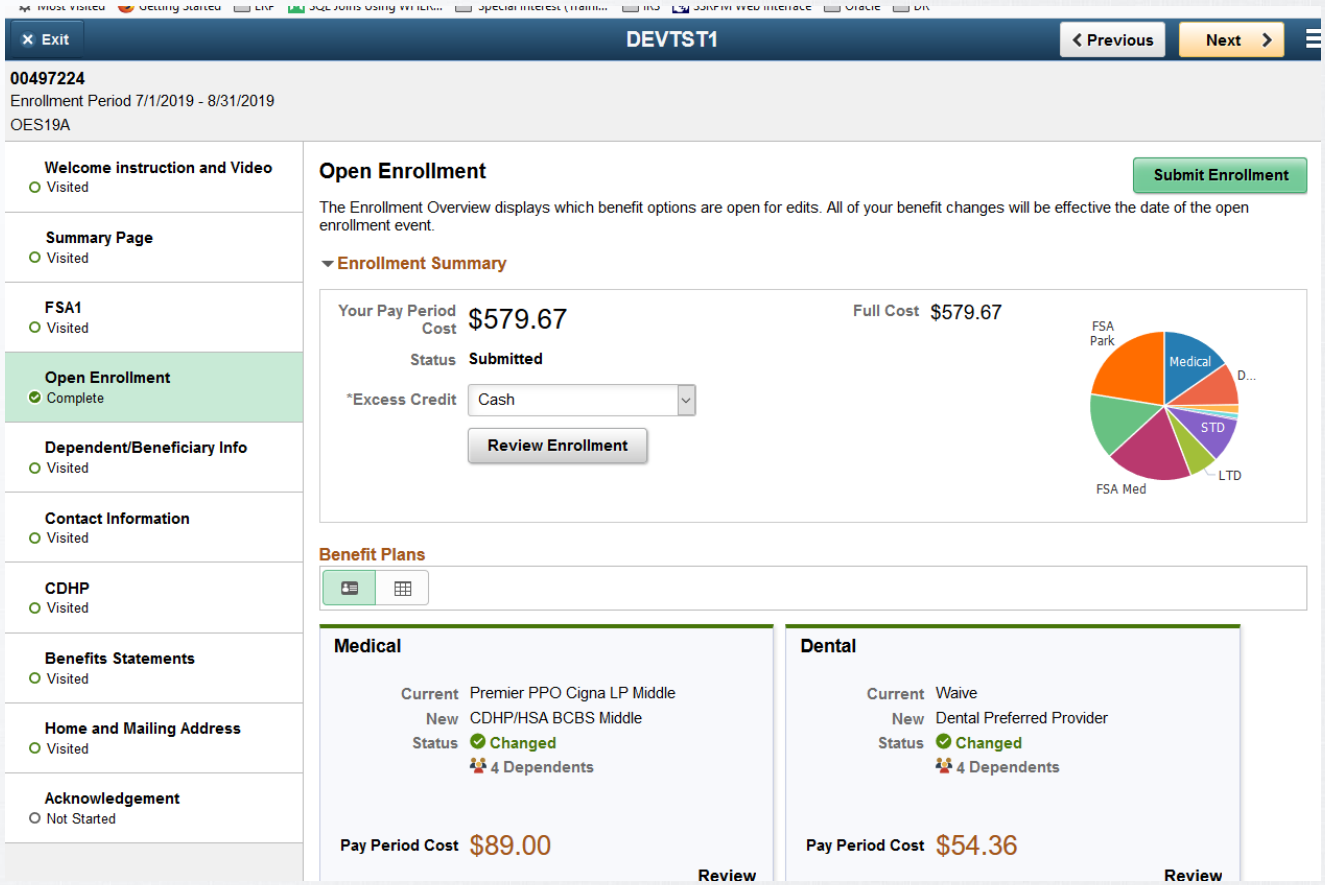
# Annual Enrollment



# Dental Benefits

Cancel

## Dental

Don

Our Dental Plans allow you and your dependents to have routine oral exams, cleanings and other dental care. See the MetLife and Cigna handbook for detailed services.

Learn more about your dental options here: video.

### Enroll Your Dependents

This list shows the names of your dependents who may be eligible for coverage on our plans. Use the **Add Dependent** button to add new dependents to your list. Dependent verification will be required.

Enroll anyone on this list by checking the box next to the dependent's name. To drop a dependent from coverage, uncheck the box next to the name.

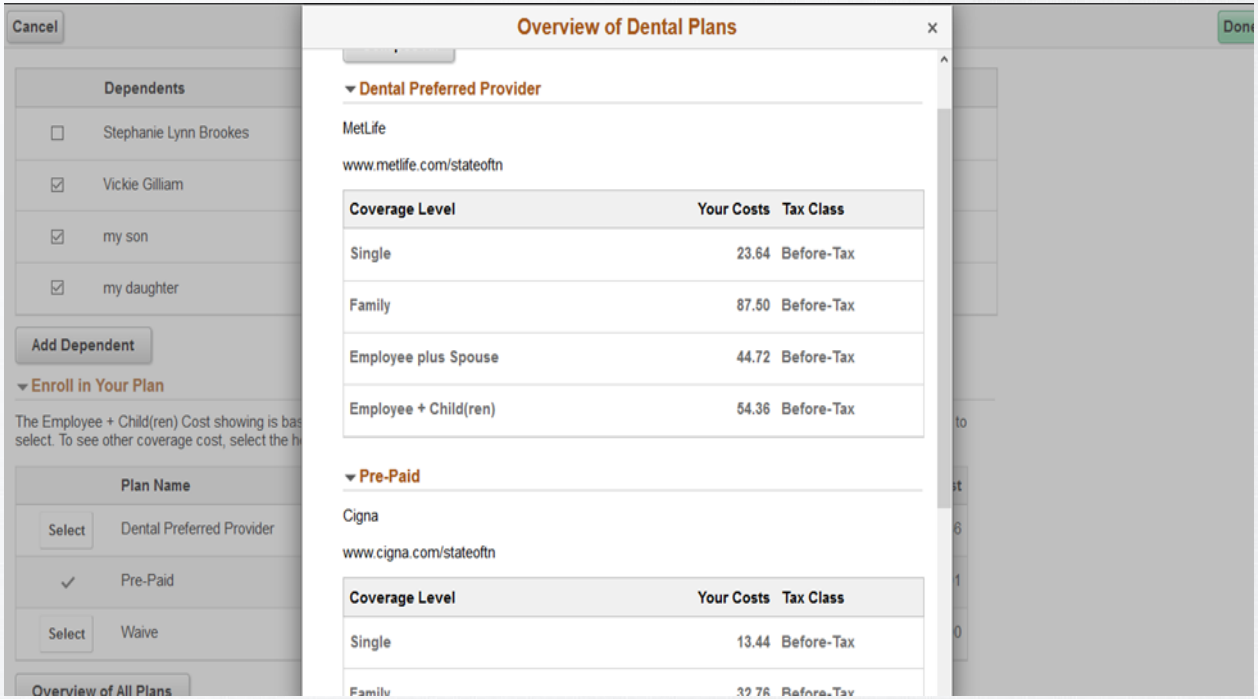
| | Dependents | Relationship |
|---|---|---|
| ☐ | Stephanie Lynn Brookes | Spouse |
| ☑ | Vickie Gilliam | Natural Child |
| ☑ | my son | Natural Child |
| ☑ | my daughter | Natural Child |

Add Dependent

### Enroll in Your Plan

TN

# Overview of Dental Plans



# Annual Enrollment

Exit | DEVTST1 | Previous | Next

**00497224**
Enrollment Period 7/1/2019 - 8/31/2019
OES19A

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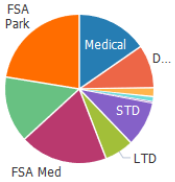


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Current Waive
New Dental Preferred Provider
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Pay Period Cost $54.36
Review

# Vision Benefits

Cancel

## Vision

Done

Vision coverage allows you and your enrolled dependents to see an ophthalmologist, optometrist or optician for your eye-care needs.

Learn more about your vision options here: video.

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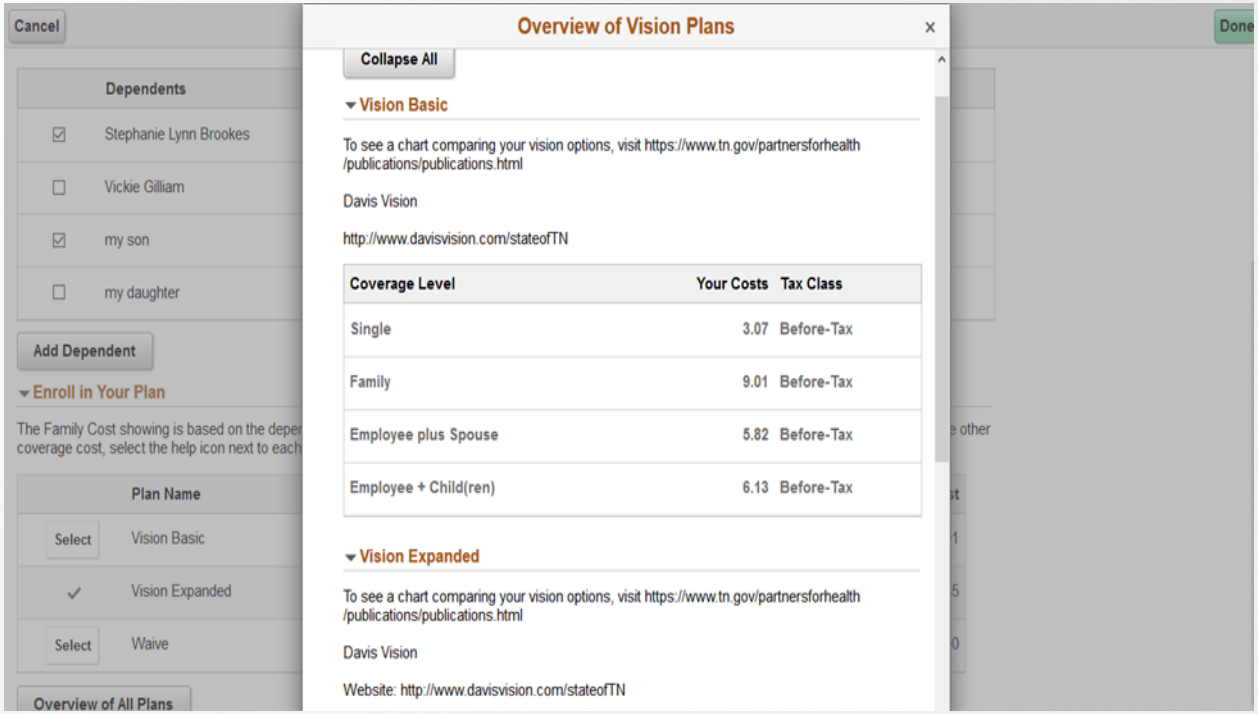
Add Dependent

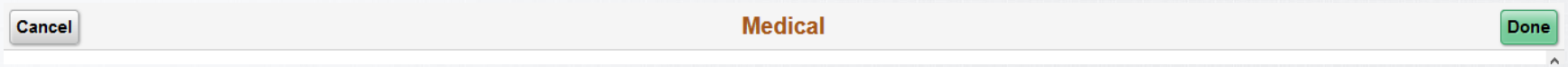
TN

# Vision Benefits



# Remember:

## Don’t forget to hit done!



# After enrollment choices have been made:

Exit | DEVTST1 | Previous | Next

**00497224**
Enrollment Period 7/1/2019 - 8/31/2019
OES19A

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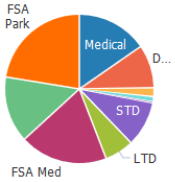


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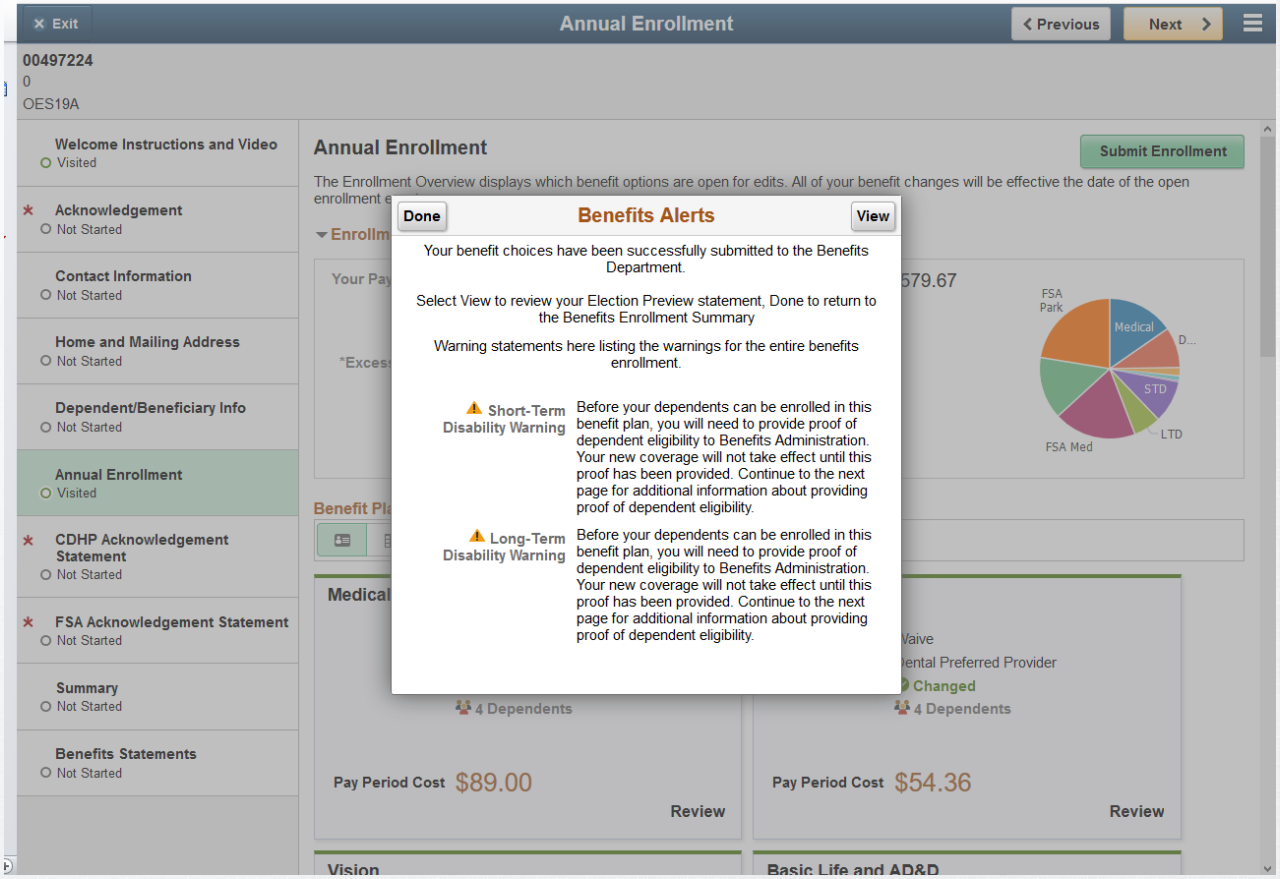
Review

# Enrollment Alerts



# Upload Documents

[redacted]

Enrollment Period 7/1/2019 - 8/31/2019

OES19A

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- **Benefits Statements** — Visited
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**Upload Dependent Verification Documents**

Documentation will need to be provided for your new dependent(s):

| Dependent Name | Relationship | Required Document(s) for Verification |
|---|---|---|

A list of acceptable documents can be found online at this website address: http://www.partnersforhealthtn.gov/documents/deva_eligible_docs.pdf

To begin uploading, click 'Upload Documents' below and then choose the file on your computer that contains the scanned images of the documents. The documents for all dependents should be uploaded in the same file. The file type should be .PDF, .TIF, .PNG, or.JPG.

If you are unable to scan and upload documents, please fax them to 615-741-8196. Please include your name and your Social Security Number on the paperwork so we may properly identify your documents.

Once you have finished uploading documents, or if you have no documents to upload, click the Continue button at the bottom of this page.

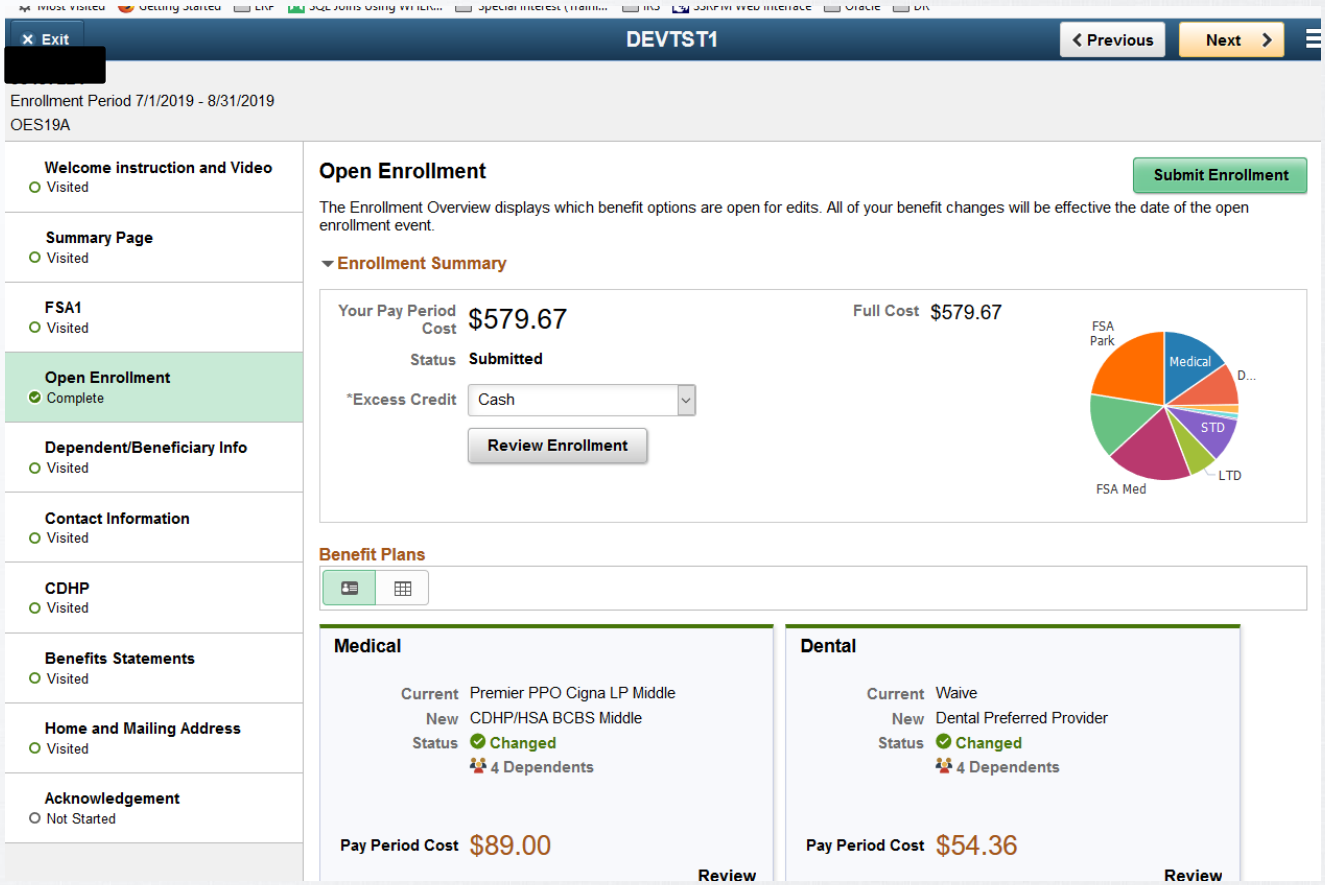
Please be aware that your enrollment cannot be completed without this documentation.

Upload Documents

Continue

TN

# Annual Enrollment Page



# Confirmation Statements: Updated

# New Updates

- Statements getting a new look

- Print or re-print from Edison

- Preview them before submitting

# Email Confirmation Statement

**From:** edson.erp@tn.gov [mailto:edson.erp@tn.gov]
**Sent:** Monday, October 10, 2016 2:35 PM
**To:** [redacted]
**Subject:** [Secure Email] Benefits Enrollment Information

This e-mail is best viewed in HTML.

You are receiving this e-mail as confirmation of the elections you made on Employee Self Service. Please review the enrollment listed below.
**Your benefits choices will not be final until Benefits Administration reviews your elections and receives/validates any dependent verification you are required to submit.**
Please contact your Agency Benefits Coordinator if you have any questions.

Upon your enrollment, the State of Tennessee Group Insurance program is required by law to notify you of your rights to continued coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) should you lose your coverage at a later time. To learn more about your COBRA rights, visit the following website:

http://www.tn.gov/assets/entities/finance/benefits/attachments/cobra.pdf

To request a paper version of the COBRA notice, call 1-800-253-9981.

**Enrollment Information**

Emplid: [redacted] Date: October 10, 2016

| Plan Type | Benefit Plan | Coverage | Rate | | Effective |
|---|---|---|---|---|---|
| Medical | Promise CDHP BCBS Middle | EE + Sp | $177.00 | Before Tax | 01/01/2016 |
| Dental | Pre-Paid | EE + Sp | $23.02 | Before Tax | 11/01/2012 |
| Vision | Vision Expanded | EE + Sp | $11.14 | Before Tax | 01/01/2013 |

# Confirmation Statement

## Starting this year

**GLOBAL BUSINESS INSTITUTE**
GBI US Fulltime Benefits Program

**ELECTIONS PREVIEW**
OPEN ENROLLMENT
Event Date: 01/01/2017

Antonio Santos
Administrative Assistant

Employee ID: KU0010

This election preview records your benefit selections, costs, dependent information, and beneficiary Information as of the time you review this statement. If you have not submitted your election, you can return to this event before the enrollment period ends. Contact your benefits administrator if you have further questions. Please keep a copy of this form for your records.

**PERSONAL INFORMATION**

| | |
|---|---|
| Home Address | 4689 Z Street, Sacramento, CA 94246 |
| Mailing Address | 4689 Z Street, Sacramento, CA 94246 |
| Email Address | antonio.santos@oracle.com |
| Gender | Male |
| Marital Status | Married |
| Birthdate | 1963-03-09 |
| Service Date | 2010-07-15 |

| COST SUMMARY | AMOUNT |
|---|---|
| Total Cost | $ 164.98 |
| Minus Flexible Credits | $ -109.48 |
| Total Pay Period Deduction From Pay | $ 57.50 |
| Total Cost | 164.98 |
| Minus Flexible Credits | -109.48 |
| Total Pay Period Deduction From Pay | 57.50 |

**ELECTION SUMMARY**

| Benefit | Coverage | Category Base | Your Pay Period Cost |
|---|---|---|---|
| Enhanced Medical Plan | Family | | $ 71.54 |
| Enhanced Dental | Family | | $ 4.13 |
| Standard Vision Plan | Family | | $ 2.08 |
| Basic Life | | $ 50,000 | |
| Supplemental Life 2x Salary | | $ 133,000 | $ 2.46 |
| AD and D 25K | | $ 25,000 | $ 0.06 |

ction Preview

# Confirmation Statement continued

**DEPENDENTS / BENEFICIARIES**

| Name | Date of Birth | Relationship | Marital Status | Dependent | Beneficiary |
|---|---|---|---|---|---|
| Megan Santos | 1965-10-12 | Spouse | Married | Yes | Yes |
| Marguerite Santos | 1992-03-18 | Child | Single | Yes | No |
| Sean Santos | 1998-09-17 | Child | Single | Yes | No |
| Samuel Santos | 2000-05-01 | Child | Single | Yes | No |
| Megan Smith | 1965-10-12 | Spouse | Married | Yes | Yes |
| Marguerite Smith | 1992-03-18 | Child | Single | Yes | No |
| Sean Smith | 1998-09-17 | Child | Single | Yes | No |
| Samuel Smith | 2000-05-01 | Child | Single | Yes | No |

**DEPENDENTS ENROLLMENTS**

| Benefit Option | Dependent |
|---|---|
| Enhanced Medical Plan | Santos, Megan |
| | Santos, Marguerite |
| | Santos, Sean |
| Enhanced Dental | Santos, Megan |
| | Santos, Marguerite |
| | Santos, Sean |
| Standard Vision Plan | Santos, Megan |
| | Santos, Marguerite |
| | Santos, Sean |
| Enhanced Medical Plan | Smith, Megan |
| | Smith, Marguerite |
| | Smith, Sean |
| Enhanced Dental | Smith, Megan |
| | Smith, Marguerite |
| | Smith, Sean |
| Standard Vision Plan | Smith, Megan |
| | Smith, Marguerite |
| | Smith, Sean |

**BENEFICIARIES DESIGNATIONS**

| | | Primary Allocation | | Secondary Allocation | | |
|---|---|---|---|---|---|---|
| Benefit | Beneficiary | Percent | Amount | Percent | Amount | Excess |
| Basic Life | Santos, Megan | 100% | | | | |
| Basic Life | Santos, Marguerite | | | | | |
| Basic Life | Santos, Sean | | | | | |
| Basic Life | Santos, Carissa | | | | | |
| Dependent Life | Santos, Megan | | $ 4,000.00 | | | |
| Dependent Life | Santos, Marguerite | | $ 3,000.00 | | | |
| Dependent Life | Santos, Sean | | $ 3,000.00 | | | |
| Basic Life | Smith, Megan | 100 | | | | |
| Basic Life | Smith, Marguerite | 25 | | | | |
| Basic Life | Smith, Sean | 25 | | | | |
| Basic Life | Smith, Carissa | 50 | | | | |
| Dependent Life | Smith, Megan | | 4,000.00 | | | |

Election Preview

# In Conclusion

1. There are ways to reset your password on Edison for Users.
2. New Logins/ New Hires can access Edison on their own.
3. Users can look up their Edison Access ID.
4. Access ID = User ID (synonyms!)
5. Mobile-Friendly Open Enrollment pages coming.
6. New ways to get confirmation statements.
7. ***DON'T FORGET, - ALWAYS HIT SUBMIT.***

TN